

**DETERMINANTS OF POOR QUALITY OF WORK LIFE FOR
EMPLOYEES IN HEALTHCARE SETTINGS: GLOBAL INSIGHTS**

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ABSTRACT

Healthcare systems worldwide face persistent challenges in sustaining a competent and motivated workforce, with the quality of work life (QWL) of healthcare employees emerging as a critical concern. This study synthesizes global empirical evidence on the determinants of poor quality of work life among healthcare workers and proposes an integrated conceptual framework to explain their combined influence. A comprehensive secondary data analysis was conducted using peer-reviewed studies across diverse healthcare settings and geographic contexts. The thematic synthesis reveals that poor QWL is primarily driven by organizational and management-related factors, including inadequate compensation, ineffective leadership, and limited organizational support. These determinants interact with adverse work environments, psychosocial stressors, work-life balance disruptions, and individual characteristics to produce cumulative negative effects on employee well-being. The findings further demonstrate that QWL determinants are highly interrelated, with individual and demographic factors moderating their impact and psychosocial conditions often mediating organizational influences. Based on these insights, the study develops a multidimensional conceptual framework grounded in global evidence, highlighting key intervention points for healthcare management and policy. By moving beyond fragmented, singlefactor explanations, this study contributes a holistic perspective that can inform future research, organizational interventions, and policy strategies aimed at improving the quality of work life of healthcare employees.

KEYWORDS: *Quality Of Work Life, Healthcare Employees, Determinants Of QWL, Employee Well-Being.*

INTRODUCTION

Healthcare systems across the globe are encountering unprecedented difficulties in sustaining a competent and motivated workforce capable of providing highquality patient care. Central to

these difficulties is a crucial yet frequently neglected element: the quality of work life (QWL) of healthcare employees. Quality of work life refers to the degree to which healthcare professionals are able to meet their personal and professional needs while engaging in their work roles and contributing to organizational objectives (Mohammed J Almalki et al., 2012). Healthcare organizations are intrinsically high-pressure settings because of the life-and-death responsibilities involved, exposing workers to distinctive stressors such as the emotional intensity of patient care, irregular shift schedules, physical risks, and ongoing demands for critical decision-making (L. Clack et al., 2021).

Empirical studies consistently indicate that poor quality of work life among healthcare professionals has reached critical levels worldwide. Evidence points to concerning trends, with 67.2% of nurses in healthcare facilities in Ethiopia (Lolemo Kelbiso et al., 2017), 69.3% of hospital staff in Iran (P. Raeissi et al., 2019), and 74.6% of primary healthcare workers in China (Joseph Obiri Asante et al., 2019) reporting unsatisfactory QWL. The COVID-19 pandemic has further aggravated these issues, as healthcare employees reported markedly low QWL across several dimensions during this period (M. B. Maqsood et al., 2021).

The implications of poor quality of work life go well beyond individual job dissatisfaction. Low QWL has been strongly associated with higher levels of burnout, diminished job performance alongside increased depression, anxiety, and stress (E. Bakhshi et al., 2018), as well as a greater intention among employees to leave the profession (Yeliz Mercan et al., 2023). Collectively, these consequences generate a self-perpetuating cycle in which poor QWL leads to workforce shortages, thereby worsening working conditions for the remaining healthcare staff.

Despite increasing recognition of quality of work life as a critical concern, substantial gaps persist in the existing body of knowledge. First, although many studies have explored QWL within specific healthcare settings, there is still a shortage of comprehensive analyses that synthesize global evidence across varied healthcare contexts (Giang T. T. Phan et al., 2016). Second, prior research has largely concentrated on isolated determinants, offering limited insight into how multiple factors interact to collectively shape poor QWL outcomes. While some studies have focused on organizational influences (T. Nayak et al., 2017), others have examined psychosocial factors (Mariza Alves Barbosa Teles et al., 2014) or worklife balance issues (H. Zandian et al., 2020), integrated and holistic frameworks remain largely missing.

The present study responds to these gaps by offering a comprehensive global examination of the determinants contributing to poor quality of work life among employees in healthcare settings. Drawing on empirical evidence from multiple countries and healthcare systems, this research seeks to identify and classify the major determinants of poor QWL among healthcare workers worldwide, examine the interrelationships among different determinant categories, assess variations across healthcare contexts, and develop an integrated conceptual framework grounded in global evidence.

