

Empirical Study on the Quality of Work Life of Nurses in Private Hospitals

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Abstract

Purpose: The purpose of the study is to investigate the Quality of Work Life among nurses in Private Hospitals.

Design/Methodology/Approach: Primary data collection was done by the researcher from 168 nurses from various private hospitals through a structured questionnaire. The data was analyzed using statistical tools like factor analysis, correlation and multiple regression analysis using SPSS (Ver 20.0)

Findings: From the research study its concluded that remuneration, opportunity for personal growth, work environment, support leadership and structure and work life balance have influence on the Quality of Work Life.

Research implications: The research provides a pragmatic view on Quality of Work Life among nurses in private hospitals and intends to provide insights to administrators, policy makers and practitioners for implementing the findings in solving Quality of Work Life issues.

Keywords: Quality of Work life, Nurses, Healthcare

Introduction

Healthcare industry has been facing notable challenges in terms of healthcare specialists, low output, job dissatisfaction. These organizations strive to provide superior service with limited resources. Healthcare administrators are now increasingly focused towards studying and understanding the Quality of Work Life and the level of satisfaction of their healthcare professionals. A health professional may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing or allied health professions. Health care practitioners can include a wide variety of other human resources trained to provide some type of health care service. The healthcare industry has been witnessing a crunch for healthcare professionals and this field has been facing challenges of attrition due to increased work pressure, prolonged work hours, over burdening work load, high stress levels, improper balance between work and personal life. Investigating the effect of these issues and understanding the perception of these professionals is very critical.

Quality of Work life has been an area of significant importance from the 1960's and has been researched emphasizing the importance, factors influencing work life and its impact on the performance of the individual (Lawler and Porter, 1966). The factors that determine the level of QWL and the level of impact of these factors would vary from organisation to organisation and from one industry to another.

A study of these factors is of great importance to understand the relationship between QWL and the level of motivation of employees and which would impact the level of performance of the employees (Danna and Griffin, 1999). Organisations strive towards enabling capabilities to provide a cohesive environment where in their human talent can improve their synergetic force. The creation of such environment is said to be Quality of Work life. It amplifies the mental peace and development motives of an employee.

QWL emphasizes on the Organisations ability in fulfilling the individual's important needs through experiences. QWL refers to an employee satisfaction with working life. QWL is a multidimensional concept and covers the employee's feelings about his job that includes the salary, the job content, working environment, recognition and rewards system, opportunities for personal growth, leadership and the level of supervision, superior subordinate relationships, occupational health and safety, and the transition between work life and family life. These dimensions of QWL have a close relationship in influencing the productivity of the employee and hence Organisations do pay additional care in satisfying their employees on these dimensions.

Review of Literature

Research over the years has established an increased considerable attention towards QWL and has become the concern of the employers, trade union and scholars. Various researchers in the past have explored the factors that influence the quality of work life. A careful review of the past literature has been carried out to understand the previous research in the areas of the QWL as it would be of great help in framing the research objectives.

(Nayak et al. 2016) Chandan Kumar Sahoo study on Quality of Work Life among healthcare professionals reveals the importance of HR interventions and the lack of adoption of such interventions in day-to-day practice of healthcare organizations. The study calls for a deliberate attempt by organizations towards improving the Quality of Work life among the healthcare professionals.

(Saraji and Dargahi 2006) The results showed that the majority of employees were dissatisfied with

occupational health and safety, intermediate and senior managers, their income, balance between the time they spent working and with family and also indicated that their work was not interesting and satisfying.

(Islam 2012) The outcome of the research is that six out of seven factors (work load, family life, transportation, compensation policy and benefits, working environment, working condition and career growth) have significant influence on quality of work life. The study concluded that an appropriate organization culture, compensation policy, career growth and relative facilities can lead to a satisfied employee mindset which ensure the overall organization productivity.

