

QUALITY OF WORK LIFE OF NURSES AND PARAMEDICAL STAFF IN HOSPITALS

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Abstract

This research paper explores the quality of work life in private and public sector hospitals in vijayawada. The aim of this study is to identify the quality of work life of nurses and para-medical staff. The researcher has to highlight the factors on working conditions, work stress, job satisfaction, organizational climate and staff communication. For this study the researcher collected the data of 150 respondents (70 private sectors and 80 public sector). Likert 5 point scale is used for the questionnaire (1 indicates very poor 2. Poor 3. Average 4. Good 5. Very good). Stratified random sampling technique has been used for this study. Anova and percentage method has been used as statistical tools for this analysis. Finally the researcher has concluded his major findings. In private sector the management has to take measures on work stress, job satisfaction and staff communication. In public sector the government has to take necessary measures on working conditions, organizational climate and work stress.

Keywords: *Quality of Work Life, Nurses, Para-medical staff, Hospitals.*

Introduction

Hospitals are complex organizations that provide services to the patients seven days a week, 24 hours a day. Doctors and nurses are the main human resources that spend a significant part of their time at the hospitals. They have to do regular work overnight, in emergency situations, with an extensive workload and stress which can negatively affect their performance and quality of working life (QWL). Therefore it is very important to improve their quality of work environment. Quality of working life is normally considered as the real work situations including employee salary, facilities, health and safety issues, participating in decision making, management approach and job diversity and flexibility. Special registrars or Residents play an important role in health care delivery in government hospitals. They should regularly stay and work overnight, their job is very critical and complicated and they normally face a variety of difficulties such as sleep deprivation, stress, workload and fatigue, which could have negative effects on their behavior, communication, learning ability decision making and quality of life. Several studies have shown that stress, workload, tiredness, impatience and inadequate communication are the main factors responsible for the majority of adverse events and medical errors in healthcare. Therefore, it is widely accepted that a major task of any hospital director is to explore and promote the quality of employees' working life by assessing their work environment and identifying their possible shortcomings. Previous studies have assessed the quality of working life in nurses, family physicians and so on, but there is no comprehensive research which evaluates the quality of working life in residents working in hospitals.

Conceptualization of Quality of Work-Life

Quality of work life is a complex entity influenced and interacting with, many aspects of work and personal life. Brooks argued that QWL has two goals: improving the quality of the work experience of

employees and simultaneously improving the overall productivity of the organization. From a nursing perspective, Brooks defined the QWL as “the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization goals”. Therefore, the concept of employee satisfaction is about more than simply providing people with a job and a salary. It is about providing people with a place where they feel accepted, wanted and appreciated. What is the importance of QWL? It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations. A high QWL is essential to attract new employees and retain a work force. Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high QWL. Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee and organization. These include strengthening organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization. According to Sirgy and colleagues, a happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioural responses (for example, organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization.

Reviewing previous studies of QWL identified differing numbers of factors that have an impact on the QWL of nurses. One such factor was the lack of work-life balance. In a number of recent research studies among nurses in the USA, Iran and Taiwan, rotating schedules were found negatively and affect their lives so they were unable to balance work with family needs. Additionally nurses thought, on-site child care and day care for the elderly were important for their QWL. The nature of nursing work was another factor that affects the QWL of nurses. The results of existing studies on the QWL of nurses indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, and lack of autonomy to make patient care decisions, and performing non-nursing tasks.

Another factor that influences the QWL of nurses is the work context, including management practices, relationship with co-workers, professional development opportunities and the work environment. Potential sources of dissatisfaction with management practices include lack of participation in decisions made by the nurse manager, lack of recognition for their accomplishments, and lack of respect by the upper management. Reported findings regarding to co-workers and the QWL of nurses are inconsistent. While some studies found that the nurses are satisfied with their co-workers including physicians, but others reported the opposite. A study of nurses in Saudi Arabia found they were dissatisfied with the relationship with their co-workers, especially physicians, where they experienced low levels of respect, appreciation and support. Additionally, they had poor communication and interaction with physicians. Prior research also indicated the impact of professional development opportunities such as the promotion system, access to degree programs and continuing education on the QWL of nurses. In terms of work environment, results from a wide variety of studies found that nurses were dissatisfied with the security department with resultant concerns about safety in the workplace. Additionally, inadequacy of patient care supplies and equipment is related to dissatisfaction of nurses and other health professionals. A number of health care studies in Saudi Arabia indicated insufficiency of patient supplies, especially in primary health care (PHC) facilities.

