



Work Environment And Quality Of Work Life Of Healthcare Workers

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ABSTRACT

The concept of Quality of job Life (QWL) refers to the degree to which workers can fulfil their personal and professional requirements by actively engaging in their jobs, while also contributing to the overall objectives of the organisation. Research has shown that QWL impacts employee engagement and productivity in healthcare organizations and other industries. This study tries to focus on good working life and its products, which is a modern and important concept in the healthcare sector and is considered one of the most important elements of Saudi Arabian society. One of the problems related to this idea, which is considered one of the most important problems in health, is unemployment and contract disputes between doctors and nurses. Patients work in the office. This research seeks to examine the correlation between the quality of work life in hospitals and clinics and the levels of dedication shown by physicians and nurses. The study also provides recommendations, with the most significant ones outlined below: In this study, various facets of wellness work should be addressed, and doctors and nurses should be encouraged to work long hours and provide more materials and guidance to reduce the workload. It will increase the pressure on doctors and nurses, ensure that they avoid dangerous work, and employ the right people in the right place.

Keywords: job quality, work life, and organizational commitment.

Introduction:

The domain of work-life quality is a multifaceted field influenced by several dimensions of work and personal circumstances. The quality of working life has two purposes: to improve the quality of work of employees and to increase the overall effectiveness of the organization. The concept of employee satisfaction goes beyond just providing employees with wages. It's about giving people a place to feel accepted, wanted, and appreciated. Good work life is important for attracting new employees and retaining them. For this reason, healthcare organizations are looking for ways to solve recruitment and retention problems by improving the quality of working life. Focusing on improving the quality of working life to keep employees happy and satisfied can provide many benefits to employees, organizations, and customers. These include promoting organizational commitment, improving the quality of care, and making people and organizations more productive. In a rapidly changing world, new organizations face great challenges. One of the challenges is to retain good and efficient people who must take care of human resources and provide them with a good and productive life that will help them trust, cooperate, and be encouraged to stay in the organization for a long time. to work. This increases the efficiency of organizations and the quality of products and services.

Literature Review:

Work quality Life is a notion whose content holds that people are the most valuable resources in the company because they think they are tall, responsible, and capable of producing excellent outcomes; thus, they need to be treated with respect and decency. (Straw and Heckscher, 1984; Tabassum et al., 2011, p. 14). 17; Ross et al., 2006, p. 61). Quality of life is a complex, global, and very conceptual approach. It is a way of understanding people, jobs, and organizations based on thoughts and emotions (Hsu and Kernohan, 2006, p. 120). QWL is important for organizational performance and is important in motivating employees in the

workplace (Gupta and Sharma, 2011, p. 80). Initially, in the early 1970s, the Quality of Work Life movement was a collective movement of a handful of academics. QWL and its importance grew in the 1980s as the QWL movement became a global phenomenon among many relationship-related study groups, human resource managers, and researchers (Jayakumar and Kalaiselvi, 2012, p. 140).

There are different views on performance, but generally they relate performance to job measurements and the achievement of organizational goals (Stannack, 1996; Barney, 1991). Many researchers have found that different attitudes, beliefs, and ideas about performance lead to the evaluation of strategies and performance outcomes that lead to relationships (Stannack, 1996). There is a relationship between the quality of work and the performance of employees, which in turn affects the performance of the organization (Rai and Tripathi, 2015).

Shahbazi et al. (2011) also found that quality of work life was related to job satisfaction. They used Walton's model of living and working development (Walton, 1975). A modified version of Walton's QWL model was also used in this study. The research results of Shahbazi et al. (2011) also show that four dimensions of Walton's QWL model (creation of human capacity, legislation in the workplace, overall cohesion of work organization, and social relations) are better at predicting than other dimensions of QWL. Four dimensions (adequate and fair compensation, safety and health in the workplace, opportunities for greater growth and stability, and work-life balance) The results of this study show that "organizational integration" has a positive relationship with overall performance.

Scope of the Study

This research focuses on the existence of today's new and important ideas and their content in the work, which is considered a work that affects the public and those living in it: the health sector. It tries to show the relationship between the work of doctors and nurses towards the quality of life of society and their commitment to treatment in hospitals and facilities.

Problem Statement

The purpose of this research is to examine the link between two factors that have not received enough attention in this crucial area. As a result, research questions such as "What is the reality of working life and its impact on commitment to health?" start to emerge. The inability of managers to participate in decision-making, the senior managers' lack of regard for them, and the lack of acknowledgment of their accomplishments are some of the reasons for management unhappiness.

Research Objectives

1. Researches the positive effects of business life on motivation and
2. Measure the degree of employee commitment to the organization based on financial results and
3. To ascertain the correlation between work-life, personal life, and the degree of commitment.

Research Method

Data Collection: Primary and secondary data were used in this study. The main sources of information are books and magazines, publications, newspapers, letters, and documents published by authorities. Secondary data was collected through a survey design.

Population and Sample of the Research: The population of the research includes all employees working in the health sector. The population of healthcare professionals is large, and a representative sample of this population will be selected for the study. 500 surveys were distributed to the sample. 418 surveys were completed, and the success rate was 83.6%.

