

# A Study on the Quality of Work Life of Women Employees of Mahathma Eye Hospital, Trichy

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## ABSTRACT

Working women always need to do a juggling act of doing multiple talks at home as well as at workplace. They need to constantly ensure that these multiple roles (and responsibilities) do not hinder each other. Therefore, it becomes imperative for organisations to pay heed to the demands of their women employees and deconstruct the Quality of Work Life concept, to allay the misgivings of women about giving up their joy of life and work or compromising one of the two realms of responsibilities and to ensure that the two realms (personal and professional) are not at cross purposes. The congruence of the demanding roles is highly essential for working women. Quality of Work Life could be defined as synthesis of work place strategies, processes and environment which stimulates employee's job satisfaction and his/her overall satisfaction with life. The research findings of the paper show that the measurement of the quality of working life could be reliable and that the organization has possibilities to increase its employee's quality of life and loyalty by improving the working conditions and environment.

**KEYWORDS:** *quality of work life, working women, job satisfaction, work place environment*

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## 1. INTRODUCTION

Women employees would undoubtedly agree that work life and personal life are two sides of a coin. Work-life balance and Quality of Work Life concepts are more relevant and imperative for women than they are for men. Quality of Work Life is a broader concept as it encompasses not only the achievement motive in doing a job, but also extends to the sense of feeling of joy and happiness in doing a job. Spending more time in office, dealing with clients and the pressures of job can interfere and affect the personal life, sometimes making it impossible to even complete the household chores. Issues with quality of work life can lead to absenteeism from work, creating stress and lack of concentration at work.

## QUALITY OF WORK LIFE - THE HUMAN IMPLICATIONS

"One cannot do right in one area of life whilst he is occupied in doing work in another. Life is one invisible whole" – Mahatma Gandhi

How true and difficult is to paraphrase the profound truth contained in the words of one of the greatest human beings of the modern world. The harsh reality of modern life is that Quality of Work Life (QWL) has taken a beating because most of us are working harder than ever. On an average, people in the developed countries spend an astonishing 14 to 15 hours a day against the accepted 8 to 9 hours.

A happy and healthy employee will give better output in terms of both quality and quantity, make good decisions and positively contribute to the organizational goal. An assured Quality of Work Life will not only attract young and new talent but also retain the existing experienced talent, thereby enhancing the reputation of the organization and fulfilling the talent management requirements of the organization.

## 2. REVIEW OF LITERATURE

**Hackman and Oldham (1976)** drew attention to what they described as psychological growth needs as relevant to the consideration of Quality of working life. Several such needs were identified such as Skill variety, Task Identity, Task significance, Autonomy and Feedback. They suggested that such needs have to be addressed if employees are to experience high quality of working life.

**Taylor (1979)**, more pragmatically identified the essential components of Quality of working life as basic extrinsic job factors of wages, working hours and working conditions, and the intrinsic job notions of the nature of the work itself. He suggested that a number of other aspects could be added, including individual power, employee participation in the management, fairness and equity, social support, use of one's present skills, self development, a meaningful future at work, social relevance of the work, effect on extra work activities. Taylor suggested that relevant Quality of working life

concepts may vary according to organization and employee groups.

**Rao (1986)** investigated the difference between quality of working life of men and women employees doing comparable work and examined the effect of work on women. The result revealed that there were significant higher composite qualities of working life scores for men than for women employees. Men employees had significantly higher scores for opportunity to learn their skills, challenge in job and discretionary elements in works. The findings also advocated that age and income have positive impact on perceived Quality of Work Life for women.

**According to Gupta and Khandelwal (1988)** positive significant relationship was found between Quality of Work Life and role efficacy. The findings also revealed that supervisory behaviour is the most important dimension of Quality of Work Life, contributing to 21% of the variance in the employees' role efficacy. Supervisory role include general satisfaction with supervisor's day-to-day behavior, amount of communication and listening and appreciation of good work.

