



Original Research

Patients' satisfaction as the main indicator of evaluation of the activity of Medical Organizations

Tamar Koblianidze^{1*}, Khatuna Jokhadze²

¹ Georgian Technical University, Tbilisi, Georgia

² Teaching University Geomedi, Tbilisi, Georgia

* E-mail: tamar.koblianidze@gtu.ge

Article History

Received: Mar 7, 2024

Revised: Mar 18, 2024

Accepted: May 7, 2024

Abstract

In terms of economic activities, employment, development of new technologies, health care is one of the most important sectors both in the world and in Georgia. In order to achieve success in the medical services market, constant attention to the quality of medical services is essential, which makes the medical institution a market leader and a sought-after institution. In order to ensure, manage and improve the quality of healthcare services, it is necessary to continuously involve management, medical staff, patients and their relatives in the improvement of medical services, which should be part of the marketing strategy. Quality medical service is important for the patient; Their perception of the quality of medical services is subjective; Therefore, it is advisable to continuously focus on patient satisfaction research. In advanced countries, much attention is paid to the evaluation of the activities of medical organizations. This is due to the constantly changing innovative technologies of providing medical services and their cost increase. Complications of technology lead to increased risks for patients; It should be noted that, on the one hand, there is experience in the evaluation and accreditation of healthcare organizations (JCI), and on the other hand, developed countries use certain indicators to evaluate medical institutions. In addition, the World Health Organization (WHO) has developed a list of recommended indicators and an evaluation method for evaluating and comparing hospital performance.

The article discusses quality assurance of healthcare services, foreign experience, indicators for evaluating the activities of medical organizations, online survey of patients' satisfaction with inpatient services in Georgian clinics.

Keywords: Healthcare marketing, Quality of Medical Services, Questionnaire Survey, Patient Satisfaction.



?

For any medical institutions, it is necessary to constantly take care of the quality of medical services, because good quality services make the medical institution a leader of the medical market and a sought-after institution. Quality medical services are important for society and patients; If the quality meets the patient's expectations and meets his needs, he is committed to the given institution. Different processes are considered as areas of medical service quality, the most important of which are: efficiency (the patient should get the desired result with effective service), interpersonal and public relations (between the medical staff and the patient/the patient's relatives/the patient's legal representative and the relations between the medical institutions; Also, between clinics and patients, etc.); Continuity (the patient receiving the full range of services he needs without interruption). Also, comfort (waiting room, building wards, food, etc.) is important.

In order to achieve the quality assurance, management and improvement of health services, it is necessary to continuously involve management, medical staff, patients and their relatives in medical services. In the case of perfection, which should be part of the marketing strategy. Actually, the activity of medical institutions is evaluated by the achieved quality and level of medical services.

Performance evaluation of medical organizations is a powerful management tool:

1. By objectively comparing the quality and safety indicators of medical services, it is

possible to identify the best and worst medical organizations. Therefore, management focus on studying bad and best practices;

2. Ratings compiled on the basis of subjective and objective indicators help patients to make a decision about choosing a hospital and also help medical organizations to motivate their activities in terms of improving results;

3. Performance evaluation indicators of medical organizations allow healthcare leaders to assess how rationally public resources are spent.

In developed countries, much attention is paid to the evaluation of the activities of medical organizations, especially inpatient facilities. This is due to the constantly changing innovative technologies of providing medical services and their cost increase. Complications of technology lead to increased risks for patients; As a result, on the one hand, the requirements for the safety of medical services and, on the other hand, their control are increasing. The increase in the cost of technologies leads to the need for effective control of their use, Meeting these requirements is significantly related to the development of evaluation indicators by health care systems, which have been introduced not so long ago in economically strong and well-developed health care countries. In Canada, the Netherlands and Denmark, about 50 indicators are used at the national level to evaluate the performance of hospitals, in Germany - about 100 The World Health Organization (WHO) has also developed a list of recommended indicators



and an evaluation method - PATH - Performance Assessment Tool for Quality Improvement in Hospitals to evaluate and compare hospital performance. The world-recognized system of assessment and accreditation of healthcare organizations, which is implemented through accreditation by JCI - an independent, non-profit organization known as one of the leading international leaders in patient safety and healthcare quality in general. By combining experience, tools and documented knowledge, JCI helps organizations deliver the highest quality care and focus on continuous improvement. This is a voluntary accreditation of inpatient facilities, which allows them to receive expert assistance and provide the market with the highest standards of medical services. Accreditation standards are based on the following criteria:

