Effect of Saudi nurses' perceived work-life quality on work engagement and organizational commitment

Farida Mahmoud Hassona [1, *], Hamdan Albaqawi [2], Vivian Laput [2]

1Faculty of Nursing, Zagazig University, Zagazig, Egypt
2Faculty of Nursing, Ha'il University, Ha'il, Saudi Arabia

A R T I C L E I N F O

A B S T R A C T

The nurse faculty at the University of Ha'il in Saudi Arabia is responsible for academic and in-service education for nursing discipline and for staff and organizational research. They are considered critical players in assuring quality educational experiences that prepare the nursing workforce for a diverse, ever-changing health care environment. Nowadays, Ha'il University is seeking accreditation, which includes evidence that the working environment is appropriate for both students and the teaching staff. Also, managements in public higher education institutions recently have utilized quality of work-life as a tool for attracting and retaining talented academic staff. Because with having quality of work-life commitment and loyalty of the employees created to its potential. Thus the aim of this study is to test the mediating effect of quality of work-life on the relationship between work engagement and organizational commitment among academic nursing staff at Ha'il University. Measures were the quality of the work-life scale, the short form of the Utrecht work engagement scale, and an organizational commitment questionnaire. The results indicated that the academic nursing staff had satisfactory levels of work-life quality (3.56±0.62) and high work engagement (4.76±1.12) and a positive organizational commitment result (3.09±0.22). A correlation was found between quality of work-life and organizational commitment. However, there was neither a significant relationship between quality of work-life and work engagement nor was there between work engagement and organizational commitment. The conclusion was therefore that quality of work-life does not mediate the work engagement and organizational commitment relationship.

1. Introduction

As Ph.D. or doctoral graduates, nurse educators construct curricula and monitor the efficacy of academic and continuing education for nursing professions (Bullin, 2018). Nurse faculty also research both healthcare workers' knowledge and skills and assess their views on their working conditions and affective responses to their work (Taylor, 2019). The importance placed by researchers on nurses' affective conditions can be measured by the extent of recent papers: A nurses' job satisfaction studies review (Lu et al., 2019); a review of papers on job satisfaction, burnout, and turnover (Hoff et al., 2019); and another on well-being in intensive care nurses' studies (Jarden et al., 2020).

To place this study in context, Saudi Arabia is undertaking significant changes under Vision 2030, which is a comprehensive strategy, commenced in 2016 to transform its workforce, including its universities. The University of Ha'il is situated in the center of Saudi Arabia to the north. It has some 37,000 students, predominantly women, and over 4,000 graduates each year. The College of Nursing comprises five centers, Medical-Surgical, Mental Health, Maternity and Child, Nursing Leadership and Management, and Community Health Management. The Faculty of Nursing comprises 106 faculty members, 23 staff, and around 500 students studying in its different departments. Ha'il University is seeking accreditation, which includes evidence that the working environment is appropriate for both students and the teaching staff. The quality of work-life measure is used as an indicator in higher education, with ancillary

measures of nurse educators' work engagement and organizational commitment of their teaching staff needs to be studied. Accordingly, the aim of this study was to take the opportunity of extending the research to test the mediating role of quality of work-life on the relationship between work engagement and organizational commitment among academic nursing staff at Ha'il University. A further consideration was that Saudi Arabia has a high level of expatriate nurses who may place another dimension of uncertainty on research outcomes (Saquib et al., 2020). This research is therefore timely and important to assess the well-being of faculty nurses at Ha'il University.

2. Literature review

This review concerns the quality of work-life, work engagement, and organizational commitment. These theoretical constructs are reviewed in light of nurse educators in Ha'il, Saudi Arabia. Each section summarises the origins of the measure, then moves to current relevant research on the topic, given the uniqueness of each study's content, purpose, and methodology.

2.1. Quality of work-life

Within the last century's social psychology domain of working environment research in the United States of America, several theorists conceptualized the quality of work-life (Cooper and Memford, 1979; Hofstede, 1984; Lawler, 1982). An important point for non-Americans is that these authors were addressing perceived gaps in the United States federal and state jurisdictions at that time, that is, they targeted workplace factors that may have been misconstrued or missing from these laws. As one of the first to conceptualize 'quality of work-life', Walton (1973) set about listing these factors: Fair pay, safe working environment, interesting and challenging job duties, career prospects (if in a large hierarchical organization), a workers' rights and complaints (whistle-blowers) system, a balance of work commitments with lifestyle, and a good (social) working environment. Many of these factors are now codified in United States' employment regulations, an intention of the author at the time. Other factors validated for employees for their quality of work-life were varied work tasks, individual autonomy, recognition for high standards of work, good leadership, motivation, and happiness (Hofstede, 1984; Warr et al., 1979).

