

QUALITY OF WORK LIFE: AN EMPIRICAL COMPARISON

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Introduction

Quality of work life (QWL) in the hospital setting has become the primary focus of many organizations across the Kashmir valley. Ministry of Health is firmly committed to enhancing the quality of work life of its staff and physicians to ensure a viable healthcare system in the community. Quality of work life refers to the level of happiness or unhappiness with one's career. Those who enjoy their careers are said to have a high quality of work life, while those who are unhappy or whose needs are otherwise unfilled are said to have a low quality of work life. QWL is viewed as an alternative 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. This approach motivates people by satisfying not only their economic needs but also their social and psychological ones. To satisfy the new generation workforce, organizations need to concentrate on job designs and organization of work. Further, today's workforce is realizing the importance of relationships and is trying to strike a balance between career and personal lives, all related to QWL.

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Review of Literature

QWL in an organization is essential for the smooth running and success of its employees. The work-life balance must be maintained effectively to ensure that all employees are running at their peak potential and are free from stress and strain. QWL helps the employees to feel secure and cared for by the organization in which they work. An organization's HR department assumes responsibility for effectively running of the QWL for their employees. QWL is a recent day topic of organizational psychology; some of the elements that are relevant in defining an individual's quality of work life would include the task, the physical work environment, social environment within the organization, administrative system and relationship between life on and off the job (Rose et al., 2006). Rose et al. (2006) study further concluded that the most important predictor of QWL is organizational climate, followed by career achievement, career satisfaction and career balance. A high QWL is essential for organizations to continue, to attract and retain employees (Sandrick, 2003). Runcie (1980) remarked that should an employee have positive perception of the QWL in the company, he would probably strive further improve the working conditions, increase production and quality products. Sirgy et al. (2001) suggested that the key factors in QWL are: need satisfaction based on job requirements, need satisfaction based on work environment, need satisfaction based on supervisory behaviour, need satisfaction based on ancillary programs and organizational commitment.

QWL is multi-faceted. It refers to the overall satisfaction with work life leading to developing work-life balance. It also involves a sense of belongingness to a working group, a sense of becoming oneself, and a sense of being worthy and respectable. In other words, it is the impact of the entire work situation on the individual (Morin and Morin, 2003). Taylor (1979) more pragmatically identified the essential components of QWL as basic extrinsic job factors of wages, hours and working conditions, and the intrinsic job notions of the nature of the work itself. He suggested that relevant QWL concepts may vary according to organization and employee group. Normala and Daud (2010) in their study, "Investigating the Relationship between Quality of Work Life and Organizational Commitment Amongst Employees in Malaysian Firms" say that the QWL of employees is an important consideration for employers interested in improving employee' job satisfaction and commitment. The QWL covers an enormous diversity of training, techniques, theories and management elegances through which organizations and jobs are

designed so as to grant employees more autonomy, responsibility and authority than existing work atmosphere. It is a wide-ranging, branch specific program designated to improve job satisfaction, reinforcement of workplace atmosphere and enriching employees. It is suggested that personal needs have to be satisfied if employees are to experience high quality of working life. 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 QWL as, safe work environment, equitable wages, equal employment opportunities and opportunities for advancement. It is, therefore, concluded that a happy and healthy QWL among employees will help make good decisions and positively contribute to the organizational success.

Need for the study

In this study an attempt has been made to estimate the QWL enjoyed by the nurses working in prestigious government and private sector hospital of Kashmir valley. This study is different from earlier studies in the sense that here the perceptions of government and private sector hospital nurses have been examined to find the difference in their opinion with regard to different aspects of QWL. It is based on the assumption that since QWL ideally serves the purpose of nurses in government as well as private sector; they are in a sound position to estimate their QWL. However the main objectives of the study are as follows.

Objectives of the study

- To identify the factors affecting QWL of the hospital nurses under study;
- To assess the QWL of the hospital nurses under study;
- To suggest, on the basis of the results of this study, measures aimed at improving the QWL of the hospital nurses under study.

Hypothesis

- There is no significant in the QWL of the Government and Private Sector Hospital nurses.

Methodology

QWL questionnaire developed by Saklani (2003) was administered with modifications to collect the primary data. Out of 63 items representing 13 dimensions of QWL, such variables as most

significantly concerned with QWL in the hospitals under study – only 50 in all – were chosen and classified into 12 different dimensions.

The primary data was collected from 2 government and 2 private hospitals of the valley. For statistical analysis responses of the respondents of government and private hospitals were collated together to get the overall picture of QWL of the two types of hospitals. Sample size was restricted to 100 nurses. Tools of analysis included mean scores and standard deviation. t-test and one way ANOVA was applied to study any significant differences in the mean scores.

