

## AN ASSESSMENT OF QUALITY OF WORK LIFE ON WORK ENVIRONMENT AMONG NURSES IN HOSPITALS AT CUDDALORE DISTRICT

**Mary florence Jacqueline and B. Vimala**

Ph.D. Research scholar , Department of Business Administration , Annamalai University.  
Assistant Professor , Department of Business Administration , Annamalai University.

### Abstract:

**-Definition:** Evaluation or appraisal of a candidate's suitability for placement in a specific treatment modality/setting and the relationship to custody and supervision. Results from the assessment are placed in the offender's case plan and include risk/need assessment and secondary assessments that focus on special or specific areas related to the individual offender's requirements for successful completion of sentence and reintegration into the community. Some criteria evaluated the performance of the nursing management team itself, such as recruitment and placement mechanisms for nursing staff, the nature of in-service training, the use of procedural and policy manuals, and the nature of the relationships between the senior nursing management and the general nursing staff. It seems that the association between "quality of working life on work environment" (QWL-WE) and the degree of nurses' involvement in their carrier is the critical factor in achieving a higher level of quality of care among nurses at Cuddalore district hospitals.

### KEYWORDS:

Evaluation, appraisal, assessment & achieving.

### INTRODUCTION

An organization's HR department assumes responsibility for the effective running of the Quality of Work Life for their employees. The pressure to provide more and better service using the same or reduced resources is likely to continue in the health care industry for the foreseeable future. However, increased productivity is likely to be fleeting if achieved at the expense of the quality of employees' work life. Nurses are the single largest employee cohort in hospitals. Landmark studies have examined the work of nurses, the cyclical shortages that plague the profession, and Magnet facilities, job satisfaction ,yet the recommendations have either not been instituted or implemented temporarily during a "crisis" to alleviate the acute shortage at that time. The profession needs to resolve the ongoing and fundamental work life concerns of staff nurses in long-term, meaningful ways.

Empirical referents for quality of work life (QWL) have been reported, but closely related construct, quality of nursing work life (QNWL), is less well developed, although some conceptual mapping has been done (Attridge& Callahan, 1990; Villeneuve et al., 1995). Preliminary evidence suggests that improvement of QNWL is prerequisite to increased productivity in hospitals.

### ROLE OF NURSES

Nurses are expected to perform a variety of roles in health care institutions whenever care is provided to the clients. They may be carried out simultaneously depending on the need of the client in a particular situation.

Please cite this Article as : Mary florence Jacqueline and B. Vimala , "AN ASSESSMENT OF QUALITY OF WORK LIFE ON WORK ENVIRONMENT AMONG NURSES IN HOSPITALS AT CUDDALORE DISTRICT" : Tactful Management Research Journal (April ; 2014)

**Caregiver**

As a caregiver, nurses are expected to assist the client's physical, psychological, developmental, cultural and spiritual needs. It involves a full care to a completely dependent client, partial care for the partially dependent client and supportive-educative care, in order to attain the highest possible level of health and wellness.

**Communicator**

Communication is very important in nursing roles. It is vital to establish nurse-client relationship. Nurses who communicate effectively get better information about the client's problem either from the client itself or from his family. With better information nurses will be able to identify and implement better interventions and or nursing care that promotes fast recovery, health and wellness.

**Teacher**

Being a teacher is an important role for a nurse. It is her duty to give health education to the clients, families and community. However, the nurse must be able to assess the knowledge level, learning needs and readiness of the clients, families and community to give appropriate and necessary health care education e.g. diseases, health, wellness, nursing care procedure, etc. They need to do to restore and maintain their health.

**Client advocate**

A nurse may act as an advocator. An advocator is the one who expresses and defends the cause of another or acts as representative. Some people who are ill maybe too weak to do on his own and or even to know his rights to health care. In this instance, the nurse may convey is client's wish like change of physician, change of food, upgrade his room or even to refuse a particular type of treatment.

**Counselor**

A nurse may act as a Counselor. She provides emotional, intellectual and psychological support. She helps a client to recognize with stressful psychological or social problems, to develop and improved interpersonal relationship and to promote personal growth.

**Change agent**

As a change agent, oftentimes a nurse change or modify nursing care plan based on her assessment on the client's health condition. This change and modification will only happen when the intervention/s does not help and improve a client's health e.g. caring of the pressure ulcer, change in medication, change of food, etc.

