



## The Relationship Between Quality of Work Life and Job Involvement Among Staff Nurses at a Selected Hospital

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### ABSTRACT

**Background:** One of the significant challenge's healthcare faces is ensuring nurses' well-being. Nurses' work-life is based on the concept of involvement between nurses and the overall working environment, when organizations assess the quality of nurses' work-life, organizations will know which areas of work-life need improvement. **Aim:** To explore the relationship between quality of work life and job involvement among staff nurses. **Design:** A descriptive correlational study design was utilized. **Setting:** This study was conducted at Cairo University Hospital. **Study Sample:** A convenience sample of all available staff nurses (n=193). **Tools:** Personal data, Quality of Work Life, and job involvement questionnaires were used for data collection. **Results:** The findings revealed that 52.3% of staff nurses reported a moderate level of QWL: the highest percent of staff nurses (60.1%) reported a low level of job involvement: the highest mean percentage (61.66 %,) of nurses' responses was related to the work context dimension. Conversely, the lowest percentage (53.75%) of their responses was related to work-life/home life. **Conclusions:** There is a strong significant positive correlation between nurses' perception of total and all quality of work-life dimensions: work life/ home, work design, work context, work world, and their job involvement. **Recommendations:** Hospital administrators and policymakers should establish clear work-life balance policies, develop working standards, and implement strategies that increase staff nurses' workability and healthy lifestyle behaviors affecting their work-life quality. Nurse managers should promote manageable workloads. Nurses should prioritize self-care, hobbies, and activities outside of work to improve their QWL. Further research is required to determine the factors that affect nurses' quality of work life and how they relate to it.

**Keywords:** Quality of Work Life, Job Involvement, and Staff Nurses

### Introduction

Quality of work life (QWL) in healthcare settings has received more attention to address ongoing issues with the health workforce

(Eliyana & Anwar, 2022). Quality of work life (QWL) refers to an organizational process allowing employees at all levels to shape the work environment, processes, and results

actively. The two main goals of this value-based approach are to increase employees' quality of life at work and organizational effectiveness. QWL is a way of thinking about people, Concern for the effects of work on individuals as well as organizational success, as well as the notion of involvement in organizations decision-making and problem-solving, are two of QWL's distinguishing features (Chang et al., 2020).

Nurses' QWL is defined as "The degree to which registered nurses can satisfy important personal needs through their experiences in their work organization while achieving the organization's goals". According to QWL, people are an organization's most valuable resource and should be handled respectfully and decently. Based on a dual agenda of organizational performance and employee well-being, QWL focuses on improving the workplace (Pavithra, Sunderland, Callen, et al.,2022). To attract and retain nurses, elevate their performance and organizational commitment, improve the efficiency of patient care, and guarantee higher patient satisfaction, an improved QWL is crucial (Yun, Yu,2021).

Healthcare organizations may obtain valuable information about the welfare of their staff members through regular QWL assessments, including job satisfaction, overall well-being, stress at work, and the homework interface (Liu et al., 2018). In Nursing Quality of Work Life, By ensuring their basic personal needs are met through their experiences at work, nurses fulfill the objectives of the organization and make a

significant contribution to their work environment. The Quality of Nursing Work Life (QWL) has several dimensions that are drawn from the various reviewed and available literature. The four elements of QWL evaluated in this study are work-family life balance (WFB), work design, work context, and work world (Ho SS, Stenhouse, Snowden,2021).

Research on work-family balance provides insight into how nurses' well-being is impacted by the way their personal and professional lives intersect. The data suggests that connections with family and friends suffer when WFB practices are not supported. After work, nurses are exhausted from their heavy responsibilities and lack vitality. Staff shortages, inflexible shift schedules, and lengthy work hours restrict the amount of time spent providing care at home (Ho SS, Stenhouse, Snowden,2021).

Work design includes the actual work that nurses do as well as how their immediate work environment—including autonomy, workload, and human resource availability—affects their well-being and the performance of the organization. Other factors that are included in this context include time spent on tasks other than nursing and receiving assistance at work (Dousin, Collins, Bartram, et al., 2021).

