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ORIGINAL SCIENTIFIC PAPER

The Impact of Stress and Health on Quality of Working Life of Women in SMEs in Republic of Serbia

Oliver Momčilović
Sports Academy, Belgrade, Serbia
Tijana Cvetić
Faculty of Engineering University of Kragujevac, Kragujevac, Serbia
Sladjana Vujičić[1]
Faculty of Business Economics and Entrepreneurshp, Belgrade, Serbia
Aleksandar Antonijević
Faculty of Engineering University of Kragujevac, Kragujevac, Serbia

A B S T R A C T

This paper gives analysis of impact of stress and health on quality of life of female workers in small and medium enterprises in Republic of Serbia. Research was conducted via questionnaire which held statementss regarding stress, health and quality of life, and was distributed to female workers in small and medium enterprises. Research results based on proposed model prove that stress and health have significant impact on overall quality of working life and that by altering each one of the variables mentioned or both at once level of quality of working life of female workers changes. Total of 198 respondents contributed to this research from all business positions.

KEY WORDS: *quality of working life, stress, health, system model*

[1] Corresponding author, e-mail: sladjanakonto@gmail.com

Introduction

In the second half of the twentieth century, the position of women was greatly improved which had direct impact on their quality of life. Women entrepreneurs not only contribute to economic growth and development but also help create new jobs, so that is the legitimate aspirations of women to have equal access to all available resources (Prljic, Vucekovic, Vujicic, 2015). Speaking in percentages, women entrepreneurship in Serbia is far less present than men entrepreneurship, so it is necessary to invest special efforts to create an ambience that will encourage women to be involved in entrepreneurship more intensively (Ravic, Nikitovic, 2016). Legal, structural social changes and raising awareness about the plight of women have contributed to it. One of the crucial facts was the fact that during the Second World War, and after its completion the labor market was in deficit with the male labor force, which was replaced by a woman, especially in the post-war period of economic development and expansion of production capacity. Negative phenomenon is the fact that their contribution to employment in the household has not changed and neither the requirements of the market in line with their family needs. Women who want to develop a career are directed to act as a "surrogate men," as Crompton and Le Feuvre established (1996). Judy Wajcman (1998) in study of older managers put forward the fact that 2/3 of women-skilled managers do not have children who live with them, while for men is the reverse case where 2/3 of the managers live with their children. Reproductive function and role in the family still stand as an obstacle to improving the quality of life of women and particularly women entrepreneurs (Galić, 2011).

Satisfaction of stakeholders (interested parties) of a particular organization undoubtedly affects the competitiveness and image of the same. The term quality of life at work (Quality of Working Life - QWL) is given to the importance of the late 1960s as a way of understanding the effects of workplace health and general well-being. By the 1970s, concern of employers was aimed at improving working conditions. 1980s concept of quality of life at work also included other aspects of improving job satisfaction and productivity such as the reward system, employee commitment, and respect of the rights of workers. Radical changes in the business world such as globalization, information technology, global business competition and scarcity of natural resources have caused changes in respect of employees in the definition of "good" company. The trend of the past has been to define the image of the company based on its financial

indicators. Today, ethics, quality of life at work and job satisfaction of the workers themselves are the main prerequisites for the sustainability of business organizations. Quality of life at work is a broad concept that offers many different perceptions and therefore it is difficult to define. Many authors believe that the quality of life at work is based on a subjective feeling of employees in the organization while most psychologists agree that the term quality of life at work relates to the very well-being of employees (Indrani, Devi, 2011). Objective of this paper represents determination of level of Quality of working life of female workers in small and medium enterprises in Serbia. In this paper, there are several tasks of research, including: Determining respondents level of Quality of working life,

a. defining the system model research, independent and dependent variables - perceptive characters based on the question groups from a set of electronic questionnaire,
b. to analyze the partial relations of independent variables - system model elements observational characters: Stress and Health, and the dependent variable Quality of working life, from which are made following research hypothesis:
   H1 - Stress has significant influence on Quality of working life.
   H_2 - Health has significant influence on Quality of working life.
   H_3 - Stress and Health have significant influence on Quality of working life.

Research was conducted via questionnaire which holds 11 statements. Respondents were female workers from small and medium enterprises. Purpose of this paper lays in understanding the connection between forementioned variables and their impact on women's quality of working life.

