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Work-related quality of life of Pakistani Doctors

Sobia Sultan
Dow University of Heath Science, Pakistan
Corresponding author Email: sobiamashhood94@gmail.com

***Abstract*---**About millions of doctors suffer from occupational health disease in Pakistan. WRQoL of doctor affected due to many factors existing in working conditions. Proportion of perceived quality of working life of doctor is important for understanding actual environment and for taking some potential intervention to refine quality of working lives of doctor in society The aim behind the review was to utilize this instrument (WRQoL) to uncover reality of doctor's life style and deeper understanding of the impact of stress on doctors' health as well as evaluate perceived WRQoL, using a large nationally representative sample in the Pakistan (Van Laar etal.,2007). In this study instrument (WRQoL) use to evaluate the perceived WRQoL of general practitioner. As secondary objective, it is used to offers the opportunity of identification of the strengths and weaknesses of doctors' professional life. These studies concluded some results that stress has great influence in female doctors than male doctors due to home and work interference. Thus, female doctors perceived low quality of work life in profession. Job career satisfaction rate is high among private sector doctors than public. Working conditions in private hospital perceived high quality of work life than public hospital. This study showed that doctors at private hospitals are under a lot of stress because of the amount of work they have to accomplish. While the working circumstances of doctors in private hospitals, showed that, like their counterparts in public hospitals, private hospital doctors value their working conditions.

***Keywords*---**stress management, work related quality life, healthcare management.

Introduction

An organization's success today depends on its employees' continued development and satisfaction, which can only be achieved by being more adaptable than ever before. A well-trained and enthusiastic team is more likely to be highly effective, critical for any company. The term "Quality Work-Life" (QWL) refers to circumstances and procedures inside a company aimed at enhancing the well-being of its workers, both mentally and physically (Almalki et al., 2012). For

companies to continue recruiting and retaining high-performing individuals, a high QWL is crucial. It is impossible to overstate the significance of health care facilities in any country—especially in developing nations like Pakistan. The health care system directly impacts the country's ability to produce goods and services. It is impossible to have a healthy healthcare system without highly qualified physicians who work in hospitals (Hsu & Kernohan, 2006).

Doctors work under severe tension worldwide, whether in the public or commercial sector, as a result workers were exposed to enormous workloads and high levels of stress, as they were forced to become goal-oriented without any independence or job security. The expansion of high-tech occupations and the scope of employment in hospital industries has attracted the interest of researchers from numerous disciplines to examine work-life balance techniques. The determination of this exercise was to find ways to encourage employees to achieve high levels of performance, improve job satisfaction, and lower the risk of employee attrition (Hannif & et.al, 2008). Pakistan's economy is among the fastest-growing in the world. During the last several decades, practical and sociological growths have warped the work and family environment. The pace of expansion in this environment altered the working environment for economies. In light of the overall rise in prices, monthly consumption is also rising. As a result, dual-wage workers began to emerge.

Work became more complicated, and long hours were required when the globalization wave hit Pakistani markets. The rapid growth of the country has necessitated increased efforts on its representatives. Even though organizations in Pakistan are now offering generous benefits, compensation, and earnings, the labor itself is becoming more complex. As a result of this development, the associations have been compelled to work harder to increase and sustain their competitive advantage by reducing costs, increasing benefits, and modernizing their operations. For workers, long hours, heavy workloads, high-demanding jobs, and complicated technology made it difficult to balance their professional commitments and personal lives. An opportunity to adapt to current human asset management issues, such as work-life conflict, was provided by this situation (WLC). Complaints about working conditions, including stress, weight gain, and long hours are significant contributors to work/family conflicts.

