STUDY OF QUALITY OF WORK LIFE OF HOSPITAL NURSES

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ABSTRACT   *This article focuses on the issues related to quality of work life of hospital nurses. Hospital nurses are challenged by their hectic nursing job and their family commitments every day. At the end the nurses are struggling very hard to achieve a good balance between their professional and family life. Majority of the nurses are working through-out the week in different shifts with multiple responsibilities at work and home. Various studies are available who measure the quality of work life among nurses. Quality of work life studies shows number of components that influence the quality of work life among nurses, but the findings related to quality of work life were not found uniform in those research studies.*

KEYWORDS: QWL, QNWL, Job satisfaction, Performance, Attrition, Nurses.

INTRODUCTION:

The lack of quality patient care and the poor standard of service delivery are generally observed in the healthcare service industry. Also the skills and productivity of nurses is reportedly found low. According to Halls "to maintain and improve the quality of work life experienced by professional nurses requires that nurses be more skilled and productive in their work settings". Hospitals those are lacking good quality of work life, the absenteeism and turnover rates are observed usually very high with their nurses. In order to improve nurses' performance and to reduce burnout among nurses the quality of work life of nurses must be assessed and improved. This in turn may decrease the absenteeism and turnover rates.

Nurses' dissatisfaction with their quality of working life can cause various serious problems and their adverse effect on patient care. This may include problems like job dissatisfaction, burnouts, turnover, emotional and physical exhaustion. This will ultimately affect the quality of care provided by nurses to their patients. There is a need to pay serious attention to hospital nurses' physical and emotional needs as the organizations success in achieving its goals depends on the quality of its own human resources.

Quality of work life: Quality of Work Life is a well-known and important process for any organization in order to develop the quality of life of employees and also to attract and retain them in the workplace. However there are multiple studies that are published on this topic in various fields, it has become an important topic and issue nowadays. When this concept came into light in 1930s, it has described various methods to make sure the happiness and welfare of the employees working in the organization. Quality of work life concept does not focus alone on the work related aspects but it focuses on various other social and personal aspects as well. In this quality of work life approach both the employees and the employers work together to enhance the organizations effectiveness by achieving better employees' quality of work life. In spite of all the importance to this topic of quality of work life, one cannot find any accepted definition for the same till date. Although according to the Griffin "Quality of work life of employees is the capability of employees to please their significant personal needs, through what they have learned in their organization"

Quality of nursing work life: In Nursing Quality of Work Life nurses assure their essential personal needs through their own experience at workplace, while doing so they achieve the organization's goals and also contribute meaningfully to their work organization. Quality of nursing work life is a concept of quality of work life of nurses working in hospitals, which is as well not defined properly as quality of work life concept. There are various dimensions to Quality of Nursing Work life (QNWL) derived from various available literatures reviewed. They are as follow:

a) Working Life and Personal Life:-The working life and personal life is an interface between the nurses' working and their own personal life.

b) Work Design: - The work design better describes the actual work done by nurses in the hospitals and is a composition of nursing work.

c) Work environment:-The work context investigates the effect of the work environment on both nurses and patients. It is the environment in which nurse's work.

d) Work world: - The work world defines how societal influences affect and change the nursing practice.

Various studies are available who measure the quality of work life among nurses. Quality of work life studies shows number of components that influence the quality of work life among nurses, but the findings related to quality of work life were not found uniform in those research studies.

SCOPE OF THE STUDY:

This study emphasizes on the Quality of work life of Hospital Nurses in Pune city. We have made a sincere attempt to determine the Quality of work life of Hospital Nurses working in Private Hospitals. The study is expected to identify the exceptional level of Quality of work life of Hospital Nurse Professionals in Pune city. This research is mainly focused on analyzing the factors determining the Quality of work life of Hospital Nurses.

OBJECTIVES OF STUDY:

1. To determine the factors affecting the QWL of nurses working in hospitals.
2. To study the relationship between QWL and performance of nurses.
3. To study the relationship between QWL and nurses' intention to leave their organization.

RESEARCH METHODOLOGY:

This study is based on both primary data and secondary data. The primary data has been collected through the questionnaire from Nurses working in Private Hospital at Pune city. The secondary data has been collected from research articles, newspapers, books, journals, websites and other related projects.

SAMPLE DESIGN:

By considering the size of the population, we adopted convenient sampling method for this study. The survey has been conducted among 58 respondents from 2 large Private Hospitals of 341 and 140 beds each in Pune city.

DATA ANALYSIS AND FINDINGS:

Demographic data such as age, marital status, education, religion, income and mode of transport etc., which represent specific geographic locations and are often associated with time is represented below.

