



ISSN: 0975-833X

RESEARCH ARTICLE

A STUDY ON QUALITY OF WORK LIFE IN A MULTI SPECIALITY HOSPITAL IN CHENNAI

***Sunil Franklin, A. and Anitha, P.**

Department of Hospital Administration, Dr. N. G. P Arts and Science College, Coimbatore – 48

ARTICLE INFO

Article History:

Received 20th October, 2013
Received in revised form
17th November, 2013
Accepted 05th December, 2013
Published online 26th January, 2014

Key words:

Quality of work life,
Workforce,
Organizations need,
Hospital Management,
Stress Management.

ABSTRACT

Response Quality of Work Life (QWL) is viewed as a choice to the control approach of managing people. The QWL approach considers people as an 'asset' to the organization rather than as 'costs'. It believes that people perform better when they are allowed to participate in managing their work and make decisions. To satisfy the new generation workforce, organizations need to concentrate on job designs and organization of work. Further, today's workforce is realizing the significance of relationships and is trying to strike a balance between career and personal lives. Successful organizations support and provide facilities to their people to help them to balance the scales. In this process, organizations are coming up with new and innovative ideas to improve the quality of work and quality of work life of every individual in the organization. Various programs like flex time, alternative work schedules, compressed work weeks, telecommuting etc., are being adopted by these organizations. Technological advances further help organizations to implement these programs successfully. Organizations are enjoying the fruits of implementing QWL programs in the form of increased productivity, and an efficient, Satisfied, and committed workforce which aims to achieve organizational objectives. Quality of Working Life is a term that had been used to describe the broader job-related experience an individual has. Whilst there has, for many years, been much research into job Satisfaction and more recently, an interest has arisen into the broader concepts of stress and subjective well-being, the precise nature of the relationship between these concepts has still been little explored. Stress at work is often considered in isolation, wherein it is assessed on the basis that attention to an individual's stress management skills or the sources of stress will prove to provide a good enough basis for effective intervention.

Copyright © Sunil Franklin, A. and Anitha, P. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Human resources management is important for the survival of health care organisations. There is, however, a concern about the quality of work life, experienced by health care workers. The apparent lack of quality of work life might have a negative effect on the productivity of health care workers Walton's (2005). Health services depend on the capacity and capabilities of their human resources. It is no secret that health care institutions are experiencing problems with the rendering of quality of healthcare. The quality of care received by patients is closely linked to the quality of work life experienced by healthcare workers. Authors emphasise quality of work life components such as enhancing the dignity of employees, introducing changes in the organisation's culture and improving the physical and emotional wellbeing of the employees (Muller, Bezuidenhout and Jooste 2011). Hackman and Oldham (1976) drew attention to what they described as psychological growth needs as relevant to the consideration of Quality of working life. Several such needs were identified; Skill variety, Task Identity, Task significance, Autonomy and

Feedback. They suggested that such needs have to be addressed if employees are to experience high quality of working life. Warr and colleagues (1979), in an investigation of Quality of working life, considered a range of apparently relevant factors, including work involvement, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics, job Satisfaction, life Satisfaction, happiness, and self-rated anxiety. They discussed a range of correlations derived from their work, such as those between work involvement and job Satisfaction, intrinsic job motivation and job Satisfaction, and perceived intrinsic job characteristics and job Satisfaction. In particular, Warr *et al.* (1979) found evidence for a moderate association between total job Satisfaction and total life Satisfaction and happiness, with a less strong, but significant association with self-rated anxiety. Mirvis and Lawler (1984) suggested that Quality of working life was associated with Satisfaction with wages, hours and working conditions, describing the "basic elements of a good quality of work life" as; safe work environment, equitable wages, equal employment opportunities and opportunities for advancement. It has generally been agreed however that Quality of Working Life is conceptually similar to well-being of employees but differs from job Satisfaction which solely represents the work place domain (Lawler, 1982).

***Corresponding author: Sunil Franklin, A.**

Department of Hospital Administration, Dr. N. G. P Arts and Science College, Coimbatore – 48

Quality of Working Life is not a unitary concept, but has been seen as incorporating a hierarchy of perspectives that not only include work-based factors such as job Satisfaction, Satisfaction with pay and relationships with work colleagues, but also factors that broadly reflect life Satisfaction and general feelings of well-being (Danna and Griffin, 1999). More recently, work-related stress and the relationship between work and non-work life domains (Loscocco and Roschelle, 1991) have also been identified as factors that should conceptually be included in Quality of Working Life.

