SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS
Chapter – 5

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents a brief summary of the work done showing the focus, objectives, and methodology followed by a statement of the salient findings arising from the discussion and analysis of results. Being an overview, this study produced a number of findings in relation to the research questions. It was decided to elicit the key findings first and then to proceed to verify the hypotheses of the study, to draw specific conclusions and set out their policy implications.

5.1 Focus

The practice of nursing is based upon the social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. The aim of the nursing community worldwide is to ensure the quality care for all. Nurses work in diverse community settings to provide primary nursing and health across the lifespan. Nurses do meet a continuum of health needs that range from management of specific diseases to development of public health promotion needs.

In the recent years the community nurses’ role has began to shift, directing more attentions to the provision of disease recovery and nursing care for transitioning clients as they move out of the hospital environment.

In future the generalist community nurse role will probably involve more comprehensive personal and environmental health and developmental assessments. Future community nurses will have to develop a range of clinical leadership and management competencies to perform their professional role.

The Indian nurse’s role is changing rapidly. The nurses will be providing complex care in diverse community setting using cutting edge technology to provide primary nursing and health care across the lifespan, In the health care industry the largest employing group is nurses. The job nature of a nurse is, basically they have to work in shifts, work for longer shifts with few breaks or without breaks. They have to work for varied people even for mentally retarded, Psychos, criminals, stressed persons, etc… so they may face even violence too. Apart problems from the Patients
side they are facing problems from other health care workers. Just like bullying, harassment, continuous unreasonable performance demands, improper or misleading communications, office politics and conflict among staff. Indian health care sector is growing day by day with a wide range of needs and expectation and in duress to provide the superior and added service through the same or reduced resources along with financial constraints, which limits the potentials of health care sector. The pace at which the changes are occurring, the availability of technology needed to deliver quality care, the expertise and style of health care resource management available may also disturb the work force. The limited infrastructures, financial constraints, industry pressure, government regulations and hospital policies, these create the pressure among the health care work force like i.e job insecurity, underpay, long working hours, excessive time away from home and family, job dissatisfaction, unsystematic working hours, heavy responsibilities and stress and even sometimes it creates the intention to leave the job.

The above said are all creates a heavy pressure on nursing professionals and it may affect their productivity and performance. The research reported here aimed to provide insights into positive and negative aspects of Dindigul and Madurai district nurses from their Quality of work life and its impact on their performance.

5.2 Objectives

The overall objective of the study is to know how effectively the nurses attained the Quality of Work Life. The work life balance is a very important aspect of the QWL. The study aims to evaluate QWL in terms of the work life balance. The specific objectives of the study are; (i) To study the Quality of Work Life of Nurses in Dindigul and Madurai Districts. (ii) To study the Work Life Balance of the nurses in Dindigul and Madurai Districts. (iii) To study the Demographic profile of the nurses of Dindigul and Madurai District. (iv) To study the dimensions of QWL. (v) To study the influence of dimensions on Work quality and Life quality of nurses in Dindigul and Madurai Districts. (vi) To study the relationship between Work quality and Life quality. (vii) To analyze the impact of Quality of work life on nurses performance in the hospital. (viii) To suggest the ways and means to improve QWL of nurses for the betterment of their work performance and life.
5.3 Methodology

This study is based on both primary data and secondary data. The primary data were collected directly from the nurses through a questionnaire. The data were collected from 610 nurses, were selected from various 54 hospitals located in various areas of Dindigul and Madurai Districts. Two stage cluster sampling method was applied for selection of respondents.

As the QWL is a multidimensional concept the respondents were asked for subjective assessments of their working conditions using the Likert’s five point scale of agreement and disagreement on the QWL statements. The questions were aimed at bringing out the opinion of the respondents about the dimensions of Work quality, life quality, Quality of work life and its impact on nurses performance.

The secondary data were collected mainly from the publications of the Tamilnadu Directorate of Public health, Director of Medical Services, Trained Nurses Association of India, and from the Government of Tamilnadu official web sites.

