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QUALITY OF WORK LIFE AMONG FEMALE NURSES IN THE KOTTAKKAL REGION, KERALA

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Abstract

Quality of work life is a critical concept having lots of importance in employee's life. It is defined as the extent to which an employee is satisfied with his personal and working needs while achieving the goals of the organization. It is a psychosocial factor affecting the health of the employee and a basic determinant for the efficiency of working life. It is known to be a significant factor for nurses, having direct and indirect effects for giving highly qualified patient care during health services. The work of nurses is considered as extremely stressful. It is an environment over which they have no control whatsoever and is an atmosphere that wrecks their schedules, disrupts their home life, makes social activities and regular breaks very hard to plan and supplies constant hassle. A descriptive research design, namely a cross-sectional study was used in the study with an aim to determine the level of working life quality of nurses. A convenience sample of two hundred and fifty female nurses was recruited from hospitals in Kottakkal area, Kerala India. Data were collected with the help of a questionnaire prepared in accordance to working life characteristics and socio-demographic variables. The main findings were that factors such as interactions with friendly, supportive work colleagues made the greatest contribution to the participants' quality of working life, but they felt a sense of injustice about being underpaid and undervalued in relation to their demanding work responsibilities. Some suggestions are also being made to improve the QWL of nurses, thus, ultimately leading to better health services.

Keywords: *Female Nurse, Nursing workforce, Quality of Work life (QWL), Kottakkal*

Introduction

The world has entered a time of scarcity of economic and human resources that is impacting upon the health of global populations. The lack of qualified health professionals, particularly nurses, is now one of the major barriers to achieving the United Nations' Millennium Development Goals for improving population health [1]. Working conditions in the healthcare sector are reported to be particularly problematic and stress inducing compared to other work sectors [2]. A study conducted by Academy for Nursing Studies, Hyderabad, 2005 for Training Division, Ministry of Health and Family Welfare, Government of India, India, found that the critical factors which affect the Indian nursing systems are shortage of staff, poor infrastructure and facilities, weak administrative structure, lack of systematic training programmes on the job or off the job, lack of autonomy and gender disparities.

As the saying goes–"Health is Wealth", health is considered as the most important phenomenon in today's world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing

professions. Nurses play the major role in health care industry and are the first ones who are thought about when we talk about health care and thus it is necessary that their needs have to be taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content, the result of which would be a high quality nursing care [3].

In recent years, ethics, quality of work life (QWL) and job satisfaction are increasingly being identified as progressive indicators related to the function and sustainability of business organizations [4].

The term quality of working life (QWL) was coined by the Australian born psychologist, Elton Mayo in 1930 and it was he who first applied the concept to workplace research [5]. The concept ``quality of work life" was first discussed in 1972 during an international labor relations conference. Robbins (1989) defined QWL as ``a process by which an organization responds to employee needs by developing mechanisms to allow them to share fully in making the decisions that design their lives at work" (p. 207) [6]. Most literature on the QWL originates from the discipline of Industrial Labor Relationships [5]. QWL has been defined by researchers in different ways, which has brought about certain equivalents such as work quality, function of job content, employee's well-being, the quality of the relationship between employees, working environment, and the balance between job demands and decision autonomy or the balance between control need and control capacity [7]-[9]. QWL is thus recognized as a multi-dimensional construct and the categorization is neither universal nor eternal.

Sirgy and et al categorized QWL into two major categories: lower- and higher order needs [10]. The lower-order QWL comprised of health/safety needs and economic/family needs whereas the higher-order QWL is comprised of social needs, esteem needs, self actualization needs, knowledge needs, and aesthetic needs. For measurement, they suggested review in terms of the following seven categories of needs.

1. Health and safety needs (protection against disease and injury within and outside the workplace).
2. The needs of family economy (wages, job security and etc).
3. The need for social (cooperative work between colleagues, and having free time in the workplaces).
4. Social needs (having the cooperative work between colleagues and spare time at work place
5. The need for self-esteem (recognition and appreciation of the work inside and outside the organization).
6. The need for training (training to improve job skills).
7. The aesthetic needs (creativity workplace and personal creativity and general aesthetics.

