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The fortitude factor for a quality of work-life among healthcare employees

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ABSTRACT

This study aimed to investigate the relationships between work environment, leadership styles and job satisfaction as independent variables towards the quality of work-life as a dependent variable among healthcare employees. The study was conducted at the Health Office of Kangar Perlis, Malaysia, and employed a quantitative method using a questionnaire survey from 265 respondents out of a population of 811. The samples were analysed using SPSS for correlation and regression. The findings revealed significant relationships between all variables, including the dependent variable and the independent variables. Based on the obtained scores, this study concludes that the results have high reliability and validity, and all hypotheses were acceptable. The study's implications and recommendations are discussed in the conclusion section. Overall, this study contributes to the body of knowledge by providing empirical evidence of the relationships between work environment, leadership styles, job satisfaction, and quality of work-life among healthcare employees.

1.0 INTRODUCTION

A healthy society is an asset to the country, and quality services from the healthcare sector are significant things to take care of because they can increase socio-economic growth in a country. The concept of Quality of Work-Life (QWL) is widely acknowledged as a multi-dimensional construct by numerous researchers (Almugren & Zedan, 2022; Bagtasos, 2011). Consequently, a multitude of scholars have endeavoured to delineate and understand the various facets of QWL over the course of several years. The recognition of QWL as a multi-dimensional concept underscores its complexity, as it encompasses diverse elements that collectively contribute to the overall well-being and satisfaction of individuals in their work environments.

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Researchers have devoted significant efforts to elucidate the nuanced dimensions of QWL, reflecting a commitment to comprehensively capturing the intricacies inherent in this crucial aspect of the work experience (Gayathiri et al., 2013; Kalra & Ghosh, 1984). According to Timossi et al. (2008), QWL mostly evaluated from Walton's QWL model has been studied and discussed as a framework with various organizations to maintain employee satisfaction in order to improve the working conditions of employees. QWL is of interest to many professions and organizations, including the service sector (Akdere, 2006; Daniel, 2019).

Thus, the investigation of QWL needs to involve several variables to determine the relationship between QWL and the well-being of healthcare employees (Pereira et al., 2022). Factors that enable employees to do a good job and work happily are determined by comfort and high moral reasons (Taylor & Foster, 2022). In this situation, healthcare employees need to have a good quality work-life because part of their daily life is at work (Orgambidez et al., 2020). Despite this fact, QWL is not only relevant to some groups in the equivalence of the service sector but also to the group of healthcare employees, where a long-lasting focus factor needs to be present as has been mentioned in past research (Baik & Zierler, 2019). This study aims to investigate the relationship between relevant variables and the overall life experience of healthcare employees.

Factors shaping QWL among healthcare employees in some organizations are not clear, especially in studies involving populations in Asia (Orgambidez et al., 2020). The perception and correlation of QWL in scale development and validation have been studied. It has been mentioned that these aspects are influenced by many variables, but some factors are not considered significant (Sudiro et al., 2023). Due to limited research done on QWL among healthcare employees, further studies must be conducted on QWL among healthcare employees, studies must be conducted in more diverse settings with a variety of relational frameworks to obtain the latest findings (Agus & Selvaraj, 2020). Other studies have suggested using different models or frames with other populations or organizations to widely accept QWL for employee well-being (Ko, 2021).

The study identified gaps in the existing research on the quality of work life (QWL) for healthcare employees and the need for a more comprehensive understanding of how work environment, leadership styles, and job satisfaction impact healthcare workers' QWL (Singh, 2022). Moreover, the combination of these variables needs to be studied as they have not been found in any past research. The purpose of this study is to investigate the factors affecting Quality of Work-Life among healthcare employees at the Health Office of Kangar. The objectives of this study are to identify the significant relationship between Work Environment, Leadership Styles, Job Satisfaction and the Quality of Work-Life. This study focuses on the quality of work-life with selected healthcare employees under the Kangar Health Office.

Advanced services and modernization drive key economic growth activity (KEGA) and this importance is studied at least as a quality performance benchmark in the government sector especially in the Malaysian healthcare sector (Azman et al., 2022). Employee productivity is generally designed by the organization itself which means that the healthcare sector will not be excluded by quality performance from the quality of work-life among them which is healthcare organizations have the capability to design and implement measures that can positively or negatively impact the quality of work-life for their employees. This, in turn, can affect the overall productivity and performance of healthcare professionals within that organization. Healthcare organizations cannot be excluded from the responsibility of ensuring a good quality of work-life for their employees, as these factors are crucial determinants of employee productivity and quality of work-life output.