1. Age

| Age Group	No. Of Nurses	% of Nurses
20-35	54	93%
36-45	4	7%
46&above	0	0
Total	58	100
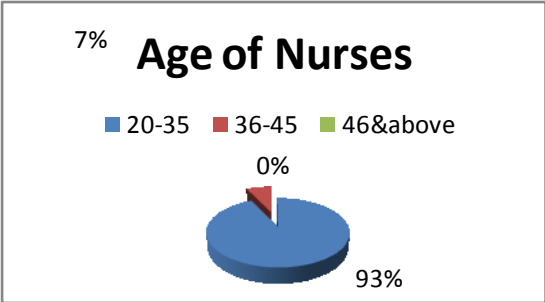
Interpretation: Among the respondents 93% of the nurses were under the age of 35 years and if their income is poor it is likely that they may not stick on to their job in the future in the context of rising family commitments like children's education, health care of family members, house hold expenditures, etc.

2. Marital status:

Marital status	No. Of Nurses	% of Nurses
Unmarried	37	64%
Married	21	36%
Widowed	0	0%
Divorced	0	0%

Separated	0	0%
Total	58	100%

Marital status of Nurses

■ Unmarried ■ Married ■ Widowed
■ Divorced ■ Separated

36%   0% 0%
64%
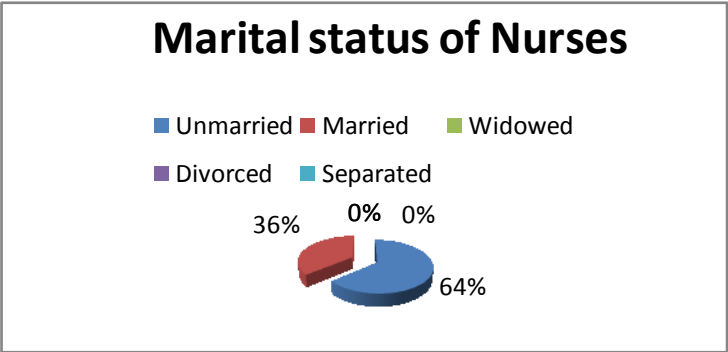
Interpretation: Almost 36% of the respondents had children and 64% of nurses have dependent parents with them. This indicates that the employees are in need of work life balance to take care of their children and their family members. And unmarried nurses have lower family commitment than married nurses.

3. **Education:**

Education	No. Of Nurses	% of Nurses
SSC with Nursing Diploma	2	3%
H Sc with Nursing Diploma	17	29%
Degree with Nursing Diploma	9	16%
BSc Nursing	26	45%
MSc Nursing	1	2%
Specialty nursing PHN, NICU etc	0	0%
Others	3	5%
Total	58	100%

Education of Nurses

■ SSC with Nursing Diploma

■ H Sc with Nursing Diploma

■ Degree with Nursing Diploma
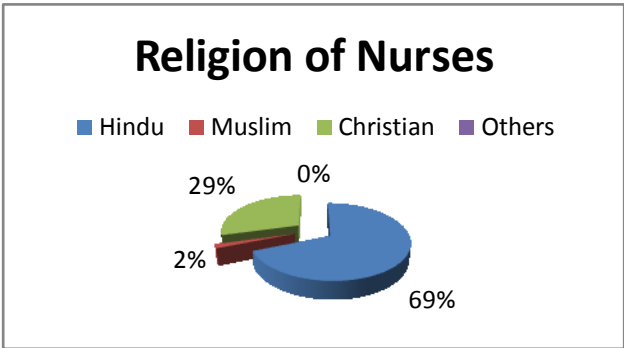
5%   0% 45% 3% 29%
2%   16%
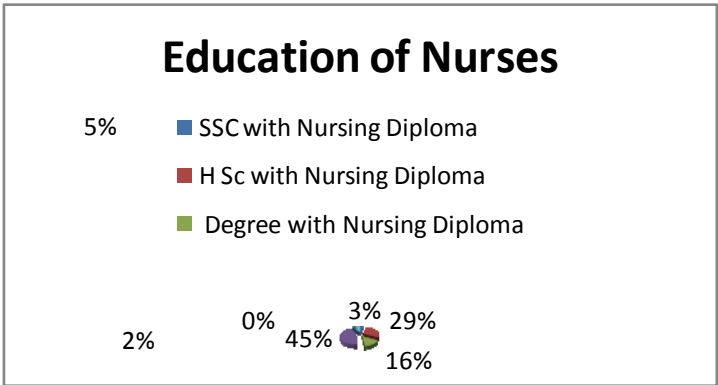
Interpretation: This shows that most of the nurses were well qualified for the job