Measurement

There are few recognized measures of quality of working life, and of those that exist few have evidence of validity and reliability. Statistical analysis of a new measure, the Work-Related Quality of Life scale (WRQoL), indicates that this assessment device should prove to be a useful instrument, although further evaluation would be useful. The quality of working life: Job and Career Satisfaction; Working Conditions; General Well-Being; Home-Work Interface; Stress at Work and Control at Work. The Job and Career Satisfaction Job and Career Satisfaction (JCS) scale of the Work-Related Quality of Life scale (WRQoL) is said to reflect an employee's feelings about, or evaluation of their Satisfaction or contentment with their job and career and the training they receive to do it. Within the WRQoL measure, JCS is reflected by questions asking how satisfied people feel about their work. It has been proposed that this Positive Job Satisfaction factor is influenced by various issues including clarity of goals and role ambiguity, appraisal, recognition and reward, personal development career benefits and enhancement and training needs. The General Well-Being (GWB) scale of the Work-Related Quality of Life scale (WRQoL) aims to assess the extent to which an individual feels good or content in themselves, in a way which may be independent of their work situation.

It is suggested that general well-being both influences, and is influenced by work. Mental health problems, predominantly depression and anxiety disorders, are common, and may have a major impact on the general well-being of the population. The WRQoL GWB factor assesses issues of mood, depression and anxiety, life Satisfaction, general quality of life, optimism and happiness. The WRQoL Stress at Work sub-scale (SAW) reflects the extent to which an individual perceives they have excessive pressures, and feel stressed at work. The WRQoL SAW factor is assessed through items dealing with demand and perception of stress and actual demand overload. Whilst it is possible to be pressured at work and not be stressed at work, in general, high stress is associated with high pressure. The Control at Work (CAW) sub scale of the WRQoL scale addresses how much employees feel they can control their work through the freedom to express their opinions and being involved indecisions at work. Perceived control at work as measured by the Work-Related Quality of Life scale (WRQoL) is recognized as a central concept in the understanding of relationships between stressful experiences, behavior and health. Control at work, within the theoretical model underpinning the WRQoL, is influenced by issues of communication at work, decision making and decision control.

The WRQoL Home-Work Interface scale (HWI) measures the extent to which an employer is perceived to support the family and home life of employees. This factor explores the interrelationship between home and work life domains. Issues that appear to influence employee HWI include adequate facilities at work, flexible working hours and the understanding of managers. The Working Conditions scale of the WRQoL assesses the extent to which the employee is Satisfied with the fundamental resources, working conditions and security necessary to do their job effectively. Physical working conditions influence employee health and safety and thus employee Quality of working life. This scale also taps into Satisfaction with the resources provided to help people do their jobs.

Statement of the research problem

The research "A study on quality of work life in a Multi Speciality Hospital in Chennai" was done to assess the factors for improving the quality of work life, staff performance, decrease burnout among staffs .So as to reduce the turnover rates.

Secondary objective

To know the existing working conditions that helps to improve the quality of work life. To examine how the training and development programs helps to improve the quality of work life. To know how the various welfare activities and other benefits helps to bring a better quality of work life.

MATERIALS AND METHODS

The type of research design used in the project was Descriptive research. Simple random sampling method was used in this project. In this research the primary data was collected by means of a Structured Questionnaire. The questionnaire consisted of a number of questions in printed form. It had both open-end closed end questions in it. A cross-sectional, descriptive and analytical study was conducted among 600 hospitals' employees by questionnaire. A Simple random sampling technique was used to select respondents as nursing, supportive and paramedical groups. In addition, respondents were asked to define the most important issues affecting the overall quality of work life. Before beginning the main survey, a pilot study performed with 50 randomly respondents to check the reliability and validity of questionnaire instrument. The Sample size is 400. The research reported here intended to provide insights into the positive and negative attitude of a Multi speciality Hospitals' employees from their quality of work life. Our survey sought to measure employees' attitude about a range of 10 key factors affecting their quality of work life.

These factors are: Employees working condition, Employee salary satisfaction, Leave satisfaction of the employees, Trust in senior management., Satisfaction of working hours, Satisfaction on training, Satisfaction of welfare schemes, Health and safety standards at work., Level of stress experienced at work and Satisfaction of job security

Table 1. Data analysis and interpretation

Sl. No	Employees satisfaction Elements of QWL	Highly Satisfied		Satisfied		Neutral		Dissatisfied		Highly Dissatisfied		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
1.	Respondents working condition	55	13.75	122	30.5	136	34	87	21.75	0	0	400	100
2.	Respondents salary satisfaction	0	0	131	32.75	106	26.5	103	25.75	60	15	400	100
3.	Leave satisfaction of the respondents	71	17.75	108	27	106	26.5	66	16.5	49	12.25	400	100
4.	Trust in senior management.	81	20.25	101	25.25	121	30.25	71	17.75	26	6.5	400	100
5.	Satisfaction of working hours	116	29	134	33.5	109	27.25	22	5.55	19	4.75	400	100
6.	Satisfaction on training	86	21.5	114	28.5	131	32.75	58	14.5	11	2.75	400	100
7.	Satisfaction of welfare schemes	116	29	134	33.5	109	27.25	30	7.5	11	2.75	400	100
8.	Health and safety standards at work.	105	26.25	118	29.5	96	24	58	14.5	23	5.75	400	100
9.	Level of stress experienced at work.	126	31.5	112	28	104	26	45	11.25	13	3.25	400	100
10.	Satisfaction of job security	128	32	111	27.75	95	23.75	66	16.5	0	0	400	100
11.	Total average Quality of work life	884	22.1	1185	29.6	1113	27.8	606	15.16	212	5.3	4000	100