The term "work context" refers to the practice environments in which nurses operate as well as the effects of the work environment on the nurse and patient systems. This includes feedback, management styles, available

resources, peer relationships, promotion opportunities, and a supportive work environment. Colleague generosity and support were linked to the quality of nursing work. However, blame culture, medical dominance, a lack of participatory decision-making, a lack of resources, a lack of supportive organizational leadership and policies, a lack of support from the nursing supervisors, a lack of training opportunities, a lack of personal protective equipment, and a lack of promotion are all mentioned (Khatri, van Teijlingen, Marahatta, et al., 2021).

The work world includes how the public views nurses' work and how cultural factors, such as perceptions of nursing, job security, appropriate pay and benefits, the labor market, and nursing beliefs, affect nursing practice. In the public sector, a low quality of nursing work life is linked to low pay, a lack of financial incentives, a negative public view, and a loss of job prestige (Khatri, van Teijlingen, Marahatta, et al., 2021).

Job involvement refers to the extent to which the employee is absorbed in or committed to the job, participates in the work, and performs the needed tasks (Ju & Oh, 2016). According to the literature, a nurse's degree of psychological identification and commitment to the work they do is directly correlated with their job participation. High-engagement nurses intentionally consider their work responsibilities to be a dynamic aspect of their lives, and their job satisfaction is strongly correlated with their self-esteem. Therefore, a good management structure

ought to encourage nurses to have this mindset (Nylén-Eriksen, Grov, & Bjørnnes, 2020).

Job involvement also is the degree to which people connect with and view their occupations as essential to who they are. It is a critical factor in individual effort, motivation, performance, job satisfaction, and organizational success. Different human predispositions, organizational traits, supervisory behaviours, and work design elements contribute to job engagement. Therefore, by choosing the right employees, creating a positive psychological environment, and implementing human practices and policies that support high employee job engagement, organizations can encourage job involvement. According to Putnik et al. (2019), these strategies may be the secret to a long-term competitive edge.

When the employee is engaged in his work, he will put every effort into it and frequently go above and beyond what is asked of him. Many factors, such as an employee's attitude toward their work, the support of their coworkers, and other work circumstances, influence how committed they are to their employment. Yuspahrudin et al. (2020) assert that an individual's occupation influences their psychological desirability for a certain profession and underscores the cognitive aspect of their psychological state.

Job involvement may be considered an indicator of how well-designed and rich the work is. Because it deals with what an individual does,

how they behave in their jobs, and what motivates them to behave in other ways to meet both organizational and personal objectives, work participation is significant because it touches on the fundamentals of the functional relationship. It is among the most efficient ways to raise employee performance within the company, and some believe that job involvement is crucial to raising employee motivation to work, as well as enabling them to find personal fulfilment and inspiring them to advance their knowledge and expertise to achieve (Sanad, Alajmi, Jarrah & Al Mansour, 2019).

According to the findings of previous studies on the topics of quality of work life and job involvement, there are differences in the relationship between these two variables (Pratiwi, 2020). Organizations are keen to capitalize on the job involvement of their employees through the provision of a high-quality work-life balance, as this is viewed as a sign of excellent performance and a return on the organization's associated investments. Permarupan et al. (2013) looked at the relationship between workers' effective commitment, job involvement, and quality of work life in both public and private sector firms. Rather than "fair and appropriate salary" and "capacities at work," he discovered that "job involvement" and "affective commitment" were more significantly impacted by opportunities at work and the organizational climate.

### **Significance of the study**

In recent years, Quality of Work Life (QWL) has received more attention, notably in

healthcare settings. Consideration of nurses' quality of work life (QWL) is crucial to providing quality healthcare services, as it helps to decrease nurse turnover, promote motivation and retention, and improve productivity for both nurses and organizations (Ebadi, Tabanejad Z.2022).

Job involvement is one of the challenges in healthcare organizations that can have a substantial impact on nurses' job happiness and performance. Job involvement is one of the factors that might contribute to favourable results in an organization (Soodani, Mostafavirad, Chinaveh,2016). Despite evidence that job involvement may be the key to job-related motivated behaviours, relatively little research has been conducted on nurses' job involvement. Only eight of the 65 primary research articles that were included in a recent systematic review (Salessi & Omar, 2019) that examined research on job involvement over the previous ten years included participants who were nurses or other health workers.

