Quality of work life, resilience, gratitude and social support in workers of a city council: a descriptive cross-sectional study

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Original

Abstract

Objectives: The quality of work life influences the well-being, productivity, and satisfaction of workers. The aim of this study was to analyse the associations between resilience, gratitude, social support, sociodemographic, occupational, and health factors with quality of work life among municipal employees.

Methods: A cross-sectional descriptive analysis was conducted on 374 municipal employees between June and November 2023. Sociodemographic, health, and lifestyle variables, occupational factors, the gratitude questionnaire, and scales of resilience, social support, and quality of work life were collected. A sequential multiple linear regression was performed to assess the associations of the collected variables with the quality of work life. The study was approved by the Bioethics Committee of Granada (record number 5/23).

Results: Significant relationships were found between quality of work life and perceived health, experience, resilience, gratitude, social support, and levels of stress and job satisfaction.

Conclusions: Resilience, gratitude, social support, lower stress, and higher job satisfaction are positively associated with better quality of work life. Occupational health nursing plays a key role in improving well-being in the work environment, using tools such as social support, gratitude, and recognition.

Key words

Occupational health, social support, psychological resilience, quality of life, gratitude (free term), occupational health nursing.

Calidad de vida laboral, resiliencia, gratitud y apoyo social en los trabajadores de un ayuntamiento: un estudio descriptivo transversal

Resumen

Objetivos: La calidad de vida laboral influye en el bienestar, la productividad y la satisfacción de los trabajadores. Nuestro objetivo fue analizar las asociaciones entre resiliencia, gratitud, apoyo social y factores sociodemográficos, ocupacionales y de salud y la calidad de vida laboral de empleados de un ayuntamiento.

Métodos: Se realizó un análisis descriptivo transversal con 374 empleados municipales entre junio y noviembre de 2023. Se recopilaron variables sociodemográficas, de salud y estilo de vida, factores ocupacionales, el cuestionario de gratitud y escalas de resiliencia, apoyo social y calidad de vida laboral. Se realizó una regresión lineal múltiple secuencial para evaluar la asociación de las variables recopiladas en la calidad de vida laboral. El estudio fue aprobado por el Comité de Bioética de Granada (número de registro 5/23).

Resultados: Se encontraron relaciones significativas entre la calidad de vida laboral y la salud percibida, la experiencia, la resiliencia, la gratitud, el apoyo social y los niveles de estrés y satisfacción laboral.

Palabras clave

Salud laboral, apoyo social, resiliencia psicológica, calidad de vida, gratitud (término libre), enfermería del trabajo.

Introduction

Quality of Work Life (QoWL) promotes health, positive attitudes within the organization, and optimal working and personal conditions (1). It refers to the part of overall quality of life that is affected by work, that is, the framework in which a worker evaluates how work influences their life.

There are six key factors related to QoWL: job and professional satisfaction, general well-being, work-related stress, control at work, work-life balance, and working conditions (2).

In current occupational psychology, identifying the relationships between job characteristics and psychological well-being is essential. Over the past two decades, positive psychology has investigated human strengths and virtues, establishing itself as a science that studies positive experiences, positive individual traits, and institutions that foster these aspects. This discipline has influenced areas such as education, healthcare, and economics, and interventions based on positive psychology have shown positive effects on mental health and well-being. Recently, these interventions have also been incorporated into the field of occupational health (3,4).

In this regard, the concept of gratitude is one of the most studied concepts in recent years. Di Fabio et al. present it as a multidimensional construct and cite McCullough et al. to define it as "a tendency to recognize and respond with grateful emotion to the roles of other people in positive experiences."(5). Thus, research on gratitude in work environments has been growing, and a correlation between workplace gratitude and job satisfaction has been evidenced (6).

On the other hand, resilience in the workplace refers to the ability of some workers to recover from adverse situations, functioning as a positive compensatory factor against stress, burnout, and emotional overload. This resilience is complemented by workers' resources to face adversity, such as emotional and personal support (7,8).