**Karrier and Khurana (1996)** examined the relationships among Quality of Work Life and six background variables viz., age, educational qualification, experience, native/migrant, number of dependents and income level and three motivational variables viz., satisfaction, job involvement and work involvement of 491 managers from the public, private and cooperative sector industries. The findings of the study indicate that managers with higher motivation have higher Quality of Work Life perception. Moreover, the results also advocate that educational qualification of managers, size of the organization, job involvement and job satisfaction are significant predictors of Quality of Work Life.

Karrier and Khurana (1996), found managers with increased job satisfaction and more job involvement had perception of increased Quality of Work Life.

**Danna & Griffin(1999)**, Quality of Working Life is not a unitary concept, but has been seen as incorporating a hierarchy of perspectives that not only include work-based factors such as job satisfaction, satisfaction with pay and relationships with work colleagues, but also factors that broadly reflect life satisfaction and general feelings of well-being.

**Sirgy et al.(2001)**, suggested that the key factors in quality of working life are: Need satisfaction based on job requirements, Need satisfaction based on Work environment, Need satisfaction based on Supervisory behaviour, Need satisfaction based on Ancillary programmes, Organizational commitment. They defined quality of working life as satisfaction of these key needs through resources, activities, and outcomes stemming from participation in the workplace. Maslow's needs were seen as relevant in underpinning this model, covering Health & safety, Economic and family, Social, Esteem, Actualization, Knowledge and Aesthetics.

**Nasl Saraji and Dargahi (2006)** identified QWL variables as fair pay and autonomy, job security, health and safety standards at work, reward systems, recognition of efforts, training and career advancement opportunities, participation in decision making, interesting and satisfying work, trust in senior management, balance between the time spent at work and with family and friends, level of stress experienced at

work, amount of work to be done, occupational health and safety at work.

**Guna et al. (2008)** in a study entitled "Constructs of Quality of Work Life: A Perspective of Information Technology Professionals" concluded that IT industries in many developing countries are experiencing tremendous challenges in meeting the employment market demand. A good human resource practice would encourage IT professionals to be more productive while enjoying their work. Therefore, Quality of Work Life is becoming an important human resource issue in IT organizations. Effective strategic human resource policies and procedures are essential to govern and provide excellent Quality of Work Life among IT professionals. Conversely, poor human resource strategic measures that are unable to address these issues can effectively distort the Quality of Work Life, which will eventually fail the organizations' vision of becoming competitive globally.

**Mehdi Hosseini et al, (2010)** concluded that the career achievement, career satisfaction and career balance are not only the significant variables to achieve good Quality of Work Life, but QWL or the quality of work system as one of the most interesting methods creating motivation and is a way to have job enrichment. It is also noted from the research that fair pay, growth opportunities and continuing promotion improves staffs performance which in turn increases QWL of employees.

**Alireza Bolhari et al., (2011)** used Waltons' QWL questionnaire to measure the level of QWL in Information technology staffs in Iran, it consists of 24 questions in eight categories, Adequate and fair compensation, safe and healthy work environment, growth and security, constitutionalism, social relevance, total life space, social integration, development of human capacities.

**Behnam Talebi et al.,(2012)** examined the relationship between the employees QWL and effectiveness in service organization like Banking sector. In the study, seven QWL variables are considered to determine the present status of QWL of employees. They are healthy and secure work environment, salary and benefits, job security, autonomy at work, providing the basis for skills education, and determining the job development direction.

**Indumathy.R, Kamalraj.S (2012)**, found that the major factors that influence and decide the Quality of Work Life are attitude, environment, opportunities, nature of job, people, stress level, career prospects, challenges, growth and development and risk involved in the work and rewards.

**Nitesh Sharma et al., (2013)** used seven dimensions to measure the status of QWL in small scale industries like Good working environment, Chance of growth, Fair compensation, Job satisfaction, Employees motivation, Communication flow, Flexible or suitable working time

**Subhashini and Ramani Gopal (2013)** used eight dimensions to evaluate status of QWL of women employees working in selected garment factories in Coimbatore district of Tamilnadu. The eight dimensions are Relationship with co-worker, Opinion about workload, Health and safety measures, Satisfaction about feedback given, Opinion about working

hours, Training programs given by the organization, Opinion about Respect at workplace, Grievance handling procedure. **Elamparuthi (2014)** used 15 QWL variables to measure the level of QWL of employees in SSIs, they are working environment, safety, job security, stress, Motivated by superior, Job allow to use my skills, promotion opportunities, provide enough, Treated with respect, working hours, job allows to be productive, is training opportunities helpful, salary satisfaction, employee motivation, proud to be part of industry.