Quality of Working Life

To ensure satisfaction and customer loyalty, organizations must consider the welfare of their employees and work environment, the impact of its operations and processes in the local community. The long-term effects that their products have during and after use must also be taken into account. The situation is very clear: the organization will succeed or it will simply disappear from the market (Gavric, Sormaz, Ilic, 2016). Standardized management systems such as ISO 9001, ISO 14001 and ISO 18001 have been developed to meet these requirements. Dealing with these

three standards separately and ensure that they match with the existing strategy of the organization proved to be extremely challenging, which is why organizations have integrated management systems into its management portfolio. The need for integrated management systems was created as a solution for adding ISO 14001 or ISO 18001 standards to already existing ISO 9001 standard (Wilkinson, Dale, 1999).

Quality of life at work does not only represent job satisfaction but it is one of its many aspects. It is generally accepted that different people have different views on what constitutes a high quality of life at work. The impact on the individual's working life is the outcome of many interactive factors, where the character of each individual may vary from group to group and from time to time. An important distinction can be drawn between the subjective and objective aspects of quality of life at work (quality of working life). The subjective aspect of quality of life at work stems from the workers who receive them directly by filling out their duties and indirect actions undertaken, as well as the subjective feeling of well-being and satisfaction indicators. The objective aspect of quality of life at work stems from the results, where its main features contribute to creating value both for the individual and for the economy as a whole (Greenan, Kalugina, Walkowiak, 2013).

Quality of life at work is a multi-dimensional concept that scientists have defined in different ways. Some studies link the concept of QWL with the well-being of workers, living conditions at work, sufficient income, the distribution of profits, employee autonomy, social interactions, employee satisfaction, employee involvement, promotion and labor relations. Walton (1975) emphasizes eight dimensions of QWL's,

1) Adequate and fair compensation
2) Safe and healthy work conditions,
3) The permanent possibility of using human resource development,
4) An opportunity for further growth and security,
5) Social integration in the organization
6) The constitutionality of a working organization
7) Work and the total living space
8) The social significance of working life.

Levine et al. (1984) suggests seven most important generators of OWL,

1) The degree to which superiors treat employees with respect,
2) Diversity in the daily work schedule,
3) Work challenge,

4) The feeling that proven work opens future opportunities for advancement,
5) Self-respect,
6) Degree to which the life outside of work affects the life at work and the degree to which completed work contributes to society (Almarsh, 2015).

According to various researchers, the quality of life at work represents the degree of employee satisfaction. Employee`s activities in the organization are regulated by specific standards and regulations, laid down in social and labor relations in the conditions of risk and uncertainty.

Researching employment level of young people in Russia, as basic elements that form the quality of working life has revealed the specific role of the education system on delay of the release of potential labor force to the labor market. Due to the lack of experience of the overwhelming number of applicants of full-time university students, respondents' understanding and expectations concerning quality of their working life is a special method of questioning. Quality of life at work is formed as a result of the interaction of many different factors. This determines not only the need for systematization and classification of factors, but also factors critical analysis of the position of formation of quality of working life. Quality of working life components are fair wages, safe and healthy working conditions, job security and content of work (Safina et al., 2015).

Measuring Quality of Working Life

Measuring quality of life at work is not an easy task since the business environment is composed of a large number of components. There is no consensus on a definition of quality of life at work or a consensus on what makes a quality job (Kalleberg, Reskin, Hudson, 2000).

As mainly, measurement of quality working life is based on the reports of employees which often encounter potential limitations of this type of measurement to be reflected in the bias of employees themselves (subjectivity). The advantages of this type of measurement are reflected in obtaining first-hand information and subjective feeling.

There are subjective and objective indicators of the quality of life at work. The objective often includes salary, benefits, autonomy and control, opportunity for advancement and job security. Mostly the components of quality of life at work are subjective because they are based on the analysis

of questionnaires. Subjectivity may vary due to the choice of the questionnaire and the way the data is collected. Objectivization lies in the collection of data of employees from the administration while the subjectivity lies in the data collected from the workers themselves. There are two approaches to measuring the quality of working life:

1. First approach measures the quality of working life through various specific dimensions of work such as wages, internal awards, advancement opportunities and security and then all these components combine to give a general assessment of the quality of working life.
2. The second approach is based on the direct inquiry to employees to assess their job satisfaction. The best example is to question employees about their level of job satisfaction. This approach does not measure all relevant characteristics but already assumes that employees are able to self-rate their general satisfaction. The disadvantage of this approach is the lack of information on the evaluation of various dimensions of the work and environment (*Dahl, Nesheim, Olsen,* 2009).