During the clinical round in the selected hospital, the researcher observed that staff nurses have more complaints, express their dissatisfaction openly, and provide a minimum effort when completing their work and this is very critical when working in ICUs. The present study is of importance since it is done to assess the quality of work life and its relation to job involvement among staff nurses. It is hoped that the findings could create a better understanding of the relationship between the quality of work life and job involvement among nurses from a

new perspective which could help hospital managers identify challenges within the work environment and take proactive steps toward improving the quality of work life (QWL) for nurses, which in turn may increase their job involvement that could benefit nurses as well as hospital.

### **Aim of the Study**

The present study aimed to explore the relationship between quality of work life and job involvement among staff nurses.

### **Research Questions**

- What are staff nurses' quality of work life (QWL) levels?
- What are staff nurses' job involvement levels?
- What is the relationship between quality of work life and job involvement among staff nurses?

### **Subjects and Methods**

#### **Research Design**

Descriptive-correlational research design was utilized to explore the relationship between the study variables.

#### **Study Setting:**

This study was conducted at Cairo University Teaching Hospital, including the following units: emergency ICU, short-stay units, first aid unit, CPR unit, neurological ICU, surgical ICU, cardio-thoracic ICU, medical ICU, and chest ICU.

### **Study Sample:**

In this study, a convenience sample of all nursing staff (193) who were in the active workforce during the time of data collection agreed to participate in the study as follows: Emergency ICU (25), short-stay units (35), first aid unit (12), CPR unit (9), neurological ICU (31), surgical ICU (25), cardio-thoracic ICU (15), medical ICU (30), and chest ICU (11).

### **Tools:**

The following self-administered tools were used to gather data for the study:

**1<sup>st</sup> tool: -Personal characteristics sheet questionnaire:** It was used to collect information about staff nurses' age, gender, qualifications, Working department, years of experience.....etc.

**2<sup>nd</sup> tool: Quality of Work Life Questionnaire** It was adapted from (Brooks & Anderson, 2005) and modified by the researchers. It was used to identify staff nurse's perception of the quality of work life. It consisted of four dimensions including (42) items as follows: Home- life or work life (7 items), work organization or design (10 items), work conditions or contention (20 items), and work world (5 items).

**Scoring system:** the staff nurses' responses were measured on a three-point Likert scale (3=agree, 2=neutral, and 1=disagree). The minimum total score was 42 and the maximum score was 126. The scores were interpreted as follows:

- low quality of work life (42-75 scores = less than 60%)

- Moderate (76-100 scores = 60% to < 80%),
- High quality of work life (101- 126 scores = above 80%).

**3<sup>rd</sup> tool: Job Involvement Questionnaire** It was adapted from (Kanungo, 1982) and modified by the researchers. It was designed to measure staff nurses' perception levels toward job involvement. It consisted of 10 items.

**Scoring system:** the staff nurses' responses were measured on a 3-point Likert scale (3=agree, 2=neutral, & 1=disagree). All items were positively stated except for the two items. They have been reversed coded as they were reversed sentences. Scores were interpreted as follows:

- low job involvement (10-18 scores = less than 60%)
- Moderate (19-24 scores = 60% to < 80%),
- High job involvement (25-30 scores = above 80%).

#### **Validity of the study tools:**

An experienced translator translated the study tools into Arabic to correspond with the educational background of the staff nurses. It was translated into double English, Arabic, and English. Three specialists in the field of nursing administration from Cairo University's Faculty of Nursing reviewed the study tools. They requested feedback on the study tools' general appearance, length, clarity, language, and covering of the information. Rephrasing several sentences and fixing grammatical faults were among the necessary changes made in response to expert opinions and suggestions.

#### **Pilot study**

A pilot study including 10% of the whole sample was carried out after the instruments had been validated by the experts. It was done to evaluate the appropriateness and clarity of the study instruments, detect any potential barriers to data collection, and calculate how long it would take to finish the questionnaire. The pilot study participants were incorporated into the final sample, and the instruments remained unchanged considering the findings.

