



QUALITY OF WORK LIFE AMONG NURSES, HOSPITALS AT CUDDALORE

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Abstract

The biggest and differing workforces in the social insurance framework are the Nurses. Nature of work life is a vitality of the medical attendants where she can fulfil her own needs by rendering a quality care to the patient's and accomplishing the hierarchical objectives. The goal of the examination was to distinguish the nature of work life among medical caretakers and to connect it with their chose socio-statistic factors. The cross-sectional graphics research configuration was utilized to lead the examination in doctor's facility, Cuddalore. 100 medical caretakers were picked by non-likelihood comfort testing system to take part in the examination. Surveys were managed by the medical attendants and the information was gathered. Information was dissected by utilizing enlightening measurements, for example, recurrence, rate, mean and standard deviation and inferential insights, for example, one way ANOVA. With respect to the nature of nursing work life, 89% of medical attendants announced the direct nature of work life and 11% detailed high calibre of work life. The present investigation finds that most of the medical attendants had a direct nature of nursing work life. For accomplishing an abnormal state of care, it is basic to have a quality work life and the responsibility of medical attendants in the activity.

Key Words: *Quality of Work Life, Nurses, ICU, Wards And Job Satisfaction.*

Introduction

Personal satisfaction is characterized a person's knowledge of their situation in life in the point of view of the customs and esteem frameworks in which they exist and in connection to their objectives, prospect, benchmarks, and concerns. Nature of work is alluded to as the helpful activity condition for the general population utilized in the association. Quality of Work Life (QWL) is characterized as the level to which individuals who are working in the association yield both individual and work fulfilment by accomplishing the objectives of the association. The biggest and assorted workforces in the medicinal services framework are the Nurses. In nursing viewpoint, Brooks characterize the Quality of work life as "how much enrolled medical attendants can fulfil imperative individual needs through their encounters. In their work association while accomplishing the association's objectives". The idea of specialist satisfaction is more crucial as individuals will feel good where they are perceived, recognized, required and regarded.

An approach, setting, sort of work, challenges, work fulfilment, proficient prospects, motivating force, hazard benefits, the measure of pressure are the elements that convince and choose the Quality of work life. The components that impact and choose the nature of work life are state of mind, openings, nature of the activity, individuals, anxiety, profession prospects, challenges included, development and improvement, the hazard included and remunerate. To draw the consideration of another representative and to safeguard them at work, a high calibre of work life is compulsory. Administration style, workplace, labourer fulfilment, authoritative profitability, working conditions, work and social life communication are said to be the segments of Quality of work life. Issues identified with arrangement and maintenance can be overseen by a high calibre of work life. Worker's happiness and fulfilment can be accomplished through a great workplace which can cause benefits for the association, persistent and furthermore for the representative. Commonly the representative and the business can profit by lively responsibility, expanding profitability and by acquiring quality care.

At the point when an association neglects to centre around the Quality of work life, it can blow the acknowledgement and income of the association, influence the worker's activity fulfilment, work execution and turnover. A few difficulties are looked by nursing calling as there is a deficiency of medical attendants, inaccessibility of prepared nursing workforce, the movement to different nations which in final offer renting to the low quality of care. To have worker's fulfilment, to pull in and hold the representative in an association, nature of

work life is basic. In the present social insurance industry, there is a challenge to the standard of care conveyed and the nature of care. It is noticed that non-attendance and turnover rates of medical attendants are high in the healing facilities where there is no nature of work life. By recognizing the reason, work life can be enhanced to have an expanded profitability, decreased truancy, and turnover. The poor emotionally supportive network, headway in innovation, deficiency of medical caretakers, managing the patient, administering to death and kicking the bucket are the principal factor of worry for the attendants. Because of the poor work-life condition, work disappointment, a high workload is making the medical attendants leave the calling itself. This investigation is planned to know the nature of work life of the medical attendants working at present with the foundation and in light of the discoveries to change the present workplace.

Objectives of the study

1. To distinguish the Quality of work life among medical nurses.
2. To relate the Quality of work life among nurses with their selected socio-Demographic factors.

Research Methodology

The example for the investigation was chosen principally from four regions ICU, Emergency, HDU and wards (therapeutic, careful and orthopaedic). Out of 500 medical caretakers, 100 attendants were picked by non-likelihood accommodation examining the strategy to take an interest in the examination so, the sample size is 100. The instrument used to gather information was Brooks and Anderson 's Quality of nursing work life. This scale has 42 things and it has four subscales which centre around home life or work life (7 things), works world (5 things)., work conditions or dispute (20 things) and work association or plan (10 things). It is scored on a six-point Likert scale regarding emphatically deviate, respectably dissent, deviate, concur, decently concur, unequivocally concur. The score on everything is summed up to get the aggregate score.

