

A Study on Quality of Worklife Balance of Nurses in Multi-Specialty Hospital and Recommending for the Improvement in the Nurses Work Life

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ABSTRACT

The Multispecialty hospitals in India are highly operated in urban areas than the rural areas. People in rural areas are highly dependent on the urban area's treatment. In a multispecialty hospital they do not only have four to five different specialties in their hospital but they do have more than 25 different specialties in their hospitals. Among the multispecialty hospital in India, many Indian hospitals have secured accreditation from the British Standards Institute and Joint Commission on Accreditation of Healthcare Organizations. The large Indian domestic health care market is complemented by the inflow of medical tourists from abroad. Medical tourists have increased fifteen -fold from 10,000 in 2000-01 to about 150,000 in 2004-05 and this number has grown by a whopping up 33% in 2008 to 200,000 inbound medical tourists. It is estimated that by the year 2015, India will receive over half a million medical tourists annually. Data was collected by research method through survey questionnaire and analyzed. From this study, we analyze the quality of work life balance of the nurses working in multispecialty hospitals in various departments. and the findings given is to find out the quality of work life for the nurses.

Keywords: Job environment, job satisfaction, quality work life, nurses, co-workers, health and well-being.

INTRODUCTION

India constitutes 17 per cent of the world's population which makes it as the second most populated country in the world. As India shifted to Globalization the Indian economy has grown at a fast rate, though concerns on equity and poverty persist. The country has recently become one of the world's fastest growing economies with an average growth rate of eight per cent in last few years. By 2025 the India's economy is projected to be about 60 per cent that is the size of the US economy.

Indian health care sector is growing with a wide range of needs and expectation and is in duress to provide the superior and added service through the same or reduced resources along with financial constraints, which limits the potentials of health care sector. The Governments are also attempting to obtain greater return for the money they spend on health care. Faced with growing expectations of quality, they are being asked to be more accountable for the results of their health care expenditures and quality provided in both the public and private sectors.

A person who enjoys the work and derives satisfaction alone can perform well and produce more. The achievement of tasks and goals leads for job satisfaction. The job satisfaction, achievement of goals and objectives, accomplishment of personal needs leads to well-being and happiness, which is the basic meaning for a person's personal life. The productivity and performance significantly related with the Quality of Work Life. The phrase "Quality of Work Life" (QWL) has come into use recently to evoke a broad range of working conditions, and the related aspirations and expectations of the employees. The QWL can be described as the subjectively perceived satisfaction in one's different aspects of work life as reported by the individual. It is an index of what people find interesting and satisfying at their work. For this reason, one needs to be sensitive to the factors related to performance, recognition, work content, responsibility, promotion and pay, organisational policies, working

conditions etc. Quality of Work Life is a alarm not only to improve life at work, but also for life outside work. Hence it encompasses a wide variety of programmes and techniques that have been developed to endeavor and to reconcile the twin goals of an individual and the organization, i.e. Quality of Life and Organisational Growth. The Quality of Work Life has, therefore become key area of consideration now a days.

Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients' needs Graham S Lowe¹. The job nature of a nurse is, basically they have to work in shifts, work for longer shifts with few breaks or without breaks. They have to work for varied people even for mentally retarded, criminals and stressed persons, etc... and hence they may even face violence too. Besides nurses are facing problems form other health care workers. Just like bullying, harassment, continuous unreasonable performance demands, improper or misleading. communications, office politics and conflict among staff, etc creates a heavy pressure on nursing professionals and it may affect their productivity and performance. The research reported here aimed to provide insights into positive and negative aspects of Dindigul and Madurai district nurses from their Quality of Work Life and its impact on their performance.

NURSES

In this world very few jobs are considered as noble & respectable. One among them is nursing. Nursing is more than a career: it is an art, a science, and a calling. Nursing includes caring for patients, advocating on their behalf, helping them to heal or providing comfort as they reach the end of life. It is incredibly a rewarding work. Nursing professionals are focused on assisting individuals, families, and communities in attaining, maintaining, and recovering optimal health and functioning.

Nurses are answerable along with other health care professionals for the treatment, safety, and improvement of acutely or chronically sick or injured people, health preservation of the healthy, and healing of serious emergencies in a ample range of health care settings. Nurses may also be involved in medical and nursing research and also to perform a wide range of non-clinical functions necessary to the delivery of health care. Nursing is defined in modern terms as a "science and an art that focuses on promoting the quality of life as defined by persons and families, throughout their life experiences to care from birth to the end of life".

A Nurse Practitioner (NP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree) and training in the diagnosis and management of general as well as complex medical status. Nurse Practitioners offer a wide range of health concern services.

QUALITY OF WORK LIFE (QWL)

Quality of Work Life needs a specific understanding before arriving at a prescriptive definition of the term. It is interesting to note that the term made its first appearance in the Research Journals and in the media in the United States in 1970s. Even though there is no universally accepted definition for QWL, we can attempt to define it as the favorableness or unfavorableness of job environment for the people involved in it.

