

QUALITY WORK LIFE PATTERN OF WOMEN NURSES AND ITS INFLUENCE ON PATIENT CARE MANAGEMENT – A STUDY WITH REFERENCE TO SELECTED HOSPITAL IN CHENNAI**Mrs. T.Thirumaleswari***Assistant Professor & Research Scholar, Faculty of Management Studies, SCSVMV University, Kanchipuram.***Prof.Dr.C.B.Ragothaman***Professor, Department of Management Studies, Rajalakshmi Engineering College, Chennai.***ABSTRACT**

Health care management is the prominent challenge in millennium era. The attention towards the health care through systematic hospital services among the clients in modern day period is increasing. The individual life pattern both in their personal and work place dimensions are given due importance for health care measurement. In this aspect, hospital industry in millennium period is gaining importance for its multifaceted services. The relationship of hospitals towards corporate establishment is increased in recent periods especially on basic health treatment to health care management. In this aspect, the hospital industry expands in service methodologies by including better infrastructure, advance technologies, modern treatment systems and increased nursing services. Among these, nursing services intake more employment for women nurses in different forms of hospitals, but at the same time, the quality work life of women nurses influence their service contribution for patient care. In this aspect, the present article focus on studying the quality work life encountered by women nurses and its influence on their involvement on Patient care with selected hospitals in Chennai.

Key word: *Hospitals, Health Care Management, Corporate Establishment, Quality Work Life, Patient Care.*

1.INTRODUCTION

Human services are the prominent aspect in the part of life science. Among the various services offered to human welfare, health care services are indispensable. The health care management is always demandable in the part of social system. The support given for human welfare especially on health care management is not only helping the individual to enhance their ability, but also help their family, social system, economy and as well as commercial entities. It is the proven fact, that the fitness of every individual at work places and occupational life helps the individual to contribute for their personal and family wealth. The influence of personal wealth leads to social consumption, resource deployment and economy wellbeing of every country. In addition to that according to the article work of Thomson (2003), it is evident that, the health enrichment of individual lead to human development index and which reflects on economic contribution in a country.

In this aspect, the present day economy, especially the industrial economy of every country give due importance to health care aspects of public and employees. The support of funding agencies, government and other private service organizations towards health care management increases phenomenally in recent years. The need of health care practices augments the establishment of modern hospitals in different formats promoted by government, private, corporate and foreign tie ups. The working methodology of hospitals in recent years, not only focus on the core service of treatments to patients but also includes facilitating services like health awareness camp, periodical checkup, mentoring, health counseling, medical insurance and claims and so on. In this aspect, the employment avenues for health care services are increased in hospitals, especially in patient care. The patient care system demands customer service management practices, counseling, compliant management related attributes and thus bring sizeable employment for nursing profession. Since it is a sensitive working pattern in hospital industry, the hospitals prefer to employ reasonable number of women nurses in patient care practices. But at the same time, the hospitals also focus on patient satisfaction during the time of services and post service satisfaction reactions. In order to increase the patient – hospital relationship, the hospitals need to focus on quality work life of nursing profession and its outcome influence on their involvement on patient care management. Since our country is gaining market value for medical tourism in recent years, the quality work life of women nurses need to be given due importance for the benefit of nursing industry, patient satisfaction, revenue generation of hospitals and

the contribution of hospital economy for over all countries GDP contribution. In this aspect, the present article focus on measuring the quality work life women nurses working in selected hospitals in Chennai and understand its influence on patient care management.

Quality of work life (QWL) is a complex entity influenced by, and interacting with, many aspects of work and personal life. Brooks argued that QWL has two goals: improving the quality of the work experience of employees and simultaneously improving the overall productivity of the organization. From a nursing perspective, Brooks defined the QWL as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organizations goals. The meaning of work has changed for the people alongside with the change of work culture in the society. Work does not merely satisfy human's basic needs any more, but it offers a challenge for the development and satisfaction through self-realization. Two theoretical approaches have often been used in studies of quality of work life (Sirgy, Efraty, Siegel, Lee 2001).