Work-life balance is a key factor that influences QoWL and is positively related to job satisfaction (9). Employees who achieve a good balance experience less stress, perceive better health, and are more motivated, which translates into greater job satisfaction and a higher commitment to the organization. In this way, companies that promote work-life balance policies, such as flexible schedules and organizational support, tend to improve employee satisfaction and commitment, which is reflected in higher talent retention and productivity.

Similarly, working conditions have a direct and significant impact on QoWL. Control over work is a determining factor. Employees who have greater autonomy to organize their tasks and manage their schedules tend to experience a significant improvement in their overall well-being. This autonomy not only reduces stress levels but also promotes greater job satisfaction, as they feel more empowered to make decisions that directly affect their performance and productivity (10).

These factors positively impact QoWL as they create a healthier and more effective work environment (10). When working conditions are adequate, the work environment is perceived as a place of growth, motivation, and well-being, which improves both personal and work quality of life.

Within this context, occupational health and community nurses occupy a strategic position to promote QoWL by integrating health promotion, risk prevention and psychosocial care in the workplace. As the professionals who most frequently and closely interact with workers, they play a crucial role in early identification of psychosocial risks, work-related stress and imbalance between job demands and

personal resources, and in implementing evidence-based interventions aimed at improving well-being, participation and working conditions. International frameworks highlight occupational health nursing as a key discipline in workplace health management, with responsibilities that include health surveillance, counselling, education for healthy lifestyles and advocacy for safer and more participatory work environments, all of which contribute to better QoWL and working conditions. In addition, nursing-led programmes that incorporate elements of positive psychology, such as resilience training, stress management and gratitude or recognition-based strategies, have been associated with improvements in professional quality of life, general well-being and work engagement among health professionals, suggesting that similar approaches may be beneficial for other occupational groups (11–13).

Given the multifactorial nature of Quality of Work Life (QoWL) and the importance of assessing its level, we aimed to analyse the associations of resilience, gratitude, social support, and other sociodemographic, occupational, health, and lifestyle factors with QoWL among municipal employees.

Methods

Design, population and sample

A descriptive cross-sectional analysis, following the STROBE statement, was carried out on 374 workers of a city council between June and November 2023.

- *Sample size*

For an estimate of 531,850 workers in Spanish municipalities (14) and a maximized proportion of 50%, the sampling error amounted to 5.06% (95% confidence level). This percentage is within the minimum recommended error rate (between 3 and 8%).

Variables and measurements

The following variables and categories were collected:

- *Sociodemographic:* Sex (male, female), age (quantitative), marital status (married, divorced, domestic partner, partner without legal relationship, legally separated, single and widowed) and educational level (primary education, secondary education, intermediate vocational training, higher vocational training, Baccalaureate and University).

- *Health and lifestyle habits:* leisure-time physical activity (I do not do, occasional, several times a month and several times a week), sedentary lifestyle outside work (quantitative, in minutes), perceived health (very bad, bad, fair, good and very good) and BMI (quantitative).

- *Labor:* Job group (none, social-health care, administration, legal and technical assistance, administrative management, manual operators, music band and law enforcement), type of workday (shift, continuous morning ,variable, reduced, flexible, morning and afternoon, continuous afternoon, split and 24-hour), sedentary work (quantitative, in minutes), total experience (quantitative, in months), experience in the current position (quantitative, in months), occupational-time physical activity (sitting, walking with some weight, standing, making great efforts), absenteeism in the last year (no absenteeism, 1 to 30 days, more than 31 days), flexible working hours (yes, no), level of job stress (very stressful, quite stressful, moderate, almost none and none) and level of job satisfaction (not at all satisfactory, almost none, moderate, quite satisfactory and very satisfactory).

- *Scales and questionnaires:* Resilience Scale (RS-14), Gratitude Questionnaire (GQ-6), Duke-UNC Functional Social Support Questionnaire (Duke-UNC), and Work-Re-

lated Quality of Life Questionnaire (WRQol QNR v23), all in their Spanish versions.

