



The Impact of Quality of Work and Life Environments on Job Satisfaction Among Healthcare Professionals: A Systematic Review

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ABSTRACT

Objectives:

This systematic review aims to explore the impact of quality of work and life environments on job satisfaction across various healthcare professionals. This systematic review also examines the factors that constitute the quality of work and life environments among healthcare professionals. This systematic review also aims to provide a comprehensive understanding of the contribution of quality of work and life environments and job satisfaction within healthcare settings.

Review methods:

A comprehensive search was conducted on PubMed, CINIHAL, Web of Science, Scopus, Medline, and Cochrane using the following alternate terms quality of work environment, quality of life, job satisfaction, and healthcare professionals. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram guided the inclusion of the studies published from 2017 to 2025.

Results:

32 studies were included in this systematic review, revealing the impacts of quality of work and life environments on job satisfaction among healthcare professionals. Healthcare professionals had various levels of job satisfaction and poor work and life environments due to a variety of reasons. The most consistent factors that led to low job satisfaction and poor quality of work and life environments among healthcare professionals were high stress, workload, fatigue, secondary traumatic stress, poor management support, organizational inefficiency, and lack of resources. Also, the economic factors, such as low salaries, unfair pay, and job insecurity were reported by healthcare professionals, frequently. Additionally, work-family conflict, poor emotional well-being, and lack of social support were found as the factors that adversely impacted the quality of work and life environments and job satisfaction.

Conclusion:

Job satisfaction among healthcare professionals can be negatively impacted by factors like stress, workload, poor management, low salary, and job insecurity. Policymakers and hospital managers must address these issues to maintain job satisfaction, improve healthcare quality, and boost productivity. A proactive approach in creating supportive work environments is essential for improving staff retention, patient outcomes, and organizational performance.

terms quality of work environment, quality of life, job satisfaction, and healthcare professionals

Key words: “Quality of Work Environment” “Quality of Life Environment” “Job satisfaction” “Healthcare Professionals”

Background:

In recent decades, job satisfaction has become a significant issue for healthcare organizations, especially for healthcare professionals (Ramli, 2019; Merga & Fufa, 2019). Generally, job satisfaction is a very significant part of an employees’ lifecycle and motivation to remain loyal with their jobs (AbuAlRub, 2016). Employees with high satisfaction have a healthy psychological condition, show positive behaviors, enjoy their life, and can increasingly succeed in their work life and private life (AbuAlRub, 2016). According to Al-Sabhan et al (2022), increasing the level



of job satisfaction among employees impact all other staffs, and clients, and therefore the organizations' success (Al-Sabhan et al., 2022). In addition, increased the job satisfaction level increases the stability among employees, whereas low job satisfaction among employees can be held responsible for reducing the quality of service delivery and increasing the turnover rate that influences the work-place negatively (Epstein, 2014; Choong et al., 2012).

Quality of work and life environments play a significant role in shaping job satisfaction, as they influence healthcare professional overall well-being, personal fulfillment, and ability to manage work-life balance (Aiken et al., 2013; Hamaideh, et al., 2024; AlAzzam et al., 2017). When healthcare professionals experience a high quality of life that characterized by good health, financial stability, meaningful relationships, and a supportive environment they are more likely to be motivated, engaged, and satisfied in their jobs (AlAzzam et al., 2017; Kim, 2019). While poor quality of life characteristics; stress, financial insecurity, or personal challenges, can lower job satisfaction, leading to burnout and higher turnover rates (Manuela & Demilto, 2019). Therefore, improving healthcare professionals' quality of life, can lead to improvements in job satisfaction, performance, and retention (Iskandarsya et al., 2021). Additionally, unhealthy work environment often leads to undesirable outcomes that include low job satisfaction, and high the intention to leave and burnout (Iskandarsya et al., 2021). In healthcare sector, several studies linked the work-related stress with low quality of healthcare service delivery (Hamaideh, et al., 2024; AlAzzam et al., 2017; Akinwale & George, 2020). However, a supportive work environment for healthcare professionals leads to several positive outcomes, including better quality of healthcare service, safer healthcare delivery, and higher job satisfaction (Kim, 2019; Akinwale & George, 2020; Manuela & Demilto, 2019).

A robust and healthy work and life environments can be a reason of having a high job satisfaction among healthcare professionals (Raeissi et al., 2019). Therefore, lead to high-quality healthcare services (Hamaideh, et al., 2024). There are several factors contributing to a healthy work and life environments for healthcare professionals that include stress, workload, fatigue, poor management support, organizational inefficiency, lack of resources, low salary, job insecurity, work-family conflict, poor emotional well-being, and lack of social support (Akinwale& George, 2020; Hamaideh, et al., 2024; Raeissi et al., 2019). These factors offer



valuable insights for healthcare institutions to improve healthcare professionals job satisfaction which, in turn, positively influences healthcare professionals' retention, loyalty, and creativity (Al-Sabhan et al., 2022; Almalki et al., 2012). This is significant because healthcare professionals play a crucial role in healthcare systems, and their well-being directly impacts the success of healthcare organizations (Raeissi et al., 2019). Given the critical role healthcare professionals play in ensuring patient outcomes and safety, understanding the dynamics between work environment and job satisfaction is essential for fostering supportive, sustainable, and productive healthcare professionals.