High patient acuity levels, coupled with rapid admission and discharge cycles and a shortage of nurses, pose serious challenges for the delivery of safe and effective nursing care for hospitalized patients.¹ While systematic national data on trends in the number of hours worked per day by nurses are lacking, anecdotal reports suggest that hospital staff nurses are working longer hours with few breaks and often little time for recovery between shifts. Nurses working on specialized units such as surgery, dialysis, and intensive care are often required to be available to work extra hours (on call), in addition to working their regularly scheduled shifts. Twenty-four-hour shifts are becoming more common, particularly in emergency rooms and on units where nurses self-schedule.

2.STATEMENT OF PROBLEM

The concept of quality of work life gained its popularity in the 1970s, when Western countries (i.e. US, Canada) started paying attention to the criteria of "good work" (Lehto 2007). Quality of work life has become an imperative work place practice in modern organizational system. The contribution of employees towards the development of organizations is depending on their comfort ability experienced by the employees at work places. It also depends on the attitude of tenure stability of employees. The level of quality work life encountered by employees leads to their level of work place contribution. The quality work life of employees especially in the service sector are inevitable and it is so particular in the hospital sector, since this sector deals with human welfare and personal alignment. The human intervention is very high in hospital industry especially among the nurses. But majority of the hospitals, nursing profession is the major responsibility center of women rather than men. In this aspect, the patient care expressed by women nurses are depending on their level of quality work life experienced by them at work places. The major elements of quality of work life among nurses include compensation, benefits and welfare, working condition, work place relationship, recognition, working hours and so on. But it varies among the women nurses based on their personal, family, psychological and organizational related aspects. Moreover, it is a gap identified from various studies, that the impact of quality of work life among women nurses on patient care management need more concentration in terms of research output.

3.REASON TO CHOOSE THE STUDY UNIT

Chennai is the illustrious land mark in the global health environment. It is the location which gains importance for medical tourism as well as major health treatments. The facilities available in Chennai for hospital industry are very good while compared to other parts of the country. In addition to that, the recent evidences show the various functioning formats of hospitals in Chennai which are renowned in its structure, treatment process, infrastructure, employees' relationship with patient and so on. Moreover, the number of hospitals in terms of government, government supported, private, corporate supported and foreign tie ups are reasonable in Chennai while compared to other parts of the country. The employment of women nurses is also reasonably fair in Chennai, so the present study has been chosen in Chennai based hospitals as the study unit.

4. REVIEW OF LITERATURE

Brooks and Anderson (2004) in their study in assessment of quality of nursing work life in acute care in a Midwestern state, concluded that nursing workload was too heavy, and that there was not enough time to do the job well. They had little energy left after work and were unable to balance their work and family lives and stated that rotating schedules negatively affected their lives. Nurses' workload was heavy and a majority of nurses were unable to complete their work in the time available. Workload has been cited as the principle cause for nurses to leave their workplace and their profession ((Hegney et al (2006)). Gifford et al (2010) found that cultures focus on building trust, which emphasize cohesion and encourage participatory decision making and open communication between managers and staff, are associated with a higher level of job satisfaction. Nurses also indicated that their work settings did not provide career advancement opportunities, and skill mix was often inadequate. Salary and fringe benefits were the strongest factors related to nursing turnover in hospitals. Focus group discussions showed that the nurse's salaries differ in term of the hospital salary system and pay was a buffer for them to stay in nursing (Yin and Yang (2002)).

5. OBJECTIVES OF THE STUDY

1. To understand the personal profile of women nurses working in hospitals in the selected study unit.
2. To know the opinion of women nurses about the aspects of quality of work life.
3. To verify the impact of quality of work life of women nurses on patient management.
4. To offer suggestions to enhance quality of work life for women nurses in hospital sector.

6. HYPOTHESES

1. The opinion of women nurses about the aspects of quality of work life does not significantly differ based on their personal background.
2. The opinion of women nurses about the aspects of quality of work life does not significantly differ based on their career background.
3. The impact of quality of work life does not significantly differ based on the type of hospitals.