Review of Literature

Adhikari & Gautam (2010) concluded that Measures of Quality of Work Life are: adequate pay and benefits, job security, safe and health working condition, meaningful job and autonomy in the job.

Measures of Quality of Work Life include - (i) increased worker involvement, participation and power, (ii) Increased emphasis on employee skill development, (iii) Increased autonomy for action and decision making at worker level and (iv) Reduced status distinctions among levels in hierarchy. **Nayeri, et.al (2011)** carried out a descriptive study to investigate the relationship between the QWL and productivity among 360 clinical nurses working in the hospitals of Tehran University of Medical Sciences. Findings showed that the QWL is at a moderate level among 61.4% of the participants. Only 3.6% of the nurses reported that they were satisfied with their work. None of those who reported the productivity as low reported their work life quality to be desirable. Spearman-rho test showed a significant relationship between productivity and one's QWL. Considering the results, the researchers opined that managers should adopt appropriate policies to promote the QWL to enhance productivity. **Bragard et.al (2012)** examined relationship between Quality of work life (QWL) and Quality of Work Life Systemic Inventory (QWLSI) and discussed an intervention methodology based on the analysis of the QWLSI. One hundred and thirteen medical residents during 2002 and 2006 completed the QWLSI, the Maslach Burnout Inventory and the Job Stress. **Zare, Hamid, Haghgooyan, Zolfa and Asl, Zahra Karimi (2012)** undertook a study on quality of work life to identify its dimensions Library method was used to gather information on theoretical basics, literature and to identify aspects and scales. Field study method was used to gather information through questionnaires distributed among 30 experts. The collected data was analyzed using Analytical hierarchy process (AHP); it is found that QWL can be explained by four factors as given under. **Naser Zanganeh Aliakbar Aghae (2013)** The main aim of this study is to survey the correlation between organizational culture, quality of work life and burnout in the Golestan province state hospitals. Based on the type of aim, this research is an applied research, and it is a descriptive-correlative research which has been conducted in 2012. Field methods are used for collecting the data and the tools for gathering the information are questionnaires. The current research population includes Golestan state hospitals, and the sample size includes 206 individuals. The SPSS 16 software and tests of Kolmogorov-Smirnov, and Spearman's correlation coefficient were used for analyzing the information. This research consists of three main hypothesis and 16 sub-hypothesis. Research results of the main hypothesis showed that a positive and significant correlation exists between the organizational culture and the quality of work life in the Golestan state hospitals. Also, Research results of the sub-hypothesis tests showed that a significant correlation exists between the components of organizational culture (work involvement, compatibility, adaptability, and mission), components of quality of work life (fair and adequate payment, safe and healthy workplace, providing growth opportunities and continued security, legalism in the organization, social ties in working life, overall living environment, unity and social cohesion in the organization and development of human capabilities), and burnout. At the end, a few applicable and research proposals are provided.

Need for the Study

In this contemporary world, human beings have to face the challenges for their livelihood. Even it is fulfilled human beings are not satisfied with his/her job at the work place. Majority of the problems of the staff arise relating to the working conditions, work stress, job satisfaction, organizational climate and staff communication. In this point of view the researcher has focused a few dimensions on his study. The study was held in Private and Public hospitals in Vijayawada. There is a high pressure and stress in the working hours because of the shifts and hygienic conditions. The second aspect focused by the researcher is on Work stress regarding health problems of the staff. Job satisfaction has been discussed on the basis of monetary and non monetary benefits of the employees. The researcher made an attempt to analyses on Organizational climate because of the harmonious relationship with the Nurses and Paramedical staff. The final aspect is the conflict of the communication which is because of the autocratic style of leadership followed in the hospitals.

