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Science, Engineering and Social Science Series  
ISSN/e-ISSN: 2541 – 0369/2613 – 988X  
Vol. 4, No. 1, 2020, Printed in the Indonesia

# Quality of Work Life (QWL) on Professional Care Providers at X Hospital, Jakarta

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Productivity is affected by services that will be provided them and influenced in the quality of work life characteristics such as age also years of service on professional care provider themselves. The purpose of the study is conducted at X Hospital to provide empirical evidence in provider influence characteristics and quality of work life (QWL) towards the productivity of professional care providers at hospital X. Here, we used quantitative causality as a research methodology. The professional respondents are a care providers who work in hospital x with survey quantitative. Here, we analyze the data using Structural Equation Modelling with AMOS applications. The results showed the influence of provider characteristics and quality of work life / QWL towards work productivity. The positive effect occurs between the characteristics of the provider with the quality of work life and productivity, but there is a negative influence on the quality of work life on work productivity. Characteristics of the providers at X hospital are dominated by those with high age and long working period. The quality of work life of X hospital is high, with the work productivity of PPA at hospital X showing a moderate value. The findings of this study are the higher age and longer the years of service of professional care providers at X hospital, resulting in a high quality of work life with moderate / normal work productivity.

**Keywords:** Productivity, quality of work life, provider characteristics.

## 1. INTRODUCTION

Hospitals of this era are demanded to always offer maximum results in the form of services based on satisfaction with high professional standards. The hospital not only serves as a treatment place, but is a place to improve the health status of individuals, so that the quality of health and the lives of Indonesian people also improve. In carrying out its services, the medical personnel working in the hospital have a role in achieving the hospital's goals. Patients as recipients of medical services in hospitals, surrounded by professional care providers consisting of doctors, nurses, radiologists, nutritionists, laboratory personnel, and others. Professional care providers are those who directly provide care to patients, an interdisciplinary team that is positioned around the patient with adequate competence and contributes equally in the professional function of their duties to be independent, collaborative, delegates, working as a single unit providing integrated input. In carrying out their services, their performance at the

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hospital will determine the quality of the service at the hospital. Professional care providers productivity as a service provider in a hospital will affect the services provided, and the quality of work life has an influence on the productivity of professional care provider work [1]. Previous research shows that the quality of work life has a positive and significant impact on employee performance [2, 3]. Hospital X as one of the teaching hospitals in Jakarta with more than 200 patients every day, it's shows the importance of the productivity of its employees, especially professional care provider as a service provider to the quality of hospital services. One problem that arises at the hospital x is the frequent occurrence of employee delays from the time of absence, which indicates productivity problems from professional care providers. All professional care providers in hospital X such as doctors, nurses, radiologists, laboratory personnel and pharmacists, with different characteristics, both men and women, with different ages, educational backgrounds, and experiences. This rate of late attendance at work occurs with professional care providers both women and

men, and with various ages, and diverse work experience. The mandatory attendance for employees at Hospital X is 8 o'clock in the morning, but a number of professional care providers come late to work. This shows a number of professional care providers with high late attendance at Hospital X, which refers to a lack of employee productivity that affects employee performance, even though they have an important role in the implementation of high-quality services in a hospital. In the concept of productivity, a several dimensions of productivity, related to the late of employees, it can be seen from their motivation in productivity dimension [3]. This indicator has not been met in the professional care providers at Hospital X shows that their productivity is not optimal. One of the efforts to produce a good work productivity is to improve the quality of work life. The importance of the professional care providers work productivity, can be seen from the impact of hospitals that have low productivity will result in a decrease in the number of customers due to the low quality of services. The decrease in employee performance is influenced by the low quality of work life (QWL). Quality of Work Life (QWL) refers to the pleasant or unpleasant state of work for someone [4, 5, 6]. QWL was found to affect the commitment and productivity of workers in health care organizations [7]. If the relationship between QWL and productivity becomes clear, then employers will be able to provide conditions to promote QWL for employees to be productive. That individual and workplace characteristics were related to their work productivity. Factors related to professional care provider productivity are age, length of work, educational status, work stress, work injury, and health problems. The employee's age is a determinant of work dynamics. For functional employees the optimum age is the peak of work performance. Length of service is defined as the length of time an employee has worked in a particular institution. The situation that occurs in this hospital refers to the professional care providers' work productivity that has not been maximized, and the employee productivity in general at this hospital has never been measured. Late attendance at a number of certain medical staff indicates the level of productivity of professional care providers that has not been maximized. Previous research shows the influence of provider characteristics and quality of work life (QWL) of professional care providers in hospitals on their work productivity. This phenomenon is the reason for researchers to conduct further research on the relationship of provider characteristics and quality of work life (quality of work life) with work productivity of professional care providers at hospital X. The motivation of this research is first, the problem of work productivity is an important problem in organizations because it will influence the employee performance, which results in the quality of the service itself. Second, the quality of work life is an important factor in employee welfare, which are