This study contributes by synthesizing global empirical findings on healthcare QWL determinants, providing a systematic classification that moves beyond single-factor approaches, and proposing a framework to inform future research and evidence-based interventions. The findings hold important implications for healthcare managers designing targeted interventions, policymakers formulating comprehensive strategies, and researchers seeking a robust foundation for subsequent studies.

Problem Significance

Healthcare workers, including nurses and physicians, experience distinct pressures such as irregular work schedules, intense emotional demands, and role-related conflicts that heighten everyday work demands. These conditions generate continuous strain within high-risk environments where rapid decisions carry critical consequences. Persistently poor quality of work life gradually undermines individual well-being, resulting in fatigue and reduced engagement. Ultimately, this weakens organizational resilience by increasing staff turnover and compromising the quality of healthcare delivery.

Objectives of the Study

- To synthesize global evidence on the determinants of poor Quality of Work Life (QWL) among healthcare employees.
- To identify universal predictors, including workload, burnout, and leadership deficiencies, across different regions, including India.
- To extract common themes from validated secondary sources and develop a conceptual framework.
- To propose actionable recommendations for policymakers aimed at improving QWL through focused interventions.

Literature Review

Giang T. T. Phan et al., (2016) systematically reviewed the global landscape of quality of work life research in healthcare and identified 56 studies addressing QWL, of which 16 met the specified inclusion criteria. Their findings indicated that Asia, America, and Europe contributed seven, six, and four studies respectively, with nurses representing the most frequently examined group, accounting for 52.9% of the included research. This distribution underscores that concerns related to healthcare employees' QWL are widespread across diverse healthcare systems and cultural settings.

G. N. Saraji et al., (2006) reported that employees working in hospitals affiliated with Tehran University of Medical Sciences experienced poor quality of work life, particularly expressing dissatisfaction with occupational health and safety, managerial practices, income levels, and work-life balance. Similarly, Lolemo Kelbiso et al., (2017) found that 67.2% of nurses employed in Ethiopian public health facilities were dissatisfied with their overall quality of work life.

Mohammed J Almalki et al., (2012) found that primary healthcare nurses in Saudi Arabia reported dissatisfaction stemming from inadequate management and supervision, limited opportunities for professional development, and unsuitable working conditions. P. Raeissi et al., (2019) highlighted that major factors affecting QWL included insufficient and inequitable pay, lack of organizational problem-solving mechanisms, poor managerial support, and unfair promotion practices.

Mariza Alves Barbosa Teles et al., (2014) found that employees experiencing an imbalance between effort and reward had a higher likelihood of poor quality of life, particularly in physical and environmental aspects. S. Dolan et al., (2008) showed, using cross-sectional, retrospective, and longitudinal approaches, that high job demands coupled with inadequate supervisory support are significant predictors of low QWL and adverse health outcomes.

Joseph Obiri Asante et al., (2019) reported that 74.6% of primary healthcare workers in China experienced poor quality of life, with elevated burnout levels strongly linked to lower overall QWL. The study also found that employees who lacked social support and opportunities for professional development were more likely to report poor quality of life in social domains.

H. Zandian et al., (2020) found that 93% of hospital nurses in Iran experienced moderate to high levels of workfamily conflict, with 83% reporting low to moderate quality of work life. Yeliz Mercan et al., (2023) demonstrated that higher workloads, performing tasks beyond their job descriptions, and intentions to leave the profession were negatively associated with QWL scores.

O. Akinwale et al., (2024) identified that balanced workload, access to stress management resources, and effective self-management serve as key predictors of worklife balance, while organizational support, a healthy work environment, and positive organizational culture are crucial for enhancing quality of work life from an organizational standpoint.

E. Bakhshi et al., (2019) found that 36.7% of healthcare employees reported low quality of life and recommended improvements in work conditions, workplace relationships, and financial support. J. Opollo et al., (2014) reported that healthcare workers in Uganda experienced particularly poor quality of work life, especially in areas of work conditions, job control, and the homework interface.

S. Neupane et al., (2016) identified that more than 52% of healthcare employees reported musculoskeletal pain at multiple sites, with poor worklife balance, exposure to physical hazards, and psychosocial risks emerging as significant predictors.