Research hypothesis:

1. There is a significant correlation between motivation and performance.
2. There is a relationship between material rewards and
3. There exists an equilibrium between professional obligations and personal life.

Analytical Tools: This study is based on descriptive analysis. This study uses percentile analysis and a T-test to evaluate the impact of the work-life environment on work-life balance.

Limitations : This study is limited to healthcare professionals associated with the city of Chennai only. Therefore, the information may differ when written in other places.

Data Analysis

The data analysis was conducted using IBM SPSS version 20, developed by SPSS, Inc. The following table presents the key findings derived from the evaluation of the data set obtained from the sample population in the research.

Table I Socioeconomic Profile

Variables		Frequency	Percentage (%)
Gender	Male	246	58.9
	Female	172	41.1
Age	Less Than 30	194	46.4
	31- 40 Years	179	42.8
	41-50 Years	32	7.7
	More Than 50	13	3.1
Educational Level	Diploma	14	3.4
	Bachelor's Degree	384	91.8
	Master's Degree	20	4.8
Experience	Less Than 5 Years	165	39.5
	5-10 Years	204	48.8
	11-20 Years	27	6.4
	More Than 20 Years	22	5.3
Work Place	Hospital	285	68.1
	Health Center	133	31.9

The above table shows that the percentage of men in the study sample is 58.9%, while the majority of women is 41%. It shows that it is 1. The second difference shows that 46.4% of the sample consists of the group under the age of 30, and this group constitutes the majority of the total sample, while the age group (31–40) ranks second with 42.8%. The 41–50 age group comprised 7.7% of the total sample. The age group (50+) ranks last and accounts for 3.1% of the total sample. The third difference shows that 91.8% of the sample consists of those with a bachelor's degree, those with a master's degree constitute 4.8% of the total sample, and those with a diploma constitute 3.4% of the total sample. third category.

Fourth, it shows that the research sample focuses on people who have worked for 5 to 10 years and constitute 48.8% of the total sample, followed by those who have worked for less than 5 years (39.5% of the total sample). Employees with less than 5 years of work experience constitute 39.5% of the total sample. People with 11–20 years of experience constitute 6.4% of the total sample. Finally, employees who have worked for more than 20 years account for 5.3%. Fifth, it shows that most of the participants in the research sample are in hospitals with staff (68.1) because doctors and nurses come. Voluntary contact is more common in hospitals and less so in smaller clinics. The percentage of workers tested is 31.9.

The primary objective of this research is to examine the correlation between two variables that have not received enough attention within this significant field. The present inquiry revolves on the identification of a research challenge, which aims to address the following query: “What is the reality of the quality of work life and its impact on organizational commitment towards the health sector”. A nurse manager's lack of involvement in decisions, their achievements being unacknowledged, and their lack of respect from higher management are all possible reasons for dissatisfied with management procedures.

Table II Analysis of Quality of Working Life and Organization's Commitment

No	Statement	Mean	Relative mean	Test value	Sig.	Ranking
1	Principles and promotion standards are clear to all	4.32	86.4	14.08	0.000	1
2	Promotions are awarded fairly and equitably to all employees	3.63	72.6	12.78	0.211	5
3	Top management applies the policy of placing right man in right place	2.94	58.8	10.45	0.110	6
4	Promotions are granted on professional competence basis in performance	3.96	79.2	12.89	0.000	3
5	The approved promotion policy Prevents conflicts occurrence between workers	3.72	74.4	13.98	0.000	4
6	Development and training programs are provided for advance in their career path	4.08	81.6	12.43	0.000	2
	Total	3.78	75.6	12.85	0.001	

The table above shows that the training model responds positively to the statement regarding the first dimension of support and function. This means that all policies and supports are available to everyone, and development and training are provided to support their work. In other statements other than the third statement, senior management has the right to place the right people in the right positions.

Table III Key Points and Values for Financial Support and Salaries

No.	Statement	Mean	Relative mean	Test value	Sig.	Ranking
1	I am satisfied with the annual increases and bonuses that are added to my salary annually	2.53	50.6	11.3	0.000	7
2	I am not thinking of providing another income supplement to my current income	3.23	64.6	13.87	0.000	5
3	The income that I receive is sufficient to meet living requirements	3.56	71.2	18.87	0.000	4
4	Salaries are paid regularly and permanently without any delay	4.95	93.1	11.31	0.001	1
5	No salary deductions are made without clear reasons or penalties	4.28	85.7	17.21	0.000	3
6	Able to fulfill its obligations to deliver salaries to its workers in the long run	4.60	92.1	14.65	0.003	2
7	Provide rewards and incentives for its distinguished employees	3.02	60.4	15.42	0.000	6
	Total	3.73	74.7	15.65	0.000	

The results regarding the quality of work life in the table above show that there are terms such as "regular wage, continuous and without delay", "capital in nature and fulfilling the responsibility of paying long-term employees" and "unlimited wage". Answers to the question "Obvious reasons" were above average. This indicates the regularity and stability of wages and the financial capacity of the health sector. The results also showed that the response to additional speech was at a moderate level. Explanations regarding annual salaries, as well as annual salary increases and bonuses, are few. This situation indicates health. It shows some negative effects of the support from the sector.