Different researchers have come up with different categories and factors to define and measure quality of life. Walton (1980) divided QWL components into four categories.

According to him, the affecting factors on QWL include: work meaningfulness, work social and organizational equilibrium, work challenge and richness. Klatt, Murdick and Schuster have identified eleven dimensions of QWL [11]. They are: pay, occupational stress, organizational health programmes, alternative work schedule, participate management and control of work, recognition, superior-subordinate relations, grievance procedure, adequacy of resources, seniority and merit in promotion and development and employment on permanent basis. Winter et al., viewed QWL for attitudinal response among the employees which includes role stress, job characteristics, and supervisory, structural and social characteristics to directly and in directly shape academicians' experiences, attitudes and behaviors [12]. Mosharraf analyzed the security of employment, job/role clarity, understanding supervisors, work not stressful, access to relevant information and social and welfare facilities to measure the QWL in banks [13]. Measures of Quality of Work Life according to Adhikari & Gautam are: adequate pay and benefits, job security, safe and health working condition, meaningful job and autonomy in the job [14].

Mirsepasi, having examined the different views and observed that QWL is explained by the following factors: (i) Fair and proper payment for good performance (ii) Safe and secure work situation, (iii) The possibility of learning and using new skills, (iv) Establishing social integration in the organization, (v) Keeping individual rights, (vi) Equilibrium in job divisions and unemployment and (vii) Creating work and organizational commitment [15].

Hsu and Kernohan carried out a descriptive study with a convenience sample [5]. They identified 56 QWL categories fitting into 6 dimensions namely, socio-economic relevance, demography, organizational aspects, work aspects, human relation aspects and self-actualization. Major issues emphasized by focus groups are managing shift work within the demands of family life; accommodation; support resources; and nurses' clinical ladder system and salary system.

Donald, et al, investigated QWL indicators in six Canadian Public Health Care Organizations (HCO's) by reviewing documentation relevant to QWL and found that employee well being and working conditions are important indicators of QWL [3].

The improvement of QWL has captured the imagination of managers and researchers alike. A number of researchers have tried to identify the kinds of factors that determine and their effort has resulted in different perspectives [16]. Researchers observed that a high QWL is essential for organizations to achieve high performance and growth in profitability. Though in the earlier stages, QWL was focused on objective criteria like attracting talent, job security, earnings and benefits; its focus has gradually shifted to job satisfaction and commitment [17].

Quality of work life (QWL) is a complex entity influenced by, and interacting with, many aspects of work and personal life [5]. From a nursing perspective, Brooks and Anderson defined quality of nursing work life as "the degree to which nurses were satisfied regarding their important personal needs (growth, opportunity, safety) as well as

organizational requirements (increased productivity, decreased turnover) through their experiences in their work organization while achieving the organization's goals" [18]. Brooks argued that QWL has two goals: improving the quality of the work experience of employees and simultaneously improving the overall productivity of the organization. Therefore, the concept of employee satisfaction is about more than simply providing people with a job and a salary. It is about providing people with a place where they feel accepted, wanted and appreciated [18].

Studies have proven that factors like improper work-life balance, work pressure, improper working environment, growth pressure, and salary and job security have greater impact on job satisfaction. The job satisfaction of a nurse is absolutely important for the smooth functioning and successful upcoming of the hospital. Identifying the factors affecting working life quality of nurses and eliminating the unfavorable components will improve both work organization and the efficiency at workplace. Other reasons for slowing down of the nurses population is mental stress and work pressure which leads to dissatisfaction. Factors that lead to mental stress and work pressure are improper work life balance, physical health or fitness, improper working conditions, discrimination, distrust and unlimited work load. Emigration is also considered as a contributing factor to the increasing demand for nurses [3].

What is the importance of QWL? Health care systems are under mounting pressure to control costs and increase productivity while responding to increasing demands from growing and aging populations, advancing technology and more sophisticated consumerism. Nurses are a vital component in achieving these goals. A sufficient supply of nurses is central to sustain affordable access to safe, timely health care. Achievement of healthy work environments for nurses is critical to the safety, recruitment and retention of nurses. There is a growing understanding of the relationship between nurses' work environments, patient/client outcomes and organizational and system performance. As defined by the World Health Organization (WHO), health is much more than the absence of illness; it is an important force in our daily lives, and is influenced by life circumstances, beliefs, actions, culture, and social, economic and physical environments.