the influences how employees can carry out work as maximally and productively as possible. A situation in this hospital shows that work productivity and the quality of work life has not been maximized. The purpose of this study is to analyze the effect of provider characteristics and quality of work life on work productivity of professional care providers at hospital X. The benefit of this research is to provide information and recommendations as well as a basis for consideration for hospital X to conduct assessments and policies to be taken related to the work productivity of professional care providers at the hospital, so that improve a quality of professional care providers services at hospital X.

## 2. METHODOLOGY

### A. *Work productivity*

Revealed that measurement of productivity is done by looking a quality, not just in quantity [8]. The dimension of productivity is more than just fulfilling job qualifications, highly motivated, which can motivate yourself; persevering, or working effectively with or without a boss. The next thing that can be seen from productive employees is having a positive work orientation. This can be observed from liking his work, having a good relationship with management; being flexible and adaptable. An employee must also be mature. Employee maturity can be observed through a strong sense of responsibility; know their own weaknesses or strengths, and how they learn from experience. The final criteria to get along with other employee effectively [8].

### B. *Quality of Work Life*

The quality of work life / QWL is interpreted as something related to the impact of work on individual welfare as something related to increasing organizational effectiveness [8]. The focus of QWL is the result of individuals, namely how work can make people better than how people can work better [8]. There are five criteria that can be used for QWL; satisfaction and fairness of compensation, opportunities to use and develop people's potential, social integration in the workplace, constitutionalism in work organizations, the relationship between work and life [8].

### C. *Provider Characteristics*

The characteristics of employees are attached to the employees them self-such as: age, sex, and years of service. Employee age is a determinant of dynamics work. As for work experience, how the people who are experienced in work have a better work skill than people who have just entered the workforce due to they have learned from the activities and problems that arise in his work. Here, work experience there has been a process of adding knowledge and skills and attitudes to a person, so that they can support in developing themselves with existing changes (see Figure 1).

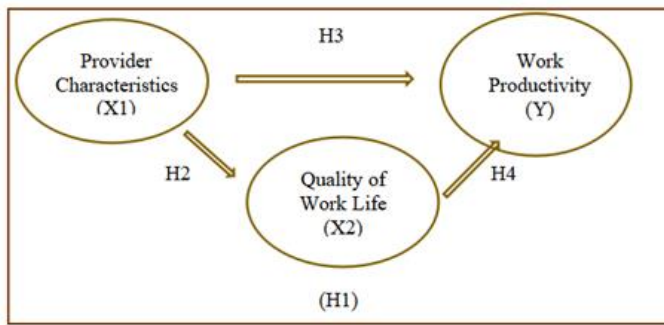


Figure 1. Research conceptual framework

#### D. Hypothesis Development

- H<sub>1</sub>: There is an influence of quality of work life and provide a characteristics towards work productivity of professional care providers at hospital X
- H<sub>2</sub>: There is an influence of provide characteristics towards the quality of work life of professional care providers at hospital X
- H<sub>3</sub>: There is an influence of provider characteristics towards productivity of professional care providers at hospital X
- H<sub>4</sub>: There is an influence of quality of work life on work productivity at professional care providers at hospital X.

