Journal of Contemporary Issues in Business and Government Vol. 28, No. 04, 2022
https://cibgp.com/

P-ISSN: 2204-1990; E-ISSN: 1323-6903
DOI: 10.47750/cibg.2022.28.04.122

QUALITY OF WORK LIFE OF FEMALE NURSES

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ABSTRACT
At the conclusion of each day, working women in government and private hospitals have the issue of balancing their professional responsibilities with their obligations to their families. The majority of women work full-time, and 53 percent of them are having trouble striking a healthy balance between their professional and personal lives. As a result of having to juggle many duties at work and at home, many women have complained that their lives have grown increasingly complicated. They can foster an environment of support to assist these women in striking a healthy balance between their professional and personal lives. The authors of this study investigate the quality of work-life balance of female nurses.
Keywords: Female, Nurse, Work, Life, Quality.

I. INTRODUCTION

Nurses are taught to prioritise the health and well-being of their patients, but rarely do they give thought to the possibility that they, or their colleagues, might have similar needs. Quality of work life is a way of thinking about people, their jobs, and the systems that support them. It appears that nurses' level of engagement in their profession, and its correlation with QWL, is the most crucial component in improving care quality (Nayeri 2011).

Mayo first used the phrase "quantified work light" (QWL) in the 1930s in his Hawkthorne Studies, which investigated the effect of lighting on productivity in the workplace. First evidence that QWL might affect productivity. Research into employee contentment in 1935, a heightened focus on civil rights and social responsibility in the 1960s (resulting in landmark legislation like the Equal Pay Act and the Fair Labour Standards Act), and the drafting of civil rights and equal opportunity legislation in the following decade all followed. The five entities that make up a QWL definition today are the result of expansion since 1930 (Akter 2018). These writers argue that a significant part of QWL's success as a variable lies in its ability to encourage employers and workers to cooperate for the common good. It also became a term for a certain school of thought that puts more emphasis on the person than the organisation, with the ultimate goal of bettering everyone's fortunes. Method was described in terms of specific strategies and tactics used to improve work, such as work satisfaction, independent work groups, employment committees, and the link between persons and

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characteristics of their physical, social, and economic working environment. Therefore, QWL is a reflection of the values and behaviours in and out of the workplace that are deemed significant by society. During the years 1979-1989, the acronym QWL developed to imply more than just "quality, safe, and fair" employment (Kowitlawkul 2018).

II. HEALTH CARE PROVIDERS: NURSES IN PUBLIC AND PRIVATE HOSPITALS

1. Government Nurses

Money, job stability, and work satisfaction are the main perks of working as a government nurse. Having more opportunities to learn and grow is always a plus. Long working hours and limited resources are two of the main drawbacks of working in public hospitals (J. M. Violanti 2010).

2. Private Nurses

Improved technology and the ability to multitask are two of the main advantages of working as a nurse in a private hospital. One drawback is that their pay is lower than that of public sector nurses. In addition, the weakness of their patients restricts their accessibility to cases (C. Ross 2010).

III. OBJECTIVES

1. To research hospital nurses' socioeconomic backgrounds.
2. The goal of this study is to examine how nurses' demographics and perspectives on QWL in hospitals are related,

IV. RESEARCH METHODOLOGY

This research aims to provide light on why QWL occurs in healthcare settings. A total of 140 Registered Nurses were included in the analysis. In order to ensure the success of the study, an interview schedule was meticulously crafted to collect primary data. Recent research has used chi-square analysis to determine whether or not there is a correlation between participant demographics and QWL factor perceptions (A. L. Person 2010; R. Parker 2010).

V. DATA ANALYSIS

DEMOGRAPHIC DETAILS

Age of the Nurses

Age is considered as a socioeconomic detail giving variable because of the correlation between nurse age and understanding of work life quality and its significance in hospitals. It's possible that the older nurses have more relevant work experience. As a result, their perspectives on QWL may differ from those of younger nurses working in the same facilities. Nurses in this study had to fall into one of four age categories: below 25 years old; 26–35 years old; 36–45 years old; and 46 years old and up. Table 1 provides a breakdown of the nursing workforce according on age.

Table 1 Age of the nurses

S.No.	Age (in years)	Number of nurses
1.	Less than 25	36

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2.	26-35	50
3.	36-45	35
4.	46 and above	19
	Total	140