A high level of anxiety is commonplace in the medical field. In light of the enormous responsibilities, doctors are constantly under pressure to perform at their best, which causes them everyday stress. An overabundance of stress may lead to "burnout," a state of exhaustion. The three symptoms of burnout are emotional tiredness, depersonalization, and a sense of poor self-worth. One research conducted in the United States found that 45.8% of doctors exhibited at least one burnout symptom. Thirty-three percent of UK surgeons reported significant burnout on at least one subscale of the Maslach Burnout Inventory, according to another research (MBI). Burnout has a severe detrimental influence on the health care system and decreases patient care quality. Medical mistakes, poor productivity, higher risk of drug misuse and suicidal intentions, early retirement, and thoughts about quitting the medical profession are linked to physician burnout. Residents in the medical field aren't immune to stress's ill consequences. The University of Washington's internal medicine residents were

found to have suffered burnout in research. Nottingham Health Profile (NHP) assessment of young Chinese medical physicians found that the mean average score in Energy and Physical was higher than that of the general population. Physician burnout is an issue that has to be addressed since it may affect the work-related Quality of Life for consultants and residents. Literature on the subject has been scarce despite its relevance. In our area, there have been very few investigations on this issue. This research aimed to find out how different specialties and hospitals affect the well-being of medical professionals by surveying to find out how they rate their well-being.

To help hospital administrators and managers better understand the challenges faced by physicians in the public sector, research must be carried out to gather data that can be used to build effective strategies for addressing and improving physician performance. According to researchers, a good quality of work-life (QWL)" is critical for businesses to attain high performance "(Azril et al., 2010; Deb, 2006)". The quality of a doctor's job is influenced by how they see their workplace. Even though it's critical for employee health and growth to raise QWL, developing countries like Pakistan haven't given it the attention it deserves. Researchers in Pakistan used new and important information from a field survey to extrapolate general conclusions about hospital worker well-being and individual (doctors') job performance.

Doctors' stress and job unhappiness impact the quality of care they provide. Among doctors' quality of life, we measured how satisfied they were with aspects of their satisfaction environment and how stressed they were about their jobs. Quality of work-life (QWL) has been demonstrated to influence the dedication of health professionals, especially Doctors. However, credible information on the QWL of Doctors is limited. The aim of this study was to examine the relationship between "Work-Related Quality of Life of Pakistani Doctors".The paper was extraordinarily intended to examination the degree of stress among specialists working out in the open and confidential emergency clinics in Pakistan. Thusly, the assertion of the issue was entitled as WRQoL of Pakistani Doctors.

According to Jayaweera (2005), males who work in professional fields report higher job satisfaction and better work-life balance. Most experts and academics believe that work happiness affects the job market and may also impact output, absenteeism, and employee intents to quit, thereby affecting individual well-being. Doctors work under significant pressure globally, whether in government or private health care sector, as is well accepted. Little effort had been done to distinct mechanisms that impact their employed environments at work, and just a few research assessments are currently accessible. In paper, we sought to dive further into those factors by QWL conceptual studies In first-world nations started to focus on the QWL as a human resource intervention. While computerization and de-skilling benefitted the industry, the working classes suffered. The safety of domestic workers is jeopardized when jobs are outsourced to attain a competitive cost advantage.

The medical profession in Pakistan is one of the most prestigious, with approximately 10,000 doctor students graduating each year from medical schools across Pakistan's five provinces. However, some negative trends have emerged in

recent years, such as students leaving the profession or going to serve their country overseas (a phenomenon known as "brain drain"). Even though stress cannot be eradicated from the workplace, it may be effectively controlled and minimized if its origins are identified (Imtiaz & Ahmad, n.d.). All other professions, including the military, education, mining, and social work, are less stressful than the medical field (Cooper et al., 1988). This field's high level of stress is primarily due to the feeling of personal responsibility that comes with working in it (Caplan et al., 1975; Rees, 1995; Antoniou, 2001.

Consequently, physicians are constantly scrutinized since their work has an immediate effect and their faults are more evident than in any other field (Payne & Firth Cozens, 1987). Health care is a demanding job that demands both physical and mental commitment from physicians; in Asian contexts, this is particularly true for the region's most populous and resource-strapped countries (such as those in India, Pakistan, Sri Lanka, and Bangladesh). Many reasons contribute to professional personnel's stress in this environment. Long workdays and night shifts, obstacles to learning new medical skills, and a lack of possibilities for professional growth all play a role here. For these and other reasons, physicians in Pakistan are not as happy as they should be at work, leading many to seek employment in the West.

