Impact on Level of Education in Quality of Work Life of Staff Nurses in Thanjavur Town

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Abstract - Quality of work life QWL is defined as the extent to which an employee is satisfied with personal and working needs through participating in the workplace while achieving the goals of the organization. The career and a personal life should be balanced by the employees in the organization to stabilize their quality of work life. Quality of Work Life of the health workers with the goal to achieve positive outcomes for nurses and their co-workers. However, nursing shortage is more complex and multifaceted and arises not only due to the inadequate number of qualified nurses but also due to the non-availability of nurses who are willing to work under the present conditions. This research aimed to understand the impact of socio demographic factors and level of education on the opinion of quality of work life of nurses in the private hospitals.

Key Words: Quality of work life, nurses, Education and life.

I. INTRODUCTION

Quality of work life QWL is defined as the extent to which an employee is satisfied with personal and working needs through participating in the workplace while achieving the goals of the organization. It tries to balance both the work and family life. It motivates the employees not only their economic needs but also their social and psychological needs. The new generation workforce can be satisfied by concentrating job design and organization of work. The career and a personal life should be balanced by the employees in the organization to stabilize their quality of work life.

Statement of the Problem

Quality of work life of nurses in hospital's setting is not easy, because of the unique administrative structure and inherent complexities of modern hospitals. More time and money is invested in trying to improve the Quality of Work Life of the health workers with the goal to achieve positive outcomes for nurses and their co-workers. A high Quality of Work Life is being accepted, a bit slowly as a prerequisite for building the human resource capacity needed to sustain the health care system Quality of Work Life has emerged as one of the most important aspects of job that ensures long term association of employees with the organization.

Objective of the Study

To analyze the association between socio demographic characteristics and quality of work life of nurses in Thanjavur district private hospitals and to study the education level improving the Quality of Work Life.

Importance of the Study

Shortage of trained nurses in the private hospitals is one of the challenges in a global concern. There is lack of adequate number of trained nursing personnel in the health care delivery system, or an imbalance between the required number of nurses and actual availability of nurses on the ground. However, nursing shortage is more complex and multifaceted and arises not only due to the inadequate number of qualified nurses but also due to the non-availability of nurses who are willing to work under the present conditions.

Methodology

Respondents were selected through simple random sampling technique. The study was based on primary data and secondary data. For collecting primary data, interview schedule was used. The whole study had been conducted with the help of both primary data and secondary data. The secondary data was collected for this research by books, journals, and websites.

Sampling Design

Thanjavur District private hospitals are purposively selected for this study because of 50 private hospitals in this area. The major objective of the study is to examine the nurse's opinion on quality of work life.

Data Collection

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A total number of 500 respondents from different private hospitals are working in different departments are Cardiology, Orthopaedics, Gastroenterology, Neurology, Nephrology, Urology, Ophthalmology, General medicine and surgery, Psychiatry, Oncology, Obstetrics and Gynaecology, Paediatrics and Pulmonologist. The hospital authorities have extended appropriate support in terms of allowing the nurses to answer the questionnaire during the duty time.



Statistical tools used

The collected data were scrutinized, edited, analyzed and interpreted. The following statistical techniques were used to analyze and interpret the tabulated data like Mean Percentage, Correlation, Friedman Test and One way ANOVA.

Limitations of the Study

The present study concentrated only on quality of work life of nurses. Therefore, the findings in the research is purely based on the opinion of the respondents working in private hospitals only and may not hold for the any government hospitals. The study is based on the data imparted by the respondents which may be biased. The study covers only to the Thanjavur district, so the generalization of the conclusions is limited.

Age group in years	No. of Respondents	Percentage
18-25	78	15.6
26-35	82	16.4
36-45	226	45.2
46-55	53	10.6
56-59	61	12.2
Total	500	100

Source: Primary Data

Table - 1 shows that 45.2% of the majority nurses under study are between 36 - 45 years of age and 16.4% of the nurses are between 26 - 35 years. 15.6% of the nurses are between 18 - 25 years, 12.2% of the nurses are under 56 - 59 years. Only 10.6% of the nurses are under 46 - 55 years of age. In hospitals the middle age of nurses are between 36 - 45 years.

II. ANALYSIS AND FINDINGS

Table –1 Distribution of Respondents According to Age Wise

ANNOVA for Significance Difference Between Age Group with Respect of Factors Influencing to Improve the Quality of Work Life of Nurses.

Personal factors	Factors influencing		Sum of square	d.f	Mean square	F	Sig.
		Between groups					
	Work life with	With in groups	149.2	17	8.77		
	home life	Total			7	7.125	.000
			539.50	482	1.108		
				499			
			683.062				
		Between groups	17.696	16	7.356	6.284	.000
	Work Environment	With in groups		483	1.171		
	ल	Total	and the second	499	Je		
	3		5 <mark>65.</mark> 36				
	<u>a</u>		683.062		6		
	6	Between groups	146.461	16	9.154	8.239	.000
	Job Satisfaction	With in groups	536.601	483	1.111		
	9	Total	683.062	499			
			$H \cap A \cap A$	آلجه			
		Between groups	171.413	16	10.713	10.113	.000
	Organization	With in groups	511.649	483	1.059		
	Culture	Total	683.012	499			
Age		Between groups	168.907	17	9.936	9.314	.000
	Organization	With in groups		482	1.067	7.0-2.	
	Climate	Total	514.155 683.062 neering	499	1.007		
	Cimiaco						
		Between groups	82.130	15	5.475	4.410	.000
	Relationship and	With in groups	600.932	4848	1.242		
	Co-operation	Total	683.062	499			
		Between groups	182.836	17	10.755	10.363	.000
	Training	With in groups	500.226	482	1.038		
		Total	683.062	499			
		Between groups	129.895	18	7.216	6.275	.000
	Compensation and	With in groups	553.167	481	1.150		
	Rewards	Total	683.062	499			
		1		l	<u> </u>		

From the above table, observe that significance value in quality of work life were less than the table value of 0.05, hence the Null hypothesis is rejected and it was concluded that the respondents belonging to various age group differ in their opinion on perceive quality of work life.