In order to achieve a developed nation status, Malaysian health services need to ensure it has adequate manpower to meet the needs of the population. In this context, human resource management for current

healthcare is low. For example, the number of nurses increased rapidly over the past decade and the number of doctors, dental practitioners, and pharmacists kept pace with population growth in the first half of the decade and increased rapidly in the second half.

However, the ratio of the two main categories, doctors and nurses, to the population is still lower than in other developed countries (Bădileanu et al., 2023). The shift in the epidemiological picture towards non-communicable diseases and uncertain health status has led to an increasing emphasis on high-level skills in the healthcare workforce. This development calls for a multi-skilled team approach that requires a greater focus on the health professional workforce. Hence this study covers aspects of employee attitudes and human resource management in organizational strategies that need to be studied, namely the work environment, leadership style, and job satisfaction.

2.0 LITERATURE REVIEW

2.1 Quality of Work-Life

The Quality of Work-Life (QWL) has been extensively studied for several decades, with the latest research highlighting its significance in enhancing the productivity of organizations, which is crucial for a country's socio-economic development (Arranz et al., 2019). QWL is a multifaceted concept that is difficult to define but it emphasizes the importance of humanitarian work and encourages employees to increase their productivity (Duong, 2022). However, in the context of healthcare employees, QWL has been associated with poor healthcare services and other factors that need to be addressed (Zegeye et al., 2021). Taking into account the criticism of previous research, the study aims to examine the relationship between QWL and several factors that impact healthcare employees.

Healthcare employees often face unbalanced work conditions, increased workloads, and an irregular work style that affects their QWL (Cheng et al., 2022; Fietta et al., 2023). Lack of involvement in decision-making and poor leadership styles are other factors that impact QWL (Ebrahim et al., 2022). Research suggests that QWL is a concept that requires more attention as it can reduce fatigue and encourage employees to take less rest even when they have an increased workload (Nanjundeswaraswamy et al., 2020).

The quality of healthcare services is highly dependent on QWL as it encourages employees to shape the delivery of service quality expected from service recipients (Almugen & Zedan, 2022). QWL has dimensions that affects employees not only in the healthcare sector but also in other sectors (Thakur & Sharma, 2019). However, the factors that impact QWL may differ from one sector to another (Storman et al., 2022). Despite the importance of QWL in healthcare, there is a gap in the literature regarding the relationship between QWL and factors that impact healthcare employees (Zaman et al., 2022). Thus, there is a need to conduct a study to fill this gap and understand the relationship between QWL and several factors that impact healthcare employees.

QWL is a crucial concept that impacts the productivity and quality of services provided by healthcare employees (Raeissi et al., 2019). The factors that impact QWL in healthcare need to be addressed to improve the overall quality of healthcare services (Permarupan et al., 2020).

2.2 Work Environment

The work environment is an essential aspect of an employee's career development, as it affects their work efficiency, comfort, and well-being (Kodarlikar & Umale, 2020). This study aims to explore the relationship between work environment and quality of work-life (QWL) and investigate the impact of the physical and behavioural components of the work environment on employee performance (Leitão et al., 2019).

Several researchers agree that an optimal work environment plays a crucial role in an employee's career development (Agussalim et al., 2022; Malik et al., 2020). The physical aspects of the work environment, such as the office layout, lighting, and temperature, can affect an employee's comfort, leading to increased efficiency and productivity (Zitars et al., 2021). The behavioural aspect, such as the culture and management style, can also influence employee motivation and job satisfaction (Sari et al., 2021).