7. SCOPE OF THE STUDY

The study covers the personal and career background of women nurses working in selected hospitals of government, government supported, private, corporate and foreign tie ups in Chennai city. It also covers the women nurses view on quality of work life and its related attributes like compensation, support of family, personal backgrounds, welfare measures offered in hospitals, working condition and environment, work culture, working hours and so on. The study also evaluates the influence of quality work life on patient care management by women nurses.

8. RESEARCH METHODOLOGY

The study on Quality Work Life Pattern of Women Nurses and its Influence on Patient Care Management – A Study with reference to selected Hospital in Chennai' is cause and effect in nature. It aims to describe the impact of quality of work life of women nurses on patient care management. The aspects related to quality of work life among women nurses has been chosen as cause variable and the outcome of patient care management like patient satisfaction, curing period, service retention have been taken as effect. In order to study the influence of quality work life on patient care management, the hospitals functioning under the category of government, private, corporate supported and foreign tie ups have been chosen. The women nurses working in those hospitals have been taken as study population. The women nurses working in senior, junior, nursing superintendent cadres have been taken as sampling unit. The sampling unit has been chosen from the population through convenience sampling method. The sample size for the study has been restricted to 150. The source of data required for the study has been collected through primary mode. A constructive pre tested questionnaire was administered for data collection. The required data were collected through personal interview schedule. The parameters needed to test on the influence of quality work life on patient care management have been obtained through secondary source references, pilot study, experience survey and literature reviews of previous studies. The measurement

scales belong to the testing of quality work life variables and its influence on patient care management were tested for its reliability through cronbach alpha method and which obtained 78 percent of adequacy. The validity of the questionnaire has been tested for its content and criteria. The obtained data sources have been tested through both descriptive and inferential statistical tools like percentage analysis, Anova and independent sample T-test.

9.LIMITATIONS OF THE STUDY

1. The study covered selected hospitals in the categories of government, government supported, private and corporate supported in Chennai city.
2. It is confined to study about quality work life of women nurses working in selected hospitals in Chennai.
3. The pre tested attributes related to quality work life has been considered for studying the impact on patient care management.
4. The sample size was restricted to 150. No scientific sampling selection has been used.

10. RESULTS AND DISCUSSION

The personal and career background of women nurses working in hospitals in the selected study location has been analyzed in the following table. It is well known that the personal and career background of the women nurses is heterogeneous in nature. The heterogeneous elements of personal and career background influence the status of quality of work life, performance, psychological match up at work places and care taken on service extension. In order to verify these aspects, the following table has been drawn.

10.1 Personal and Career Profile of Women Nurses

Sl.No	Attributes	Level of Distribution	Number of Respondents	Percentage to Total
1	Age	Less than 30	38	25
		31 to 40	64	43
		41 to 50	29	19
		Above 50	19	13
2	Educational Background	Less than Graduation	22	15
		Graduation	50	33
		Others	78	52
3	Marital Status	Single	76	51
		Married	53	35
		Others	21	14
4	Nature of Family	Joint	82	55
		Nuclear	68	45
5	Size of the Family	Less than 3	66	44
		4-6	21	14
		More than 6	63	42
6	Residential Location	Urban	94	63
		Rural	56	37
7	Status of Nativity	Tamilnadu	103	67
		Other States	47	33
8	Designation	Junior Nurse	44	29
		Senior Nurse	43	29
		Nursing superintendent	27	18
		Others	36	23
9	Experience	Less than 5 Years	52	34

		6 to 10 Years	49	33
		More than 10 Years	49	33
10	Type of Hospital Employed	Government	28	19
		Government supported	12	08
		Private	76	51
		Corporate supported	21	14
		Others	13	8
11	Income	Less than Rs.10,000	71	47
		Rs.10,000 to Rs.20,000	52	35
		More than Rs.20,000	27	18
Total			150	100

Source: Computed Primary Data

Table 10.1 describes the personal and career background of women nurses working in hospitals in Chennai. 43 percent of women nurses are in the age category of 31 to 40. Regarding their educational background 52 percent have other forms of qualification like diploma in nursing, graduation in nursing and therapy and so on. The unmarried category is around 51 percent, 55 percent in joint family category and 42 percent have more than 6 members in the family. It is observed that 63 percent come from urban background and 67 percent belong to state of Tamilnadu.

