CHAPTER-7

CONCLUSION AND SUGGESTIONS

This chapter includes conclusion and suggestions based upon the findings of the study. The research findings have given an understanding of nursing staff demographic profile, their work characteristics, working conditions and facilities provided, and their current work situation with regard to work life balance, absenteeism, work stress, communication, job satisfaction, self perception on their work performance and quality of work life. The nursing staff work environment and quality of work life is identified by studying and analyzing the above mentioned factors and the findings are presented in chapters four and five. The conclusions and suggestions are presented in this chapter.

This chapter is organised under four sub titles. The first provides the conclusion on independent variables like nursing staff demographic profile and job characteristics. The second concludes on physical facilities and psycho-social conditions prevailing in the hospitals. The third summarises the overview of dependent variables like work life balance, absenteeism, communication, work stress, job satisfaction, organisational culture and self perception of own performance. The fourth presents the effect of all the independent variables mentioned above with dependent variables which has been computed as a QWL. Further, the potential scope for improvement in work environment of nurses in public sector hospitals which would lead to improvement in the quality of work life of the nursing staff is explained.

1. Nursing staff demographic profile and job characteristics

In the hospitals under study most of the nursing staff have long years of experience and majority of the staff have crossed middle age (42 years old). It may be an advantage to the hospitals because the nursing staff are mature by virtue of work and life experience. However, modern patient care demands latest knowledge and skills from the nursing staff which lead to more challenges for them. The situation is made further complex because almost all the nursing staff started with a very low entry level qualification such as SSLC or HSC with a nursing diploma.
Subsequently, there has been no scope for them to update their knowledge frequently. They now face problems with understanding the latest developments. At the same time the Nursing Council is preparing to introduce B.Sc in Nursing as a minimum entry qualification for the staff nurse positions in hospitals. Overall, challenges to under qualified nurses are on the rise.

The nursing staff live in urban environment, accordingly certain urbanised characteristics are reflected in personal and family profile. The majority of the nursing staff have one or two children which makes for a nuclear family. The nuclear family allows the nursing staff to manage not only their family but also the work situation. The nursing staff have an average of three dependents in their family which include children, and in laws who may need attention from the nursing staff too. Apart from this the study shows the nursing staff are the stable earner in the family since most of their spouses work in non-permanent and temporary positions. The nursing staff maintain reasonable standard of living probably slightly higher than national per capita income. Generally, by Indian standards a typical nurse’s family would fall into the lower end of the middle class bracket. In this group nursing staff has to take care of family as well to provide economical support. Most of them would not be in a position to hire full time domestic support.

Majority of the nurses in the study are Hindus from Maharashtra. Even though the nursing services are required round-the-clock, but there is a very rare option for the nursing staff to stay within the campus. This is because there is an inadequate accommodation facility. Furthermore, the staff within the campus are called upon as substitutes for the absent nurses. Since majority of the staff stay outside they travel to the work place often for over 2 hours. This costs in terms time and money. This also contributes to tension for managing the available time.

With regard to job characteristics it is found that despite longer years of experience the nursing staff are unable to meet modern treatment specialties and handle the modern equipment. The hospitals follow certain procedures and practices to ensure that the nursing staff have better understanding on the work related issues and
handle the work in an appropriate manner. Practices such as job descriptions, job orientation, shift systems, break during the shifts, work load management, job rotation, motivational potential score are required to be efficient. It is found that these are often done in an informal or adhoc fashion.

**Job description:** The nursing staff do non-nursing activities during their work shifts. There is no clarity regarding clinical and non-clinical tasks which is absent in the job description.

**Job orientation:** There is an informal way of providing job orientation to staff. There is no clarity on who should implement it in the hospitals. Often it is not done at all and colleagues in the ward are expected to impart information that should have been part of the introduction while joining the job.

**Shift systems:** As per the current duty roster the staff nurses work for 195 hours in a month and Sister In-charges for 188 hours in a month. This is as per norms. However, the nursing staff have no choice with regard to changing the shift timings for their personal emergencies. This is a matter of great discontent.

**Break during the work shift:** A regular break of 20 minutes during shift (six and above work hours) minimises the errors of nursing staff. The hospitals policies with regard to break are not very clear. The nursing staff are confused regarding their rights to avail a break.