Research has shown that the work environment can significantly impact employee performance (Hermanto & Srimulyani, 2022). A lack of materials, excessive workload, and poor management can lead to a decline in work performance (Efobi, 2022). Furthermore, the work environment's effect can lead to increased fatigue among employees, further deteriorating employee performance (Xiao et al., 2022). The quality of work-life refers to an employee's overall well-being, including their physical, mental, and emotional health (Alrawadieh et al., 2020). While previous studies have explored the relationship between the work environment and productivity and well-being, the study by Bu et al. (2022) explicitly mentions the impact of the work environment on healthcare employees' QWL. A satisfactory work environment can help maintain employee motivation and focus, leading to a better QWL. In contrast, the interaction between employees of different attitudes can lead to toxicity in the work environment, negatively affecting employee performance and job satisfaction (Uysal, 2019). Therefore, it is essential to examine work environment factors to determine the relationship with QWL and address problems that can affect an organization's overall performance.

In conclusion, past studies have explored the different significances of the work environment in an employee's career development and its impact on their performance and QWL (Leitão et al., 2019). The physical and behavioural components of the work environment play an essential role in maintaining employee motivation, focus, and well-being (Chen et al., 2021). Therefore, organizations must prioritize a positive work environment to promote employee productivity and satisfaction, leading to better overall performance.

2.3 Leadership Styles

Organizational effectiveness in achieving goals is driven by a leadership style that can improve employee performance (Irwan et al., 2020). Leadership style is the behaviour required as the main role implemented by an organization to improve the employee's quality of work-life (Salas-Vallina et al., 2021). According to previous studies, studies have shown that the leadership style of senior management is the main factor that affects service sector employees, especially those in healthcare (Gallo et al., 2019).

Leadership style has long been recognized as a critical factor in organizational effectiveness and employee performance (Hajiali et al., 2022). Research has shown that effective leadership can improve job satisfaction, reduce turnover, and increase productivity (Prentice, 2022). A study conducted by Saad (2021) found that transformational leadership, which focuses on inspiring and motivating employees, was positively related to employee job satisfaction and organizational commitment. Another study by Busse and Regenberg (2019) showed that a participative leadership style, which involves employees in decision-making processes, was associated with lower levels of absenteeism and turnover.

In the healthcare sector specifically, leadership style is particularly important (Zaghini et al., 2020). A study conducted by Wu et al. (2020) found that transformational leadership was positively related to nurse job satisfaction and reduced nurse turnover. This finding is supported by a recent study which discovered a recent study which discovered that a supportive leadership style was associated with better patient outcomes and higher levels of nurse job satisfaction (Boamah, 2022). In contrast to these positive findings, some studies have also explored the negative effects of certain leadership styles (Khan et al., 2020). For example, a study by Yukl et al. (2019) found that autocratic leadership, which involves making decisions without input from employees, was associated with lower levels of job satisfaction and higher levels of turnover.

Overall, these studies suggest that leadership style is a critical factor in organizational effectiveness and employee performance (Ugoani, 2021). Leaders who are capable of adopting a style that is aligned with their employees' needs and values are more likely to achieve their organizational goals and improve the quality of work-life for their employees.

2.4 Job Satisfaction

Job satisfaction and quality of work-life are two crucial aspects that impact the overall well-being of healthcare employees (Ninaus et al., 2021). Job satisfaction refers to the extent to which an individual likes his or her job, while quality of work-life refers to the extent to which work meets the employee's expectations and needs (Mawardi, 2022). These factors are interrelated, and studies have shown that job satisfaction can significantly impact the quality of work-life (Srivastava et al., 2019). Hence, this study intends to explore the relationship between job satisfaction and quality of work-life among healthcare employees, identify gaps in the literature, and provide recommendations for future research.

Numerous studies have explored the relationship between job satisfaction and quality of work-life among healthcare employees (Dhamija et al., 2019; Li et al., 2021). A study conducted by Mardani et al. (2021) in Iran found that job satisfaction positively impacted the quality of work-life of healthcare employees. The study also found that work-life balance and job security were significant predictors of job satisfaction and quality of work-life among healthcare employees (Mardani et al., 2021).

Similarly, a study by Ahmad et al. (2019) in Pakistan found that job satisfaction and quality of work-life were positively correlated among nurses. The study identified several factors that contributed to job satisfaction, including supportive work environment, work autonomy, and job security (Chee et al., 2023). These factors were also found to positively impact the quality of work-life of nurses (Hemsworth et al., 2020). Another study conducted by Khalil et al. (2019) in Egypt found that job satisfaction significantly impacted the quality of work-life of physicians. The study identified several factors that contributed to job satisfaction, including good interpersonal relationships with colleagues, opportunities for professional development, and fair compensation (Hookmani et al., 2021). These factors were also found to positively impact the quality of work-life of physicians (Lejeune et al., 2021).