(Kanten and Sadullah 2012) This research investigates the association between quality of work life and work engagement. Results showed that there were significant relations between dimension of QWL and work engagement. Accordingly; (a) QWL affect work engagement; (b) work engagement level of blue-collar employees differentiates from white-collar employees; (c) perceptions of QWL differentiates from white collar employees

(Ashwini 2016) Ashwini, in the study concludes that companies should ensure employees have clear job description without ambiguity and employees be allowed in participative decision making. The study reveals job satisfaction to be most important criteria for QWL, while commitment to the workplace is considered as an important criterion for service sector.

(Balachandar. G, Dr. Panchanatham. N, Subramanian, 2013) "Quality of Work life the power of Insurance Company: Impact of personal factors on the quality of work life of the officer's", concluded that type of officers has influence on the quality of work life. The existence of quality of work life in the insurance company enhances the job satisfaction, job performance, productivity and involvement of officers. It has also concluded that management is responsible for the presence of quality work life in the insurance company which ultimately results in quality of the service and satisfaction of the customers and agents.

Conceptual Framework

The conceptual framework of the study is explained in the below diagram. In line with the research objectives and the hypothesis the research has set the below conceptual framework. The researcher intends to investigate the perception of nurses towards the Quality of Work Life has chosen to study QWL under the dimensions namely; work environment, remuneration, opportunity for personal growth, support services, work life balance.



Dimensions of Quality of Work Life

For the purpose of the current research based on the literature review and brainstorming 5 dimensions of the Quality of Work Life were identified.

Remuneration

Fair remuneration provide an employee the ability to lead a quality life and act as a motivation to work hard and achieve organisation and individual goals. Quality of Work Life can be associated with the fair wages, better working conditions, equitable wages, better rewards.

Opportunity for Personal Growth

This dimension relates to the availability of growth opportunities for the employees within the organisation. It relates to a fair policy on growth, training and development of talent within the organisation and a fair and clear performance appraisal system

Supportive Leadership and Structure

This dimension relates to the proper supervisor relationship, the ability of the supervisor to be a potential leader and to influence them in bringing in a competitive spirit among the employees to perform better and lead to better work life.

Work Environment

Work environment refers to the social and professional environment with in the organisation with in which the employees interact. A better working condition and facilities would motivate the employees towards better performance

Work Life Balance

This dimension refers to the availability of balanced hours for work and personal life of the employees. The presence of such balance would rejuvenate the employees and motivate them towards improved performance.

Objectives of the Study

The research has been carried out with the below objectives:

1. To study the Quality of work life of private hospital nurses with respect to demographic variables.
2. To examine the relationship between the various dimensions and the Quality of Work Life

Research Design

Descriptive research design was used for the study. Primary data was collected from nurses in private hospitals in Trichy district, TamilNadu, a southern state in India. A well-structured questionnaire having 31 items with a five-point Likert's Scale (5-Strongly Agree to 1-Strongly Disagree) was used for the purposed of the study. Samples were collected on the basis of simple random sampling method. A total of 200 questionnaires were distributed for the survey out of which 168 usable and complete questionnaires were collected. The information collected was tabulated and analyzed using SPSS 20.0. Statistical Tests like Anova, Correlation, Regression, Factor Analysis, Reliability Analysis were carried out to test and draw inferences from the study.

Results and Discussions

Demographic Factor	Category	Frequency	Percent	Valid Percent	Cumulative Percent
Age	below 25	66	39.3	39.3	39.3
	26-30	50	29.8	29.8	69.0
	31-35	35	20.8	20.8	89.9
	36-40	5	3.0	3.0	92.9
	Above40	12	7.1	7.1	100.0
Salary	Below15000	101	60.1	60.1	60.1
	15001-20000	44	26.2	26.2	86.3
	20001-25000	21	12.5	12.5	98.8
	Above 25000	2	1.2	1.2	100.0
Marital Status	Single	99	58.9	58.9	58.9
	Married	69	41.1	41.1	100.0
Experience	Below 5 Yrs	90	53.6	53.6	53.6
	5-10	48	28.6	28.6	82.1
	10-15	25	14.9	14.9	97.0
	15-20	5	3.0	3.0	100.0

