

The Impact of Demographic Variables on the Quality of Work Life among Working Women : A Field Study at the Public Hospital Establishment of the Martyrs Saad Qarmash, Saudi, Ammar, and Ahmida – Skikda

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Abstract

This study aimed to examine the impact of demographic variables on the quality of work life among working women at the Public Hospital Establishment of the Martyrs in Skikda Province. The descriptive approach was adopted, and a questionnaire was used as the primary data collection instrument. The questionnaire was administered to a sample of 60 female employees. After collecting, coding, and analyzing the data using appropriate statistical techniques, the study yielded the following findings:

There were no statistically significant differences in the quality of work life among working women attributable to marital status at the 0.05 significance level.

There were no statistically significant differences in the quality of work life among working women attributable to age at the 0.05 significance level.

There were no statistically significant differences in the quality of work life among working women attributable to length of work experience (seniority) at the 0.05 significance level.

Keywords: Demographic variables; Quality; Quality of Life; Quality of Work Life; Working Women.

1. Introduction

The profound transformations witnessed by modern societies have significantly affected the status and role of women. Women have gained a substantial share of their social, economic, and political rights through improved access to education and training. Moreover, the economic changes experienced by contemporary societies have enabled women to participate extensively in productive life across various sectors (Malika, 2004, p. 1), particularly in the healthcare sector and public hospital institutions.

Hospitals are regarded as complex and specialized social systems composed of multiple departments and substructures, each performing a specific function that contributes to the continuity and sustainability of the subsystem as a social entity. These institutions rely on a set of foundations and organizational principles that enhance efficiency and effectiveness while preserving their essential social value. Within this organizational framework, diverse and complementary patterns of social relationships prevail. These relationships, governed by the ethics of medicine and nursing as well as by specialized professional expertise, are structured according to clearly defined roles. Every

actor within the institution is expected to fulfill specific responsibilities, which entail corresponding obligations, privileges, and authorities (Karambit, 2017, p. 99).

To preserve the institution's human capital, it is essential to achieve what is known as Quality of Work Life (QWL). As a relatively recent management concept, QWL focuses on examining and analyzing the managerial practices and organizational components adopted within healthcare institutions to provide employees with a better work environment. Such an environment contributes to improving institutional performance while simultaneously satisfying employees' professional and personal needs (Abdelkarim, 2017, p. 1). This process should also take into consideration the individual differences among female employees, such as age, marital status, and work experience.

Accordingly, Quality of Work Life has become one of the most prominent areas of research interest, particularly in knowledge-based organizations and institutions that rely heavily on human resources, such as healthcare organizations, owing to its direct impact on employee performance and organizational productivity. In this context, the present study seeks to address the following central research question:

Are there statistically significant differences in working women's perceptions of Quality of Work Life attributable to demographic variables in the public hospital institution?

Based on this main question, the following sub-questions were formulated:

Are there statistically significant differences in working women's perceptions of Quality of Work Life attributable to marital status at the 0.05 significance level?

Are there statistically significant differences in working women's perceptions of Quality of Work Life attributable to age at the 0.05 significance level?

Are there statistically significant differences in working women's perceptions of Quality of Work Life attributable to length of work experience (seniority) at the 0.05 significance level?

1.2 Research Hypotheses

1.2.1 Main Hypothesis

There are no statistically significant differences in working women's perceptions of the quality of work life attributable to demographic variables in the public hospital institution.

2.2.1 Sub-Hypotheses

There are no statistically significant differences in working women's perceptions of the quality of work life attributable to marital status at the 0.05 significance level.

There are no statistically significant differences in working women's perceptions of the quality of work life attributable to age at the 0.05 significance level.

There are no statistically significant differences in working women's perceptions of the quality of work life attributable to length of work experience (seniority) at the 0.05 significance level.

1.3 Reasons for Choosing the Research Topic

Quality of Work Life (QWL) plays a vital role in attracting and retaining human resources. Consequently, its significance is no longer confined to productive organizations but has expanded to encompass institutions operating across various sectors and activities. This prompted us, first and foremost from a scientific perspective, to investigate this issue, which has become increasingly relevant within the context of Algerian organizations. In addition, several other considerations motivated the selection of this research topic, including:

The need for further research on Quality of Work Life within the organizational environment of Algerian institutions in order to enrich the existing body of knowledge.

The novelty and contemporary relevance of the topic, coupled with the limited number of studies addressing it.

An attempt to clarify the extent to which demographic variables influence the dimensions of Quality of Work Life in a public hospital institution.