Many authors have measured the quality of life at work using a variety of models, some of them are: Model proposed by Dupius (1989), QLSI (Quality of Life Systematic Inventory), which improves the perception of quality of life and its evaluation. Quality of life at work as an element of the quality of life can also be measured with the help of this model, which was labeled QWLSI (Quality of Working life Systematic Inventory) (Martel, Dupuis, 2006).

The second, qualitative study was conducted among the severely mentally ill persons in social enterprises through two interviews. Data collected in this way were analyzed by Colaizzo`s method. The results show that the quality of life and safety of people represents a sense of belonging to the company (Lanctôt, Durand, Corbière, 2011).

H. Narehan performed the testing of connectivity of the quality of life at work with the quality of life in multinational companies in Malaysia. The results from 179 respondents indicate a significant impact on the quality working life to the quality of life and the authors propose to multinational companies planning programs in order to increase the quality of working life (Narehan et al., 2014).

Group of authors from Iran indicates a positive link between the quality of life at work and career advancement among Iranian academics. The

results of their study suggest where the possibility of increasing the quality of life of academics at universities had a high impact on the education system and community development in the country (Parsa et al., 2014).

Gayathiri, Ramakrishnan (2013) explore the concept and variables of measuring the quality of life at work and connection between employed medical staff satisfaction with their performance. The main idea of this paper is to point out that with increasing the quality of life at work job satisfaction increases which improves the performance of an organization.

In today's business environment, organizations must be flexible and must implement strategies to improve the quality of life at work of employees in order to meet the organization's objectives and the needs of employees. Quality of life at work has caused great interest and importance to all countries. Quality of life at work is related to the level of happiness or satisfaction of a person in their workplace. For those who enjoy their careers and in their workplace is said to have a high level of quality of life at work. Organizations that cherish the quality of life at work see employees as a valuable part of the system in the organization and not as an expense. This approach motivates employees that in addition to economic organizations are in pursuit to satisfy their social and psychological needs (Das, Panda, 2015).

Analyze of the Impact of Stress and Health on Quality of Working Life

In this paper, there are several tasks of research, including:

1. Determining respondents level of Quality of working life,
    a. defining the system model research, independent and dependent variables - perceptive characters based on the question groups from a set of electronic questionnaire,
    b. to analyze the partial relations of independent variables - system model elements observational characters: Stress and Health, and the dependent variable Quality of working life, from which are made following research hypothesis:
2. H_1 - Stress has significant influence on Quality of working life.
3. H_2 - Health has significant influence on Quality of working life.
4. H_3 - Stress and Health have significant influence on Quality of working life.

Empirical Research

Questions about the profile of respondents with possible responses to an electronic questionnaire are defined as follows:

Chronological age of the respondents:

- from 18 to 30 years,
- from 31 to 50 years, and
- over 51 years.

Employment status of the respondents

- to 10 years,
- from 11 to 20 years, and
- over 21 years.

Koulutus of the respondents

- Primary or Secondary school, and
- College or University.

The electronic questionnaire holds the following statements:

1. Relations between management and employees in my workplace are good.
2. I don't feel stressful at my workplace.
3. I don't feel exploited at my workplace.
4. My health is good.
5. In the past year I didn't have any problems with sleeping or insomnia.
6. In the past year I didn't have any back pain daily for one week or longer.
7. In the past year I didn't have pain in your hands, wrists, arms or shoulders daily for one week or longer.
8. Conditions in my workplace provide me maximum productivity.
9. Management in my workplace is efficient and peaceful.
10. The Overall physical effort I am doing every day on the job is insignificant.
11. I am satisfied with my workplace.

The electronic questionnaire holds the evaluation of statements:

1. strongly disagree,

2. disagree,
3. neither agree neither disagree,
4. agree, and
5. strongly agree.

Task 1. Profile information of the respondents

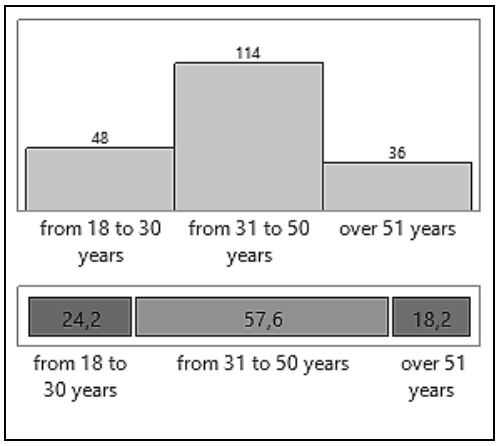
From (Table 1 and Chart 1) we can see that out of 198 respondents 48 respondents or 24.24% aged 18 to 30 years, 114 or 57.57% of respondents aged 31 to 50 years and 36 respondents or 18, 18% is over 51 years of age.