It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations. A high QWL is essential to attract new employees and retain a workforce. Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high QWL [19]. Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee, organization and consumers. These include strengthening organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization. According to Sirgy and colleagues [10], a happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioural responses

(for example, organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization [10].

There is an outcry in health services regarding the lack of quality patient care and the poor standard of service delivery. The productivity of nurses is reportedly low. Hall states "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" [3]. In hospitals where there is a lack of quality of work life, the absenteeism and turnover rates amongst the nurses are usually very high.

Reviewing previous studies of QWL identified differing numbers of factors that have an impact on the QWL of nurses. One such factor was the lack of work-life balance [19], [20]. The nature of nursing work was another factor that affects the QWL of nurses. The results of existing studies on the QWL of nurses indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, and lack of autonomy to make patient care decisions, and performing non-nursing tasks [19]. Another factor that influences the QWL of nurses is the work context, including management practices, relationship with co-workers, professional development opportunities and the work environment [19]. Potential sources of dissatisfaction with management practices include lack of participation in decisions made by the nurse manager, lack of recognition for their accomplishments, and lack of respect by the upper management [19]. Reported findings regarding co-workers and the QWL of nurses are inconsistent. While some studies found nurses to be satisfied with their coworkers including physicians [19], others reported the opposite. A study of nurses in Saudi Arabia found they were dissatisfied with the relationship with their coworkers, especially physicians [21], where they experienced low levels of respect, appreciation and support. Additionally, they had poor communication and interaction with physicians. Prior research also indicated the impact of professional development opportunities such as the promotion system, access to degree programs and continuing education on the QWL of nurses [19]-[23]. External factors such as salary and the image of nursing were of concern in the literature regarding the QWL of nurses [20], and were reported sources of dissatisfaction for nurses in various organizations and countries [19]-[23]. Lewis and colleagues [7] found that extrinsic predictors of QWL such as pay and financial benefits explained 40% of the variance in QWL satisfaction.

This study aims to improve the QWL of female nurses in the Kottakkal region, Kerala through exploring and assessing factors affecting their QWL. The purpose of the present paper, therefore; is to report about the QWL among female nurses in the Kottakkal region, Kerala

Methods

Design and Sample

A descriptive research design, namely a cross-sectional survey, was used in this study. The research was performed at three private hospitals in Kottakkal, Kerala.

Kottakkal is located in the northern part of Kerala. The total number of female nurses employed was about 320, out of which a sample of 250 female nurses were taken for the study. All registered female nurses working in these hospitals were eligible to participate in this study. Research method was a quantitative study that used a self-administered survey to explore nurses' quality of working life. It was anticipated that the findings of this study concerned with nurses' quality of working lives, and their retention in the nursing workforce, would be of interest to hospital administrators and managers.

Instrument for Data Collection

In addition to the demographic information, the research instrument used in this study is a modified version of a Quality of Working Life (QWL) Survey developed by the Institute for Employment Studies (IES) at the University of Sussex in the UK [2]. A study using this survey was first conducted by the Robinson and Perryman, on behalf of the IES in 1998. While not specific to nurses, the content of the IES survey aligns closely with the work-related issues related to nurses [2]. The questionnaire was outlined in English and understandable.

The modified instrument used in this study consists of two parts. The first relates to the participants' socio-demographic details (9 items), the second contains closed questions (71 items) seeking opinions about aspects of work that impact on quality of working life (communication, performance appraisal, pay and benefits, management, work colleagues, equal opportunities, professional development opportunities, stress and work pressure, health and safety measures and job satisfaction).

In part 2, five-point Likert scales were used. All scales ranged from 1 (strongly disagree) to 5 (strongly agree,) with the exception of one that ranged from 1 (very dissatisfied) to 5 (very satisfied).