1.4 Significance and Objectives of the Study

The significance and objectives of this study can be summarized as follows:

To identify the extent to which demographic variables influence the dimensions of Quality of Work Life among working women in a public hospital institution.

To make use of the study findings in proposing a number of recommendations and practical suggestions.

To contribute to the scientific literature through a field study addressing an important aspect of organizational management and administration.

To provide findings that enrich academic research and serve as a foundation for future studies in this field.

1.5 Previous Studies

1.5.1 First Study: Qahiri Fatna and Kessna Mohamed (2018)

Entitled "A Study and Analysis of the Dimensions of Quality of Work Life in a Service Institution: A Field Study at the Mother and Child Hospital in Djelfa Province," this study aimed to identify the principal approaches to achieving Quality of Work Life, namely business ethics, social responsibility, and work groups.

The study employed the descriptive-analytical approach and was conducted on a random sample of 60 employees. Data were collected through a questionnaire. The findings revealed that the level of availability of Quality of Work Life dimensions at the Mother and Child Hospital was moderate. The results also indicated that there were no significant differences in respondents' perceptions of Quality of Work Life attributable to personal and occupational variables (gender, age, and educational qualification). However, statistically significant differences were found with respect to work experience, in favor of employees with more than 15 years of service at the hospital.

2.5.1 Second Study: Mohammed Bin Saeed Al-Amri and Randa Salama Al-Yafi (2017)

Entitled "The Impact of Quality of Work Life Elements on Public Employee Performance: An Applied Study of Civil Service Employees in the Kingdom of Saudi Arabia," this study sought to examine the effect of Quality of Work Life dimensions on the performance of public-sector employees. It also measured differences associated with personal characteristics in relation to employee performance and its evaluation, job satisfaction, social relationships with supervisors and colleagues, material and moral incentives, and the work environment.

The study adopted the descriptive-analytical approach and used a questionnaire administered to 2,500 civil service employees in the Kingdom of Saudi Arabia. The results indicated that the Quality of Work Life dimensions exerting the greatest influence on employee performance were social relationships with supervisors and colleagues, job satisfaction, material incentives, and performance appraisal. The study further found statistically significant differences in the dimensions of Quality of Work Life including work groups, material and moral incentives, and the work environment attributable to job rank, age, educational level, years of experience, and marital status.

3.5.1 Third Study: Hammama Ammar and Mohamed Al-Sassi Al-Shayeb (2017)

Entitled "Quality of Work Life among Faculty Members of the Faculty of Social and Human Sciences at Martyr Hamma Lakhdar University of El Oued in Light of Selected Demographic Variables," this study aimed to examine the level of Quality of Work Life among faculty members at the Faculty of Social and Human Sciences, Martyr Hamma Lakhdar University of El Oued.

To achieve its objectives, the researchers adopted the descriptive-analytical approach. The study population consisted of 776 faculty members at Hamma Lakhdar University. A questionnaire developed by the researchers was used to collect the data. After verifying the instrument's validity and reliability, it was administered to the study sample. A total of 88 completed questionnaires were returned out of 115 distributed. The study reached the following conclusions:

There were no statistically significant differences in the mean scores of respondents' evaluations of the level of Quality of Work Life attributable to gender or academic rank.

There were statistically significant differences in the mean scores of respondents' evaluations of the level of Quality of Work Life attributable to years of service.

Commentary on Previous Studies

The foregoing studies all addressed the central variable examined in the present research, namely Quality of Work Life. They are consistent with the current study in terms of the methodological approach employed, namely the descriptive method, as well as the use of the questionnaire as the principal data collection instrument. However, they differ from the present study with regard to the study samples, target populations, research settings, theoretical frameworks, and research objectives. Nevertheless, these studies proved valuable in interpreting and supporting the findings of the present research, particularly in the chapter devoted to the presentation and discussion of the results.

2. Quality of Work Life

2.1 The Nature of Quality of Work Life

2.1.1 The Concept of Quality

a. Linguistically

In Arabic, the term quality (al-jawdah) derives from the verb ajāda, meaning "to produce something of high quality in speech or action." It is also said that ajāda al-shay' means "to make something good," while al-jayyid (good) is the opposite of al-radī' (poor). Likewise, jāda al-shay' means "the thing became good" (Majid, 2014, p. 24).