Results and discussions

An analysis of mean scores across all the dimensions unfolds that the nurses express positive views as their ratings with respect to majority of the variables are skewed positively. QWL grand mean scores of 3.42 and 3.53, respectively, for private and government hospitals nurses imply that nurses of both the types of hospitals are satisfied with their QWL, however, the nurses of the private hospitals are less sanguine. To test the statistical significance in the perception of respondents of private and government hospitals (one way ANOVA) was applied. The obtained value of $F (= 24.56)$ indicates numerator of F ratio is significantly bigger than its denominator. This indicates that mean difference really exists. An analysis of the data in different dimensions reveals:

ANOVA Table

	Sum of Squares	df	Mean Square	F	Sig.
Between hospitals	1.220	1	1.220	24.561	.000
Within hospitals	4.869	98	.050		
Total	6.090	99			

1. Safe and healthy working environment

In Indian context, physical working environment is a deterrent to QWL, because in a large number of Indian organizations QWL is still far from satisfactory (Rainaye, 2005). In this dimension, respondents rated the overall physical environment from the point of view of space, temperature, lighting, cleanliness, pollution and risk to life due to accidents, disease etc. Nurses of private as well as government hospitals expressed maximum satisfaction with prevalence of

healthy working environment followed by free moving space and safety from illness and injury on the job.

Safe & healthy working environment

Variables	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Healthy Environment.	4.33	.69	3.15	1.00	6.43	.000*
Free moving space.	4.33	.69	3.10	.98	6.80	.000*
Safety from illness & injury	4.15	.97	2.80	.95	6.87	.000*
<i>Composite score</i>	4.26	.71	3.01	.67	8.81	.000*

*Significant at .01 level.

2. Adequate and fair Compensation:

Studies done by Rao et al. (2009) concluded that remuneration is an important aspect if an organization wants to see their employees' performance according to the target accomplished. Pay offered to an employee may be assumed adequate and fair if it enables him/her to maintain a reasonable standard of living and his/her financial pressures are well within the confines of the pay offered. Emoluments are expected not only to commensurate with employee's responsibility, education, training and experience, it is expected to compare well with the emoluments offered for similar work by other hospitals too. Satisfaction of respondents with this dimension was assessed in four aspects. Ratings reveal that compared to government, private hospital nurses are less satisfied in all facets of compensation that is, its sufficiency, fairness, social standards and the subjective standards of the nurses.

Adequate & Fair compensation

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Sufficiency	3.08	1.00	3.73	0.80	3.55	.001*
Socially determined standards	2.98	1.25	3.57	0.92	2.71	.008**
Subjective standards	2.83	1.13	3.07	1.08	1.07	.286***

Fair compensation	3.15	1.38	3.43	1.09	1.13	.258***
<i>Composite score</i>	3.00	.68	3.45	.71	3.08	.003*

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

3. Fringe benefits and welfare measures

Fringe benefits and welfare measures, like sick and maternity leave; insurance and social security; and retirement benefits to self and family, take care of the interests of employees and their families. Nurses of private hospital compared to their counterpart in government hospitals are far less satisfied with the fringe benefits offered to them by their employers; however, both the groups agree that welfare measures are duly taken care of by their respective employers and these welfare measures compare well with welfare measures taken by other similar hospitals.

Fringe benefits & welfare measures

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Fringe benefits.	2.28	1.19	3.97	.88	8.12	.000*
Sufficient welfare measures.	3.95	.90	3.78	.90	.903	.369***
Composite score.	3.11	.41	3.87	.64	6.63	.000*

*Significant at .01 level, *** Not Significant

4. Opportunity to develop and use human capacity

Development and use of the capability of an employee is seldom possible unless work assigned to him/her is well defined, meaningful, interesting and is clearly identifiable separate whole task, which demands multiple skills, autonomy and challenge. Planning and implementation of various activities are inalienable parts of the job responsibility which need to be clearly communicated to the employee. Again, an employee deserves access to full information including the result of one's own actions. Compared to government, private hospital nurses are less sanguine on this dimension that is, identifying the work as a whole task, planning and implementation activities,

information perspective, autonomy, and challenge. However, nurses of both the types of hospitals are encouraged to hone multiple skills.

Opportunities to Use & Develop Human Capacities.