### 3. RESULT AND DISCUSSION

This research was conducted at the teaching hospital x in Jakarta, as an associative quantitative study. The study was conducted by cross-sectional, and data is taken with a survey. The population in this study were all professional care providers working at Hospital X. The determination of the number of samples for Structural Equation Modeling (SEM) analysis using the formula number of indicators multiplied by 5 to 10. The number of indicators was used in this study around 38 correspondent (38 correspondent with 5 parameters). The inclusion criteria were professional care providers (doctor, nurse, radiologist, laboratory officer, pharmacist) in hospital X who had a working period at hospital X for more than 6 months. The exclusion criteria are administrative staff, hospital directors x, and professional care providers who are not willing to be the subject of research. Data collection techniques using documents (secondary data) staff and questionnaires to professional care providers Hospital X. The measurement scale in the preparation of the questionnaire, researchers used a Likert scale, which is a closed statement that measures attitudes from a negative state to a positive level. The analytical tool used in processing data to test the proposed hypothesis is SEM (Structural Equation Model).

#### A. Definitions of Variable Operations

Productivity measurement is done by looking at quality. The productivity of one's work in producing a job, and professional care providers' perception of their work that

reflects the ability to carry out service care. The indicators are more than just fulfilling the job qualifications, highly motivated, have a work orientation, mature, and can get along effectively. The scale is Likert interval scale. Individual characteristics are internal (interpersonal) factors that move and influence individuals. A person's age can be determined from the date, month and year of birth and can be seen from the ID card. Work experience is a person's length of service, skills and ability to master work equipment. Work period, which is the employee's length of work since the first day of work at Hospital X (in the form of months / years). The scale is Likert interval scale. Quality of work life is a condition where employees can meet their needs in the organization. The dimensions in the quality of work life are satisfaction and fairness of compensation, opportunities to use and develop people's potential, social integration in the workplace, constitutionalism in work organizations, the relationship between work and life with the interval scale. Data was collected by survey method, which is questionnaire. Questionnaires were given to professional care providers in hospital x, as many as 165 respondents. The questionnaire was then processed with the SPSS application and then analyzed using SEM (Structural Equation Model). The validity and reliability test in this research questionnaire survey was conducted by giving questionnaires to 30 respondents. An indicator is valid if  $r \text{ count} > r \text{ table}$ . Reliability is seen by the value of Cronbach's alpha where the value is greater than 0.6 to be said to be reliable. The results show that there are 2 invalid statements, and all statements are reliable. So that the final statement for this study consisted of 38 statements (see Table I and Table II).

Table I. Validity and Reliability Test Results

Variable	Validity	Reliability
Work Productivity	0.706	0.780
Quality of Work Life	0.677	0.760

Table II. Respondents Distribution of professional care providers at X Hospital in 2019

	Respondents	Frequency
Gender	Men	34%
	Women	66%
Age	<23 year	2 %
	23-30 year	12 %
	31-40 year	31 %
	41-50 year	39 %
Length of Service	>50 year	16 %
	< 2 year	13%
	3-6 year	17%
	7-10 year	21%
	11-15 year	43%
	>15 year	13%

As can be seen in Table II, the distribution of respondents at Hospital X illustrates a diverse age range, from ages <23 years to > 50 years. But it was dominated at the age of 41-50 years (39%). The least age range found in

professional care providers at Hospital X is young age under 23 years (2%). In addition, the distribution of respondents by gender in hospital X illustrates that the professional care providers consisting of doctors, nurses, pharmacists, radiologists, and lab workers are 56% women, and 34% men respondents. Professional care providers work period, divided into less than 2 years to more than 15 years, with the most in the working period of 11-15 years for 43% (see Table III).

Table III. Productivity and Quality of Work Life with Three Box Method Analysis

Variable	Category			Index	Average
	High	Moderate	Low		
Work Productivity	9	13	0	22	Moderate
Quality of Work Life	9	7	0	16	High

The results seen from the table above are a moderate work productivity of professional care providers at hospital X, where 12 out of 22 indicators show a moderate index. The quality of work life out of 16 indicators, 9 of them refer to the high index, so that the quality of work life of professional care providers in hospital x is high. From all indicators on work productivity, it is seen that the lowest value is on the indicator of working well with or without their boss and arrives on time for work. Both of these indicators refer to the dimensions of work motivation, which means low work motivation at professional care providers in hospitals x. In the variable quality of work life, the lowest dimension is seen in wage satisfaction / compensation received, which means that professional care providers satisfaction with their wages / compensation at this hospital is still low (se Table IV).