Data Analysis: Data was analyzed by using descriptive statistics such as percentage, mean, frequency, standard deviation and inferential statistics such as one way ANOVA (Table 1).

Table-1: Percentage Distribution of Nurses Based on Socio-Demographic Characteristics

	Socio-Demographic Characteristics	Respondent	Percentage
1	Age		
		21-30	68
		31-40	22
		41 and above	10
2	Gender	Male	2
		Female	98
3	Educational Qualification	GNM	23
		Diploma	32
		BSc	45
4	Marital status	Unmarried	43
		Married	57
5	Area of Living	Urban	23
		Rural	77
6.	Type of Family	Nuclear	76
		Joint	24
7	Support system	Family	98
		Friends	02
8	Coping Strategy	Reading books	04
		Listening to music	51
		Watching TV	33
		Prayer	12

The respondent to show their age class, from the discoveries, 68% of the respondents were matured between 21 to 30 years, 22% of the respondent demonstrated they were matured between 31 to 40 years, 10% of the respondents demonstrated were matured between 41 and above years. Among the 100 surveyed employees 45% are Bsc qualification, 32% of employees are Diploma and 23% of employees are GNM with the present quality of work life in hospital. The investigation found that larger part of the respondent as appeared by 98% were females while 02% of the respondent were males. The nurses in the hospital 57% are married and 43% are unmarried. 23% of nurses coming from urban and compare to urban 77% of nurses are from rural. The respondent 76% are nuclear family and 24% are joint family's. The supporting system of nurses 98% from family said and 02% are from friends said. The nurses are 04% were reading books, most of them 51% of nurses are listening to music, 33% of the nurses are watching TV and reaming 12% of them are involved in prayer.

Table-2 : Percentage Distribution of Nurses Based on Work-Related Characteristics

	Work-Related Characteristics	Respondent	Percentage
1	Years of Experience	<1 year	20
		1-3years	61
		4-6 years	19
2	No. of Overtime Duties(per month)	<2	22
		3-4	77
		5 and above	01
3	Flexible Duty Schedule	Yes	100
		No	0
4	No. of Night Duties	5-7	23
		8-10	77
5	No. of Breaks	1	95
		2	05
6	Area of Working	Ward	33
		ICU	22
		HDU	22
		Emergency	23
7	Average Working Hours in a Week	< 40	02
		41-50	98
8	Principal Nursing Position	Permanent	80
		Temporary	20
9	Income	Rs.10000-Rs.15000	20
		Rs.15001-Rs.20000	61
		Rs.> 20000	19
10	Physical Facilities		
	Safe Drinking Water	Yes	100
		No	000
	Toilet Facilities	Yes	100
		No	00
	Dress Changing Rooms	Yes	95
		No	05
	Seating	Yes	90
		No	10
	Dining Space	Yes	90
		No	10
	Lockers	Yes	96
		No	04

11	Additional Compensation for Being Certified	Yes	00
		No	100
12	Grievance Redressal Mechanisms	Yes	95
		No	5

In portraying the business related attributes among the 100 medical nurses, 61% have an affair of 1-3years, 77% had accomplished more than 3-4 extra minutes obligations in multi-month, 77% had completed 8-10 long stretches of night obligations in multi-month, break is taken one time by 95% of attendants, 80% of medical nurses work in a lasting nursing position, 23% work in crisis, 98% labor for 41-50 hours in seven days, 100% expressed that obligation plan is adaptable, 95% there is an arrangement for grievance redressal, 100% feel there is no extra pay for being confirmed in any courses. The physical offices gave in the association to the medical attendants 100% medical nurses feel they have safe drinking and can offices, 95% feel that have dress evolving rooms, 90% acknowledged that they have seating offices, and eating space for attendants, 96% have lockers to keep their things. With respect to the Quality of nursing work life, 80% of medical nurses revealed the direct nature of work life, and 20% detailed high calibre of work life.

Table -3 : Quality of Nursing Work Life dimensions on Mean and SD

	Dimensions of Quality of Nursing Work Life	Mean	SD
	Work life /home life dimension	3.68	0.312
	Work design dimension	4.02	0.941
	Work context dimension	3.61	0.823
	Work world dimension	3.45	0.898

In breaking down the measurements of Quality of nursing work life, most elevated mean score of 4.02 with SD 0.941 is found in work configuration, trailed by work life/home life measurement with mean score of 3.68 with SD 0.312, work setting measurement with a mean score of 3.61 with SD 0.823 and the slightest mean score of 3.45 with SD 0.898 in work world measurement.