The Present Researchers looks at this as the perception of Work Quality as well as the Life Quality. Quality of Work is related to activities which takes place at every level of an organization, and which simultaneously enhance human dignity and growth, and promote greater organizational effectiveness. Quality of Work Life includes the process in which people at all levels work towards organizational effectiveness and thereby achieve satisfaction regarding work and life. It involves the people in three tiers viz., Management, Employees and Unions.

To work together and to achieve common goals, organizations need a set of actions, changes and improvements in terms of the important objectives of improving valuable life of the workers and the members of the organization and the growth of the organizations.

The Organizational Health model asserts that organizational characteristics (e.g. Management Practices, Organizational values) directly influence organizational health (i.e. performance outcomes and satisfaction outcomes) (Sauter et al, 1996). The Balance theory is a theoretical framework that examines job and organizational design characteristics within each component of the work system that interact to influence the “stress load” upon an individual (Smith & Carayon-Sainfort, 1989). It is the identified sources of occupational stress (stressors or psychological work factors) that can influence stress, attitudes and behaviors (e.g., Turnover intention).

THE IMPORTANCE OF QUALITY OF WORK LIFE

In the words of Drucker, (2003) as late as 1900 or 1914 “Quality of Life was a concern only of the few rich. To all the others it was ‘escapism’ that could be permitted in the syrupy romance that sold by the millions”. Work life needs a specific definition before one can go into the Quality of Work Life prevailing in India in general and in the health care industries. Work life naturally means the life of nurses, physical and intellectual, in their work environment or in hospitals.

The job factors prevailing at the work place, the compensation nurses are getting, the benefits offered to them, their satisfaction with the work environment and the safety and health of the nurses etc. are to be analyzed when a researcher looks into the work life. There is no universally established description of the term QWL. However, the attempts so far made to define it mostly refer to favorableness or unfavorableness of a job-environment for the people involved in it. The same definition may be looked at in another way also to equate the QWL with employees’ perception of the safety, their degree of satisfaction and the opportunities the work environment provides them to grow and develop as human beings. Hence it is quite necessary for the purpose of this study to look into the full range of human needs to be met at the work place.

REVIEW OF LITERATURE

Parker related the art of caring to aesthetic integrity. She described this as being characterized by aesthetic sensibility, which is responsiveness in nursing that encompasses recognizing and meeting the individual and unique

needs of particular patients. She reflects on the complexities of nursing as a profession whose members must employ their knowledge of science and expertly combine it with the skilled art of caring.

Jones and Cheek (2003) identified **that in encompassing art and science, nursing requires unique professional skills and special personal attributes**. They suggested to include strong theoretical knowledge, high level communication skills, assessment and clinical judgment skills, plus the ability to solve problems.

M.Eswari (2009) mentioned in her study Age, Nativity, Family members, Monthly Income, Marital Status and Working Experience were the predicting factors of nurses job satisfaction and the relationship with hospital is determined on good job satisfaction.

K.K. Datta (2009) expressed **the major issue in nursing was acute shortage and disproportionate nurse/patient ratio which is affecting quality of public health care**. Inadequate infrastructure at work place, poor living conditions, limited scope for career development and no opportunity for specialization were the problems faced by the nurses and have to be taken care.

Jasmine (2009) stated that **nursing involves multiple diverse functions, many being tasks that are performed while applying scientific concepts**. These include assessment of patients, implementation and evaluation of care and the education of patients to address their health-related knowledge deficits

Nidhi Chaudhary from the WHO (2010) said, **"In most countries, there is a shortage of nurses but nowhere is it as acute as in the developing world. The developing countries are unable to compete with better pay and better professional development."**In India, nurse shortages occur at every level of the healthcare system. "The states with the worst healthcare human resource shortages are also the ones with the worst health indicators and highest infant and child mortality,"

Kalaiarasi (2011) revealed **the radiation burden faced by nursing staff in a radiology department depend on many factors**. The place and duration of posting of a nurse in the various radios diagnostic wings influences the exposure rate. The results suggested maintaining the regulatory standards in a strict manner and the nursing staff should know the regulations and ensure the minimum radiation exposure.

Lavanya M (2011) National conference on **'Nursing research — a milestone for career successes highlighted the need for developing knowledge base in nursing to improve the practices**. "Since nursing is undergoing tremendous changes and challenges, research will greatly help meet the social challenges and needs in health care delivery. A strong research base enriches the nursing professional lives".

Foley, Barbara et.al (2002) conducted a study in the military hospitals to **describe the characteristics of nurses and their work environment regarding satisfaction and clinical expertise**. They identified the positive

relationship between the autonomy, control over practice, and nurse-physician relationships with work environment in the military hospitals and acknowledged as those factors leads for desirable level of clinical expertise among nurses.

George and Janet C. (2009) revealed **that nurses working in a well established shared governance setting perceived the best control over the nursing profession and the ability to make decisions regarding patient care.** Nurses should have the voice in decisions that are regarding their work environment and practice. Kowalik et.al, (2010)58.

McDonald et.al, (2010) mentioned nurses involved in power-sharing activities demonstrate a greater commitment to the organization and have improved job satisfaction and organizational structures should provide opportunities for nurses to participate in professional matters that are important to them support empowerment and that is essential for a healthy work environment.