Table IV. Model test

Parameters	Value
Chi Square	46.726
Degrees of freedom	62
Probability level	.925

The hypothesis 1 is accepted, it means that there is an influence of quality of work life and provider characteristics on work productivity in professional care providers at hospital X, by looking at the probability level of the model test, which shows a number of more than 0.05 (see Table V).

Table V. Regression Weight

			Estimate	S.E.	C.R.	P
QWL	<-	Characteristic	6.912	.583	11.855	***
Productivity	<-	Characteristic	28.695	7.661	3.745	***
Productivity	<-	QWL	-2.690	1.033	-2.605	.009

In addition, hypothesis 2 is accepted, which means that there is an influence of provider characteristics towards the quality of work life on professional care providers at hospital X, it can be seen from the probability value obtained that qualifies for H<sub>2</sub> admission that is a

probability smaller than 0.05. However, Hypothesis 3 is accepted, meaning that there is an effect of provider characteristics towards productivity in professional care providers at hospital X. It can be seen from the probability value that qualifies for acceptance that is a probability smaller than 0.05. Here, hypothesis 4 is accepted, which means that there is an influence of quality of work life towards the work productivity at professional care providers in hospital X with a probability of 0.009. The value obtained is eligible for acceptance, namely a probability smaller than 0.05.

*B. The effect of provider characteristics and quality of work life on work productivity of professional care providers at hospital X*

Based on the results of data analysis, it appears that in hospital X, with the increasing age and years of work, the higher the quality of work life of professional care providers. QWL from professional care providers in this hospital shows a high index, while work productivity is moderate. Quality of work life (QWL) in social relations and organizations. A high QWL at this hospital is seems have good relationship with coworkers, shows that the professional care providers in this hospital have good relationship with their coworkers. The lowest value on QWL at this hospital is satisfaction with their compensation / wages. This shows that the professional care providers' satisfaction is low on the salary / wages that are deemed incompatible with the work they do. However, a high QWL index value in this hospital, followed by moderate work productivity. Work productivity in this hospital has a moderate value, seen from indicators with a fairly low number but still in the medium index, which is highly motivated, mature, and can get along effectively. However, this productivity value does not become low due to indicators such as more than fulfilling job qualifications (fast, careful), and a good work orientation (proud of work and being consistent at work). The majority of professional care providers in this hospital in the age range of 41-50 years with a work period of more than 10 years, have a high quality of work life with normal work productivity. This high quality of work life can be seen from the doctors as the majority of professional care providers, having a good social relationship with their coworkers, surely along with the length of time that they work in organizations, they will get to know their colleagues more. However, work motivation that is not high, although still in the moderate index, can be seen from the late attendance of the professional care providers. Doctors as providers of services directly to patients as well as supervisors of the work of co-ass students, also have a busy life as a doctor who practices elsewhere, so that the late attendance of the care providers in the hospital is high. In addition, even though the doctors did not arrive on time, they won't get any fine /punishment. Performance / productivity of doctors can be assessed from their guidance to the co-ass student, so that the assessment of the performance of

doctors in this hospital not only assessed from their direct service to patients, but also based on their ability to guide the co-ass students. How doctors can guide their students well can be seen from the process and results of work and knowledge possessed by students based on the discussion and guidance provided by the doctors. In addition, the lack of a bonus/reward system for doctors with a lot of student guidance, thus affecting their work motivation. The express bonus/reward as a form of appreciation for the work of employees, which is not fixated on their basic salary, will help increase their productivity. The situation at this hospital X resulted as even with a high quality of work life, work motivation at this hospital is still not optimal, given the busyness of doctors outside their work at hospital X and the lack of reward or punishment system for the doctors.

