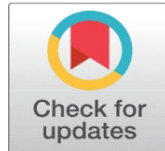


SCENARIO OF QUALITY OF WORK LIFE OF HOSPITAL STAFF

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ABSTRACT

The primary purpose of this research paper is to study the effect of Gender, Age, Marital status, Nature of Jobs, and Area on the quality of work-life concerning hospital staff. This study is quantitative and descriptive; a structured five-point Likert scale questionnaire was used for data collection. 100 samples were selected using a convenient sampling approach from 30-plus-bed hospitals in Prayagraj city. Various tests and techniques were employed for the analysis, such as Mean, Standard Deviation, Correlation, and Multiple Linear Regression. Cronbach's Alpha value was used to test the reliability of the questionnaire. The results of this study will assist hospital policymakers in the implementation of quality work-life interventions to enhance the professional lives of employees. The present paper is one of the few studies carried out in the hospital staff because most of the studies were related to nurses, medical professionals, and doctors. Minimal research was done in this area related to hospital staff (non-medicos) taking as a whole.

Keywords: Hospital, Nurse, Quality of work life, Work-life balance, Work environment
Jel code: I31, M14

1. INTRODUCTION

Organizations, nowadays make innovative efforts each day to create a work environment that encourages employees to be motivated and dedicated to achieving their job and organizational objectives. In the current competitive environment, organizations need to find creative ways to motivate their staff, so that they contribute towards the attainment of organizational goals as well as personal goals (Singh et al., 2015). QWL includes a wide variety of goals, each of which focuses on promoting a balanced work-life relationship for employees and enhancing overall productivity, increasing an employee's self-esteem, motivation, aptitude for learning, and creativity, thereby enhancing an organization's working environment (Nanjundeswaraswamy et al., 2022). The ability of employees to have a positive outlook on the organization can lead to an increase in productivity (Sinha & Subramanian, 2013). Work requirements for service quality include the capacity to manage work conditions and participate in decision-making, a secure working atmosphere, and the capacity to foster social connections through the work environment (Maruyama et al., 2009). QWL is a relatively novel concept that is intended to encompass the entirety of an individual's professional life. It is concerned with the overall quality of life in the workplace. QWL is a measure of the quality of life in an organization, which is determined by factors such as compensation, the health and well-being of the workforce, the social and psychological

connections between colleagues, the recreational amenities offered by the employer, the personal connection between stakeholders, the involvement of the workforce in the decision-making process, and the collective decision-making (**Jagannayaki & Reddy, 2019**). The purpose of Quality of Work-Life is to promote employee satisfaction, trust, collegiality, and collaboration, as well as recognition and a secure work environment. Studies have demonstrated that the Quality of Work-life has a significant and positive effect on employees' psychological health and job satisfaction (**Singh et al., 2015**). As stated above various aspects of QWL have been studied about the corporate sector. The service sector, hospitality sector, agriculture sector, and healthcare sector have a bit received lesser attention in comparison to the corporate sector. Though, these areas and the human resources working with them play sometimes a more important role, yet, their contribution on many occasions is ignored. The human resources in these areas have to put extra effort into their workplaces as they are involved in providing quality stay time to their clients, be they, tourists, consumers, or patients. The Quality of work life of personnel engaged in the healthcare sector needs to be given attention by stakeholders. Working conditions have a significant effect on the efficiency and dedication of Hospital personnel in healthcare organizations to ensure the sustainability of the health system and the provision of quality services to patients (**Suleiman et al., 2019**). Employee work life is enhanced by the presence of senior management, positive interpersonal relations, career advancement opportunities, and a supportive learning environment. The Quality of Work Life in Hospitals is often hindered by a variety of factors, including a lack of staff, inadequate working conditions, an excessive workload, an imbalance of work, a lack of participation in decision-making processes, and a lack of effective communication with supervisors (**Sham et al., 2023**).