Developing a national policy for physicians in Pakistan is urgently needed since their rights and working conditions in the public or private sector, it has been overlooked. There are medical associations in Western nations that fight for doctors' rights. Still, in Pakistan, these organizations are few and few between, and the ones that do exist play a very insignificant role (Shiwani, n.d). are now unprotected. Sadly, no such strategy exists, and higher specialists aren't focusing.

According to Cozens's (2003) research, physicians were 28 percent more likely than the general working population to be experiencing stress beyond the threshold level. Work-related stress has a negative influence on health. Doctors' well-being and effectiveness have been linked to lower levels of stress. Despite the notion that health is a fundamental human right, public expectations of health care services (hospitals, clinics) are common in both developed and developing nations like Pakistan (Park, 2002). Doctors' physical and psychological well-being was adversely affected by stress, which led to burnout “(Burke &Deszca, 1986): and suicide (Burke Deszca, 1986). Stress levels among doctors working in hospitals are more significant than among doctors working in other settings, such as private practices or other healthcare facilities.

The objectives of this review were: To recognize the variables adding to WRQoL of doctors in public and private hospitals in Pakistan. To analyze the level of anxiety among doctors' work-related Quality of Life in both public and private hospitals in Pakistan and to discover survival methods embraced by specialists to manage pressure (stress).

Method

The researcher acquired the data by using the survey. It is the most viable, standard, and straightforward approach to collecting vast amounts of data from significant populations less time and money. All the Karachi district public and private sector hospitals were included in the population. Only medical professionals were the intended audience at hospitals. A non-probability convenience sampling strategy was utilized for sampling. All the instruments were borrowed from prior studies and then amended some questions statements to ensure clarity of items for the respondents. Instruments are now being modified. Initially, the scales were put through rigorous pilot testing to confirm their accuracy, precision, and repeatability. Initially, 100 responders were contacted after gaining clearance from the management of hospitals. Respondents received questionnaires and a cover letter outlining the study's purpose. In addition, respondents were promised that their names and data would be kept anonymous. The study was descriptive in nature and has quantitative approach. Convenient sampling technique was used to choose a representative sample of 100 doctors, from public hospitals and private hospitals.

WQROL will be rated as dependent variable and identified six independent psychosocial variables. These 6 variables are: Job and Career Satisfaction (JCS), General Well-Being (GWB), Stress at Work (SAW), Control at Work (CAW), Home Work Interface (HWI) and Working Conditions (WCS). These variables have subsequently been confirmed in other samples (Edwards, Van Laar, Easton & Kinman, 2009).

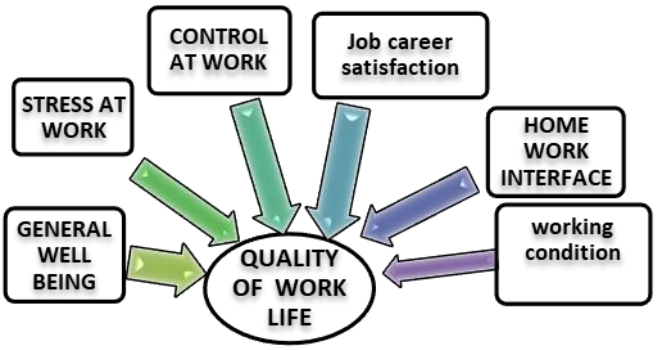

Figure.1 Research framework

The WRQoL factor subscales allow researcher and organizations to analyze the most important issues affecting the overall service quality and experience of doctors. Standard descriptive summary statistics were used to characterize the general doctor's population. The scores of the WRQoL structured questionnaire will be administered according to the Manual (Van Laar et al.,2007). Five-Point Likert-scale responses strongly agree/agree and strongly disagree/disagree were combined as agree and disagree. The WRQoL scale was used to measure

perceived quality of working life. The WRQoL is a validated 23-item psychometric questionnaire and is the most widely used instrument to assess employees' capabilities at work, monitor employees' workforce experience, and assess employees' adaptabilities with regard to changes within the system/organization. It contains questions covering 6 domains:

1. Home-work interface (HWI)
2. General well-being (GWB)
3. Job and career satisfaction (JCS)
4. Control at work (CAW)
5. Working conditions (WCS)
6. Stress at work (SAW)

Although the WRQoL scale contains 23 items, it is presented with 24 items. The 24th item serves as an indicator for validity and reliability of the scale and factors. Each item was scored on a 5-level Likert-scale (5= strongly disagree, 4 =disagree, 3 =neutral, 2 =agree, and = strongly agree). Higher scores indicated greater perceived quality of life (Van Laar et al,.2007). The questionnaire was composed of 24 closed ended items designed on five-point likert scales" i.e., SA "(Strongly Agree)", A "(Agree)", UN "(Undecided)", SDA "(Strongly Disagree)" and DA "(Disagree)". These five-point likert scales were coded as: SA "(Strongly Agree)" = 1 A "(Agree)" = 2 UN "(Undecided)" = 3 SDA "(Strongly Disagree)" = 4 DA "(Disagree)" = 5.

Results

Estimation of internal consistency of questionnaire survey form is done by calculate Cronbach's Alpha. A survey of approx. 10 respondents and then repeating survey with same group or sample population later. It is greater than 0.8. 24items of questionnaire have 0.85 reliability and acceptable. After collecting data, it was organized, tabulated, analyzed, and interpreted. The statistical tools, i.e., "demographic analysis, descriptive Analysis, mean, standard deviation, Correlation, Regression and ANOVA", was used to analyze the data. SPSS version 19 was used to calculate "mean, standard deviation, Descriptive Analysis, Correlation, Regression and ANOVA". The following is a description of the entire procedure:

Table.4. 1 Demographic analysis (N=100)

Variables	Options	Percentage%
Age	20-30 years	28.3
	31-40 years	55.3
	41-50 years	13.2
	51 or above	3.1
Gender	female	30.8
	male	69.2
Departm ent	Doctors	26.4
	Management	70.4
	Nurses	1.3

	Other	1.9
Sector	Private	69.1
	Public	30.9
Income	Less than 40K	20.6
	40-50 K	8.2
	51-60 K	18.2
	61-70 K	3.3
	71-80 K	9.4
	>100K	27.0
Total		100%

Table 4.1 shows that in the study 28% people are of age 20-30 years, 55% respondents are of age 31-40 years and others, 13% experts are of age 41-50 years and 3% experts are of age 51-60 years.Regarding gender, 31% of female and 69% of male. About department 27% are respondents are doctor, 70% are HR, nurses are 1% while other workers are 2% only. Percentage of employees of private 69% and public sector 31% are given.

Table4.2 Descriptive Statistics of work

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Work experience	100	4.3	36.0	8.214	6.1884
Working Hours	100	6.1	24	41.48	28.777

Descriptive Statistics table 4.2 of working experience shows significant results as it is shown intable 4.2 that N Statistic is 100, Minimum Statistic is 4.3, Maximum Statistic is 36, Mean Statistic is 8.21, Std. Deviation is 6.1844.

Table 4.3 Descriptive Statistics of variables

	N	Min	Max	Mean	Std. Deviation	Skewness		Kurtosis	
		Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
JCS	100	2.333	4.66	3.61	.5463	-.382	.241	-.438	.478
CAW	100	1.333	5.00	3.57	.919	-.945	.241	.377	.478
GWB	100	1.833	5.00	3.565	.626	-.174	.241	-.119	.478
HWI	100	1.000	5.00	3.64	.891	-.530	.241	.345	.478
WCS	100	1.333	5.00	3.69	.7524	-.728	.241	1.523	.478
SAW	100	1.0	5.00	3.205	1.1593	-.449	.241	-.624	.478
QOL	100	1	5	3.65	1.250	-.666	.241	-.638	.478

This Descriptive Statistics table4.2 of working hours shows significant results as it is shown in table that N Statistic is 100, Minimum Statistic is 6.1, Maximum Statistic is 24, Mean Statisticis 41.48, Std. Deviation is 28.777.