### C. *The effect of provider characteristics on work productivity of professional care providers in hospital X*

The productivity at Hospital X is moderate. This can be seen from the five dimensions that describe productivity, which are more than just fulfilling job qualifications, highly motivated, have a work orientation, mature, and can get along effectively. The highest number is obtained on the indicator that employees can learn something quickly. The individual productivity can be assessed from what the individual does in his work. In other words, individual productivity is how a person does his work. Productive employees will always learn and be able to complete their tasks quickly and accurately. The independent variable in this study, the characteristics of the provider, is described by the characteristics of the respondents in terms of age and years of service. In terms of age, the highest professional care providers age category is in the range of 41-50 years, which apparently has a positive relationship with work productivity. Most professional care providers in this age range have high work productivity. The widespread belief about work productivity which is increasing as employees age older (ideal) for their field of work. As employees age getting older (ideal) for their field of work, employees can develop speed, agility, strength, and coordination in supporting their field of work so that their productivity can increase. One of the problems that occur at this hospital is the high rate of late attendance. One of the factors that might have caused this late attendance is the distance of their house to the hospital, and how some of the doctors who have their own clinic or practice elsewhere so that their concentration of work was divided and could not arrive on time at hospital X. This resulting in complaints from patients, and as the doctor is the service provider, this will affect the quality of service from the hospital itself. As a teaching hospital, with the form of services provided by both doctors directly and by co-ass students, the work carried out by co-ass students is entirely the responsibility of doctors who act as

supervisors, therefore the commitment of the doctor's presence on time will have a positive effect on the services that are also provided by co-ass students to their patients. The lowest productivity figure at this hospital x is in the dimension of work well with or without their superior, this reveals that some employees at this hospital still have a work attitude which only works well when under the supervision of their superiors. Employees who work well and effectively with or without their supervisor means they have good work motivation. This situation shows that work productivity has not been maximized, especially work motivation of professional care providers at Hospital X.

### D. *The effect of provider characteristics on quality of work life of professional care providers at hospital X.*

The professional care providers' quality of work life in x hospital is high. Five QWL dimensions have opportunities to use and develop potential, social integration in the workplace, and the relationship between work and life at PPA in hospital X have a high category. The highest value is obtained by the statement of the relationship with colleagues going well on the dimension of social integration in the workplace. This high quality of work life is seen by doctors as the majority of professional care providers, having good social relations with their colleagues, of course along with the length of time that professional care providers has been working in organizations, they will get to know their colleagues more. This shows that professional care providers feel that they have a good relationship with their colleagues in the organization. The moderate category is on the dimensions of constitutionalism in work organizations, and satisfaction and fairness of compensation. In relation to compensation, the indicator that say I received a wage in accordance with my hard work, and the existence of a sufficient overtime wage, has the lowest number and falls into the moderate category. The amount of salary and payment is an important factor in increasing the QWL. In addition, the rewards provided to employees enable them to satisfy their various needs in accordance with the living standards of the employees. Professional care providers in Hospital X which is dominated by higher age and long working period, shows the results that their satisfaction with compensation is low, given their knowledge and ability is already high and a lot of experience but not appreciated by the lack of wages and reward system.

### E. *The effect of quality of work life on work productivity of professional care providers at hospital X*

The results of data analysis then show that there is an influence between the quality of work life as an intervening variable with work productivity. However, the relationship formed has a negative value. This is contrary to the results shows that the quality of work life has a positive correlation with Human Resources