Despite these findings, there are still gaps in the literature that need to be addressed. One significant gap is the lack of research on the impact of job satisfaction and quality of work-life on healthcare employees' mental health (Alblihed & Alzghaibi, 2022; Saygili et al., 2020). Although several studies have explored the relationship between job satisfaction, quality of work-life, and physical health, limited research has been conducted on the impact on mental health and job satisfaction (Singh et al., 2020). Another gap is the limited research on the impact of organizational culture on job satisfaction and quality of work-life among healthcare employees (Zaman et al., 2022).

In summary, these studies suggest that there is a significant relationship between job satisfaction and quality of work-life among healthcare employees. The factors that contribute to job satisfaction, including work-life balance, job security, supportive work environment, and fair compensation, were also found to positively impact the quality of work-life of healthcare employees (Agus & Selvaraj, 2020).

However, there are still gaps in the literature that need to be addressed, including the impact on job satisfaction, mental health, and the role of organizational culture (Sutton et al., 2022). Future research should focus on these gaps to provide a more comprehensive understanding of the relationship between job satisfaction and quality of work-life among healthcare employees.

3.0 RESEARCH FRAMEWORK

Variables in the research framework are considered important to the specific research. Three independent variables will be studied, namely, work environment, leadership styles, and job satisfaction while the dependent variable is QWL. The relationship between variables is illustrated diagrammatically below.

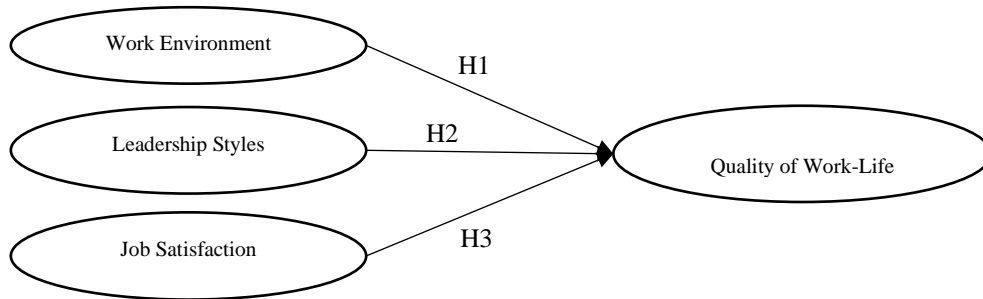


Fig. 1. Research Framework on Quality of Work-Life

The hypotheses are as follows:

H1: The Work Environment and Quality of Work-Life has a significant relationship.

H2: The Leadership Styles and Quality of Work-Life has a significant relationship.

H3: The Job Satisfaction and Quality of Work-Life has a significant relationship.

4.0 METHODOLOGY

This study employed a quantitative research design, utilizing a survey questionnaire to investigate the relationship between Quality of Work-Life (QWL), Work Environment, Leadership Style, and Job Satisfaction among healthcare employees in administrative, implementer, and professional roles. The survey questions were selected based on adapted previous research and screened for appropriateness (Wagner et al., 2019). A cross-sectional study was conducted, where questionnaires were randomly distributed to healthcare employees who voluntarily participated. This method allowed for efficient data collection across various positions and ensured the study could be completed within the set timeframe. Data analysis was conducted without major issues.

The researchers implemented a sampling design using the quantitative study format, specifically the survey questionnaire method, to gather statistical counts from various demographics of healthcare employees at Kangar Health Office. The sampling was carried out on multiple units, including health clinics and rural clinics, covering all health facilities in Perlis. Accordingly, the health employees involved were from the front desk i.e. customer service clerks, nurses, assistant medical officers, community nurses, general practitioners, family health experts, laboratory medical officers, and others who were involved in direct governance at the health facility of Kangar. The human resource department of Kangar Health Office reported that the facility has a total of 811 employees.

