



A study of quality of work life of health care worker in multi-Speciality Hospitals

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Abstract

Purpose: The main purpose of the research is to know the quality of work life of Health care worker of Multi – Specialty Hospital.

Research methodology: for the purpose of research sample size was 150 Health Care Worker with the convenient sampling from Multi – Specialty Hospital of Haryana. Health Care worker were battered in the study. Primary data was composed through structured questionnaire that was formed on Google form and distributed among the respondents. Questionnaire comprised two parts, first includes questions related to demographic aspects and second part was related to quality of work life. SPSS software used to analysis the data. Statistical tools Descriptive analysis and Chi -Square applied to know the quality of work life.

Findings: There is a significant relationship between Demographic Factor (Designation, Age, Marital Status and work experience) and Quality of work life factor (compensation, working conditions and opportunity to develop human capacity). It was found that on the basis of Designation there is no significant relationship in regarding benefits provided by the hospital, transport facilities, freedom to take decision regarding to your job conditions and source to get feedback of your work.

Keywords: quality of work life and multi-Specialty hospitals

Introduction

Quality of Work Life: Theoretical Background

Human resources are precious assets for the association's development and superiority is merely reliant on the individual constituent. An institute is measured flourishing when it might be generating the circumstances and energetic of the development and growth of employees. The administrates or are extra winning who are talented to get better life of their human resources along with their own individual life, who use their skills and talents to serve their organizations. The Quality of Work Life is an essential background that exists in every organization in order to empower the manpower and it could be considered the main key for management success in every organization. In the Quality of Work Life programs, the main focus is on this issue that an environment be created that satisfies the needs of personnel and to be able to absorb, preserve, raise and enhancement of skill set of their Human Resources. (Dehghan Niri, 2009, p. 129) ^[1]

According to the American Society of Training & Development (1979), QWL is a process of work association, which facilitate its member at all stages to contribute aggressively and professionally in determining the organization's surroundings, techniques, and results. It is a value-based practice, which is expected towards congregation the double objectives of improved efficiency of association and enhanced QWL for human resources.

Quality of work life

Quality of work life passes on to the association between workers and their whole operational environment. It believes people as an advantage to the institute rather than charge. This loom consider that people can execute to their most excellent if they are given sufficient independence in running their work and build result. And, so quality of work life is outlook as an option to the supervise approach of organizing employees. Quality of Work Life can be clear as investigative of diversity it appears that applicable aspect, together with employee's participation, inherent job inspiration, upper category want power, supposed intrinsic job uniqueness, job contentment, life pleasure cheerfulness, and self-rated nervousness. Straight contribution of human resources in predicament resolving and judgment creation predominantly in areas connected to their work is measured to be essential situation for providing superior independence and occasion for self-direction and self-discipline. This will outcome in improvement the QWL. In today's work surroundings, association need to be elastic, and take on a approach to get better the human resources 'Quality of Work Life' to make happy both the organizational objectives and employee requirements. Successful quality of work life performs in organizations makes its collision on worker presentation and the on the whole organizations' presentation.

Multi-Specialty Hospital

Hospital proffering specific and tertiary concern in particular or numerous services by segregated division every of which is dedicated to a complication of patient care. The word multispecialty hospitals pass on to a consign of patient hospitality with plentiful amenities. It submits to — many services under one roof

Review of Literature

M. Rastegari, *et al.* (2010) ^[3] Study evaluated “Evaluation of quality of working life and its association with job performance of the nurses”. The objective of the study aimed to evaluate the quality of working life and its association with job performance of the nurses in the educational hospitals affiliated to Isfahan University of Medical Sciences. Data was analyzed by coefficient correlation test, mean, frequency distribution and spearman test. Quality of work life and job performance. 2/3 of the nurses think their salary was low. Salary was main reason for dissatisfaction and leaving the job. Physician was moderate satisfied with cooperation of the manager.