**Nursing staff shortage:** The hospitals are facing acute shortage of nursing workforce. Nearly 10 percent of sanctioned posts are vacant. In fact, the sanctioned posts are just 40 percent of the nursing council norms and the currently filled posts are 36 percent against the nursing council norms. At present the physical presence of nursing staff and patient ratio is 1:13. However, as per the municipal rule the staff patient ratio should be 1:6 (one staff equal to six beds).

**Double duty:** The nursing staff are made to do double duty. Double duty is compensated by a day off.
**Work load Management:** The workload is higher and the available staff is low. In this scenario, it is possible that not only the nursing staff get affected, but also that the patients suffer as a result of these situations.

**Job rotation:** The nursing staff are rotated daily, yearly, once in two years and once in three years. This may be done at hospital’s convenience for managing of ward. However, there is no clarity nor a system in place concerning job rotation.

**Motivational Potential Score:** It indicates that the current nursing job demands skills and knowledge however the autonomy and feedback is inadequate in the present context.

In brief, the above section can be further concluded as follows:

**Demographic profile of nursing staff**

- Longer years of age and experience support favorably to accomplish the work.
- Low entry level qualifications are preventing from working with new technology.
- The nursing staff have both responsibilities of supporting the family in terms of financial, and emotional health.
- Longer hours of travel add to fatigue.

**Job characteristics of nursing staff**

- The vacant positions of Matron and Assistant Matron lead to the nursing staff to lack of guidance and support from the leadership.
- The current workforce shortage arises due to absenteeism arising from the various levels that nurses are doing non-nursing work, compensating the double duty and higher work load (within hospitals some wards are overfull). Public hospitals in India are not allowed to deny the patients.
The organisational work related concepts such as job orientation, break during the shifts, lack of flexibility in the shift systems are not benefiting to the nursing staff due to lack of clarity in the rules and practices.

The nursing staff are affected with shortage of workforce, low staff patient ratio or staff bed ratio and this has caused the nursing staff to do frequent double duty.

The nursing staff time used for non-nursing activities which results in lack of utilisation of nursing staff precious time to number of patients.

Finally, it can be said that the nursing staff demographic profile and job characteristics adds more pressure to them in the current work environment.

2. Physical facilities and psycho-social conditions

Physical facilities: The hospitals have provided minimum equipments which are essentially needed for providing patient care. These equipments are inadequate and often malfunctioning. The material supply such as medicine, linen and other consumables are inadequately provided by the hospitals. The hospitals have provided inadequate facilities for safe drinking water, basic sanitation facility, communication facilities and others. Inadequate physical facilities lead to disagreements among the working staff and the patients. The nursing staff have a tough time handling the patients and their relatives’ argumentative tendencies which are beyond the nursing staff’s abilities in some situations. In addition to the above, the hospitals are lacking space, improper lighting, or lack of natural ventilation, shortage of linen, short supply of I V sets, other materials related to ward management.

Safety and security for nursing staff: The nursing staff faces safety and security problems in the hospitals. This problem arises due to shortage of security personnel. The nursing staff faces disturbances from the patients, their relatives and visitors. Further, lack of proper security leads to misplacement of materials, absconding patients, etc. in the ward creates more tension for nursing staff as they are held
accountable. One of the matrons mentioned that, “this kind of problem has been increasing in the recent past”.

**Work related risk:** Apart from inadequate facilities the nurses are exposed to health hazard from infectious substances and handling infection from HIV-AIDs, Jaundice, Hepatitis, TB and other communicable diseases.

**Hospital Leave Rules:** The present leave rules though providing for casual leave, earned leave, maternity leave etc do not meet needs of the nursing staff. The rules for availing leave are controlled by the management and nursing staff do not get leave when they need it.

**Hospital Promotion Policy:** The present promotion policy provides less scope for promotional avenues to the nursing staff. Further the provisions brings some disparity between senior nurses and junior nurses. Sometimes the reservation rules provide the opportunity to the younger nurses to become sister in-charge earliest whereas the senior staff who do not come under reservation rules have no opportunity to rise up the hierarchy or have to wait longer. In fact most of the nursing staff retire as staff nurses.

**Professional Development:** Nursing staff have a strong desire for professional development, but family commitments and the work situation do not allow them to participate in these programmes.

**Performance appraisal:** In the hospitals under study there is no formal system of performance appraisal for the nursing staff. Even a simple technique of writing confidential report is not followed in all the hospitals regularly. However, a confidential report cannot be considered as a substitute for performance appraisal. The latter is a tool for the growth and development of nursing staff.