Table- 4: Quality of Nursing Work Life Dimensions on Items Wise Mean and SD

Dimension	Items	Mean	SD
Work Life and Home Life	I am satisfied with my job	4.01	1.032
	I am able to arrange for day-care when my child is ill	3.74	0.661
	I am able to arrange for child-care when I am at work	3.79	0.855
	I am able to balance work with my family needs.	3.60	0.899
	I have energy left after work	3.58	0.519
	I am able to arrange for day care for my elderly parents	3.74	0.60
	My organization's policy for family-leave time is adequate	3.98	0.703
	Rotating schedules negatively affect my life	3.99	0.762
	My workload is too heavy	3.89	1.045
Work Design	I perform many non-nursing tasks	3.96	0.901
	There are enough nurses in my work setting.	4.05	1.077
	I am able to provide good quality patient care	3.77	1.221
	I have enough time to do my job well	4.18	0.809
	I have the autonomy to make patient care decisions	3.64	0.869
	I experience many interruptions in my daily work routine	3.77	1.086
	I receive quality assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	3.82	1.005
	I am able to participate in decisions made by my nurse manager/ supervisor	3.60	0.798

	I am able to communicate well with my nurse manager/supervisor.	3.61	0.835
	I receive a sufficient amount of assistance from support personnel(the dietary aides, housekeeping, patient care technicians and nursing assistants)	3.50	0.602
	I feel respected by physicians in my work setting	3.56	0.903
	Upper-level management has respect for nursing	3.70	0.745
	My nurse manager/supervisor provides adequate supervision	3.96	0.548
	I communicate well with the physicians in my work setting	3.60	1.092
	It is important to me to have support from my hospital in pursuing higher studies	3.26	0.664
	Friendships with my co-workers are important to me	3.51	0.659
	I receive feedback on my performance from my nurse manager/ supervisor	3.04	0.620
	There is teamwork in my work setting	4.02	1.033
	I feel a sense of belonging to my workplace	3.67	1.016
Work Context	I would be able to find my same job in another organization with about the same salary and benefits.	3.62	0.987
	Nursing policies and procedures facilitate my work	3.89	0.798
	Break area /locker room for the nursing staff in my area is comfortable	3.82	0.52
	I feel my job is secure	3.39	0.90
	I receive support to attend in-services and continuing education programs	3.27	0.998
	I am able to communicate with the other staff (physical, respiratory,etc.,)	3.03	0.761
	I feel safe from personal harm (physical, emotional, or verbal) at work	3.83	0.973
	The hospital provides a secure environment	4.15	1.109
	I am recognized for my accomplishments by my nurse manager/ supervisor	3.03	0.937
	My work setting provides career advancement opportunities	3.73	0.581
	I believe that society has correct image of nurses	4.02	0.842
	I have adequate patient care supplies and equipment	3.52	0.959
Work World	My salary is adequate	3.54	1.001
	I believe my work impacts the lives of patients/families	3.53	1.029

In the measurement of work life/home life most noteworthy mean score, 4.03 is found on the association's approach for family-leave time is sufficient and the minimum being the capacity to adjust work with my family needs with mean score 3.54. In the work configuration measurement, the most noteworthy mean score is 4.21 on the satisfactory time medical nurses need to carry out their activity well and minimum being the mean score of 3.53 as attendant gets quality help from help faculty. In the measurement of work setting, the mean score of 3.72 uncovers medical nurse's trust that society has the right picture of attendants and slightest is the mean score of 3.41 in feeling that the activity is secure and they can locate a similar activity in another association with about a similar compensation and advantages.

Table -5 : Socio-Demographic Variables and Work-Related Characteristics Using One Way ANOVA

Socio-Demographic Variables	Mean	S.D	F	p
Age	1.09	0.389	2.87	0.04*
Educational Qualification	1.69	0.412	2.126	0.05*
Marital status	1.69	0.412	2.126	0.05*
Area of living	1.69	0.412	2.126	0.05*
Coping strategy	2.60	0.720	5.98	0.003**
Work-Related Characteristics				
Years of experience	1.98	0.619	3.19	0.01**
Average hours of working	1.64	0.488	3.9	0.01*
No. of night duties	1.83	0.430	2.35	0.05*
No. of overtime duties	1.78	0.48	2.31	0.05*
No. of breaks	1.08	0.224	1.25	0.03*

One way ANOVA uncovers the relationship of socio-statistic factors with the Quality of nursing work life which finds that factors like age (21-30yrs), instructive capability (B.Sc), zone of living (provincial), conjugal status (wedded) is noteworthy at $p < 0.05$ and adapting technique (tuning in to music) is very huge at $p < 0.003$. In the partner, the business-related qualities long stretches of experience(1-3years), no. of night duties(eight to ten), normal long stretches of working(41-50) and no. of breaks (one) have the critical relationship at $p < 0.05$.