In English dictionaries, the term quality carries multiple meanings and interpretations. Some scholars indicate that it denotes excellence, while others define it as a set of characteristics or indicators through which an object can be identified or its structure understood (Al-Saleh & Ismail, 2018, p. 4).

b. Terminologically

Several definitions of quality have been proposed, among which are the following:

The concept of quality originates from the Latin word Qualitas, which refers to the nature of a person or thing and the degree of its suitability. Historically, it denoted precision and mastery (Al-Barwari & Bashiwa, 2011, p. 138).

The American Standards Institute defines quality as: "The totality of features and characteristics of a product or service that contribute to satisfying specified needs" (Dessler, 2003, p. 306).

Denhardt defines quality as: "The establishment of a distinctive culture of performance and continuous work aimed at meeting beneficiaries' expectations and accomplishing tasks more effectively and efficiently in the shortest possible time" (Al-Salhi, 2013, p. 49).

Operationally, quality in the context of this study refers to the efficiency and effectiveness with which the needs and expectations of working women are fulfilled. It is characterized by continuity and conformity with specified quantitative and qualitative standards in order to achieve employees' satisfaction and well-being.

2.1.2 The Concept of Quality of Life

Al-Ashwal (2005) defines Quality of Life as: "A concept used to express the advancement in the level of material and social services provided to members of society. It also refers to individuals' perceptions of the extent to which these services satisfy their various needs."

Mostafa (2005) defines it as: "A concept expressing a tendency toward a luxurious lifestyle, one that can only be achieved within an affluent society capable of resolving the living problems faced by the majority of its population" (Abu Asaad, 2015, pp. 184–185).

Operationally, and within the framework of the present study, Quality of Life is viewed as a construct consisting of two principal dimensions:

The subjective dimension, which encompasses satisfaction with all aspects of life, including personal and general circumstances, happiness, functional abilities, and satisfaction with the social role of working women within their families and among friends.

The objective dimension, which includes demographic characteristics, housing quality, living conditions, as well as the physical health and health status of female employees.

2.1.3 The Concept of Quality of Work Life

Researchers have proposed numerous definitions of Quality of Work Life (QWL) according to their respective disciplines and fields of specialization. Among these are the following:

Cummins defines QWL as: "A concept referring to good health, happiness, self-esteem, life satisfaction, and psychological well-being. Quality of life is not confined to overcoming difficulties and coping with negative circumstances; rather, it also encompasses the development of positive aspects of life" (Ben Khaled & Bouhafs, 2015, p. 115).

Keith Werther and Davis define QWL as: "Increasing employees' participation in decision-making, which is reflected in improved productivity through the optimal utilization of human resources rather than financial resources alone. It also includes improving occupational safety and health, enhancing job satisfaction, and strengthening organizational commitment" (Fatna & Mohamed, 2018, p. 670).

Operationally, Quality of Work Life in the present study refers to a set of integrated, planned, and continuous processes, together with the sustained efforts undertaken by hospital management to provide favorable material and moral working conditions, foster cooperative work groups, and establish a flexible supervisory style. These efforts aim to improve the quality of female employees' performance through continuous assessment, improvement, development, and professional practice, thereby positively influencing both the quality of the hospital institution and the healthcare services provided by its staff.

2.2 Dimensions and Indicators of Quality of Work Life

2.2.1 Work Environment

The work environment comprises two principal dimensions:

The physical dimension, which includes the material conditions within the organization, such as ventilation, cleanliness, lighting, noise levels, working hours, and rest periods.

The psychological and social dimension, which encompasses the organizational climate and the nature of social relationships prevailing among employees. These relationships may be categorized as follows:

Relationships among subordinates.

Relationships among supervisors.

Relationships between supervisors and subordinates.

Through Quality of Work Life development programs, human resource management seeks to:

Create a work environment that reflects the importance of human resources and their role in achieving a competitive advantage.

Make the workplace attractive to competent employees while strengthening their organizational commitment and reducing turnover.

Enhance employees' sense of belonging and loyalty by promoting alignment between organizational objectives and employees' personal goals.

Foster quality, learning, and creativity.

Minimize the frequency, severity, and types of occupational accidents to the lowest possible level (Al-Salem, 2009, pp. 350–351).

2.2.2 Supervisory Style

This dimension refers to the development of leadership and supervisory competencies among managers, which is reflected in the way they treat, motivate, involve, and support their subordinates, as well as in other aspects of effective leadership and supervision.

2.2.3 Work Groups

Work groups constitute a fundamental component of employees' working lives and the organization's overall climate. They represent an influential factor affecting individual performance, group effectiveness, and organizational performance as a whole (Abdelrahman, 2013, p. 13).