The study calculated the appropriateness of the minimum sample size as 261 respondents by using the formula of Krejcie & Morgan (1970). Therefore, three independent variables were used and one dependent variable with clear rules must be given a minimum of 30 sample measurements based on effect measurements (Louangrath, 2017). The study used convenient sampling technique and 95% confidence

level with a margin of error of 0.05. Technically, the questionnaire was distributed through an online form. Respondents were required to answer all questions to avoid missing data. In the early stages, sampling was taken and collected during the daily assembly of the unit through the respective unit heads. Overall the questionnaires were distributed to 300 individuals with an expected return of about 50%.

The data collection method collected as primary data because the data will originally be collected from the respondents using the instrument questionnaire survey. Each respondent is given a Google Form link for submitted the survey questionnaire and the data was entered by using SPSS for analysis (Heuvel, 2022). The instrument in this study is in the form of a questionnaire to the target respondents. The questionnaire was adapted from Copenhagen Psychosocial Questionnaire (COPSOQ) for work environment, Multifactor Leadership Questionnaire (MLQ) for leadership styles, Job Satisfaction Survey (JSS) developed by Paul Spector for job satisfaction and Walton's Quality of Work-Life (QWL) model for QWL. Questionnaires were administered to collect demographic information of respondents. The researcher explained the purpose of the study in writing and in a briefing and asked the respondents to answer the questions in not more than 10 minutes. Respondents were advised to answer honestly and that there were no right or wrong answers.

The survey questions were divided into five parts namely part A of respondent demographics containing gender, age, marital status, education, and length of service. Part B is related to QWL, part C is related to the Work Environment, part D is related to Leadership Style, and part E is related to Job Satisfaction. The variable had 48 items in total using the five Likert-Scale asking respondents how much they agree or disagree on a scale of 1; disagree with 5; agree. This study received 88% (n=265) of feedback from the department. Therefore, the sampling is quite satisfactory had an acceptable number of responses for analysis.

According to previous studies, the research context for validity should refer to the measure of what needs to be measured (Gresham, 1988). Thus, the study or research must obtain or have high validity with findings obtained based on evidence and facts that can provide accurate and solid justification. Therefore, the technique that validates the study of this instrument is based on criterion-related evidence of validity which refers to the relationship between the values of the score obtained from the instrument and the score obtained from one or more other instruments, determining the strength of the relationship among the instruments involved. The questions and contents of the study questionnaire were discussed and agreed upon by experts before the study was implemented.

This instrument has been proven to have a high-reliability rate as it was adopted from previous studies. In addition, the content was tested by thousands of respondents in past studies. The reliability rate was found to have a value rate of more than 75%. Therefore, the percentage value of the questionnaire instrument reliability of this study is at a distinguished level and is in the relevant range and the consistency of the measurement tool is reliable.

The level of reliability of the study was determined by using Cronbach-Alpha value interpretation, where the range value is close to 1.0. This is an indicator that the reliability is at a good, high, and effective level. A reliability score above $\alpha = 0.6$ is considered acceptable because the appropriateness of the survey questions has been assessed by previous researchers and pilot studies were conducted (n=30) to evaluate the comprehension and content of all the survey questions. Reliability was analysed on the actual study findings for one dependent variable as well as three independent variables based on the actual study on (n=265) respondents with 12 items per variable as shown in Table 1.

Table 1. Reliability of the Variables

Variable	Items	Cronbach's Alpha (Pilot Study) (n=30)	Cronbach's Alpha on Study (n=265)
Quality of Work-Life	12	.888	.894
Work Environments	12	.899	.911
Leadership Styles	12	.953	.957
Job Satisfaction	12	.921	.944

The Cronbach-Alpha value for the dependent variable QWL consisted of 12 items ($\alpha = 0.894$). Meanwhile the independent variables were, Work Environment which consisted of 12 items ($\alpha = 0.911$), Leadership Styles consisting of 12 items ($\alpha = 0.957$), and Job Satisfaction which consisted of 12 items ($\alpha = 0.944$). The findings of the analysis of the study on the reliability value referring to the Cronbach-Alpha value are good and acceptable as well as effective with a high level of consistency in the actual study. The selection of the unit of analysis is an important matter in the research process. Research can be carried out according to the practices commonly used by previous researchers, which are through individuals, groups, and organizations. This study targeted individuals to answer the survey questions.