Data Collection and Analysis

Support for conducting the research was initially sought from the Managing Director. Later, support was sought from individual unit managers. Subsequently, formal approval to commence the research was gained. Female nurses were chosen as the target population for this study. The questionnaires were distributed through unit managers. The participants were advised of the protective procedures to ensure anonymity. No names or other identifiable information were needed on the questionnaires which were sealed by participants and placed in individual envelopes (provided) upon completion.

Data were analysed using SPSS version 15 for Windows. Descriptive statistics, total scores and subscores for QWL items and item summary statistics were computed and reported. Other tests include t-test, correlation test and one way-analysis of variance (ANOVA).

Frequencies and percentages were used for exploration of the demographic data. The Chi-Square tests for independence were used to compare the demographic features and job satisfaction. In analysing the Likert scale data, the first step was to ascertain the mean, standard deviation and range of scores in relation to opinions about the various aspects of work and overall QWL for the entire sample.

Non-parametric Spearman's rank order correlation analysis was used to explore possible relationships between selected core constituents of QWL [24]. The level of statistical significance was defined as $p < 0.05$ and all tests were two-tailed.

Results

The questionnaire was distributed to 250 nurses. The overall response rate was 78% (n = 250). The majority of respondents were unmarried (n = 140, 56%), the rest included married nurses (n = 110, 44%), with children (n = 50, 45%) and dependent adults (n = 33, 30%). Most of the respondents were aged between 20 and 29 years (n = 175, 70%), held a Bachelor Degree at least in nursing (n = 200, 80%). About 70% of respondents were working around 50 hours a week (n = 175). The mean work experience as a registered nurse was 6.75 years, with about 5.02 years in the current hospital.

Demographic Variables and Quality of Work Life

An independent samples t-test, correlation test and an ANOVA were conducted to determine any significant difference in the QWL scores by demographic variables. Significant differences were found according to age, marital status, dependent children, dependent adults and working hours. No significant differences were found according to education level, nursing tenure, organizational tenure and main area of work. Results of t-test, correlation test and ANOVA procedures are presented in Table 1.

Table 1 Quality of Work Life by Demographic Variables using t-test, Correlation and ANOVA

Variable		Mean	Std. Deviation	Correlation	Sig.	t/F	Sig.
20 - 29		237.50	15.9	-0.673	0.143	-1.170	0.295
30 and above		255	24				
Not Married		242.11	15.5	0.337	0.375	-0.779	0.458
Married		248.44	24.8				

Yes		249	26.4	-0.786	0.021	-0.610	0.561
No		240.25	16.4				
Yes		255	23.95	-0.673	0.143	-1.170	0.295
No		237	15.95				
Bachelors' Degree		249.61	19.7	0.923	0.939	5.01	0.000
Masters' Degree		248.33	8.6				
Diploma/ Certification		227.50	16.6				
2 - < 5 years		242.33	13.7	0.600	0.896	0.762	0.003
5 - < 10 years		251.80	28.3				
10 and above		244.33	28				
2 - < 5 years		240.71	16.3	1.00	0.99	1.11	0.004
5 - < 10 years		265.67	17.6				
10 and above		244.33	28				
Medical		234.63	12.4	-0.154	0.716	-3.796	0.007
Critical Care		261.38	13.8				
Less than 50hrs		233.57	9.4	-0.077	0.869	-1.044	0.337
50 hrs and above		244.86	26.3				

Rating of Quality of Work Life among Nurses

The total possible score can range from 80 to 400 (mean = 240). A low total scale score indicates a low overall QWL, while a high total score indicates a high QWL. The actual average = 215.2, which is lower than the average score. This finding indicated that the respondents were dissatisfied with their work life. The mean values of 'pay and benefits', 'stress and work pressure', 'health and safety' subscales were lower than average 12, 27 and 33 respectively. For performance appraisal, professional development, communication and job satisfaction subscales, means of the actual range were almost equal to the average score, suggesting that respondents were not highly pleased with each dimension. Table 2 shows the possible range scores, average, actual range scores and

means for total scale and subscales. As shown in Table 2, the participants felt positive about most aspects of their work but held a negative view of their 'pay and benefits', 'stress and work pressure' and 'health and safety'. They felt generally positive about their overall quality of working life.