**Leader**

Nurse often assumes the role of leader. Not all nurses have the ability and capacity to become a leader. It takes confidence, initiative and ability to innovate change, motivate, facilitate and mentor others. As a leader it allows you to participate in and guide teams that assess the effectiveness of care, implement-based practices, and construct process improvement strategies. You may hold a variety of positions like shift team leader, chairperson of a professional organization, ward in-charge, board of directors, sister, matron, etc.

**Manager**

As a Manager, a nurse has the authority, power, and responsibility for planning, organizing, coordinating and directing work of others. She is responsible for setting goals, make decisions, and solve problems that the organization may encounter. It is also her responsibility to supervise and evaluate the performance of her subordinates. The managers always ensure that nursing care for individuals, families

and communities are met.

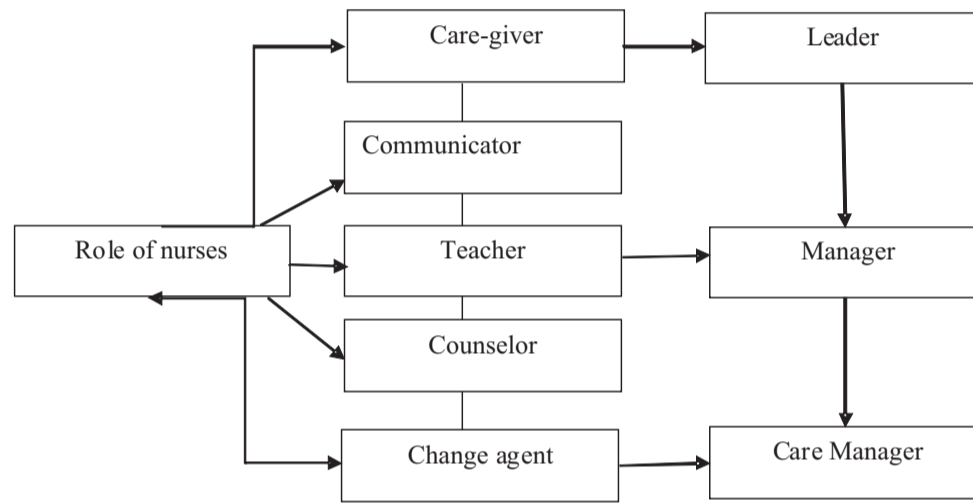
**Case manager**

In some hospitals, a case manager is a primary nurse who provides direct care to the client or family. For example a case manager for a diabetic client. She has the responsibility to give health education, measure the effectiveness of the nursing care plan and monitor the outcomes of intervention whether effective or not.

**Research consumer**

Nurses often do research to improve nursing care, define and expand nursing knowledge.

**QUALITY OF WORK LIFE ON WORK ENVIRONMENT**



**REVIEW OF LITERATURE**

Beaudoin & Edgar (2003) reported that nurses consistently recount that the quality of their work lives and work environment have deteriorated as a result of work content and work environment variables. Thirty to forty percent of the nurses surveyed reported a perceived decrease in quality of care over the past year as a result of the increasing workload environment demands (Aiken, Clarke, Sloane, & Sochalski, 2001). These perceptions were validated by comparing nurses' assessments of quality of care with independent data sources and actual patient outcomes. The findings indicated that nurses “do accurately perceive the quality of care, and appear to be able to separate their own complaints from those that impact negatively on patients” (Aiken, et al., 2001, p. 260).

Brooks and Anderson (2004) in an assessment of quality of nursing work life in acute care in a Midwestern state, conclude that nursing workload was too heavy, and that there was not enough time to do the job well. Respondents had little energy left after work, were unable to balance their work and family lives and stated that rotating schedules negatively affected their lives. Preliminary evidence suggests that improvement of QNWL is a prerequisite to increasing productivity in hospitals. Thus, QNWL is in need of scholarly investigation identifying the nurse's quality of work life can provide critical information for nursing managers in their efforts to design managerial programs that will enhance retention and work productivity.

Fountoulakis and Kaprins (2003) that higher job demand leads to higher strain work environment hence, it affects their health and well being. An unstrained work environment ensures good health and psychological conditions which enable the employees to perform job and non-work related functions without inhibitions. Thus, it leads to an un-stressful work environment providing comfortable work life.

Hsu and Kernohan (2006) carried out a descriptive study with a convenience sample. They selected 16 focus groups, each containing 3-5 registered nurses with at least 2 years of experience in one medical centre and five regional hospitals. They identified 56 QWL categories and fitted 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.