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TABLE -2 Distribution of Respondents According to Gender Wise

Gender	No. of Respondents	Percentage		
Male	125	25		
Female	375	75		
Total	500	100		

Source: Primary Data

Table - 2 shows that the majority of 75% (375) are female nurses working in hospitals. Only 25% (125) are male nurses working in hospitals. There is no large difference between the male and female employees working in hospitals.

TABLE -3 Distribution of Respondents According to Level of Education

Level of Education	No. of Respondents	Percentage		
Diploma	34	6.8		
P.G Diploma	161	32.2		
B. Sc	165	33		
H.S.C	44	8.8		
Others	96	19.2		
Total	500	100		

Source : Primary Data.

Table -3 Shows that 6.8% are qualified up to Diploma, 32.2% are post graduates, 33% are under graduates, 8.8% are H.Sc and 19.2% are others (other qualifications). Out of 500 nurses 165 (33%) are under graduates (B.Sc). They might be from different disciplines like Diploma, P.G. Diploma, B.Sc Nursing and others who are specially trained to work in the various functional departments of hospitals.

ANNOVA for significance difference between Gender with respect of factors influencing to improve the quality of work life of nurses.

Personal factors	Factors influencing		Sum of square	d.f	Mean square	F	Sig.
		Between groups			\		
	Work life with	With in groups	8.077	17	.475		
	home life	Total	85.623	T tu	.178	2.673	.000
	ie l		93.750	482			
	rna			499			
	<u> </u>	Between groups	10.210	160	.638	3.690	.000
	Work Environment	With in groups	83.539	483	.173		
		Total	93.750	499			
	En la company	Between groups	6.479	16	.405	2.241	.004
	Job Satisfaction	With in groups	87.271	483	.181		
		Total	93.750	499			
		Between groups	7.590	16	.474	2.659	.000
	Organization	With in groups	86.160	483	.178		
	Culture	Total	93.750	499			
		Between groups	4.500	17	.265	1.430	.117
Gender	Organization	With in groups	89.250	482	.185		
	Climate	Total	93.750	499			
		Between groups	3.615	15	.241	1.294	.201
	Relationship and Co-	With in groups	90.135	4848	.186		
	operation	Total	93.750	499			
		Between groups	6.631	17	.390	2.158	.005
	Training	With in groups	87.119	482	.181		
		Total	93.750	499			
		Between groups	12.566	18	.698	4.136	.000
	Compensation and	With in groups	81.184	481	.169		
	Rewards	Total	93.750	499			

The above table, we are observed that significance value of Work life with home life, Work environment, Job satisfaction, Organization culture, Organization climate, Relationship and co-operation, Training and Compensation and rewards were less than the table value of 0.05. Hence the Null hypothesis is rejected. It was concluded that there is have significant relationship between Gender and Quality of work life.

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ANNOVA for significance difference between Level of Education with respect of factors influencing to improve the quality of work life of nurses.

Personal factors	Factors influencing		Sum of square	d.f	Mean square	F	Sig.
		Between groups					
	Work life with	With in groups	167.842	17	9.873		
	home life	Total			1.156	8.543	.000
			557.060	482			
			724.902	499			
		Between groups	153.054	16	9.566	8.080	.000
	Work Environment	With in groups			1.184		
		Total	571.848	483			
			724.902	499			
		Between groups	140.177	16	8.761	7.237	.000
	Job Satisfaction	With in groups	584.725	483	1.211		
		Total		499			
			724.902				
		Between groups	97.381	16	6.086	4.685	.000
	Organization	With in groups	627.521	483	1.299		
Level of education	Culture	Total	724.902	499	-		
		Between groups	178.094	17	10.476	9.234	.000
	Organization	With in groups	546.808	482	1.134		
	Climate	Total	724.902	499			
		Between groups	252.390	15	16.826	17.235	.000
	Relationship and	With in groups	472.072	4848	.976		
	Co-operation	Total	724.902	499			
		Between groups	126.439	17	7.438	5.990	.000
	Training	With in groups	598.463	482	1.242		
		Total	724.902	499			
	Variable Control	Between groups	145.829	18	8.103	6.729	.000
	Compensation and	With in groups	579.073	481	1.204		
	Rewards	Total	724.932	499	en		
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The above table indicates that significance value of Work life with home life, Work environment; Job satisfaction, Organization culture, Organization climate, Relationship and co-operation, Training and Compensation and rewards were less than the 0.05. Hence the Null hypothesis is rejected. As a result there is significant relationship between Level of education and Quality of work life.

III. SUGGESTIONS

- Hospitals may come forward to appoint qualify staff nurses.
- Considerable amount of salary must be given to staff nurses.
- 3. To permit the working staff nurses to do the higher studies.
- 4. Hospital administration should concentrate the recreation of staff nurses.
- 5. They may be allowed to shift change and avail casual leave easily.

IV. CONCLUSION

This research concluded with some important aspects of nurses work life in hospitals at Thanjavur district. This study is significant because it extend both practical and

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theoretical knowledge on nursing quality of work life and influencing factors. This research aimed to understand the impact of socio demographic factors and level of education on the opinion of quality of work life of nurses in the private hospitals. This research will put forward recommendations to the hospitals in terms of areas on which to focus to change and improvement in practices.

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