Study Objectives:

This systematic review seeks to explore the impact of quality of work and life environments on job satisfaction across various healthcare professionals, including physicians, nurses, allied health professionals. This systematic review also examines the factors that constitute the quality of work and life environments among healthcare professionals. This systematic review also aims to provide a comprehensive understanding of the contribution of quality of work and life environments and job satisfaction within healthcare settings.

Search strategy:

A systematic literature search was conducted to identify relevant studies on the impact of quality of life and job-related stress on job satisfaction among various healthcare professionals. The search adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Electronic databases including PubMed, CINIHAL, Web of Science, Scopus, Medline, and Cochrane were systematically searched using a combination of keywords that include quality of work environment, quality of life, job satisfaction, and healthcare professionals. The search was limited to articles published between January 2017 and January 2025.

An initial screening process involved a thorough examination of article titles and abstracts to eliminate irrelevant studies. Subsequently, a detailed assessment of the full text of selected articles was conducted to determine eligibility based on predefined inclusion criteria cited below.



Eligibility criteria:

Inclusion criteria

The inclusion criteria was limited to cross-sectional observational studies that were published within the timeframe of 2017 to 2025 and had reported the impact of quality of life and job-related stress on job satisfaction of various healthcare professionals across the globe by examining relevant literature were included.

Exclusion criteria

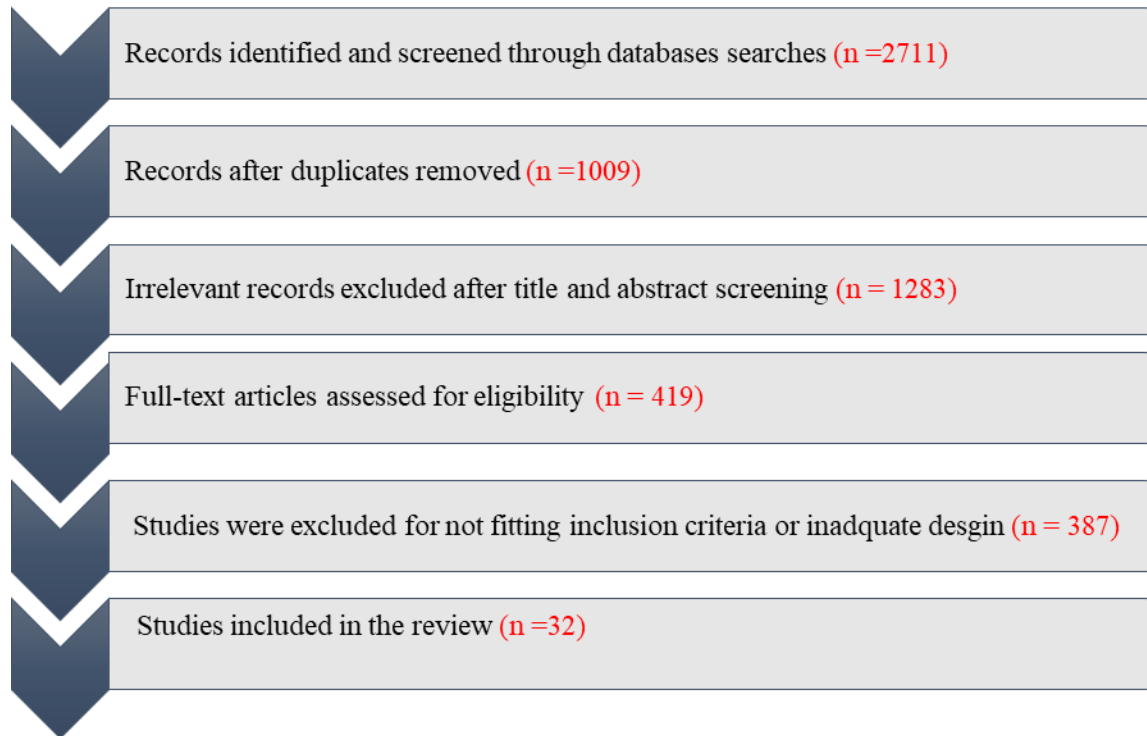
Unpublished papers uploaded online, articles where the full text was not available, case reports, review articles, and articles that were not in the English language were excluded.

Identification of the literature:

Findings from the electronic searches based on the selection criteria resulted in (n =32) papers that were included in this systematic review as illustrated in figure 1. The studies that met inclusion criteria were screened for eligibility and relevance based on titles and abstracts. In instances where the title/abstract did not yield the needed information or conclusive decision, a comprehensive assessment of the full articles was performed. After the full-text screening, papers not meeting the inclusion criteria were systematically removed. Any discrepancies in the selection process were thoughtfully resolved through discussion to reach an agreement. In total, 2711 articles were yielded from the initial database search, of which 1009 articles were excluded for duplication. Following the review of their titles and abstracts, 1283 irrelevant articles were further excluded.

Among the 419 articles assessed for eligibility, 387 articles were excluded for not fitting the inclusion criteria. Finally, the total number of articles included in the current systematic review is 32.

Figure 1: Study selection flow chat



Data synthesis

The studies selected for this systematic review were conducted all over the globe. The selected 32 studies used a self-reporting questionnaire to collect data from the study participants through direct approach, online forums and survey panels, both physical and online.