Table 1: Chronological age of the respondents

Level	Count	Prob
from 18 to 30 years	48	0,24242
from 31 to 50 years	114	0,57576
over 51 years	36	0,18182
Total	198	1,00000

Source: Authors

Chart 1: Chronological age of the respondents



Source: Authors

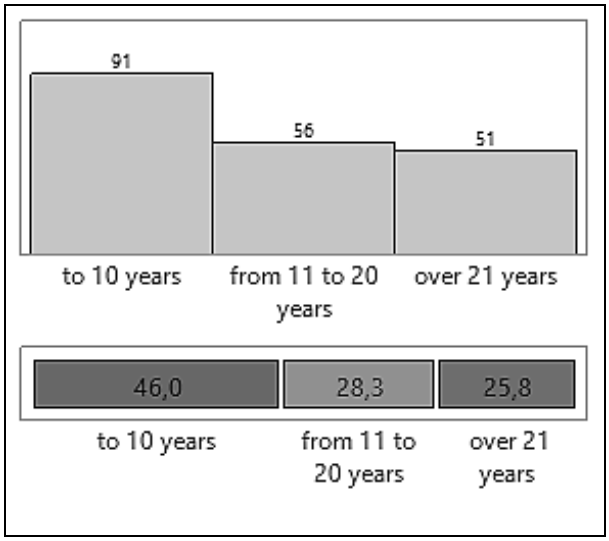
From (Table 2 and Chart 2) we can see that out of 198 respondents 91 respondents or 45.96% of service up to 10 years, 56 respondents or 28.28% of service from 11 to 20 years and 51 respondents or 25.75 % is over 21 years of service.

Table 2: Employment status of the respondents

Level	Count	Prob
to 10 years	91	0,45960
from 11 to 20 years	56	0,28283
over 21 years	51	0,25758
Total	198	1,00000

Source: Authors

Chart 2: Employment status of the respondents



Source: Authors

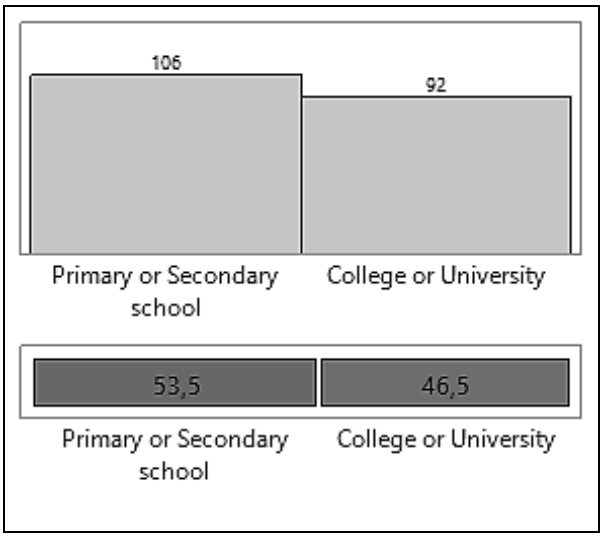
From (Table 3 and Chart 3), we can see that out of 198 respondents 106 respondents or 53.53% have completed primary or secondary school, and 92 respondents or 46.46% completed college or university.

Table 3: Koulutus respondents

Level	Count	Prob
Primary or Secondary school	106	0,53535
College or University	92	0,46465
Total	198	1,00000

Source: Authors

Chart 3: Koulutus of respondents



Source: Authors

By cross-tabulations of data between the employment status of the respondents and chronological age of the respondents, we can see the frequency and percentage of respondents (Table 4 and Chart 4).

We can conclude that most of the respondents were:

- From 18 to 30 years of age and 10 years of service, 47 or 97.92% of the total number of respondents for age 48, and 51.56% of the total number of respondents up to 10 years of service 91.
- From 31 to 50 years of age and from 11 to 20 years of service 52 or 92.86% of the total number of respondents for this age, 114 or 45.64% of the total number of respondents from 11 to 20 years of service 56, and
- Over 51 years of age and over 21 years of service 33 respondents or 91.67% of the total number of respondents, 36 or 64.71% of the total number of respondents over 21 years of service was 51.