	Mean (Private)	S. D.	Mean (Govt.)	S. D.	t	p
Autonomy	2.75	.89	3.35	1.08	2.89	.005**
Work planning & implementation	2.60	.67	3.80	.71	8.37	.000*
Multiple skills.	3.53	.67	3.62	.86	.56	.57***
Challenge.	2.98	.97	4.23	.67	7.76	.000*
Information perspective.	2.20	1.26	3.90	.70	8.60	.000*
Job clarity.	3.75	.43	3.77	.85	.114	.900***
Whole task.	3.53	.59	4.03	.73	3.63	.000*
<i>Composite score</i>	3.04	.34	3.81	.31	11.50	.000*

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

5. Opportunities for continual growth

Growth of an employee precedes growth of an organization. Growth ordinarily may mean improvement in pay scales, change of designation, type of assignments handled and not being worried about termination of job at any time. Growth, in QWL context, includes gainfully availing the services of career planning and development department. Conducting training programmes is a useful way of expanding an employee's job knowledge. Knowledge acquired through training may be useful to an employee in handling higher order future assignments provided the services of career planning department are gainfully availed by an employee to plan his/her career. On job security, promotion, training and development and prospective application of knowledge government hospital nurses are much more satisfied compared to private hospital nurses. However, no significant difference was found in their satisfaction with regard to their career development.

Opportunities for continual growth.

	Mean (Private)	S. D.	Mean (Govt.)	S. D.	t	p
Training & development.	2.80	.60	4.03	.78	8.43	.000*
Career planning & development.	3.13	.91	3.23	.76	.641	.520***
Prospective application of knowledge.	3.55	.63	4.15	.63	4.627	.000*
Promotion.	2.53	.87	4.45	.76	11.59	.000*
Job security.	2.93	.82	3.10	.93	.96	.339***
Composite score.	2.98	.29	3.70	.38	11.45	.000*

*Significant at .01 level, *** Not Significant

6. Social integration in the work organization

QWL may be conceptualized as a sub-set of the quality of an all-embracing life and living conditions. It is the quality of the content of relationships between employees and their total working environment, with human dimensions added to the usual technical and economic ones. In any organization cordial relationships at different levels – superior-subordinate, union-management and in work groups- facilitate open communication, building trust and team spirit.

Social integration of the nurses of the hospitals under study reveal that their interpersonal relations are marked by openness; primary work groups are very supportive and free from any prejudice; society is egalitarian; managerial socio-emotional support is always available and employees are ready to work for the interest of the whole community. However, union-management relations are not always cordial.

Social integration in the organization

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Supportive primary group.	3.93	.35	4.00	.97	.46	.642***
Union Mgt. relation.	3.05	.59	2.98	1.06	.35	.720***

Egalitarianism.	3.13	.93	3.57	1.11	2.07	.041**
Freedom from prejudice.	3.53	.71	4.20	.70	4.64	.000*
Community.	3.65	.48	4.15	.68	4.00	.000*
Interpersonal openness.	3.43	.50	2.98	.85	2.90	.004**
Managerial socio-emotional support.	3.20	.85	2.85	1.23	1.56	.121***
Composite score.	3.14	.30	3.53	.47	1.40	.163***

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

6. Participation in decision making

Workers participation in India has a long history. Official recognition was given to it with the enactment of Industrial Disputes Act in 1947. It is, however, a common knowledge is that such schemes and efforts have not borne fruit and workers participation has mostly remained on paper. However, from QWL context, workers participation in management is still more important.

In order to gauge the level of employees' participation in decision making, a total of 5 variables were studied. These are: consultation of employees in day-to-day work life issues; participation in the department level decisions; union representation in decision making; Importance given to employees' views at the union level and reprisal on dissenting from the views management. Results reveal that workers participation in decisions is seldom a majority concern in hospitals under study, however, in private hospitals due cognizance is given to views of the employees at the union level.

Participation in decision making.

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Participation at the department level decisions.	2.55	.67	2.68	.93	.779	.438***
Consultation in daily work.	2.35	.77	2.92	.92	3.202	.002**
Reprisal on dissention.	2.30	.46	3.14	.89	5.40	.000*

Union representation in important decision.	2.50	.71	2.98	1.86	2.31	.023***
Weightage given to employee views in decision.	3.50	.64	2.57	.99	5.23	.000*
Composite score.	2.64	.35	2.85	.99	2.24	.027**

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

7. Reward and Punishment

Employees of both the types of hospitals agree that their employers are particular about enforcing discipline; people caught committing serious crimes are not let free with minor punishment and only meritorious employees move to higher positions.

Reward and Punishment

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Reward.	2.55	.78	3.93	1.00	7.33	.000*
Punishment.	4.03	.35	4.10	.79	.559	.578***
Discipline enforcement.	3.98	.48	4.52	.81	3.79	.000*
Composite score.	3.15	.34	4.18	.61	6.22	.000*

*Significant at .01 level, *** Not Significant

8. Equity, justice and grievances

In the hospitals under study rules are equally applicable to all; people have the right to equitable treatment in all matters such as, work assignments, transfers, and promotions, however, an effective grievance procedure is yet to be developed by private in hospitals.