Among the studies which were included in this systematic review, 18 studies were conducted on nurses in various hospital departments; cardiovascular, critical care, and psychiatric (Munnangi et al., 2018; Gadirzadeh et al., 2017; Kaya et al., 2022; Rubio et al., 2020; Ramos & Almeida 2017; AlAzzam et al., 2017; Ball et al., 2017; Zhao et al., 2018; Asgari et al., 2019; Ruhana 2019; Akinwale & George 2020; Kim 2019; Hamaideh, et al., 2024; Javanmardnejad et al., 2021; Raeissi et al., 2019; Hamdan et al., 2024; Zaghini et al., 2023; Saliya et al., 2024). Additionally, four studies were conducted on various healthcare professionals (Manuela & Demilto, 2019; Iskandarsya et al., 2021; Ramli, 2019; Merga & Fufa., 2019), and three were conducted on dentists (Antoniadou, 2022; Hayama et al., 2019; Hernández et al., 2021), and two were conducted on each of radiologists (Ji et al., 2024; Alhomoud & Alrasheedy, 2024) and



pharmacists (Isah et al., 2023: Zhao et al., 2020), and one was conducted on each of physicians (Alrawashdeh, et al., 2021), medical lab specialties (Lo et al., 2022), and midwives (Chênevert et al., 2019).

The studies were conducted in several countries that include developed, developing, and undeveloped countries. Among which, four studies were conducted in each of Jordan (AlAzzam et al., 2017: Alrawashdeh, et al., 2021: Hamaideh, et al., 2024: Hamdan et al., 2024) and Iran (Gadirzadeh et al., 2017: Asgari et al., 2019: Javanmardnejad et al., 2021: Raeissi et al., 2019). Three studies were conducted in Indonesia (Ruhana, 2019: Ramli, 2019: Iskandarsya et al., 2021), and two in each of the United States (Ji et al., 2024: Munnangi et al., 2018), China (Zhao et al., 2020: Zhao et al., 2018), Spain (Rubio et al., 2020: Hernández et al., 2021), Japan (Hayama et al., 2019: Kim 2019), Nigeria (Isah et al., 2023: Akinwale & George, 2020), and Ethiopia (Merga & Fufa, 2019: Saliya et al., 2024). Also, one study was conducted in each of Italy (Zaghini et al., 2023), Brazil (Manuela & Demilto, 2019), United Kingdom (Ball et al., 2017), Saudi Arabia (Alhomoud & Alrasheedy, 2024), Greece (Antoniadou, 2022), Poland (Chênevert et al., 2019) , Turkey (Kaya et al., 2022), Portugal (Ramos & Almeida, 2017), and Canada (Lo et al., 2022).

The primary focus of this study was to identify and analyze the studies in which the impact of quality of work and life environments on job satisfaction among healthcare professionals. These studies as illustrated in table 1. reported that healthcare professionals had various levels of job satisfaction and poor work and life environments due to a variety of reasons. However, the most consistent factors that led to low job satisfaction and poor quality of work and life environments among healthcare professionals were high stress, workload, fatigue, secondary traumatic stress, poor management support, organizational inefficiency, and lack of resources. Also, the economic factors, such as low salaries, unfair pay, and job insecurity were reported by healthcare professionals, frequently. Additionally, work-family conflict, poor emotional well-being, and lack of social support were found as the factors that adversely impacted the quality of work and life environments and job satisfaction.



Table 1: Salient features of the studies included in this review

Author(s) Location	Aim(s) of study	Sample	Instrument	Key findings
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Saliya et al., (2024) Ethiopia	To assess nurses' quality of life environment and job satisfaction.	420 nurses	Special designed questionnaire	63.4% of the nurses exhibited low compassion satisfaction. 65.4% experienced average levels of secondary traumatic stress. Job satisfaction was moderate to high for 55% of the nurses. There was a positive correlation between compassion satisfaction and job satisfaction. Fatigue, marital status, education, and level of experience were the predictors for job satisfaction.
Zaghini et al., (2023) Italy	To investigate the effects of job-related stress and job satisfaction on nurses' quality of work environment.	1126 cardiovascular nurses	Special designed questionnaire	Nurses working in critical cardiac care units experienced more stress than nurses working in other cardiac units. Nurses working in cardiac outpatients' clinics reported lower quality of work life than nurses working in other cardiac settings. There was a negative relationship between job-related stress and nurses' quality of work life, which was partially mediated by job satisfaction, indicating that stress generated by the work environment negatively affect nurses' quality of work life by reducing their job satisfaction.
Hamdan et al., (2024) Jordan	To examine the relationship between the quality of work environment and job satisfaction.	542 nurses	The Professional Quality of Life Scale-Health and the Job Satisfaction Survey.	The mean total score for the nurses' job satisfaction survey was high. The nature of work subscale had the highest mean, while the fringe benefits subscale had the lowest. The mean total score for the quality of work environment scale for health workers was moderate. The Compassion Satisfaction subscale had the highest mean score, while the moral distress subscale had the lowest. There was a statistically significant positive relationship between nurses' job satisfaction and quality of work environment.
Raeissi et al., (2019) Iran	To describe the status of quality of work environment and to explore its predictors.	2391 nurses	PES-NWI	The mean score for total quality of work environment was low level of self-reported quality of work environment. 69.3% of nurses dissatisfied with their work environment. The major influencing factors were inadequate and unfair payment, lack of solving staff problems by organization and poor management support, job insecurity, high job stress, unfair promotion policies, and inadequate involvement in the decision-making. Significant predictors in the multivariate analysis for lower quality of work environment were male gender, being single, older age, having lower educational levels, and working in teaching hospitals.
Javanmardnejad et al., (2021)	To examine the relationship between happiness and quality of	270 nurses	QWL and JSQ	Happiness was associated with economic status and satisfaction with closure. Nurses who work in emergency departments