There was criticism of the quality of work-life modeling that theorists used at that time. Nadler and Lawler (1983) sought to identify core values: if there was social tension in the workplace environment, that the factors for this could be identified and that they were within management control such as fair pay and rewards divided equitably, and that workplace decision making included staff. Nadler and Lawler took an institutional view of the quality of work-life, that policies and practices could be

adjusted to fix the problem, rather than measuring psychological or social factors. The multidimensional research on 'quality of work-life' then evolved into a feminist issue, quality of work/life balance, studying women who were experiencing inflexible working conditions and unable to fulfill family duties as caregivers (Guest, 2002; Lambert, 2000). These international researchers then turned to traditional women's occupations, particularly nursing, which at the time was experiencing a large dropout from its global ranks due in part to the professionalizing of its qualifications, inflexible bedside work shifts, and optional nursing careers opening up (Brooks and Anderson, 2005; Grzywacz et al., 2006).

Despite concerns, these models remain popular in workplace research designs. Whilst the number of variables within the questionnaires and their intra- and interrelationships have been thoroughly explored in the literature, there remains significant interest in factors relating to the quality of work-life, as mentioned by the number of reviews of various configurations (Hoff et al., 2019; Jarden et al., 2020; Lu et al., 2019). Contemporary quality of work-life literature includes a South American-European cross-country and gender comparison to validate the measure (Sinval et al., 2020). In an interesting recent paper, Al Kuwaiti and Subbarayalu (2019) developed and validated the quality of work-life scale for health sciences faculty in Saudi universities. This scale was a mixed institutional/affective model comprising compensation and rewards, working conditions, job security and career development, and psychosocial factors such as job satisfaction. In Al Madinah, Alharbi et al. (2019) found relationships between quality of nursing work-life and work/life balance; similarly, Jazan, Allam and Shaik (2020) found that public sector Saudi nurses who were married reported better quality of work-life than other nurses in the city.

2.2. Work engagement

Another construct, work engagement, returned to an affective, psychological focus when Kahn (1990) described the notion of self (motivation) when interacting with the workplace as Meaningfulness, safety, and therefore availability. These factors are assessed as engagement with, or disengagement from, the tasks at hand or perhaps the organization itself. Kahn's theory was taken up by Olivier and Rothmann (2007) in a study of a multinational workplace in South Africa. Olivier and Rothmann (2007) found the model valid, and meaningfulness and availability were significant predictors for work engagement. However, Bakker et al. (2008) developed the Utrecht work engagement scale to predict work engagement from variables of 'job resources (e.g., autonomy, supervisory coaching, and performance feedback) and personal resources (e.g., optimism, self-efficacy, and self-esteem)'. This was validated internationally and the measure became widely used in the domain of work engagement both as a 17-item scale and a 9-item scale to measure

vigor, absorption, and dedication. Work engagement was also described in the literature as burnout, a term describing disengagement (Schaufeli and Bakker, 2004).

Recent work engagement studies among nurses in Saudi Arabia were sparse, with no use of the Utrecht scale. Khan (2018) developed a measure for a short survey that established nurse satisfaction and commitment to their work as work engagement. Zakari et al. (2019) also established a similar pattern for work engagement as Allam and Shaik (2020) for quality of work-life, finding a significant difference between national and expatriate nurses, with the former involved in family life and Saudi team peers, and the latter varying with their experiences to those experienced by Saudis. Another work engagement measure was used by Aljohani (2018), unsuccessfully testing relationships between job resources and intention to leave among nurses in Yanbu on the west coast. In a similar thesis to the current study, Alsadah (2017) compared factors of work engagement with those relating to the nurses' work-life quality, finding dedication as the single powerful relationship with work. Further, Alsadah (2017) found that the work engagement factor of vigor was negatively related to intention to leave. Leaving this study's focus, recent papers included Willmer et al. (2019) who is a longitudinal 25-year study validating results between the long and short forms of the Utrecht measure, were unable to find a significant fit to validate the short form. However, recent global educational studies using the Utrecht design include students in Japan (Tayama et al., 2019), Spain (Serrano et al., 2019), and an ultra-short version validated by Schaufeli et al. (2019) in five countries as part of a questionnaire.

2.3. Organizational commitment

The third model, organizational commitment, was developed concomitantly with other employee assessment questionnaires by Meyer and Allen (1991). They reviewed extant debate at the time and proposed a model whereby 'commitment, as a psychological state, has at least three separable components reflecting (a) a desire (affective commitment), (b) a need (continuance commitment), and (c) an obligation (normative commitment) to maintain employment in an organization' (Meyer and Allen, 1991). This is also described as the three-component model. Interestingly, Lee et al. (2001) detailed how the United States' cultural assumptions in Meyer and Allen's model faltered in South Korea, and Lee et al. (2001) rewrote items to suit the different culture. Validation issues on the original (United States) version were also raised by Jaros (2007). However, Nandan et al. (2018) tested the original three-component model across six European countries, finding that although there were cultural, jurisdictional, and institutional differences, the model was generalizable among university staff.