#### **Reliability of the study tool:**

During the pilot study, the study instruments' reliability was assessed to ascertain the internal consistency and homogeneity of the utilized questionnaires. Using Cronbach's alpha test, the reliability test results were (0.82) for the job involvement questionnaire and (0.89) for the quality work-life questionnaire.

#### **Ethical Consideration**

Before conducting the study, Approval of the Scientific Ethical Research Committee was obtained from the Faculty of Nursing, Cairo University. Also, official permission was granted by faculty authorities to the medical and nursing directors of the study hospitals to conduct the study. Participants were informed of their ability to decline or withdraw from the study at any time, and their participation was entirely voluntary. All staff nurses provided their informed consent after being fully informed about the nature and objectives of the investigation. To guarantee secrecy and

anonymity, the study data was coded. Participants were free to leave the research at any time.

### Procedure:

Concerning the study questionnaires, Researchers met the respondents during two shifts (morning and afternoon) to distribute the questionnaires. During these meetings, researchers explained the purpose and the benefits of the study on all nursing categories to seek their cooperation. Researchers explained to the participants how to complete the questionnaires and ensured that the information would be used for scientific research only. The time required to fill the questionnaire sheet was from 10 to 15 minutes. The filled-out forms were collected on time and revised to check their completeness to avoid any missing data. The data was collected in May, June, and July 2023.

### Statistical Design

Version 25 of the Statistical Package for Social Science (SPSS) was used for data entry and statistical analysis. The direction and intensity of the association between the chosen variables were ascertained using the correlation coefficient for quantitative variables, which were analyzed using suitable descriptive statistics including frequencies, means, and standard deviations. To find significant differences between the chosen variables, this study used ANOVA and t-tests. A significant result is indicated by a p-value of less than 0.05.

### Results

**Table (1)** declares that (62.2%) of the study sample was female while (37.8%) were

male. About 43.52% of the study sample was aged between 20-25 years old, and about half of the study sample (49.7) had a technical institute certification. The highest percentage (18.1% and 16.1%) of staff nurses worked in short-stay units and neurological ICUs.

**Table (2)** reflects that the highest mean percentage (61.66 %,) of nurses' perception of quality of work-life dimensions was the work context dimension. Conversely, the lowest percentage (53.75%) of nurses' responses was related to work-life/home life. Nurses' perceptions regarding work design & work world dimensions were to some extent equal (mean 58.23%,58.66%) respectively.

**Table (3)** shows that the staff nurses' total mean percentage of total quality of work life was (59.08%). The results also showed that nurses' mean percentage regarding their job involvement was (56.27%).

**Figure (1)** declares that slightly more than half of staff nurses (52.3%) had a moderate level of quality of work life, while only (3.1%) of them had a high level. The table also showed that about two-thirds (60.1%) of nurses had a low level of job involvement, while only (15.5%) of them were highly involved in their jobs.

**Table (4)** shows that there was a strong significant positive correlation between nurses' perception of all quality of work-life dimensions: (work life/ home:  $r; .405^{**}$ .  $p = .000$ ), (work design:  $r; .361^{***}$ .  $p = .000$ ), (work context:  $r; .664^{**}$ .  $p = .000$ ), (work world:  $r; .525^{**}$ .  $p = .000$ ), total quality of life ( $r; .319^{**}$ .  $p = .000$ ), and their total job involvement.

**Table (5)** explains that there was a highly statistically significant correlation between nurses' perception of work life/home, work context dimensions, total quality work life, and their age ( $r: .212^{**}, p = .003$ ), ( $r: .211^{**}, p = .003$ ), ( $r: .159^*, p = .028$ ) as well as their years of experience: ( $r: .207^{**}, p = .004$ ), ( $r: .200^{**}, p = .005$ ), and ( $r = .162^*, p = .024$ ), respectively. Conversely, there is no correlation between nurses' job involvement and their age and experience.