- diagnosis of the patient;
- Setting and developing goals in treatment;
- Developing a plan with the involvement of the parties involved in the treatment process (doctors, patients, family members, etc.);
- evaluation of treatment results;
- Complete production of medical documentation;
- Compliance with quality standards, which ensures solving problems related to patient treatment and continuous improvement of medical services.

According to the latest data, the Joint Commission Hospital Accreditation Program is more than 60 years old, and the number of

accredited hospitals exceeds 4,000. The advantages of accredited hospitals are:

- Production of international level medical and some other related services;
- Guarantee of safe service and sustainable health of patients;
- Data protection and promotion of effective information exchange;
- Improving the quality of service.

The complete quality management of medical institutions depends on priority categories:

orientation to patients' needs;

- Proper provision of the working environment of the employees;
- maximum safety protection;
- Information systems and means of communication;
- Managerial mechanisms.

For all successful healthcare facilities, patient focus and employee orientation are paramount. Patients and the public in general, who apply to an accredited institution, are sure that they will receive a high-quality level of service; Accordingly, the institution is constantly trying to improve the quality of services.

Our population still does not have access to a full set of modern medical services. It is true that, as a result of the new changes, certain conditions are created for improving the quality of health care services and facilitating access to them, but problems still exist. For the successful functioning of the hospital, an important role is assigned to the strengthening of such competencies as:



1. All this is possible by introducing Improving clinical quality and gaining trust in relations with patients;
2. Evaluation of clinical effectiveness (efficiency);
3. Organization and management of timely and accurate information for efficiency improvement and vital forecasts;
4. Implementation of evidence-based medical services, etc.

the process of accreditation of hospitals.

In order to obtain a permit for a treatment-prophylactic institution, the requirement to fulfill the

so-called patients' JCI Safety Objectives:

1. Accurate identification of patients.
2. Effective communication improvement - a specific process/procedure on how to record/receive important results of face-to-face visits, phone inquiries or analysis.
3. Reducing the dangers of high-risk drugs.
4. Operative intervention on individual parts of the body, minimizing cases of surgical procedures performed with errors.
5. Reducing the risk of healthcare-associated infections - including compliance with hygiene standards by employees.
6. Reducing the risk of injury received by the patient falling.

For the first time in Georgia, the JCI international accreditation was awarded to the medical center "MediklabGeorgia" by the United Commission, which required many years of preparatory work. Based on the

assessment of the full range of activities of "MediklabGeorgia", the audit group named the mentioned medical center among the best 600 hospitals of similar accreditation in the world. As is known, "American Hospital Tbilisi" was organized with the support of the US International Development Finance Corporation. In order to provide medical services of international standards, the state transferred the state-owned real estate to the hospital by direct sale. The direct investment made by the hospital in Georgia exceeded 50 million US dollars. 183-bed facility located on 25 thousand square meters with international standard services. The hospital implements the latest management concept, which provides high-quality patient-oriented medical services. Accordingly, the hospital has a well-deserved ambition to receive the full range of Joint Commission International (JCI) accreditation. The most important objective of the institution is the successful operation of centers of excellence, which are led by highly qualified professionals. "American Hospital Tbilisi" cooperates with Georgian, Turkish and US university clinics.