Iran	work environment and job satisfaction.			did not feel happy and their happiness were associated with their economic status, and closure over their duties.
Hamaideh, et al., (2024) Jordan	To assess the levels, relationships, and predictors of the quality of work environment of psychiatric nurses and their job satisfaction.	144 psychiatric nurses	Special designed questionnaire	The mean scores for compassion satisfaction and secondary traumatic stress were 35.21 and 26.36, respectively. The mean scores for job satisfaction was 3.7. The income level, educational level, intention to leave, and job satisfaction significantly differed in the compassion satisfaction dimension. Nurses' age, intention to leave, and job satisfaction significantly differed in burnout. Nurses' age, years of experience, frequent C-shifts worked, and work affiliation were different in secondary traumatic stress. Burnout and educational level predicted compassion satisfaction, secondary traumatic stress, job satisfaction, and level of education predicted burnout, compassion satisfaction, and frequently working night C-shifts predicted secondary traumatic stress.
Kim (2019) Japan	To evaluate the factors related to quality of life and job satisfaction.	360 nurses	Special designed questionnaire	The factor that most significantly affected the quality of life of nurses was support reason for self-efficacy, which accounted for 62.6% of the total factors. Factors that were significant to job satisfaction include support reason for quality of life, and turnover intention, which account for 51.8% of the total. 40.1% of significant factors that affect turnover intention were support reason for job satisfaction were gender and age.
Akinwale& George (2020) Nigeria	To investigate the predictors of quality of work environment on job satisfaction.	364 nurses	Special designed questionnaire	Salary was the most essential predictor that drive nurses' job satisfaction followed by advancement and promotion. All seven predictors, namely, socio-political climate; administrative and managerial support, autonomy and responsibility, salary, supervision and working condition, recognition and achievement, advancement and promotion, collectively exert positive relationship with nurses' job satisfaction.
Alrawashdeh, et al., (2021) Jordan	To assess the prevalence of job satisfaction and to explore physicians' opinions, experiences, and perceptions during COVID-19 pandemic.	973 physicians	5-Item of Short Index of Job Satisfaction	Age was positively associated with higher levels of job satisfaction. Being a general practitioner or specialist, working at highly loaded hospitals, low salaries, and suffering from burnout have predicted lower levels of job satisfaction. Four themes have emerged from the thematic analysis; work-induced psychological distress during the pandemic, decision-driven satisfactory and dissatisfactory experiences, impact of the pandemic on doctor-patient communication and professional skills, and economic impacts of the pandemic and lockdown.



Iskandarsya et al., (2021) Indonesia	To explore the role of mental health and job satisfaction on the quality of life in health professionals who are involved in handling the COVID-19 pandemic.	200 various healthcare professionals	Special designed questionnaire	An increased mental health symptom experienced by healthcare professionals was associated with decreased health status and self-perceived health. Serving patients with COVID-19 was related to lower health status. Five themes emerged regarding concerns about being exposed to COVID-19, namely; fear of transmitting the virus, the impact of COVID-19 on family life, death and isolation, personal safety, and social stigma. Five themes emerged regarding the source of encouragement and strength; religiosity, social support systems, the moral responsibility of the profession, following health and safety protocols, and acceptance and positive attitudes towards the future.
Manuela & Demilto (2019) Brazil	To correlate the levels of job satisfaction and quality of life of public maternity workers.	199 various healthcare professionals	Job Satisfaction S20/23 and WHOQOL-Brief	75.4% reported low job satisfaction. The average overall quality of work life was 65.62. Job satisfaction was associated with quality of work life. quality of work life was associated with male gender, income, physical activity, and workload. The correlations between job satisfaction and quality of work life were all significant.
Ramli, (2019) Indonesia	To appraise the work environment, job satisfaction and the healthcare professionals' performance.	82 various healthcare professionals	Special designed questionnaire	The work environment has positive effect toward job satisfaction and healthcare professionals' performance. Job satisfaction has a positive involvement on the healthcare professionals' performance.
Merga & Fufa (2019) Ethiopia	To assess the impact of the quality of work environment and benefits packages on the level of job satisfaction.	422 various healthcare professionals	Special designed questionnaire	Low job satisfaction was reported by healthcare professionals. The level of job satisfaction was influenced by the age of the healthcare professionals, type of health facility in which they were working, years of service they had in the health sectors, their working environment, professional allowance and benefits like financial rewards and benefits of being employed.
Lo et al., (2022) Canada	To examine the demographic and psychosocial factors associated with job satisfaction during the COVID-19 pandemic.	688 medical laboratory professionals	Copenhagen Psychosocial Questionnaire, third edition	Having a higher sense of community at work was correlated with higher job satisfaction. Having higher stress was correlated with lower job satisfaction.
Antoniadou, (2022) Greece	To explore possible differences in satisfaction from job and work life integration, as well as quality of life.	804 dentists	The Copenhagen Questionnaire Maslach and the Quality-of-Life work scale (ProQOL-CSF)	Job satisfaction despite the pandemic was overall influenced by age, marital status, years of practice, and income. Satisfaction from the work life integration was influenced before the pandemic by marital status, years of practice, while gender, years of practice, age, higher education, and income played a significant role during the pandemic.