**Table (1) Personal characteristic data of the study participants (n=193)**

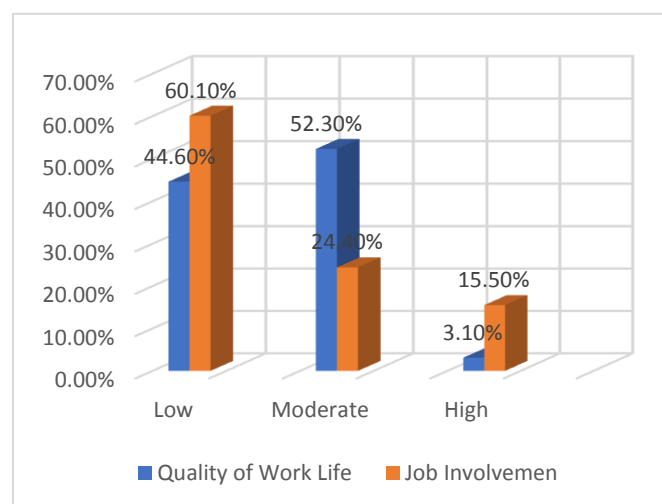
Personal characteristic data		No.	%
Gender	Male	73	37.8
	Female	120	62.2
Age	20-25	84	43.52
	26-30	26	13.5
	31-35	24	12.4
	36-40	22	11.93
	41-45	32	16.6
	>45	5	2.6
Years of experiences	1 < 10 years	122	63.2
	10 < 20	34	17.6
	20 < 30	35	18.1
	≥ 30	2	1.0
Qualification	Nursing Diploma	68	35.2
	Technical Nursing Institute	96	49.7
	Bachelor of Nursing	29	15.0
Working department	Emergency ICU	25	12.9
	Short stay units	35	18.1
	First aid unit	12	6.2
	CPR unit	9	4.7
	Neurological ICU	31	16.1
	Surgical ICU	25	13.0
	Cardio-thoracic ICU	15	7.8
	Medical ICU	30	15.5
	Chest ICU	11	5.7

**Table (2) Mean and mean percentage of staff nurses' responses regarding their quality of work-life dimensions (n=193)**

Dimensions	Min	Max	Mean	±SD	Mean %
Work-life/home	8	24	12.89	2.55	53.71
Work design	10	30	17.47	3.16	58.23
Work context	20	60	37.02	9.02	61.66
Work World	5	15	8.83	2.92	58.66

**Table (3) Mean and mean percentage of staff nurses' responses regarding total quality of work life and total job involvement (n=193)**

Study variables	Min	Max	Mean	Sd	Mean %
Total quality of work life	44	129	76.22	15.08	59.08
Total job involvement	10	30	16.0881	3.72597	56.27



**Figure (1): levels of staff nurses' responses regarding total quality of work life and total job involvement (n=193)**



**Table (4): Relationship between total and dimensions of quality of work-life and overall job involvement among staff nurses (n=193)**

Quality of work-life dimensions	Total job involvement	
	R	p
Work life/home.	.405**	.000
Work design	.361**	.000
Work context	.664**	.000
Work world	.525**	.000
Total quality of work life	.319**	.000

**Table (5): Relation between staff nurses' personal characteristics data and their responses regarding total and dimensions of the quality of work-life, and total job involvement (n=193)**

Quality of work life dimensions & job involvement		Age	Experience
Work life/home.	r	.212**	.200**
	p	.003	.004
Work design dimension	r	.097	.083
	p	.182	.254
Work context dimension	r	.211**	.200**
	p	.003	.005
Work world dimension	r	.130	.120
	p	.074	.096
Total quality of work life	r	.159*	.162*
	p	.028	.024
Job involvement	r	.140	.135
	P	.053	.061

## Discussion

Every day, hospital nurses must balance their demanding nursing work with their familial responsibilities. Ultimately, nurses are facing great challenges in maintaining a healthy balance between their personal and work lives. Most nurses work several shifts during the week, juggling multiple duties at work and home. To

care for their families, their children, and their careers, nurses need a work-life balance (Taware & Patil, 2018). Ensuring a high quality of work life (QWL) is crucial for healthcare organizations to maintain employee attraction and retention while attaining high performance and profitability growth. Regardless of their position or title, practically all workers experience a

problem with QWL dissatisfaction (Farokhzadian et al., 2018). The current study aimed to identify the relationship between quality of work life and job involvement among staff nurses.

