INTRODUCTION
CHAPTER I

1.1 INTRODUCTION

India constitutes 17 per cent of the world’s population which makes it as the second most populated country in the world. As India shifted to Globalization the Indian economy has grown at a fast rate, though concerns on equity and poverty persist. The country has recently become one of the world’s fastest growing economies with an average growth rate of eight per cent in last few years. By 2025 the India's economy is projected to be about 60 per cent that is the size of the US economy.

During this the Indian Healthcare industry is also rising in the globalized economical world. The present worth of Indian health care sector is US$ 36 billion and growing at 15% CAGR. By 2012, India’s healthcare sector is projected to grow to nearly $40 billion and it will be $ 280 billion by 2022. Indian hospitals are gaining reputation globally as the ‘quality’ service providers. Many Indian hospitals have secured accreditation from the British Standards Institute and Joint Commission on Accreditation of Healthcare Organizations. The large Indian domestic health care market is complemented by the inflow of medical tourists from abroad. Medical tourists have increased fifteen -fold from 10,000 in 2000-01 to about 150,000 in 2004-05 and this number has grown by a whopping up 33% in 2008 to 200,000 inbound medical tourists. It is estimated that by the year 2015, India will receive over half a million medical tourists annually.

Indian health care sector is growing with a wide range of needs and expectation and is 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 Governments are also attempting to obtain greater return for the money they spend on health care. Faced with growing expectations of quality, they are being asked to be more accountable for the results of their health care expenditures and quality provided in both the public and private sectors.

The workforce may be distributed by the availability of technology which is essential to deliver quality care, the expertise and the style of health care resource
management. The limited infrastructure, financial constraints, industry pressure, government regulations and hospital policies, these are all 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, unystematic working hours, responsibilities and stress and even sometimes it may create the intent to leave the job.

A person who enjoys the work and derives satisfaction alone can perform well and produce more. The achievement of tasks and goals leads for job satisfaction. The job satisfaction, achievement of goals and objectives, fulfillment of personal needs leads to well-being and happiness, which is the basic meaning of personal life. The productivity and performance significantly related with the Quality of Work Life. The phrase “Quality of Work Life” (QWL) has come into use recently to evoke a broad range of working conditions, and the related aspirations and expectations of the employees. The QWL can be described as the subjectively perceived satisfaction in one’s different aspects of work life as reported by the individual. It is an index of what people find interesting and satisfying at their work. For this reason, one needs to be sensitive to the factors related to performance, recognition, work content, responsibility, promotion and pay, organisational policies, working conditions etc. Quality of Work Life is a concern not only to improve life at work, but also life outside work. Hence it encompasses a wide variety of programmes and techniques that have been developed to endeavor and to reconcile the twin goals of an individual and the organization, i.e. Quality of Life and Organisational Growth. The Quality of Work Life has, therefore become key area of consideration now a days.

Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients’ needs Graham S Lowe\textsuperscript{1}. 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, criminals and stressed persons, etc… and hence they may even face violence too. Besides nurses are facing problems form other health care workers. Just like bullying, harassment, continuous unreasonable performance demands, improper or misleading

\textsuperscript{1} Graham S Lowe, 2006 “Creating quality work environment: Results from the HSAA 2006Work environment survey” The Graham Lowe Group INC. Alberta
communications, office politics and conflict among staff, etc 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.

1.2 NURSES

In this world very few jobs are considered as noble & respectable. One among them is nursing. Nursing is more than a career: it is an art, a science, and a calling. Nursing includes caring for patients, advocating on their behalf, helping them to heal or providing comfort as they reach the end of life. It is incredibly a rewarding work.

Nursing professionals are focused on assisting individuals, families, and communities in attaining, maintaining, and recovering optimal health and functioning. Nurses are responsible along with other health care professionals for the treatment, safety, and recovery of acutely or chronically ill or injured people, health maintenance of the healthy, and treatment of life-threatening emergencies in a wide range of health care settings. Nurses may also be involved in medical and nursing research and also to perform a wide range of non-clinical functions necessary to the delivery of health care. Nursing is defined in modern terms as a “science and an art that focuses on promoting the quality of life as defined by persons and families, throughout their life experiences to care from birth to the end of life”.

The word nurse in the medical books are defined as follows

1. One who is especially prepared in the scientific basis of nursing and who meets certain prescribed standards of education and clinical competency.
2. To provide services essential to or helpful in the promotion, maintenance, and restoration of health and well-being.