4. **Religion:**

Religion	No. Of Nurses	% of Nurses
Hindu	40	69%
Muslim	1	2%
Christian	17	29%

Others	0	0%
Total	58	100%

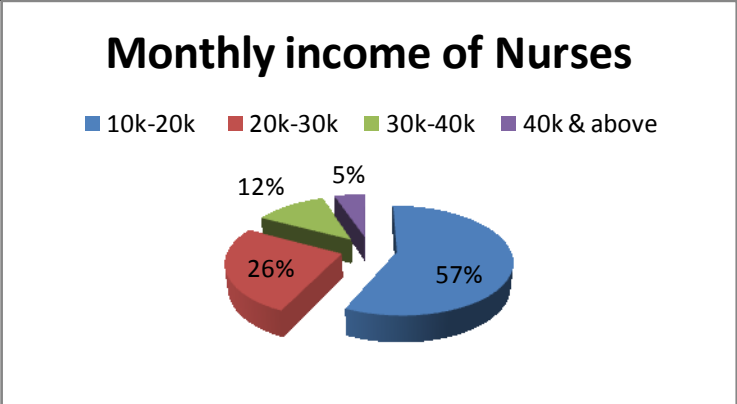# Religion of Nurses

■ Hindu ■ Muslim ■ Christian ■ Others

29%   0%

2%

69%

Interpretation: Majority of the nurses in the study are Hindus from Maharashtra.

5. **Monthly Family income:**

Monthly Family income	No. Of Nurses	% of Nurses
10k-20k	33	57%
20k-30k	15	26%
30k-40k	7	12%
40k & above	3	5%
Total	58	100%

Monthly income of Nurses

■ 10k-20k ■ 20k-30k ■ 30k-40k ■ 40k & above

12%   5%

26%   57%

Interpretation: An important problem raised by 57% of the nurses was that their income was not adequate to run the family and if their income is poor it is likely that they may not stick on to their job in the future in the context of rising family commitments like children's education, health care of family members, house hold expenditures, etc.

6. **Mode of transport**

Mode of transport	No. Of Nurses	% of Nurses
Bus	22	38%
Train	2	3%
Cab	6	10%
Auto	3	5%
Vehicle	15	26%
By walking	10	17%
Total	58	100%

No. Of Nurses

■ Bus   ■ Train   ■ Cab   ■ Auto   ■ Vehicle   ■ By walking

17%   38%
26%
5%   10%   4%
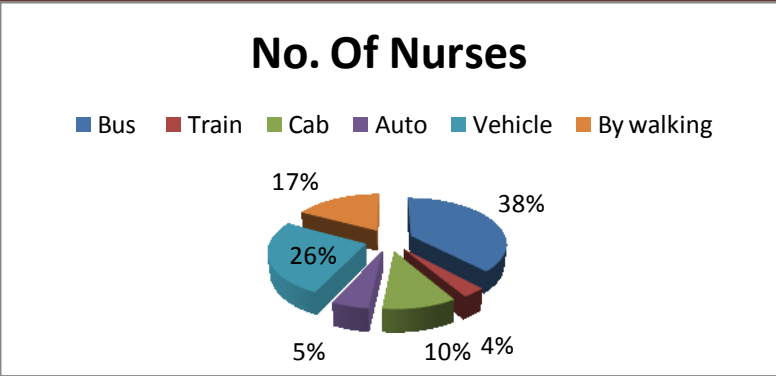
Interpretation: Most of the nurses travel through public transport to their jobs. Your commute might impact your quality of life. Shorter commute makes happy workers. It turns out that long commutes can not only make you really unhappy, but can also affect your health. Cities with high cost of living mean that you may have to suffer a long commute to get from where you can afford to live to your job.

II THE EFFECT OF JOB CHARACTERISTICS AND HOSPITAL WORK ENVIRONMENT FACTORS

A. Work life Balance

1. What extent the nursing staffs is able to make balance between the work and home and family requirements?

(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
My work schedule affects my family and personal relationships at home				7	51
My working life has great impact on my children's education, paying attention and their well being.		22	15	19	2
I have enough time for my family , friends and other personal engagements	35	10	5	8	
Journey between the workplace and home is hectic.	28	12	4	13	1
Balancing between the work and family becomes difficult now		8	10	17	23
I am really enjoying the current work	39	12	1	6	

Interpretation: Work schedule affects their family and personal relationships at home. Hospital working life has great impact on their children's education, paying attention and their well being. Balancing between the work and family becomes difficult for them now.

B.Work Stress: Were you stressed by the following aspects?