Regarding their career background, 58 percent are in nursing category of junior and senior. The experience background is equally distributed around 33 percent in 6 to 10 years and to more than 10 years. 51 percent of them occupied in private hospitals and 47 percent receive less than Rs.10,000 as monthly income.

10.2 Reason to Choose the Nursing Career Based on Designation

The preference of nursing career by women differs according to their personal wish and attitude. In order to understand the reason for choosing the career of nursing by women, the below table has been constructed based on the designation of women nurses.

Designation	Reason to choose Nursing Career				
	Interest	Career Scope	Economic Well being	Family compulsion/ reference	Other reasons
Junior Nurse	17	10	11	6	44
Senior Nurse	17	11	12	3	43
Nursing superintendent	10	9	5	3	27
Others	12	14	5	5	36
Total	56	44	33	17	150 (100)

Source: Computed Primary Data, Figures in Brackets indicate percentage to Total.

Table 10.2 infers reason to choose nursing career by women based on their designation. In the category of junior nurses, 17 chose out of interest and 11 due to economic wellbeing. The same in the category of senior nurses and nursing superintendent, majority chose out of interest and economic wellbeing.

10.3.Opinion about the present Organization based on Designation and type of Hospital

Attributes	Level of significance based on designation	Remarks	Level of significance based on type of Hospital	Remarks
Organizational policy	.021	Not significant	.0315	significant
Work culture and policy	.034	significant	.0123	significant
Compensation and benefits	.073	Not significant	.0413	significant
Support by management and superiors	.026	significant	.0245	significant
Working condition and facilities	.018	significant	.0361	significant
Relationship with work group	.0423	significant	.0721	Not significant
Reporting system and working hours	.0531	Not significant	.0567	Not significant
Welfare measures	.0211	significant	.02721	significant
Image of cadre and recognition/rewards	.0623	Not significant	.0631	Not significant
Work place attitude	.0221	significant	.0435	significant

Source: Computed Primary Data, Sig – Significant, Non- sig – Not Significant

In order to test the significant difference of opinion about the present organization among the women nurses based on their designation and type of hospital, ANOVA has been employed. The opinion about the organization on various attributes have been measured through interval scale between very good to need improvement, the same has been taken as dependent variable, the designation and type of hospital have been chosen as independent variable. By applying 5 percent of level of significance, it is inferred that organizational policy, work culture, support of management, working condition, relationship with work group, welfare measure and work place attitude significantly differ among women nurses based on their designation. With respect to the type of hospital, organizational policy, work culture, compensation, working condition, support by management, welfare measure and work place attitude significantly differ among the women nurses.

10.4.Opinion about the important aspects for Quality of Work Life

Important Aspects for Quality of Work Life	Mean Score	Rank
Work place support and relationship	5.29	1
Financial benefits	5.12	2
Attitude at work place	5.02	3
Recognition/reward	4.88	4
Non-financial benefits	4.76	5
Job security and tenure stability	4.64	6
Work place safety and health related aspects	4.49	7
Working time/schedule	4.43	8
Health working environment	4.37	9
Working condition	4.12	10
Time demand for spending with family/ relaxation	4.09	11
Personal growth	3.98	12
Scope for further education and career improvement	3.87	13
Organizational policy	3.64	14
Scope for job autonomy and achievement	3.23	15

Source: Computed Primary Data

Table 10.4 shows the opinion about the important attributes influencing quality of work life among women nurses, by applying Garrett Ranking; it is observed that work place support, financial benefits, attitude at work place, recognition/reward and non-financial benefits are highly important. The aspects like job security, work place safety, working time are somewhat important. Organizational policy and scope for job autonomy are least important.

