

A Study on Quality of Work Life among Nurses Working In Private Hospitals an Thanjavur, Tamilnadu.

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Abstract: A high quality of work life (QWL) is a crucial issue for health care facilities to have qualified, dedicated, and inspired employees. Among different specialties in health care settings, nurses have a major share among other health care providers. So, they should experience a better QWL to deliver high-quality holistic care to those who need help. **Objective.** To determine the quality of nursing work life among nurses working in selected private hospitals at Thanjavur. A cross-sectional study was conducted on 253 nurses of five hospitals . A multinomial logistic regression model was fitted to identify significant predictors of quality of work life using SPSS version 21. **Results.** The study showed that 67.2% of the nurses were dissatisfied with the quality of their work life. We found that educational status, monthly income, working unit, and work environment were strong predictors of quality of work life among nurses ($p < 0.05$). **Conclusion.** Significant proportions of the nurses were dissatisfied with the quality of their work life. The findings in this study and studies reported from elsewhere pinpoint that perception of nurses about the quality of their work life can be modified if health care managers are considerate of the key issues surrounding QWL.

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I. Introduction

The quality of work life (QWL) is a process by which the organizations' employees and stakeholders get an insight into how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. This concept basically pronounces the way by which an organization can safeguard the holistic well-being of an employee rather than only concentrating on job-related features.

Nurses are one of the most diverse and largest workforces in the health care system. The word "nurse" originated from Latin word "Nutricius" which means someone who nourishes, fosters and protects. The role of nurses in the health care system is expanding and changing. Their role is not just limited to institutional care but also involves delivery of services at various levels of the health care system. The nurses are one of the strongest pillars of the health care delivery system in providing safe, affordable and quality services to the people. Mortality, morbidity and disability reduction, health promotion through healthy lifestyles are positive health outcomes in which nurses have a pivotal role . They play a major role in maintaining health status and also in achieving the health related targets of the country. The various cadres in the health system make nurses an important health workforce from the community to higher levels in the health care delivery system. The auxiliary nurse midwives and public health nurses are the major players in the community. Health promotion, prevention, institutional care and rehabilitation services are essential contribution of nurses to the health care system. Despite their vital role within the health care system, nurses remain as the invisible workforce of health care delivery system.

Quality of work life (QWL):

Quality of Work Life is a concept which was developed in the early 1930's showing its importance in the productivity. The concept of quality of work life has gained interest and importance across the globe. There is a drastic change in the idea of work life and work culture. Employers are considering work life as a critical factor for personal as well as career development.

There are numerous definitions given for Quality of Work Life (QWL) by various authors. QWL is generally defined as the favourableness and unfavourable-ness of total job environment for the people. Davis LE (1984) defined QWL as the quality of relationship between employees and the total work environment. European Foundation for Improvement of Living Conditions (2002) described QWL as a multi-dimensional construct with a number of interrelated factors. The main aspects are job satisfaction, job involvement, motivation, productivity, health, safety and well-being, job security, competence development and balance between work and non work .

Quality of Nursing Work life (QNWL):

Job satisfaction was the most commonly conducted research in nursing. Job satisfaction mainly focuses on the likes and the dislikes of the employees and little interest is given to the work environment. Therefore problems related to the nursing work environment were not much addressed. Quality of work life was the concept which gained much acceptance in nursing. Numerous studies have been done to measure the quality of work life among nurses. Quality of work life provided a variety of definitions and predictors that influence the quality of work life among nurses. But there was a lack of uniformity in findings related to quality of work life.

Study objectives: -

To determine the quality of nursing work life among nurses working in selected private hospitals at Thanjavur.

To find out the factors influencing the quality of nursing work life among nurses.

Study area: Private Hospitals in Thanjavur, Tamil Nadu.

Sample size calculated is 270. Considering a 20% non-response rate the sample size is rounded off to 253

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Variables. The rationale for the background variables was review of literatures at global and national as well as regional levels and the variables were selected, adapting from different reviews having a conceptual framework. The dependent variable was the level of quality of work life and the independent variables included background variables (age, Gender, marital status, educational status, monthly income, work experience, working unit, dependent family, and working institution) and work environment.

Instruments. Data were collected using pretested Likert scale type self-administered questionnaires.

The instruments were adapted from Brooks B, quality of nursing work life which was validated globally in different countries and reconsidered for its reliability after carrying out pre test on 5% of the sample participants. The instrument choice was because of the proximity to the study participants in measuring the outcome variable.