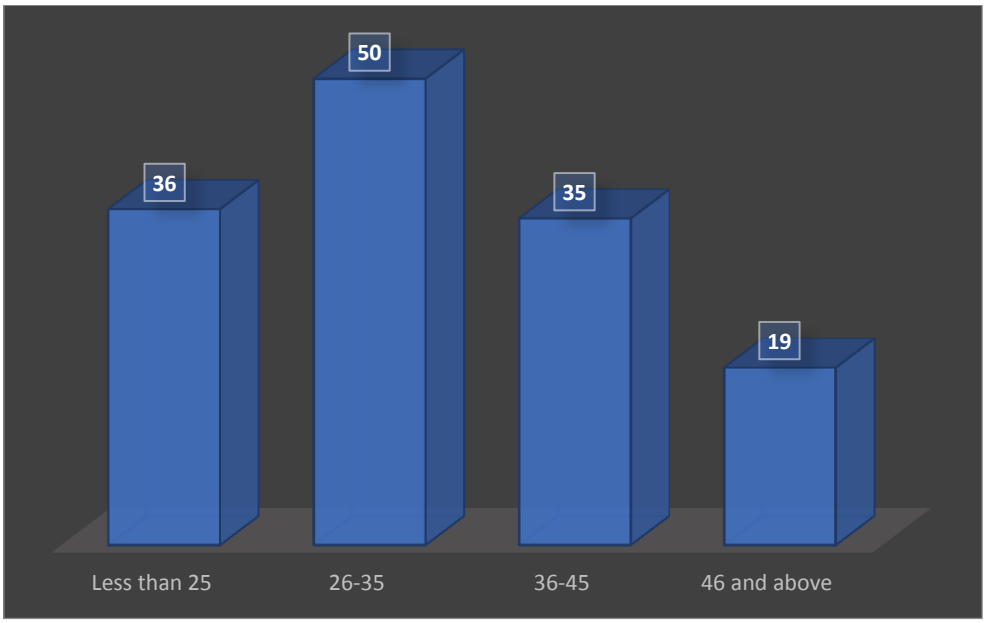

Figure 1 Age details

As can be seen in the table and chart provided above, nurses aged 26–35 make up 35.80% of the total, while those aged 25–24 make up 25.59%. About 13.81% of the nursing workforce is comprised of people aged 46 and up.

Marital Status of the Nurses

A nurse's marital status is a significant family-related characteristic. Since their marital status may have an impact on both their personal and professional duties, it has been included in the category of family-related factors. Nurses' marital statuses in this research were limited to either singleness, marriage, divorce, or death. Table 2 displays the number of nurses in each marital status category.

Table 2 Marital status of the nurses

S. No.	Marital Status	Number of Nurses
1.	Unmarried	80
2.	Married	57
3.	Divorced	2
4.	Widow	1
	Total	140

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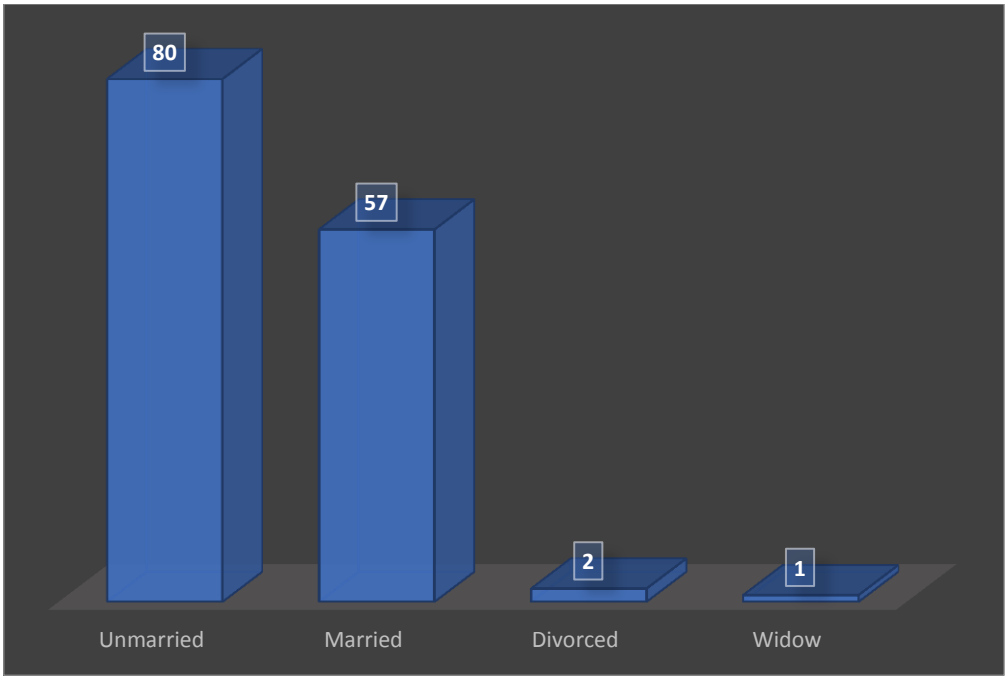

Figure 2 Marital status

Important marital statuses among nurses include "married," which accounts for 40.5% of the total, and "unmarried," which accounts for 57.3% of the total. The analysis suggests that the most relevant marital status among the nurses is "unmarried".