10.5. Opinion about the important aspects for Quality of Work Life based on Personal Background

Important Aspects for Quality of Work Life	Age (ANOVA)		Education (ANOVA)		Marital Status (ANOVA)		Nature of Family (T-test)	
	Level of significance	Remarks	Level of significance	Remarks	Level of significance	Remarks	Level of significance	Remarks
Working condition	.038	sig	.027	sig	.034	sig	.0378	sig
Working time/ schedule	.042	sig	.036	sig	.029	sig	.021	sig
Healthy working environment	.034	sig	.034	sig	.016	sig	.0276	sig
Work place support and relationship	.028	sig	.045	sig	.0318	sig	.0543	Non-sig
Time demand for spending with family/ relaxation	.056	Non-sig	.054	Non-sig	.032	sig	.021	sig
Financial benefits	.0318	sig	.021	sig	.021	sig	.065	Non-sig
Non-financial benefits	.0321	sig	.027	sig	.038	sig	.0489	sig
Job security and tenure stability	.021	sig	.035	sig	.012	sig	.021	sig
Attitude at work place	.018	sig	.043	sig	.028	sig	.0432	sig
Scope for further education and career improvement	.062	Non-sig	.067	Non-sig	.052	Non-sig	.0211	sig
Recognition/ reward	.0433	sig	.065	Non-sig	.057	Non-sig	.0587	Non-sig
Organizational policy	.0543	Non-sig	.043	sig	.065	Non-sig	.032	sig
Personal growth	.0521	Non-sig	.029	sig	.0345	sig	.0421	sig

Work place safety and health related aspects	.0314	sig	.051	Non-sig	.017	sig	.0112	sig
Scope for job autonomy and achievement	.0498	sig	.032	sig	.057	sig	.067	Non-sig

Source: Computed Primary Data, Sig – Significant , Non- sig – Not Significant.

The significant difference on the opinion of women nurses about important aspects for quality of work life based on their age, education, marital status and nature of family is tested using ANOVA and independent sample T-test.

The aspects important for quality of work life has been taken as dependent variable, age, education, marital status and nature of family have been taken as independent variables. While testing the significance based on age, education and marital status ANOVA has been employed. Independent sample T-test has been employed while testing with nature of family.

The aspects working condition, working time/schedule, healthy working environment, non financial benefits, job security and tenure stability and work place safety significantly differ based on age, education, marital status and nature of family.

10.6. Opinion about the important aspects for Quality of Work Life based on Career Background

Important Aspects for Quality of Work Life	Experience(ANOVA)		Type of Hospital Employed(ANOVA)		Income (ANOVA)	
	Level of significance	Remarks	Level of significance	Remarks	Level of significance	Remarks
Working condition	.0211	sig	.0321	sig	.021	sig
Working time/schedule	.0433	sig	.0211	sig	.018	sig
Healthy working environment	.035	sig	.032	sig	.028	sig
Work place support and relationship	.0211	sig	.035	sig	.0321	sig
Time demand for spending with family/ relaxation	.0543	Non-sig	.042	sig	.065	Non-sig
Financial benefits	.032	sig	.027	sig	.021	sig
Non financial benefits	.043	sig	.057	sig	.012	sig
Job security and tenure stability	.034	sig	.028	sig	.067	sig
Attitude at work place	.027	sig	.035	sig	.0489	sig
Scope for further education and career improvement	.0587	Non-sig	.012	sig	.0318	sig
Recognition/reward	.012	sig	.057	Non-sig	.0321	sig
Organizational policy	.0433	sig	.054	Non-sig	.069	Non-sig
Personal growth	.034	sig	.057	Non-sig	.057	Non-sig
Work place safety and health related aspects	.027	sig	.045	sig	.043	sig
Scope for job autonomy and achievement	.0587	Non-sig	.034	sig	.0321	sig

Source: Computed Primary Data, Sig – Significant , Non- sig – Not Significant.

The importance aspects for quality of work life based on the career background of women nurses tested for its significant difference based on their experience, type of hospitals employed and income. In order to test the significance, ANOVA has been employed at 5 percent level of significance. The important aspects for quality work life have been taken as dependent variable which was measured through 5 point interval scale from very high to very low. The experience, income and type of hospitals employed were taken as independent variables. By applying ANOVA, it is observed that there are significant difference exist about working condition, working time/schedule, healthy working environment, work place support, financial benefits, non-financial benefits, job security, attitude at work places and work place safety based on the selected independent variables.