2.2.4 Job Characteristics

This dimension includes several key aspects, notably:

Job design, which refers to the planned and systematic organization of employees' efforts and work teams to define the tasks to be performed and the methods by which they are executed.

Job security, regarded as a vital concern for employees, since employment serves as a means of self-realization and social status. It is closely associated with employees' physical and psychological well-being and job satisfaction.

This dimension also encompasses opportunities for promotion, career advancement, recreational activities, and flexible work schedules (Cheraf, 2016, pp. 164–165).

2.2.5 Participation in Decision-Making

This dimension refers to providing subordinates with opportunities to participate, influence, and collaborate in the decision-making process, thereby enabling employees to contribute to decisions affecting their jobs (Abdelrahman, 2013, p. 14).

2.2.6 Wages and Rewards

Wage and reward systems are among the most important organizational systems affecting employees' stability, integration into their work, and overall job satisfaction. These factors are

reflected in employees' work-related behavior through greater job stability, reduced absenteeism, and improved attendance.

Rewards also constitute an important motivational tool employed by organizations to enhance employee performance. They encourage excellence and distinction while creating a competitive work environment that motivates employees to exert their utmost effort in pursuit of both financial and non-financial rewards (Ammar & Al-Sassi, 2017, p. 373).

3. Methodology and Research Instruments

3.1 Pilot Study

The pilot study represents one of the most important stages of the scientific research process. It was conducted at the Public Hospital Establishment of the Martyrs Saad Qarmash, Saudi, Ammar, and Ahmida in Skikda Province on 2 January 2020.

A semi-structured interview was employed with a number of male and female employees representing different professional categories, including medical practitioners, administrative staff, nurses, and specialists in laboratory analysis and radiology. The interviews were conducted with the hospital director, psychologists, the Head of the Human Resources Department, the Head of Nursing, the Chief of Medical Staff, in addition to several other employees.

Following an examination of the study population, it was found that the institution employed a relatively small number of workers, with female employees constituting the overwhelming majority of the workforce. Accordingly, male employees were excluded from the study, as they numbered only 20, compared with 234 female employees.

The pilot study contributed to refining the research topic, formulating the study hypotheses, developing the questionnaire items, selecting the appropriate research methodology, identifying the characteristics of the study population, and determining the sampling technique and sample type.

3.2 Spatial and Temporal Scope of the Study

3.2.1 Spatial Scope

The study was conducted at the Public Hospital Establishment of the Martyrs Saad Qarmash, Saudi, Ammar, and Ahmida, Skikda Province, Algeria.

3.2.2 Temporal Scope

The field study was carried out from 15 March 2020 until 31 March 2020.

3.3 Research Method

The present study adopted the descriptive research method, as it is consistent with the objectives and nature of the research. Specifically, the study employed an exploratory descriptive approach to investigate the impact of demographic variables on the Quality of Work Life among working women in the Public Hospital Establishment.

3.4 Study Sample

The study population consisted of 234 female employees working at the Public Hospital Establishment of the Martyrs Saad Qarmash, Saudi, Ammar, and Ahmida in Skikda Province. The participants were distributed across five occupational categories:

- Administrative staff
- Laboratory technicians
- Medical imaging technicians
- Physicians
- Nurses

The following table presents the distribution of female employees across these occupational categories.

Table 1. Distribution of Female Employees by Occupational Category

Administrative Staff	Laboratory Technicians	Medical Radiologic Technologists	Female Physicians	Nurses	Total
41	15	09	57	112	234

The table shows that nurses constitute the largest occupational category, with 112 female nurses. This may be attributed to the need to provide continuous care for the large number of patients admitted to the hospital. They are followed by 57 female physicians, then 41 administrative employees, 15 laboratory technicians, and finally 9 medical imaging technicians. The variation in the number of female employees across these occupational categories may be explained by differences in patient volume, the nature of the healthcare services provided, and the specific organizational requirements of the hospital.

Since it was not feasible to study the entire population due to its size and the difficulty of accessing all members, a representative sample was selected. The study sample consisted of 60 female employees, representing 25.64% of the total study population. The sample was selected using stratified random sampling, followed by simple random sampling.

Table 2. Size of the Selected Study Sample

Departments	Count	Percentage (%)	Sample	Percentage (%)
Administrative Staff	41	17.52%	11	18.33%
Laboratory Technicians	15	6.41%	04	6.67%
Medical Radiologic Technologists	09	3.85%	02	3.33%
Female Physicians	57	24.36%	15	25%
Nurses	112	47.86%	28	46.67%

As shown in the table, nurses constitute the largest proportion of the study sample, accounting for 46.97%, corresponding to 28 nurses. They are followed by physicians, who represent 25% of the sample, with 15 female physicians. Administrative employees rank third, accounting for 18.33% of the sample (11 administrative staff members), followed by laboratory technicians, who represent 6.66%. Finally, medical imaging technicians constitute the smallest proportion of the sample, representing 3.33%, corresponding to two female employees.