We can conclude that there is the least subjects with:

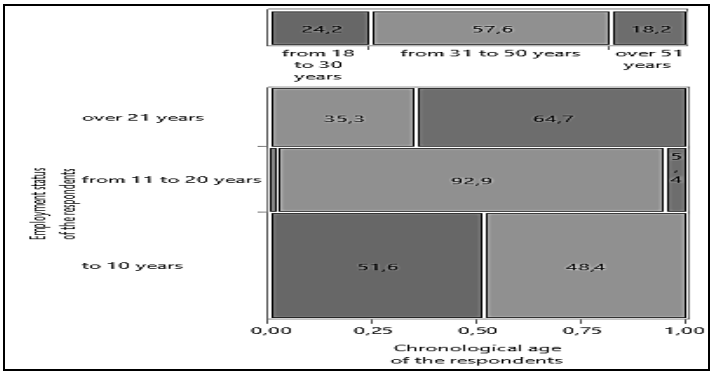
- From 18 to 30 years of age and over 21 years of service, 0 respondents,
- Over 51 years of age and 10 years of service, 0 subjects

Table 4: Contingency Analysis of Chronological age of the respondents By Employment status of the respondents

	from 18 to 30 years	**from 31 to 50 years**	**over 51 years**	**All**
to 10 years	47	44	0	91
	23,74	22,22	0,00	45,96
	97,92	38,60	0,00	
	51,65	48,35	0,00	
from 11 to 20 years	1	52	3	56
	0,51	26,26	1,52	28,28
	2,08	45,61	8,33	
	1,79	92,86	5,36	
over 21 years	0	18	33	51
	0,00	9,09	16,67	25,76
	0,00	15,79	91,67	
	0,00	35,29	64,71	
All	48	114	36	198
	24,24	57,58	18,18	

Source: Authors

Chart 4: Contingency Analysis of Chronological age of the respondents By Employment status of the respondents



Source: Authors

By cross-tabulations of data between Chronological age of the respondents by Koulutus respondents, we can see the frequency and percentage of respondents (*table 5.* and *chart 5.*).

We can conclude that most of the respondents were:

- From 18 to 30 years of age with primary or secondary education, 28 or 58.33% of the total number of respondents for age 48 or 26.42% of the total respondents with primary or secondary school 106, and
- From 31 to 50 years of age with primary or secondary education, 60 or 52.63% of the total number of respondents in this age, 114 or 56.60% of the total number of respondents with primary or secondary education 106.

We can conclude that respondents over 51 years of age with primary or secondary education 18 or 50.00% of the total number of respondents in this age of 36, or 16.98% of the total number of patients with primary or secondary education 106. Also, we can conclude that respondents over 51 years of age who have completed college or university education 18 or 50.00% of the total number of respondents for those age 36 or 19,57% of the total number of respondents with college or university education is 92.

We can conclude that there is the least subjects with:

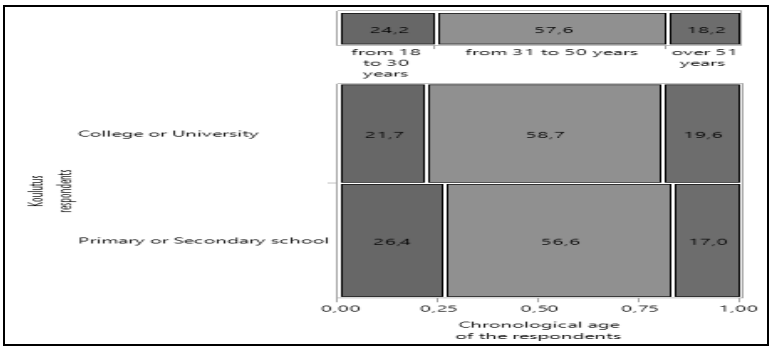
- From 18 to 30 years of age and over 21 years of service 0 respondents,
- Over 51 years of age and 10 years of service 0 subjects

Table 5: Contingency Analysis of Chronological age of the respondents By Koulutus respondents

Count **Total %** **Col %** **Row %**	**from 18 to 30 years**	**from 31 to 50 years**	**over 51 years**	**All**
Primary or Secondary school	28	60	18	106
	14,14	30,30	9,09	53,54
	58,33	52,63	50,00	
	26,42	56,60	16,98	
College or University	20	54	18	92
	10,10	27,27	9,09	46,46
	41,67	47,37	50,00	
	21,74	58,70	19,57	
All	48	114	36	198
	24,24	57,58	18,18	

Source: Authors

Chart 5: Contingency Analysis of Chronological age of the respondents By Koulutus respondents