Ethical and Legal Considerations

This research received favorable approval from the Bioethics Committee of Granada on May 30, 2023, under record number 5/23, and was conducted in accordance with the latest version of the Declaration of Helsinki and Laws 14/2007 and 41/2002.

The collected data were processed in accordance with the General Data Protection Regulation (GDPR) of the European Union and Organic Law 3/2018, of December 5, on the Protection of Personal Data and guarantee of digital rights (LOPDGDD).

Statistical Analysis

Qualitative variables were summarized using frequencies and percentages, while quantitative variables were summarized using the mean and standard deviation or median and interquartile range. For univariate analysis between categorical variables, the Chi-squared test or Fisher's exact test was used.

Between dichotomous and quantitative variables, the Mann-Whitney U test was applied due to the non-normality of the sample, or the independent samples t-test was used otherwise. To study the univariate relationship between QoWL and the other variables, one-way ANOVA tests, Kruskal-Wallis test with post-hoc analysis, and Spearman's Rho correlation were used.

To assess normality, the Kolmogorov-Smirnov test was used.

Sequential Hierarchical Multiple Linear Regression Analysis

A sequential or hierarchical multiple linear regression was performed following a theoretically-driven, evidence-based framework. The sequential entry of variable blocks followed an ecological model reflecting the hierarchical organization of factors influencing QoWL: Block 1 (Primary Occupational Outcome) Job Satisfaction, the strongest univariate predictor ($\rho = 0.743$, $p < 0.001$); Blocks 2-4 (Positive Psychology Psychosocial Factors) Resilience, Gratitude, and Social Support, representing evidence-based interventions; Block 5 (Occupational Stressors) Job Stress, complementing and contextualizing positive psychology constructs; and Block 6 (Sociodemographic Moderators) Marital Status. This hierarchical arrangement showed progressive improvement in explained variance from R^2 adjusted = 0.199 to R^2 adjusted = 0.680 ($F(17,334) = 44.9$, $p < 0.001$).

Variable selection and elimination criteria

All variables that reached statistical significance ($p < 0.05$) in univariate analysis (Table 2) were initially included in the multivariable model. Variables not contributing meaningfully to explained variance (Δ adjusted $R^2 < 0.01$)—occupational physical activity and schedule flexibility—were removed. Subsequently, variables failing to reach significance in the omnibus ANOVA test ($p > 0.10$)—job experience, educational level, perceived health, and type of work shift—were eliminated. The final parsimonious model retained six variables: resilience ($\beta = 0.171$, $p = 0.002$), gratitude ($\beta = 0.329$, $p = 0.009$), social support ($\beta = 0.224$, $p = 0.001$), job stress (omnibus ANOVA $p < 0.001$), job satisfaction (omnibus ANOVA $p < 0.001$), and marital status (omnibus ANOVA $p = 0.004$), explaining 68.0% of QoWL variance.

Sensitivity Analyses

Sensitivity analyses were performed for variables with >5% missing values (educational level, occupational group, absenteeism, occupational and non-occupational sedentary behavior) by comparing models with and without missing cases. Results demonstrated robust model stability with no substantial changes in statistical significance or parameter estimates. One extreme outlier (ID 330, standardized residual >3 SD) was removed prior to final analysis.

Assumptions Testing

All regression assumptions were formally tested: Durbin-Watson autocorrelation test (DW = 2.01, p = 0.944; no autocorrelation); linear relationships confirmed; homogeneity of variance assessed visually and through Goldfeld-Quandt test (p = 0.152); multicollinearity ruled out (all VIF <1,25, tolerance >0.80); influential cases absent per Cook's distance and leverage analyses; residual normality confirmed (Shapiro-Wilk: W = 0.997, p = 0.700; Kolmogorov-Smirnov: p = 0.619).

The data were analysed using SPSS version 26 (IBM Corp., 2019) and Jamovi version 2.4.11 (The Jamovi Project, 2023).