Organizational commitment measures are also mainly used as a subset for epistemological surveys. Again, there were few mentions of organizational commitment for nurses in Saudi Arabia, as an affective commitment to their work teams was favored and that is outside the remit of this study. Al-Yami et al. (2018) employed an interesting research design to study leadership factors in relation to organizational design, using the organizational commitment questionnaire (Mowday et al., 1979) translated into Arabic, and an Arabic version of the Multifactor Leadership Questionnaire (Bass and Avolio, 1990). Returning to a wider scope for organizational commitment, the scale was used by Battistelli et al. (2016) together with organizational support as part of a survey of Italian nurses' competence. In Malaysia, Goh and Marimuthu (2016) studied organizational commitment for its influence on sustainability in healthcare organizations, and Kassaw and Golga (2019) found moderate levels of organizational commitment in an Ethiopian university.

2.4. Dependent and independent variables

As noted and reviewed, there is extensive research base on comparisons of variables utilizing quality of work-life or similar terms as the dependent variable (output), and a range of independent (controlled inputs) or mediating (linking) variables. The issues, therefore, are the terms (definitions) authors used to describe their variables, and the methods (research designs) used to collect data and analyze them. Given those constraints, Al-Shawabkeh and Hijjawi (2018) used organizational performance as the dependent variable in a Jordanian university and the independent variable as 'quality of work-life', comprising working conditions and leadership. Akar (2018) similarly employed a work-related quality of life scale with a large number of input variables adapted for Turkish use in an education setting. In this study quality of work-life is considered as a mediator (is the variable that causes mediation in the dependent and the independent variables), work engagement is an independent variable and organizational commitment as the dependent variable.

2.5. Statement of the problem

However, defined within employment studies, quality of work-life comprises the institutional policies and practices, the social and task-related working environment, leadership/direction, and the attitude employees bring to their work each day. This makes for a dynamic mix for researchers when measuring and analyzing a working environment and there are a number of risks involved. Sampling brings issues of participant self-selection; for instance, individuals may have been over-surveyed and not wish to participate and valuable data were lost; on the other hand, others may have wanted to

use the survey to pursue their own agenda. Another risk is that the questionnaire items selected by the researchers are not representative of underlying workplace issues or do not reflect the overall intention of the researchers. Thus the problem is to identify factors/variables in the workplace and about their organization that study participants find agreeable, factors about which they are non-committal, or those disliked.

Given these issues, the selected constructs, quality of work-life, engagement at work, and commitment to the organization are validated and sufficiently generalizable to assess the views of nurse educators at Ha'il University and to use for the purpose at hand, accreditation. There is also a research value of testing the survey instruments in this setting, as this is a multicultural workplace. Accordingly, a quality standard for the university's working environment may generate the emotional attachment and involvement needed to increase the faculty member's work engagement as well as organizational commitment.

2.6. Aim of the study

To test the mediating effect of quality of work-life on the relationship between work engagement and organizational commitment among academic nursing staff Ha'il University. The study assessed the participants' responses to the three measures, quality of work-life, work engagement, and organizational engagement, then identify any relationships between them. Finally, any mediating value of quality of work-life between work engagement and organizational commitment would be tested.

3. Methods

The design selected was descriptive and data were analyzed to establish statistical correlations between the factors and constructs. The sample was ad hoc, a convenience sample of nurses in the University of Ha'il's Faculty of Nursing. The instrument included demographic data of gender which may influence study results, followed by the three measures.

The measures used were Walton's (1973) quality of work-life evaluation scale which consists of 8 sections: Salary (4 items), working conditions (6 items), challenging work (5 items), career expectations (4 items), social environment (4 items), adherence to ethics (4 items), work and lifestyle balance (3 items), and social relevance of the organization (5 items). Items are rated on a Likert 5-point scale, ranged from 1 (very dissatisfied) to 5 (very satisfied). In this study, internal consistency was measured by Cronbach's alpha coefficients to be 0.97 for the total scale.

The short form of Utrecht work engagement scale was selected with sections (subscales) described above: vigor (3 items), dedication (3 items), and absorption (3 items) (Schaufeli et al., 2006). These

items were scored on a 7-point frequency scale ranging from 0 (never) to 6 (always). Evidence of convergent and divergent validity for the original long-form scale was reported by Schaufeli and Bakker (2004) and scale reliabilities for the short form subscales for a nursing study ranged from 0.87 to 0.92 (Laschinger et al., 2009). In this study, internal consistency was measured by Cronbach's alpha coefficients to be 0.96 for the total scale.

The third measure was an organizational commitment questionnaire developed by Mowday et al. (1979) of 15 items. The responses were scored on a five-point Likert scale from one (strongly disagree) to five (strongly agree) except items 3, 7, 9, 11, 12, and 15 which have reversed scores. The reliability of the tool ranged from 0.82 to 0.93 as reported by the developed author.

3.1. Pilot study

A pilot study of a sample of ten academic nursing staff (10% of the study sample) was conducted to assess the clarity, feasibility, and applicability of the three parts of the questionnaire and for timing in completion, which was 15-20 minutes. Small modifications in expression and formatting were made. Data from the pilot study were excluded from the study results.