The demographic profile of the respondents is mentioned in the above table (Table 1). From the table it's inferred that majority of the respondents 66(39.3%) are in the age below 25, 50 (29.8%) of the respondents are in the age group 26-30, 35 (20.8%) of the respondents are in the age 31-35, 5 (3.0%) of the respondents are in the age category 36-40 and 12(7.1%) of the respondents are in the category above 40 years of age.

As for the salary, its inferred that majority of the respondents 101 (60.1%) are in the category earning below 15000; 44 (26.2%) of the respondents are in the category 150001-20000; 21 (12.5%) of the respondents are in the category of 20001-25000 and 2 (1.2%) of the respondents are in the category of earning above 25000 as their monthly salary.

Majority of the respondents 99 (58.9%) are single; 69 (41.1%) of the respondents are married. In terms of experience, majority of the respondents 90 (53.6%) are below 5 years; 48 (28.6%) of the respondents are between 5-10 years; 25 (14.9%) of the respondents are between 10-15 years and 5 (3.0%) of the respondents are between 15-20 years of experience.

From the table 2, it is known that minimum mean value is arrived for the item "Team work is present in my unit". It falls around neutral. The highest mean rating is for the statement "Pay based on Responsibility" is 4.16. It infers that the respondents highly disagree that they pay is not based on the responsibility.

Table 2 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Fair compensation	168	1	5	4.12	1.215
Pay based on Responsibility	168	1	5	4.16	1.118
Performance based salary	168	1	5	3.92	1.158
Fair promotion	168	1	5	3.98	1.213
Rewards for good work	168	1	5	3.82	1.244
Institution gives professional opportunities	168	1	5	3.96	1.335

Nursing policies and procedures facilitates my job	168	1	5	3.95	1.377
I feel safe protected against damage (physical, moral, verbal)	168	1	5	3.82	1.275
I have autonomy in deciding patient care	168	1	5	3.81	1.290
Manager/supervisor provides feedback about performance	168	1	5	3.78	1.356
I have good communication with my manager/supervisor nurse.	168	1	5	3.71	1.310
I receive adequate support from support service staff	168	1	5	3.90	1.421
I have adequate materials and equipment for patient care.	168	1	5	3.92	1.245
I can give good quality patient care.	168	1	5	3.85	1.233
Team work is present in my unit	168	1	5	3.52	1.299
I feel attached to work	168	1	5	3.96	1.394
I feel approved by doctors at work	168	1	5	3.60	1.432
Safety provides a safe environment	168	1	5	3.84	1.296
I feel comfortable in my work environment	168	1	5	3.73	1.395
I believe my job is safe	168	1	5	3.67	1.325
Managers respect nursing	168	1	5	3.77	1.361
I communicate with other team members	168	1	5	3.55	1.396
I can manage a good balance between work and family	168	1	5	3.93	1.546
I have enough time for work	168	1	5	3.81	1.299
I have energy outside of work	168	1	5	3.82	1.535
Quality of Work Life Score	168	25	125	95.9	33.068

The items used in the questionnaire were analysed through factor analysis to recover out the relevant factors that specify the degree of Quality of Work Life of nurses. (Table3) Kaiser-Meyer-Olkin (KMO) and Bartlett’s test of sphericity was carried out. KMO measure of sampling adequacy value was estimated to be 0.767 for the overall sample. The Bartlett’s test of sphericity shows that the correlation among the variables is statistically significant ($p=0.000$). The KMO and Bartlett’s test results revealed the data to be fit for factor analysis.