The healthcare sector in India is one of the largest in terms of both revenue and employment. It encompasses a wide range of services, from hospitals and medical devices to clinical trials and telemedicine, extending to private OPD clinics in cities and villages. Additionally, medical tourism and health insurance have contributed to the growth of the sector. The Indian healthcare delivery system is divided into two main components: the public healthcare sector and the private sector (**IBEF, 2023**). The quality of life of people working in them sometimes becomes despondent when it comes to making personal and work-life balance. Their main role is to fulfill the social responsibility towards the people and nation. In COVID-19 they worked 24x7 without taking any rest. When it comes to their monetary benefits and their family, the hospital sector doesn't perform well. In some hospitals, their staff work at low-package, additionally putting their life at risk. Sometimes if any patient expires in the hospital, their family doesn't see the age, health, or illness of the patient, they just blame the hospital staff for the causality. Keeping in mind these aspects and the hardships faced by hospital staff, it was felt to study the scene of QWL of people working in hospital staff and non-medicos. This study seeks to assess the Quality of work life among both government and private hospital staff. The results of the study are likely to provide insight into factors such as stability of tenure, growth opportunities, employee satisfaction, and competency and development of employees.

2. REVIEW OF LITERATURE

Yousuf & Anwar (2001) found that the success of work-life harmony was linked to the quality of work output and activities. **Zin (2004)** suggested that the level of career advancement, pay, and benefits are strongly linked to the level of commitment of employees. **Desselle (2005)** looked at multiple factors and found that the quality of work life of employees was strongly linked to their pay. **Roy (2006)** concluded that the quality of the work-life environment had an effect on the performance of employees and that there was a positive correlation between the quality of work-life and the performance of employees. **Saraji & Dargahi (2006)** in their survey revealed that a significant proportion of the workforce was unhappy with their remuneration, health, and safety in the workplace, and the absence of family time employees had a poor quality of work-life balance and their employment was unpleasant and unsatisfactory. **Islam & Siengthai (2009)** conducted exploratory research on the relationship between quality of work life and Organizational Performance. The study found that quality of work-life was positively associated with organizational performance, however, the relationship was not statistically significant as hypothesized. **Almalki et al., (2012)**; and **Daubermann & Tonete (2012)** concluded that nurses' quality of work-life has been adversely affected by a variety of factors, including a disconnection between professional and personal life, work-life balance, inadequate staffing, lack of decision-making autonomy, non-job-related duties, lack of professionalism, and inadequate remuneration. **Noor & Abdullah (2012)** concluded that improved QWL is associated with improved well-being for both employees and the community. Furthermore, employee engagement, job stability, and job satisfaction were also strongly linked to QWL. **Vanitha (2012)** concluded that healthcare employees should be able to maintain a healthy balance between their physical and mental well-being, family life, social life, and the environment. According to **Vishwakarma et al., (2013)** a lack of quality of

work life among employees of an organization is attributed to a variety of factors, including salary and wage discrimination between equal-qualified employees, limited opportunities for advancement, salary and job insecurity, poor relations with administrative and academic staff, dissatisfaction with leave flexibility, and more. **Jathanna & D'Silva (2014)** a study was conducted on a group of hospital nurses in India and revealed that the nurses' social domain had the highest quality of work-life score, suggesting that their peers and family members provided them with a satisfactory level of support. **Elbiso et al., (2017)** indicated that the nursing professionals were dissatisfied with their work environment and work unit. **Jabeen et al., (2018); & Hardjanti et al., (2017)** indicated that quality of work-life had a significant and positive effect on the psychological well-being of employees, as well as their job satisfaction. **Feeley et al. (2019); & Shahdadi & Rahnama (2018)** concluded that repeated exposure to patient distress and organizational aspects of the work environment are regarded as risk factors that affect the mental and emotional well-being of employees. **Swaminathan et al., (2019)** indicated that the paramedical professional's work environment was not only linked to their feelings in the workplace but also to their outlook on their lives. **Al-Maskari et al., (2020)** indicated that the Quality of Life of nurses had an indirect influence on patient care and health outcomes.

Lebni et al., (2020); Raeissi et al., (2019); Kelbiso et al., (2017); & Thakre et al., (2017) demonstrated that there is a direct effect on the quality of work life, as it is influenced by changes in any of the following socio-demographics: Age, Gender, Marital status, Salary, Family, Length of service, experience, Service, status (permanent or temporary), Education, Support from family members and Shift.