K. Santhanalalshmi et al (2012) examined the work life balance of female nurses in hospitals – comparative study between Government and Private Hospitals in Chennai, Tamil Nadu, India. The study showed that career women are challenged by work and family commitment at the end of each day in Government and Private Hospitals. Majority of women are working throughout week and 53% are struggling to achieve work life balance. The study also showed that the majority of women reported that their life has become a juggling act as they have to shoulder multiple responsibilities at work and home. This article highlights the issues connected with work life balance of female nurses in Government and private hospitals. And the actors such as salary, shift timings, multitasking, security and work pressure are found to affect the QWL of nurses.

Noorjehan (2006) stated that, quality of working-life of nurses requires a changed culture, and a change of attitude and working methods. She further noted that the staff in institutions needs to understand and live the message. It should be characterized that people produce quality. According to him, two things are required for staff to produce quality. First, workers need a suitable environment in which to work. They need basic knowledge of the profession and they need to work with systems and procedures, which are simple, but yield positive outcomes in doing their jobs.

Raduan Che Rose (2006) says quality of work life programs will benefit both faculty and management, by mutually solving work-related problems, building cooperation, improving work environments, restructuring tasks carefully and fairly managing human resource outcomes and payoffs. The result indicates that three exogenous variables are significant: career satisfaction, career achievement and career balance in quality of work life.

**CORRELATION ANALYSIS**

**Table shows CORRELATION between – Age \* Quality of Work-Life Factors**

		Age	Career Satisfaction	Life-Domain Satisfaction
Age	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	200		
Career Satisfaction	Pearson Correlation	.345**	1	
	Sig. (2-tailed)	.000		
	N	200	200	
Life-Domain Satisfaction	Pearson Correlation	.307**	.072	1
	Sig. (2-tailed)	.000	.310	
	N	200	200	200

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**H<sub>1</sub>:** There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their age.

It is concluded from the above table shows the obtained value indicates in orderly 0.345 and 0.307 and the 'p' value (0.000 and 0.000) is significant at the level of 0.01 is positively correlated to the age and work environment. So, the null hypothesis is rejected; the alternative hypothesis is accepted. Hence the proposed hypothesis is accepted. So there is a positive relationship between nurses' opinion about their career satisfaction and life-domain satisfaction based on work environment (quality of work-life) on the basis of their age.

**CORRELATION ANALYSIS**

**Table shows CORRELATION between – Education \* Quality of Work-Life Factors**

		Education	Career Satisfaction	Life-Domain Satisfaction
Education	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	200		
Career Satisfaction	Pearson Correlation	.217**	1	
	Sig. (2-tailed)	.002		
	N	200	200	
Life-Domain Satisfaction	Pearson Correlation	.355**	.025	1
	Sig. (2-tailed)	.000	.729	
	N	200	200	200

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**H<sub>1</sub>:** There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their education.

It is accomplished from the above table shows the obtained value indicates in orderly 0.217 and 0.355 and the 'p' value (0.002 and 0.000) is significant at the level of 0.01 is positively correlated to the education and work environment. So, the null hypothesis is rejected; the alternative hypothesis is accepted. Hence the proposed hypothesis is accepted. So there is a positive relationship between nurses' opinion about their career satisfaction and life-domain satisfaction based on work environment (quality of work-life) on the basis of their education.

**CORRELATION ANALYSIS**

**Table shows CORRELATION between – Experience \* Quality of Work-Life Factors**

		Experience	Career Satisfaction	Life-Domain Satisfaction
Experience	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	200		
Career Satisfaction	Pearson Correlation	.177*	1	
	Sig. (2-tailed)	.012		
	N	200	200	
Life-Domain Satisfaction	Pearson Correlation	.249**	.551**	1
	Sig. (2-tailed)	.000	.000	
	N	200	200	200

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**H<sub>1</sub>:** There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their experience.

It is attained from the above table shows the obtained value indicates in orderly 0.177 and 0.249

and the 'p' value (0.012 and 0.000) is significant at the level of 0.05 is positively correlated to the experience and work environment. So, the null hypothesis is rejected; the alternative hypothesis is accepted. Hence the proposed hypothesis is accepted. So there is a positive relationship between nurses' opinion about their career satisfaction and life-domain satisfaction based on work environment (quality of work-life) on the basis of their experience.