Principal Component Analysis and Varimax rotation method was used and from the study. Table 4 shows the communalities of the loaded items and the amount of variance accounted by each of the items in the study which is between 59.3 and 74.9. The Principal Component Analysis (Table 5) showed that the 7 factors extracted account for 67.11 percent

variation in the overall sample. The scree plot for the PCA has been shown below.

Additionally, the test of reliability was conducted to test the reliability of the factors extracted. The Cronbach’s Alpha coefficient (Table 7) for internal consistency was calculated to test the reliability. The Alpha coefficient achieved was 0.861 thus concluding that the factors were highly reliable in predicting the Quality of Work Life. The reliability coefficient values of the factors are represented in the table 8.

Table 3 KMO and Bartlett’s Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.732
Bartlett’s Test of Sphericity	Approx. Chi-Square	1462.911
	df	300
	Sig.	.000

Table 4 Communalities

	Initial	Extraction
Fair compensation	1.000	.694
Pay based on Responsibility	1.000	.674
Performance based salary	1.000	.653
Fair promotion	1.000	.650
Rewards for good work	1.000	.637
Institution gives professional opportunities	1.000	.653
Nursing policies and procedures facilitates my job	1.000	.705
I feel safe protected against damage (physical, moral, verbal)	1.000	.749
I have autonomy in deciding patient care	1.000	.704
Manager/supervisor provides feedback about performance	1.000	.650
I have good communication with my manager/supervisor nurse.	1.000	.698
I receive adequate support from support service staff	1.000	.712
I have adequate materials and equipment for patient care.	1.000	.659
I can give good quality patient care.	1.000	.636
Team work is present in my unit	1.000	.715
I feel attached to work	1.000	.651
I feel approved by doctors at work	1.000	.670
Safety provides a safe environment	1.000	.727
I feel comfortable in my work environment	1.000	.658
I believe my job is safe	1.000	.691
Managers respect nursing	1.000	.624
I communicate with other team members	1.000	.620
I can manage a good balance between work and family	1.000	.668
I have enough time for work	1.000	.593
I have energy outside of work	1.000	.687
Extraction Method: Principal Component Analysis.		

Table 5 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.590	22.359	22.359	5.590	22.359	22.359	3.086	12.344	12.344
2	2.362	9.447	31.806	2.362	9.447	31.806	2.370	9.480	21.824
3	2.037	8.149	39.955	2.037	8.149	39.955	2.134	8.534	30.358
4	1.703	6.811	46.766	1.703	6.811	46.766	2.112	8.447	38.805
5	1.525	6.099	52.865	1.525	6.099	52.865	1.972	7.886	46.692
6	1.447	5.788	58.653	1.447	5.788	58.653	1.855	7.420	54.112
7	1.101	4.405	63.059	1.101	4.405	63.059	1.795	7.178	61.290
8	1.013	4.051	67.110	1.013	4.051	67.110	1.455	5.821	67.110
9	.885	3.538	70.648						

10	.832	3.328	73.976						
11	.816	3.264	77.240						
12	.694	2.777	80.017						
13	.611	2.445	82.462						
14	.551	2.204	84.666						
15	.496	1.985	86.652						
16	.471	1.883	88.535						
17	.453	1.813	90.348						
18	.398	1.592	91.940						
19	.360	1.440	93.380						
20	.342	1.369	94.749						
21	.320	1.279	96.029						
22	.296	1.186	97.214						
23	.272	1.089	98.303						
24	.235	.942	99.244						
25	.189	.756	100.000						

Extraction Method: Principal Component Analysis

Table 6 Rotated Component Matrixa

	Component							
	1	2	3	4	5	6	7	8
Pay based on Responsibility	.787							
Fair compensation	.778							
Performance based salary	.754							
Rewards for good work	.714							
Fair promotion	.704							.366
I have autonomy in deciding patient care		.804						
Nursing policies and procedures facilitates my job		.791						
I have good communication with my manager/supervisor nurse.		.726						
I receive adequate support from support service staff (meal, cleaning and care staff).			.761					
I feel attached to work			.751					
I can give good quality patient care.			.643					
I can manage a good balance between work and family				.791				
I have energy outside of work				.755				
I have enough time for work				.640				
I feel safe protected against damage (physical, moral, verbal)					.833			
Manager/supervisor provides feedback about performance					.742			
Institution gives professional opportunities		.382			.665			
I believe my job is safe						.748		