RESULTS

Employees working condition which was the first factor had the maximum 34 % (136) to be neutral followed by satisfied employees at 30.5 % (122). There was 21.75% (87) of staff who were dissatisfied. There were 13.75% (55) employees who were highly satisfied with working conditions. It was also found that the respondents are not highly satisfied with their salary, 32.75% (131) of the respondents were satisfied, 26.5% (106) of the respondents were neutral, 25.75% (103) of the respondents dissatisfied, and 15% (60) of the respondents highly dissatisfied with their salary provided. Looking into the leave protocols of the hospital 17.75% (71) of the respondent were highly Satisfied, 27% (108) of the respondents Satisfied, 26.5% (106) of the respondents were neutral 16.5% (66) of the respondents dissatisfied, and 12.25% (49) of the respondents were highly dissatisfied with leave providing pattern of the hospital. For the factor Trust in senior management 20.25% (81) of the respondents were highly satisfied, 25.25% (101) of the respondents satisfied, 30.25% (121) of the respondents were neutral, 17.75% (71) of the respondents were dissatisfied, and 6.5% (26) of the respondents were highly dissatisfied regarding trust in senior management. With the working hour pattern of the hospital 29% (116) of the respondents were highly satisfied, 33.5% (134) of the respondents were satisfied, 27.25% (109) of the respondents were in neutral, 5.5% (22) of the respondents dissatisfied, and 4.75% (19) of the respondents were highly dissatisfied with working hours.

The employees Satisfaction on training were 21.5% (86) of the respondents were highly satisfied, 28.5% (114) of the respondents were satisfied, 32.75% (131) of the respondents in neutral, 14.5% (58) of the respondents dissatisfied, and 2.75% (11) of the respondents were highly dissatisfied with training provided. When the employees' satisfaction of welfare scheme by the hospital management was measured 29% (116) of the respondents were highly satisfied, 33.5% (134) of the respondents satisfied, 27.25% (109) of the respondents were in neutral, 7.5% (30) of the respondents dissatisfied, and 2.75% (11) of the respondents were highly dissatisfied with welfare schemes. It was also found that 26.25% (105) of the respondents were highly satisfied, 29.5% (118) of the respondents were satisfied, 24% (96) of the respondents were in neutral, 14.5% (58) of the respondents were dissatisfied, and 5.75% (23) of the respondents highly dissatisfied with Health and safety standards at work. From the study about the level of stress experienced at work 31.5% (126) of the respondents highly satisfied, 28% (112) of the respondents satisfied, 26%

(104) of the respondents were in neutral, 11.25% (45) of the respondents dissatisfied, and 3.25% (13) of the respondents highly dissatisfied. For satisfaction of job security 32% (128) of the respondents highly satisfied, 27.75% (111) of the respondents satisfied, 23.75% (95) of the respondents were in neutral, 16.5% (66) of the respondents dissatisfied, and no respondents were highly dissatisfied with job security

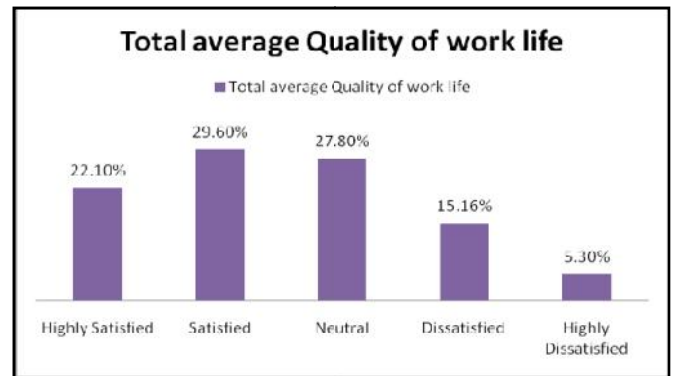


Fig. 1. Total average quality of work life

Calculating the total average Quality of Work life it was found that 22.1% were highly satisfied 29.6% were satisfied. There were 27.80% employees who felt that it was neutral, 15.16% employees were dissatisfied with the quality of work life in the organization and 5.30% were highly dissatisfied with the management roles about the quality of work conditions.