3.2. Data collection and analysis

The questionnaires were printed and distributed throughout the faculty. Notices informed the faculty of the study purpose, approval, dates for collection, and contact names and details of the researchers. Notices and the questionnaire were also sent through emails to the participants. Collection (or email response) was required within two weeks, and the data collection took place in December 2019. Overall, 60 responses were received from a nurse educator population of 90. This was a 66 percent response rate.

Data from online and hard copy were keyed into an Excel program and transferred to the SPSS program. Cleaning of data made to be sure that there is no missing or abnormal data by running frequencies and descriptive statistics. Data presented in the form of frequencies and percentages using descriptive statistics for categorical variables means and standard deviations for continuous variables. Pearson correlation analysis is used for the assessment of the inter-relationships among quantitative variables. Cronbach's reliability coefficient was used to test the reliability of the scales. The significant level of all statistical analysis was at ≤0.05 (P-value).

4. Results

Of the 60 participants from the nurse educators' population in the Faculty of Nursing at Ha'il University, 42 were women and 18 were men. The

results from the analyses are set out below. As seen in Table 1, the highest mean was social relevance and importance of your work (3.80±0.70) followed by work and lifestyle balance (3.79±0.91) and a good team environment (3.62±0.73). Whilst not dissatisfied, the lowest mean was related to career opportunities (3.23±0.72). The average mean reflects the standard of the quality of life perceptions of the nurse educator staff, which overall was satisfied (3.56±0.62).

Table 1: Overall grand mean of quality of work-life, work engagement, and organizational commitment among academic nursing staff (n=60)

Measure	Mean	Standard deviation	Analysis
Quality of work-life subscales (5-point Likert scale)			
Fair salary	3.48	0.91	Not sure
Working conditions	3.51	0.74	Not sure
Challenging work	3.48	0.73	Not sure
Career opportunities	3.23	0.72	Not sure
Good team environment	3.62	0.73	Satisfied
Ethical workplace (constitutionalism)	3.57	0.83	Satisfied
Balance between work hours and lifestyle	3.79	0.91	Satisfied
Social relevance and importance of your work	3.80	0.70	Satisfied
Average mean	3.56	0.62	Satisfied
Work engagement (7-point frequency scale)	4.76	1.12	High
Organizational commitment (5-point Likert scale)	3.09	0.22	Reasonable

Table 1 includes work engagement among the participants (4.76±1.12) which was high, with over two-thirds of the participants indicating they were immersed in their work. However, the organizational commitment was lower (3.09±0.22) but still acceptable at well over half the respondents signified their commitment to the university's values. These results reflected the aim of the study to ascertain nurse educators' responses to the concepts.

Table 2 shows significant gender differences in the quality of work-life, work engagement, and organizational commitment of the respondents. When data were compared, the *t*-value for quality of work-life was -2.345 with a p-value of 0.022. As the p-value was less than 0.05 level of significance, there was a significant difference in the quality of work-life of the academic nursing staff in terms of their sex, and female nurses had a higher quality of work-life than their male peers. In terms of work engagement, the resulting *t*-value was 0.966 with a p-value of 0.338, while for organizational commitment, the *t*-value was -0.774 with a p-value of 0.442. Since the p-values were all greater than the 0.05 level of significance, there were no significant differences in the level of work engagement and organizational commitment of the respondents in terms of their sex.

Table 2: Significant difference in the quality of work-life, work engagement, and organizational commitment of the academic nursing staff in terms of their sex (n=60)

Variable	Gender	Mean	*t*-value	p-value
Quality of work-life	Male	3.45	-2.345	0.022
	Female	3.85		
Work engagement	Male	3.11	0.966	0.338
	Female	3.05		
Organizational commitment	Male	4.69	-0.774	0.442
	Female	4.94		

Table 3: Relationships between quality of work-life, work engagement, and organizational commitment among the academic nursing staff (n=60)

Main x variable	Secondary y variable	r-value	Interpretation	p-value
Quality of life	Organizational commitment	0.573*	Moderate correlation	0.000
Quality of life	Work engagement	0.112	Negligible correlation	0.396
Work engagement	Organizational commitment	0.021	Negligible correlation	0.875

* Highly significant

The results for testing correlations between measures are shown in Table 3, that is, any relationships between quality of work-life, work engagement, and organizational commitment among nursing academic staff. Pearson-product moment correlation was used. Quality of work-life and organizational commitment as variables yielded an r-value of 0.573 with a p-value of 0.000. The p-value signified a correlation between the quality of life and organizational commitment, that is, as the respondents' quality of work-life increased, organizational commitment moderately increased. However, quality of work-life was not correlated to work engagement, as the r-value was 0.112 with a p-

value of 0.396, and work engagement to organizational commitment yielded an r-value of 0.021 with a p-value of 0.875. Since these p-values were greater than 0.05 level of significance, this precluded significant relationships between quality of work-life and work engagement, and between work engagement and organizational commitment.