E. Nena et al., (2018) conducted a study involving 312 healthcare employees in Greece and found that 58.2% of shift workers reported being somewhat or completely dissatisfied with their sleep quality. Their regression analysis highlighted key determinants of sleep impairment, including parenthood, age between 36 and 45 years, working more than three night shifts per week, and over five years in an irregular shift schedule. The study further demonstrated that shift work substantially reduces quality of life across multiple dimensions of the WHO-5 Well-Being Index, with diabetes mellitus being the most frequently reported medical condition among shift workers.

E. Bakhshi et al., (2018) investigated 158 healthcare network employees in Iran and found significant negative correlations between quality of work life and depression ($r = -0.255$; $P = 0.001$), anxiety ($r = -0.260$; $P = 0.001$), and stress ($r = -0.242$; $P = 0.002$). Their results indicated that enhancing QWL is crucial for reducing depression, anxiety, and stress among healthcare workers, with marital status significantly linked to depression and residential status associated with stress levels.

L. Clack et al., (2021) emphasized that healthcare organizations are inherently highstress environments because of their life-or-death responsibilities, placing healthcare professionals at greater risk of occupational stress, burnout, and workplace violence compared to other sectors. The review highlighted that addressing these challenges effectively can positively influence the quality of life of healthcare workers.

Reetta Kesti et al., (2023) examined public healthcare employees in Finland and found that work dissatisfaction, burnout, and workforce shortages remain significant global issues, all closely linked to quality of work life. Their cross-sectional study further confirmed that previous

research consistently reports moderate to low QWL levels among healthcare professionals, even within well-developed healthcare systems.

Meltem Saygılı et al., (2020) examined 328 healthcare workers in Ankara, Turkey, and found that while employees reported a ‘good’ perceived quality of work life, they experienced ‘moderate’ levels of burnout, with a statistically significant but weak correlation between QWL and burnout ($\rho = 0.184$; $p = 0.0008$). This indicates that even in settings where QWL is considered satisfactory, burnout continues to be a persistent concern.

Zakerian Seyyed Abolfazl et al., (2013) investigated hospital staff to examine how workload directly affects different dimensions of quality of life. Their study contributed to understanding the physical demands faced by healthcare workers and the resulting effects on overall well-being.

Ruthann Cunningham et al., (2022) conducted a quantitative review of factors influencing job satisfaction among healthcare professionals globally, using data from the International Social Survey Programme. Their analysis showed that overall job satisfaction was highest among health service managers and generalist medical practitioners, and lowest among environmental hygiene staff and nurses. The study identified four primary drivers of job satisfaction: intrinsic rewards, work relationships, extrinsic rewards, and worklife balance.

Mohannad Alkhateeb et al., (2025) conducted a systematic review of factors influencing job satisfaction in Gulf Cooperation Council countries, examining 73 studies from Saudi Arabia, UAE, Bahrain, Kuwait, Oman, and Qatar. Their analysis identified 14 key determinants: pay, promotion, co-workers, supervision, fringe benefits, contingent rewards, working conditions, nature of work, communication, workload, leadership style, relationships with patients, demographic factors, and hospital type. This comprehensive framework offers deeper insights into job satisfaction determinants beyond conventional models.

Prithivi S et al., (2024) examined the relationship between quality of work life and worklife balance in the health sector, finding that work environment and rewards, recognition are the most influential factors affecting employees’ work-life balance. Their study highlighted that, given evolving employee lifestyles, it is essential to improve working conditions and welfare facilities to ensure proper work environments and enhance satisfaction levels.

Darla Fortune et al., (2006) highlighted the significance of organizational interventions by examining healthcare staff experiences with QWL initiatives. Their study found that high work demands reduced the ability to provide care and strained relationships with managers, negatively affecting quality of care. However, QWL initiatives offered valuable opportunities for staff social interaction, strengthening connections that improved working relationships and team cohesion.

The expanded literature demonstrates that poor QWL in healthcare settings is a multifaceted problem requiring comprehensive organizational responses. The evidence suggests that interventions must address not only traditional factors like compensation and working conditions but also emerging challenges such as shift work patterns, pandemic-related stressors, and evolving employee expectations regarding work-life integration. The consistent findings across diverse geographic and cultural contexts underscore the universal nature of QWL challenges in healthcare, while also highlighting the need for culturally sensitive and context-specific intervention strategies.