Marla J. Weston (2010) argued as **Clinical nurse autonomy and control over nursing practice (CONP) had been associated with increased nurse satisfaction and improved patient outcomes as well as the healthy work environment.** Enhancing competence in clinical expertise, establishing participative decision making, and developing nurses' skills in making decisions were enhance the nurses' autonomy.

Buchan, J. and North, N. (2009) examined **the impact of a new national pay award for nurses implemented in New Zealand.** They identified, after new pay award there was a steady growth in nurse numbers; reduced difficulty in recruiting; reduced vacancy rates; and increased application rates to schools of nursing.

Milisa Manojlovich (2008) stated **as enough staffing and resource adequacy, nursing leadership, nurses' involvement in hospital affairs, nurse-physician collaboration, nursing model of care were the multiple strategies to improve the practice environment for nurses.** Unruh and Lynn, (2008)77 tried to assess the impact of hospital nurse staffing levels on given patient, nurse, and financial outcomes, they found that adequate staffing and balanced workloads were central for achieving good outcomes.

WORK LOAD AND WORK HOURS

Joanna Pryce et al, (2006) conducted a study to evaluate **the impact of shift rotation and scheduling system on the health, work-life balance and job satisfaction of nurses working in a psychiatric ward in Denmark.** In their study they allowed a set of nurses to design their own work-rest schedules and found that the allowed group was more satisfied with their work hours and identified significant increases in work-life balance, job satisfaction, social support and community spirit in the allowed group compared with nurses in the control groups. Isik U. Zeytinoglu et.al, (2007) conducted a survey with 1,396 nurses and **examined the associations between deteriorated external work environment, heavy workload, nurses' job satisfaction and turnover intention.**

They found that the nurses had a poor job satisfaction and they revealed as were not happy because of their workload and environment. They identified the negative association between workload and job satisfaction and nurses' turnover intention. Fatimah Al-Kandari, and Deepa Thomas (2008)⁸³ identified the following factors skipping tea/coffee breaks, feeling responsible for more patients than they could safely care, inadequate help, inadequate time to document care, verbal abuse by a patient or a visitor and concern about quality of care as the adverse outcome of increased patient load, and increased nursing care.

Richard J Holden et.al, (2011) revealed in their study as **staffing adequacy was significantly related to job dissatisfaction and burnout but Job-level workload was not uniquely and significantly associated with any outcomes**. Additionally they found the mental workload related to interruptions, divided attention, and being rushed was associated with burnout and medication error likelihood.

Lisa Sundina et.al, (2007) conducted a cross-sectional study with 1561 registered and assistant nurses in Sweden to study the relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden. They found **co-worker and patient support were significantly related to all burnout dimensions, whereas supervisor support was only statistically significantly related to emotional exhaustion**.

Kathryn Wilkins and Margot Shields (2008) examined the registered nurses (RNs) in Canada to identify the factors in the workplace of a hospital associated with medication error. They found **medication error was positively associated with many factors including low co-worker support, and low job security**.

Jayne Faulkner and Heather Laschinger (2008) conducted a study with 500 hospital nurses to examine the relationships between structural and psychological empowerment and their effects on nurses' perceptions of respect. They found as **the hospital nurses who perceived as structurally and psychologically empowered are more likely to feel respected in the workplace**.

Bernadette et.al, (2008) found that **the nursing leadership style had the impact on the team members and the nursing team**. Additionally he revealed as the effective leadership promoted communication, greater responsibility, empowerment job clarity, patient-centered communication, continuity of care and interdisciplinary collaboration.

Greta G.Cummings et.al, (2008) found that **the relational leadership, staffing adequacy, nurse autonomy, participation in policy decisions, support for innovative ideas and supervisor support in managing conflict, and positive relationships among nurses, managers and physicians play an important role in nurses' job satisfaction and quality nursing environments**.

Heather K. Spence laschinger (2009) found as, supervisor incivility, and cynicism and nurses' perceptions of empowerment were strongly related to job satisfaction, organizational commitment, and turnover intentions.

Yvonne Brunetto et.al, (2011) identified **that supervisor- nurse relationship affects the nurses' perceptions of teamwork, role ambiguity and well-being, although the association is different for public sector as well as private sector nurses.** Private sector nurses were the most satisfied with their supervisor-nurse relationship and teamwork, and had higher perceived levels of both role clarity and consequent wellbeing.

WORK LIFE BALANCE OF NURSES

Helen et.al, (2005) have reported **a link between an organization's commitment to work-life balance policies and the employee's commitment to the organization.** This study of civil engineers reported higher commitment, job satisfaction, and lower turnover intention when the employees' perceived their organization to be supportive of work-life balance initiatives.

JOANNA PRYCE et.al, (2006) conducted a study with Danish psychiatric hospital nurses. They found **preferred shift rotation and open-rota system significantly increase the work-life balance, job satisfaction, social support and community spirit of nurses.** Y. P. S. Kanwar et.al, (2009) examined the impact of work life balance and burnout on job satisfaction and mentioned as Work-Life Balance and job satisfaction were positively related to each other, and additionally mentioned as **"if WLB got irritated certainly it impacts in Job satisfaction of workers"**

NEED FOR THE STUDY

The modern hospitals crushing their nurses and trying to provide quality services at a minimum cost. More over the job nature of nurses are hectic. The shifts, emergency, longer working hours, various kinds of patients and violence from them, besides these, the problems form other health care workers are all affecting the nurses' productivity and performance. The productivity and performance significantly related with the Quality of Work Life. It is an index of the people's level of interest and satisfaction at their work.