Objectives

1. The major objective of the proposed paper is to analyze the quality of work life of the Nurses and Paramedical staff in Private and Public sector Hospitals in Vijayawada.
2. To analyze the variables such as working conditions, Work stress, Job satisfaction, Organizational climate and Staff communications which influence the Quality of work life at work place on Nurses and paramedical staff in private and public sector Hospitals.
3. To offer suggestions to improve the Quality of work life of the Nurses and Paramedical staff in Private and Public sector Hospitals.

Methodology of the Study

The study describes the factor that it leads to the Working conditions, Work stress, Job satisfaction, Organizational climate and Staff communication of the Nurses and Para-medical staff in Private and Public sector Hospitals, Vijayawada. Here the descriptive research was conducted to find out the information about the factors and to spotlight the areas that need the management’s attention. The researcher has conducted the study in Private and Public Hospitals of Vijayawada. Universe of the study is 300; sample size is 150, where 70 from Private and 80 from Public sector Hospitals are taken. Likert 5 point scale is used for the questionnaire (1 indicates Very Poor 2. Poor 3. Average 4. Good 5. Very Good). Stratified Random Sampling technique has been used for this study. ANOVA and Percentage method has been used as Statistical tools for this analysis.

Data Analysis

Table: 1 The Distribution of Respondents in Private and Public Sector Hospitals

Sl.No.	Designation	Private	Public
1.	Nurses	30	35
2.	ParaMedical Staff	40	45
Total		70	80

(Source: Primary Data)

Table: 2 Comparative analysis of Quality of work life in Private and Public sector Hospitals

Private sector											
Attributes	Very poor		Poor		Average		Good		Very good		Total
	F	%	F	%	F	%	F	%	F	%	
WC	10	6.66	5	3.33	10	6.66	15	10	30	20	70
WS	0	0	0	0	15	10	30	20	25	16.66	70
JS	0	0	7	4.66	21	14	28	18.66	14	9.33	70
OC	0	0	7	4.66	35	23.33	14	9.33	14	9.33	70
SC	7	4.66	7	4.66	35	23.33	21	14	0	0	70
Public sector											
Attributes	Very poor		Poor		Average		Good		Very good		Total

	F	%	F	%	F	%	F	%	F	%	
WC	20	13.33	5	3.33	30	20	10	6.66	15	10	80
WS	0	0	0	0	30	20	20	13.33	30	20	80
JS	0	0	1	0.66	39	26	40	26.66	0	0	80
OC	0	0	10	6.66	40	26.66	10	6.66	20	13.33	80
SC	8	5.33	25	16.66	39	26	8	5.33	0	0	80

(Source: Primary Data)

WC*: Working conditions, **WS***: Work stress, **JS***: Job satisfaction, **OC***: Organizational climate, **SC***: Staff communication.

A comparative analysis of QWL in private and public sector hospitals

Working conditions

30% of the respondents in Private sector are satisfied with the working conditions whereas 16.66% of the respondents are satisfied in Public sector.

Work stress

36.66% of the respondents in Private sector opined that the work stress is high whereas 30.33% of the respondents opined that the work stress is moderate in Public sector.

Job satisfaction

27.99% of the respondents in Private sector are satisfied with their job whereas 26.66% of the respondents are satisfied in Public sector.

Organizational climate

18.66% of the respondents in Private sector are satisfied with the organizational climate whereas 19.99% of the respondents are satisfied in Public sector.

Staff communication

14% of the respondents in Private sector are satisfied with the staff communication whereas 5.33% of the respondents are satisfied in Public sector.

Hypothesis

H0 – There is no significant difference between the Nurses and Para-medical staff in Private and Public sector Hospitals.

H1 – There is significant difference between the Nurses and Para-medical staff in Private and Public sector Hospitals.