A Nurse Practitioner (NP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree) and training in the diagnosis and management of common as well as complex medical conditions. Nurse Practitioners provide a broad range of health care services.
According to the American Nurses Association (ANA) monograph: “Nursing is the diagnosis and treatment of human responses to actual or potential health problems (Janne Dunham-Taylor and Joseph Z. Pinczuk, 2004).”

Virginia Henderson, nursing is “the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of newly blind, a means of locomotion for the infant, knowledge and confidence for the young mother, the (voice) for those too weak or withdrawn to speak” (Patricia Potter, Stuart Boxerman, Laurie Wolf and Jessica Marshall November 2004).

1.3 NURSING IN INDIA

The history of professional nursing education in India began in the 19th century. British military hospitals and Christian missionaries were responsible for initiating public health nursing. In the beginning lady health visitors, rural midwives, and maternity assistants were trained for 30 working days and later Auxiliary Nurse Midwives (ANMs) and nurse midwives were also included. The first school to train midwives with an additional course in midwifery after nursing was started in 1854 in a lying-in hospital at Madras. The Indian Nursing Council (INC) designed the two-year curriculum to prepare ANMs to provide basic nursing care, preventive services, midwifery and child care services in rural areas. The first such school came up in 1951 at St. Mary’s Hospital, Taran-Taran, Punjab. From two schools in 1952 the number of ANM training schools was increased to 263 by 1962. Primarily the maternal healthcare was taken care of ANMs. The University Education Commission headed by Dr. S. Radhakrishnan (1949) and the Education Commission headed by Dr. Kothari (1964), both, recommended raising the standard of nursing education by linking it with higher education of academic value at the university level. At the time of the Radhakrishnan Commission only two colleges of nursing were enlisted - one at

---

3 Patricia Potter, Stuart Boxerman, Laurie Wolf and Jessica Marshall November 2004, “Mapping the nursing process a new approach for understanding the work of nursing” Journal Nursing Administration Volume34 No.2.
Delhi, affiliated to the Delhi University, and another at Vellore affiliated to the University of Madras, both giving a B.Sc. degree in Nursing. The Trained Nurses' Association of India, launched in 1905 was instrumental in the establishment of college education. Currently, available nursing courses in India are the eighteen months Multiple Public Health Workers (female) (MPHW (F)) training after Class X, the General Nursing and Midwifery Diploma (GNM), B.Sc. (Nursing), M.Sc. (Nursing), M.Phil and Ph.D. in Nursing. The Indian Nursing Council approves the State Nursing Councils and provides guidance in all aspects of nursing. It enforces standards, and formulates policies for equivalence and reciprocity of educational qualifications across the states in India. A study conducted in six states of the country indicates that Nursing Councils in India are largely headed and controlled directly or indirectly by the administrative in-charge of the medical and health services belonging to the medical profession.

We can feel proud from the saying Rustomfram, N.\textsuperscript{4} that very recently the INC has got a head with a nursing background.

1.4 NURSING IN TAMILNADU

Regarding the modern nursing practices, Tamilnadu is the pioneer and mentor for the whole India. Across the India only in Tamilnadu the modern Nursing Services were started only in Tamilnadu across India. It was established by East India Company in 1664 at St.George hospital Madras. Then in 1797 the British people started a Lying-in-hospital for the poor of Madras. In 1854, the government sanctioned a Training School for running mid-wives course in Madras. The first Mid-wives School was started at the government hospital in 1871. The formal schools of nursing were started for conducting diploma in general nursing and mid-wifery programmes for a duration of 3 \( \frac{1}{2} \) years in Madras and in other parts of Tamilnadu. In 1967 an integrated 2-\( \frac{1}{2} \) years Bachelor Science degree nursing program attached to Madras Medical College (for trained nurses) commenced and replaced the existing diploma program. In 1980, diploma in community nursing program was started. Latterly the B.Sc nursing (1983) and master of nursing (1995) were also started in College of Nursing and was attached to Madras Medical College. Schools of nursing

\textsuperscript{4} Rustomfram, N. 1999 \textit{Job satisfaction of Staff nurses in Medium sized public and private hospitals.} PhD., Thesis, Tata Institute of Social Sciences, Mumbai
conducted by government of Tamilnadu offering diploma program increased slowly (there were 9 schools of nursing and 4 mid-wifery schools till 2001) increased to 17 schools were in 2003 and now the government executed to start one school of nursing in every district hospitals. There is an increase in number of private schools. Multipurpose health worker schools are also functioning in many places in Tamilnadu by its government and by private bodies. In 2003, a College of Nursing at Madurai was started by the government. The Tamilnadu government has also introduced a study about nursing in higher secondary school level in vocational stream.