OBJECTIVES OF THE STUDY

- To study the dimensions of QWL
- To study the influence of dimensions on Work quality and Life quality of nurse.
- To study the relationship between Work quality and Life quality.
- To analyze the impact of Quality of work life on nurses performance in the hospital.

SCOPE OF THE STUDY

The study aims at analyzing the problems related with Quality of Work life of Nurses and is expected to provide an insight into the issues of Quality of Work Life of the nurses. The study is expected to identify the perceptual level

of QWL of nursing professionals. The health care industry would be in a position to take adequate steps forward to improve the QWL of its employees and to frame appropriate guidelines and policies to amend QWL programmes successfully and to make periodic survey to assess the QWL.

RESEARCH METHODOLOGY

Broadly speaking, research includes gathering of any data, information and facts for the advancement of knowledge. Clifford Woody said research comprises of defining and redefining problems, formulating hypothesis or suggested solutions; collecting, organizing and evaluating data; making deductions and reaching conclusions; and at last testing the conclusions to determine whether they fit into the formulating hypothesis. Research is an original contribution to the existing stock of knowledge making for its advancements. Research also provides the basis for government policies of economic system and thereby solving social problems. Research methodology is a way of systematically solving the problems through research.

RESEARCH DESIGN

“A research design is the arrangement of conditions for collection and analysis of data in a manner which aims to combine relevance to the research purpose with economy in procedure”.

The researcher has adopted the descriptive design for this study. It has been used for analyzing the Quality of Work Life which exists in the industry. Descriptive study is a research study that describes the characteristics of any individual or of groups. Here it describes the characteristics in terms of the various dimensions of Quality of Work Life of nurses. The descriptive study is used to describe the characteristics of Nurses in Hospitals, Nurses' perceptions about Life quality, work quality dimensions and their relationship with QWL, perceived QWL and its impact on nurses' performances.

QUESTIONNAIRE

In this study the researcher used a model to assess the nurses perceived Life Quality, perceived Work Quality, perceived Quality of work life and its impact on hospital services. The respondents are asked for the subjective assessments of their working condition using Likert's five point scale of agreement and disagreement.

The researcher decided to have 12 dimensions viz., Autonomy, Pay-Pay equity and Reward & recognition, Resource adequacy, Training & Development, Work Load, Coworker, Management and supervisor Relation & Respect at work, Professional Promotion, Job discrimination, Job stress, Job safety, Job satisfaction, Participation in union, Work Life Balance in union to measure the perception regarding the Work Quality, the dimensions of Health and Well being, Self-society-friends and Family support were used to measure the perception regarding the Life Quality.

SAMPLING

- Simple Random Sampling.
- A nursing professional working in hospital.
- For the purpose of study, a sample size of 112 nurses were selected

TOOLS OF ANALYSIS

The data collected through the questionnaire was tabulated, analysed and interpreted. For analyzing the data, SPSS (Statistical Package for Social Sciences) was used by the researcher. Relevant tools such as Custom Tables, 'Z' Test, One way ANOVA, Correlations, Regression, and Path Analysis were used in this study.

DATA ANALYSIS

RELIABILITY

To begin the data analysis the tool reliability is assessed. By applying split half method. The questionnaire reliability is tested and applying Cronbach's alpha the dimensions reliability is tested. The following tables give the reliability values.

Cronbach's Alpha	Value	.918
	N of Items	17
Spearman-Brown	Equal Length	.833
	Unequal Length	.833
	Guttman Split-Half Coefficient	.831

INFERENCE

From the above table, it is inferred that the Cronbach's alpha and SpearmanBrown Coefficient values are above .8 (more than 80%), hence it is concluded as the tool is highly reliable. Reliability test for dimensions (Cronbach's Alpha). In the above table all the variable's reliability values are greater than .6, which ensures the reliability of the tool that have been employed to gather data from the respondents.

Sl. No	Dimensions	Cronbach's Alpha
1	Autonomy	.680
2	Pay, Pay equity, Reward & recognition	.839
3	Resource adequacy and Training & Development	.737
4	Work Load	.742
5	Superiors, Coworker, Management Relation & Respect at work	.899
6	Professional Pro motion	.625
7	Job discrimination	.733
8	Job safety	.608
9	Job satisfaction	.605
10	Participation in union	.645
11	Work Life Balance	.693
12	Health and Well being	.642
13	Self-society-friends and Family support	.769
14	Life quality	.566
15	Work quality	.869
16	Quality of work life	.850
17	Impact on nurses performance	.873

INFLUENCE OF PERSONAL PROFILE ON THE QWL DIMENSIONS

(a). ANALYSIS OF PERCEIVED WORK QUALITY DIMENSIONS BASED ON MARITAL STATUS

The Z-test was applied to find whether there is any significant difference between the Married and Unmarried respondents regarding the perceived work quality, life quality and QWL.