'Pay and benefits' (M=1.99), 'stress and work pressure' (M=2.7) and Health and Safety (M=2.9) were the three aspects of work rated least favorably, while 'Colleagues' (M=4.27) and 'Management' (M=4.18) were the two elements rated most positively.

Table 2 Total Scores and sub Scores for QWL Items & Participants' Opinion on QWL

Variables	Range	Estimated Average	Actual Average	Df	N	Mean	Std Dev.	Min.	Max.
Communication	04 - 020	12	16	4	20	3.99	0.66	1	5
Pay and Benefits	04 - 020	12	7.95	-4.05	20	1.99	0.96	1	5
Performance Appraisal	02 - 010	6	8	2	20	3.95	0.9	1	5
Management	07-035	21	29.3	8.3	20	4.18	0.62	1	5
Colleagues	06-030	18	25.6	7.6	20	4.27	0.62	1	5
Equal Opportunities	14-070	42	55	13	20	3.93	0.58	1	5
Professional Development	06-030	18	21.55	3.55	20	3.7	0.75	1	5
Stress	09-045	27	24.6	-2.4	20	2.7	0.82	1	5
Health & Safety	11-055	33	31.95	-1.05	20	2.9	0.7	1	5
Job Satisfaction	07-035	21	25.25	4.25	20	3.6	1.08	1	5
80 - item QWL Scale	80 - 400	240	215.2	-24.8	20	3.5	0.78	1	5

Relationships between Selected key Elements of QWL

Using Spearman's rank correlation (Spearman's rho), possible relationships between selected core constituents of quality of working life were explored. Results revealed that the perception of 'management' was positively associated with participants' views on 'communication' ($r = 0.54$, $p = 0.00$), 'professional development' ($r = 0.52$, $p = 0.00$) and 'performance and appraisal' ($r = 0.62$, $p = 0.00$). A similar level of association was noticed between opinions about 'equal opportunities' and 'professional development' ($r = 0.54$, $p = 0.00$).

The negatively rated variables 'pay and benefits' ($r = 0.72$, $p = 0.00$), 'stress and work pressure' ($r = 0.45$, $p = 0.048$) and 'health and safety' ($r = 0.65$, $p = 0.002$) were also correlated to job satisfaction. The three variables showed a significant level of correlation.

Level of QWL

As shown in Table 3, 46% (n = 115) of the respondents are very much dissatisfied with their QWL, the rest 54% (n = 135) lie in the medium range and none of the respondents had a high QWL.

Table 3 Level of QWL

QWL	No.	Range
Low	115 (46%)	80-240
Medium	135 (54%)	241-320
High	0 (0%)	321-400

Job Content

Majority of the respondents (n = 200, 80%) perceived that they have good communication with the management department, other co-workers and physicians, with only 10% (n = 25) of respondents feeling not respected by physicians. Except 10% (n = 25) of the respondents, the others (n = 225) were very much dissatisfied with their pay and benefits. In terms of performance appraisal 95% (n = 237) of the respondents were satisfied. All the respondents were notably pleased with management and supervision issues and their co-workers. They stated that they have good friendships and relationships with their co-workers.

Equal Opportunities

Majority of the respondents (n = 238, 95%) agreed that there are equal career opportunities. 85% of the respondents opinioned that the management promotes flexible working arrangements for their staff and is good at supporting employees with disabilities. But 90% (n = 225) felt men having more chances of career advancement in their organisation. Yet they all saw their employer as a 'family-friendly' employer.

Professional Development

In terms of professional development opportunities, 90% of the respondent nurses (n = 225) agreed that it is important to have the opportunity to further their nursing education without leaving the current job, 80% (n = 200) claimed that they do not receive support to attend continuing education and training programs.

Well Being and Job Satisfaction

Most of the respondents (80%, n = 200) felt they were stressed out and 70% (n = 175) were not pleased with the health and safety measures. Nurses also reported the importance of having a private break area (95%; n = 238) where they could have some time away from patients. Despite expressing that they were not satisfied with many working factors, the majority of respondents (75%; n = 188) expressed a sense of belonging in their workplace and were satisfied with what they were doing. All together they were satisfied with their job.