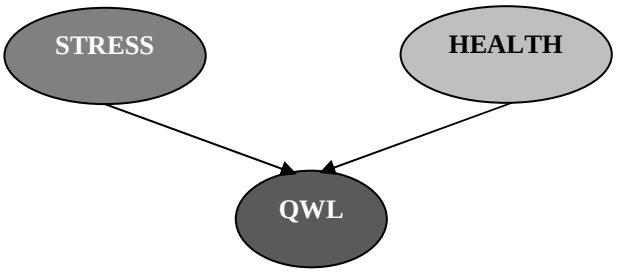


Source: Authors

Task 2. Defining model elements

System model in this study is composed of two distinct elements (hereinafter referred to as the independent variables) and a dependent element (hereinafter referred to as the dependent variable). Independent variable is made of elements: Health and Stress and a dependent variable of the element Quality of Working Life (QWL) as shown in (Figure 1).

Figure 1: System model Quality of Working Life



Source: Authors

Task 3. Determination of partial relationships - the correlation between the independent variables to the dependent variable

Interpretation of results of Pearson correlations:

- Table 6. shows the Descriptive Statistics for all variables of the model, where the values of the average score are:
  - Stress 3,506,
  - Health 2,489, i
  - Quality of working life (QWL) 3,743.

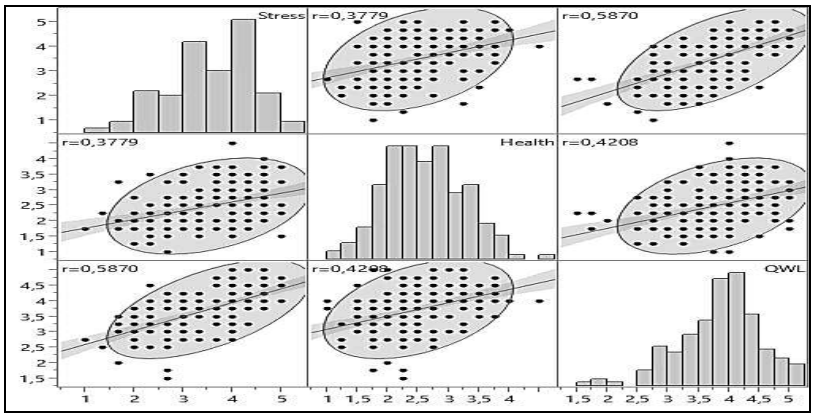
Table 6: Descriptive Statistics for variables

	Stress	**Health**	**QWL**
Mean	3,506734	2,489899	3,7436869
Std Dev	0,854773	0,6366744	0,6522301
Std Err Mean	0,0607461	0,0452465	0,046352
Upper 95% Mean	3,6265301	2,5791286	3,8350966
Lower 95% Mean	3,386938	2,4006694	3,6522771
N	198	198	198

Source: Authors

In (Table 7) is given Scatterplot Matrix Correlations of elements of the model. The number of cases in the sample totals N = 198 is correct and there is no missing data. From the presented diagrams the direction of relationship between variables, as well as the strength of correlation r can be seen. We can note a positive correlation between variables in a number of cases, that it is the largest correlation coefficient between variable Stress and QWL and it amounts r = 0.587, these variables are moderately correlated - related.

Table 7: Scatterplot Matrix Correlations



Source: Authors

Task 4. Analysis of the impact of partial variables Stress and Health for variable QWL

In (Table 8) Summary of Fit is calculated coefficient of determination (RSquare) r2 = 0.344537 that indicate what percentage of variance of the dependent variable QWL is explained in model and the multiple correlation coefficient (R) r = 0.586972 which indicates the strength of the connection between variables. It means that 58.69% of the variability of the dependent variable QWL can explain through the influence of independent variables Stress. Here variables are moderately correlated - related

Table 8: Summary of Fit for variable Stress and QWL

Rsquare	0,344537
RSquare Adj	0,341193
Root Mean Square Error	0,529395
Mean of Response	3,743687
Observations (or Sum Wgts)	198

Source: Authors

In order to assess the statistical significance, observe (Table 9) ANOVA. Here are the results of tests of the null hypothesis that the r2 in population is equal 0. Statistical significance was (Sig. = 0.0001), which means that r <0.0005. Hypothesis H1 - variable Stress significantly affect the variable QWL is confirmed.