In the US, in recent years, up to 10 different systems have been tested to evaluate the performance of hospitals. For example, Best Hospitals Honor Roll, America's Best Hospitals, 100 Top Hospitals and The Joint Commission Quality Check, and then a unified national system for evaluating the performance of medical organizations was developed. In 2015, a rating based on subjective indicators (patient survey) was published for the first time in the USA, and in



2016, a comprehensive rating was published, which includes subjective and objective indicators. Currently, all US hospitals are required to report these indicators at some frequency (quarterly, annually). The results of the ratings are used to determine the volume of financing of medical organizations from state insurance funds. In the USA, there are 2 payment systems based on indicators of quality indicators and performance evaluation of medical organizations. The Merit-based Incentive Payment System (MIPS). Introduced for individual private practitioners and joint medical practices. The Hospital Value-Based Purchasing (VBP) program was introduced for hospitals. These systems take into account both the achievement of the target values of the indicators, as well as the dynamics of their change. Clinics that have obtained the required total points receive additional funding, and clinics that do not have enough points, on the contrary, receive a deduction from the service fee. In the United States of America, a special questionnaire (Hospital customers Assessment of Healthcare Providers and Systems - HCAHPS) was developed to assess the quality of healthcare services by patients in medical institutions, which was officially approved by the National Quality Forum in May 2005. Randomly selected patients who were newly discharged from the hospital participated in the survey. The questionnaire is divided into categories:

1. Relationship between nurse and patient
2. Doctor-patient relationship
3. Response of hospital staff
4. Pain management.

5. Awareness about medicines
6. Discharge Awareness / Post Discharge Awareness
7. General assessment of the state of health.
8. Cleanliness in the hospital.
9. Comfortable conditions of inpatient stay.
10. General assessment of the hospital.
11. Making recommendations about the hospital

It should be noted that in 2019 Koblianidze and Ch. Kardava conducted an online survey of former patients of inpatient facilities; The research showed that the majority of the interviewed respondents were applying to the medical institution for the first time, and the largest part of them got to the clinic through financial assistance. Also, awareness and desirability rate of medical institutions were not high; The majority of the respondents were satisfied with the attitude of the doctor and the professionalism of the doctor. The nurse-patient attitude was also positively evaluated by the majority, And the competence and skills of nurses are evaluated positively by relatively fewer patients. The price/quality ratio turned out to be relatively less acceptable for patients; If there was a choice, some of the respondents would apply to another institution.

This time, using the American method, we conducted an online survey of former patients of inpatients. The survey was conducted with the help of the Facebook platform in the month of September 2023 and was based on the principle of random sampling. The study covered 580 person. More than 70% of the 503 respondents were female patients. 68.6% of