Mahesh & Nanjundeswaraswamy (2020) examined the quality of work life of corporate sector employees in Bangalore and the influence of demographic factors on their quality of work life. The results of the survey indicated that over half of the employees were content with their current QWL status and that demographic factors did not affect their QWL.

Diana et al., (2022) concluded that the challenges faced by nurses working in adverse and stressful conditions during the pandemic could be effectively addressed through a qualitative approach to work-life that incorporated other elements, such as organizational engagement, job satisfaction, and psychological empowerment.

Numerous studies (**Akbar et al., (2023); Lebni et al., (2020); Hemanathan et al., (2017); Thakre et al., 2017; Sham et al., (2023)**) conducted on nurses revealed that they had a moderate quality of work-life score.

Alareed & Ahmed (2023) indicated a poor quality of work life of nurses. **Sultan (2023)** concluded that stress had a greater effect on female doctors than male doctors due to domestic and work pressures in Pakistan. Hence, female doctors perceived low quality of work in the profession. The job satisfaction rate among private-sector doctors is higher than that of public doctors. Working conditions in private hospitals were perceived to be high quality of life compared to public hospitals. **Swaminathan et al., (2023)** explored the relationship between work and personal life balance among paramedical professionals. The structural equation model developed by the study revealed that satisfaction and workload are significant, while risk and performance are insignificant.

3. RESEARCH GAP

Based on the literature review and previous study, most of the studies which were conducted on the hospital staff, included only nurses, medical professionals, and doctors. The present study has considered nurses, ward boys, matrons, supervisors, and compounders for the research. In the previous studies, rewards and compensation, training and development, workplace environment and stress, motivation and communication, organizational commitment, job satisfaction, job safety, personal and professional life, work-life balance, and psychological empowerment were taken up as the factors of the quality of work life. The present study has taken into account four main factors: stability of tenure, growth opportunities, employee satisfaction, and competency and development of employees to measure Quality of work life. Efforts have been made to assess the situation by having an overall perception and considering the opinion of the staff itself.

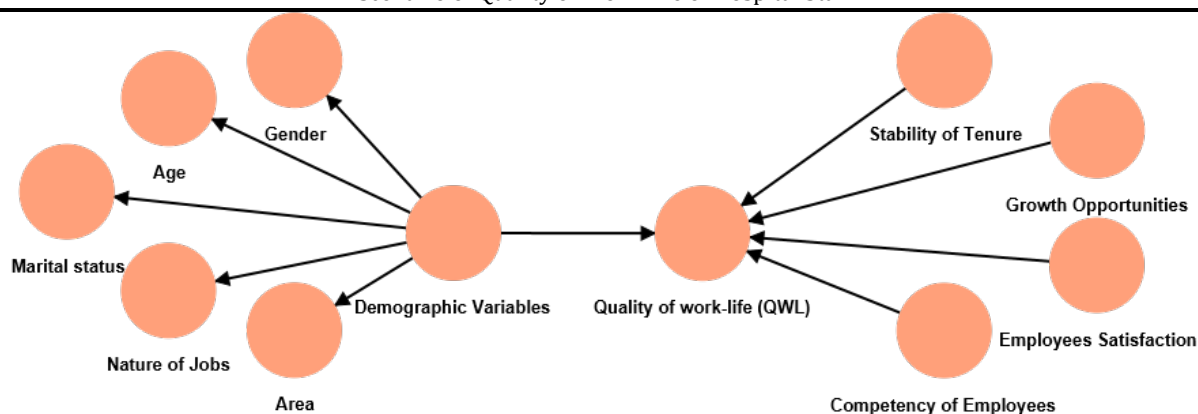


Figure: 1 Research Framework

4. OBJECTIVE OF THE STUDY

- To study the effect of Gender, Age, Marital status, Nature of Jobs, and Area on Quality of work life.

