A Case Study of Quality of Work-Life in Private Hospitals of Kashmir Division

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ABSTRACT
Quality of work life refers to the level of contentment or unhappiness with one's career. The purpose of this paper was to investigate the Five QWL variables which were examined namely 1) Adequate Income and Fair Compensation, 2) Safe and Healthy Working Conditions, 3) Rewards and Punishment, 4) Equity, Justice and Grievance and 5) Workload and job stress in the private Hospitals of Kashmir valley. Quality of Work Life is the essential concept of favourable conditions in a working environment. This study is an attempt to look into the Quality of Work Life among Workers with special reference to private Hospitals of Kashmir valley. The universe of the study includes four private Hospitals among the private hospitals of Kashmir division and sample size taken to conduct the research is 62 Doctors. For this study, the sampling technique is stratified random sampling as sample was chosen on the basis of experience, specialty and qualification of the doctors of these private hospitals of Kashmir Division. Structured questionnaire of twenty statements with an alpha coefficient of 0.92 were identified from the literature to collect data from the doctors in order to assess QWL prevalent in these hospitals. Secondary data was collected from earlier research work, various published journals, magazines, websites and online articles. The results showed that employees were not happy with the variables of QWL such as Adequate Income and Fair Compensation, Safe and Healthy Working Conditions, Rewards and Punishment, and Workload and job stress provided by the management of the private Hospitals of Kashmir Division.

Keywords: Quality of Work Life, Adequate Income, Rewards, Grievance and job stress

INTRODUCTION

Quality of Life is the degree of relationship between individuals and organizational factors involved within the working surroundings. Quality of work life (QWL) is the extent to which workers convince important personal needs through their experiences in the organization. It is focusing strongly on providing a work environment conducive to satisfy individual needs. It is assumed that if employees have more positive attitudes towards the institution and its productivity increases everything else being equal, the organization should be more effective.

Irrespective of professional role, good quality of work life has always shown a positive effect on the job satisfaction of employees and how they deliver to the customers and thus positive job satisfaction plays a key role in organizational effectiveness. Thus QWL is said to make a huge contribution to organizational effectiveness, making it significant for the employer to take care of QWL effecting in
service industries, customer contentment is always influenced by the quality of interactions between customers and the personnel involved in the point of contact services. In the previous decade, the movement towards quality had started to spread from the manufacturing sector to the service sector. The shift of focal point to quality of service is basic for the service business to survive the competition, get acceptance from society, and be able to achieve its missions.

Health sector is a significant and most important factor of prosperity of the country and is the most important indicator of socio-economic development. As per world development report 1999 states “improved health reduces production losses, permits the proper utilization of the natural resources, increases the ability to be to be literate for next generation and frees the resources that would otherwise have to be spent on treating illness”. It is the health sector which uplifts the economic health of the country as a whole. Further, the services sector has been growing in recent years with health sector contributing to it significantly and thus more than half of our GDP is accounted for from the services sector. In services, service provider is in direct contact with the end user, like wise in hospitals while offering services the employees require to deal with customer in groups. It is therefore imperative for the employees especially to the doctors in the hospitals to be provided with superior working environment so that they deliver quality to the customers. Therefore the present study is an attempt to study the Quality of work life being offered towards the employees of the Health care service sector.

**REVIEW OF LITERATURE**

The term QWL was introduced by Louis Davis (1972) at the first international quality of work-Life conference held in Toronto. In this era, quality of work life being offered to the human inputs is the greatest asset to any organization. Maintaining the quality of such human inputs rises from maintaining the quality of work life perfectly, researchers argue that, rise in the quality of work life would help employee’s well being there by well being of the whole organization. As described by Cohen and Rosenthal (1983), QWL is an internationally designed effort to bring about increased labour management cooperation to jointly solve the problem of organizations performance and employee satisfaction. Any attempt at improving the performance of the organization can be successful only if the organization is able to develop a strong quality of work life. The term quality of work life thus, refers to the favorableness or un-favorableness of a total job environment for people. The basic purpose is to develop jobs and working conditions that are excellent for people as well as for the economic health of the organization. According to Walton (1975) proposed eight conceptual categories. They are as follows:1)Adequate and fair compensation,2) Safe and healthy working conditions,3) Immediate opportunity to use and develop human capacities,4) Opportunity for continued growth and security,5) Social integration in the work organization,6) Constitutionalization in the work organization,7)Work and the total life span and 8) The social relevance of work life. According to Kotze (2005) work-family balance enhances an individual’s QWL, as involvement in multiple roles protects or buffers individuals from the effects of negative experiences in any one role. Beyond this buffering effect, work-family balance is thought to promote well-being in a more direct manner. Balanced individuals experience low levels of stress when enacting roles, presumably as they are participating in role activities that are salient to them. Ellis and Pompli (2002) in their reading on nurses identified a numerous factors resulting in job dissatisfaction and quality of working life, including: Poor working environments, Resident aggression, Unable to deliver quality of care expected, Balance of work and family, Shift work, no involvement in decision making, Workload, Professional isolation, non recognition of work, unhealthy relationships with supervisor/peers, absence opportunity to learn new skills and Role conflict. Sirgy et al.; (2001) has listed various factors affecting quality of working life as: Need satisfaction based on job requirements, Work environment, Supervisory behavior, Ancillary programmes, and Organizational commitment. They observed quality of working life as completion of these key needs through resources, activities, and outcomes resulting from contribution in the workplace.
OBJECTIVES OF THE STUDY

The present study attempts to identify the quality of work life prevalent in the Private hospitals of Kashmir Division. The study has been undertaken with the following specific objectives.