The distribution of the study sample according to marital status is presented below.

Table 3. Distribution of the Study Sample by Marital Status

Marital Status	Frequency	Percentage
Single	17	28.33%
Married	30	50%
Widowed	6	10%
Divorced	7	11.67%
Total	60	100%

The table indicates that married women constitute the largest proportion of the study sample, representing 50% of the respondents, corresponding to 30 female employees. They are followed by single women, who account for 28.33% of the sample (17 employees). Divorced women represent 11.67%, corresponding to 7 employees, while widowed women constitute the smallest proportion, accounting for 10% of the sample, or 6 employees.

To determine the distribution of the study sample according to the age variable, it was first necessary to calculate the number of class intervals and the class width. Based on the appropriate statistical calculations, the number of age groups was determined to be six, with a class interval width of six years.

The following table presents the distribution of the study sample according to the age variable.

Table 4. Distribution of the Study Sample by Age

Age Groups	Frequency	Percentage
[22 - 28]	7	11.67%
[29 - 35]	9	15%
[36 - 42]	10	16.67%
[43 - 49]	12	20%
[50 - 56]	17	28.33%
[57 - 63]	5	8.33%
Total	60	100%

As shown in the table, the study sample can be divided into six age groups. The fifth age group represents the largest proportion of the sample, accounting for 28.33%. It is followed by the fourth age group, which constitutes 20%, while the third age group accounts for 16.67%. The second age group represents 15%, followed by the first age group with 11.67%. The sixth age group constitutes the smallest proportion of the sample, accounting for 8.33%.

To determine the distribution of the study sample according to the length of work experience (seniority), the number of class intervals and the class width were calculated using the appropriate statistical procedures. The results indicated that the variable could be divided into six categories, with a class interval width of six years.

The following table presents the distribution of the study sample according to length of work experience (seniority).

Table 5. Distribution of the Study Sample by Length of Work Experience (Seniority)

Categories	Frequency	Percentage
[3 - 8]	4	6.67%
[9 - 14]	9	15%
[15 - 20]	15	25%
[21 - 26]	7	11.67%
[27 - 32]	20	33.33%
[33 - 38]	5	8.33%
Total	60	100%

As shown in the table, the study sample can be classified into six categories according to length of work experience (seniority). The fifth category represents the largest proportion of the sample, accounting for 33.33%. It is followed by the third category, which constitutes 25%, while the second category accounts for 15%. The fourth category represents 11.67%, followed by the sixth category with 8.33%. The first category constitutes the smallest proportion of the sample, accounting for 6.67%.

3.5 Data Collection Instrument

The questionnaire was adopted as the primary instrument for data collection due to the relatively large sample size, the impracticality of conducting interviews with all respondents, the limited time available, and the nature of the research topic.

Based on the research problem, the questionnaire comprised two main sections. The first section included the demographic variables incorporated into the null hypotheses, namely marital status, length of work experience (seniority), and age. The second section focused on the Quality of Work Life (QWL) variable, which was organized into six principal dimensions.

The first dimension: Work Environment, consisting of six items, ranging from Item 1 to Item 6, as presented in the following table.

Table 6. Items Measuring the Work Environment Dimension

Dimensions	Items	Agree	Neutral	Disagree
Work Environment Dimension	1- The physical work environment (lighting, ventilation, temperature, cleanliness) at the hospital is motivating for work.			
	2- The hospital pays sufficient attention to our comfort and well-being.			
	3- The work facilities are designed according to occupational safety standards.			
	4- The hospital work climate is characterized by mutual trust and understanding among all parties.			
	5- Dedicated facilities are available for staff rest during working hours (cafeteria, staff lounge, coffee shop, prayer room).			
	6- The work environment provides special safety equipment used by all individuals present at the workplace.			

The second dimension: Job Characteristics, consisting of six items, ranging from Item 7 to Item 12, as presented in the following table.

Table 7. Items Measuring the Job Characteristics Dimension

Dimensions	Items	Agree	Neutral	Disagree
Job Characteristics Dimension	1- The tasks of my job are characterized by importance.			
	2- The workload in my job is appropriate.			