4.1. Analysis of the mediator effect

There are three conditions for a variable to be a mediator (Saks, 2019), the first of which is that the independent variable relates to the mediator. This condition was not achieved in this study, work

engagement (independent variable) did not relate to the quality of work-life (mediator) r=0.112, p-value=0.396. Next, there is a relationship between the mediator and the dependent variable. This condition was achieved in this study, quality of work-life (mediator) related to organizational commitment (dependent variable) r=0.573, p-value=0.000. Third, a significant relationship between an independent variable and a dependent variable will be reduced or no longer be significant when controlling for the mediator. This condition was not achieved in this study, work engagement (independent variable) did not relate to organizational commitment (dependent variable) r=0.021, p-value=0.875. Thus, the three requirements for a mediator were not achieved and quality of work-life did not mediate the work engagement and organizational commitment relationship.

5. Discussion

The study's findings revealed that the academic nursing staff had an overall satisfactory quality of work-life, illustrated by subscales of social relevance and work importance, work and lifestyle balance, and a good team environment. This meets the university's accreditation standard that the work environment is appropriate for both students and the academic staff. The results of this study (over 70% agreement) were comparable to that of Subbarayalu and Al Kuwaiti (2019), who found their work-life quality results, met the conditions for accreditation. Of further interest are the considerable use of quality of life measures in all their manifestations as was found by recent reviewers on the topic and its substitutes (Hoff et al., 2019; Jarden et al., 2020; Lu et al., 2019). Within the Saudi Ministry of Health, Alharbi et al. (2019) used their own measure with factors such as nurses' age and working experience, nationality (Saudi–non-Saudi), working environment (specialty units), and working conditions to establish a range of 'satisfaction' results among their nurse participants, full-time employment, rotating shifts, and specialty units. The results revealed relationships between quality of nursing work-life and work/life balance. Arguably, the measures captured similar factors, and the rubrics (headings) counted for less than the factors (subscales) and actual items (questions). The results also agree with Vashishtha and Mittal (2018) who reported that the majority of Higher Education Institutions (HEI) teachers (45.7%) are fell down in the category of the average level of QWL, indicating that the majority of sampled HEI teachers are having satisfactory QWL. The results also agree with Kamel (2013) and Venkataraman et al. (2018) who found that the majority of the staff nurses had moderate QNWL scores on the main scale (58.5%). While disagreeing with Devi and Hajamohideen (2018) who concluded that significant proportions of the nurses in their study were dissatisfied with the quality of their work-life.

The work engagement findings showed that academic nursing staff highly (68%) regarded their duties and responsibilities to society. There was, however, little direct comparison with this measure relevant to the Saudi context; study of Khan's (2018) showed that hospital-based nurses were indicative of a personal commitment to their work, whilst Zakari et al. (2019) found cultural differences between Saudi and non-Saudi nurses within the Ministry of Health. Whilst studying Ministry of Health nurses, Alsadah (2017) found relationships between work engagement and quality of nurses' work-life, unlike this study; again, the items differed under each measure. Regarding the organizational commitment results, a reasonable level of commitment (61%) indicated that whilst willing to engage with the management, the nurse educators disapproved of some aspects of their employment. There was just one relevant study on Ministry of Health nurses' organizational commitment by Al-Yami et al. (2018), who found that transformational leadership was the prime factor in improving nurses' organizational commitment.

The gender differences in the results were highlighted in this study, where women expressed greater satisfaction with their work-life than did their male peers. Again not directly comparable, but also in Ha'il, Albaqawi (2018) found significant demographic differences in quality of nurse work-life scale, and the participants were substantially women (95%). Al Omar et al. (2019) worked with public and private sector Saudi healthcare professionals (pharmacists) and unlike this study, they found that participants (half were women) expressed low levels, at or under 36 percent, for work engagement (Utrecht scale) due to perceived lack of organizational support. Among women faculty in Riyadh, BinBakr and Ahmed (2018) found reasonably high levels of organizational commitment, which was related to high involvement work practices. Following through from the University of Ha'il's commitment to workplace quality outcomes, it would appear that the gender differences expressed in this study are commensurate with relevant and recent findings, with the exception of Al Omar et al. (2019). This follows the institutional competitiveness towards quality implicit in Vision 2030.

The discussion now moves to the relationships between the constructs (measures). First, the quality of work-life measure and organizational commitment was not found as a prominent research subject for the Saudi public sector, however, BinBakr and Ahmed's (2018) contribution was noted above. In the Saudi telecom industry (private sector), Sahni (2019) found a significant relationship between quality of work-life and organizational commitment. Prior to these, Almarshad (2015) used these measures generally among the public and private Saudi workforce, finding that both quality of work-life and organizational commitment, as expected, were higher in the public sector. In this study, there was also a statistically significant correlation

between the two constructs. Interestingly, given the gender differences noted above, Almarshad (2015) found that organizational commitment was higher in young female employees than their male peers, and the reverse was true for the older employee cohort. Between the quality of work-life and work engagement, the most relevant study was Alsadah's (2017) comparison of nurses' work engagement with work-life quality, and the finding that dedication was the primary factor in this case. However, the study of Sahni (2019); in the telecom industry, could not find a strong correlation between the quality of work-life and employee engagement. These results corresponded to the lack of a statistical relationship for this study. In this analysis, the juxtaposition of measures of organizational commitment and work engagement has not been well developed in the literature, with the closest being Al Omar et al.'s (2019) pharmacists' study, where work engagement was negatively correlated with organizational commitment. Whilst relevant as an argument, this was not reflected in this study's findings. Finally, whilst the construct of quality of work-life was not found to mediate the work engagement and organizational commitment relationship in this study, there was no direct comparison in the literature; also noted was that the research designs differed between theorists and empirical researchers.