(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
Forced to provide care that you feel wrong	35	21			2
Wrong medication by yourself			3	28	27
Sometimes disagree with the care/medicines prescribed by a doctor	33	15	9	1	
seeing patients being injured/falls/bedsore	22	28	3	5	
Find yourself avoiding patients or family members who need support due to your work pressure.					
My family issues take more energy than the official work; however i would like to devote myself to the work.		7	8	23	20

The situations makes me lower my aspirations to provide good care		2	7	25	24
My workload makes me to feel sick				23	35

Interpretation: Most of the nursing staff are affected by work stress which have to be tackled by providing training, counseling and other possible modes of support.

C. Job Satisfaction

(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
The present job gives me complete satisfaction	27	23	2	6	
My employer places a high value on the work I do	25	21	8	4	
Overall, I am satisfied with my choice of nursing a career			4	26	28
I would encourage others to become a nurse	25	26	4	3	

Interpretation: Most of the senior staff is affected due to deterioration in work process, methods, and low commitment shown by younger nurses and the hospital working culture. The senior nursing staff should be allowed to take decisions with regard to training and development of younger nurses and develop the strategies to ensure better interaction between younger and older nurses. This will reduce the gap between senior and junior nurses with regard to learning aspects.

D. Organisational Culture and Climate

(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
The hospital extend the complete support to the employees.	27	18	8	5	
Hospital ensures that the staff competency is present in work process and management of work	20	17		1	
We always work together in serving the patient.			8	10	40
My hospital leadership is role model for other hospitals in the same sector.	37	12	5		4
The hospital provides effective communication to all concern and creates better interpersonal relations among the staff.	31	14	3	10	
The hospital never breaks the rules and ethics which have laid down.	29	16	10	3	

Interpretation: The organizational culture is not healthy. There is no transparency in implementing rules, giving autonomy in decision making and staff discrimination exists. The hospitals have to involve nursing staff particularly in programme implementations. Open and transparent communication would facilitate better understanding between the nursing staff and management further it would yield the result of trust worthiness between these groups.

E. Self-perception of performance(Very poor-1, Poor-2, Average-3, Good-4,Very good-5)

Description	1	2	3	4	5
Your knowledge about your job				45	13
Your ability to handle the work load placed upon you				43	15
Your ability to handle the patient				50	8
Your view about your punctuality and attendance at work				41	17
Your inter-personal relationship with colleagues and co-workers				51	7

				50	8
Your estimate about your own potential to develop further as professional				50	8

Interpretation: Nurses have very good knowledge of their work. They are able to handle the work load placed on them and the patient very well. They are punctual at work and try to build good interpersonal relationships.

III WORK ENVIRONMENT

A. Physical Facilities

Please grade the facilities provided to you at present in the table below

(*Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5*)

Facilities	1	2	3	4	5
Equipments			4		54
Materials supply			6	45	7
Safe drinking water					58
Basic sanitation facilities					58
Communication/intercom				10	48
Place for dining	32	20		6	
Dress changing room				54	4
Security and safety of staff	26	19		10	3
Any other					

Interpretation: The hospitals provide all the equipments and materials which are essentially needed for providing patient care. These equipments are adequate and often functioning well. All basic sanitation facilities, safe drinking water, intercom service and changing rooms are provided by the hospitals in very good conditions. Only the dining area is not adequate for the staff. The nursing staff faces safety and security problems in the hospitals. This problem arises due to shortage of security personnel. The nursing staff faces disturbances from the patients, their relatives and visitors.

B.Work Teams

To what extent the organisational members work with you in a collaborative manner to bring the team effectiveness

(*Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5*)

Response	1	2	3	4	5
Doctors, nursing staff, class IV employees and administrative staff work together as a team	22	20	5	5	6
There is an opportunity to participate in meetings, discussions, sharing information related to nursing work	23	17	5	10	3
The team members communicate freely with one other	30	16		12	
The work load shared equally among us.	25	21		8	4
Staff expertise is respected by the team members.	36	8		10	4

Interpretation: There are less opportunity to participate in meetings, discussions, sharing information related to nursing work and communicate freely with team. Lack of coordination between doctors, nursing staff, class IV employees and administrative staff.Even the workload is not evenly distributed. The hospitals should improve the cultural practices, team work relationship, supervisory support and creating more opportunities to take decisions on work related matters for the nursing staff.