### 3. RESEARCH METHODOLOGY

#### 3.1. STATEMENT OF THE PROBLEM

- Quality of Work Life is an issue confronting all working women as they have to balance their personal and professional lives.
- In a hospital setting, all women staff need to find an optimum way to work well as well as to look after their family.
- The Quality of Work Life influences job satisfaction, organizational loyalty and organizational citizenship behavior.

#### 3.2. RESEARCH OBJECTIVES

- The objective of this study is to assess Quality of Work Life and related factors among clinical and non clinical women employees of Mahathma Eye Hospital, Trichy
- To find out the significant factors associated with Quality of Work Life.
- To help the women employees in better aligning their personal and professional life.
- To suggest measures to the hospital that needs to be undertaken to improve Quality of Work Life of women employees.

##### 3.2.1. PRIMARY OBJECTIVES

- To identify the factors that influences the "QUALITY OF WORK LIFE" of women employees of Mahathma Eye Hospital (P) Limited, Trichy.

##### 3.2.2. SECONDARY OBJECTIVES

- To find out how Quality of Work Life leads to high job satisfaction.
- To know the existing working conditions, organizational health, welfare and safety
- To study the factors that influences the Quality of Work Life.

#### 3.3. SCOPE OF THE STUDY

- The researcher carried out the study with the objective of finding out the balancing/congruity of work and family commitments of women by examining the contextual dimensions of factors prevalent in the workplace that are bound to bring about a harmony of personal and professional roles of women.

#### 3.4. SAMPLE SIZE

- The questionnaire was administered to all the 103 women employees of Mahathma Eye Hospital (P) Limited Trichy.

#### 3.5. SAMPLE UNIT

- The sampling unit consists of women employees at different departments of Mahathma Eye Hospital (P) Limited, Trichy.

#### 3.6. SAMPLE METHOD

- The sampling method adopted is Census Method as the entire population is studied.

#### 3.7. RESEARCH DESIGN

##### QUESTIONNAIRE DESIGN

The questionnaire used in this study is comprised of two parts. The first part contains questions about demographic profile of the respondents including Gender, Age, Educational qualification, marital status, Occupation, Monthly Income, Work experience.

The second part of questions was framed according to four dimensions namely Work environment, Affinity towards the employer, Support and Relationship, Rewards and Compensation. A five-point Likert scale was used to scale the responses.

#### 4. ANALYSIS AND INTERPRETATION

##### 4.1. RELIABILITY STATISTICS

Cronbach's alpha is a statistics used in this study. It is commonly used as a measure of the internal consistency or reliability of a psychometric test score for a sample of examinees. Cronbach's alpha will generally increase as the intercorrelations among test items increase, and is thus known as an internal consistency estimate of reliability of test scores, because intercorrelations among test items are maximized when all items measure the same construct, Cronbach's alpha is widely believed to indirectly indicate the degree to which a set of items measures a single one-dimensional latent construct.

**TABLE 1 Reliability Statistics**

Cronbach's Alpha	N of Items
.946	22

##### INTERPRETATION

The value of coefficient alpha obtained was 0.946, which is greater than 0.50 and indicates that the items taken up hang up together and measure the same construct.

#### 4.2. FACTOR ANALYSIS

**TABLE 2 KMO AND BARTLETT'S TEST**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.898
Bartlett's Test of Sphericity	Approx. Chi-Square	1.747E3
	Df	231
	Sig.	.000

##### INTERPRETATION

From the above table, Bartlett's test of sphericity indicates whether the correlation matrix is an identity matrix, which indicates the variables are unrelated and the significance level 0.000 indicates that there is significant relationship among the variables. The KMO value of 0.898 states that the factor analysis is valid and it can be performed in this study.