PERCEPTION ON THE QUALITY OF WORK LIFE IN HOSPITALS

Ten major QWL criteria were used to assess nurses' perceptions of their work environments in hospitals. Pay-related factors include things like training, advancement opportunities, public acknowledgement, a secure workplace, preventative safety protocols, a flexible job schedule, positive working relationships, meaningful work, a pleasant office setting, competitive pay, and a sense of autonomy and independence. There are ten factors with a total of 42 variables used to calculate QWL.

Table 3 Important QWL factors in the hospitals

S.NO	QWL factors	No. of variables	Eigen value	Percentage of variance explained	Cumulative Percentage of variance explained
1	Wages and salary	6	5.205	9.636	9.636
2	Training and development	6	4.579	8.486	18.120
3	Career development	5	4.406	8.159	26.278
4	Recognition	4	3.906	7.230	33.510
5	Job security	4	3.658	6.769	40.280

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6	Safety measures	3	3.445	6.376	46.658
7	Work schedule	4	3.302	6.110	52.768
8	Inter-personal relationship	4	2.643	4.894	57.659
9	Job content	3	1.788	3.318	60.978
10	Working environment	3	1.366	2.531	66.598
Kaiser-Meyer-Olkin Measure of Sampling Adequacy - 0.782					
Bartlett's Test of Sphericity - Chi-Square value - 24226.263 * df – 1432					

* Significant at 5 percent level.

With Eigen values of 5.205 and 4.579, "Wages and salary" and "Training and development" stand out as two of the most crucial QWL elements (10 factors and 42 variables) among nurses. These two factors account for a combined 9.636 and 8.486 of the total variation. The total percentage of variance explained by these QWL components is 66.7%.

RELATIONSHIP BETWEEN THE PROFILE OF THE NURSES AND QWL

Using the chi-square test, we analysed how nurses' demographics and QWL are connected. There are fourteen profile variables total (Almalki MJ 2010). Table 4 displays the results of the chi-square test.

Table 4 Relationship between profile of the nurses and QWL

S. No	Profile variables	CHI SQUARE TEST				
		Safety measures	Work schedule	Interpersonal relationship	Job content	Working environment
1.	Gender	16.560*	1.132	15.820*	15.415*	1.160
2.	Age	15.226*	2.090	2.118	17.321*	16.712*
3.	Marital Status	14.947*	2.395	16.888*	14.791*	2.057
4.	Level of education	2.020	15.929*	13.905*	2.226	14.605*
5.	Personal income	1.990	2.228	2.161	2.115	2.088
6.	Years of experience	2.173	15.670*	14.273*	16.449*	14.730*
7.	Family type	17.803*	19.143*	2.105	15.511*	17.207*

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8.	Family size	2.112	14.973*	14.485*	15.953*	2.224
9.	Number of educated person	6.958*	1.176	15.325*	15.093*	14.708*
10.	Number of Earning Members	2.137	2.0140	14.380*	15.151*	15.249*
11.	Family income per month	2.127	16.706*	18.959*	14.113*	2.146
12.	Nature of employment	15.842*	16.229*	2.192	3.010	1.524
13.	Family Care	14.339*	2.149	1.228	15.747*	14.086*
14.	Hours worked per day	3.057	15.258*	14.011*	14.123*	14.730*

*Significant at five per cent level.

VI. DISCUSSION

The estimated chi square value is bigger than the table value, making the profile variables gender, age, marital status, family type, number of educated persons, employment, and family care strongly connected to safety measure at the 5% level of significance. If the calculated chi square value is smaller than the table value—as is the case for education level, personal income, years of experience, family size, number of earning members, monthly income, and daily hours worked—then the variable is not relevant at the five percent level. Work schedule is highly related to profile variables like educational qualification, years of work experience, family type, number of dependents, monthly household income, employment type and hours worked per day, as evidenced by the fact that their calculated chi square value is greater than the table value and significant at the 5% level. With respect to IPR, the calculated chi square value is greater than the table value, making the variables of gender, marital status, education level, years of experience, number of dependents, number of educated persons, number of earning members, monthly income, and hours worked per day significant at the 5% level of agreement.

Job content: With respect to the profile variables, gender, age, marital status, number of years of experience, family type, family size, number of educated people, number of earning members, monthly family income, nature of employment, family care, and hours worked per day are significantly related to Job content, as shown by their calculated chi square value being greater than the table value and significant at the five per cent level. The calculated chi square value is greater than the table value, making variables like age, level of education, years of experience, family type, number of educated persons, number of earning members, family care, and hours worked per day significantly related to working environment at the five percent level. The estimated chi-square value for gender, marital status, personal income,

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family size, monthly family income, and kind of job is less than the table value, hence these variables are not significant at the five-percent level.

VII. CONCLUSION

Based on the results of the current study, it appears that the quality of work performed by nurses in hospitals is not satisfactory. Increased nurses' perceptions of quality of work life have a beneficial effect on employee morale, dedication to the company, and the capacity to train and develop human capital, all of which contribute to an organization's ability to thrive in a variety of economic climates. Structural equation modelling can be used in a number of healthcare settings to assess the direct and indirect effects of QWL on organisational performance.

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