Results

Table 1 shows the descriptive analysis by gender. Women have a higher percentage of university education (88.65%, p<0.001), higher percentages in socio-health and administrative positions than men, and lower percentages in manual positions or in security forces (p<0.001). They are less likely to engage in leisure-time physical activity (15.4% versus 2.6%, p<0.001), more likely to perform their work mainly seated (91.1%, p<0.001), and more likely to work primarily in the morning (82.6%, p<0.001). Women also perceive worse health (higher percentages in the very poor, poor, and fair categories, p=0.009), have lower levels of resilience (p=0.019), and higher levels of gratitude (p=0.031).

The analysis of the relationship between QoWL and the other variables can be found in Table 2. Very significant relationships (p<0.001) are obtained with perceived health, job experience, resilience, gratitude, social support, and levels of job stress and satisfaction. Relationships are also observed with marital status (p=0.041), educational level (p=0.035), occupational-time physical activity (p=0.039), and both schedule flexibility and type of work shift (p=0.024 in both cases).

Table 1. Descriptive analysis according to sex (N=374)

Variable	Categoríes	Men		Women		p value
		n	%	n	%	
Marital status (H=156. M=214)	Married	105	67.3%	125	58.4%	0.248
	Divorced	12	7.7%	25	11.7%	
	Domestic partner	6	3.8%	6	2.8%	
	Partner without legal relationship	17	10.9%	25	11.7%	
	Legally separated	2	1.3%	1	0.5%	
	Single	14	9.0%	28	13.1%	
	Widowed	0	0.0%	4	1.9%	

→

Variable	Categoríes	Men		Women		p value
		n	%	n	%	
Educational level (H=147. M=193)	Primary education	1	0.7%	1	0.5%	<0.001
	Secondary education	11	7.5%	0	0.0%	
	Intermediate vocational training	13	8.8%	5	2.6%	
	Higher vocational training	12	8.2%	6	3.1%	
	Baccalaurate	20	13.6%	10	5.2%	
	University	90	61.2%	171	88.6%	
Job group (H=145. M=197)	None	6	4.1%	12	6.1%	<0.001
	Social-health care	10	6.9%	28	14.2%	
	Administration	70	48.3%	126	64.0%	
	Legal and technical assistance	8	5.5%	11	5.6%	
	Administrative management	10	6.9%	12	6.1%	
	Manual operators	13	9.0%	4	2.0%	
	Music band	1	0.7%	0	0.0%	
	Law enforcement	27	18.6%	4	2.0%	
Job satisfaction (H=155. M=207)	Not al all satisfactory	2	1.3%	8	3.9%	0.252
	Almost none satisfactory	14	9.0%	15	7.2%	
	Moderate satisfactory	46	29.7%	68	32.9%	
	Quite satisfactory	57	36.8%	80	38.6%	
	Very satisfactory	36	23.2%	36	17.4%	
Leisure-time physical activity (H=156. M=214)	I do not do	4	2.6%	33	15.4%	<0.001
	Occasional	37	23.7%	48	22.4%	
	Several times a month	26	16.7%	41	19.2%	
	Several times a week	89	57.1%	92	43%	
Level of job stress (H=156. M=212)	Very stressful	16	10.3%	29	13.7%	0.785
	Quite stressful	38	24.4%	46	21.7%	
	Moderate stressful	81	51.9%	98	46.2%	
	Almost none stressful	18	11.5%	32	15.1%	
	None stressful	3	1.9%	7	3.3%	
Perceived health (H=157. M=213)	Very bad	0	0%	1	0.5%	0.009
	Bad	2	1.3%	6	2.8%	
	Fair	23	14.6%	54	25.4%	
	Good	102	65%	120	56.3%	
	Very good	30	19.1%	32	15%	