				<p>Quality of life was impacted before pandemic by number of, and higher degree, while during the pandemic by gender, number of children, higher degree, and years of practice.</p> <p>Males were more prone to low quality of life, and low job satisfaction and work life integration, during the pandemic.</p> <p>Income was a predictor of job satisfaction despite the pandemic.</p>
Hayama et al., (2019) Japan	To determine the quality of life and evaluate the factors affecting job satisfaction.	156 dentists	Special designed questionnaire	<p>In terms of outcome, 80.8% agreed that they have attained satisfaction with their quality of life, while 30.8% strongly agreed.</p> <p>The job satisfaction factors were having children, pursue PhD, marital status, and annual income.</p>
Hernández et al., (2021) Spain	To examine the relationships among work environment and job satisfaction and to analyse the way in which certain sociodemographic variables predict the perception of the work environment.	336 dentists	Warr–Cook–Wall Overall Job Satisfaction Scale and special designed questionnaire	<p>Dentists reported high scores on the quality of work environment and job satisfaction.</p> <p>Quality of work environment was significantly and positively predicted by years of professional experience.</p> <p>Job satisfaction was significantly and positively predicted by weekly hours of work, without significant differences according to gender.</p>
Isah et al., (2023) Nigeria	To examine the factors affecting the quality of work life and job satisfaction.	373 Pharmacists	Special designed questionnaire	<p>Quality of work life impacted job satisfaction of early-career pharmacists. Reasons reported for low job satisfaction were poor remuneration, increased workload, a lack of employer support, and an uncondusive work environment.</p>
Alhomoud & Alrasheedy (2024) Saudi Arabia	To measure job satisfaction and to analyse the factors affecting job satisfaction.	901 Radiologists	Special designed questionnaire	<p>8.8% reported high job satisfaction.</p> <p>47.3% reported that neither satisfied nor dissatisfied.</p> <p>25.5% reported moderate job satisfaction</p> <p>14.8% reported low job satisfaction.</p> <p>Job satisfaction tended to be higher among those who reported performing a higher number of interventional radiology procedures and was positively associated with a higher rate of work time dedicated to interventional radiology and the first principal component (the environment of clinical practice, research, and interventional radiology education).</p> <p>The third principal component (salary and quality of work environment) and a boss who takes initiative in creating a work environment supportive of the work-life balance was associated with lower job satisfaction.</p>
Chênevert et al., (2019) Poland	To describe, explain, and compare the correlations between workload, job satisfaction, and occupational stress levels.	133 midwives	Special designed questionnaire	<p>Job satisfaction was found to be a negative predictor of stress.</p> <p>The positive influence of job satisfaction on coping with stress was stronger in the group working during the pandemic.</p> <p>Working during COVID-19 pandemic and workload were positive predictors of</p>



				occupational stress. Midwives working during the pandemic experienced significantly higher levels of occupational stress compared to the period before the pandemic.
Ruhana (2019) Indonesia	To analyse and describe the influence of quality of work life on job satisfaction.	175 nurses	Special designed questionnaire	Quality of work life was perceived as neutral by nurses. Job satisfaction was perceived as agreed by nurses. Quality of work life has a positive and significant effect on job satisfaction. Additionally, quality of work life has a positive and significant effect on occupational stress.
Asgari et al., (2019) Iran	To determine the relationship of moral distress and ethical climate to job satisfaction.	142 critical care nurses	The Moral Distress Scale–Revised, the Olson’s Hospital Ethical Climate and the Brayfield and Rothe Job Satisfaction index.	Although no significant relationships were observed between moral distress and job satisfaction, the relationship between ethical climate and job satisfaction was statistically significant.
Zhao et al., (2018) China	To investigate the interrelationships between workplace violence, thriving at work and turnover intention among Chinese nurses and to explore the action mechanism among these variables.	1,024 nurses	Special designed questionnaire	Quality of work life significantly negatively influenced job satisfaction. Job satisfaction partially mediated the relationship between workplace violence and turnover intention. Subjective well-being moderated the relationship between workplace violence and job satisfaction and the relationship between workplace violence and nurses’ turnover intention.
Ball et al., (2017) UK	To examine the association between job satisfaction and quality of work life.	31 nurses from 400 wards, in 46 acute hospitals	RN4CAST	Job satisfaction was low with nurses who work in longer shifts, and nurses reported low levels of quality of work life.
AlAzzam et al., (2017) Jordan	To explore the incidence of work–family conflict and the association between work–family conflict and job satisfaction.	333 nurses	Special designed questionnaire	A negative and significant relationship between the work and family conflict and the job satisfaction level was supported. Nurses were exposed to both subtypes of work and family conflict, but they experienced the work-to-family conflict more than the family-to-work conflict. Both subtypes of work and family conflict were correlated negatively with age and positively with the number of children. Being female and absence of child care facilities at workplace had positive effects on the occurrence of work-to-family conflict.
Ramos & Almeida	To analyse the moderator role of social support, from supervisor and from co-	215 nurses	Special designed questionnaire	Job satisfaction was significantly predicted by work engagement and social support from supervisor and from co-workers.