Null Hypothesis (H_0):

Both Married and Unmarried respondents have an average same level ($X_m = X_{um}$) opinion on Work quality.

Alternate Hypothesis (H_1):

Married and Unmarried respondents do not have an average same level ($X_m \neq X_{um}$) opinion on Perceived Work quality.

Analysis of Perceived Work quality dimensions based on Marital Status

Dimensions	Marital Status	Mean	z0	Significance	Remarks
Autonomy	Yes	28.239	2.169	0.030	Reject the Null Hypothesis
	No	27.368			
Pay, Pay equity , Reward & recognition	Yes	27.202	1.544	0.123	Accept the Null Hypothesis
	No	26.348			
Resource adequacy and Training &Development	Yes	27.230	2.413	0.016	Reject the Null Hypothesis
	No	28.149			
Work Load	Yes	40.028	3.968	0.000	Reject the Null Hypothesis
	No	37.793			
Superiors ,Coworker , Management Relation & Respect at work	Yes	66.296	3.569	0.000	Reject the Null Hypothesis
	No	63.126			
Professional Promotion	Yes	9.399	1.043	0.298	Accept the Null Hypothesis
	No	9.204			
Job discrimination	Yes	17.953	2.440	0.015	Reject the Null Hypothesis
	No	17.199			
Job stress	Yes	18.934	1.020	0.308	Accept the Null Hypothesis
	No	18.617			
Job safety	Yes	16.915	0.067	0.946	Accept the Null Hypothesis
	No	16.897			
Job satisfaction	Yes	20.127	3.553	0.000	Reject the Null Hypothesis
	No	19.272			
Participation in union	Yes	16.089	0.779	0.437	Accept the Null Hypothesis
	No	16.338			
Work Life Balance	Yes	24.211	1.399	0.162	Accept the Null Hypothesis
	No	24.763			

INFERENCE

From the above table, we observe that 'significance' value of Autonomy, Resource adequacy and Training & Development, Work Load, Coworker Management-supervisor Relation and Respect at work, Job discrimination and Job satisfaction were less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that the Married and Unmarried respondents ($X_m \neq X_{um}$) differ in their opinion on the afore said dimensions of Perceived Work quality.

(b). ANALYSIS OF PERCEIVED LIFE QUALITY DIMENSIONS BASED ON MARITAL STATUS

The Z-test was applied to find whether there is any significant difference between the Married and Unmarried respondents regarding the perceived life quality.

Null Hypothesis (H_0):

Both Married and Unmarried respondents have an average same level ($X_m = X_{um}$) opinion on Life quality.

Alternate Hypothesis (H_1):

Married and Unmarried respondents do not have an average same level ($X_m \neq X_{um}$) opinion on Life quality.

Dimensions	Marital Status	Mean	z0	Significance	Remarks
Health and Well being	Yes	14.953	0.085	0.933	Accept the Null Hypothesis
	No	14.975			
Self-society-friends and Family support,	Yes	44.906	2.464	0.014	Reject the Null Hypothesis
	No	43.113			

INFERENCE

From the above table, we observe that ‘significance’ value of Self-societyfriends and Family support was less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that the Married and Unmarried respondents ($X_m \neq X_{um}$) differ in their opinion on Self-society-friends and Family support dimension of Perceived Life quality.

Comparing the mean values, it was concluded that married respondents given a higher opinion on perceived Self-society-friends and Family support than unmarried nurses.

(c). ANALYSIS OF PERCEIVED WORK QUALITY, LIFE QUALITY, QWL AND NURSES’ PERFORMANCE BASED ON MARITAL STATUS

The Z-test was applied to find whether there is any significant difference between the Married and Unmarried respondents regarding the perceived Work quality, Life quality, and QWL and Nurses’ performance.

Dimensions	Marital Status	Mean	z0	Significance	Remarks
Life quality	Yes	22.854	3.493	0.001	Reject the Null Hypothesis
	No	21.688			
Work quality	Yes	17.526	0.852	0.395	Accept the Null Hypothesis
	No	17.267			
Quality of work life	Yes	3.817	1.600	0.110	Accept the Null Hypothesis
	No	3.690			
Nurses' performance	Yes	37.469	2.439	0.015	Reject the Null Hypothesis
	No	36.234			

Yes= "married", no = "un married"

INFERENCE

From the above table, we observe that 'significance' value of Life quality and Nurses' performance were less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that the Married and Unmarried respondents ($X_m \neq X_{um}$) differ in their opinion on the afore said Life quality and Nurses' performance.

(d). ANALYSIS OF PERCEIVED QWL DIMENSIONS BASED ON WORKING PLACE

The Z-test was applied here to find whether there is any significant difference between the Rural and Urban respondents regarding the perceived work quality, life quality and QWL.