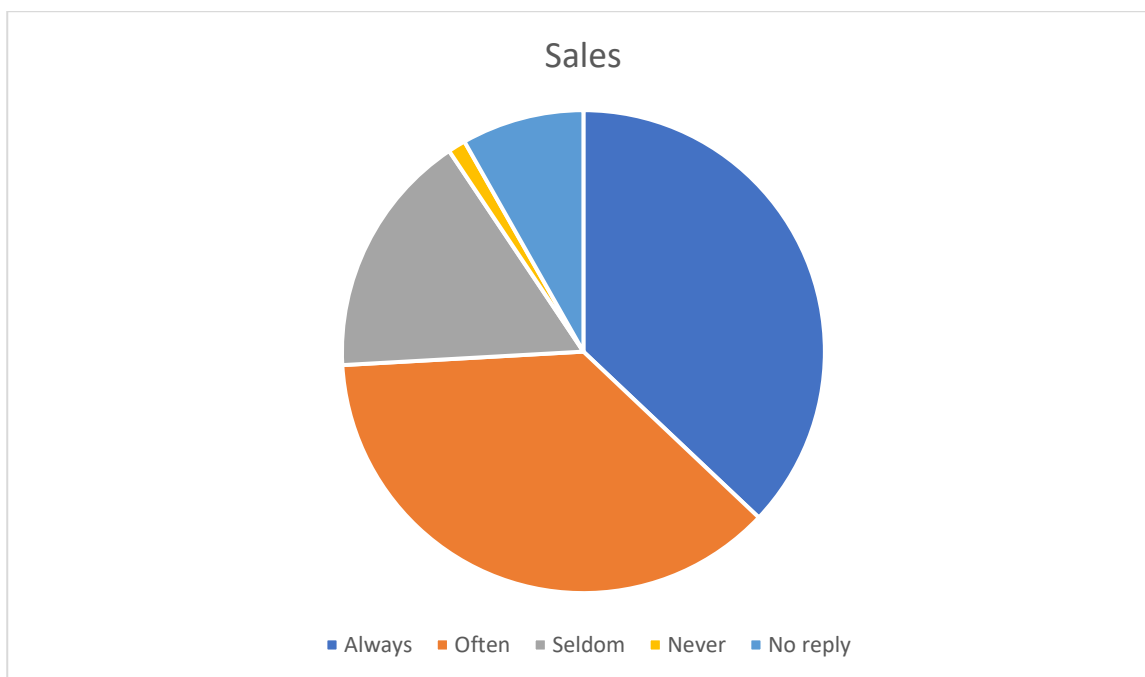


them are under the age of 30 (which is explained by the good digital skills of the younger generation), 12.5% are 51-60 years old, 8.3% are 31-40 years old, 10.6% are over 60.

67% of respondents had high school education, and 33% had general school education. Not a single answer was recorded with professional education and/or incomplete higher education. The medical services received by

the respondents regarding the period of medical assistance provided were sorted as follows: the vast majority (41.7%) received post-hospital services 1 year ago, 33.3% - 9 months ago, 12.5% - 6 months ago, 6.2% - 3 month ago and 6.3% 1 month ago.



When asked how often the nurses treated them politely and respectfully while in the medical facility, the answers of the respondents are as follows:







ხარისხიანი შრომითი მოღვაწეობა კატმანდუს შერჩეული საავადმყოფოების ექთნებში

პრამილა ტაპა¹ , შუვამ რეჯმი¹, ბანდანა ტაპა², რიტა პრადჰანი³ 

¹ იეტის სამედიცინო მეცნიერებათა აკადემია, კატმანდუ, ნეპალი

² ბირის საავადმყოფოს ექთნების კამპუსი, ნეპალი

³ პურბანჩალის უნივერსიტეტის სამედიცინო მეცნიერებათა ფაკულტეტი, ნეპალი
ელ. ფოსტა: pbrt426@gmail.com

აბსტრაქტი

საფუძველი: ხარისხიანი სამუშაო საქმიანობა აუცილებელია ჯანდაცვის სისტემებისა და ექთნების კეთილდღეობის გრძელვადიანი მდგრადობისთვის, რაზეც სათანადო რაოდენობის კვლევები ჯერ არ ჩატარებულა ნეპალში.

მიზანი: ექთნებს შორის ხარისხიანი სამუშაო ცხოვრების გარემოპირობების შესწავლა და დემოგრაფიულ მახასიათებლებთან მათი კავშირის შემოწმება.

მეთოდები: ექთნების ხარისხიანი სამუშაო ცხოვრების შესასწავლად განხორციელდა ჯვარედინი სექტორული მონიტორინგი, ჰოსპიტალის შერჩეულ მესამეულ დონეზე ბასუნდჰარა/დაპასში, კატმანდუ; ხარისხიანი სამუშაო მოღვაწეობის კვლევის საფუძველზე, გამოყენებულ იქნა რიცხობრივი შერჩევის მეთოდი. ექვსი კატეგორიის კითხვარით: სოციოდემოგრაფიული მონაცემები, სამუშაო გარემო, მენეჯმენტის ურთიერთობები, სამუშაო პირობები, სამუშაოს აღქმა და დამხმარე სერვისები. უზრუნველყოფილ იქნა მონაცემთა საჭირო რაოდენობა და სანდოობა და მიღებულ იქნა წერილობითი თანხმობა მათ გამოყენებაზე. კვლევაში ჩართულ იქნა 150 რეგისტრირებული ექთანი, ეთიკური ნორმების დაცვით.