5. RESEARCH METHODOLOGY

The present study is quantitative and descriptive. The data was sourced from a variety of sources, both primary and secondary. A structured questionnaire based on the five-point Likert scale (1: Strongly Disagree; 2: Disagree; 3: Can't Say; 4: Agree; 5: Strongly Agree) was used to collect the primary data using a convenient sampling approach. The questionnaire will provide a variety of perceptions and understanding of the respondents. The questionnaire consists of 30 items -10 items for demographic variables and 5 items each for the four factors of Quality of work-life. These factors include items such as security, adequate and fair compensation, sense of accomplishment, stability, insecurity, career advancement and growth, promotion opportunities, rewards, pay and benefits, work environment, work-life balance, satisfaction level, quality of work life, human dignity and professional development, etc. To study the quality of work life of hospital staff (non-medicos) in Prayagraj city. For the study, 100 samples were selected randomly from 30-plus-bed hospitals in Prayagraj city, 45 of which were taken personally through the scheduled method and 55 samples through online mode. Secondary information was gathered from different sources like research papers and articles, as well as websites. The personal information was used along with the Quality of Work-Life scale (QWL-DDR scale) by **Dhar et al., (2005)** and various research papers i.e., **Swaminathan et al., (2019)**, **Sham et al., (2023)**. Various tests and techniques were employed for the analysis, such as Mean, Standard Deviation, Correlation, and Multiple Linear Regression, through Jamovi software. Cronbach's Alpha value was used to test the reliability of the questionnaire.

6. FORMULATION OF HYPOTHESIS

Hypothesis 1 H_0 : There is no effect of Gender on the quality of work life.

Hypothesis 1.1 H_0 : There is no effect of Age on the quality of work life.

Hypothesis 1.2 H_0 : There is no effect of Marital status on quality of work life.

Hypothesis 1.3 H_0 : There is no effect of the Nature of Jobs on the quality of work life.

Hypothesis 1.4 H_0 : There is no effect of Area on the quality of work life.

7. ANALYSIS AND INTERPRETATION OF DATA

From Table 1, it is evident that 55% of the respondents were female. Out of that population, 57% of the respondents belonged to the age group of 20-30 years. The majority, i.e., 66% were single, and 33% of the respondents were graduates. More than half i.e., 57% of the respondents were involved in performing technical jobs. The hospitals were run in three shifts within 24 hours. In the first shift, 51% of the staff were engaged, which is obvious as OPD patients reported during the daytime. 54% of the respondents in the hospital were nurses, 30% were ward boys and 24% of them were working in the operation theatre. 58% of the staff had working experience of up to 5 years. A significant percentage, i.e., 38% were drawing a monthly income between Rs 20000-30000.

Table: 1 Demographic Profile of the Respondents.

SI. No.	Variables	Elements	Respondents (100%)	Mean	SD
1.	Gender	Male	45	1.55	0.500
		Female	55		
2.	Age	Below 20 years	16	2.16	0.748
		20-30 years	57		
		30-40 years	22		
		40 years and above	05		
3.	Marital status	Single	66	1.34	0.476
		Married	34		
4.	Education Qualification	High School (10 th)	03	3.51	1.150
		Intermediate (12 th)	17		
		Graduation	33		
		Post-Graduation	20		
		Professional Diploma	27		
5.	Nature of Jobs	Technical	57	1.43	0.498
		Non-Technical	43		
6.	Shift	First	51	1.62	0.708
		Noon	36		
		Night	13		
7.	Designation/ Present Position	Nurse	54	1.86	1.279
		Ward Boy	30		
		Supervisor	03		
		Matron	02		
		Compounder	11		
8.	Area	Emergency Department	22	2.95	1.395
		OPD (Outpatient Department)	17		
		ICU (Intensive Care Unit)	21		
		OT (Operation Theatre)	24		
		Administration Department	16		
9.	Experience	Below 5 years	58	1.47	0.594
		05-10 years	37		
		10-15 years	05		
		15 years and above	00		
10.	Income	Below Rs 20000	28	2.06	0.789
		Rs 20000-30000	38		
		Rs 30000 and above	34		