Productivity / employee productivity. However, a similar situation was influenced by employee participation variables, job security & a safe environment, equitable compensation & pride in QWL negatively affected employee work productivity with a value of -0.18 for employee participation, -0.01 for job security & a safe environment, and -0.18 for equitable compensation & pride. This can occur because of employee perceptions of high quality of work life, but employees work with normal productivity. This situation is shown by the professional care providers at Hospital X that although with the characteristics of high age and years of service, increases the quality of work life, but the work productivity is moderate. The productivity of doctors in hospital x is not only assessed in quantity through the number of patients they work on, but in quality regarding the guidance that doctors provide to co-ass students so that they can work on patients properly. The high quality of work life of doctors, shows a moderate productivity in hospital x, which is a result of the productivity of doctors on their ability to guide students as lecturers and supervisors. Based on observations, how doctors can guide their students well can be seen from the process and results of work and knowledge possessed by co-ass students based on discussions and guidance provided by doctors. However, the lack of the bonus / reward system for doctors when they succeed in guiding the students, causes low work motivation. So even though the quality of professional care providers work life is high, especially in terms of good social relations with colleagues, their productivity is not yet optimal. The fact that the lack of work motivation from professional care providers especially doctors who are late on attendance, and a number of professional care providers who work not optimally when they are not under the supervision of their superiors, causes the value of work productivity is not high in this hospital. Doctors do not get any kind of punishments for their late attendance, and the lack of their discipline in working causes the low of productivity. Professional care providers work motivation is also low, that can be seen from the statements of work well with or without superiors, which has the lowest value in work productivity at the hospital x. Based on research conducted at Hospital X located in Jakarta, it can be seen that there is a pattern that shows that the increasing age and years of service of the professional care providers, the higher the quality of work life, and the work productivity is moderate. Work experience is influential because people who are experienced tend to have better work skills than people who have just entered the workforce, because that person has learned from the activities and problems that arise in his work. The same thing with age, with higher age, employees will become more mature and mature in their work. The quality of work life / QWL of workers in this hospital is high. This can be seen with the good relations with fellow colleagues, which means that the professional care providers at Hospital X has a good social relationship.

However, the lowest number of the QWL is seen in the salary indicator which means that professional care providers satisfaction with the compensation they receive at the hospital is still low. Productivity in hospital X is moderate/normal, meaning that with increasing age, years of service, and quality of work life, professional care providers has a moderate productivity. This productivity value can be seen from the professional care providers' motivation, where those with high motivation will arrive on time and work well with or without their superiors. This indicator has a very low number in the productivity, referring to the work motivation of professional care providers in the hospital x which is not optimal.

#### 4. CONCLUSION

There is an influence of the quality of work life / QWL and the characteristics of the provider towards work productivity of the professional care provider in the hospital x, which is by increasing the age and years of service of the professional care provider in the hospital x, resulting in a high quality of work life, with normal / moderate work productivity. Thus, the quality of work life (quality of work life) towards work productivity at professional care providers in hospital X. with high quality of work life of professional care providers at this hospital, resulting in a moderate / normal work productivity. Furthermore, the effect of provider characteristics on productivity at hospital X. The increase of the age and working period of professional care providers at hospital x, the higher the work productivity will be influence by provider due to characteristics towards the quality of work life (QWL) of professional care providers at hospital X. The higher the age and work period of professional care providers in hospital x, the higher quality of work life. In addition, The results of study conducted at professional care providers at Hospital X shows that, high age and long service life, as the majority characteristics of PPA at this hospital, have a high quality of work life, with a moderate work productivity. Productivity in the moderate category means that there are indicators on low value in professional care providers at hospital X. Referring to the results of this research, hospital X has the opportunity to maximize some parts that still have moderate value on the variable quality of work life and work productivity of the professional care providers in order to achieve good results. The increased of age and length in service with professional care providers in hospitals x, could increase QWL and professional care providers work productivity, so hospitals need to pay attention to the age and length of service of professional care providers as a determining factor for improving service quality. High age with long working period will have a better QWL and work productivity. It can be seen from the research that a low value in productivity at this hospital is the motivation of professional care providers, shown by their late attendance, then become a concern for hospital X to increase the professional care providers' discipline and



work motivation. Hospitals x could make efforts such as a remuneration system based on professional care providers performance. Here, employee work motivation in other indicators, in terms of working well with or without their superiors, can be carried out with a close supervision and a routine managerial meeting for discussing various things and problems in the hospital. The low satisfaction on compensation of the professional care providers, is another problem in QWL. Hospital X can review the remuneration system, and rewards / bonus system that is appropriate to the professional care providers, so that this level of satisfaction shall increase. The increase in the quality of work life and work productivity of professional care providers in hospital X, it is expected that the quality of services provided to patients will get better and improved. To improve the quality of its services, Hospital X is expected to be able to improve the quality of work life of its professional care providers, and to increase their work productivity as follows:

- a. Reviewing a performance-based remuneration system for professional care providers to improve the quality of their work lives.
- b. Increase the professional care providers discipline with regard to the late attendance of professional care providers, with a fair reward / bonus system and punishments.
- c. Increase the professional care providers work motivation to keep working properly and optimally with or without the supervision of their supervisors, by conducting direct supervision on a regular or sudden basis and holding routine managerial meetings for all professional care providers / department heads.