Research Gap

Although individual studies highlight context-specific influences, very few integrate global evidence to identify shared determinants of poor QWL, thereby constraining the transferability of policies across national contexts. This paper consolidates findings from secondary sources to map key predictors and proposes a conceptual framework to support the improvement of QWL across diverse healthcare settings.

Methodology

This study utilized a comprehensive secondary data analysis approach, conducting an extensive search of peer-reviewed academic databases such as PubMed, Scopus, Web of Science, and specialized healthcare journals to identify relevant studies. Data extraction focused on pinpointing specific determinants of poor QWL, their interrelationships, and contextual factors across diverse healthcare settings and geographic regions. The synthesized evidence was then analyzed thematically to develop a comprehensive conceptual framework, integrating global insights into the complex and multifaceted nature of poor quality of work life in healthcare environments.

Conceptual Framework

Based on a thorough review of existing literature, this study proposes a multidimensional conceptual framework that explains the key determinants of poor quality of work life (QWL) among healthcare employees. The framework synthesizes global empirical evidence, providing a structured understanding of how various factors interact to influence QWL outcomes in healthcare settings.

I. Framework Development and Theoretical Foundation

The framework is grounded in the theoretical model of David Lewis et al., (2001), who categorized determinants of QWL into extrinsic factors (e.g., salaries and tangible benefits), intrinsic factors (e.g., autonomy, skill levels, and task challenge), and individual characteristics. Building upon this foundation, the framework incorporates contemporary global evidence and the multidimensional measurement of QWL proposed by Darren van Laar et al., (2007), which identifies six core dimensions: Job and Career Satisfaction, General Well-Being, Home-Work Interface, Stress at Work, Control at Work, and Working Conditions.

II. Core Framework Components

• Central Construct: Poor Quality of Work Life

At the center of the framework is the construct of Poor Quality of Work Life, conceptualized as a multidimensional phenomenon reflecting dissatisfaction across the six key domains identified by Darren van Laar et al., (2007). This construct serves as the primary outcome variable, influenced by determinants operating at organizational, environmental, and individual levels. The framework recognizes that poor QWL is not a singular issue but results from the cumulative effect of multiple interacting factors, leading to both individual and organizational consequences over time.

• Primary Determinant Categories

The framework identifies five primary categories of determinants that contribute to poor QWL among healthcare employees. The key components and empirical support for these determinant categories are summarized in Table 1.

a) Organizational & Management Factors

Organizational and management-related conditions represent a central determinant of quality of work life in healthcare settings. These factors include inadequate compensation and reward systems, ineffective management and supervision, limited organizational support, unfair promotion practices, job insecurity, and weak grievance redressal mechanisms. Together, these elements shape healthcare employees' perceptions of fairness, recognition, and institutional support, thereby exerting a strong influence on their overall work life quality

b) Work Environment & Physical Conditions

Work environment and physical conditions significantly influence the everyday experiences of healthcare workers. Poor infrastructure, unsafe working environments, inadequate equipment, and ergonomic challenges expose employees to continuous physical strain and occupational hazards. Over time, these conditions generate cumulative stress and discomfort, contributing to declining quality of work life and increased physical health risks.

c) Psychosocial Work Factors

Psychosocial work factors play a critical role in determining healthcare employees' quality of work life. High job demands combined with limited resources, lack of supervisory support, ineffective communication, constrained autonomy, and limited empowerment create persistent psychosocial stress. These conditions foster emotional exhaustion and reduced engagement, gradually deteriorating employees' work-related well-being.

d) Work Life Balance Factors

Worklife balance has emerged as a prominent determinant of quality of work life, particularly in high-pressure healthcare environments. Factors such as workfamily conflict, excessive workloads, irregular and demanding shift schedules, long working hours, and difficulty managing professional and personal responsibilities significantly disrupt employees' ability to maintain balance. Such imbalances intensify stress and fatigue, ultimately undermining overall work life quality.

e) Individual & Demographic Characteristics

Individual and demographic characteristics function as moderating factors within the framework, influencing how other determinants affect quality of work life outcomes. Variables such as age, gender, marital status, educational attainment, work experience, tenure, and employment status shape employees' vulnerability or resilience to adverse workplace conditions. These characteristics explain variations in QWL experiences among healthcare workers exposed to similar organizational and environmental factors.