This Descriptive Statistics table 4.3shows, N, Minimum, Maximum, Mean, Std. Deviation, Skewness and Kurtosis of all dependent and independent variables. Job and Career Satisfaction (JCS), General Well-Being (GWB), Stress at Work (SAW), Control at Work (CAW), Home Work Interface (HWI) are independent variables and QOL is dependent variable.

Table 4.6 Pearson Correlations

		QOL	JCS	CAW	GWB	HWI	WCS	SAW
Pearson Correlation	QOL	1.000	.115	.117	.427	.202	.506	-.082
	JCS	.115	1.000	.557	.583	.545	.384	.174
	CAW	.117	.557	1.000	.382	.603	.263	.381
	GWB	.427	.583	.382	1.000	.607	.558	.022
	HWI	.202	.545	.603	.607	1.000	.419	.120
	WCS	.506	.384	.263	.558	.419	1.000	-.071
	SAW	-.082	.174	.381	.022	.120	-.071	1.000
Sig. (1-tailed)	QOL	.	.127	.124	.000	.022	.000	.207
	JCS	.127	.	.000	.000	.000	.000	.041
	CAW	.124	.000	.	.000	.000	.004	.000
	GWB	.000	.000	.000	.	.000	.000	.414
	HWI	.022	.000	.000	.000	.	.000	.118
	WCS	.000	.000	.004	.000	.000	.	.241
	SAW	.207	.041	.000	.414	.118	.241	.
N		100	100	100	100	100	100	100

Correlation is a bivariate study that quantifies the strength of association between two variables and the direction of the relationship. In terms of the strength of the relationship, the value of the correlation coefficient fluctuates between +1 and -1. An association value of 1 means that the two variables are completely unrelated. One value's relationship with another will deteriorate as the correlation coefficient variables zero. The coefficient sign denotes the direction of the relationship; a + sign indicates a positive relationship, and a – sign indicates a negative relationship.

Table 4.5 Regression Analysis Descriptive Statistics

	Mean	Std. Deviation	N
QOL	3.65	1.250	100
JCS	3.613	.546	100
CAW	3.5699	.9190	100
GWB	3.5649	.6262	100
HWI	3.6466	.891	100
WCS	3.6900	.752	100
SAW	3.205	1.1593	100

In this Regression Analysis Descriptive Statistics table 4.5, mean of variables QOL is 3.65, JCS is 3.6333, CAW is 3.569999, GWB is 3.5649999, HWI is 3.6466667, WCS is 3.69000 and SAW is 3.205. Std. Deviation of variables QOL is 1.250, JCS is .5463273773, CAW is .91905, GWB is .626256, HWI is .8911839, WCS is .75248186 and SAW is 1.1593.

In this Pearson Correlation table 4.6, P-values and coefficients in correlation analysis work together to inform you whether relationships in your model are statistically significant and the nature of those relationships. Calculate the mathematical link between each independent variable and its dependent variable using coefficients. The p-values for the coefficients reflect whether these relationships are statistically significant.

Inferential statistics include regression analysis in Table 4.7. Using beta value, t - value and p-values, you may determine whether the associations you see in your sample are also present in the whole population. If there is no correlation between any two independent variables, then their p-values are zero. If there is no correlation, there is no link between the changes in the independent variable and the shifts in the dependent variable. To put it another way, there isn't enough data to conclude that there is a population impact.

Table 4.7 hypothesis results

Hypothesis	Coefficients			
	beta	t	p-	Results
H1: JCS have positive effect on QOL.	0.115	1.150	.253	Rejected
H2: GWB has positive effect on QOL	0.427	4.67	.000	Accepted
H3: SAW has positive effect on QOL.	-.082	-.819	.415	Rejected
H4: CAW has positive effect on QOL.	.117	1.164	.247	Rejected
H5: HWI has positive effect on QOL.	0.202	2.044	.044	Accepted
H6: WCS has positive effect on QOL	0.506	5.811	.000	Accepted

Discussion

This study showed that doctors at private hospitals are under a lot of stress because of the amount of work they have to accomplish. Doctors in private

doctors face a variety of results that all contribute to their overall stress levels, including the high number of emergency calls, the high volume of aggressive patients they must deal with during peak hours, the monotony of their workdays, the lack of sleep they work, and the inability to eat regularly. The results of this study, which examined the working circumstances of doctors in private hospitals, showed that, like their counterparts in public hospitals, private hospital doctors value their working conditions. Still, they are more satisfied with them in private hospitals and clinics. These results are upheld by the review results done by Agdelen et al. (2010).