A. M. Mosadeghrad, *et al.* (2011) ^[4] conducted study “A study of relationship between job stress, quality of working life and turnover intention among hospital employees”. The focus of the study was to know the relationship between Quality of work life, job stress and turnover intention of employees in hospitals. Data was analyzed by Mean, T-test, and correlation regression analysis. That study concluded that hospital employees reported low levels of QWL and moderate levels of job-related stress and negative relationship between job stress and QWL. Factors that may influence the level of stress and qwl were gender, age, years of work experiences, graduation level, place of work, type of employment, type of hospital, employees. Almalki, *et al.* (2012) ^[5] conducted study “Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: A cross-sectional study”. The objective of the study was to find out the factor influence the quality of work life of nurses working in PHC. Data was analyzed used t-test, one way analysis of variance and SPSS. That study revealed that Nurses were dissatisfied with their quality of work life. The major influencing factors were unsuitable working hours, work life balance, vacation time, poor staffing management relation etc. Majority of nurses were satisfied with co –worker relationship. Significant differences were found according to dependent children, adults, age, marital status, adequate pay, tenure and no differences were found according to educational level. R. Gayathiri and L. Ramakrishnan (2013) ^[6] Study estimated “Quality of work life –linkage with job satisfaction and performance”. The aim of the study was to conclude the comfortable participation of operational employees in decision creation associated to operational circumstances and work itself leads to an boost or reduce in job satisfaction. Correlation was used as statistical instrument to recognize the association between quality of work life and job happiness. The study accomplished that Work surroundings and facility, Job proposes, Job safety, physical condition, Work life balance, strain and security, salary and rewards, guide to job satisfaction and performance. N. Battu and K. C. Hakravarthy (2014) ^[7] study estimated “Quality of work life and paramedical staff in hospitals” The aim of the study was to detect the quality of work life of nurse and paramedical staff in public or private hospitals in Vijayawada. The Sample size of the study was 150 respondents. Stratified random sampling technique and 5-point likert scale had been used for the study. ANOVA and average method were used for analyzed data. The study discovered the private sector workforces were satisfied with employed condition, staff communication and public sector workforces were contented with organizational environment and reward. N. B. Said, *et.al.* (2015) ^[8] Study evaluated “The Quality of Working Life among Nurses in Pediatric Setting “. The objective of the study was to know the quality of working life among nurses in pediatric divisions. The Sample size of t66 nurses were taken working in diverse department of pediatric. Data was examined by T-test, correlation and one way ANOVA. The studies exposed that overall quality of work life of nurses were near to the ground. Job satisfaction was exaggerated by working condition. Academic requirement also exaggerated the working environment. H. Iran, F. Hisar (2016) ^[9] conducted a research study conducted “Quality of work life perceived by nurses and their organizational commitment level”. The aim of the study was to know the association between quality of work life and organization commitment level. Data was composed by suitable sampling technique and sample size was 163. Data was analyzed by Student's *t*-tests, Tukey multiple comparison test, Mann-Whitney *U*-test, Kruskal-Wallis variance analysis Kruskal-Whitney *U*-test, Cronbach’s alpha coefficients and Pearson correlation. The study disclosed that there was a constructive and statistically important relation between work life quality and administrative commitment. K. M. Akter, *et al.* (2017) ^[10] study conducted “Quality of working life of nurses in Bangladesh: An experiential study in Dhaka City “. The aim of the study was to find out the factors of QWL of nurses who are helping dissimilar health organizations of Bangladesh. The Sample size of the study was 100 nurses working in 10 hospitals of Bangladesh. Data was investigated by average and standard deviation. The study discovered that satisfactory working atmosphere was provided by Bangladeshi hospitals. Nurses work life was influenced by reimbursement system, job safety, leave advantage, carrier development opportunity, P. Taware, S. Patil (2018) ^[11] “Study of quality of work life of hospital nurses”. The aim of the study was to know the aspect affecting the quality of work life and association of quality of work life with performance and revenue. 58 employees Sample size was taken from 2 private hospitals by convenient sampling method. Data was investigated by percentage, pie-chart and correlation. The study presented that Nurses were not satisfied with the structural culture. There were positive impact of salary and fringe assistance, co- employee association Work load and demographic variables between quality of work life and job satisfaction. A.V. Aaswalam (2019) “Work – life balance of female nurses in private hospital in Port- Harcourt Metropolis, South – South Nigeria”. The main motive of the study was to recognize the work life balance and associate factor among female nurses working in Nigeria.

Sample size was taken and used multi-stage sampling method. Data was investigated by Cronbachs alpha. Female nurses working in private hospital had a deprived work life balance due to extended working hour, stressful work and insufficient time for family. L. Wang, etl (2020) ^[13] conducted study “Analysis and strategy research on quality of nursing work life” The main motive of the study was to know to aspects related with nursing work life quality. 3498 sample size was taken by convenience sample from five tertiary general hospitals in Shanxi, Shandong, and Liaoning provinces in China was examination regarding QWL, functioning circumstances, pressure at work, general being, and work and profession contentment. Data was analyzed by descriptive statistics, one-way analysis of variance, t test and variance analysis. The study determined that there is a major variation in the QWL of nurses of dissimilar age, which suggested that the nursing administrator can satisfy the work needs of nurses of different ages on the basis of examined the QWL of nurses, get better the satisfaction of nurses and construct a constant and pleasant nursing team.