**CORRELATION ANALYSIS**

**Table shows CORRELATION between – Income \* Quality of Work-Life Factors**

		Income	Career Satisfaction	Life-Domain Satisfaction
Income	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	200		
Career Satisfaction	Pearson Correlation	.171*	1	
	Sig. (2-tailed)	.016		
	N	200	200	
Life-Domain Satisfaction	Pearson Correlation	.301**	.100	1
	Sig. (2-tailed)	.000	.160	
	N	200	200	200

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

**H<sub>1</sub>:** There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their income.

It is revealed from the above table shows the obtained value indicates in orderly 0.171 and 0.301 and the 'p' value (0.016 and 0.000) is significant at the level of 0.05 is positively correlated to the income and work environment. So, the null hypothesis is rejected; the alternative hypothesis is accepted. Hence the proposed hypothesis is accepted. So there is a positive relationship between nurses' opinion about their career satisfaction and life-domain satisfaction based on work environment (quality of work-life) on the basis of their income.

ANOVA

Table shows Age * Work Environment								
Factor	Age	N	Mean	Std. Deviation	Sum of Squares	df	F	Sig. Value
Work Environment	Below 25 Years	49	2.2449	1.49347	27.072	4	5.108	.001
	26-35 Years	45	1.4667	.86865	258.348	195		
	36-45 Years	44	1.5455	.84783	285.420	199		
	46-55 Years	38	1.3421	.87846				
	Above 55 Years	24	2.1250	1.59653				
	Total	200	1.7300	1.19761				
Table shows Education * Work Environment								
Factor	Education	N	Mean	Std. Deviation	Sum of Squares	df	F	Sig. Value
Work Environment	Below Degree	42	1.5952	.96423	12.974	3	2.794	.041
	Graduation	58	1.4828	.84275	303.346	196		
	Post Graduation	73	2.0548	1.56250	316.320	199		
	Diploma / ITI	27	1.9630	1.37229				
	Total	200	1.7800	1.26077				
Table shows Experience * Work Environment								
Factor	Experience	N	Mean	Std. Deviation	Sum of Squares	df	F	Sig. Value
Work Environment	Below 2 Year	56	1.3214	.66352	15.974	4	4.494	.002
	2-4 Years	44	2.0682	1.37075	173.306	195		
	4-7 Years	37	1.5676	1.06824	189.280	199		
	7-10 Years	24	1.3750	.64690				
	Above 10 Years	39	1.4359	.68036				
	Total	200	1.5600	.97527				

**H<sub>0</sub>:** Quality of work-life does not differ significantly on the basis of different age, education and experience groups on work environment.

The above table shows the ANOVA for different consumers' opinion of their decision making process on the basis of their occupation.

It is attained from the above result about quality of work-life, the obtained 'F'-value indicates in orderly 5.108, 2.794 and 4.494 and the 'p' value (0.001, 0.041 and 0.002) is lesser than 0.05. So, the null hypothesis is rejected; the alternative hypothesis is accepted. Hence the proposed hypothesis stated different type of age, education, and experience groups do not differ significantly on quality of work-life is accepted. So there is a significant difference between the nurses' opinion about their quality of work-life on the basis of their age, education and experience on work environment.

**Hypothesis:**

H<sub>1</sub>: There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their age.

H<sub>1</sub>: There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their education.

H<sub>1</sub>: There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their experience.

H<sub>1</sub>: There is a relationship between career satisfaction and life-domain satisfaction based on work environment (Quality of work-life) on the basis of their income.

H<sub>0</sub>: Quality of work-life does not differ significantly on the basis of different age, education and experience groups on work environment.



### **The Influence of Individual Nurse Characteristics**

Individual nurse characteristics can affect nurse and patient outcomes. These individual nurse characteristics underscore the importance of considering variables such as nurses' work experience, education, work status, and age when examining the work environment and work life issues for nurses. In this study, the experienced nurses demonstrate more positive perceptions of nursing unit leadership and patients rate them highest in terms of their abilities to promote patient self-care activities.

### **The Influence of Unit Characteristics**

Unit characteristics can affect nurse and patient outcomes. One of the most consistent unit characteristics to have a negative affect on nurse outcomes was the nurse-patient ratio, with high nurse-patient ratios having a negative impact on nurses' perceptions of work and the work environment, nurses' perceptions of unit-based nursing leadership.

### **CONCLUSION:**

According to the research findings, it is important to consider the work environment and quality of work life of the nurses to improve the performance of Cuddalore districts hospitals. Some criteria evaluated the performance of the nursing management team itself, such as recruitment and placement mechanisms for nursing staff, the nature of in-service training, the use of procedural and policy manuals, and the nature of the relationships between the senior nursing management and the general nursing staff. An assessment is required to develop the hospital nurses and the nursing managers should use programs that can improve quality of working life of the nurses. Quality of work life policies and administrative practices, professional status and qualifications of the nurses, work relationships with other health care workers.

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**Mary florence Jacqueline**

Ph.D. Research scholar , Department of Business Administration , Annamalai University.