Table 9: ANOVA

Source	**DF**	**Sum of Squares**	**Mean Square**	**F Ratio**
Model	1	28,873787	28,8738	103,0253
Error	196	54,930822	0,2803	**Prob > F**
C. Total	197	83,804609		<,0001*

Source: Authors

From (Table 10) coefficients (Coefficients) is determined how the independent variable in the model Stress contributed to the prediction of the dependent variable QWL. In this case the beta coefficient is 0,586973, which means that the independent variable Stress contributes to explaining the dependent variable QWL. Column Prob> |t|. observes the contribution of

variables in the equation (the value of Sig. <0.05.). In this case, the independent variable Stress makes a significant contribution to the equation.

Table 10: Coefficients

Term	Estimate	Std Error	t Ratio	Prob>|t|	Std Beta
Intercept	2,1730681	0,159247	13,65	<,0001*	0
Stres	0,4478865	0,044126	10,15	<,0001*	**0,586973**

Source: Authors

Linear regression equation reads as follows:

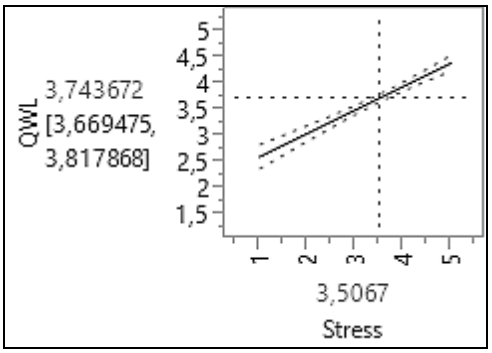
$$y = 0{,}4478865 \cdot x_1 + 2{,}1730681$$

or:

$$QWL = 0{,}4478865 \cdot Stress + 2{,}1730681$$

On (diagram 1) is given diagram of linear regression equation.

Diagram 1: Diagram of linear regression equation for the dependent variable QWL



Source: Authors

In (Table 11) Summary of Fit is calculated coefficient of determination (RSquare) r2 = 0,*177083* that indicate what percentage of variance of the dependent variable QWL is explained in model and the multiple correlation coefficient (R) r = *0,420812* which indicates the strength of the connection between variables. It means that *42,08%* of the variability of the dependent variable QWL can explain through the influence of independent variables Health. Here variables are relatively poorly correlated- related

Table 11: Summary of Fit for variable Health and QWL

Rsquare	0,177083
RSquare Adj	0,172884
Root Mean Square Error	0,593177
Mean of Response	3,743687
Observations (or Sum Wgts)	198

Source: Authors

In order to assess the statistical significance, observe (Table 12) ANOVA. Here are the results of tests of the null hypothesis that the r2 in population is equal 0. Statistical significance was (Sig. = 0.0001), which means that r <0.0005. Hypothesis H2 - variable *Health* significantly affect the variable QWL is confirmed.

Table 12: ANOVA

Source	**DF**	**Sum of Squares**	**Mean Square**	**F Ratio**
Model	1	14,840335	14,8403	42,1770
Error	196	68,964274	0,3519	Prob > F
C. Total	197	83,804609		<,0001*

Source: Authors

From (Table 13) coefficients (Coefficients) is determined how the independent variable *Health* in the model contributed to the prediction of the dependent variable QWL. In this case the beta coefficient is *0,420812*, which means that the independent variable Health contributes to explaining the dependent variable QWL. Column Prob> | t |. observes the contribution of variables in the equation (the value of Sig. <0.05.). In this case, the independent variable Health makes a significant contribution to the equation.

Table 13: Coefficients

Term	**Estimate**	**Std Error**	**t Ratio**	**Prob>|t|**	**Std Beta**
Intercept	2,6703079	0,170569	15,66	<,0001*	0
Health	0,4310934	0,066379	6,49	<,0001*	**0,420812**

Source: Authors

Linear regression equation reads as follows:

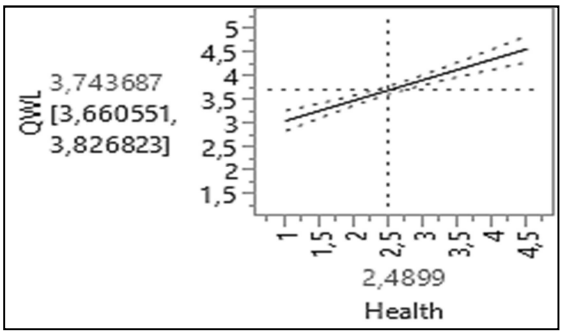
$$y = 0{,}4310934 \cdot x_2 + 2{,}6703079$$

or:

$$QWL = 0{,}4310934 \cdot Health + 2{,}6703079$$

On (diagram 2) is given diagram of linear regression equation.