6. Conclusion

This study surveyed the views of academic nursing staff in the Faculty of Nursing, the University of Ha'il on their working conditions and working environment, using three constructs (measures). The respondents reported a reasonably high quality of work-life, and that they were engaged in their work. They agreed that their work had meaning and that it contributed to society. Their work and home (lifestyle) balances were considered satisfactory and they enjoyed their team environments. Marginal (but positive) responses were received for (surprisingly) career prospects, fair pay (presumably between Saudis and non-Saudis), and working conditions, all of which would have been expected to be higher. Women were more positive in their responses than their peers. Analysis of relationships between the constructs resulted in only a moderate relationship between quality of work-life and organizational commitment, which was contrary to a possible relationship with work engagement, given the subscale results. No other statistically significant results emerged.

Compliance with ethical standards

Ethical considerations

Approval to conduct the study was obtained from the Scientific Research Ethics Committee at the Faculty of Nursing–Ha'il University and from the dean of the faculty. Those who agreed to undertake the study were informed that their participation was voluntary and anonymity was assured. Consent was established as a foreword for the questionnaire.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

Akar H (2018). The relationships between quality of work life, school alienation, burnout, affective commitment and organizational citizenship: A study on teachers. European Journal of Educational Research, 7(2): 169-180. https://doi.org/10.12973/eu-jer.7.2.169

Al Kuwaiti A and Subbarayalu A (2019). Health sciences teaching staff's perception about quality of work life in Saudi Universities: Reliability and validity of the questionnaire instrument. Hamdan Medical Journal, 12(4): 182-188. https://doi.org/10.4103/HMJ.HMJ_87_18

Albaqawi H (2018). Quality nursing work life among nurses in Ha'il Region, Kingdom of Saudi Arabia: Redefining the boundaries of work and life. Advances in Social Sciences Research Journal, 5: 433-439. https://doi.org/10.14738/assrj.53.4341

Alharbi M, Alahmadi B, Alali M, and Alsaedi S (2019). Quality of nursing work life among hospital nurses in Saudi Arabia: A cross-sectional study. Journal of Nursing Management, 27(8): 1722-1730. https://doi.org/10.1111/jonm.12863 **PMid:31495010**

Aljohani M (2018). Work engagement as mediator in the relationship between job resources and employees' turnover intention among nursing practitioners in Saudi Arabia. Ph.D. Dissertation, University of Pennsylvania, Philadelphia, USA.

Allam Z and Shaik A (2020). A study on quality of work life amongst employees working in the Kingdom of Saudi Arabia. Management Science Letters, 10(6): 1287-1294. https://doi.org/10.5267/j.msl.2019.11.029

Almarshad S (2015). Quality of work life and organizational commitment in Saudi Arabia: The role of job involvement and sense of efficacy. European Journal of Business and Social Sciences, 4(2): 141-158.

Al-Omar H, Arafah A, Barakat J, Almutairi R, Khurshid F, and Alsultan M (2019). The impact of perceived organizational support and resilience on pharmacists' engagement in their stressful and competitive workplaces in Saudi Arabia. Saudi Pharmaceutical Journal, 27(7): 1044-1052. https://doi.org/10.1016/j.jsps.2019.08.007 **PMid:31997912 PMCid:PMC6978622**

Alsadah Z (2017). Exploring the relationship between the quality of nurses' work life and nurses' work engagement in hospitals in the Eastern Provence of Saudi Arabia. Ph.D. Dissertation, University of Pennsylvania, Philadelphia, USA.

Al-Shawabkeh K and Hijjawi G (2018). Impact of quality of work-life (QWL) on organizational performance: An empirical study in the private Jordanian universities. Asian Social Science, 14(6): 145-156. https://doi.org/10.5539/ass.v14n6p145

Al-Yami M, Galdas P, and Watson R (2018). Leadership style and organizational commitment among nursing staff in Saudi Arabia. Journal of Nursing Management, 26(5): 531-539. https://doi.org/10.1111/jonm.12578 **PMid:29573023**

Bakker A, Schaufeli W, Leiter M, and Taris T (2008). Work engagement: An emerging concept in occupational health psychology. Work and Stress, 22(3): 187-200. https://doi.org/10.1080/02678370802393649

Bass B and Avolio B (1990). Transformational leadership development: Manual for the multifactor leadership questionnaire. Consulting Psychologists Press, Palo Alto, USA.