Table 1: Summary of Quality of Work Life (QWL) Determinant Categories and Supporting Evidence

Determinant Category	Key Components	Primary Supporting Evidence
Organizational & Management Factors	Inadequate compensation; poor management practices; lack of organizational support	Lewis et al. (2001); Raeissi et al. (2019); Nayak et al. (2017); Akinwale et al. (2024)
Work Environment & Physical Conditions	Poor infrastructure and facilities; safety hazards; ergonomic problems	Saraji et al. (2006); Almalki et al. (2012); Neupane et al. (2016); Bakhshi et al. (2019)
Psychosocial Work Factors	Imbalance between job demands and resources; ineffective communication; limited autonomy	Dolan et al. (2008); Teles et al. (2014); Opollo et al. (2014); Nayak et al. (2016)
WorkLife Balance Issues	Workfamily conflict; excessive workload; challenges related to shift work	Zandian et al. (2020); Nena et al. (2018); Mercan et al. (2023); Maqsood et al. (2021)
Individual Characteristics	Demographic attributes; educational level; work experience	Lewis et al. (2001); Kelbiso et al. (2017); Raeissi et al. (2019); Almalki et al. (2012)

Source : (Compiled by author)

• Integrated Conceptual Framework

While the preceding section outlined the major determinants of poor quality of work life, the following conceptual framework integrates these factors to illustrate their interrelationships and collective impact on healthcare employees’ QWL. Figure 1 presents the integrated conceptual framework that emerged from this analysis, illustrating the complex relationships between determinant categories and their collective impact on healthcare worker QWL. The diagram demonstrates how multiple factors operate simultaneously to influence QWL outcomes, with individual characteristics serving as moderating variables.

Although not explicitly depicted in the diagram, the framework acknowledges that these relationships operate within broader contextual and environmental conditions, such as healthcare setting type, cultural and geographic context, healthcare system characteristics, and crisis situations.

This framework provides a comprehensive foundation for understanding the multifaceted nature of poor QWL in healthcare settings and supports the identification of targeted intervention points for policy and managerial action.