დასკვნები: მკვლევარებმა გამოიყენეს აღწერილობითი და ე.წ. კვადრატული ტესტები ექთანთა შორის სამუშაო ცხოვრების ხარისხის დონის შესასწავლად და დემოგრაფიულ ფაქტორებთან კავშირის დასადგენად და შედეგებმა აჩვენა, რომ ექთანთა უმრავლესობა (81.3%) შეიგრძნობდა შრომითი ცხოვრების ხარისხის ზომიერ დონეს. კვლევის გარკვეული შეზღუდულობის გამოვლინებები: დაბალი განზოგადება, მცირერიცხოვანი დაკვირვება, თვითგამოცხადებული მიკერძოება, მონაცემთა შეგროვების შეზღუდული დიზაინი და ტექნიკა. ჯანდაცვის ორგანიზაციებმა უნდა განახორციელონ ინვესტიცია ტრენინგსა და განვითარებაში, სოციალურ მხარდაჭერაში, მოქნილ მუშაობაში და პოლიტიკაში, რომელიც შეეხება ზოგად გარემოს, მენეჯმენტთან ურთიერთობას, სამუშაო პირობებს, სამუშაოს აღქმასა და დამხმარე სერვისებს, თუ სურთ გააუმჯობესონ კატმანდუში ექთნების შრომითი მოღვაწეობის ხარისხი. გადამწყვეტი მნიშვნელობა აქვს ისეთი აქტივობების განხორციელებას, რომლებიც გაზრდის გამომუშავებას და თანამშრომლების ბედნიერებას.

ორიგინალობა/ღირებულება: ამ კვლევის ორიგინალობა და ღირებულება გამოიხატება შრომითი საქმიანობის ხარისხს, პაციენტის შედეგსა და მედდის კეთილდღეობას შორის კავშირის შეფასებაში, რაც მნიშვნელოვან უკმარობას ავსებს არსებულ ლიტერატურაში.

საკვანძო სიტყვები: საავადმყოფო, ექთანი, ხარისხიანი სამუშაო ცხოვრება.

References

1. Almalki MJ, FitzGerald G, Clark M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: A cross-sectional study. *Hum Resour Health*. 2012;10:1-13. doi:10.1186/1478-4491-10-30.
2. Al-Maskari MA, Dupo JU, Al-Sulaimi NK. Quality of work life among nurses a case study from ad Dakhiliyah Governorate, Oman. *Sultan Qaboos Univ Med J*. 2020;20(4):e304-e311. doi:10.18295/squmj.2020.20.04.005.
3. Kaddourah B, Abu-Shaheen AK, Al-Tannir M. Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: A cross-sectional survey. *BMC Nurs*. 2018;17(1):1-7. doi:10.1186/s12912-018-0312-0.
4. Kelbiso L, Belay A, Woldie M. Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South Ethiopia: A Cross-Sectional Study. *Nurs Res Pract*. 2017;2017:1-11. doi:10.1155/2017/5181676.
5. Moradi T, Maghaminejad F, Azizi-Fini I. Quality of Working Life of Nurses and its Related Factors. *Nurs Midwifery Stud*. 2014;3(2). doi:10.5812/nms.19450.
6. Nayeri ND, Salehi T, Noghabi AAA. Quality of work life (QWL) and productivity among Iranian nurses.