Discussion

The present investigation has recognized that larger part of the nurses (medical caretakers) had a direct quality of nursing work life as the contributing variable may that these attendants are working in a private tertiary care showing clinic which has got settled framework and staff welfare offices. 61.4% of the medical caretakers had the direct nature of work life which was bolstered by the examination finding of Nayeri et al.

This examination finding is in opposition to the investigation finding by Brooks BA et al. where the nurses (medical attendants) were disappointed with their work life. In investigating the measurements of quality of nursing work life, medical attendants were happy with the work plan because of components, for example, great IPR, the designation of work, getting satisfactory help with tolerant care. Attendants are observed to be especially happy with the work life or home life measurement the same number of them get bolster from the relatives and they can give an engaged administer to the patient. Exhibit think about finding is reliable with the outcomes announced by Musrrat Parveen et al. where the work configuration measurement, the mean scores were, adequate help from others 4.12, ready to give great patient care 4.69, Quality help from supporting faculty 3.98 .

In the measurement of work setting, disappointment is distinguished as nurses (medical attendants) were discovering hard to speak with specialists, decreased professional success openings and inability to perceive that. The work world measurement has the slightest acquired score as the medical caretakers feel that still the picture of attendants is poor, feel unreliable about the activity and the shame that is connected by people in general on the nursing calling.

Nurses (Medical caretakers) on the work life or home life measurement find that association has an adaptable leave arrangement for the businesses yet nurture discover trouble in adjusting the work and home. The majority of the medical attendants have felt depleted because of the multitasking they need to do at both home and working environment which is like the examination finding where 58% of the attendants expressed that they were not able to adjust the work and family as recognized by Almalki et al. It was accounted for by Ramesh et al. that 70% of the medical caretakers are thinking that it's hard to deal with the work and home obligations.

The needy relatives are requiring care where the nurses (medical caretakers) feel, they can't like them at the opportune time. Kid's medical problem is another territory where attendants may think that its hard to adjust. Change in movements and schedules are additionally another factor which is influencing the quality of work life for attendants.

Nurses (Medical attendants) are happy with the time accessible to carry out their activity and the number of partners they need to share the work. It is additionally recognized that medical caretakers need to perform an excessive number of non-nursing assignments which influence their activity fulfilment. Satisfactory supervision from the administrator is influencing them to carry out their business too well. Medical attendants feel they have a substantial workload, along these lines they can't give quality care. Despite the fact that medical caretakers have self-rule in completing a specific errand, they feel deficient because of the absence of help from other social insurance faculties, visit intrusions in playing out their day by day assignment and absence of correspondence with manager impede the nature of work life.

In the work setting measurement, Nurses (medical caretakers) are happy with the cooperation and the anchored condition which is sans danger. Medical caretakers are happy with the workplace, approaches, and techniques, regarded by the upper-level administration and the association with the colleagues. Almaliki et al. revealed in their examination that medical caretakers were happy with the colleagues and they have a sentiment of having a place with the working environment. In any case, disappointment is distinguished in territories where medical attendants communicated that they don't get support to seek after higher examinations, absence of criticism on their execution, correspondence with other staff, support to go to in-administrations and proceeding with training programs, disappointment of bosses to perceive the achievements of attendants, no help is given by the business to go for higher investigations. These elements are considered to diminish the work execution in this way influencing the quality of work life. It was accounted for by Zangara et al. that fitting input systems, suitable correspondence, thoughtful direction, affirmation, rewards, and support from the bosses are basic to have a vocation fulfilment which straightforwardly expands the nature of work life. In considering the work world measurement, medical caretakers feel that attendants have a decent picture in the general public. Attendants are happy with the compensation they get and furthermore about the profession openings. Much disappointment was recognized in territories where they feel shaky about the activity and their work execution will influence the lives of patients and families.

The relationship of socio-statistic factors with the nature of nursing work life finds that more youthful age amass has an abnormal state of personal satisfaction as they may feel happy with the work they perform. Graduate medical attendants have high calibre for work-life than contrasting with the GNM medical attendants. Medical caretakers living in the urban territory and wedded attendants had a superior nature of work life. Fasla found that wedded medical caretakers had a critical relationship with the nature of work life at $p < 0.05$. The greater part of the medical attendants utilized tuning in to music as an adapting methodology to confront pressure. Other socio-statistic factors didn't have a noteworthy relationship with nature of nursing work life. In the partner, the business-related attributes, long periods of experience(1-3years), no. of night duties(eight to ten), normal long stretches of working(41-50) and no. of breaks (one) have huge relationship at $p < 0.05$ with the Quality of nursing work life.