**Collaborative relationship for team work:** Team work is not observed as a regular practice. Since most of the wards function independently, there are only a few working areas like Casualty, ICU, and Operation Theaters where the need for
collaborative relationship is perceived. Team work and collaborative relationship impacts positive effective patient care but is not given due recognition as an aid in achieving patient care goals.

Respectful relationship and professional status: One of the common issues discussed in various literatures is professional status or dignity of the nursing staff. Nursing staff perceive that they gain high respect from the hospital staff members - colleagues, doctors, and other paramedical staff. However, they feel that they are unable to gain respect from patients and relatives. Thus nursing staff feels dissatisfied with the lack of respect now see in general towards their profession. If this feeling is strong, it may lead to demotivating the nursing staff.

Nursing staff trust on management: A mutual trust between employer and employee is must to achieve the organisational objectives, productivity and performance. At least one third of the nursing staff lacks trust in the hospital management’s ability for equity or fairness. The hospitals’ practices, transparent communication and other aspects are not clear to them. They feel that their issues such as lack of materials supply, request for leave, transfer, etc. are taken at a very slow pace and with a bureaucratic attitude. The nursing staff feel confident about their service quality and ability to provide safety to the patients, however, they feel they cannot give their best because of shortages and bureaucratic delays.

In brief, nursing staff face critical situation due to inadequate facilities and infrastructure in the hospitals and they are answerable to many queries of patients and relatives which creates tension.

- The inadequate physical safety and security system leads to threat for personal safety, absconding of patients and loss of material resources which add more tension to the nursing.

- Even though the hospitals have precautionary measures, training and treatment methods with regard to health hazardous and infectious substances still the nursing staff have high scope for getting work related risk.

- The hospital service rules such as leave, transfer and promotions have provided very limited benefit to the nursing staff. The nursing staff
professional development opportunities are very limited and there was no scope for them to get such training during their work hours.

- The nursing profession receives respect within the hospital, however, society does not accord it its due dignity.
- The supervisory support is not up to the expectations of the staff.
- Decision-making autonomy is severely restricted.
- The nursing staff have lack of confidence on the management which results in compromising their demands, and there is a possibility of demonstrating negative attitude and further it can bring some negative effect on the patient care process.
- The nursing staff consider their service quality is higher in spite of various constraints they face during the work process.
- Overall the physical facilities and conditions are bringing tough challenges to the nursing staff in the current work environment.

3. Overview of quality of work life indicators

The seven variables which have been computed to form the quality of work life are work life balance, absenteeism, work stress, communication, job satisfaction, organisational culture and self perception on their performance.

The observations regarding these variables are presented below:

- There has been no support or guidance with regard to balance of work life of the nursing staff. Nurses are torn between domestic and professional responsibilities.
- Majority of the nursing staff have absented themselves by few reasons such as personal and family related problems, children education, and sickness and injuries.
- The current leave rules and procedure of leave management lead to more absenteeism among the staff. Some of the staff have worked in the hospital in spite of being ill because of their commitment or because they do not wish to be absent because it may lead to loss of salary or when they have been denied leave.
While the nursing staff feel comfortable about sharing their mistake with their superiors, they also report that superiors use abusive language.

Over half of the nursing staff perceives a lack of transparency, discrimination in application of rules and lack of support from the top management.

The nursing staff have confidence in their own skills and abilities to meet the current patient requirement. They claim that they have the ability to manage the current work load.

**The effect of demographic, job characteristics and the work environment upon quality of work life**

*The demographic variables upon the QWL*

- The nursing staff who are older with longer years of experience perceive themselves as enjoying a better quality of work life. Logistic regression indicates that as the nursing staff become older and add on experience they continue to maintain higher QWL.

- The current educational qualification seems to be inadequate to achieve the QWL of the nursing staff. Further, logistic regression indicates that the higher qualification would continue to improve the QWL.

- The nursing staff under higher income categories have been enjoying higher QWL, furthermore, the higher income continue to impact positively to the nursing staff QWL.

- The unmarried nursing staff enjoyed high QWL compared to the married nursing staff.

- The other state nurses, especially staff from Kerala, had higher QWL than those from Maharashtra. Logistic regression indicates that nurses from Kerala continue to enjoy higher QWL.