Dimensions	Working place	Mean	z0	Significance	Remarks
Autonomy	Urban	28.052	2.812	0.005	Reject the Null Hypothesis
	Rural	26.911			
Pay, Pay equity , Reward & recognition	Urban	27.619	5.336	0.000	Reject the Null Hypothesis
	Rural	24.695			
Resource adequacy and Training & Development	Urban	28.118	2.262	0.024	Reject the Null Hypothesis
	Rural	27.246			
Work Load	Urban	39.263	3.627	0.000	Reject the Null Hypothesis
	Rural	37.192			

Dimensions	Working place	Mean	z0	Significance	Remarks
Superiors ,Coworker, Management Relation & Respect at work	Urban	64.216	0.055	0.956	Accept the Null Hypothesis
	Rural	64.266			
Professional Promotion	Urban	9.479	3.313	0.001	Reject the Null Hypothesis
	Rural	8.857			
Job discrimination	Urban	17.811	3.364	0.001	Reject the Null Hypothesis
	Rural	16.764			
Job stress	Urban	18.909	1.734	0.083	Accept the Null Hypothesis
	Rural	18.365			
Job safety	Urban	17.042	1.481	0.139	Accept the Null Hypothesis
	Rural	16.626			
Job satisfaction	Urban	19.577	0.084	0.933	Accept the Null Hypothesis
	Rural	19.557			
Participation in union	Urban	16.666	3.911	0.000	Reject the Null Hypothesis
	Rural	15.419			
Work Life Balance	Urban	25.152	4.445	0.000	Reject the Null Hypothesis
	Rural	23.404			

INFERENCE

From the above table, we observe that ‘significance’ value of Autonomy, PayPay equity and Reward & recognition, Resource adequacy and Training & Development, Work Load, Professional Promotion, Job discrimination, Participation in union and Work Life Balance, were less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that both Rural and Urban respondents ($X_r \neq X_{ur}$) differ in their opinion on the afore said dimensions of Perceived Work quality.

(e). ANALYSIS OF PERCEIVED LIFE QUALITY DIMENSIONS BASED ON WORKING PLACE

Null Hypothesis (H_0):

Both Rural and Urban respondents have an average same level ($X_r = X_{ur}$) opinion on Dimensions of Life quality.

Alternate Hypothesis (H_1):

Both Rural and Urban respondents do not have an average same level ($X_r \neq X_{ur}$) opinion on Dimensions of Life quality.

Dimensions	Working Place	Mean	z0	Significance	Remarks
Health and Well being	Urban	15.216	2.894	0.004	Reject the Null Hypothesis
	Rural	14.468			
Self-society-friends and Family support,	Urban	44.604	3.550	0.000	Reject the Null Hypothesis
	Rural	42.005			

INFERENCE

From the above table, we observe that 'significance' values of Health and Wellbeing and Self-society-friends and Family support were less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that both Rural and Urban respondents ($X_r \neq X_{ur}$) Differ in their opinion on afore said dimensions of Perceived Life quality.

(f).ANALYSIS OF PERCEIVED WORK QUALITY, LIFE QUALITY, QWL AND NURSES' PERFORMANCE BASED ON WORKING PLACE

Null Hypothesis (H_0):

Both Rural and Urban respondents have an average same level ($X_r = X_{ur}$) opinion on Perceived Work Quality, Life Quality, Quality of Work life and Nurses' Performance.

Alternate Hypothesis (H_1):

Both Rural and Urban respondents do not have an average same level ($X_r \neq X_{ur}$) opinion on Perceived Work Quality, Life Quality, Quality of Work life and Nurses' Performance.

Dimensions	Working place	Mean	z0	Significance	Remarks
Life quality	Urban	22.521	3.793	0.000	Reject the Null Hypothesis
	Rural	21.241			
Work quality	Urban	17.455	0.950	0.342	Accept the Null Hypothesis
	Rural	17.163			
Quality of work life	Urban	3.771	1.390	0.165	Accept the Null Hypothesis
	Rural	3.660			
Nurses' performance	Urban	36.921	1.496	0.135	Reject the Null Hypothesis
	Rural	36.153			

INFERENCE

From the above table, we observe that ‘significance’ value of Life quality and Nurses’ performance were less than the $\alpha = 0.05$, hence the Null Hypothesis is rejected and it was concluded that the both Rural and Urban respondents ($X_r \neq X_{ur}$) differ in their opinion on the Life quality and Nurses’ performance.

CANONICAL CORRELATION

Dimensions of Quality of Work Life

This section describes the contributing dimensions of QWL with the help of the statistical analysis of canonical correlation from which inferences may be drawn about the Nurses’ work life balance and how far the work quality and life quality enhance the QWL of employees.

Pearson correlation co-efficients gives the relationship between two variables where generally one will be independent and the other one dependent: But in this research the researcher’s interest is to find the relationship between two groups of variables where one groups is independent and the other will be dependent.

For each canonical variate we can also assess how strongly it is related to measured variables in its own set, or the set for the other canonical variate.

Here also the researcher has to find the relationship between work quality and life quality which contains several variables in it, hence the canonical correlation between work quality and life quality is found.

The raw canonical co-efficients for the Perceived Life Quality observed by the researcher are summarized in the following table along with its dimensions.

To identify the relationship between the work quality and life quality dimensions we used the canonical functions and they wear given below.

