



Quality of Work Life of Nurses and Paramedical Staff in Hyderabad Hospitals

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Abstract

This research paper explores the quality of work life in private and public sector hospitals in Hyderabad. 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. 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.*

1. 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.



2. 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. 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.

3. 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 her study. The study was held in Private and Public hospitals in Hyderabad. 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.

4. 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 Hyderabad.
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.

To offer suggestions to improve the Quality of work life of the Nurses and Paramedical staff in Private and Public sector Hospitals.

5. 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, Hyderabad. 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 Hyderabad. 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.

6. Data Analysis

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

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

(Source: Primary Data)

Table 2. Private sector: Comparative analysis of QWL in private and private Sector

Attributes	Very poor		poor		Average		Good		Very good	
	F	%	F	%	F	%	F	%	F	%
WC	10	6.66	5	3.33	10	6.66	15	10	30	20



WS	0	0	0	0	15	10	30	20	25	16.66
JS	0	0	7	4.66	21	14	28	18.66	14	9.33
OC	0	0	7	4.66	35	23.33	21	14	0	0
SC	7	4.46	7	4.66	35	23.33	21	14	0	0

Table 3. Public sector: Comparative analysis of QWL in private and Public Sector

Attributes	Very poor		poor		Average		Good		Very good	
	F	%	F	%	F	%	F	%	F	%
WC	20	13.33	5	3.33	30	20	10	6.66	15	10
WS	0	0	0	0	30	20	20	13.33	30	20
JS	0	0	1	0.66	39	26	40	26.66	0	0
OC	0	0	10	6.66	40	26.66	10	6.66	20	13.33
SC	8	5.33	25	16.66	39	26	8	5.33	0	0

(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

About 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 and results:

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.

7. The ANOVA results shows that,

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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical 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 Paramedical staff.

8. 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 Paramedical 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.

9. 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.
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