5.4 Analysis

The data collected were analyzed in line with each of the specific objectives stated. The statistical tools used were Z-test, ANOVA-technique (one way), Discriminant Analysis, Canonical correlation and Path analysis. The influence of personal profile on Quality of Work Life is studied with the Z-test. The group that influences the QWL is analyzed using the one way ANOVA-technique. The dimensions which influence the work quality and life quality are critically evaluated by the Discriminant analysis. The canonical correlations are used to identify how far the dimensions of Work Quality and Life Quality are correlated in influencing the work life balance and the overall level of QWL achieved. Path analysis is done using the Pearson correlation values in order to check the theorized model and to establish a suitable final model for the study.
5.5 Findings Based On Demographic Statements

The following inferences were arrived at from the responses given by the employees based on their direct statements.

Majority of the Nurses were females and very few male nurses were there. More than 46.6% of the nurses’ hold diploma as their educational qualification and 66.7% of the nurses are working at urban area.

Almost 34.7% of the respondents had children and 41.3% of nurses have dependent parents with them. This indicates that the employees are in need of work life balance to take care of their children and their family members. 40.2% of the respondents were doing Over Time (extra time) work in a month which indicates that their Work Life balance is getting affected.

Among the respondents 81.6% of the nurses agreed as they had enough training to perform their job and another 18.4% of the respondents disagreed that they are receiving enough required training to perform their job. This highlights the need of appropriate training programs - especially ‘on job’ training methods to improve the skills of the nurses.

83.3% of the respondents stated that unions are safeguarding their rights. This shows that almost all the respondents have confidence in the functioning of trade unions. 21.7% of the respondents disagreed with the promotion opportunities existed in their units and they are not having confident on getting promotions in their present jobs. The promotions policies must be reconsidered and the hospitals have to plan for nurses’ career growth as a part of the HRD activities.

An important problem addressed by the 81.8% of the nurses was that their income was not adequate to run the family and another 56.2% of the nurses residing in rented house. Among the respondents 91.1% of the nurses were under the age of 35 years and if their income is poor it is likely that they may not stick on to their job in the future in the context of rising family commitments like children’s education, health care of family members, household expenditures, etc.
66.9% of the nurses agreed that they were provided with adequate time to relax during work, and another 33.1% of nurses were reported that they were not need of any relaxation during the working hours. From this it is seen that the nurses were not burnt out due to work pressure and they were not weighed down due to additional burdens of their work. And most of them reported that they were treated with due respect at their jobs.

Almost three fourth of the nurses reported that they had adequate equipments and facilities to perform their work and that they were provided with adequate time to complete the tasks. Most of the respondents stated that they were not discriminated at the workplace because of age, religion or gender.

5.6 Salient Findings

The reliability is very important regarding the Instrument and the studied variables. The Cronbach’s alpha and Spearman-Brown Coefficient tests were used to verify the reliability. The tests output value towards the instrument is above .8 (more than 80%). so it is clearly understood that the tool is highly reliable.

In this study in all the dimensions, around 60% of the observations lie in the one sigma limit which ensures normality of the data and the application of parametric tests and the other statistical tools.

5.7 Quality of Work Life - Findings

The QWL model with the percentage scores indicates that the Quality of Work Life of the nurses in Dindigul and Madurai Districts are good. (Overall score is 68.01%).

The correlation values obtained in the path analysis confirm the model fit and the correlation values of Work quality (0.390) and Perceived Life Quality (0.536) with the QWL highlights that both these factors playing a vital role in the nurses perception about the Quality of Work Life and the life quality components are dominant in determining QWL more than Work quality components.
5.8 Nurses Work Life Balance

The work life balance is a state of equilibrium in which the demands of both a person’s job and personal life are equally met. In other words the nurse’s job does not interfere in their personal life and in turn the personal affairs do not interfere with the job requirements. The Canonical correlation reveals that there is a positive correlation (0.76) which indicates the extent which increases in the criterion composite (life quality variables), match the predictor composite (work quality variables) increases and it reveals that there is a balance between Work Quality and Life Quality in the study population.

5.9 The Influence of personal profile on Work quality, Life quality and Quality of Work Life

There is significant difference between the perception level of various age group respondents with respect to the Perceived Work Quality, Perceived Life Quality and perceived Quality of work life. The age group between 18-25 differ significantly on the Autonomy, Resource adequacy-Training & Development, and Participation in union from the other age groups 25 – 35 and >35, the age group 25 – 35 differ significantly on Job stress from the others and the respondents above the age of 35 differ significantly on Superiors-Coworker and Management Relation & Respect at work. Regarding perceived life qualities the age group of 35 differs significantly on self-society- friends and Family support from other groups. The respondents belong to the age group of 25 – 35 differ higher on Work quality from the others and the respondents belong to the age group of above the 35 had a higher opinion on Life quality and QWL’s impact on Nurses’ performance.