(2017) Portugal	workers, in the relationship between work engagement and job satisfaction.			The significant interaction in predicting job satisfaction showed that social support from co-workers enhances the effects of work engagement on nurses' satisfaction.
Zhao et al., (2020) China	To evaluate the roles played by quality of work life and work characteristics on job satisfaction.	1,394 pharmacists	Special designed questionnaire	Personality was a negative predictor of emotional exhaustion and depersonalization, while the quality of work environment, especially job demand, was a predictor of greater emotional exhaustion. Work characteristics were positively related to job satisfaction and play a protective role against burnout.
Rubio et al., (2020) Spain	To analyse the effect of psychosocial risks and emotional intelligence on nurses' health, well-being and job satisfaction during COVID-19 pandemic.	125 nurses	Warr–Cook–Wall Overall Job Satisfaction Scale and a series of sociodemographic questions	The emotional intelligence of nurses, in particular the emotional attention dimension was a risk factor for some psychosocial risks, such as interpersonal conflicts or lack of organizational justice. A protective effect of emotional intelligence against the adverse effects of psychosocial risks such as burnout, psychosomatic complaints, and a favourable effect on job satisfaction.
Kaya et al., (2022) Turkey	To assess professional commitment, satisfaction and quality of professional life of nurses during COVID-19 pandemic.	407 nurses	Nursing Professional Commitment Scale, and Professional Satisfaction Scale and Employees' Quality of Life Scale	37% of the nurses had considered leaving their job during the Pandemic. Average scores of total nursing professional commitment 2.63±0.48. The nurses' quality of work life was above average of total satisfaction. Comparing the age groups of the participants with the scale and sub-dimensions, a difference was found only with the Compassion fatigue sub-dimension. There was a positive relationship between total nursing professional commitment, compassion satisfaction and job satisfaction
Gadirzadeh et al., (2017) Iran	To investigate job stress and job satisfaction and the relationship between these two variables.	260 nurses with 1 year experience in nursing	Special designed questionnaire	The mean overall job satisfaction scores was 129.03 ± 17.63. A significant correlation was found between job stress and job satisfaction scores. Married and unmarried nurses were not significantly different in job satisfaction or in job stress scores. The mean job stress score was significantly higher in female nurses than in males. The mean job satisfaction scores and the mean job stress scores were significantly different in nurses with various degrees. The mean job satisfaction scores were significantly different in nurses with different job positions.
Munnangi et al., (2018) US	To explore the levels of burnout, stress, and job satisfaction in nurses providing care to trauma patients at a Level I safety-net trauma centre.	75 Trauma Centre nurses	Abridged Job Descriptive Index, and Perceived Stress Scale.	The level of job satisfaction in terms of opportunities for promotion differed significantly by race and the health status of the nurses. Satisfaction with co-workers was lowest in those nurses between the ages of 60–69 years. Female nurses were more satisfied with their co-workers than male nurses. A significant relationship exist among perceived stress, burnout, and job satisfaction. Quality of work environment significantly impacted burnout, job satisfaction, and perceived stress experienced by trauma nurses



				in a safety-net hospital.
Ji et al., (2024) US	To understand the complex interplay between job satisfaction and occupational stress factors.	312 radiologists	Minnesota job satisfaction questionnaire revised short version (MJSQ-RSV), and occupational stress assessed using the occupational stress scale.	Patterns of associations between occupational stress and job satisfaction were intricately symptoms among radiologists. Organizational management and occupational interests emerged as crucial nodes in the network, indicating strong relationships within these domains. Intrinsic satisfaction was identified as a central symptom with high connectivity in the network structure. The stability analysis demonstrated robustness in the network edges and centrality metrics, supporting the reliability of the findings.

Discussion

This study aimed to systematically identify and analyze the studies in which the impact of quality of work and life on job satisfaction across various healthcare professionals, including physicians, nurses, allied health professionals. This study can be also helpful in identifying the main related factors of work and life environments on healthcare professionals’ job satisfaction, thereby helping the policymakers to take effective and appropriate strategies to improve the quality of work environment thus improve job satisfaction and quality of life among healthcare professionals.

Work related stress was one of the most significant factors related to low job satisfaction and poor quality of work environments among healthcare professionals. Nurses working in critical care, emergency departments, psychiatric care often reported higher levels of stress, which negatively impacted their overall satisfaction. Zaghini et al. (2023) found that stress in cardiac units was a key factor driving lower quality of life and job dissatisfaction. Workload was also a major factor, especially when healthcare professionals were required to handle high patient volumes with insufficient resources or staffing. AlAzzam et al. (2017) found that nurses working longer shifts or facing increased workload often reported lower job satisfaction and poorer quality of work life. Studies like Ruhana (2019) and Zhao et al. (2020) also highlighted job demands as predictors of emotional exhaustion which in turn led to low job satisfaction.



Healthcare professionals, particularly in psychiatric care and trauma care, reported high levels of compassion fatigue and secondary traumatic stress, which contributed to low job satisfaction and poor quality of life. For instance, Saliya et al. (2024) reported that a significant portion of nurses had low compassion satisfaction and average secondary traumatic stress levels, leading to overall low satisfaction with their work environment. Similarly, Hamaideh et al. (2024) found that secondary traumatic stress was linked to poor work outcomes and low job satisfaction. Also, emotional stress from frequent exposure to suffering, patient death, or traumatic events can lead to stress and low job satisfaction, making it hard for healthcare professionals to maintain emotional engagement with their work.