- Contemp Nurse*. 2011;39(1):106-118. doi:10.5172/conu.2011.39.1.106.
7. Javanmard Nejad S, Bandari R, Heravi-Karimooi M, Rejeh N, Sharif Nia H, Montazeri A. Happiness, quality of working life, and job satisfaction among nurses working in emergency departments in Iran. *Health Qual Life Outcomes*. 2021;19(1):1-8. doi:10.1186/s12955-021-01755-3.
 8. Thapa P, Giridharan B, Thapa RD, Pandey N. The Effect of Toxic Workplace Environments on Employee Engagement: Mediating Roles of Employee's Wellbeing and Organization Support. *J Humanit Soc Sci Res*. 2022;4(2):66-74. doi:10.37534/bp.jhssr.2022.v4.n2.id1168.p66.
 9. Thapa P, Konnur RG, Maharajan PD, Koirala N. Empathy level among the Nursing Workforce in the selected Health Institutes in Kathmandu consuming Toronto Empathy Scale. *Mod Issues Med Manag*. 2022;24(2):1-10. doi:10.56580/geomedi12.
 10. Suaib S, Syahrul S, Tahir T. Nurses' Quality of Work Life. *J Heal Sci Prev*. 2019;3(3S):63-66. doi:10.29080/jhsp.v3i3s.292.
 11. R.A. K, B.B. de B, A.L. F, D.M. D. How nurses and their work environment affect patient experiences of the quality of care: a qualitative study. *BMC Health Serv Res*. 2014;14:249.
 12. Wang L, Wang X, Liu S, Wang B. Analysis and strategy research on quality of nursing work life. *Med (United States)*. 2020;99(6). doi:10.1097/MD.00000000000019172.
 13. McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH. Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Aff*. 2011;30(2):202-210. doi:10.1377/hlthaff.2010.0100.
 14. Kowitlawkul Y, Yap SF, Makabe S, et al. Investigating nurses' quality of life and work-life balance statuses in Singapore. *Int Nurs Rev*. 2019;66(1):61-69. doi:10.1111/inr.12457.
 15. Llop-Gironés A, Vračar A, Llop-Gironés G, et al. Employment and working conditions of nurses: where and how health inequalities have increased during the COVID-19 pandemic? *Hum Resour Health*. 2021;19(1):1-11. doi:10.1186/s12960-021-00651-7.
 16. Schön Persson S, Nilsson Lindström P, Pettersson P, Andersson I, Blomqvist K. Relationships between healthcare employees and managers as a resource for well-being at work. *Soc Heal Vulnerability*. 2018;9(1):1547035. doi:10.1080/20021518.2018.1547035.
 17. Vermeir P, Blot S, Degroote S, et al. Communication satisfaction and job satisfaction among critical care nurses and their impact on burnout and intention to leave: A questionnaire study. *Intensive Crit Care Nurs*. 2018;48:21-27. doi:10.1016/j.iccn.2018.07.001.
 18. Venkataraman S, Anbazhagan S,



- Anbazhagan S. Quality of nursing work life among staff nurses in a tertiary care hospital in Puducherry. *Int J Community Med Public Heal.* 2018;5(9):3853. doi:10.18203/2394-6040.ijcmph20183469.
19. Bradley S, Kamwendo F, Chipeta E, Chimwaza W, de Pinho H, McAuliffe E. Too few staff, too many patients: A qualitative study of the impact on obstetric care providers and on quality of care in Malawi. *BMC Pregnancy Childbirth.* 2015;15(1):1-10. doi:10.1186/s12884-015-0492-5.
20. Zhang Y, Punnett L, Nannini A. Work-Family Conflict, Sleep, and Mental Health of Nursing Assistants Working in Nursing Homes. *Work Heal Saf.* 2017;65(7):295-303. doi:10.1177/2165079916665397.
21. Ayalew F, Kibwana S, Shawula S, et al. Understanding job satisfaction and motivation among nurses in public health facilities of Ethiopia: A cross-sectional study. *BMC Nurs.* 2019;18(1):1-13. doi:10.1186/s12912-019-0373-8.
22. Thapa P, Bhattarai H, Bharti DV, Khanal J. Impact of Emotional Intelligence on Transformational Leadership in Selected Academic Institutions in Kathmandu, Nepal. *Int Multidiscip Res J.* 2023;4(4). doi:10.54476/ioer-imrj/595660.
23. Van Dorssen-Boog P, de Jong J, Veld M, Van Vuuren T. Self-Leadership Among Healthcare Workers: A Mediator for the Effects of Job Autonomy on Work Engagement and Health. *Front Psychol.* 2020;11(July):1-13. doi:10.3389/fpsyg.2020.01420.
24. Pudashini P, Sigdel R, Shah PT, Khatiwada S, Yadav M. Challenges and Opportunities for Nurse Managers Working in Nepal 's Level II and III COVID Hospitals Challenges and Opportunities for Nurse Managers Working in Nepal 's Level II and III COVID Hospitals Corresponding Author : 2023.
25. Pudasaini Thapa P, Rana H, Ucar Ö, Khanal J, Amgain K. Examining the Impact of Emotional Intelligence on Employee Well-Being and Employee Engagement in the Digital Era. *J Karnali Acad Heal Sci.* 2023;6(1). doi:10.61814/jkahs.v6i1.797.
26. Pudasaini Thapa P, Giridharan B, Khanal J. The Moderating Role of Emotional Intelligence in the Effect of a Toxic Working Environment on Employee Well-Being. *J Humanit Soc Sci Res.* 2023;5(1):128-138.
27. Nowrouzi B, Giddens E, Gohar B, Schoenenberger S, Bautista MC, Casole J. The quality of work life of registered nurses in Canada and the United States: a comprehensive literature review. *Int J Occup Environ Health.* 2016;22(4):341-358. doi:10.1080/10773525.2016.1241920.
28. Thapa P, Bhusal MR, Consult HI, Shrestha M. 46042 (2) Influence of Social Media Use on Employees' Self-Confidence among Health Service Providers in Selected Health Institutes.