Battistelli A, Galletta M, Vandenberghe C, and Odoardi C (2016). Perceived organisational support, organisational commitment and self-competence among nurses: A study in two Italian hospitals. Journal of Nursing Management, 24(1): E44-E53. https://doi.org/10.1111/jonm.12287 **PMid:25652882**

BinBakr M and Ahmed E (2018). High-involvement work processes and organizational commitment of female faculty in Saudi Arabia. International Journal of Leadership in Education Theory and Practice, 22(5): 597-616. https://doi.org/10.1080/13603124.2018.1529819

Brooks B and Anderson M (2005). Defining quality of nursing work life. Nursing Economics, 23(6): 319-326.

Bullin C (2018). To what extent has doctoral (Ph.D.) education supported academic nurse educators in their teaching roles? An integrative review. BioMed Central Nursing, 17: 6. https://doi.org/10.1186/s12912-018-0273-3 **PMid:29483844 PMCid:PMC5824484**

Cooper C and Memford E (1979). The quality of working life in western and Eastern Europe. Greenwood Press, Westport, USA.

Devi BR and Hajamohideen OM (2018). A study on quality of work life among nurses working in private hospitals an Thanjavur, Tamilnadu. IOSR Journal of Business and Management, 20(4): 61-63.

Goh CY and Marimuthu M (2016). The path towards healthcare sustainability: The role of organisational commitment. Procedia-Social and Behavioral Sciences, 224: 587-592. https://doi.org/10.1016/j.sbspro.2016.05.445

Grzywacz J, Frone M, Brewer C, and Kovner C (2006). Quantifying work–family conflict among registered nurses. Research in Nursing and Health, 29(5): 414-426. https://doi.org/10.1002/nur.20133 **PMid:16977647**

Guest D (2002). Perspectives on the study of work-life balance. Social Science Information, 41(2): 255-279. https://doi.org/10.1177/0539018402041002005

Hoff T, Carabetta S, and Collinson G (2019). Satisfaction, burnout, and turnover among nurse practitioners and physician assistants: A review of the empirical literature. Medical Care Research and Review, 76(1): 3-31. https://doi.org/10.1177/1077558717730157 **PMid:28901205**

Hofstede G (1984). The cultural relativity of the quality of life concept. Academy of Management Review, 9(3): 389-398. https://doi.org/10.5465/amr.1984.4279653

Jarden R, Sandham M, Siegert R, and Koziol-McLain J (2020). Intensive care nurses' well-being: A systematic review. Australian Critical Care, 3(1): 106-111. https://doi.org/10.1016/j.aucc.2018.11.068 **PMid:30679048**

Jaros S (2007). Meyer and Allen model of organizational commitment: Measurement issues. ICFAI Journal of Organizational Behavior, 6(4): 7-25.

Kahn W (1990). Psychological conditions of personal engagement and disengagement at work. Academy of Management Journal, 33(4): 692-724. https://doi.org/10.5465/256287

Kamel MM (2013). The mediating role of affective commitment in the relationship between quality of work life and intention to leave. Life Science, 10(4): 1062-1067.

Kassaw E and Golga D (2019). Academic staff's level of organisational commitment in higher educational setting: The case of Haramaya University. International Journal of Higher Education, 8(2): 87-100. https://doi.org/10.5430/ijhe.v8n2p87

Khan A (2018). Nurses' work engagement practices in a multicultural hospital in Saudi Arabia. Master of Art Thesis, University of South Africa, Pretoria, South Africa.

Lambert S (2000). Added benefits: The link between work-life benefits and organisational citizenship behavior. Academy of Management Journal, 43(5): 801-815. https://doi.org/10.2307/1556411

Laschinger H, Wilk P, Cho J, and Greco P (2009). Empowerment, engagement and perceived effectiveness in nursing work environments: Does experience matter? Journal of Nursing Management, 17(5): 636-646. https://doi.org/10.1111/j.1365-2834.2008.00907.x **PMid:19575722**

Lawler E (1982). Strategies for improving the quality of work life. American Psychologist, 37(5): 486–493. https://doi.org/10.1037/0003-066X.37.5.486

Lee K, Allen N, Meyer J, and Rhee K (2001). The three-component model of organisational commitment: An application to South Korea. Applied Psychology, 50(4): 596-614. https://doi.org/10.1111/1464-0597.00075

Lu H, Zhao Y, and While A (2019). Job satisfaction among hospital nurses: A literature review. International Journal of Nursing Studies, 94: 21-31. https://doi.org/10.1016/j.ijnurstu.2019.01.011 **PMid:30928718**

Meyer J and Allen N (1991). A three-component conceptualization of organisational commitment. Human Resource Management Review, 1(1): 61-89. https://doi.org/10.1016/1053-4822(91)90011-Z

Mowday R, Steers R, and Porter L (1979). The measurement of organizational commitment. Journal of Vocational Behavior, 14(2): 224-247. https://doi.org/10.1016/0001-8791(79)90072-1