ANOVA Table Represents the QWL in Private and Public Sector Hospitals

		Private Sector					Public Sector				
		Sum of Squares	df	Mean Square	F	Sig.	Sum of Squares	df	Mean Square	F	Sig.
Working Conditions	Between Groups	.032	1	.032	.106	.745	5.221	3	1.740	1.872	.141
	Within Groups	20.268	68	.298			70.666	76	.930		
	Total	20.300	69				75.888	79			

Work stress	Between Groups	.663	1	.663	2.794	.099	8.583	3	2.861	4.953	.003
	Within Groups	16.137	68	.237			43.904	76	.578		
	Total	16.800	69				52.488	79			
Job satisfaction	Between Groups	.985	1	.985	1.202	.277	1.243	3	.414	1.518	.217
	Within Groups	55.715	68	.819			20.744	76	.273		
	Total	56.700	69				21.988	79			
Organizational climate	Between Groups	.016	1	.016	.019	.892	2.095	3	.698	.909	.441
	Within Groups	59.484	68	.875			58.392	76	.768		
	Total	59.500	69				60.487	79			
Staff communication	Between Groups	.259	1	.259	.316	.576	.283	3	.094	.140	.936
	Within Groups	55.741	68	.820			51.105	76	.672		
	Total	56.000	69				51.387	79			

(Source: Survey Data)

Working conditions in Private sector: Significant value is (0.745) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Working conditions in Public sector: Significant value is (0.141) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Work stress in Private sector: Significant value is (0.99) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Work stress in Public sector: Significant value is (0.03) at 0.05 level of significance. Null hypothesis is rejected, so there is a significant difference in means of opinion of the Nurses and Para-medical staff.

Job satisfaction in Private sector: Significant value is (0.277) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Job satisfaction in Public sector: Significant value is (0.217) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Organizational climate in Private sector: Significant value is (0.892) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Organizational climate in Public sector: Significant value is (0.441) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Staff communication in Private sector: Significant value is (0.576) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Staff communication in Public sector: Significant value is (0.936) at 0.05 level of significance. Null hypothesis is accepted, so there is no significant difference in means of opinion of the Nurses and Para-medical staff.

Findings

- 1) Majority of the respondents are satisfied with the working conditions in Private sector.
- 2) Most of the respondents opined that the work stress is very high in the Private sector.
- 3) One-third of the respondents in Private sector are happy with their job.
- 4) Half of the respondents said that the Organizational climate in Public sector is good.
- 5) One-third of the respondents expressed that the Staff communication in Private sector is good.

Suggestions

- 1) The working conditions in the Private sector are at the satisfactory level but in the Public sector the working conditions in the hospitals need to be improved. The facilities of shift system for the staff, hygienic conditions and wash room facilities should be maintained properly for the healthy environment of the respondents.
- 2) Due to work stress the respondents have been facing the problems mainly in the Private sector because of the timings in the hospital, pressure from the management and personal problems. With related to this they have been facing the health problems so, management has to take a measure in related to this aspect.
- 3) The respondents in the Public sector enjoy the monetary aspects of incentives from the Government whereas in the Private sector the situation is not like this, they have been facing the pressure from the management due to work and the salaries were not given in time. So, the Private sector needs to focus on this issue.
- 4) The main problem of the organizational climate in the Public sector is leadership, promotion and conflicts. So, the Government has to take necessary measures.
- 5) Both the Private and Public sector hospitals need to improve their communication between supervisors and staff.

Conclusion

It is concluded that the Quality of work life of Nurses and Paramedical staff in hospitals is good. The researcher highlights some of the small gaps in QWL towards the hospitals where it aims in promoting peaceful relation with the staff. There is no personal motive to blame the services of the Nurses and Para-medical staff. There are many Nurses and staff who spent their life to serve the public and safeguard the lives of the patients without expecting any benefit. But still there are a few lacunae in our medical facilities and infrastructure available in hospitals. There is a need to make better infrastructure and services in all hospitals which will help for the public. So, the management should take utmost care to improve the Quality of work life of the employees in Private and Public sector hospitals.

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