Objectives of the Study

To know the Association of Demographic variables on quality of work life of health care worker on Multi – specialty hospital.

Hypothesis: on the basis of above objective, following alternative hypothesis is formulated:

HA: there is positive association of demographic variables on quality of work life.

On the basis of above main alternative hypothesis, sub- hypothesis is formulated:

H0: There is no positive association of demographic variable on compensation.

H0: There is no positive association of demographic variable on working conditions.

H0: There is no positive association of demographic variable opportunity to develop human capacity.

Research Methodology

Core objective of to know the association of Demographic variables on quality of work life of health care worker on Multi – specialty hospital. Primary data were used to study. Primary data was composed through organized questionnaire that was formed on Google form and distributed to the respondents. Convenient sampling method used to choose sample. Sample size was 150, questionnaire was distributed among 200 customers but received 150 responses. Questionnaire was comprised two-part one part is related to demographic features of the health care worker, while second part was related to dimensions of quality of work life related to dimensions of quality of work life i.e, compensation, working conditions, opportunity to develop human capacity and opportunity for career growth. 5-point Likert scale was used to know their responses. Responses were obtained from Doctors, Nurses and Technicians.

Analysis of data by SPSS software. Statistical tool Descriptive analysis and chi- square are used to analysis the data.

Table 1: Demographic profile of health care workers

Profile	No. of Health Care Worker	Percentage
Doctor	30	20%
Technician	30	20%
Nurses	90	60%
AGE		
Below 30 years	136	90.66%
30 – 40 years	7	4.66%
40 – 50 years	5	3.34%
Above 50 years	2	1.34
Marital Status		
Married	108	72%
Unmarried	42	28%
Work Experience		
0-5 years	103	68.66%
5-10 years	29	19.34%
10- 15 years	12	8.00 %
15 above	6	4.00%

Table 1 shows that all study participant were female 20% Doctors, 20% Technicians and 60% Nurses. Out of 150 female health care worker 72% were married and 28% were unmarried. About 90.66% were in the age group of below 30 years, 4.66% were in the age group of 30-40 years, 3.34% were in the age group of 40-50-years and 1.34% were in the age group of above 50 years. About 68.66% of the respondent had less the 5 years of experience, while 19.34% of health care workers had 5-10 years of experience, only 8% of respondent had 10-15 years of experience and last 4% had more then 15 years of experience.

H0: There is no positive association of designation of health care workers on compensation, working conditions and opportunity to develop human capacity.

Table 2

Various factor	df	Level of significance	Pearson chi- square	P - Value
Are you satisfied with salary plan?	8	0.05	6.127	.633
Will you work under the same pay scale?	8	0.05	11.871	.157
Are you happy with the benefits provided by the hospital?	8	0.05	17.845	.022
Are you satisfied with the working condition in the hospital	8	0.05	2.045	.980
Are you satisfied with the transport facilities?	8	0.05	18.824	.016
Are you satisfied with the procurement of medical equipment's?	8	0.05	2.655	.954
Do you feel any amendments in your work load?	8	0.05	11.431	.132
Have you freedom to take decision regarding to your job conditions?	8	0.05	15.854	.045
Have you any source to get feedback of your work?	8	0.05	8.148	.041
Have you any privilege to explore your potential given by hospital?	8	0.05	6.827	.555

On the basis of above table of chi – square association between Designation of health care workers and three dimensions i. e. compensation, working conditions and opportunity to develop human capacity. Null hypothesis accepted as p-value is more than 0.05. Results indicated that Chi square value is 0.022 to 0.980 at 5% level of significance as p value is more than 0.05. There is no positive association of designation on compensation, working conditions and opportunity to develop human capacity. Null hypothesis is rejected as p- value is less than 0.05 in regarding benefits provided by the hospital, transport facilities, freedom to take decision regarding to your job conditions and source to get feedback of your work.

H0: There is no positive association of Age of health care workers on compensation, working conditions and opportunity to develop human capacity.