Conclusion

The present investigation finds that most of the nurses (medical caretakers) had a direct Quality of nursing work life. For accomplishing an abnormal state of care, it is basic to have a quality work life and the responsibility of medical nurses in the activity. Likewise, bearer progression is another factor to be considered. Quality of work life can be advanced by acknowledgement of the work done, bolster for the medical caretakers, giving self-sufficiency in the work, adequate staffing and with better working conditions. Association and managers should centre around these elements to enhance the personal satisfaction of medical attendants.

Reference

1. Akdere M (2006) Improving quality of work-life: Implications for human resources. *The Business Review* 6(1): 173-177.
2. Almaliki MJ, Clark M (2012) Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Hum Resour Health* 10: 30.
3. Brooks BA, Anderson MA (2005) Defining quality of nursing work life. *Nurs Econ* 23(6): 319-279.



4. Brooks BA, Ohlson S, Stemler I, et al. (2007) Assessing the quality of nursing work life. *Nurs Adm Q* 31(2): 152-157.
5. Fasla NP (2017) A study on quality of work life among private hospital nurses with special reference to mannarkkad Municipality, Palakkad District. *International Journal of Research-Granthaalayah* 5(4): 128-134.
6. Gifford BD, Goodman EA (2002) The relationship between hospital unit culture and nurses' quality of work life. *J Healthc Manag* 47(1): 13-25.
7. Huang TC, Lawler J, Lei CY (2007) The effects of quality of work life on commitment and turnover intention. *Social Behav and Pers* 35(6):
8. Lewis D, Lohfeld L, Tjam E (2001) Extrinsic and intrinsic determinants of quality of work life. *Leadership in Health Services* 14(2): 9-15.
9. Narehan H, Hairunnisa M, Razak AN, Lapok F (2014) The Effect of Quality of Work Life (QWL) Programs on Quality of Life (QOL) among Employees at Multinational Companies in Malaysia. *Procedia-Social and Behavioral Sciences* 112: 24-34.
10. Nayeri, Salehi, Noghabi (2011) Quality of work life and productivity among Iranian nurses. *Contemp Nurse* 39(1): 106-118.
11. Lewis D, Brazil K, Krueger P, Lohfeld L, Tjam E (2001) Extrinsic and intrinsic determinants of quality of work life. *Leadership in Health Services* 14: 9-15
12. Nevidjon B, Erickson JI (2001) The nursing shortage: Solutions for the short and long term. *Online J Issues Nurs* 6(1): 4.
13. Ramesh N, Nisha C, Josephine AM, Thomas S, Joseph B (2013) A study on quality of work life among nurses in a Medical College Hospital in Bangalore. *Natl J Community Med* 4(3): 471-474.
14. Roche WK (2009) Who gains from workplace partnership? *The International Journal of Human Resource Management* 20: 1-33.
15. Parveen M, , Kassim NM (2016) (Quality of Work Life: The Determinants of Job Satisfaction and Job Retention among RNs and OHPs. *International Journal of Emergency Mental Health and Human Resilience* 18(2): 742.
16. Zangaro G, Soeken K (2007) A metaanalysis of studies of nurses' job satisfaction. *Res Nurs Health* 30(4): 445-458.
17. Singh HR (2016) Employees' Perceived Quality of Work Life: a Comparative Study Between Private and Public Hospitals of Manipur (India). *PARIPEX Indian Journal of Research* 5: 325-333.
18. Sirgy MJ, Efraty D, Siegel P, Lee DJ (2001) A new measure of quality of work life (QWL) based on need satisfaction and spillover theories. *Social Indicators Res* 55(3): 241-302.
19. Swamy DR, Nanjundeswaraswamy TS, Rashmi S (2015) Quality of work life: Scale development and validation. *International Journal of Caring Sciences* (2): 281-300.
20. <http://space.sctimst.ac.in/jspui/bitstream/6282.pdf>.
21. http://www.who.int/mental_health/media/68.pdf.
22. <http://www.yourarticlelibrary.com/employee-management/quality-of-work-life-its-meaning-and-definition-employee>.
23. <https://www.longwoods.com/content/21515>.
24. <http://www.chrmglobal.com/articles/183/1/Quality-of-Work-Life>.