The Married nurses opined higher perceived Work Quality, Life quality, QWL and its impact on nurses performance than the unmarried respondents; This may be due to the lower family commitment of the unmarried nurses. Unmarried Resource adequacy, Training & Development was higher than the married respondents.

Urban nurses perceived opinion on perceived work quality, perceived life quality and QWL impact on nurses’ performance, the urban respondents given a higher opinion than rural nurses.
There is significant difference between the perception level of various income group respondents with respect to the Perceived Work Quality, Perceived Life Quality and perceived Quality of work life. The low income group nurses’ had a higher opinion on perceived work quality, perceived Life quality, and Quality of work life than the other income groups.

Madurai district nurses’ had a higher opinion on perceived Work quality, life quality, Quality of work life and its impact on Nurses’ performance than the Dindigul District nurses but Dindigul District nurses’ perceived Participation in union and Work Life Balance was higher than the Madurai district respondents.

Medical college hospital nurses given a higher opinion on the perceived work quality from the other hospital nurses. The nurses belong to the Primary health centers highly participate in union activities comparing to the others and they had a higher opinion than others in the life quality, but the respondents from Private hospital differ significantly on Autonomy and Job satisfaction and Nurses’ performance from other groups and they made a higher opinion on those dimensions.

The nurses those who are having the experience more than 3- 5 years differ significantly on perceived work quality and they made a higher opinion. The nurses having the experience greater than 5 years differ significantly on life quality and the QWL’s impact on Nurses’ performance better opinion on those dimensions than other groups.

Educational qualification is also having impact on QWL of nurses, the nurses having the undergraduate degree (B.sc Nursing) as their educational qualification differ significantly on Work quality and Quality of Work Life from the others and they made a higher opinion than others. But the nurses those who are having less qualification they differ on Life quality, and QWL’s impact on Nurses’ performance from other groups and they made a higher opinion on those dimensions

Staff nurses given a higher opinion on the Work quality and Quality of work life and its impact on Nurses’ performance comparing other designators like Head nurse/ Nursing Superintend, Auxiliary nursing Midwifery and General nursing
midwifery. The General nursing midwifery differs significantly on Life quality from the other respondents.

The nurses those who are working with < 15 employees having higher opinion on Life quality from the others. The nurses working in the 16-25 employee sized hospitals differ significantly on Work Life Balance from the other categories. The nurses those who are working in the 26-50 employee sized hospitals having a good opinion on the perceived Work Quality and Self-society- friends and Family support than others. The nurses working in the 51-100 employee sized hospitals differ significantly on Job satisfaction from others. The nurses working in the > 100 employee sized hospitals differ significantly on Superiors-Coworker and Management Relation & Respect at work, Professional Promotion and Job discrimination and Work quality from the other respondents.

5.10 Critical Factors influencing the QWL – Discriminant Analysis

The discriminant function analysis reveals that the dimensions of Work Quality Professional Promotion and Participation in Union influence the Work Quality to a greater extent. Among the dimensions of Life Quality the Self-Society-Friends and Family support dimension is seem to be critical and plays the vital role in deciding.

5.11 Path analysis

The life quality components having a strong correlation with life quality (r = 0.512) are highly positively correlated. This implies that when the Life quality components increase the Life quality also increases and vice versa.

The Work quality components having a strong correlation with Work quality (r = 0.463) which states that these two variables are highly positively allied. This implies that when the work quality components increase the Work quality also increases and vice versa.

The life quality components having the strong positive correlation with work quality components (r = 0.661) which states that these two variables are highly positively associated. This implies that when the Life quality component increases the Work quality components are also increase and vice versa.
The life quality having the strong positive correlation with work quality \( (r = 0.512) \) which states that these two variables are highly positively related. This implies that when the Life quality increases the Work quality is also increases and vice versa.

The Life Quality and Work Quality having the strong positive correlation with the Quality of Work Life. The nurses’ Quality of Work Life is highly correlated with life quality \( (r = 0.536) \) but it is lesser when we are comparing with the work quality \( (r = 0.390) \). The correlation values of Perceived Work quality and Perceived Life Quality with the QWL highlights that both these factors playing a vital role in the nurses’ perception about the Quality of Work Life and the Life Quality components are dominant in determining QWL more than the Work Quality components.