II. Analysis

Level of Quality of Work Life. The actual range for the QWL score of the study participants was 50 to 129 with a mean (\pm SD) of 92.23 (\pm 15.85). This finding implied that 67.2% of the respondents were dissatisfied with their quality of work life. Based on tertile classification using rank cases 33.6% of the nurses reported that they felt a low and moderate level of quality of work life while the remaining 32.8% rated experiencing a relatively high level of quality of work life .

Work Life/Home Life Dimension. The actual range score of the current study was 4 to 18 with a mean (\pm SD) of 10.46 (\pm 2.65). The majority of the respondents, 217 (88.5%), were not able to balance work life with their family desires. Half of the respondents, 128 (50.6%), agreed that they are not happy with working hours which do not suit their daily life and 180 (71.1%) stated that they experience fatigue after work. Two-thirds (66.4%) of the respondents felt that the policy of their health care organizations for vacation is not appropriate either for themselves or for their families Work Context Dimension. The actual range score of the current study was 17 to 85 with a mean (\pm SD) of 49.52 (\pm 9.97).

Management and supervision issues were of concern. One hundred fifty-two (60.1%) of the respondents reported that they do not obtain both satisfactory supportive supervision only 101 (39.9%) felt recognized for their accomplishments. Regarding participation, 163 (64.4%) of the respondents stated that they have no chance of participating in decision making courses. Additionally, two-thirds (69.2%) of the respondents stated that nursing strategies and processes are not supportive enough and only 106 (41.9%) of the nurses felt respected by the respective management bodies.

Work World Dimension. The actual range score of the current study was 4 to 18 with a mean (\pm SD) of 10.46 (\pm 2.65). About 214 (80.7%) of the nurses in this study did not think the society has an accurate image of nurses. However, about three-quarters (75.9%) of the nurses believed that nursing work has a positive impact on the lives of others, indicating excellent attitudes towards their profession as well as a special sense of self-image. Salary was also an essential factor that contributes to disappointment among nurses working in public health facilities. The majority (93.7%) of the respondents reported that their payment is not adequate considering the nature of duties they are accomplishing and only 42 (20.5%) of the respondents believed that their jobs are secured.

Work Environment Score. The actual mean (\pm SD) of work environment score was 23.99 (\pm 7.46). In the current study, the minimum reported score was 11 and the maximum was 46 from a total score of 55. Based on tertile classification only 35% of the nurses rated experiencing a relatively favorable work environment.

Work Environment and Quality of Work Life among Nurses.

Compared to those who experienced a high quality of work life, respondents who perceived unfavorable work environment were 10 times more likely to experience a low quality of work life than those who perceived favorable work environment (AOR = 10.328, 95% CI = 4.408–24.202). On the other hand, compared to those who experienced a high quality of work life, respondents who perceived somewhat favorable work environment were 9 times more likely to feel a low quality of work life than those who perceived favorable work environment (AOR = 9.241, 95% CI = 3.916–21.806). The pseudo-*R*-square value showed that this model explained 21% of the variation.

The result in this study has indicated that age, gender, marital status, years of experience, and type of institution had no significant relationship with QWL ($p > 0.05$). On the contrary, a study conducted in Iran revealed that there is a close relation between age and QWL.

Moreover, the promotion opportunities and professional growth had an influential impact on the QWL of nurses. When the nurses feel dissatisfied with their future promotion and career development, their quality of work life will be affected negatively.

Interpretation of the comparisons we have made above should be made being mindful of the health institutional setup and health policy differences between the study area and the countries in which the cited studies were conducted.

Practical Implications. In the 21st century, we are striving to deliver a quality of care, improve patient satisfaction, change the public image, and as a whole achieve population health improvement. This will have also a great impact to enhance productivity and attain organizational goals easily. But, we cannot achieve all these goals by having nurses with a low level of quality of work life including the majority of the health care team in any health care setting.

III Conclusion

We found that more than six in ten of the nurses included in the study were dissatisfied with their quality of work life. The finding of this study adds a small but essential piece to the puzzle of how to maintain the quality of work life among nurses in the health care facilities at Thanjavur. The author found that independent predictors of quality of work life among the study population were educational status, monthly income, working unit, and work environment.

The findings in this study and studies reported from elsewhere pinpoint that perception of nurses about the quality of their work life can be modified if health care managers are considerate of the key issues surrounding QWL.

It is recommended that the incentive and remuneration packages, workplace arrangements, and opportunities for further education and career development should be re examined to satisfy the concerns of the nurses in the study facilities.

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