#### 4.3. ROTATED COMPONENT MATRIX

From the below table, each of the following loaded values represent the partial co-relation between the variable and the rotated factor by inferring a common thread among the variables that have large loaded values above 0.50.



**TABLE 3 - ROTATED COMPONENT MATRIX**

	Component		
	1	2	3
My hospital work environment is good and highly motivating.	.662		
Working conditions are good in my hospital.	.574		
My hospital offers sufficient opportunities to develop my own abilities.		.666	
The hospital provides enough information to discharge my responsibilities		.612	
I am given a lot of work empowerment to decide about my own style and pace of work.		.539	
I feel free to offer comments and suggestions on my Performance.	.839		
There is cooperation among all the departments for achieving the goals.		.593	
I am proud to be working for my present hospital.		.823	
I am involved in making decisions that affect our Work.		.708	
The wage policies adopted by my hospital are Good.	.769		
The hospital communicates every new change that takes place.	.677		
There is a harmonious relationship with my colleagues.		.750	
There is a strong sense of belongingness in my Organization.		.610	
The relationship between managers and employees are very good.		.681	
There is a very cordial relationship with my immediate superior.	.603		
I will get good support from my sub-ordinates.	.578		
I feel that I am given an adequate and fair compensation for the work I do.	.609		
Organization will pay salary by considering responsibilities at work.	.771		
The hospital does a good job of linking rewards to job performance.	.839		
Promotions are handled fairly.			.757
When I do my job well, I am praised by my Superior.			.823
Fringe benefits provided are good.			.809

All the 22 independent observed variables can be classified and grouped as 3 latent factors. The three factors are:

**FACTOR 1**

- My hospital work environment is good and highly motivating. (.662)
- Working conditions are good in my hospital. (.574)
- I feel free to offer comments and suggestions on my Performance. (.839)
- The wage policies adopted by my hospital are good. (.769)
- The hospital communicates every new change that takes place. (.667)
- There is a very cordial relationship with my immediate superior. (.603)
- I will get good support from my sub-ordinates. (.578)
- I feel that I am given an adequate and fair compensation for the work I do. (.609)
- Organization will pay salary by considering responsibilities at work. (.771)
- The hospital does a good job of linking rewards to job performance. (.839)

**FACTOR 2**

- My hospital offers sufficient opportunities to develop my own abilities. (.666)
- The hospital provides enough information to discharge my responsibilities. (.612)
- I am given a lot of work empowerment to decide about my own style and pace of work. (.539)
- There is cooperation among all the departments for achieving the goals. (.593)
- I am proud to be working for my present hospital. (.823)
- I am involved in making decisions that affect our Work. (.708)
- There is a harmonious relationship with my colleagues. (.750)
- There is a strong sense of belongingness in my Organization. (.610)
- The relationship between managers and employees are very good. (.681)

**FACTOR 3**

- Promotions are handled fairly. (.757)
- When I do my job well, I am praised by my Superior. (.823)
- Fringe benefits provided are good. (.809)

**4.4. MULTIPLE REGRESSION**

H0 : The variance in the dependent variable cannot be explained by the independent variables i.e. the independent variables do not have a cause and effect relationship with the dependent variable.

H1 : There is a causal relationship between the independent variables and the dependent variable.

**REGRESSION ANALYSIS**

Regression analysis is used to assess the relationship between one dependent variable and several independent variables.

**TABLE 4 Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.827 <sup>a</sup>	.683	.596	.68482

**INTERPRETATION**

The above model summary table shows R-Square for this model is .683. This means that 68.3 percent of variation in the dependent variable can be explained by the predictor variables (independent variables).

**TABLE 5 ANOVA**

	Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	80.909	22	3.678	7.842	.000 <sup>a</sup>
	Residual	37.518	80	.469		
	Total	118.427	102			

**INTERPRETATION**

The ANOVA table, as displayed in the above table shows the F ratio for the regression model that indicates the statistical significance of the overall regression model. The larger the F ratio, there will be more variance in the dependent variable that is associated with the independent variables. The F ratio=7.842. The statistical significance is, .000. There is relationship between independent variables and dependent variable.