I communicate with other team members like Physiotherapist and respiration therapist						.736		
I feel comfortable in my work environment			.361	.306		.487		
Team work is present in my unit							.755	
I have adequate materials and equipment for patient care.							.695	
I feel approved by doctors at work			.365					.580
Safety provides a safe environment						.465		.664
Managers respect nursing								.620
Extraction Method: Principal Component Analysis.								
Rotation Method: Varimax with Kaiser Normalization.								
a. Rotation converged in 7 iterations.								

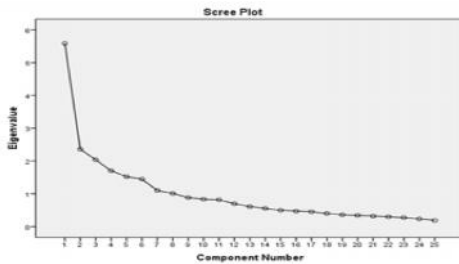


Table 7 Reliability Statistics

Cronbach's Alpha	No. of Items
.861	25

Table 8 Reliability Statistics

Factor	Cronbach's Alpha	No. of Items
Remuneration	0.825	5
Opportunities for Personal Growth	0.754	6
Support Leadership and Structure	0.749	6
Work Environment	0.717	5
Work Life Balance	0.703	3

The Kolmogorov – Smirnov Test (Table 9) is carried out test the hypothesis that the data is normally distributed. The significance value is less than 0.05 which indicates that the distribution of data is normal.

Table 9 One-Sample Kolmogorov-Smirnov Test

	N	Normal Parameters a,b		Most Extreme Differences			Kolmogorov Smirnov Z	Asymp. Sig. (2-tailed)
		Mean	Std. Deviation	Absolute	Positive	Negative		
Fair compensation	168	4.13	1.215	.312	.236	-.312	4.044	.000
Pay based on Responsibility	168	4.16	1.118	.288	.226	-.288	3.734	.000
Performance based salary	168	3.92	1.158	.283	.176	-.283	3.663	.000
Fair promotion	168	3.98	1.213	.294	.199	-.294	3.805	.000
Rewards for good work	168	3.82	1.244	.271	.172	-.271	3.517	.000
Institution gives professional opportunities	168	3.96	1.335	.275	.219	-.275	3.565	.000
Nursing policies and procedures facilitates my job	168	3.95	1.377	.272	.222	-.272	3.525	.000
I feel safe protected against damage (physical, moral, verbal)	168	3.82	1.275	.296	.176	-.296	3.832	.000

I have autonomy in deciding patient care	168	3.81	1.290	.255	.178	-.255	3.307	.000
Manager/supervisor provides feedback about performance	168	3.78	1.356	.267	.184	-.267	3.460	.000
I have good communication with my manager/supervisor nurse.	168	3.71	1.310	.273	.162	-.273	3.533	.000
I receive adequate support from support service staff (meal, cleaning and care staff).	168	3.90	1.421	.287	.219	-.287	3.717	.000
I have adequate materials and equipment for patient care.	168	3.92	1.245	.306	.192	-.306	3.972	.000
I can give good quality patient care.	168	3.85	1.233	.300	.175	-.300	3.888	.000
Team work is present in my unit	168	3.52	1.299	.226	.128	-.226	2.934	.000
I feel attached to work	168	3.96	1.394	.302	.228	-.302	3.917	.000
I feel approved by doctors at work	168	3.60	1.432	.320	.163	-.320	4.143	.000
Safety provides a safe environment	168	3.84	1.296	.335	.185	-.335	4.343	.000
I feel comfortable in my work environment	168	3.73	1.395	.261	.182	-.261	3.379	.000
I believe my job is safe	168	3.67	1.325	.246	.158	-.246	3.194	.000
Managers respect nursing	168	3.77	1.361	.262	.184	-.262	3.401	.000
I communicate with other team members like Physiotherapist and respiration therapist	168	3.55	1.396	.264	.149	-.264	3.421	.000
I can manage a good balance between work and family	168	3.93	1.546	.333	.244	-.333	4.319	.000
I have enough time for work	168	3.81	1.299	.290	.180	-.290	3.764	.000
I have energy outside of work	168	3.82	1.535	.310	.220	-.310	4.014	.000