Discussion

The nurses were asked to rate their QWL. The aim was to gain an understanding of the QWL of nurses by assessing their work life experience. However, these findings are consistent with findings of a number of previous studies where nurses were not satisfied with their work life [25, 20, 26, 27]. Efficient QWL programs can improve the morale of employees and the quality of nursing care and retention of nurses [28, 29]. Improving QWL may be a more practical and long-term approach to attracting and retaining the workforce

that should be considered by health care managers, of concern, nurses were not recognized for their efforts and accomplishments. In previous studies, nursing management practices were found to be associated with the quality of care, employee productivity, employee satisfaction and the intent to stay or leave [30, 31-33]. Bodek [34] argued that employees want to feel respected at work for what they do and who they are. Above all, they need to feel valued for their skills, knowledge, performance and participation in the development process. According to AbuAlRub and Al-Zaru [35], recognition of the performance of nurses has a direct effect on the level of intention to stay at work. Working hard without appreciation can intensify the turnover intention among registered nurses.

Payment including salary and financial incentives was found to be a major factor in the dissatisfaction of nurses with their QWL (80%). Although several research studies found that payment is not the prime motivator for employees [36], behavioural theorists such as Herzberg [37] and Maslow [38] suggest that satisfying basic needs is essential because people cannot concentrate on their higher needs until basic needs are met [5]. In support of this, several recent nursing studies have found that salary, financial benefits and equity in pay were very important to nurses [5, 27, 39, 40-42], and the lack of such benefits may impact on the satisfaction, commitment and performance of affected employees [26, 43-45].

Suggestions

Based on the findings of the present study, key suggestions are proposed to improve QWL of nurses and consequently the quality of care provided.

- The current pay system is problematic for nurses. The pay scale of nurses should be increased commensurate with the tasks performed. Nurses should also be provided with fair financial benefits such as allowances for housing, over time and dealing with infectious diseases.
- More qualified registered nurses as well as an equitable distribution of the current nursing workforce are needed to reduce workload, and to ensure adequate nursing services for patients.
- Management should consider partnerships with relevant departments and educational organizations to offer part-time and distance-learning opportunities to enable nurses to further their education and develop their nursing knowledge and skills while working. In addition to this the management should conduct nursing programs and training workshops and assist staff to attend training provided by other organizations.
- For the comfort of nurses, they should be provided with a furnished break area where they can rest and be able to place their private belongings securely.
- Nurses should also be provided with staff counseling and occupational health services. As they deal with infectious diseases their health and safety should be given due importance and measures for improvement should be adopted.

- More social, managerial, professional and organizational support should be directed to young and novice nurses and the older nurses may require more sense of appreciation, valuation and respect.
- Closely monitoring factors regarding their demographic, work place, stress, health and other benefits will improve their quality of work life which in turn will give satisfaction in their personal life.

Suggestions for Future Research

The current study used a cross-sectional survey design with a sample of 250 female nurses in private hospitals in Kottakkal, Kerala; which limits the observation of change over time. There is a need to conduct longitudinal research to gain an in-depth understanding of the determinants of and changes in QWL of private hospital nurses at various points in time. A comparative study between hospitals in private sector as well as public sector in terms of QWL of nursing personnel is required, which may assist in identifying the determinants of QWL in each sector that may be different from sector to sector according to differences in the working system and environment.

Limitations

The research covered hospitals in Kottakkal region only so the suggestions will be applicable only to that particular region. The study emphasizes the quality of work life of female nurses alone. The information was gathered through a self-reporting survey leaving the interpretation to the participant. The use of self-reporting instruments may have decreased the reliability of responses due to misinterpretation of some of the items. In some cases, the respondents had minimal idea about the quality of work life.

Conclusions

The purpose of this study was to assess the QWL among female nurses in Kottakkal region, Kerala and to identify the major influencing factors. Findings from this study suggest that nurses are not satisfied with their QWL. Additionally, the findings revealed many areas of the work life of nurses that require planned reform. These include the family needs of nurses, working hours, nursing staffing, stress and work pressure, working environment, health and safety measures and salary factors. Knowing the factors influencing the work life of nurses should assist the development of effective strategies to improve their QWL. What is positive in these findings is that the majority of respondents are satisfied to be nurses and they felt a sense of belonging in their workplaces.

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