Variable	Categories	Men		Women		p value
		n	%	n	%	
Occupational-health physical activity (H=156. M=213)	Sitting	102	65.4%	194	91.1%	<0.001
	Walking with some weight	24	15.4%	12	5.6%	
	Standing	7	4.5%	6	2.8%	
	Making great efforts	23	14.7%	1	0.5%	
Flexible working hours (H=157. M=213)	Yes	78	49.7%	137	64.3%	0.005
	No	79	50.3%	76	35.7%	
Type of work day (H=156. M=213)	Shift	44	28.2%	10	4.7%	<0.001
	Continous morning	80	51.3%	176	82.6%	
	Variable	17	10.9%	7	3.3%	
	Reduced	1	0.6%	7	3.3%	
	Flexible	2	1.3%	5	2.3%	
	Morning and afternoon	6	3.8%	3	1.4%	
	Continous afternoon	5	3.2%	4	1.9%	
	Split	0	0%	1	0.5%	
	24 h	1	0.6%	0	0%	
Absenteeism (H=138. M=187)	No absenteeism	73	52.9%	104	55.6%	0.402
	1 to 30 days	45	32.6%	65	34.8%	
	More than 31 days	20	14.5%	18	9.6%	
		M	SD	M	SD	
Resilience (H=157. M=215)		76.3	11.4	74	10.8	0.019
Age (H=155. M=211)		52	6.8	50	7.8	0.413
Total work experience (H=155. M=208)		278	106	250	122	0.024
		Med	IQR	Med	IQR	
Sedentary work time (minutes) (H=145. M=204)		480	300	540	150	<0.001
Sedentary leisure time (min.)(H=147. M=203)		300	220	250	180	0.545
Job experience (H=156. M=210)		132	161	96	162	0.006
Social Support (H=157. M=215)		44	44	44	44	0.949
BMI (H=154. M=210)		26	4.03	23	4.4	<0.001
Gratitude (H=157. M=215)		32	6.25	34	7	0.031
QoWL (H=157. M=215)		86	23.3	86	22	0.842

Own elaboration

Table 2. Relationship between QoWL and other variables		
	x2/Rho	p value
Age	-0.062	0.236
Marital status	12.8	0.046
Educational level	13.4	0.02
BMI	0.063	0.231
Leisure-time physical activity	0.079	0.128
Perceived health	0.354	<0.001
Absenteeism	2.46	0.482
Occupational-time physical activity	10	0.019
Sedentary work time (minutes)	-0.028	0.599
Sedentary leisure time (minutes)	-0.048	0.366
Schedule flexibility	5.48	0.019
Type of work shift	16	0.042
Job group	9.48	0.148
Job experience	-0.195	<0.001
Total work experience	-0.115	0.028
Resilience	0.46	<0.001
Gratitude	0.307	<0.001
Social support	0.384	<0.001
Job stress	0.432	<0.001
Job satisfaction	0.743	<0.001

Own elaboration

The final parsimonious model retained six variables: resilience (β = 0.171, p = 0.002), gratitude (β = 0.329, p = 0.009), social support (β = 0.224, p = 0.001), job stress (omnibus ANOVA p < 0.001, all categories significant vs. reference), job satisfaction (omnibus ANOVA p < 0.001, all categories), and marital status (omnibus ANOVA p = 0.004), explaining 68.0% of QoWL variance ($F(17,334) = 44.9$, $p < 0.001$). Table 3 presents complete coefficient information including standardized betas, standard errors, 95% confidence intervals, and variance inflation factors.

Discussion

We aimed to analyse the associations of resilience, gratitude, social support, and other sociodemographic, occupational, health, and lifestyle factors with QoWL among municipal employees.

We found that job satisfaction showed the strongest association with QoWL, followed by stress levels, social support, resilience, and gratitude. We also found a relationship with certain marital status categories.