General well-being and work conditions are significant variables affecting quality of employee performance in this study. They are determined as the most dominating variable from beta value. As a result, medical organizations in Pakistan should give doctors health workplace with green reward for their hard work and dedication. Employee well-being is a widely accepted notion, but our previous discussion has led us to believe that identifying quality life assessments is problematic. Employee work processes are influenced by objective (structural and physical design) and intervening regulatory variables. As outcome elements, researchers are looking at immediate effects on employee psychology (positive attitudes, devotion, and contentment) and long-term implications on organization performance. The importance of fostering a cheerful working environment for health care workers, patients, and the firm is evident from this data. A literature survey showed techniques for overcoming hurdles to developing optimum working environments. According to this research, excessive workloads, irregular shifts, and long working hours are all linked to burnout, low morale and emotional tiredness among health care workers.

Moreover, consistent night shift is likewise a wellspring of stress for general society as well as confidential emergency clinic specialists — lack of sleep results in worry & despair, which immediately lowers doctors' performance. Giving excessive expectations in the goodwill has also resulted in a terrible scenario described by many doctors , patient’s attendants criticize doctors for everything maintaining deaf ears to what reality is, which also results in doctors' stress and impacts their service quality. The study results by Edwards et al. back up these conclusions (2002).

Interference between work and home life is a common source of stress for doctors working in public hospitals, particularly when their work schedules conflict with their family responsibilities. There is still a need for additional in-depth research into the stresses that doctors at Pakistani hospitals face, whether public or private, notwithstanding the present study's contribution to our knowledge of Karachi's medical hospital's stress causes. Further study might also be done for investigating the coping techniques for stress among doctors.

The majority of doctors are happy with their professions and satisfy with work related quality of life. Workload, disorganization, the working atmosphere, and a small salary are all significant sources of stress. The workload of doctors should be decreased with flexible working hours. Moreover, the compensation and other

incentives of the doctors should be enhanced. The working atmosphere requires improvement, particularly for female surgeons.

Conclusion

In conclusion, some variables have an insignificant relationship, and some variables have a significant relationship because the significant level is 0.05. Some variables' value is greater than 0.05, and some variables' value is less than 0.05. Those variables with greater values are rejected, and those with values less than 0.05 are accepted. SAW variable is high among private-sector doctors than in public female doctors have to SAW than males. CAW variable is higher among public sector doctors than private hospital doctors; female doctors have CAW than males. HWI is high in female doctor than male doctors. HWI factor has the same influence on both public and private sector doctors. GWB variable has a high influence on both female and male doctors. JCS has a higher effect on the private sector than on public hospital doctors.

Moreover, WCS variable has a high impact on private hospital than public hospital working conditions are improper. This is a reality that specialists need to play out a wild undertaking, and there is not a viable replacement for that; one thing which might be done is legitimate booking. Another thing that might be done is to make a wonderful environment. It is feasible to coordinate lunch or dinner parties at the medical clinic week by week or fortnightly so representatives might associate while at work and have some time off from their daily schedule.

Specialists will stay to buckle down. There will be a few attractions at the workplace. A weakness for clinic the executives will likewise be laid out in their psyches that they ponder representatives' very own government assistance as opposed to just contemplating their monetary advantage. Tea clubs or little gatherings might be created inside the clinic. Individuals and coordinators of such clubs and social orders ought to likewise be specialists to include themselves in such exercises and plan sporting stuff for them.

Conflict of interests

There is no conflict of interests

Author details

Sobia sultan have done master Msc in biotechnology from Pakistan and also done MBA in hospital management. She is keen of doing new research works.

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