Rank correlation

To find out if there is a relationship between factors influencing in quality of work and factors influencing in motivational factors provided by a Multi speciality Hospital

Factors influencing in quality of work

FACTORS	TOTAL	RANK(Rx)
Nature of job	102	2
Human Relation	12	5
Job Security	58	3
Development and Encouragement	22	4
Pay and Compensation	206	1

DISCUSSION

The results of this study was intended to assist decision makers in identifying key workplace issues, as perceived by

employees, in order to develop strategies to address and improve the quality of work life conditions for employees within each of the individual departments in the health care organization. This research represents the first step of an ongoing process to ensure better QWL for employees by the multispecialty hospital. Pay and Compensation was found to be the most important factor when working on the Quality of work life followed by the nature of job, followed by job security, development and encouragement was ranked 4th and the least factor considered was Human Relation.

Successfully combining work and home is a major issue for many employees, and sometimes creates serious problems or conflicts between the two domains. Research by Geurts, Taris, Kompier, Dijkers, Van Hooff and Kinunnen (2005) has shown that work demands can affect workers' private lives negatively -such as creating work-home interference; more often than the other way around namely home-work interference. Work-home-interference may occur in three distinct ways. It may arise from time demands that make it physically impossible to be in two places at the same time; when strain accumulated at work makes it difficult to relax in the home environment. There should be a balanced relationship between an employee's working time and time away from work to spend with family and on recreational activities. Richardson, Dabner and Curtis (2003) emphasized the National Health Department's (United Kingdom) "suggestion that staff may perform better for patients when a balance between work and life outside the work can be achieved." Workplace safety has become one of the highest operational priorities facing organisations in general and human resource management in particular. Needle stick injuries expose employees to life-threatening blood-borne illnesses such as HIV/AIDS, Hepatitis etc, while ergonomic injuries, for example back injuries also place health workers at risk. The infrastructure, equipment and supplies form a crucial part of the health care environment. No matter how motivated and skilled health care workers are, they cannot do their jobs properly in facilities that lack clean water, adequate lighting, heating, vehicles, medicine, linen, working equipment and other supplies. The quality of work life might benefit from the flat and decentralised structure of the magnet organisation. A characteristic of a more decentralised structure is that managers adopt a more collaborative and participative approach. They are accessible and communicate effectively with the staff. Managers should conduct meetings and ask for and incorporate feedback from staff members. Another participatory management technique is the use of quality circles where groups of employees meet on a frequent basis with their supervisors to identify and discuss problems in service delivery programmes and make plans as a team to resolve these problems.

Conclusion

Pay and compensation is the primary factor recognized by an employee followed by the nature of job as the second most important factor for the employees. Job security is the third factor followed by development and encouragement by the management and top managers and human relationship was the least factor when considering and working towards better quality of work life. If health workers enjoy a better quality of work life, the retention rates of employees will increase, while the absenteeism rates and the turnover rates will decrease, which will also raise the quality of health care delivery

REFERENCES

- Danna, K. and Griffin, R.W. 1999. Health and well-being in the workplace: a review and synthesis of the literature. *Journal of Management*, 25(3), 357-384.
- Geurts, SAE, Taris, TW, Kompier, MAJ, Dijkers, JSE, van Hooff, MLM and Kinunnen, UM. 2005. Work-home interaction from a work psychological perspective: development and validation of a new questionnaire. *Work and Stress*, 19:319-339.
- Hackman, J.R. and Oldham, G.R. 1976. Motivation through the Design of Work: Test of Theory. *Organizational Behaviour and Human Performance*
- Lawler, E. E. 1982. Quality of work life: An overview. *Transamerica*, (1), I-III
- Loscocco, K. A. and A. R. Roschelle 1991. Influences on the Quality of Work and Nonwork Life: Two Decades in Review. *Journal of Vocational Behaviour*, 39, 182-225.
- Mirvis, P. H. and Lawler, E. E. 1984. Accounting for the quality of work life. *Journal of Occupational Behavior*, 5, 197-212.
- Muller, M, Bezuidenhout, M and Jooste, K. 2011. *Healthcare Service Management- 2nd edition*. Cape Town:Juta
- Richardson, A, Dabner, N and Curtis, S. 2003. Twelve-hour shift on ITU: a nursing evaluation. *Nursing in Critical Care*, 8(3):103-108.
- Van Laar D, Edwards JA, Easton S The Work-Related Quality of Life scale for healthcare workers. *J Adv Nurs*. 2007 Nov; 60(3):325-33.
- Walton RE 2005. Quality of Work Life (QWL) Measurement. Available from <http://www.Syn.Com/QWL.htm>
- Warr, P., Cook, J., Wall, T., 1979. Scales for measurement of some work attitudes and aspects of psychological wellbeing. *Journal of Occupational Psychology* 52, 129-148.