	3- I suffer from conflict and overlap between my job tasks and the tasks of some of my colleagues.			
	4- I possess the necessary skills to perform my job.			
	5- My job tasks are characterized by challenge and enjoyment.			
	6- The procedures for accomplishing work are clear.			

The third dimension: Work Groups, consisting of six items, ranging from Item 13 to Item 18, as presented in the following table.

Table 8. Items Measuring the Work Groups Dimension

Dimension	Items	Agree	Neutral	Disagree
Work Groups Dimension	1- I feel that I am an important part of my work group.			
	2- I feel appreciated and respected by my colleagues at work.			
	3- My work team is characterized by professional cohesion.			
	4- Members of my work team share in finding collective solutions to problems.			
	5- Every individual in my work team feels collective responsibility at work.			
	6- Every individual in my work team has a good awareness of work goals.			

The fourth dimension: Wages and Rewards, consisting of five items, ranging from Item 19 to Item 23, as presented in the following table.

Table 9. Items Measuring the Wages and Rewards Dimension

Dimension	Items	Agree	Neutral	Disagree
Pay and Rewards Dimension	1- The salary I receive aligns with my level of work accomplishment.			
	2- There is fairness in the distribution of rewards and incentives, whether financial or non-financial.			
	3- The salary I receive does not cover the living requirements for me and my family.			

	4- I receive a motivating salary compared to what other institutions offer.			
	5- The salary I receive does not motivate me to improve my job performance.			

The fifth dimension: Supervisory Style, consisting of six items, ranging from Item 24 to Item 29, as presented in the following table.

Table 10. Items Measuring the Supervisory Style Dimension

Dimension	Items	Agree	Neutral	Disagree
Supervision Style Dimension	1- My supervisor treats me fairly.			
	2- My supervisor has a great ability to encourage and motivate staff to increase their effort at work.			
	3- My supervisor possesses the ability to manage work and clarify its goals to us in a motivating manner.			
	4- My supervisor provides me with sufficient information about the work.			
	5- My supervisor avoids using their authority for personal gain at the expense of our interests.			
	6- My supervisor encourages teamwork in various activities.			

The sixth dimension: Participation in Decision-Making, consisting of five items, ranging from Item 30 to Item 34, as presented in the following table.

Table 11. Items Measuring the Participation in Decision-Making Dimension

Dimension	Items	Agree	Neutral	Disagree
Participation in Decision-Making Dimension	1- The organization I work for encourages me to participate in decision-making.			
	2- I have the opportunity to influence decisions related to my work.			
	3- The hospital's work system facilitates the flow of information that aids in decision-making.			

	4- I contribute alongside my colleagues in offering suggestions to develop the hospital.			
	5- I am able to express my opinion and participate in decisions concerning my job.			

The questionnaire employed a three-point Likert scale comprising the following response categories: Agree, Neutral, and Disagree. For positively worded items, these responses were assigned scores of 3, 2, and 1, respectively. Conversely, for negatively worded items, the scoring was reversed, with Agree, Neutral, and Disagree assigned scores of 1, 2, and 3, respectively.

Questionnaire Validity

To establish the validity of the questionnaire, its preliminary version was submitted to seven expert reviewers. Four of the reviewers were faculty members from the Department of Psychology at the University of 20 August 1955, Skikda, specializing in work and organizational psychology, while the remaining three were specialists from the Public Hospital Establishment. This process was undertaken to assess the instrument's face validity, which is one form of validity assessment.

The reviewers were asked to evaluate the extent to which the questionnaire adequately measured the study variables and to provide comments and suggestions for improvement. Based on their observations, the necessary revisions and modifications were incorporated. Following the statistical analysis, the questionnaire achieved a validity coefficient of 0.81, indicating a high level of validity and confirming that the instrument effectively measured the constructs for which it was designed.

Questionnaire Reliability

The reliability of the questionnaire was assessed using a random pilot sample of 10 female employees. Internal consistency was evaluated by calculating Cronbach's Alpha using the Statistical Package for the Social Sciences (SPSS). The analysis yielded a Cronbach's Alpha coefficient of 0.90, which indicates a high level of reliability. This result demonstrates that the instrument possesses strong internal consistency and satisfies the characteristics of a reliable measurement tool.

3.6 Data Analysis Methods

Two complementary approaches were employed for data analysis:

3.6.1 Quantitative Analysis

The quantitative analysis relied on the Chi-square (χ^2) test of significance to examine the effect of the demographic variables marital status, age, and length of work experience (seniority) on the Quality of Work Life among working women.