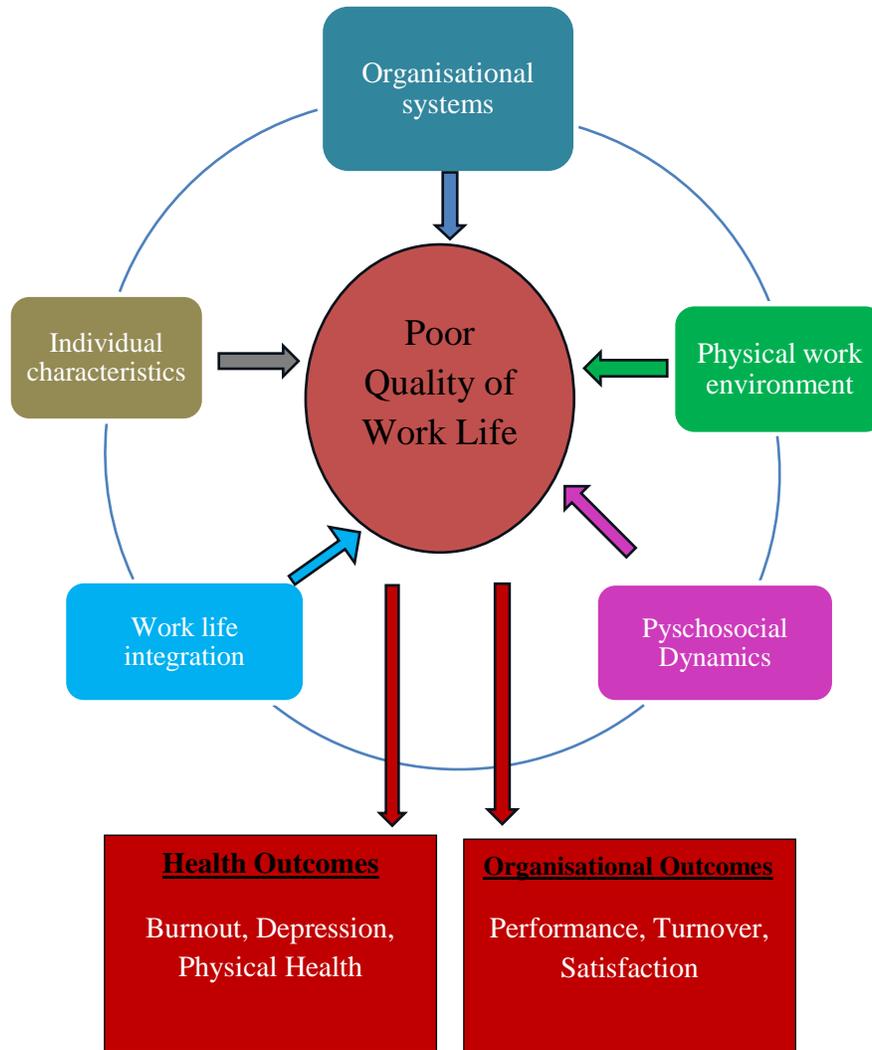


Figure 1: Integrated conceptual framework showing the five primary determinant categories and their relationships with Poor Quality of Work Life outcomes.

Source :(Compiled by author)

III. Framework Relationships and Interactions

a) Direct Relationships

Each determinant category exerts a direct influence on QWL outcomes. For instance, Bakhshi et al., (2018) demonstrated significant correlations between poor QWL and mental health outcomes, including stress, anxiety, and depression, alongside reduced job performance and satisfaction.

b) Moderating Relationships

Individual characteristics, such as age, gender, and education, moderate the effects of other determinants on QWL. Raeissi et al., (2019) found that demographic factors such as male gender, single status, older age, and lower education levels significantly predicted lower QWL, highlighting their moderating role.

c) Mediating Relationships

Psychosocial factors can mediate the relationship between organizational determinants and QWL outcomes. Poor management practices increase job demands and reduce available resources, which in turn generate psychosocial stress, ultimately contributing to poor QWL outcomes.

IV. Framework Outcomes and Consequences

The framework identifies two primary categories of outcomes resulting from poor QWL. Health and well-being outcomes include burnout (Joseph Obiri Asante et al., 2019)(Meltem Saygılı et al., 2020), depression, anxiety, and stress (E. Bakhshi et al., 2018), physical health problems (Mariza Alves Barbosa Teles et al., 2014), and musculoskeletal disorders (S. Neupane et al., 2016). Organizational outcomes encompass poor job performance (E. Bakhshi et al., 2019), intention to quit (Yeliz Mercan et al., 2023), job dissatisfaction (Ruthann Cunningham et al., 2022), and reduced organizational commitment.

To mitigate these adverse health and organizational consequences, the framework emphasizes the importance of strengthening Quality of Work Life through fair and transparent compensation systems, adequate staffing levels, supportive and participative leadership, and opportunities for professional growth. Interventions such as flexible work schedules, workload rationalization, employee assistance and mental health support programmes, ergonomically designed workplaces, and a positive organizational climate that values employee voice and recognition are critical in reducing stress, burnout, and turnover intentions. Enhancing worklife balance and ensuring safe, supportive working conditions can significantly improve employee well-being, job satisfaction, and organizational commitment, thereby transforming negative outcomes into sustainable workforce performance.

V. Framework Limitations

While this framework provides a comprehensive synthesis of current literature, it is important to acknowledge certain limitations. The framework is based on available published research, which may not capture all emerging determinants or cultural variations in QWL experiences. Additionally, the relative importance of different determinant categories may vary across specific healthcare contexts and require empirical validation through future research. The framework should be viewed as a dynamic model that may require refinement as new evidence emerges and healthcare environments continue to evolve.

Discussion

• Analysis of Key Determinants of Poor Quality of Work Life

The synthesis of global literature indicates that poor quality of work life (QWL) among healthcare employees is predominantly shaped by organizational and management-related factors, which emerge as the most consistent and influential determinants across diverse healthcare systems. Studies conducted in different regions consistently report inadequate compensation, ineffective leadership practices, and insufficient organizational support as central contributors to diminished QWL. The recurrence of these determinants across both developed and developing healthcare systems suggests that organizational deficiencies represent structural and systemic challenges rather than context-specific anomalies.