Among women, a higher percentage of university education (88.65%, p<0.001) stands out, which is also reflected in the OCDE's "Education at a Glance 2023" report. This may be due to factors such as

Table 3. Sequential multiple linear regression analysis

Predictor	95% CI					
	Estimator	EE	Inf.	Sup.	t	p
Constant [a]	21.115	48.857	115.044	30.726	4.322	< .001
Resilience	0.171	0.0542	0.0648	0.278	3.163	0.002
Gratitude	0.329	0.1255	0.0818	0.575	2.619	0.009
Social Support	0.224	0.0696	0.0866	0.361	3.210	0.001
Job stress						
Quite stressful – Very stressful	2.143	18.400	-14.769	5.762	1.164	0.245
Moderate stressful – Very stressful	5.787	17.345	23.755	9.199	3.337	< .001
Almost none stressful – Very stressful	7.601	21.016	34.671	11.735	3.617	< .001
None stressful – Very stressful	12.815	34.330	60.622	19.568	3.733	< .001
Job satisfaction						
Almost none satisfactory – Not at all satisfactory	6.392	36.415	-0.7714	13.555	1.755	0.08
Moderate satisfactory – Not at all satisfactory	18.932	33.043	124.317	25.431	5.729	< .001
Quite satisfactory – Not at all satisfactory	30.409	33.707	237.787	37.040	9.022	< .001
Very satisfactory – Not at all satisfactory	37.258	35.539	302.667	44.248	10.483	< .001
Marital status						
Divorced – Married	-1.197	16.877	-45.164	2.123	-0.709	0.479
Domestic partner – Married	-0.35	27.931	-58.445	5.144	-0.125	0.9
Partner without legal relationship – Married	-3.439	16.064	-65.988	-0.279	-2.141	0.033
Legally separated – Married	-19.569	54.946	-303.775	-8.761	-3.561	< .001
Single – Married	-3.561	16.485	-68.037	-0.318	-2.160	0.031
Widowed – Married	1.840	67.644	-114.666	15.146	0.272	0.786

[a] Represents the reference level. Own elaboration

greater access to education, changes in social and cultural norms, and new inclusive educational policies (15).

In the distribution of employment by gender, we observe higher percentages of women in socio-health and administrative positions and lower percentages in manual jobs and in law enforcement and security forces. This distribution aligns with the data from the Active Population Survey of the National Statistics Institute. Regarding law enforcement and security forces in local administration, it is worth noting the high masculinization of this group, as highlighted by Galvez Muñoz in 2017 in his analysis of the mechanisms and barriers to access and promotion for women and men in the Andalusian local police forces (16). This could be due to historical, social, and cultural factors such as gender stereotypes, physical access requirements, work culture, lack of role models, and occupational segregation. The combination of these factors has resulted in a majority presence of men in fire departments and local police forces. In recent decades, efforts have been made to reduce this gap and promote greater inclusion of women in these fields. For example, the Granada City Council's 2019 awareness campaign "porque me lo pide el cuerpo" aimed to reduce the high masculinization of these bodies in Granada's local administration.

Work life in Spain is mainly sedentary, according to the 2017 National Health Survey (ENSE2017) (17). The proportion of men and women who report spending most of their main activity sitting is very similar. In this regard, we found that women primarily perform their work activities sitting, which could be explained by the positions they occupy (socio-health and administrative roles); additionally, they mainly work morning shifts. This could be due to the jobs that, as mentioned earlier, women hold in greater proportion, and it may also be due to the choice of this work shift for family reconciliation reasons, as it allows better compatibility between work and personal and family responsibilities (18).

Regarding leisure-time physical activity, we found lower percentages among women, which confirms the trend observed by the WHO that women generally tend to be less physically active than men in Europe (19). The lower percentage of women engaging in leisure-time physical activity compared to men may be influenced by cultural and social factors that assign women a predominant role in home and family care. This role assignment leads to women traditionally taking on the majority of domestic tasks, reducing their leisure time and exercise, as confirmed by the main results of the time use surveys from the National Statistics Institute and the latest survey from the Center for Sociological Research (CIS) in November 2023 (20,21). These surveys show that women spend more time than men on household chores and childcare, thus having less free time. Similarly, the 2021 time use survey conducted by the Valencian Community also highlights how gender roles affect time management, workload, and activity distribution, impacting women's personal availability and quality of life (22).