3.6.2 Qualitative Analysis

The qualitative approach was based on descriptive analysis, involving the interpretation and discussion of the research findings.

4. Results and Discussion

4.1 Presentation of the Results in Light of the Research Hypotheses

4.1.1 First Hypothesis

There are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to marital status at the 0.05 significance level.

Table 12. Calculation of the Degrees of Freedom for the Marital Status Variable

Columns	Rows	Degrees of Freedom	Calculated Chi-Square (χ^2)	Tabulated Chi-Square (χ^2)	Significance Level
3	4	6	Work Environment Dimension 12.76	12.59	0.05
			Job Characteristics Dimension 6.93		
			Work Group Dimension 9.35		
			Pay and Rewards Dimension 7.12		
			Supervision Style Dimension 4.94		
			Participation in Decision-Making Dimension 3.93		
			Overall Hypothesis Result 7.51		

After tabulating the observed frequencies for each questionnaire item across the three response categories, and applying the formula for calculating the expected frequencies, the Chi-square (χ^2) values were computed. The results for the marital status variable at the 0.05 significance level were as follows:

The findings revealed no statistically significant differences in respondents' perceptions across most dimensions of Quality of Work Life according to marital status, as shown in the preceding table. The only exception was the Work Environment dimension, for which a statistically significant difference was found. The calculated χ^2 value (12.76) exceeded the tabulated χ^2 value (12.59), indicating statistically significant differences in working women's perceptions of the Work Environment dimension attributable to marital status.

For the Job Characteristics and Work Groups dimensions, the calculated χ^2 values were 6.93 and 9.35, respectively. Likewise, the calculated χ^2 values for the Wages and Rewards, Supervisory Style, and Participation in Decision-Making dimensions were 7.12, 4.94, and 3.93, respectively. Since all of these values were lower than the tabulated χ^2 value, no statistically significant differences were found in working women's perceptions of these dimensions attributable to marital status.

Accordingly, it can be concluded that there are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to marital status at the 0.05 significance level. This conclusion is supported by the overall χ^2 value for the first hypothesis (7.51), which is lower than the tabulated χ^2 value of 12.59.

4.1.2 Second Hypothesis

There are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to age at the 0.05 significance level.

Table 13. Calculation of the Degrees of Freedom for the Age Variable

Columns	Rows	Degrees of Freedom	Calculated Chi-Square (χ^2)	Tabulated Chi-Square (χ^2)	Significance Level
3	6	10	Work Environment Dimension 3.60	18.31	0.05
			Job Characteristics Dimension 0.48		
			Work Group Dimension 1.47		
			Pay and Rewards Dimension 2.27		
			Supervision Style Dimension 0.74		
			Participation in Decision-Making Dimension 2.54		
			Overall Hypothesis Result 1.85		

After determining the observed frequencies for each questionnaire item across the three response categories and calculating the expected frequencies, the Chi-square (χ^2) values were computed. The results relating to the age variable at the 0.05 significance level were as follows:

The findings indicated no statistically significant differences in respondents' perceptions across all dimensions of Quality of Work Life according to age, as shown in the preceding table. The calculated χ^2 values for the Work Environment, Job Characteristics, and Work Groups dimensions were 3.60, 0.48, and 1.47, respectively. Likewise, the calculated χ^2 values for the Wages and Rewards, Supervisory Style, and Participation in Decision-Making dimensions were 2.27, 0.74, and 2.54, respectively. All of these values were lower than the tabulated χ^2 value of 18.31, indicating that there

were no statistically significant differences in working women's perceptions of the dimensions of Quality of Work Life attributable to age.

Accordingly, it can be concluded that there are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to age at the 0.05 significance level. This conclusion is supported by the overall χ^2 value for the second hypothesis (1.85), which is lower than the tabulated χ^2 value of 18.31.

4.1.3 Third Hypothesis

There are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to length of work experience (seniority) at the 0.05 significance level.