C.Respectful Relationships

1. To what extent do the organisational members and patients treat you with respect?

(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
Patients and relatives	25	17		14	2
Class IV and other housekeeping staff	1	10	2	20	25
Superiors	26	13	2	7	10
Colleagues)Co-workers and peer groups		6		10	42
Medical staff	8	10	13	27	0

Interpretation: Respectful relationship and professional status: One of the common issues Discussed in various literatures is professional status or dignity of the nursing staff. Nursing staff perceive that they gain high respect from the hospital staff members - colleagues, doctors, and other paramedical staff. However, they feel that they are unable to gain respect from patients and relatives. Thus nursing staff feels dissatisfied with the lack of respect now see in general towards their profession. If this feeling is strong, it may lead to de motivating the nursing staff.

D.Opinion and suggestions on the following?
(*Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5*)

Response	1	2	3	4	5
Improving cleanliness, and safety of the hospital	10	2	2	19	25
Improving the quality patient care sevices		6	12	15	25
Improving the documentation, nursing work methods and processes		7	10	17	24
Importance of working as a team	29	15	6	8	
Methods)how to balance family and hospital requirements for improving QWL	37	10	6	5	

Interpretation: Nurses are given opportunities to give their opinion and suggestions on Improving cleanliness, and safety of the hospital, improving the quality patient care services and improving the documentation, nursing work methods and processes. Although they don't think they are working as team as they are not allowed to suggest work and family balance techniques and improving quality of work life.

E.What extent does the employees value the management?
(*Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5*)

Response	1	2	3	4	5
Hospital management is concerned with satisfying and up keeping the dignity of patients	0	2	9	17	30
I have complete faith and trust on the hospital management' s ability on justice equity/ fairness to all.	35	11	12	0	0
The hospital management maintains transperent and open communication on sharing information to all.			4	26	28
I could see the hospital makes sure that the employees are valued.	32	13	7	6	

Interpretation: Hospital management is concerned with satisfying and up keeping the dignity of patients .The nursing staff lacks trust in the hospital management's ability for equity or fairness. The hospitals' practices, transparent communication and other aspects are clear to them. All they want to make sure is the employees are valued They feel that their issues such as request for leave, transfer, etc. are taken at a very slow pace and with a bureaucratic attitude.

F.Service Quality and Patient Safety: Opinion on nursing quality care and patient safety
(Strongly disagree-1 Disagree-2 To some extent-3 Agree-4 Strongly agree-5)

Response	1	2	3	4	5
Every nurse has the opportunity to perform the types of work at their level best	7	9	11	31	
The overall quality of nursing care provided is high	5	8	9	36	
The hospital has provided enough facilities for protection of patients in the ward.				21	37

Interpretation:The nursing staff feel confident about their service quality and ability to provide safety to the patients, however, they feel they cannot give their best because of shortage of time and workload.

DISCUSSION AND SUGGESTIONS:

The employees are in need of work life balance to take care of their children and their family members and their profession.Nurses income was not adequate to run their families.If their income is pitiable then they may not stick on to their current job for long term in future.Nurses are spending lot of time on commuting. Commuting becomes stressful and hence they must be given good incentives, better pays and flexibility in shifts timings must be there. Most of the nursing staff is facing heavy work stress which has to be tackled by providing professional training, counseling sessions and other feasible modes of support. The experienced nursing staff must be allowed to take decision regarding training and development of new, less experienced nurses. In order to reduce the gap between new and experienced nurses, senior nurses should get a chance to develop the strategies to ensure better interaction between new and senior nurses. The hospital nursing staff should be involved particularly in policies and programme implementations. Open and transparent communication between the nursing staff and management would facilitate better understanding which will result in trust worthiness between them. The hospitals should improve the work cultural practices, team working spirit, and supervisory support to the nurses. Hospitals should create more opportunities in nursing staff decision making.

CONCLUSION:

the current study aim to systematically review and identify the major components of the nurses' QWL and find out the relation between QWL of nurses and their performance and their intention to leave the current job. It has helped finding out root causes of attrition rate in nursing profession in India. In this study we mainly forced on indicating major factors affecting the QWL of nurses like: leadership style of the organization, decision-making style, salary and fringe benefits, shift working, relationship with co workers, superiors and subordinates, workload and demographic characteristics of nurses working in hospitals. Different researchers have different views on the QWL in nursing, some view it as a process, and some view it as an outcome, some as a subjective phenomenon.

Besides being much important factor in India we have limited research studies and literatures based on quality of nursing work life specifically. Indian hospital industry is facing a high attrition problem and poor quality of patient care due to poor quality of nursing work life. In order to find out the root cause of this serious problem, a nationwide study may be undertaken by considering the important components affecting Quality of nursing work life specifically in context of Indian hospital nurses. Further research should identify the importance of QWL factors, and successful implementation the QWL for better patient care and reduced intention to leave the organization.

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