Regarding health perception, Megan Willerth et al. (2020) concluded a study that female gender roles are associated with poor self-rated health, which supports our finding that women perceive their health to be worse than men in the studied population (23). Additionally, according to the 2020 European Health Survey in Spain (24), men tend to report better health status compared to women, which supports our similar finding. This perception may be influenced by a combination of biological, psychological, socioeconomic, and cultural factors.

Also related to gender differences, we found that women had significantly lower levels of resilience and higher levels of gratitude than men. Our results align with those of Agnieszka and collaborators (25), which highlight the underlying transculturality, where gender roles explain much of the results: women's greater sensitivity, emotionally speaking, is related to empathy, and therefore to being more grateful. However, in men, empathy (and compassion) could be interpreted as emotional weakness, potentially threatening their masculinity. Regarding resilience, men show greater personal competencies to cope with difficulties, as well as higher tolerance for failure, perhaps due to a perception of life as a challenge, and higher levels of optimism. In contrast, women seem to need external support, mainly from family, to be resilient (26). In both genders, the ability to be flexible, open to new experiences, and face challenges positively is related to higher levels of gratitude (25). However, in our opinion, the social evolution of women in society should also be considered. Women now have higher educational levels (in our sample, women have more university degrees) and greater access to jobs that allow them to be economically independent or contribute equally to the family unit, which could be influencing their levels of gratitude. And it is precisely this, along with the traditional roles of women as caregivers of the family unit, that could be undermining their level of resilience. These aspects deserve longitudinal studies to assess generational evolution in this regard and require complex multidimensional and multifactorial approaches.

As expected, we found significant relationships between QoWL and work-related variables such as experience, stress levels, job satisfaction, type of workday, or schedule flexibility. Since our work life occupies a large part of the day, we also found a weak association with perceived health ($\rho = 0.354$, $p < 0.001$). This modest correlation reflects the multifactorial nature of health, where work factors are just one of many contributors to perceived health status The relationship between quality of life and work variables is enhanced when considering well-established factors such as work stress or job satisfaction, with a strong association for the latter variable ($\rho=0.74$, $p<0.001$) (27).

Although the study found a relationship between QoWL and physical activity at work, educational level, and marital status, the strength of the association was very low, and the pairwise relationships were lost in the post-hoc analysis. When relating QoWL with gratitude, the strength of the association was weak (0.307, $p<0.001$), somewhat higher but still weak with social support (0.384, $p<0.001$), and moderate with resilience (0.46, $p<0.001$).

Although gratitude shows a weak to moderate association with well-being ($\rho = 0.307$, $p < 0.001$), evidence-based interventions in this area have demonstrated beneficial effects, such as keeping a journal, sending a thank-you letter, or visiting the recipient (28). Therefore, despite the modest statistical strength, gratitude represents a modifiable psychosocial factor that occupational health nurses can target in workplace interventions . Social and workplace support show moderate associations with worker well-being ($\rho = 0.384$, $p < 0.001$). While this correlation is modest in strength, social support remains a modifiable psychosocial resource that can be targeted through occupational health nursing interventions. The importance of social support in our sample may be further influenced by the civil servant nature of the working population, which provides a sense of job security in our environment, and by the characteristics of our culture, where personal and family support is very important. These aspects should also be considered in future studies.

Regarding the relationship between QoWL and resilience, the association between the latter and positive cognition in terms of job satisfaction has been proven (19), as we also demonstrated through our main result of the multivariate analysis. Employees with high levels of resilience have high levels of self-efficacy, and therefore the negative impact of criticism, negative feedback, and even repeated failure is lower (19), which implies a more favorable work climate and thus a higher QoWL. It is a climate of appreciation, gratitude, and facilitation that mediates the relationship between resilience as a trait and resilient behavior at work (19), an environment that exists in our context due to the characteristics of civil servant employability, the family environment, and the tolerance and well-being provided by the employer.

As we mentioned regarding satisfaction, the sequential or hierarchical linear regression explained 68% of the variability and highlighted that this variable shows the strongest association , followed by stress, social support, resilience, and gratitude (in this order) with QoWL in our sample.