Table IV Basic and Important (Signature) Information Regarding Business and Personal Life

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
1	I have enough time after my job to do the personal and social duties	2.58	51.6	9.98	0.001	4
2	Employee preferences and desires by providing cultural and sports programs	1.22	24.4	8.97	0.000	6
3	Considering employees personal circumstances	2.94	58.8	10.76	0.003	3
4	Flexible work schedules to perform required tasks	4.42	88.4	11.45	0.002	1
5	Provides training and development programs	4.07	81.4	11.03	0.003	2
6	Interested in building a network of social relations for employees and their families through social visits and recreational trips	1.48	29.6	9.76	0.002	5
	Total	2.79	55.7	9.39	0.002	

The table above shows that a percentage of flexible working hours are available to accommodate required tasks and provide training and development programs, and it is clear from the responses to the survey that additional information is evident, indicating that employees do not have the time to do so. successful. May their personal and social responsibilities, health, not being satisfied with their interests and desires, doing leadership and sports, and creating a social environment be beneficial for them and their families.

Table V Multiple Regressio Analysis

To test the hypothesis, multiple linear regression was used

Dependent Variable	Regression Coefficients	T value	Adjusted Determinati on Coefficient	Sig.
Fixed Amount	3.961	11.6 20	0.521	0.000
Promotion opportunities and job progress	0.316	4.01 1		0.001
Job security and stability	0.231	3.02 5		0.000
Financial Rewards and Wages	0.265	2.09 8		0.012
Involvement in Decisions Taking	0.098	1.33 1		0.003
Working Conditions	0.209	2.91 2		0.220
Work Life and Personal Life Balance	0.084	0.62 1		0.018
Multiple Correlation Coefficients=0.786				
F value=24.629				
Sig.=0.000				

The results show that (52.1)% of the change in the level of organizational commitment is explained by independent variables, while the remaining percentage is due to the presence of other variables that affect the level of commitment in the organization. The calculated F value is 24.629 and the Sig value is 0.000, which means that there is a significant relationship between the length of the support path, the performance

impact on quality of life, and the organization's commitment level. The table also shows that the effect of independent variables (salary and rewards) on organizational commitment ranks first with its size (0.265), followed by safe and stable work, and then physical work. This study concluded that this dimension is important for healthcare professionals and that care should be increased for the private sector, especially given the apparent exodus from this group. In the end, all three opinions were accepted.

Findings

1. The findings indicate a significant correlation between the amount of organizational commitment, six characteristics, and the quality of work life. This indicates that the work-life balance is at an acceptable level, leading to increased organizational commitment and job satisfaction in the health sector.
2. The findings showed, that when it came to influencing organizational commitment, earnings and rewards—the independent variable—ranked first, followed by employment security and stability and physical work conditions. Consequently, it may be said that these dimensions have great significance for them.
3. It was discovered that age-related statistically significant differences exist between study sample estimates means, with those over 50 years old outperforming those in the 41–50 age range. These findings suggest that these age groups are more content and convinced with their ages and rewards and that they have typically reached the point of meeting their basic needs and achieving their goals. This group also feels more secure in their jobs and in their sense of stability. As a result, they devote themselves to their task with more devotion than others.
4. The findings showed clear patterns for promotion and job satisfaction. Still, senior management in healthcare was not interested in implementing the policy of using the best skills in leadership work.
5. The results show that healthcare workers are aware of occupational safety and security and are satisfied with their jobs.

Research suggestions

According to the results, the suggestions for research are as follows:

1. There is a need to increase senior management's attention to health in all areas related to the quality of work life, as it plays an important role in retaining employees, treating them, and increasing their commitment to the organization, especially those deemed more important, such as wages, rewards, security and stability of the job, and physical activity.
2. Senior managers must provide motivation—material and moral motivation—for employees to work for a long time, ensure that they are satisfied with the support structure, ensure employees' job development, and ensure that policies appropriate to employees' needs are used. People for their leadership positions.
3. In order to enhance their professional practice, it is essential for doctors and nurses to embrace a versatile working style, incorporate globally recognized best practices within their respective domains, and prioritize the acquisition of novel information and abilities among their staff via the provision of ongoing development and training opportunities.

Conclusion:

Healthcare professionals need to continue to use change in the way they work and use internationally recognized best practices, to be responsive in this area, and to focus on everything they gain fresh expertise and competencies through constant improvement. and education. The Ministry of Health should reduce the huge stress on its staff by examining a large number of patients every day. This can be done by selecting specialist medical doctors and more nurses in the Ministry of Health to reduce stress. Senior management should consider Facilitating transportation services for medical professionals to ensure punctual arrival at their respective workplaces. Also, take care to provide food and drink to healthcare personnel during work. More training should be provided on ensuring workplace safety, protecting doctors and nurses from occupational hazards, and providing a comfortable and clean environment for a night's sleep.

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