**4.5. COEFFICIENTS****TABLE 6**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.797	.405		1.968	.052
My hospital work environment is good and highly motivating.	.470	.147	.420	3.210	.002
Working conditions are good in my hospital.	-.128	.137	-.122	-.931	.355
My hospital offers sufficient opportunities to develop my own abilities.	.039	.134	.037	.288	.774
The hospital provides enough information to discharge my responsibilities	.131	.134	.127	.978	.331
I am given a lot of work empowerment to decide about my own style and pace of work.	-.046	.107	-.046	-.435	.665
I feel free to offer comments and suggestions on my Performance.	.215	.150	.221	1.435	.155
There is cooperation among all the departments for achieving the goals	-.024	.107	-.024	-.221	.826
I am proud to be working for my present hospital.	-.094	.120	-.096	-.784	.435
I am involved in making decisions that affect our Work.	-.076	.132	-.074	-.576	.567
The wage policies adopted by my hospital are Good.	-.020	.124	-.020	-.159	.874
The hospital communicates every new change that takes place.	.107	.101	.117	1.050	.297
There is a harmonious relationship with my colleagues.	.114	.146	.107	.778	.439
There is a strong sense of belongingness in my Organization.	.261	.122	.257	2.151	.035
The relationship between managers and employees are very good	-.118	.106	-.129	-1.113	.269
There is a very cordial relationship with my immediate superior	-.052	.107	-.054	-.492	.624
I will get good support from my sub-ordinates.	-.036	.135	-.033	-.264	.793
I feel that I am given an adequate and fair compensation for the work I do	-.053	.122	-.047	-.432	.667
Organization will pay salary by considering responsibilities at work.	.186	.125	.178	1.484	.142
The hospital does a good job of linking rewards to job performance.	.005	.110	.005	.046	.963
Promotions are handled fairly.	.126	.086	.120	1.468	.146
When I do my job well, I am praised by my Superior.	-.111	.095	-.106	-1.170	.245
Fringe benefits provided are good.	-.107	.079	-.116	-1.366	.176

a. Dependent Variable: QUALITY OF WORK LIFE

#### INTERPRETATION

From the above 22 independent variables, those having larger beta values are statistically significant in influencing the (explaining the variation) in the overall Quality of Work Life (dependent variable).

#### Statistically significant predictor variables:

My hospital work environment is good and highly motivating – which has a Beta value of 0.420 (p value = 0.002 which is <0.05)

There is a strong sense of belongingness in my Organisation – which has a Beta value of 0.257 (p value = .035 which is <0.05)

#### 5. SUGGESTION:

- From the analysis, it is seen that the organization has realized the need for ensuring the Quality of Work Life of women employees.
- The work load of women employees shall be reduced and quantitative reduction in work load is suggested to reduce women employees' stress and burnout. Qualitative improvement in work eases pressure and reduces monotony and makes work enjoyable.
- Nurses are found to be spending a lot of time on commuting. Commuting becomes stressful and hence flexibility in shift timings is suggested.
- Most of the nursing staff may be provided counseling and offered programmes related to relaxation and stress management.
- The theme of work can be fun-filled apart from being goal oriented to reduce boredom and to offer scope for enjoyment.
- A congenial work environment improves job satisfaction, reduces employee turnover which may eventually result in sustainable organizational development

#### 6. CONCLUSION:

The study is carried out to investigate, measure and study the factors influencing the "QUALITY OF WORK LIFE" of women employees of MAHATHMA EYE HOSPITAL PRIVATE LIMITED, TRICHY.

The study shows that majority of the respondents have positively responded to the Quality of Work Life dimensions. The respondents perceive the Quality of Work Life to be good and realize the importance of Quality of Work Life. They acknowledge that the organisation's work environment, support and relationship, rewards and compensation and affinity towards the employer have a great contributory role in Quality of Work Life.

#### 7. LIMITATIONS OF THE STUDY

The study was carried out in Mahathma Eye Hospital and the result interpreted may not be applicable to other hospitals because they vary in their policies, procedures and so on. The time period of the study is also short. The study is not longitudinal i.e. conducted at different points in time to be more effective and the sample size is also not large enough to make valid conclusions.

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