A particularly important insight from the reviewed studies is the dominant role of extrinsic factors, especially pay and benefits, in shaping QWL outcomes. Evidence indicates that fair

compensation and job security exert a stronger influence on QWL satisfaction than intrinsic factors such as autonomy or professional growth (Lewis et al., 2001). This finding challenges traditional assumptions that healthcare professionals are primarily motivated by intrinsic rewards and highlights the necessity of addressing fundamental organizational inequities before implementing higherorder motivational strategies.

Psychosocial work factors also emerge as critical determinants of poor QWL, reflecting the emotionally demanding nature of healthcare work. The prevalence of effortreward imbalance ,excessive job demands relative to available resources (Dolan et al., 2008), and inadequate supervisory support suggests a weakened psychological contract between healthcare organizations and employees. These conditions generate sustained occupational stress, which not only undermines individual well-being but also contributes to reduced performance, absenteeism, and turnover intentions, thereby reinforcing organizational inefficiencies.

• **Geographic and Cultural Variations in QWL Determinants**

While organizational and management factors consistently dominate QWL outcomes globally, their manifestation varies across regions and healthcare systems. Evidence from lowand middle income contexts highlights persistent challenges related to resource shortages, inadequate infrastructure, and occupational safety concerns, whereas studies from high-income healthcare systems place greater emphasis on worklife balance, psychological well-being, and professional development opportunities (Van Laar et al., 2007).

In culturally distinct healthcare systems, particularly within Gulfregion contexts, job satisfaction and QWL are shaped by additional determinants such as interpersonal relations, patient interactions, leadership styles, and organizational hierarchy (Alkhateeb et al., 2025). These findings suggest that cultural norms surrounding authority, professional roles, and care delivery significantly influence how QWL determinants are experienced, reinforcing the need for contextsensitive intervention strategies rather than universally standardized solutions.

Across several rapidly expanding healthcare systems, high levels of QWL dissatisfaction have been reported, often linked to increasing service demand without proportional investment in workforce support. This imbalance results in heightened workloads, limited organizational backing, and insufficient coping mechanisms. Collectively, these findings underscore that while QWL challenges are globally prevalent, their underlying drivers and expressions remain strongly contextdependent.

• **Differences Across Healthcare Settings and Professional Groups**

QWL determinants vary substantially across healthcare settings and occupational roles. Primary healthcare environments frequently report lower QWL compared to tertiary or specialized facilities, reflecting disparities in resource allocation, professional support, and career advancement opportunities (Asante et al., 2019). Primary care professionals often operate in relatively isolated settings with limited institutional recognition, which exacerbates dissatisfaction despite their critical role in community health delivery.

Highintensity environments such as emergency and intensive care units present distinct challenges, particularly evident during public health crises. Workers in these settings experience compounded stress due to prolonged exposure to critical decisionmaking, emotional strain, and inadequate recovery time, leading to persistently low QWL across physical, psychological, and environmental domains.

Professional group disparities are especially pronounced among nursing personnel, who consistently report poorer QWL compared to other healthcare workers (Cunningham et al., 2022). This trend reflects nurses' high patientcare responsibilities combined with relatively limited organizational authority and recognition, positioning them as a particularly vulnerable group within healthcare workforce structures.

• **Interconnections Between Determinants and Evolving QWL Challenges**

The reviewed evidence demonstrates that QWL determinants do not operate in isolation but are highly interrelated, producing cascading effects within healthcare organizations. Organizational and management shortcomings function as upstream determinants that intensify psychosocial stress, worsen physical work environments, and undermine worklife balance. Inadequate compensation and ineffective leadership amplify the negative impact of demanding workloads and insufficient staffing, accelerating dissatisfaction and emotional exhaustion.

Worklife balance factors illustrate this interdependence most clearly. Excessive workloads and irregular shift patterns not only directly impair QWL but also exacerbate psychosocial strain and limit employees' capacity to cope with organizational pressures (Nena et al., 2018; Mercan et al., 2023). Evidence of widespread workfamily conflict among healthcare professionals (Zandian et al., 2020) suggests that imbalance between professional and personal roles has reached critical levels, potentially undermining the effectiveness of isolated organizational interventions.