Thus, in this study it is seen that work productivity is positively influenced by age and years of service as characteristics of the provider. For further researchers to be able to conduct research by looking at the work productivity of providers with other determining variables to be able to improve the quality of service in hospital X.

## References

- [1]. Mali P., 1978. Improving total productivity: MBO strategies for business, government, and not-for-profit organizations. Wiley; First Edition.
- [2]. Letvak. 2008. Factors influencing work productivity and intent to stay in nursing. Nursing economic. 26 (3).
- [3]. Timpe, D.A. 1989. *Produktivitas: seri manajemen sumber daya manusia*. Jakarta: Alex Media Komputindo.

- [4]. Fields, Mitchel W., and James W. Thacker, 1992, Influence of Quality of Work Life on Company and Union Commitment". Academy of Management Journal, Vol. 35, No. 2 p.439-450
- [5]. Zin, Razali Mat. 2004. Perception of Professional Engineers Toward Quality of Worklife and Organizational Commitment. Gadjah Mada International Journal of Business September 2004, Vol. 6, No. 3, pp. 323 - 334
- [6]. Lars A., Greenberg, L.S., 2007. Client Emotional Productivity. European Psychotherapy. Vol. 7 No. 1 p. 137-152.
- [7]. Mohammed J Almalki ; Gerry FitzGerald & Michele Clark. 2012. Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. Human Resources for Health volume 10, Article number: 30 .
- [8]. Umstot, D. 1988. Understanding Organizational Behavior. West Publishing Company. USA.
- [9]. Robbins, S. P. 2001. *Perilaku organisasi. 16th ed*, Jilid 1. Jakarta: PT.Prehallindo
- [10]. Mohammed J Almalki, Gerry FitzGerald, Michele Clark. 2012. The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. Almalki et al. BMC Health Services Research 2012, 12:314
- [11]. Hair, J. F., Black. W. C., Babin. B. J.; and Anderson. R. E. 2010. Multivariate Data Analysis, 7th ed. Pearson Prentice Hall, New Jersey.
- [12]. McEvoy G. M., and W. F. Cascio, 1989, Cumulative Evidence of the Relationship between Employee Age and Job Performance, Journal of Applied Psychology, February 1989, p. 11 – 17
- [13]. Barzegar. 2012. Relationship between leadership behavior, quality of work life and human resources productivity: data from Iran International Journal of Hospital Research, 1(1).1-14.
- [14]. Brooks, B. A., & Anderson, M. A. 2005. Defining quality of nursing work life. Nursing Economics, 23 (6), 319-326
- [15]. Mejbil, A.A.E, et al. 2013. The Drivers of Quality of Working Life (QWL): A Critical Review. Australian Journal of Basic and Applied Sciences, 7(10): 398-405.
- [16]. Walton, R.E., 1973. Quality of Work Life. Sloan Management Review, 15(1): 11-12.
- [17]. Frediyan, S.M, et al. 2017. *Pengaruh Quality Of Work Life (QWL) Terhadap Produktivitas Kerja Karyawan Menggunakan Structural Equation Modelling (SEM) (Studi Kasus: PT. Krakatau Tirta Industri)*. Jurnal Teknik Industri Universitas Sultan Ageng Tirtayasa Vol.5 No.2 Juli 2017.
- [18]. N. D. Nayeri, T. Salehi & A.A. Noghabi. 2011. Quality of work life and productivity among Iranian nurses, Contemporary Nurse, 39:1, 106-11

Received: 09 November 2019, Accepted: 07 February 2020