Some significant associations were also found, although with less strength, in categories related to marital status, indicating that separated or single individuals report lower QoWL than married individuals. Although marital status is a variable commonly included within the sociodemographic variables of studies, there are not many studies that specifically analyse the relationship between QoWL and marital status. Studies that analyse the relationship between marital status and job satisfaction, a variable clearly related to quality of life, are more common, although with variable

results among authors where the sociocultural environment plays an important role (29). Marital status, as an emotional state, present in gratitude, resilience, and social support, should be specifically valued in studies due to its intimate interrelation (30).

Being or feeling grateful, being able to adapt and recover from adverse situations, seeking or having social support, being subjected to stress, and feeling job satisfaction are interrelated variables connected to the perceived level of QoWL. Occupational health services should pay attention to all of these to ensure a positive influence on workers' health levels.

Occupational health and community nurses are in a strategic position to design and coordinate workplace programmes that combine health education, early identification of psychosocial risks and tailored support for workers exposed to high demands or low perceived QoWL. Several workplace interventions implemented in diverse occupational settings have shown that multimodal programmes including resilience-building activities, stress-management training, mindfulness-based strategies or organisational changes can improve psychological well-being, reduce perceived stress and enhance work engagement, indicating that similar approaches could be adapted to municipal work environments. Positive psychology and gratitude-based programmes, including brief recognition exercises, peer-support initiatives and structured activities to foster appreciation and collegiality, have shown beneficial effects on well-being, resilience and perceived support in different worker populations, which supports their potential value in municipal organisations (13,31).

Our findings also highlight gratitude and social support as modifiable psychosocial resources that can be incorporated into occupational health nursing interventions aimed at promoting emotional well-being and improving QoWL among municipal staff. The integration of these factors into comprehensive workplace health promotion plans enables nurses to address the complex, multifactorial nature of quality of work life at both individual and organizational levels(10,11).

Limitations and Strengths

The limitations of our study are primarily related to its design; cross-sectional studies cannot establish causal relationships. Additionally, as highlighted, sociocultural and socioeconomic variables that might be related were not collected.

Furthermore, the study was conducted exclusively in a public-sector municipal organization, where job stability, employment protections, and organizational characteristics differ substantially from private-sector environments. The high level of job security inherent to public employment may favorably influence resilience, gratitude, and social support levels, potentially limiting the generalizability of associations found in this population. Findings should be interpreted cautiously when considering applicability to other occupational settings, particularly private-sector organizations where job precarity, organizational culture, and psychosocial risk profiles may substantially differ. Future research should examine whether the associations identified in this stable public-sector context remain consistent in more heterogeneous employment situations.

On the other hand, to our knowledge, we have not found similar studies that analyse the variables and scales used in a population like ours, with a sufficiently representative sample and a limited margin of error that allows for the validation of the results.

Conclusion

Resilience, gratitude, social support, lower stress levels, and higher job satisfaction are significantly associated with the quality of work life among municipal employees in a Spanish municipality .

Applying Research to Occupational Health Practice

Occupational health nurses can implement evidence-based interventions targeting the psychosocial determinants identified in this study. For resilience ($\beta = 0.171$, $p = 0.002$), practical strategies include structured debriefing sessions following critical incidents, mindfulness-based stress reduction workshops, cognitive reframing coaching, and peer mentoring programs. Although gratitude shows a weak to moderate association ($\rho = 0.307$), cost-effective interventions such as recognition platforms, gratitude journaling, appreciation ceremonies, and manager training programs warrant implementation. Similarly, social support ($\rho = 0.384$) can be enhanced through peer mentoring, team-building activities, support groups, counseling services, and supervisor training in supportive communication. Integration of these individual-level interventions alongside organizational measures—such as improved communication, participatory decision-making, and flexible work arrangements—enables occupational health nurses to address quality of work life at both individual and organizational levels. Regular assessment using validated instruments (RS-14, GQ-6, Duke-UNC Functional Social Support Questionnaire) ensures program effectiveness and sustainability.

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