1. To examine the nature of Quality of Work Life (QWL) prevalent in the Private hospitals of Kashmir Division across various dimensions.

2. To suggest on the basis of the results of the study measures aimed at improving quality of work life in the Private hospitals of Kashmir Division.

HYPOTHESIS

In consonance with the aforesaid objectives the hypothesis which has been framed for verification and confirmation is

QWL prevalent in the Private hospitals of Kashmir Division is fairly good (if the mean score in the five point scale has a mean score above 2.5).

With a view to achieve the aforesaid objectives and test the above mentioned hypothesis both primary and secondary data has been used. The primary data has been collected through a multi-stage stratified random sampling design by administering a well designed and pretested questionnaire to the sample respondents. The secondary data has been obtained from the records of the hospitals, journals, books, newspapers, past researches done in the field, the other relevant sources. While secondary data has been helpful significantly, the primary data has been mainly used in this study.

SAMPLE

To study the Quality of work life the study covered a sample of around Sixty Two (62) doctors/respondents selected through stratified random sampling. The sample consisted of these four private hospitals in Kashmir division out of various private hospitals of Kashmir division, these are as following

1. Ahmed Hospitals, Gulshan Nagar, Byepass, Nowgam.
2. Mehmooda Shaheem Medical Trust Hospital, S-K 8, Srinagar
3. Modern Hospital, Zero Bridge-Raj Bagh.
4. Florence Hospital, Chanpora Srinagar.

Further due care was taken to select sample on the basis of experience, specialty and qualification of the doctors of these private hospitals of Kashmir Division.

TOOLS

The primary data from the doctors in these hospitals for ascertaining Quality of Work life (QWL) was collected through a questionnaire designed from the insights of the literature. Around Twenty statements with an alpha coefficient of 0.92 were identified from the literature to collect data from the doctors in order to assess QWL prevalent in these hospitals. Further, these twenty statements were clubbed in five dimensions which include the following:

ADEQUATE INCOME AND FAIR COMPENSATION

Motivation experts believe that money is still an important motive, which makes people work on the job. However, people also want to see fairness and adequacy in their pay rewards. Equal pay for equal work and pay that is linked to responsibility, skill, performance and individual accomplishment are viewed with great importance. Pay must also be competitive with the external labor market and should be responsive to prevailing practices and changing economic conditions.
SAFE AND HEALTHY WORKING CONDITIONS.

An organization must create working conditions that are physically and psychologically safe for its workers. Better working conditions that are physically and psychologically safe helps in improving the efficiency at Work place. It comprises of components such as Healthy environment pertains to physical environment in the hospital in terms of cleanliness and pollution, second component is free moving space, focuses on the Working space, temperature, and illumination available in the working area and the things pertains to risk of injury and illness.

REWARDS AND PUNISHMENT

Rewards and punishments are the two sides of the coin, it comprises of rewards, punishment and discipline. It implies to rewarding those who are superior performers and punish those who are caught committing serious offence and tries to inculcate serious discipline among the employees in terms of punctuality, less absenteeism etc.

EQUITY, JUSTICE AND GRIEVANCE

It comprises of things pertaining to equity, justice and grievance respectively. It focuses on equality in terms of rules and procedures followed; impartial approach of top management towards employees in context with work assignments, transfers etc. and grievance redressal is fully mechanized.

WORKLOAD AND JOB STRESS

This comprises of statements in questionnaire which pertaining to overtime, strict work schedule, work load, psychological manifestation and scheduled breaks. Balancing these components make one to work more positively.

Moreover overall statistic for quality of work life was also calculated by clubbing these five dimensions together. Respondents/doctors opinion or feeling was sought in order to assess the existing quality of work life they are being provided. The respondents had to answer the statements on a five point likert scale (1-5) ranging from strongly disagree to strongly agree.

FINDING/RESULT:

The results of the analysis are based on the guidelines evolved front the past researches done in the field. Prior to the analysis of the data, the past researches done in the field were studied thoroughly so as to follow a standard pattern of analysis. The statistical tools used to measure QWL of respondents/Doctors were mean, Standard deviation and percentages. Mean is a very important measure of central tendency which helps in comparison of factors. The standard deviation gives very important and useful information about the spread of data and enables us to measure the accuracy of central tendency mean).