The Quality of Work Life is strongly correlated \( (r = 0.487) \) with nurses performance. This states that these two variables are highly positively correlated. This implies that when the Quality of Work Life components increase the nurses’ performance also increases. The QWL of nurses, which makes 23.7% of change in nurses’ performance in the hospitals. The regression coefficient equation indicates that nurses’ performance in their work places is increased because of better Quality of Work Life and it indicates a single unit increase in the QWL will increase nurses’ performance by 3.124 units.

The path analysis confirms the path directions arrived at, by the research model theorized on the basis of the literature review. The theorized model (research model) is supported by the research data and the model is justified for further studies.
5.12 Verification of Hypotheses

The first of the specific objectives of this study was to assess the Quality of Work Life attained by the nurses. The percentage score obtained for the various dimensions of QWL and mapping of these scores on the theorized model arrived at from the literature review indicated that QWL of the nurses in Dindigul and Madurai Districts were 68.02 and which is quite good. The correlation values noted in the path analysis confirm the model fit of QWL and the values of work quality (0.390) life quality (0.536) confirm that both these factors highly contributed to QWL and the population has achieved a better Quality of Work Life. Hence the first hypothesis “Nurses do not attain their Quality of Work Life significantly” is empirically verified and rejected.

The second hypothesis was that “Nurses do not achieve their Work Life Balance significantly”. The perception of the employees regarding their quality of work through the dimensions Autonomy, Pay-Pay equity - Reward & recognition, Resource adequacy, Training & Development, Work Load, Coworker, Management and supervisor Relation & Respect at work, Professional Promotion, Job discrimination, Job stress, Job safety, Job satisfaction, Participation in union, Work Life Balance, and the perception regarding their quality of life through the dimensions Health and Well being, Self-society-friends and Family support were tested with canonical correlation. The canonical correlation value is found to be 0.76 which indicates that an increase of the value of one set of (work quality) variables will lead to the increase in the other set of (life quality) variables considerably. This indicates that the nurses have attained a good balance between their work quality and life quality. This empirically verified the second hypothesis of the study and it is empirically verified and rejected.

The third and fourth hypotheses of the study is the demographic profile of the Nurses, size and nature of the hospitals does not influence the Nurses’ Quality of Work Life.. The analysis Z-test, ANOVA were done and the results showed that, marital status, working place, income, influence the Quality of Work Life and the grouping in terms of age, experience, Educational Qualification, Nature of Working Hospital, Designations, Size of the Hospitals also influence the Quality of Work Life. Therefore, the third and fourth hypotheses of the study i.e. “The personal profile of
the employees and the grouping according to marital status, working place, income, age, experience, Educational Qualification, Nature of Working Hospital, Designations and the Size of the Hospitals do not influence the Quality of Work Life” is empirically verified and rejected.

The fifth hypothesis was that “There is no relationship between work quality and life quality”. The work quality components and life quality components were tested with canonical correlation. The canonical correlation value is found to be 0.76 which states that an increase of the value of one set of (work quality) variables will lead to the increase in the other set of (life quality) variables considerably. This indicates that the work quality and life quality are highly positively related and which are influencing each other. This empirically verified the fifth hypothesis of the study and it is empirically verified and rejected.

The sixth hypothesis was “The work quality dimensions do not significantly influence the Perceived Work Quality”. The Discriminant analysis and findings bring out that the dimensions Professional Promotion and Participation in union are critical dimensions which influence the Work quality. Resource adequacy, Training & Development, Supervisor - Management and Coworker Relation & Respect at work and Pay-Pay equity and Reward & recognition are found as other important indicators in the work quality. Hence the dimensions except job stress and job safety, the other dimensions influence the Perceived Work Quality and the same is confirmed by the discriminant analysis thus the hypothesis is empirically verified and rejected.

The seventh hypothesis was “The life quality dimensions do not significantly influence the Perceived life Quality”. The Discriminant analysis and findings bring out that the dimensions Self-society-friends and Family support is the critical dimensions which influence life quality. Health and Well is found as other important indicator of the life quality. Hence both the dimensions influence the Perceived Life Quality and the same is confirmed by the discriminant analysis and the hypothesis is empirically verified and rejected.
The eighth hypothesis was that “The Quality of work life does not significantly influence the Nurses performances”. The regression analysis of the study indicates that the better QWL of nurses will increase the nurses’ performance. The regression analysis output shows that one unit increase in QWL of nurses will increase nurses’ performance by 3.124 units. This is making near around 23.7% change in the nurses’ performance. This empirically verified the eighth hypothesis of the study and it is empirically verified and rejected.