Table 14. Calculation of the Degrees of Freedom for the Length of Work Experience (Seniority) Variable

Columns	Rows	Degrees of Freedom	Calculated Chi-Square (χ^2)	Tabulated Chi-Square (χ^2)	Significance Level
3	6	10	Work Environment Dimension 8.59	18.31	0.05
			Job Characteristics Dimension 11.98		
			Work Group Dimension 7.23		
			Pay and Rewards Dimension 22.52		
			Supervision Style Dimension 17.25		
			Participation in Decision-Making Dimension 14.58		
			Overall Hypothesis Result 13.69		

After tabulating the observed frequencies for each questionnaire item across the three response categories and calculating the expected frequencies, the Chi-square (χ^2) values were computed. The results for the length of work experience (seniority) variable at the 0.05 significance level were as follows:

The findings revealed no statistically significant differences in respondents' perceptions across most dimensions of Quality of Work Life according to length of work experience, as shown in the preceding table. The calculated χ^2 values for the Work Environment, Job Characteristics, and Work Groups dimensions were 8.59, 11.98, and 7.23, respectively. Likewise, the calculated χ^2 values for

the Supervisory Style and Participation in Decision-Making dimensions were 17.25 and 14.58, respectively. Since all of these values were lower than the tabulated χ^2 value of 18.31, there were no statistically significant differences in working women's perceptions of the Work Environment, Job Characteristics, Work Groups, Supervisory Style, and Participation in Decision-Making dimensions attributable to length of work experience.

However, a statistically significant difference was observed for the Wages and Rewards dimension. The calculated χ^2 value (22.52) exceeded the tabulated χ^2 value (18.31), indicating statistically significant differences in working women's perceptions of the Wages and Rewards dimension attributable to length of work experience.

Accordingly, it can be concluded that there are no statistically significant differences in working women's perceptions of the Quality of Work Life attributable to length of work experience at the 0.05 significance level. This conclusion is supported by the overall χ^2 value for the third hypothesis (13.69), which is lower than the tabulated χ^2 value of 18.31.

4.2 General Discussion

After examining the effect of the demographic variables on the Quality of Work Life among working women across the three response levels and applying the appropriate statistical procedures for testing each hypothesis, the analysis of the results yielded the following conclusions:

With regard to the effect of marital status on Quality of Work Life, the responses of the study participants were found to be largely homogeneous regardless of their marital status (single, married, divorced, or widowed). This indicates that marital status does not have a significant effect on the Quality of Work Life among working women in the public hospital institution. This finding is inconsistent with the results reported by Mohammed Bin Saeed Al-Amri and Randa Salama Al-Yafi (2017), who found statistically significant differences in Quality of Work Life attributable to marital status among civil service employees. The discrepancy between the two studies may be explained by differences in the study population, sample characteristics, and research setting.

Regarding the effect of age on Quality of Work Life, the results likewise demonstrated a high degree of consistency in the responses of employees belonging to different age groups within the public hospital institution. This suggests that age does not significantly influence the Quality of Work Life among working women. This finding is consistent with the study conducted by Qahiri Fatna and Kessna Mohamed (2018), which also reported no statistically significant differences in Quality of Work Life attributable to age. However, it differs from the findings of Mohammed Bin Saeed Al-Amri and Randa Salama Al-Yafi (2017), who identified statistically significant differences associated with age among civil service employees. Such discrepancies may be attributed to differences in the research population, sample, and study context.

Concerning the effect of length of work experience (seniority) on Quality of Work Life, the findings revealed a similar degree of homogeneity in respondents' perceptions across the different seniority categories within the public hospital institution. This indicates that length of work experience does not have a significant impact on the Quality of Work Life among working women. This finding, however, is inconsistent with the studies conducted by Mohammed Bin Saeed Al-Amri and Randa Salama Al-Yafi (2017), Hammama Ammar and Mohamed Al-Sassi Al-Shayeb (2017), and Qahiri Fatna and Kessna Mohamed (2018), all of which reported statistically significant differences in Quality of Work Life attributable to years of work experience. The divergence in

findings may similarly be explained by differences in the study populations, sample characteristics, and research environments.

5. Conclusion

This study examined the impact of demographic variables on the Quality of Work Life (QWL) among working women at the Public Hospital Establishment of the Martyrs Saad Qarmash, Saudi, Ammar, and Ahmida in Skikda Province. To achieve the objectives of the study, a questionnaire was designed to measure the dimensions of Quality of Work Life. The instrument comprised six principal dimensions: Work Environment, Job Characteristics, Work Groups, Wages and Rewards, Supervisory Style, and Participation in Decision-Making.

Following the established research procedures, data collection, coding, and statistical analysis, the null hypotheses were accepted, while the alternative hypotheses were rejected. The principal findings of the study can be summarized as follows:

There were no statistically significant differences in the Quality of Work Life among working women attributable to marital status at the 0.05 significance level.

There were no statistically significant differences in the Quality of Work Life among working women attributable to age at the 0.05 significance level.

There were no statistically significant differences in the Quality of Work Life among working women attributable to length of work experience (seniority) at the 0.05 significance level.

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