Lack of managerial support and poor organizational structure were frequently identified as the factor that led to low job satisfaction and poor quality of work environments. For example, Raeissi et al. (2019) found that poor management support and inadequate organizational solutions such as failure to address staffing issues, payment inequities, and unfair promotion policies were significant predictors of low job satisfaction. Zhao et al. (2018) also found that workplace violence and lack of emotional and practical support from leadership significantly contributed to poor job satisfaction. Munnangi et al. (2018) similarly found that poor management, lack of adequate resources, and organizational inefficiencies led to stress and low job satisfaction.

Salary and economic stability were also critical factors affecting job satisfaction and quality of life. Saliya et al. (2024) and Raeissi et al. (2019) identified inadequate pay as a significant predictor of low job satisfaction, particularly in settings where nurses felt undercompensated for the emotional and physical demands of their jobs. Similarly, Alhomoud & Alrasheedy (2024) found that low salary was one of the key factors that influenced radiologists' job satisfaction in Saudi Arabia. Job insecurity and the fear of job loss were also crucial factors in some studies, especially in contexts of economic instability or contract-based work. For instance, Raeissi et al. (2019) highlighted that job insecurity, combined with poor management, significantly decreased the overall job satisfaction and the quality of life.



The work-family conflict, especially among various healthcare professionals with their families was another recurrent factor. AlAzzam et al. (2017) found that nurses experienced a negative relationship between work-family conflict and job satisfaction, with family responsibilities often competing with demanding work schedules. The lack of childcare facilities or flexible work hours led to additional stress, particularly for female healthcare workers, as found in AlAzzam et al. (2017) and Ramos & Almeida (2017). Additionally, COVID-19 pandemic impact on work-life balance exacerbated these issues, with many healthcare professionals facing increased family stress as highlighted in studies like Iskandarsya et al. (2021) and Kaya et al. (2022).

Mental health issues, such as stress, depression, anxiety, and burnout, were identified frequently as factors leading to poor quality of life and low job satisfaction. The impact of psychosocial stress on healthcare professionals was emphasized in studies like Rubio et al. (2020), which showed how emotional intelligence played a crucial role in managing stress. However, without proper support systems or emotional resources, these factors can severely impact job satisfaction. Moral distress was another key psychological factor identified in studies like Asgari et al. (2019). Healthcare professionals often experienced moral distress when they were unable to provide the level of care they felt was necessary, leading to emotional exhaustion and low level of job satisfaction.

Lack of social support, both from supervisors and co-workers, was also a major determinant of low job satisfaction. Studies such as Ramos & Almeida (2017) and Ji et al. (2024) showed that work engagement and job satisfaction were positively affected by social support from colleagues and supervisors. The absence of such support, particularly in high-stress environments, led to feelings of isolation and disengagement from work.

Each study shared a common theme, which was examining the relationship between quality of work environment and job satisfaction among healthcare professionals. However, the scope and specific variables examined varied across studies, revealing both commonalities and unique contributions.



Studies conducted in the Middle East; Jordan and Saudi Arabia often emphasized economic factors, such as salary and job security, as central to job satisfaction (Alhomoud & Alrasheedy, 2024). In contrast, studies in European and Asian countries (e.g., Zaghini et al., 2023, Kim, 2019) highlighted issues related to job stress, work-life balance, and interpersonal relationships at work. Additionally, the studies from Middle East countries identified economic stressors, job insecurity, and cultural factors as contributors to job dissatisfaction. In contrast, European and Asian studies often pointed to workplace stress, work-family conflict, and emotional well-being as the most factors affecting job satisfaction. This can show that cultural perceptions of work-life balance and stress management can play a crucial role in shaping job satisfaction across different regions.

Saliya et al. (2024), Hamdan et al. (2024), and Merga & Fufa (2019) primarily focused on exploring the relationship between job satisfaction and the quality of work life, emphasizing variables like compassion satisfaction, secondary traumatic stress, and burnout. These studies assessed the broader environmental factors influencing healthcare workers' emotional well-being, and how aspects like fatigue, education, and experience predicted job satisfaction levels.

Zaghini et al. (2023) and Raeissi et al. (2019) showed the negative consequences of quality of work life on job satisfaction. They specifically highlighted the role of workplace stress and job stressors like poor management, lack of support, and unfair pay policies, which negatively impacted job satisfaction. Zaghini et al. (2023) also investigated the differences in stress levels among nurses working in critical care units compared to other settings, emphasizing the variability of job satisfaction across different quality of work environments.

Ramos & Almeida (2017), Lo et al. (2022), and Alrawashdeh et al. (2021) studies, explored the psychosocial and emotional factors influencing job satisfaction, such as social support, work-family conflict, and emotional intelligence. These studies particularly focused on how quality of life factors like family dynamics, mental health, and pandemic-related stressors impacted job satisfaction.

The studies by Kaya et al. (2022) and Hamaideh et al. (2024) centered around the context of the COVID-19 pandemic, adding a significant layer of complexity to the traditional



understanding of job satisfaction. The pandemic exacerbated issues like burnout, stress, and trauma, which, in turn, had a direct impact on the compassion satisfaction of healthcare professionals.