Variable	Label	Life Quality 1	Life Quality 2
Health and Wellbeing	Health and Wellbeing	-.157	-.352
Self-society-friends and Family support	Self-society-friends and Family support	-.078	.111

Canonical Function for the life quality and the related variables are $ZLQ = -.157 HW -.078 SSFS$

Where HW = Health and Wellbeing, SSFS = Self-society-friends and Family support

The raw canonical co-efficients for the Perceived Work Quality are summarized in the following table.

Variable	Label	Work Quality 1	Work Quality 2
Autonomy	Autonomy	.027	.043
Pay-Pay equity and Reward & recognition	Pay-Pay equity and Reward & recognition	-.024	-.058
Resource adequacy, Training & Development	Resource adequacy, Training & Development	-.001	-.025
Work Load	Work Load	-.010	.029
Supervisor-Management and Coworker Relation & Respect at work	Supervisor-Management and Coworker Relation & Respect at work	.005	.023
Professional Promotion	Professional Promotion	-.120	-.101
Job discrimination	Job discrimination	-.055	.075
Job stress	Job stress	.027	-.106
Job safety	Job safety	-.096	.015
Job satisfaction	Job satisfaction	-.037	.209
Participation in union	Participation in union	-.026	-.138
Work Life Balance	Work Life Balance	-.091	.060

Canonical Function for the Work quality and the related variables are

$$ZWQ = .027AUT - .024PPER - .001RATD - .010WL + .005SMCRRW - .120PP - .055 JD + .027JST - .096JSF - .037JBS - .026PU - .091WLB$$

Where AUT= Autonomy, PPERE = Pay-Pay equity and Reward & recognition, RATD = Resource adequacy, Training & Development, WL = Work Load, SMCRRW = Supervisor-Management and Coworker Relation & Respect at work, PP= Professional Promotion, JD = Job discrimination, JST = Job stress, JSF = Job safety, JBS= Job satisfaction, PU= Participation in union, WLB = Work Life Balance.

WORK QUALITY ⇒	Autonomy	Pay-Pay equity and Reward & recognition	Resource adequacy, Training & Development	Work Load	Superiors-Coworker, and Management Relation & Respect at work	Professional Promotion	Job discrimination	Job stress	Job safety	Job satisfaction	Participation in union	Work Life Balance
Health and Well being	.1123	.4708	.3027	.3736	.1196	.4990	.3067	.2770	.4050	.0900	.4833	.4670
Self-society-friends and Family support	.2386	.4525	.3568	.3850	.3936	.4723	.4791	.2035	.4925	.3790	.3204	.5312

Canonical correlation output – Work quality and life quality

	Canonical Correlation
1	.765
2	.467

The correlation between work quality and life quality is 0.765. Hence the variables work quality and life quality are highly correlated.

Contributing Dimensions

- The Canonical correlations shows that the two set of variables are closely related to each other. i. e Quality of Work influences the Quality of Life.
- Among the variables in the criterion composite for Life Quality, the Health factors play the dominant role.
- Among the variables in the predictor composite of Work Quality, autonomy, Supervisor-Management and Coworker Relation & Respect at work and job stress related factors play dominant roles.
- The above analysis shows that there is a positive correlation (0.76) which indicates the extent to which the criterion composite increases are matched by the predictor composite increases. There is balance between Work Quality and Life Quality.

4.4. REGRESSION ANALYSIS

Analysis of QWL impact on Nurses Performance

In health care organizations QWL has been described as referring to the strengths and weakness in the total work environment. Hospital features and general contextual factors, all have a profound effect on the quality of work life of nurses. A perfect QWL practice would encourage the nursing professionals to be more dynamic in their work and it will help the hospitals to retain their employees and to achieve their goals. Nurses with a high quality of work life (QWL) leads for excellence in everything. Here is also the intension to find the QWL influence of nurses' performance and moreover to complete the model the regression analysis is applied to establish the structural relationship between QWL and nurse's performance in hospitals.

In order to verify the relationship between the Quality of Work Life and nurses' performance the correlation analysis was used. From the above the table it is observed that the correlation between Quality of Work Life and nurses' performance is $r = 0.487$, which states that these two variables are strongly correlated. Also the correlation value is significant (0.000) at 0.01% level. This implies that when the Quality of Work Life components increase the nurses' performance also increases.

Model Summary

Model	R	R Square	Adjusted R Square	Std.Error of the Estimate	Durbin - Watson
1	.487a	.237	.236	5.23297	1.547

Predictors: (Constant) Quality of Work Life

Dependent variable: nurses' performance

The model summary indicates the R square = .237 or 23.7% of change in nurses' performance by Quality of Work Life

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	5182.321	1	5182.321	189.246	.000
Residual	16649.456	608	27.384		
Total	21831.777	609			

The significant value of (p) <0.05, the level of significance in ANOVA table ensures the significance of regression.

Regression Coefficients of Quality of Work Life and nurses' performance

Variables	Un standardized Coefficients		Standardized Coefficients	T	Significance
	B	Std.Error	Beta		
1 Constant	24.999	.874	.487	28.598	.000
Quality of Work Life	3.124	.227		13.757	.000

INFERENCE

Since all values are less than 0.05 they are significant. i.e. the impact of Quality of Work Life is significant. The regression equation is

$$\text{Nurses' performance} = 24.999 + 3.124 \text{ Quality of Work Life}$$

One unit increase in QWL will increase nurses' performance by 3.124 units.