- 2024;46042(January).
doi:10.3126/jonmc.v12i2.61345.
29. Thapa P, Giridharan B, Khanal J, Adhikari K. Exploring the Relationship between Self-Management Skills and Demographic Factors among Managers in Kathmandu-based Organizations. *Mod Issues Med Manag.* 2023;25(1):1-17. doi:10.56580/geomedi24.
30. Rana MM, Shakya N. Factors influencing job retention and satisfaction among nurses in tertiary level hospital. *J Gandaki Med Coll.* 2021;14(1):45-49. doi:10.3126/jgmcn.v14i1.31474.
31. Chen HWJ, Marzo RR, Chen HWJ, et al. The evolving role of social media in enhancing quality of life : a global perspective across 10 countries. 2024;(March). doi:10.1186/s13690-023-01222-z.
32. Sharma P. Factors Associated with Psychosocial Stimulation Development of Preschool Children in Rupandehi District of Nepal Factors Associated with Psychosocial Stimulation Development of Preschool Children in Rupandehi District of Nepal Assistant Professor , Butwa. 2024;(January). doi:10.3126/kmcj.v6i1.62326.
33. Thapa P, Akashse S, Palladino F, Aryal R. Impact of Self- Awareness Life Skill on Effective Leadership in the Digital Era. *J Acad Perspect Soc Stud.* 2023;(1):54-64. doi:10.35344/japss.1190883.
34. Shrestha M, Thapa P, Pandey A. Prevalence of Social Media Needs and Quality of Life among Secondary School Students;SSN 1. Almalki MJ, 35. Brooks BA, Storfjell J, Omoike O, et al. Assessing the quality of nursing work life. *Nurs Adm Q.* 2007;31(2):152-157. doi:10.1097/01.NAQ.0000264864.94958.8e
36. Naz S, Hashmi AM, Asif A. Burnout and quality of life in nurses of a tertiary care hospital in Pakistan. *J Pak Med Assoc.* 2016;66(5):532-536.
37. Thapa P, Akashe S, Bhattarai H. Impact of Demographic Factors on Emotional Intelligence in Selected Organizations in the Kathmandu Valley. *Int J Manag Adm.* 2023;(January). doi:10.29064/ijma.1197541.
38. Lu H, Barriball KL, Zhang X, While AE. Job satisfaction among hospital nurses revisited: A systematic review. *Int J Nurs Stud.* 2012;49(8):1017-1038. doi:10.1016/j.ijnurstu.2011.11.009.
39. Suleiman K, Hijazi Z, Al Kalalkeh M, Abu Sharour L. Quality of nursing work life and related factors among emergency nurses in Jordan. *J Occup Health.* 2019;61(5):398-406. doi:10.1002/1348-9585.12068.



40. FitzGerald G, Clark M. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: A cross-sectional study. *Hum Resour Health.* 2012;10:1-13. doi:10.1186/1478-4491-10-30.
41. Guo YF, Plummer V, Cross W, Lam L, Zhang JP. Impact of WeChat-based “three good things” on turnover intention and coping style in burnout nurses. *J Nurs Manag.* 2020;28(7):1570-1577. doi:10.1111/jonm.13111.