Table 3

Various factor	df	Level of significance	Pearson chi- square	P - Value
Are you satisfied with salary plan?	8	0.05	6.024	.645
Will you work under the same pay scale?	8	0.05	4.989	.759
Are you happy with the benefits provided by the hospital?	8	0.05	12.121	.146
Are you satisfied with the working condition in the hospital	8	0.05	7.902	.443
Are you satisfied with the transport facilities?	8	0.05	7.125	.523
Are you satisfied with the procurement of medical equipment's?	8	0.05	8.266	.408
Do you feel any amendments in your work load?	8	0.05	11.536	.173
Have you freedom to take decision regarding to your job conditions?	8	0.05	5.426	.711
Have you any source to get feedback of your work?	8	0.05	9.071	.336
Have you any privilege to explore your potential given by hospital?	8	0.05	6.998	.532

On the basis of above table of chi – square association between Age of health care workers and three dimensions i. e. compensation, working conditions and opportunity to develop human capacity. Null hypothesis accepted as p-value is more than 0.05. Results indicated that Chi square value is 0.146 to 0.759 at 5% level of significance as p value is more than 0.05. There is positive association of age on compensation working conditions and opportunity to develop human capacity.

H0: There is no positive association of Marital Status of health care workers on compensation, working conditions and opportunity to develop human capacity.

Table 4

Various factor	df	Level of significance	Pearson chi- square	P - Value
Are you satisfied with salary plan?	8	0.05	6.579	.160
Will you work under the same pay scale?	8	0.05	5.924	.205
Are you happy with the benefits provided by the hospital?	8	0.05	6.225	.183
Are you satisfied with the working condition in the hospital	8	0.05	1.959	.743
Are you satisfied with the transport facilities?	8	0.05	7.875	.096
Are you satisfied with the procurement of medical equipment's?	8	0.05	5.353	.253
Do you feel any amendments in your work load?	8	0.05	5.410	.248

Have you freedom to take decision regarding to your job conditions?	8	0.05	2.111	.715
Have you any source to get feedback of your work?	8	0.05	3.087	.543
Have you any privilege to explore your potential given by hospital?	8	0.05	1.525	.822

On the basis of above table of chi – square association between Marital Status of health care workers and three dimensions i. e. compensation, working conditions and opportunity to develop human capacity. Null hypothesis accepted as p-value is more than 0.05. Results indicated that Chi square value is 0.096 to 0.822 at 5% level of significance as p value is more than 0.05. There is positive association of Marital status on compensation working conditions and opportunity to develop human capacity.

H0: There is no positive association of Work Experience of health care workers on compensation, working conditions and opportunity to develop human capacity.

Table 5

Various factor	df	Level of significance	Pearson chi- square	P - Value
Are you satisfied with salary plan?	8	0.05	13.675	.667
Will you work under the same pay scale?	8	0.05	10.355	.847
Are you happy with the benefits provided by the hospital?	8	0.05	16.968	.388
Are you satisfied with the working condition in the hospital	8	0.05	7.808	.954
Are you satisfied with the transport facilities?	8	0.05	7.200	.969
Are you satisfied with the procurement of medical equipment's?	8	0.05	13.404	.643
Do you feel any amendments in your work load?	8	0.05	11.702	.764
Have you freedom to take decision regarding to your job conditions?	8	0.05	16.857	.395
Have you any source to get feedback of your work?	8	0.05	17.241	.370
Have you any privilege to explore your potential given by hospital?	8	0.05	10.503	.839

On the basis of above table of chi – square association between work experience of health care workers and three dimensions i. e. compensation, working conditions and opportunity to develop human capacity. Null hypothesis accepted as p-value is more than 0.05. Results indicated that Chi square value is 0.395 to 0.969 at 5% level of significance as p value is more than 0.05. There is positive association of work experience on compensation working conditions and opportunity to develop human capacity.

Finding and Conclusion

For the above hypothesis all the components related to quality of work life tested against the Designation, Age, Marital Status and work experience of the health care worker in Multi – specialty hospital.

In the above case, the health care worker was divided on the basis of designation Doctors, Nurses and Technicians. On the basis of above table of chi – square association between Designation of health care workers and three dimensions i. e. compensation, working conditions and opportunity to develop human capacity. Null hypothesis accepted as p-value is more than 0.05. There is no positive association of designation on compensation, working conditions and opportunity to develop human capacity. Null hypothesis is rejected as p-value is less than 0.05 in regarding benefits provided by the hospital, transport facilities, freedom to take decision regarding to your job conditions and source to get feedback of your work.

From the above hypothesis table, the result show that the associated Null Hypothesis will be accepted in case of Age, Marital Status and work experience. There is a significant relationship between Demographic Factor (Designation, Age, Marital Status and work experience) and Quality of work life facto (compensation, working conditions and opportunity to develop human capacity)

It was found that on the basis of Designation Null hypothesis is rejected as p- value is less than 0.05 in regarding benefits provided by the hospital, transport facilities, freedom to take decision regarding to your job conditions and source to get feedback of your work.

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