10.7. Impact of Quality of Work Life on various aspects of Patient Care Management

Patient Care Management	Type of Hospital Employed(ANOVA)	
	Level of significance	Remarks
Approach and attitude towards patient	.02189	sig
Patient database retention	.05632	Non-sig
Interest shown towards patient complaint handling	.06754	Non-sig
Consistency of treatment shown to patient	.0167	sig
Patient personal care	.0344	Non-sig
Emotional intelligence shown towards patient approach	.0212	sig
Attitude and involvement shown towards patient retention for continuous service	.0621	Non-sig

Source: Computed Primary Data, Sig – Significant, Non- sig – Not Significant

The above table shows the significant difference about the impact of quality work life on patient care management among women nurses based on the type of hospitals employed. The aspects related to impact of quality of work life on patient management have been taken as dependent variable; the type of hospital employed has been taken as independent variable. By applying ANOVA at 5 percent level of significance, it is observed the difference exists among the women nurses about attitude and approach towards patient, consistency of treatment and emotional intelligence shown towards patient approach.

10.8. SUMMARY OF FINDINGS

It is found that 43 percent of women nurses are in the age group of 31 to 40 and 13 percent are 50 and above age group. 52 percent have educational background of nursing and physician. Regarding marital status of women nurses, 51 percent are single and 55 percent live in joint family. It is found that 63 percent of women nurses come from urban location and 67 percent belong to the state of Tamilnadu, 29 percent of women nurses are in junior and senior nursing categories. The experience level is equally distributed among women nurses. 51 percent of employment comes from private hospitals and 47 percent receive monthly income of Rs.10, 000/-. Regarding the reason to choose nursing career 56 chose out of interest in which 17 belong to senior and junior nurses' categories and 44 chose for career scope. The opinion about present organization or hospitals based on designation and type of hospital employed significantly differ based on work culture and policy, support by management and superiors, working condition and facilities, welfare measures and work place attitude. Regarding the important aspects for QWL, work place support, financial benefits, attitude at work place, recognition and non-financial benefits are preferred by women nurses. The important aspect for QWL based on personal background like age, education, marital status and nature of family the aspects like working condition, work schedule, healthy working environment, non-financial benefits, job security and tenure stability, work place attitude, scope for career differ significantly. Regarding career background like experience, type of hospital and income, influence the significance on QWL on patient care management with respect to working condition, work time/schedule, working environment, work place support, financial benefits, non-financial benefits, job security, work place attitude and work place safety significantly differ. Regarding the impact of QWL on patient care management it

is found that approach towards patient, consistency of treatment and emotional intelligence towards patient care management differ significantly among women nurses.

10.9.SUGGESTIONS

1. The recruitment for less age group may be given importance in women nurse category.
2. Special care may be extended for women nurses employed from other states.
3. Financial packages yet to be restructured for women nurses especially in private hospitals.
4. Efforts can be made for work place harmony among work groups at nursing level.
5. The working hours may be split with equal hours schedule to bring more commitment and excellent patient care.
6. The high morale based atmosphere can be brought among women nurses and sense of pride should be created among women nurses.
7. The job autonomy and work place participation may be encouraged.

10.10. CONCLUSION

Quality work life has become an imperative component in the work involvement of every employee's career. The role of QWL is especially high in service sector, since the outcome of service is realized by user. The QWL in life care sector is given momentum by organization and by which the further business and service processes are enhanced. In this aspect, patient care management is an inevitable behavioral outcome expected for every patient after the health care treatment. It can be delivered by the service provider especially nurses in hospital sector. But present day hospitals give more employment to women in nursing than men. Moreover, the personal background of women nurses as working women, need comprehensive QWL elements with the support of their concerned work place, people and organization. The real outcome of enhanced QWL leads to patient care, retention and care management which is needed for every hospital for its core service and facilitated business.

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