The ninth hypothesis was “There is significant difference between the theorized model and the model arrived at from the research data”. The theorized model arrived at from the literature review is compared with the path diagram arrived at by the path analysis. All the corresponding Pearson correlation values are fitted on the input path diagram and the path directions are seem to be the same as in the theorized model. The direction of the relationship of the input path diagram and the output path diagram is the same as that they are determined from the research data. Hence the ninth hypothesis is empirically verified and rejected.

5.13 Conclusion

The summary of findings and the empirical verification of all the hypotheses, presented above enable the drawing of conclusion from the study.

Even though many problems affect the nurses of Dindigul and Madurai Districts, the study highlights that the employee’s perception regarding the Quality of Work Life is quite good. It is evident that the demographic characters such as the age, educational qualification, marital status, experience, designation, working place, income level, District wise, Kind of hospital, and employee size in the hospitals influence the Quality of Work Life. This indicates that based on the demographic profiles of the nurses their perception regarding the QWL varies. It is clearly indicated that based on the discriminant analysis the Job stress and job safety do not influence the Work quality that much but promotional policies and union participation are the vital influencing factors of work quality. From this analysis it is a clear indication that Self-society-friends and Family support influence the Life Quality to greater extent. The Life qualities influence the QWL to a great extent. The canonical correlation indicates that the balance between the Work Quality and the Life Quality by its positive correlation. The path analysis confirms the Work Life Balance prevailing in
this population by its correlation (.512) and which confirms the influence of Work quality components and life quality components on QWL. The path analysis clearly indicates that the life quality components are dominant in determining QWL more than the Work quality components. From the regression analysis it is evident that the better QWL of nurses will increase the nurses’ performance in their work places. These findings of this study conclusively show that there are valid grounds to be optimistic about the nurture of Quality of Work Life of the Nurses of Dindigul and Madurai districts.

In the future the environment may be quite dynamic and the health care sector has to pay more attention to design HR policies to enhance and to support the Quality of Work Life of the nurses. The above conclusion has some implications for the policies. They are briefly discussed below.

5.14 Suggestions

This section contains the suggestions based upon the findings of the study. The findings have revealed various aspects related to work qualities, life qualities and quality of work life of nursing staff. Further the study concentrated on Work Qualities and Life Qualities upon the Quality of Work Life of nursing staff. The suggestions are made to improve the work environment, Life aspects and the Quality of Work Life of nursing staff.

1. *Provide the fair Salary and job security:* This research brings out in the majority of the private hospital and some of the government hospitals nurses feel that their Salary is inadequate. Fair compensation is an important factor of Quality of Work Life. Hospital Management and the Human Resource Department must think about periodic reappraisal and revision of the salary for the nurses. The job insecurity is high in private health care sector; it may affect the performance of nurses so that the management and the Human resources department of the private hospitals must reconsider this issue.

2. *Provide Autonomy in Decision Making and Develop the Organisational Culture.* Nurses have to be allowed to participate in decision making to a certain extent related to their work. Hospitals should improve the cultural practices through, nursing autonomy, team work relationship, supervisory support and treating the staff
without discrimination. The cultural development will enhance the nurses’ performance and provides the chances for better exchange of their professional matters and discuss their problems with co workers and helps to improve their service quality and satisfaction their job.

3. **Provide Control over work load**

The hospitals should provide the control over their work load to the nurses, because the heavy work load affects the nurses’ health and performance. The hospitals can provide control over work load by Clear job descriptions/definitions, Flexible scheduling, Strict limits to overtime, Mandatory replacement of nurses for those who are on leave or retired, involving the Nursing professionals in determining the staff mix, nurse/patient ratios, resource allocation (including equipment) and utilization decisions.

4. **Provide Necessary Training and opportunities for higher studies:** In this research near around 20% of the nurses opined as they are not receiving necessary training and development. So the hospitals should provide the needed training and the training should include advance courses in the technical and human skills. Nurses who acquired the additional qualifications should be rewarded through promotion, increment or incentives. Further the nursing staffs have to be permitted for continuing their higher studies and they have to be assisted by some financial incentives.