Regarding the personal data of the studied nurses, the current study revealed that more than half of the staff nurses were females and aged between 20 - 25, this result was congruent with the study of Raeissi. P. (2019) studied the Quality of work life and factors associated with it and found that the majority of nurses were females (70.4%). About 43% of the sample were between 21 and 29 years. Moreover, the current study results revealed that nearly half of them had a technical institute certification.

In the current study, although the nurses' perception of work context was slightly exceeding 60%, it was the highest mean percentage perceived subscale of staff nurses' perception of quality of work-life dimensions, this might be due to that although nurses working all the time under stress, they still can recognize the positive aspects of the work context may be through friendships and good communication, so they can make a balance between positive and challenging aspects of the work environment. These results are consistent with the study of Al-Maskari, Dupo, and Al-Sulaimi (2020) who concluded that the work context subscale received the highest score. The present study is contradicted by a comparable study in Saudi Arabia (Alsadah, 2017) which found the greatest and smallest mean scores on the work-life/home life and work-world subscales.

Conversely, the lowest percentage of nurses' responses was related to work-life/home life, nurses' perception regarding work design & work world dimensions was to some extent equal, but all these dimensions were perceived as low, this might be because nurses frequently work long hours that continue throughout the afternoons, weekends, and holidays, this might cause exhaustion and make keeping a satisfactory balance between work and life challenging.

The overall level of work/life domains was also moderate, according to research by Jabari & Salah (2020) on "The Quality of Work/Life among Intensive Care Unit

Nurses in Governmental Hospitals in the Gaza Strip." However, research by Essa, Abood, & Thabet (2021) revealed that the highest percentage of staff nurses had a high level of work-life dimension, which was inconsistent with the finding of the current study results.

Regarding nurses' total quality of work life, the results indicated that it was slightly moderate. This might be due to the Insufficient nursing staff in most governmental hospitals which resulted in a heavy workload, excessive stress, and burnout among nurses. They also suffer from low wages, and lack of financial incentives which might lead to dissatisfaction, fatigue, and difficulties in managing personal and family commitments. Finally, all of this can impact their quality of work life and overall quality of life.

The current study's findings are in the same line with an Iranian study by Mohammadi, (2017), which demonstrated that nurse QWL is generally at a moderate level and necessitates improvement interventions. The study conducted by Moradi, and colleagues (2014) revealed that the work-life quality of nurses was likewise moderate. The QWL was likewise regarded as moderate by nurses in Ethiopia, Nigeria, and Egypt (Kelbiso, 2017, Awosusi, 2010; Morsy & Sabr, 2015). Comparable research, however, indicated that nurses' QWL was low to moderate in Bangladesh, Iran, and Jordan (Suleiman, 2019, Raeissi, 2019; Akter, 2018). Furthermore, staff nurses in the study of Al-Maskari (2020) showed moderate to high QWL. Research conducted by Mori et al. (2014) and Permarupan et al. (2020) utilizing other assessment instruments also indicates that nurses' work-life quality was rated as medium.

Abu Shama et al (2015) concluded that job involvement requires better communication in human resources management. From a practical standpoint, managers of human resources should ensure that they hire people who are passionate about their work and who share the company's values. Supervisors should also keep staff members informed about these objectives.

Regarding the nurses' total job involvement level, the current study showed that the highest percentage of staff nurses had a low level of job involvement, this might be due to a shortage of nursing staff that can result in increased workloads for existing nurses. This

might lead to a sense of being overwhelmed and less connected to their work. Inadequate acknowledgment or appreciation for their efforts and contributions can diminish nurses' job involvement.

The following studies do not corroborate this result: Mabrouk (2018) found that nurses had a good level of job involvement. Zolaykha (2014) found that most nurses had an acceptable level of job involvement. Alireza (2015) found that two-thirds of the sample had high job involvement scores. Chughtai (2011) found that nurses' perceptions of their job involvement were high when investigating the relationship between job involvement and in-role job performance as well as structured citizenship behaviors.