<table>
<thead>
<tr>
<th>S NO</th>
<th>Components of QWL</th>
<th>N</th>
<th>MEAN</th>
<th>ST DEV</th>
<th>RANK</th>
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<tbody>
<tr>
<td>1</td>
<td>Adequate Income and Fair Compensation</td>
<td>62</td>
<td>1.86</td>
<td>0.94</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Safe and Healthy Working Conditions</td>
<td>62</td>
<td>1.98</td>
<td>0.86</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Rewards and Punishment</td>
<td>62</td>
<td>2.38</td>
<td>0.74</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Equity, Justice and Grievance</td>
<td>62</td>
<td>2.56</td>
<td>0.88</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Workload and job stress</td>
<td>62</td>
<td>2.12</td>
<td>1.20</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Overall QWL(QWL)</td>
<td></td>
<td>2.18</td>
<td>0.92</td>
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</tbody>
</table>
It can be summarized that employees of the private hospitals in Kashmir division are scoring below average on every statement of quality of work life except one that is Equity, Justice and Grievance as is also evident that they are not satisfied by the Overall QWL prevalent in the Private Hospitals. Table (1) reflects that the employees of the private hospitals in Kashmir division are having high value in Equity, Justice and Grievance as it ranks 1st with mean score of 2.56 and SD of 0.88 reflects that a level of satisfactions. This followed by Rewards and Punishment with a mean of 2.38 and SD of 0.74 as it shows that employees are not satisfied by rewards and punishments variable of QWL. The dimension with ranks third is Work load and job stress with a mean of 2.12 and SD of 1.20, reflects that the things like overtime, strict work schedule, work load, psychological manifestation and scheduled breaks are not taken care of by these private Hospitals. Safe and Healthy Working Conditions ranks 4th scoring a mean of 1.98 and SD of 0.86 reflects that the employees are not happy with physical environment in the hospital in terms of cleanliness and pollution, free moving space, temperature, and illumination available in the working area and the component pertains to risk of injury and illness in the working place. Adequate Income and Fair Compensation ranks 5th mean score of 1.86 and standard deviation of 0.94. This reflects that the Equal pay for equal work and salary issues are not dealt in a meaningful way by the management of the private Hospitals of Kashmir Division.

Overall Perception of QWL

From the above discussion it can be revealed that the employees private hospitals in Kashmir division are not satisfied with the QWL prevalent in Hospitals as overall quality of work life (QWL) scores a mean of 2.18 and an SD of 0.92. It shows that the null Hypothesis is rejected as QWL prevalent in the Private hospitals of Kashmir Division is fairly good (if the mean score in the five point scale has a mean score above 2.5) but the value is 2.18.
SUGGESTIONS AND CONCLUSION

The Quality of Work life has utter importance in every work organization and so is in the case of Health care system. The improvement in QWL leads to multiplier effects in the hospitals of Kashmir Division as it will have a positive effect towards overall working conditions will improve job satisfaction, commitment, belongingness towards organization. Thus better quality of work life will improve efficiency in delivering better services towards customers which will leads to effective achievement of organizational goal. From this study it was found that Adequate Income and Fair Compensation in terms of salary offered to them ranks lowest, thus it indicates that doctors are not satisfied with the monetary prospect given by the hospitals to them. It reveals that the private hospitals should give adequate income and fair salary as compared to the private hospitals which are working outside the state of Jammu and Kashmir. The component that is Safe and Healthy Working Conditions also ranks low with 4th rank in the list, it indicates that the physical working conditions are not better in terms of safety measures, cleanliness, heating system in winters and air conditions in summers for doctors, etc. so the management should look at the matter and work towards improving it. In case of Work load and job stress it seems that doctors working in these private hospitals feel more work pressure and have no time to pursue their personal hobbies. Rewards and Punishment ranks 2nd as it reveals that Surgeons are satisfied with the rewards they are given in case of emergency duty or overtime incentives but the management should work towards improving it as overall it low. In all the five variables the Equity, Justice and Grievance ranks 1st which explains that gender equality is maintained in the hospitals and justice and Grievance handling cell of the hospital is good as employees are satisfied with that as it scores 2.56. At the end we can conclude that the management should improve QWL in these hospitals as the overall mean is low in the scale of 1 to 5, it scores only 2.18 as we know high quality of work life is essential for institutions to continue to attract and retain employees and sustain in the long run.

LIMITATIONS OF THE STUDY

Anything that suits the individual they take interest and cooperate in accordance. The cooperation and interest of respondents posed a serious problem in few cases as research was based on exclusive survey. The respondents that are the doctors many times lacked interests in filling the questionnaire and even sometimes doubted credibility of researcher. The lower level doctors sometimes had to fill the questionnaire in front of their senior Doctors which sometimes makes a bias in the responses. The respondents were a bit afraid in filling the questionnaire and reluctant to answer few of the responses. Thus it forms a sort of limitation in the study.

FUTURE STUDY

The study comprised of doctors from only four private hospitals of Kashmir province. The study should have been more extensive (we should have studies more hospitals of the state). The aspects left could be worth exploring in the future researches.

REFERENCES