*Job characteristics upon QWL*

- The current practice of job description has not supported the QWL of the nursing staff. Improving the practice of job description could lead to positive effect on nursing staff QWL.
• Although the available literatures suggest flexibility in the shift system can help the nursing staff to maintain better work life balance, the study findings indicate that the shift modification for personal emergencies had no positive effect on nursing staff QWL and further the logistic regression indicates there is scope to improve it.

• The current system of providing break has not positively affected nursing staff’s QWL, particularly the staff nurses’ category. Further, the logistic regression indicates that providing official break likely to improve the QWL of the nursing staff.

• The nursing staff who did not do double duty enjoyed high QWL. The logistic regression indicates that double duty negatively affects the nursing staff’s QWL.

• The nursing staff who had an opportunity to have extra staff when there was an increase in their workload enjoyed high QWL and continuing the same practice would likely lead to high QWL in the future.

• The nursing staff that have been rotated once in a year enjoyed high QWL and continuing the same is likely to improve the QWL.

• Higher the motivational potential score more positive the effect on nursing staff’s QWL. Further logistic regression continues to support the finding.

Work environment variables upon QWL

• The hospital physical resources supply have positively affected the nursing staff’s QWL and the logistic regression indicates that appropriate physical supply would enhance the QWL of the nursing staff.

• The nursing staff who are satisfied with hospital rules enjoyed a reasonably positive QWL. Logistic regression indicates that current promotional rules shall positively affect the nursing staff’s QWL.

• The present professional development opportunities have not positively affected the nursing staff’s QWL. Improving the professional development opportunities adequately shall improve the nursing staff’s QWL.
The lack of adequate collaborative relationship for team work has led to low QWL to the nursing staff. Allowing this situation to continue will lead to lower QWL in the future.

The sister in-charges who are senior by age and experience and the ones who command a lot of respect show high QWL whereas the staff nurses are mostly less experienced as well as less respected as they are lower in hierarchy exhibit a low QWL.

The lack of nursing staff’s decision making opportunities, employees’ faith on management and nursing service quality result in low QWL of the nursing staff. Logistic regression indicates that the nursing staff are likely to achieve low QWL in the future if the present situation continues.

Summary of conclusions

Overall it can be concluded that 1) the nursing staff who are older with longer years of experience perceive themselves as enjoying a better quality of work life. 2) The study shows that apart from pay and a secure tenure, the third basic need i.e. safety and security at work place is inadequate and makes for lower quality of work life. 3) Beyond their job descriptions nurses are doing non-nursing activities. They do not get adequate break during the shifts. Nurses are asked to do double duty even at the cost of efficient patient care and there is no provision to increase nursing strength even in an emergency. 4) The hospitals lack appropriate standards for providing proper physical facilities such as drinking water, basic sanitation facilities, safety and security which reflects negatively on quality of work life. 5) The hospitals have inadequate provisions for professional growth and development of nurses. 6) Performance assessments and competency development of nursing staff are not carried out, which reflects on lowering quality of work life. 7) There is no provision to support the younger nurses in terms of counseling, and providing guidance with regard to career, leave management, home management and balancing the work and family life. This too leads to lowering quality of work life.

There is a potential scope for improving the quality of work life of nurses in the present work environment significantly. If nurses are encouraged to improve as
also go in for highest educational qualifications, professional development, it would add to their QWL.

**SUGGESTIONS**

This section contains the suggestions based upon the findings of the study. The findings have revealed various aspects related to work, physical facilities, psychosocial conditions and quality of work life of nursing staff. Further the study concentrated on work environment variable such as job characteristics, physical facilities and socio-psychological conditions upon the quality of work life of nursing staff. The suggestions are made to improve work environment and quality of work life of nursing staff.

**The following suggestions to improve characteristics of nursing job in public hospitals:**

- The hospitals should pay attention on improving the process, redefine the nursing duties and responsibilities which reduce the overlap and duplication of work as well reduce the clerical work.

- The clerical work can be transferred to non-nursing person such as clerks or ward secretaries suitably trained for the purpose.

- Job orientation has to be formal and designated person should do in the hospital which will ensure that the benefit is achieved by the nursing staff.

- The nursing staff can be provided with 15 to 30 minutes breaks during the shifts. Shift changes for personal emergencies should be allowed and certain criteria and guidelines should be laid down.