Equity, justice & Grievances

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
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Equal treatment.	3.78	.66	4.13	.911	2.14	.035***
Governance by the rule of law.	3.85	.36	3.77	1.06	.477	.635***
Grievance handling.	2.85	.80	3.25	.85	2.34	.021**
Composite score	3.49	.36	3.71	.62	2.04	.043**

** Significant at .05 level, *** Not Significant

9. Image of hospital in the society

Employees of both the types of hospitals unanimously agree to the view that their administrations are concerned about the protection of disease and environment. Seriousness about the quality of medical services rendered is also very high.

Image of the hospital in the society

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Protection of patient interest.	4.10	.37	3.83	.71	2.157	.033***
Concern for the environment.	4.08	.26	3.52	1.00	3.44	.001*
Support for social causes	4.15	.36	4.22	.73	.530	.590***
Composite score	4.10	.24	3.85	.49	2.96	.004**

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

10. Work and total life space

Employees find the paucity of time to attend family, pursue hobbies, social obligations and other life interests; however, they try to live in the network of friends and acquaintances.

Work and total life space

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Time for family & social obligation.	1.83	.67	2.48	1.00	3.64	.000*
Living in the network of friends & acquaintance.	2.70	.82	2.70	.96	.000	1.00***
Time for pursuing hobbies.	1.83	.95	2.48	1.28	2.77	.007***
Composite score	2.11	.52	2.55	.63	3.63	.000*

*Significant at .01 level, *** Not Significant

11. Work load and job stress

Employees of the hospitals under study normally find their work schedules conforming to the ones followed in other hospitals and they are required to stay at workplaces beyond office hours in absence of relievers only. Compared to government, private sector employees find less peace of mind at their work places, however, both experience working on the job with continuous attention without renewal.

Work load and Job Stress

	Mean (Private)	S. D.	Mean (Government)	S. D.	t	p
Stay at workplace beyond office hours.	3.20	.93	4.03	.802	4.75	.000*
Nature of work schedule.	3.33	.65	3.57	.67	1.77	0.79***
Crisis situation due to work load & lack of resources.	3.80	1.06	2.95	1.37	3.30	.001*
Peace of mind at workplace.	3.63	.54	2.45	1.04	6.52	.000*
Continue high attention at the job without renewal.	3.75	.49	3.52	.79	1.66	.100***
Composite score	3.50	.28	3.30	.59	2.32	.022**

*Significant at .01 level, ** Significant at .05 level, *** Not Significant

Conclusion and Suggestion

Certain solid conclusions which emerge from this study are; employees are by and large satisfied with safety on the job and healthy working environment provided. On adequacy and fairness of the compensation, employee of private hospitals are far less satisfied compared to their counterpart in government hospital, however, welfare measures like leave, insurance and retirement benefits are well taken care of by both the types of hospital. Employee of private hospital find lack of opportunities to develop their capacities that is, they are not encouraged plan and implement their activities, and are not encouraged to identify the work as whole task. There is deficiency of information and lack of autonomy and challenge; however they are encouraged to hone multiple skills and develop job clarity. Compared to private hospitals, opportunities for the growth in government hospital are enormous. They have better promotional opportunities and the service of career development department is gainfully availed by the employees for training and other developmental opportunities.

Employees' find their work schedules confirming to one's followed in other hospital. Both experience working on the job with continuous attention without renewal. However, private sector nurses find less peace of mind at work. Employee *en mass* find paucity of time to attend family, social obligations, pursue hobbies and other life interests, though they try to live in the network of friends and acquaintance. In both the types of hospitals, rules are equally applicable to all and they also have the right to equitable treatment in promotions, transfer and assignments. However, effective grievance procedure has not been developed in the private hospital as yet. Employers are particular about enforcing discipline, only meritorious move to higher position and guilty is punished.

Results reveal that workers participation in management is not a majority concern. In private hospitals employee views is given cognizance at union level only. As far as social integration in the workplace is concerned, interpersonal relationship are marked by openness, primary work groups are supportive and free from prejudice, society is egalitarian, managerial social-emotional support is always available and employees work for the interest of whole community. However union management relations are not always cordial. Employees unambiguously agree that hospital administration is concerned about the protection of disease and environment and seriousness about the quality of medical services rendered is very high.

It hurts to note that union management relations are far from cordial. Employee perception of QWL is heavily affected by the treatment they receive from their supervisors and managers. Much of the research available on the subject has supported the arguments that satisfaction of subordinates is positively related to the consideration of employee orientation of their supervisor and managers. Workers desire to be given adequate job security reward on the bases of competence allowed to apply job knowledge, involved in decision at appropriate levels. Over the years pay packet of the employee has not kept pace with increasing cost of living. These are the indicators of workers likes and dislike which call for measures to be taken by management for promoting QWL.

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