The relationship between job satisfaction and quality of work life was universally positive, though the strength of this relationship varies. Saliya et al. (2024) found a moderate to high job satisfaction among 55 per cent of the nurses, with fatigue, marital status, education level, and experienced acting as significant predictors of job satisfaction. Similarly, Hamdan et al. (2024) found a positive correlation between job satisfaction and quality of work life, though satisfaction varied according to specific subscales (e.g., nature of work versus fringe benefits). While Zaghini et al. (2023) presented a more stress-centered view, demonstrating that stress has a negative relationship with quality of work life, with job satisfaction serving as a mediating factor. This finding underscores the importance of reducing workplace stress to enhance overall job satisfaction.

The emotional stress among healthcare professionals working in high-stress settings such as critical and psychiatric care was evident across studies. Both Saliya et al. (2024) and Hamaideh et al. (2024) reported moderate level of secondary traumatic stress and low level of compassion satisfaction among nurses, with burnout being significant predictors of low job satisfaction. These findings agree with Zhao et al. (2018), who highlighted how workplace violence and psychosocial stressors lead to low job satisfaction. Interestingly, while moral distress was often reported, as in Asgari et al. (2019), ethical climate emerged as a stronger predictor of job satisfaction in some studies, such as Hernández et al. (2021).

Several studies identified demographic predictors of job satisfaction, such as age, education, years of experience, and gender. For instance, Saliya et al. (2024) noted that years of experience was a positive predictor of job satisfaction, while Javanmardnejad et al. (2021) found that economic status influencing happiness and overall job satisfaction. Contrastingly, Raeissi et al. (2019) who found that younger and single nurses, and those working in teaching hospitals had lower job satisfaction, due to job insecurity, high stress, and poor management support.



The influence of workplace setting on job satisfaction was also a significant factor in several studies. Zaghini et al. (2023) highlighted that nurses in critical cardiac care units reported higher stress and lower job satisfaction compared to those in outpatient or general care settings. Similarly, Merga & Fufa (2019) found that nurses working in lower-stress environments reported higher job satisfaction. Kim (2019) and Hernández et al. (2021) reported that the medical setting; cardiac or primary was the factor that influenced the level of job satisfaction among the healthcare professionals with outpatient and community settings offering a less stressful environment and higher job satisfaction.

A notable methodological trend is the use of specialized questionnaires designed for specific settings and countries, such as the ProQOL (Professional Quality of Life), PES-NWI (Practice Environment Scale of Nursing Work Index), and JSQ (Job Satisfaction Questionnaire). These instruments helped standardize the data collection process, but their cultural and contextual relevance varied across countries. Also, the sample size varied significantly, with some studies featuring a large number of participants, such as Raeissi et al. (2019) with 2391 nurses, while others focused on smaller sample sizes, such as Munnangi et al. (2018) with 75 trauma nurses. While large-scale studies tend to enhance the generalizability of findings, smaller studies often provide deeper insights into specific subgroups (e.g., psychiatric nurses or trauma care nurses).

Some studies specifically examined the impact of COVID-19 on job satisfaction. Studies such as Kaya et al. (2022), Lo et al. (2022), and Iskandarsya et al. (2021) revealed how the pandemic exacerbated feelings of burnout, mental health issues, and job dissatisfaction. The emotional stress of the pandemic was particularly found among frontline healthcare professionals, who faced heightened levels of trauma, stress, and moral distress. This shift toward mental and emotional health as a key factor in job satisfaction called for a re-evaluation of traditional predictors of job satisfaction and quality of work life balance in healthcare settings.

Limitations:

Every effort was made for the best and the most reliable way of achieving the aims of the study, as well as through the process of conducting this study. Just like any other study, certain limitation was established at different stages of the study. Regarding job satisfaction among



various healthcare professionals, the insufficient amount of information and resources was a constraining factor. In view of the fact that job satisfaction is influenced by several factors may consider as limitation to study. Additionally, some studies were conducted during COVID-19 pandemic which may not provide a clear overview of the impact of quality of work and life environments on job satisfaction among various healthcare professionals. It is also important to acknowledge that the available research on job satisfaction among healthcare professionals is still evolving. While this study provides valuable insights, further studies are needed to fully understand the consequences of job satisfaction. These limitations underscore the need for future research endeavors that encompass a more diverse range of geographical locations, explore the effects of quality of work and life environments on job satisfaction.

Conclusion:

Job satisfaction can be adversely impacted by various work and life environments factors; stress, workload, fatigue, poor management support, organizational inefficiency, lack of resources, low salary, unfair pay, job insecurity, work-family conflict, poor emotional well-being, and lack of social support. It is significant to policymakers and hospital managers to address these factors and frequently maintain the job satisfaction level among healthcare professionals, in order to plan recruitment and staff retention strategies. In addition, high job satisfaction is very important in order to enhance health care and to increase their productivity. Similarly, high job satisfaction among healthcare professionals can be helpful in terms of high-quality healthcare services delivery. Given the critical role healthcare professionals have in patient outcomes and safety, it's important to understand how work and life quality, as well as job satisfaction, influence one another. This knowledge is key to creating a supportive, sustainable, and productive environment for healthcare professionals.

The findings from this systematic review have implications for healthcare administrators, policymakers, and organizations striving to optimize healthcare professionals' well-being and improve organizational performance. A proactive approach in addressing factors impacting quality of work and life environments and healthcare professionals job satisfaction ultimately contribute to improved patient care and positive healthcare outcomes. To avoid shortage among



healthcare professionals, which lead to low quality of healthcare delivery and extra costs to recruit and train more healthcare professionals, creating healthy and supportive quality of work and life environments and maintaining job satisfaction levels among healthcare professional is significant.

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