8. RELIABILITY TEST**Table 2: Scale Reliability Statistics**

Scale	No. of items	Mean	SD	Cronbach's α
Stability of Tenure (ST)	5	3.46	1.05	0.919
Growth Opportunities (GO)	5	3.32	1.06	0.902
Employee Satisfaction (ES)	5	3.48	1.08	0.930
Competency of Employees (COE)	5	3.42	1.03	0.911
Overall Reliability (Demographic+Factors items)	30	2.95	0.716	0.951

Cronbach's Alpha value was applied to verify the reliability of a designed measuring instrument's reliability coefficient. The reliability of 4 factors is 0.919(ST), 0.902(GO), 0.930(ES), and 0.911(COE), and the overall reliability of 30 items is 0.951 as shown in Table 2. Cronbach's Alpha value should be equal to or greater than 0.70 for a reliable instrument coefficient according to **Nunnally (1978)** and **Lance et al., (2006)**. The testing gave a result that the instrument proposed for the current study was valid and capable of collecting the desired data, for the study.

Table: 3 Correlation Matrix

		GENDER	AGE	MARITAL STATUS	NATURE OF JOB	AREA	QWL
GENDER	Pearson's r	—					
	p-value	—					
AGE	Pearson's r	0.005	—				
	p-value	0.957	—				
MARITAL STATUS	Pearson's r	-0.030	0.441	—			
	p-value	0.769	<.001	—			
NATURE OF JOB	Pearson's r	0.136	-0.051	0.016	—		
	p-value	0.177	0.614	0.873	—		
AREA	Pearson's r	-0.366	0.056	0.026	0.133	—	
	p-value	<.001	0.579	0.799	0.187	—	
QWL	Pearson's r	-0.129	0.216	0.131	-0.077	0.121	—
	p-value	0.199	0.031	0.193	0.447	0.229	—

GENDER: The coefficient of correlation between gender and quality of work life was found to be weak negative, it was, -0.129 which can be termed as the gender has a limited effect on the quality of work life.

AGE: A positive correlation coefficient of 0.216 was found between age and quality of work life, which is suggestive of a weak to moderate positive relationship between the two. It indicated that age might be a much more significant factor in determining the quality of work life than gender.

MARITAL STATUS: Marital status did not also have a significant relationship with quality of work life, as the coefficient of correlation between them was weak positive of 0.131. It again was indicative of the least relationship between the two.

NATURE OF JOB: The relationship between the nature of the job and quality of work life was again found to be weak and negative. The coefficient of correlation between the two was -0.077. It stated that the type of job both technical and non-technical had a minimal effect on the quality of work life.

AREA: The resultant coefficient of correlation between the departments, like the emergency department, OPD, ICU, OT, and administration department, and quality of work life was a weak positive relationship of 0.121. It also suggested that those areas had a lesser effect on the quality of work life.

Table: 4 Model Fit Measures

Model	R	R ²	Adjusted R ²	Overall Model Test			
				F	DF1	DF2	P
1	0.271	0.0737	0.0244	1.49	5	94	0.199

INTERPRETATION: While calculating the regression analysis, quality of work life was taken as the dependent variable whereas gender, age, marital status, nature of job, and area, were taken as the independent variable. The model fit had an R-value of 0.271, R² of 0.0737, and an adjusted R² of 0.0244 which was indicative of only 2.44% of the variance in quality of work life. The value, of F was 1.49, DF1 was 5, DF2 was 94 and P was 0.199, which was highly insignificant. Therefore, the model as a whole proved to be not fit for the data.

Table: 5 Model Coefficients - QWL

Predictor	Estimate	SE	T	P
Intercept	3.0857	0.6127	5.036	<.001
GENDER	-0.1794	0.2215	-0.810	0.420
AGE	0.2558	0.1509	1.695	0.093
MARITAL STATUS	0.0946	0.2364	0.400	0.690
NATURE OF JOB	-0.1377	0.2093	-0.658	0.512
AREA	0.0629	0.0794	0.791	0.431

INTERCEPT: The estimated value of intercept was 3.0857, the value of SE was 0.6127, and the value of T was 5.036. The value of P was <0.001 which indicated that the regression model was statistically insignificant.