The data analysis in this study involved two phases, starting with a pilot study to evaluate the quality of the items before analysing the actual data. Online surveys were distributed to participants, and the responses were collected in a database and later transferred to SPSS software for further analysis. To ensure the quality of the study, the validity and reliability of the question items were measured, and the demographics of the participants were analysed. The analysis utilized descriptive measurements and correlation to identify the relationships between the variables stated in the study objectives. Overall, the data analysis process provided valuable insights into the research questions and allowed for meaningful conclusions to be drawn.

5.0 ANALYSIS AND FINDING

The respondents' feedback revealed a total of 265 respondents consisting of 265 respondents consisting of 29.8% men and 70.2% women (see Table 2). This indicates that the number of female respondents is more dominant than males. The distribution overview found that the rate of respondents was unbalanced between genders and it was difficult to determine the same number of respondents by gender because the healthcare sector was indeed dominated by female employees as a whole. The rate of the number of respondents by age showed that the highest number of respondents was mostly middle-aged 36-45 years old at 38.9%.

The distribution of respondents for marital status indicated that the number of respondents who were married was 78.9%. Educational status is more concentrated on certificate or diploma holders involving 78.9% of the respondents. This study found that the rate of service period exceeding 11 years is 57.7% which has the highest rate of giving feedback in this study. The analysis revealed that 85.7% of the implementing services group were certificate or diploma holders. This far exceeded the number in the management and professional groups.

This study has conducted correlation analysis (see Table 3) to obtain the review of the empirical data for each research question where the study data with the mean rate and standard deviation rate for each research question were also analyzed and interpreted to describe the characteristics of a complete data set.

In terms of means of the study, (Mean = 4.254) Work Environment has the highest mean compared to other variables which are (Mean = 4.152) QWL, (Mean = 4.148) Job Satisfaction and (Mean = 4.125) Leadership Styles. The finding that employees unanimously agree on and actively care about the quality of work-life from work environment underscores the critical importance of organizations prioritizing the creation and maintenance of a positive, supportive, and conducive workplace that fosters employee well-

being, productivity, and engagement. Analysis of the strength of the relationship between the variables was done with the help of Pearson coefficient correlation (r) which tested the relationship between QWL, Work Environment, Leadership Styles, and Job Satisfaction. The findings showed a significant relationship between QWL and Work Environment ($r = 0.815$, $p < 0.01$).

Table 2. Demographic of Respondents (n=265)

	Characteristics of employees	Number of Respondents	Percentage (%)
Gender	Male	79	29.8
	Female	186	70.2
Age	18-25 Years	28	10.6
	26-35 Years	84	31.7
	36-45 Years	103	38.9
	46-55 Years	46	17.4
	>56 Years	4	1.5
Marital Status	Single	50	18.9
	Married	209	78.9
	Others	6	2.3
Education	Secondary/High School	20	7.5
	Certificate/Diploma	209	78.9
	Bachelor's Degree	34	12.8
	Master Degree	2	.8
Length of Service	<1 Year	8	3.0
	2-5 Years	33	12.5
	6-10 Years	71	26.8
Service Group	>11 Years	153	57.7
	Management & Professional	38	14.3
	Support	227	85.7

Table 3: Summary Correlations of the Study Variables (n=265)

	Mean	Std. Deviation	1	2	3	4
1. Quality of Work-Life	4.152	.368	1.00			
2. Work Environment	4.254	.385	0.815**	1.00		
3. Leadership Styles	4.125	.459	0.770**	0.779**	1.00	
4. Job Satisfaction	4.148	.401	0.841**	0.826**	0.754**	1.00

**Correlation is all significant at the $p < 0.01$ level (2-tailed).

Furthermore, the findings also revealed that a significant relationship was shown between QWL and Leadership Styles ($r = 0.770$, $p < 0.01$). The results of the relationship between QWL and Job Satisfaction showed that this was the most significant factor ($r = 0.841$, $p < 0.01$) maintaining employee quality. These findings indicate that all elements have a significant relationship and tend to be a factor in improving or maintaining quality capabilities for employees.

To confirm the predictions about the variables, a regression analysis was performed on the model as the theoretical structure in this study. Findings from Table 4 show 76.9% ($R^2 = 0.769$) variance in QWL among Kangar healthcare employees. In addition, an ANOVA test was also performed to find out the significance of the model where the findings showed significance ($p < 0.01$) among Kangar healthcare employees as displayed in Table 5.