Implications / Limitations

Based on the research analysis it was found that the highest mean value of 4.12 accounts for Fair Compensation which reveals that majority of the respondents are of the view that they are paid Fair Remunerations as compared to the industry standard, followed by 4.16 being that the respondents agree that their pay is based on the responsibilities that they hold in their organisation. The least mean value 3.81 is for the statement 'I have enough time for

work' which implies that majority of the respondents are of the opinion that they do not have enough time for their work, which implies that they don't have enough time duration to complete their job or they are heavily loaded with work that they are not able to complete everything within the given timeframe or work duration. Hence it is suggested that organisations do work towards realigning the job responsibilities of the nurses in their respective organisation. The second least of the mean values is

3.82 which accounts for the statement 'I have energy outside of work' which reveals that majority of the respondents are of the opinion that they lose their energy at work and don't have energy levels beyond work. This statement signifies that respondents are fully exhausted by the nature of their work and organisations should try to provide relief or relaxation period as far as possible for the nurses to regain their energy levels so that they can perform even better in delivering their responsibilities. This research has a major limitation in terms of the complexity in the area of research. The data collection was carried out only from private hospitals in around Trichy; and hence the research does not reflect the perception of nurses from each and every corner of the nation. The perception of the respondents may change with time and hence the results and findings of the research may vary over a period of time.

Conclusion

The research was carried out with the purpose of determining the factors and its impact on the work life balance of Nurses working in private hospitals in Trichy. Based on the review of literature and in consultation with academic experts in the field it was decided to study the WLB based on the dimensions like Work Environment, Remuneration, opportunity for Personal Growth, Support Services and Work Life Balance. From the research study it concluded that remuneration, opportunity for personal growth, work environment, support leadership and structure and work life balance have influence on the Quality of Work Life. Based on the research analysis it was found that the highest mean value of 4.12 accounts for Fair Compensation which reveals that majority of the respondents are of the view that they are paid Fair Remunerations as compared to the industry standard, followed by 4.16 being that the respondents agree that their pay is based on the responsibilities that they hold in their organisation. The least mean value 3.81 is for the statement 'I have enough time for work' which implies that majority of the respondents are of the opinion that they do not have enough time for their work, which implies that they don't have enough time duration to complete their job or they are heavily loaded with work that they are not able to complete everything

within the given timeframe or work duration. Hence it is suggested that organisations do work towards realigning the job responsibilities of the nurses in their respective organisation. The second least of the mean values is 3.82 which accounts for the statement 'I have energy outside of work' which reveals that majority of the respondents are of the opinion that they lose their energy at work and don't have energy levels beyond work. This statement signifies that respondents are fully exhausted by the nature of their work and organisations should try to provide relief or relaxation period as far as possible for the nurses to regain their energy levels so that they can perform even better in delivering their responsibilities. Existence of QWL enhances job satisfaction, job performance, productivity and involvement. Hence healthcare administrators can take steps to improve their initiatives in developing the Quality of work life of the nurses in private hospitals. The research would like to finally conclude that if the organisation could manage in providing better conditions the nurses would be able to manage their personal and work life.

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