GENDER: The estimated value of gender was -0.1794, the value of SE was 0.2215, and the value of T was -0.810. The value of P was 0.420 which indicated that gender does not have a significant effect on quality of work life.

AGE: The estimated value of age was 0.2558, the value of SE was 0.1509, and the value of T was 1.695. The value of P was 0.093 which indicated that age does not have a significant effect on quality of work life.

MARITAL STATUS: The estimated value of marital status was 0.0946, the value of SE was 0.2364, and the value of T was 0.400. The value of P was 0.690 which indicates that marital status does not have a significant effect on quality of work life.

NATURE OF JOB: The estimated value of the nature of the job was -0.1377, the value of SE was 0.2093, and the value of T was -0.658. The value of P was 0.512 which indicates that the nature of the job does not have a significant effect on quality of work life.

AREA: The estimated value of the area was 0.0629, the value of SE was 0.0794, and the value of T was 0.791. The value of P was 0.431 which indicates that the area does not have a significant effect on quality of work life.

Table: 6 Durbin-Watson Test for Autocorrelation (Assumption checks)

Autocorrelation	DW Statistic	P
0.531	0.933	<.001

INTERPRETATION: The result indicated that there was a strong positive autocorrelation of 0.531 and the P value was 0.001, hence the result was statistically significant. The DW statistic value of 0.933 confirmed that there was an autocorrelation.

Table: 7 Normality Test (Shapiro-Wilk)

Statistic	P
0.962	0.005

Interpretation: The above data was normally distributed. The statistic value was 0.962 and the P value was 0.005 which concluded that the data was close to normal distribution.

9. HYPOTHESIS TESTING

Hypothesis 1 H_0 : There is no effect of Gender on the quality of work life.

Testing Result: The null hypothesis has been accepted. Hence there is no effect of gender on quality of work life.

Hypothesis 1.1 H_0 : There is no effect of Age on the quality of work life.

Testing Result: The null hypothesis has been accepted. Hence there is no effect of Age on the quality of work life.

Hypothesis 1.2 H_0 : There is no effect of Marital status on quality of work life.

Testing Result: The null hypothesis has been accepted. Hence there is no effect of marital status on quality of work life.

Hypothesis 1.3 H_0 : There is no effect of the Nature of Jobs on the quality of work life.

Testing Result: The null hypothesis has been accepted. Hence there is no effect of the nature of jobs on quality of work life.

Hypothesis 1.4 H₀: There is no effect of Area on the quality of work life.

Testing Result: The null hypothesis has been accepted. Hence there is no effect of area on the quality of work life.

10. CONCLUSION

Various studies have been done in the past to study the QWL of various categories of employees in compassing various organized sectors. The least attention has been given to accessing the scenario of QWL of people working in an unorganized sector. Hospital staff figures prominently among them as a majority of the hospitals operating in urban and rural areas are small in structure and also it is not clear whether various laws are exercised upon them properly or they are being evaded by the hospital operators. Against that backdrop, it becomes intersecting to study the QWL of those employees who are working in hospitals, have no stability about their tenure no certainty about following various employee welfare measures, and Corporate social responsibility (CSR) measures, whether obligatory or fringe in nature by their operators. The foregoing has given interesting results.

The model fit measures concluded that the model as a whole was not fit for the data. Whereas the Durbin-Watson test for autocorrelation concluded that there was a strong positive autocorrelation and the result was statistically significant. The DW statistic value confirms that there was an autocorrelation and the data was normally distributed. A weak positive association was found between marital status, area, and quality of work life, whereas a weak negative correlation was found between gender, nature of job, and quality of work life. A weak to moderate positive correlation was found between age and quality of work life. In conclusion, Model coefficients concluded that gender, age, marital status, nature of job, and area do not have a significant effect on the quality of work life.

11. LIMITATIONS AND SCOPE FOR FUTURE RESEARCH

The scope of the study is limited to a sample size of 100 respondents of hospital staff, working at different levels excluding doctors. The samples were selected based on convenient sampling keeping in mind the levels at which they are functioning, from both private and public hospitals. The present study covered the hospitals operating in urban areas of Prayagraj city. Time was also a factor however the results, may be taken as representative of the population.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this research.

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