Diagram 2: Diagram of linear regression equation for the dependent variable QWL



Source: Authors

Task 5. Analysis of influence of group variables Stress and Health for variable QWL

In (Table 14) Summary of Fit is calculated coefficient of determination (RSquare) r2 = *0,390736* that indicate what percentage of variance of the dependent variable QWL is explained in model and the multiple correlation coefficient (R) r = *0, 625088* which indicatess the strength of the connection between variables. It means that *62,50%* of the variability of the dependent variable QWL can explain through the influence of independent variables Stress and Health. Here variables are moderately strong correlated – related

Table14: Summary of Fit for variables Health and QWL

Rsquare	0,390736
RSquare Adj	0,384487
Root Mean Square Error	0,511705
Mean of Response	3,743687
Observations (or Sum Wgts)	198

Source: Authors

In order to assess the statistical significance, observe (Table 15) ANOVA. Here are the results of tests of the null hypothesis that the r2 in population is equal 0. Statistical significance was (Sig. = 0.0001), which means that r <0.0005. Hypothesis H3 - variables Stress and *Health* significantly affect the variable QWL is confirmed

Table 15: ANOVA

Source	**DF**	**Sum of Squares**	**Mean Square**	**F Ratio**
Model	2	32,745436	16,3727	62,5290
Error	195	51,059173	0,2618	**Prob > F**
C. Total	197	83,804609		<,0001*

Source: Authors

From (Table 16) coefficients, is determined how the independent variables Stress and *Health* in the model contributed to the prediction of the dependent variable QWL. In this case the beta coefficient is *0, 499245*, which means that the independent variable Stress individually contributes most to explaining the dependent variable QWL. Column Prob> | t |. observes the contribution of variables in the equation (the value of Sig. <0.05.). In this case, the independent variables Stress and Health make a significant contribution to the equation.

Table 16: Coefficients

Term	**Estimate**	**Std Error**	**t Ratio**	**Prob>|t|**	**Std Beta**
Intercept	1,8156512	0,179813	10,10	<,0001	0
Stress	0,3809461	0,046068	8,27	<,0001	**0,499245**
Health	0,2378245	0,061848	3,85	0,0002	0,232152

Source: Authors

Linear regression equation reads as follows:

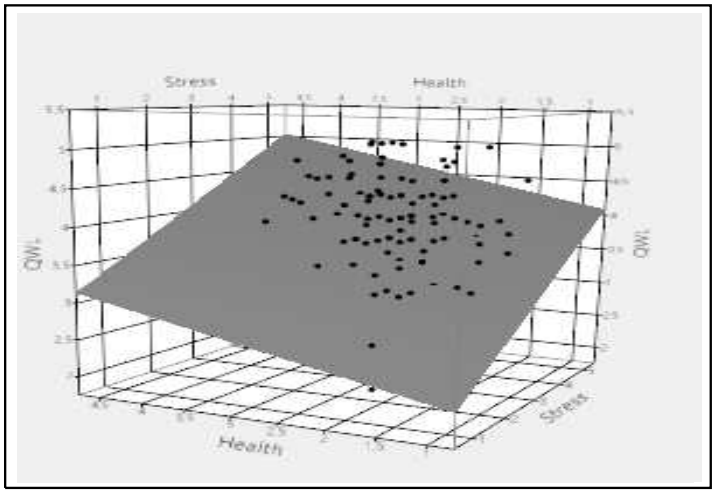
$$y = 0.3809461 \cdot x_1 + 0.2378245 \cdot x_2 + 1.8156512$$

or:

$$QWL = 0.3809461 \cdot Stress + 0.2378245 \cdot Health + 1.8156512$$

On (diagram 3) is given 3D Surface diagram of values of all the variables of the proposed model.

Diagram 3: 3D surface diagram of the variables: Stress, Health i QWL



Source: Authors

Conclusion

There is no consensus on a definition of quality of life at work or a consensus on what makes a quality job but all authors agree that quality of life at work can be represented by the degree of employee satisfaction. Organizations that cherish the quality of life at work see employees as a valuable part of the system in the organization and not as an expense. This approach motivates employees that in addition to economic, organizations are in pursuit to satisfy their social and psychological needs. This paper represents contribution to understanding the connection between forementioned variables and their impact on women's quality of working life. By forementioned proven hypothesis (H1 - Stress has significant influence on Quality of working life, H2 - Health has significant influence on Quality of working life and H3 - Stress and Health have significant influence on Quality of working life) we can have influence at the level of job satisfaction by altering the level of independent variables individually.

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