Individual characteristics further moderate these relationships. Demographic variables such as age, gender, marital status, and educational level consistently influence QWL perceptions, shaping how healthcare workers experience organizational and psychosocial stressors (Kelbiso et al., 2017). These findings reinforce the need for differentiated and inclusive intervention strategies.

Over time, the nature of QWL challenges has evolved. Earlier studies emphasized tangible organizational conditions, whereas more recent research increasingly highlights psychosocial stress, burnout, and mental health outcomes. The growing recognition of burnout as both a determinant and consequence of poor QWL reflects heightened awareness of the psychological demands of contemporary healthcare work (Asante et al., 2019; Saygılı et al., 2020). This bidirectional relationship suggests that deteriorating QWL and burnout reinforce one another, creating self-perpetuating cycles of workforce distress.

• **Framework Implications and Applications**

The conceptual framework provides a comprehensive foundation for understanding the multifaceted nature of poor QWL in healthcare settings. It offers healthcare managers and policymakers a systematic approach to identifying intervention points and developing targeted strategies to improve healthcare worker QWL. The framework's multidimensional nature acknowledges that effective interventions must address multiple determinant categories simultaneously rather than focusing on isolated factors. Furthermore, the framework's recognition of contextual influences emphasizes the need for tailored approaches that consider specific healthcare environments and cultural contexts.

• Implications

a) For Healthcare Management and Practice

The findings indicate that healthcare managers possess significant leverage to improve QWL through organizational reforms. Priority actions include addressing compensation inequities through transparent pay structures and comprehensive reward systems, alongside strengthening leadership capacity through management training focused on supportive supervision and effective communication (Raeissi et al., 2019).

Improving work environments through ergonomic design, adequate staffing, and enhanced safety measures remains essential, as does the implementation of work-life integration initiatives such as flexible scheduling and employee support programs (Zandian et al., 2020). Collectively, these measures address both structural and psychosocial determinants of QWL.

b) For Policy Development

At the policy level, the global prevalence of poor QWL underscores the need to recognize healthcare worker well-being as a core component of health system sustainability. National policies should incorporate minimum QWL standards related to compensation, working conditions, and organizational support, while regulatory bodies can integrate QWL indicators into accreditation and quality assurance frameworks (Kelbiso et al., 2017).

Experiences during the COVID-19 pandemic highlight the importance of crisisresponsive workforce policies, including surge staffing, enhanced safety protocols, and accessible mental health support systems (Maqsood et al., 2021). International collaboration in developing adaptable QWL benchmarks can further support healthcare systems facing similar workforce challenges.

c) For Future Research

Future research should prioritize longitudinal and interventionbased designs to establish causal relationships and evaluate the effectiveness of QWL improvement strategies. Expanding research coverage to underrepresented regions and professional groups, alongside the development of standardized healthcarespecific QWL measurement tools, will enhance comparability and generalizability.

Further investigation into the economic costs of poor QWL and the return on investment of organizational interventions would strengthen the evidence base for policy action. Emerging areas such as technologyrelated stress, resilience mechanisms, and mental health pathways warrant systematic exploration to address the evolving realities of healthcare work.

CONCLUSION

This study synthesizes global evidence to demonstrate that poor quality of work life among healthcare employees is a multidimensional and systemic issue shaped by interacting organizational, psychosocial, environmental, and individual factors. Organizational and managementrelated deficiencies, particularly inadequate compensation, weak leadership, and insufficient support, emerge as the most consistent determinants across healthcare systems. These structural challenges interact with demanding work environments, psychosocial stress, and worklife imbalance, leading to adverse outcomes such as burnout, reduced performance, and increased turnover intentions.

The proposed conceptual framework advances understanding by integrating these determinants into a unified structure, emphasizing that QWL challenges cannot be effectively addressed through isolated interventions. Differences across healthcare settings and professional groups further highlight the need for context-sensitive and rolespecific strategies. While the study is limited by its reliance on secondary data, it provides a robust foundation for future longitudinal and intervention-based research.

Overall, improving healthcare employees' quality of work life is essential for workforce sustainability and health system performance. The findings underscore the need for comprehensive, multi-level strategies that address both structural and psychosocial dimensions of work life in healthcare settings.

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