Table 4: Regression Analysis

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	.877a	.769	.767	.17784

a. Predictors: (Constant), JS, LS, WE

Table 5: ANOVA Analysis

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.551	3	9.184	290.394	.000b
	Residual	8.254	261	.032		
	Total	35.806	264			

a. Dependent Variable: QWL

b. Predictors: (Constant), JS, LS, WE

Accordingly, test coefficients were also included to determine the priority value of QWL ($\beta = 0.605$). The study found Work Environment ($\beta = 0.260$), Leadership Styles ($\beta = 0.174$), and Job Satisfaction ($\beta = 0.415$). Studies have analysed the priority in determining the employee's QWL is Job Satisfaction to be emphasized in Kangar healthcare employees. The results can be referred to in Table 6.

Table 6: Coefficients Analysis

Model	Unstandardized Coefficients		Standardized Coefficients Std. Dev	t-value	Sig. (p-value)	95.0% Confidence Interval for B	
	Std. Beta	Std. Error				Lower Bound	Upper Bound
1 (Constant)	.605	.124		4.896	.000	.362	.849
WE	.260	.056	.272	4.678	.000	.151	.370
LS	.174	.040	.217	4.344	.000	.095	.253
JS	.415	.051	.452	8.140	.000	.315	.516

a. Dependent Variable: QWL

6.0 DISCUSSION

The discussion of this study begins with an overview of the demographic findings, which may have an impact on the main patterns of the study. The study found that there was an imbalance between the genders of the respondents, as the female rate was higher than the male rate in the questionnaire responses. Additionally, the marital status between respondents was not balanced, with more married individuals than single individuals. The length of service and service group was also unbalanced, with more than ten years of service and the implementing group being the largest number of Kangar healthcare employees.

Furthermore, the standard of education was also unbalanced, with most respondents being certificate and diploma holders, due to a larger group of support staff. Although the demographic findings were not the main focus of the study, they play a significant role in the variables discussed. The main purpose of the study was to find a significant relationship between QWL among Kangar healthcare employees. The objective was to determine the significance of the relationship between independent variables and dependent variable. The information was collected and analysed with various tests, including reliability and validity tests, before performing correlation and regression tests on the available items.

The correlation analysis, uncovers significant relationships among variables, with all correlations proving statistically significant at the $p < 0.01$ level (2-tailed), indicative of a robust statistical association. Notably, the highest correlation emerges between Job Satisfaction and Quality of Work-Life ($r = 0.841$), suggesting a robust positive relationship between these pivotal factors. Turning to mean scores, the data showcases that Work Environment attains the highest mean score (Mean = 4.254), signifying a consensus among employees regarding positive aspects of their work environment with a potential organizational strength. Following closely, Job Satisfaction records a mean score of 4.148, reflecting an overall positive sentiment among employees. The study delves into relationship strength, revealing a significant association between Quality of Work-Life and Work Environment ($r = 0.815$, $p < 0.01$), underlining the role of a positive work environment in elevating work-life quality. Similarly, a notable relationship is uncovered between Quality of Work-Life and Leadership Styles ($r = 0.770$, $p < 0.01$), emphasizing the impact of leadership on the overall quality of work-life.

Moving to regression analysis, the finding demonstrates that the model, encompassing Job Satisfaction, Leadership Styles, and Work Environment as predictors, elucidates 76.9% of the variance in Quality of Work-Life among Kangar healthcare employees. Subsequently, the ANOVA analysis reaffirms the model's significance ($p < 0.01$), underscoring the explanatory power of the selected predictors regarding the variance in Quality of Work-Life.

The coefficients test unveils the relative importance of each predictor, with Job Satisfaction ($\beta = 0.415$) exhibiting the highest standardized coefficient, indicating its substantial impact on Quality of Work-Life. While Work Environment ($\beta = 0.260$) and Leadership Styles ($\beta = 0.174$) also contribute significantly, their influence is comparatively lesser than that of Job Satisfaction. Identifying a priority for improvement, the study advocates for a focus on enhancing Job Satisfaction to uplift the Quality of Work-Life among Kangar healthcare employees. While recognizing the importance of Work Environment and Leadership Styles, the study positions Job Satisfaction as the primary factor necessitating emphasis for organizational interventions.