FINDINGS

- Majority of the Nurses were females and very few male nurses were there. More than 46.6% of the nurses' hold diploma as their educational qualification and 66.7% of the nurses are working at urban area.

- Almost 34.7% of the respondents had children and 41.3% of nurses have dependent parents with them. This indicates that the employees are in need of work life balance to take care of their children and their family members. 40.2% of the respondents were doing Over Time (extra time) work in a month which indicates that their Work Life balance is getting affected.
- Among the respondents 81.6% of the nurses agreed as they had enough training to perform their job and another 18.4% of the respondents disagreed that they are receiving enough required training to perform their job. This highlights the need of appropriate training programs - especially 'on job' training methods to improve the skills of the nurses.
- The reliability is very important regarding the Instrument and the studied variables. The Cronbach's alpha and Spearman-Brown Coefficient tests were used to verify the reliability. The tests output value towards the instrument is above .8 (more than 80%). so it is clearly understood that the tool is highly reliable.
- In this study in all the dimensions, around 60% of the observations lie in the one sigma limit which ensures normality of the data and the application of parametric tests and the other statistical tools.
- The QWL model with the percentage scores indicates that the Quality of Work Life of the nurses are good. (Overall score is 68.01%).
- The correlation values obtained in the path analysis confirm the model fit and the correlation values of Work quality (0.390) and Perceived Life Quality (0.536) with the QWL highlights that both these factors playing a vital role in the nurses perception about the Quality of Work Life and the life quality components are dominant in determining QWL more than Work quality component.
- The work life balance is a state of equilibrium in which the demands of both a person's job and personal life are equally met. In other words the nurse's job does not interfere in their personal life and in turn the personal affairs do not interfere with the job requirements. The Canonical correlation reveals that there is a positive correlation (0.76) which indicates the extent which increases in the criterion composite (life quality variables), match the predictor composite (work quality variables) increases and it reveals that there is a balance between Work Quality and Life Quality in the study population.
- The Married nurses opined higher perceived Work Quality, Life quality, QWL and its impact on nurses performance than the unmarried respondents; This may be due to the lower family commitment of the unmarried nurses. Unmarried Resource adequacy, Training & Development was higher than the married respondents.
- Urban nurses perceived opinion on perceived work quality, perceived life quality and QWL impact on nurses' performance, the urban respondents given a higher opinion than rural nurses.
- The regression analysis of the study indicates that the better QWL of nurses will increase the nurses' performance. The regression analysis output shows that one unit increase in QWL of nurses will increase nurses' performance by 3.124 units. This is making near around 23.7% change in the nurses' performance. This empirically verified the eighth hypothesis of the study and it is empirically verified and rejected.

SUGGESTIONS

- **Provide the fair Salary and job security:**

This research brings out in the majority of the private hospital and some of the government hospitals nurses feel that their Salary is inadequate. Fair compensation is an important factor of Quality of Work Life. Hospital Management and the Human Resource Department must think about periodic reappraisal and revision of the salary for the nurses. The job insecurity is high in private health care sector; it may affect the performance of nurses so that the management and the Human resources department of the private hospitals must reconsider this issue.

- **Provide Autonomy in Decision Making and Develop the Organisational Culture**

Nurses have to be allowed to participate in decision making to a certain extent related to their work. Hospitals should improve the cultural practices through, nursing autonomy, team work relationship, supervisory support and treating the staff without discrimination. The cultural development will enhance the nurses' performance and provides the chances for better exchange of their professional matters and discuss their problems with co-workers and helps to improve their service quality and satisfaction their job

- **Provide Control over work load**

The hospitals should provide the control over their work load to the nurses, because the heavy work load affects the nurses' health and performance. The hospitals can provide control over work load by Clear job descriptions/definitions, Flexible scheduling, Strict limits to overtime, Mandatory replacement of nurses for those who are on leave or retired, involving the Nursing professionals in determining the staff mix, nurse/patient ratios, resource allocation (including equipment) and utilization decisions.

- **Provide Necessary Training and opportunities for higher studies**

In this research near around 20% of the nurses opined as they are not receiving necessary training and development. So the hospitals should provide the needed training and the training should include advance courses in the technical and human skills. Nurses who acquired the additional qualifications should be rewarded through promotion, increment or incentives. Further the nursing staffs have to be permitted for continuing their higher studies and they have to be assisted by some financial incentives.

CONCLUSION

The summary of findings and the empirical verification of all the hypotheses, presented above enable the drawing of conclusion.

The employee's perception regarding the Quality of Work Life is quite good. It is evident that the demographic characters such as the age, educational qualification, marital status, experience, designation, working place, and influence the Quality of Work Life. This indicates that based on the demographic profiles of the nurses their perception regarding the QWL varies.

The Life qualities influence the QWL to a great extent. The canonical correlation indicates that the balance between the Work Quality and the Life Quality by its positive correlation.

From the regression analysis it is evident that the better QWL of nurses will increase the nurses' performance in their work places. These findings of this study conclusively show that there are valid grounds to be optimistic about the nurture of Quality of Work Life of the Nurses.

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