Nadler D and Lawler E (1983). Quality of work life: Perspectives and directions. Organisational Dynamics, 11(3): 20-30. https://doi.org/10.1016/0090-2616(83)90003-7

Nandan S, Halkias D, Thurman P, Komodromos M, Alserhan B, Adendorff C, Alhaj N, De Massis A, Galanaki E, Juma N, Kwesiga E, Nkamnebe A, and Seaman C (2018). Assessing cross-national invariance of the three-component model of organisational commitment. EuroMed Journal of Business, 13(3): 254-279. https://doi.org/10.1108/EMJB-09-2017-0031

Olivier A and Rothmann S (2007). Antecedents of work engagement in a multinational oil company. SA Journal of Industrial Psychology, 33(3): 49-56. https://doi.org/10.4102/sajip.v33i3.396

Sahni J (2019). Role of quality of work life in determining employee engagement and organizational commitment in telecom industry. International Journal for Quality Research, 13(2): 285-300. https://doi.org/10.24874/IJQR13.02-03

Saks A (2019). Antecedents and consequences of employee engagement revisited. Journal of Organizational Effectiveness: People and Performance, 6(1): 19-38. https://doi.org/10.1108/JOEPP-06-2018-0034

Saquib J, Taleb M, AlMeimar R, Alhomaidan H, Al-Mohaimeed A, AlMazrou A, AlShaya S, and Saquib N (2020). Job insecurity, fear of litigation, and mental health among expatriate nurses. Archives of Environmental and Occupational Health, 75(3): 144-151. https://doi.org/10.1080/19338244.2019.1592093 **PMid:30896369**

Schaufeli W and Bakker A (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. Journal of Organizational Behavior, 25(3): 293-315. https://doi.org/10.1002/job.248

Schaufeli W, Bakker A, and Salanova M (2006). The measurement of work engagement with a short questionnaire: A cross-national study. Educational and Psychological Measurement,

66(4): 701-716.
https://doi.org/10.1177/0013164405282471

Schaufeli W, Shimazu A, Hakanen J, Salanova M, and De Witte H (2019). An ultra-short measure for work engagement: The UWES-3 validation across five countries. European Journal of Psychological Assessment, 35(4): 577–591.
https://doi.org/10.1027/1015-5759/a000430

Serrano C, Andreu Y, Murgui S, and Martínez P (2019). Psychometric properties of Spanish version student Utrecht work engagement scale (UWES–S–9) in high-school students. Spanish Journal of Psychology, 22: E21.
https://doi.org/10.1017/sjp.2019.25 **PMid:31079593**

Sinval J, Sirgy M, Lee D, and Marôco J (2020). The quality of work life scale: Validity evidence from Brazil and Portugal. Applied Research in Quality of Life, 15: 1323–1351.
https://doi.org/10.1007/s11482-019-09730-3

Subbarayalu A and Al Kuwaiti A (2019). Quality of work life of teaching staff working at a higher education institution in Saudi Arabia: A cross-sectional study. Journal of Social Service Research, 45(4): 530-542.
https://doi.org/10.1080/01488376.2018.1481173

Tayama J, Schaufeli W, Shimazu A, Tanaka M, and Takahama A (2019). Validation of a Japanese version of the work engagement scale for students. Japanese Psychological Research, 61(4): 262-272. https://doi.org/10.1111/jpr.12229

Taylor R (2019). Contemporary issues: Resilience training alone is an incomplete intervention. Nurse Education Today, 78: 10-13.
https://doi.org/10.1016/j.nedt.2019.03.014 **PMid:31029952**

Vashishtha KC and Mittal P (2018). Is demographic determinants affect quality of work life (Qwl) in higher education institute (HEI) teachers. International Journal of Research in Humanities, Arts and Literature, 6 (8): 215-226.

Venkataraman S, AnbazhaganS, and Anbazhagan S (2018). Quality of nursing work life among staff nurses in a tertiary care hospital in Puducherry. International Journal of Community Medicine and Public Health, 5(9): 3853-3859.
https://doi.org/10.18203/2394-6040.ijcmph20183469

Walton R (1973). Quality of working life: what is it? Sloan Management Review, 15(1): 11-21.

Warr P, Cook J, and Wall T (1979). Scales for the measurement of some work attitudes and aspects of psychological well-being. Journal of Occupational Psychology, 52(2): 129-148.
https://doi.org/10.1111/j.2044-8325.1979.tb00448.x

Willmer M, Jacobson J, and Lindberg M (2019). Exploratory and confirmatory factor analysis of the 9-item Utrecht work engagement scale in a multi-occupational female sample: A cross-sectional study. Frontiers in Psychology, 10: 2771.
https://doi.org/10.3389/fpsyg.2019.02771 **PMid:31866921 PMCid:PMC6909847**

Zakari N, Hamadi H, and Audi G (2019). Cultural diversity and work engagement in nursing: A qualitative case study analysis. Journal of Hospital Administration, 8(4): 46-53.
https://doi.org/10.5430/jha.v8n4p46