In terms of practical implications, organizations are urged to consider targeted interventions for enhancing Job Satisfaction, encompassing initiatives like employee recognition programs, leadership training, and improvements in the work environment. These findings furnish actionable insights for healthcare management in Kangar, guiding their focus on specific aspects contributing most significantly to the overall quality of work-life for employees. In conclusion, the study's comprehensive analysis sheds light on the intricate interplay of various factors influencing the Quality of Work-Life among Kangar healthcare employees, offering invaluable guidance for organizational improvement strategies.

The reliability and validity tests produce a high Cronbach-Alpha score value indicating a very good level of reliability and the validity of the survey questions being encouraging. The results of the tests show a significant relationship between work environment, leadership styles, job satisfaction, and QWL. The first hypothesis states that there is a relationship between work environment and quality of working life, and the results indicate a significant relationship. Similarly, the second hypothesis, which states that there is a relationship between leadership styles and quality of working life, is proven to be significant. Finally, the third hypothesis, which states that there is a relationship between job satisfaction and quality of working life, is also revealed as significant.

In conclusion, the study found a significant relationship between work environment, leadership styles, job satisfaction, and QWL among Kangar healthcare employees. The findings of this study may help healthcare organizations improve the quality of working life of their employees, leading to better outcomes for both employees and patients. However, it should be noted that the demographic findings may limit the generalizability of the study's results to other healthcare settings or populations with different demographics.

7.0 CONCLUSION

It can be concluded that all the objectives of the study have been achieved and all the hypotheses are accepted where there is a significant ($p < 0.01$) relationship between the independent variables (Work Environment, Leadership Styles, and Job Satisfaction) and the dependent variable (Quality of Work-Life). All research questions were answered because the relationship between work environment, leadership style, job satisfaction, and quality of work-life has indeed been empirically proven as significant in this study. The study has several implications that can be useful for theory, policy implementation, and practice. The study's parameters have shown that the quality of work-life outcomes needs to be comprehensive which includes the atmosphere, leadership, and satisfaction. The findings suggest that organizations should focus on creating a positive and supportive work environment for employees, with strong leadership and opportunities for satisfaction.

8.0 IMPLICATION AND LIMITATION

The study's results suggest that organizations that invest in their employees' quality of work-life outcomes may have a competitive advantage in the future. A strong and excellent culture can help attract and retain talented employees and improve organizational performance. These implications can be useful for policymakers and managers in creating policies and practices that enhance employees' quality of work-life outcomes.

However, the study's limitations indicate that further research is necessary to identify new gaps and extend the findings to other organizations. The study was limited to healthcare employees under the management of the Kangar District Office, which may not be representative of other organizations in different states with different relational elements and qualitative methods. Future studies can investigate other variables and include diverse samples to produce more interesting and generalizable results. The study's limitations can be considered as obstacles in obtaining information or research data for analysis. The researchers faced challenges in obtaining respondents' responses as well as limited face-to-face meetings.

The use of online platforms for distributing survey questions may have led some respondents to ignore the action to answer. Despite these limitations the researchers were able to obtain valuable data and produce quality research results by using two-way communication with the units involved. Nevertheless, the study's limitations should be acknowledged to ensure the research's transparency and credibility.

In summary, the research paper's implications suggest that organizations should invest in their employees' quality of work-life outcomes to create a positive and supportive work environment that can provide a competitive advantage in the future. On the other hand, the study's limitations indicate that further research is necessary to extend the findings to other organizations and overcome challenges in obtaining data. Overall, this research paper contributes to the field of quality of work-life outcomes and provides valuable insights for policymakers and practitioners.

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11.0 CONFLICT OF INTEREST STATEMENT

All authors declare that they have no conflicts of interest.

12.0 CONTRIBUTION OF AUTHORS

The authors confirm the equal contribution in each part of this work. All authors reviewed and approved the final version of this work.

Mohd Azrul carried out the research, wrote and revised the article. Nurwahida Fuad conceptualised the central research idea. Shafiq Shahrudin supervised research progress; Muhammad Aiman anchored the review, revisions and approved the article submission.

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