Several researchers have examined the relationship between job involvement and quality of work life (Almaghrabi, 2004; Salameh et al., 2015; Hussain et al., 2014; Permarupan et al., 2013; Mehdipour et al., 2012). It is possible to conclude from prior studies that there are variations in the relationship between job involvement and quality of work life. The results of the current study indicated that there was a strong statistically significant correlation between nurses' perception of the quality of work-life dimensions: work life/ homework design, work context, work world, total quality of work life, and job involvement. The strong correlation between these dimensions and job involvement indicates that when nurses perceive a positive quality of work life, they tend to be more involved, committed, and engaged in their jobs.

we can conclude that when nurses report higher satisfaction with their overall quality of work life, it positively impacts their engagement in their jobs.

The current study's findings have been supported by Permarupan, Al-Mamun<sup>1</sup>, and Saufi, (2013) study, which examined the relationship between affective commitment, job involvement, and quality of work life (QWL) among Malaysian employees of both public and private sector organizations. They found that there is a significant relationship between QWL and employee job involvement. The results of Alajmi & Al Mansour's (2018) investigation into the relationship between job involvement and quality of work life in Kuwait's industrial setting also verify the findings of the current study, as they found the quality of work life has a direct impact on job involvement. In a similar vein, Mehdipour et al. (2012) believed that a key strategy for raising job involvement is improving the quality of work life. Additionally, Permarupan (2013) showed that there is a strong correlation between employee job involvement and QWL. This suggests that an organization that offers a high standard of work life will have highly engaged workers.

The results of the current study indicated that there was a highly statistically significant correlation between nurses' perception of work life/home, work context dimensions, total quality of life, and their age and years of experience, this might be due to older nurses with more experience might value the overall life

satisfaction, so they might develop coping strategies to manage their work and personal life effectively. This result is not aligned with the study result of the study of Babamo,2023 which indicated no statistical association between age and QWL.

The results also indicated that there was no correlation between nurses' job involvement and their age and experience, this might be due to other factors such as low salaries, high workload, and high levels of stress and burnout, these factors can make nurses disengaged, regardless of their age or experience. This result is not aligned with the study of Mirzaei, (2020). In this study, job involvement had a positive and significant correlation with age and job experience.

## Conclusion

The results of the current study revealed that the highest percentage of the staff nurses reported a moderate level of QWL. The dimension of work context accounted for the highest mean percentage of responses from staff nurses. On the other hand, the lowest percentage concerned the work-life/home dimension. Furthermore, the highest percentage of staff nurses reported a low level of job involvement. there is a strong significant positive correlation between staff nurses' responses to all dimensions of the quality of work-life (work life/home, work design, work environment, work world), total quality of work-life, and job involvement.

## Recommendations

Based on the strong, significant positive correlation between nurses' responses to the quality of work-life and job involvement, it suggested that nurses who perceive a higher quality of work-life are more likely to be highly involved in their jobs. Considering this correlation, the following suggestions are proposed: hospital administrators and policymakers must constantly monitor workplace factors, which may lead to better work-life quality with less distress and overwhelming circumstances for nurses. Based on this assessment they should develop working standards and implement strategies that increase staff nurses' workability and healthy lifestyle behaviours affecting their work-life quality. Establish clear work-life balance policies such as flexible scheduling options, paid time off, family-friendly policies, and support for caregiving responsibilities. Provide access to Employee Assistance Programs that offer confidential counselling, financial advice, legal assistance, and resources for managing personal and work-related challenges.

Nurse managers should promote manageable workloads, this can be achieved by implementing strategies to manage workloads effectively, such as workload assessments, staffing optimization, task prioritization, and workload redistribution.

Nurses should prioritize self-care, hobbies, and activities outside of work to recharge and maintain a healthy balance. Finally, Further research is required to determine the factors that affect nurses' quality of work life and

how they relate to it. All the above suggestions would enhance nurses' quality of work life and help them to be highly involved in their jobs.

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