5. **Provide better working environment:** The hospitals should supply necessary equipments; accessories, required training, and support in time to the nurses to do the job in a perfect manner and provide space for discussing their problems and grievances. The nursing staff’s performance review has to be modified and the staff should be given adequate feedback with regard to their performance. Work Assessment Committees may be constituted in the Hospitals, headed by a qualified professional. The Committee shall meet frequently and assess the performance and appreciate the sincere efforts made by the nurses. This will help them to make radical changes in their services and may also help to find remedies in the crisis they confront in their day today professional life. This may improve the quality of work life of the individuals.
6. **Provide personal and career growth opportunities:** The present promotion policy provides less scope for promotional avenues to the nursing staff. In this research nearly around one third of the nurses mentioned and expressed as they are not confident of getting promotions in their present job and the finding indicates, promotion opportunities are having the impact in perceptions about the work quality. So it is necessary to increase the promotions avenues. The hospitals have to increase the opportunities of promotions and some additional positions too can be created such as ward in-charge and senior grades among nursing positions along with the existing positions.

7. **Provide the physical health of nurses.** The nurses work always with the patients, even those with communicable diseases. The risk of acquirement of dangerous communicable diseases is more for nurses than others. If the nurses get infected, it will indirectly affect the routine hospital functions. So all safety measures and basic health facilities such as drinking water, sanitary provisions should be provided to them even if it is expensive, to ensure the health care of the nurses.

8. **Provide the psychological support to nurses:** Nurses are working with variety of people such as chronically ill bed ridden patients, mentally retarded patients and even with criminals. During their service they may face lots of problems which will affect their physical and mental health. Apart from this they may also be exposed to the problems form their co-workers, like improper or misleading communications, office politics conflict among staff and even harassment of any kind. The hospitals should train all their staff to handle these kinds of problems by giving psychological counseling through experts and the hospitals should have a committee to get this kind of compliances and to redress.

9. **Improve Communication Skills:** Both interpersonal and written communication has to be improved for the nurses. The nursing staff should be provided with training on oral communication particularly speaking; because it will enhance the nurse - patient / nurse – co workers relation. Similarly there is a need for written standard operating protocols in various working areas like ward management, infection control and other work related aspects.
10. *Provide work life balance.* Even though at present a good balance exists in between the nurses’ work and life, this is not unchangeable; by nature all the dimensions of the work life balance are quite dynamic. Hence hospital management should provide some guiding principles, physical and psychological support to the nursing staff with regard to management of family and work place. A committee is suggested with consisting of experienced nursing staff and medical doctors to provide counseling and guidance to the nursing staff, particularly the younger generation of staff.

11. *The role of Unions:* The nursing unions and association must form a working Committee with experts, senior nursing professionals and representatives from hospital management for enhancing the nurses quality of work life. The committee should frequently study the nurses and suggest the means and ways to improve their Work and life.

12. *The Role of Government:* The governments of Canada, United Kingdom, New Zealand and Australia have strategically implemented the QWL promotional programs and are publicly endorsed by government leaders. Those governments are promoting the business and the QWL of workers. They developed the programs, policies, legislation and resources to address the needs of workers, to improve productivity, and to reduce the business costs associated with the Quality of Work Life. Netherlands, Denmark and Sweden have put in place legislation and have developed initiatives aimed at improving workers' ability to balance work with their other personal responsibilities. Likewise the government of India can also take some initiatives towards the evolution of policies and programs to improve the Quality of Work Life of nurses.

5.15 Scope for Future Research

This study has the prospective to promote further research in so far as it has shed light on several areas which can bear further exploration. To ensure higher accuracy, the study should be replicated with a bigger sampling frame and the results to be compared with those in this study. Future research should explore its extension on the concept and perception of the Quality of Work Life and to study the implications of the changes that may have taken place in that perception.
The future research should separately study the Private sector and public sector health care nurses with the consideration of social and cultural values and it can measure the impact of QWL over Service quality and patient satisfaction too.

The nurses of various districts and states can be studied in clusters for QWL aspects. A comparative research on QWL of nurses in public and private hospitals could be taken up. The Quality of Work Life of other professionals like doctors and pharmacists can be explored and compared with that of Nurses. Periodic study about QWL in health care sector may reveal how the perception varies among the nurses over periods of time, and yield valuable inputs for the industries and government authorities to design policies and guidelines to improve the nurses’ Work Quality and the Life Quality.