- The workforce shortages should be addressed as early as possible which reduce the frequency of double duty, work pressure, balance the staff patient ratio, etc.

- Nursing staff should be provided with regular feedback. The present practice of feedback system has to be modified.
The following suggestions to improve working conditions and facilities of nursing staff in public hospitals:

- The basic physical facilities such as drinking water, sanitation facilities, communication facilities and physical safety and security need to be improved in the hospitals.

- Hospital policy on sanctioning leave need some changes like increase in duration of maternity leave, considering the employees needs for leave rather than arbitrarily fixing number of days, etc. With regard to transfer it is needed to change the provision of transfer with promotion, removing the seniority while transferred from medical college hospital. It is necessary to increase the promotions avenues. Further, to increase the opportunities of promotions some additional positions can be created such as ward in-charge, senior nurse and staff nurse trainee along with the existing positions.

- Professional development opportunities should be created and the training and development should be provided within the working hours. The nurses have acquired additional qualifications should be provided increment or incentives. Further the nursing staff show number of hours on Continuing Medical Education should be provided some financial incentives. The future training should include advance courses in the technical and human skills.

- The nursing staff’s performance review has to be modified and the staff should be given adequate feedback with regard to their performance.

- The hospitals should improve the cultural practices, team work relationship, supervisory support and creating more opportunities to take decisions on work related matters for the nursing staff.

- The hospital should supply adequate materials and support the staff time to time if there have any constraints faced. There should be clear efforts on patient safety and improving the quality of services to the nursing staff.

The following suggestions to improve overall quality of work life of nursing staff in public hospitals:

- *Work life Balance:* Nursing staff should be provided with some guidelines, physical and psychological support to the nursing staff with regard to
management of family and work place. A committee consisting of senior nursing staff and medical doctors should provide counseling and guidance to the nursing staff, particularly the younger staff.

- **Absenteeism**: Absenteeism draws major attention, hence, it is necessary to assess leave requirements of nursing staff and support them if necessary. It is important to maintain a balance between sanctioning the leave as per the nursing staff needs and patient care management.

- **Work Stress**: Most of the nursing staff are affected by work stress which have to be tackled by providing training, counseling and other possible modes of support.

- **Communication**: Both interpersonal communication and written communication has to be improved in the hospitals. The nursing staff should be provided with training on oral communication particularly speaking; similarly, there is a need for written standard operating protocols in various working areas like ward management, infection control and other work related aspects.

- **Job Satisfaction**: Most of the senior staff are affected due to deterioration in work process, methods, and low commitment shown by younger nurses and the hospital working culture. The senior nursing staff should be allowed to take decisions with regard to training and development of younger nurses and develop the strategies to ensure better interaction between younger and older nurses. This will reduce the gap between senior and junior nurses with regard to learning aspects.

- **Organisational Culture**: The organisational culture has to be improved by following healthy practices such as transparency in implementing rules, giving autonomy in decision making and treating the staff without discrimination. The hospitals have to involve nursing staff particularly
programme implementations. Open and transparent communication would facilitate better understanding between the nursing staff and management further it would yield the result of trust worthiness between these groups.

**Suggestions for follow up**

- The hospitals need to develop clear policies with regard to the nursing job profile - re-designing the job descriptions keeping in mind the necessity to practice the latest modes of treatment and techniques. Employees’ orientation (formal induction programme) is of utmost necessity. Guidelines for flexibility in the duty system and enforcement of a break within a six hours shift are absolutely required.
- The hospitals have to have a clear policy with regard to work life balance, counseling and guidance to younger nurse and other relevant aspects which create a positive and healthy work environment.
- In today’s age, it is necessary for a hospital to maintain minimum required standards for physical facilities and equipment which are considered necessary for best patient care. This standard should be comparable with standards laid down in national and international policies. While scarcity of resources will always remain an issue, the hospital as an organisation must have well laid out plans for best use of resources. Ultimately, good planning and implementation must lead to the hospital aiming for an accreditation.

**Implications for Future Research**

Based on the research findings there could be number researches can be carried out. The possible areas for future research in this area are as follows

1. Research on QWL can be carried out for other healthcare providers like doctors, technical staff and housekeeping staff.
2. The performance and productivity levels of nursing staff in the prevailing work environment could also be studied.
3. The quality of work environment and patient satisfaction in the hospitals could also be studied.
4. A comparative research on QWL of nurses in public and private hospitals could be taken up.