1.5 HUMAN RESOURCE MANAGEMENT

The most important resource of any organization is often said to be its employees. The growth, development, prosperity and progress of any organization is mainly influenced by the strength of the human resource potential it possesses. Many societies have grown rich with a great potential for growth and development because they have people rich in drive, vision, ingenuity, creativity and the spirit of enterprise. Julius\(^5\) “human factors” refers to a whole consisting of inter-related, inter-dependent and interacting, physiological, psychological, sociological and ethical components. The human aspects are subjective and changeable, qualitative and dynamic, varying with cultural and personal backgrounds, economic events with passage of time. The depreciation that results in all other factors of production in the long run doesn’t happen in the case of human resource. In fact, human resource with proper organization and motivation can grow and develop their potential in the long run. There is no depreciation value for the human resource. Accentuating this, Drucker\(^6\) remarked that man, if all resources were available, can grow and develop. As such, the successor growth depends on which is dependent upon its proper management. Human resources consist of the total knowledge, skills, creative abilities, talents and aptitudes of an organization’s workforce, as well as the values and attitudes and beliefs of the individuals involved. They represent the total of inherent abilities, acquired knowledge, and skills, represented by the talent and aptitudes of the employed.\(^7\) The human resources also become important from cultural and social viewpoints. Cultural values and social system immensely influence human behavior.

---


in work-settings and provide a distinct value to them as compared to physical resources. The human resources are also significant in providing the psychological environment to work. The essence of psychological environment is motivation which provides dynamism to these unique resources. Human resources harness all other resources effectively and appreciate with time, whereas all other resources undergo the process of depreciation. Equipment’s maximum value reached, on the day it starts producing. Man never reaches an ultimate value through his life-time at work but is able to change, grow and enrich his value. The success of an organization mainly depends on the quality of its manpower and its performance.

1.6 QUALITY OF WORK LIFE (QWL)

Quality of Work Life needs a specific understanding before arriving at a prescriptive definition of the term. It is interesting to note that the term made its first appearance in the Research Journals and in the media in the United States in 1970s. Even though there is no universally accepted definition for QWL, we can attempt to define it as the favorableness or unfavorableness of job environment for the people involved in it.

The Present Researchers looks at this as the perception of Work Quality as well as the Life Quality.

Quality of Work is related to activities which takes place at every level of an organization, and which simultaneously enhance human dignity and growth, and promote greater organizational effectiveness. Quality of Work Life includes the process in which people at all levels work towards organizational effectiveness and thereby achieve satisfaction regarding work and life. It involves the people in three tiers viz., Management, Employees and Unions.

To work together and to achieve common goals, organizations need a set of actions, changes and improvements in terms of the important objectives of improving valuable life of the workers and the members of the organization and the growth of the organizations.

It is relevant here to make an attempt to identify the most important dimensions that contribute to the enhancement of Quality of Work Life under
different perceptions. The areas constituting important aspects of the Quality of Work Life have been considered by the researcher with meticulous care.

1.7 THE ORIGIN OF QUALITY OF WORK LIFE

Quality of Work Life has been defined by many researchers in a variety of ways, such as quality of work (Attewell & rule, 1984) and employment quality (Kraul, Dumais, & Koach, 1989). The Socio technical Systems (SST) Theory (Trist, 1981), the Organizational Health Model (Sauter, Lim, & Murphy, 1996) and the Balance Theory (Smith & Carayon- Sainfort, 1989), provide theoretical perspectives for examining work systems. The SST emphasizes the interrelations of the social and technical systems within an organization and integrates job and organizational design perspectives, through linking the job design theories of human relations, job enrichment and participation. The Organizational Health model asserts that organizational characteristics (e.g. Management Practices, Organizational values) directly influence organizational health (i.e. performance outcomes and satisfaction outcomes) (Sauter et al, 1996). The Balance theory is a theoretical framework that examines job and organizational design characteristics within each component of the work system that interact to influence the “stress load” upon an individual (Smith & Carayon-Sainfort, 1989). It is the identified sources of occupational stress (stressors or psychological work factors) that can influence stress, attitudes and behaviors (e.g., Turnover intention).

Quality of Work Life (QWL) activity gained importance between 1969 and 1974, when a broad group of researchers, scholars, union leaders and government personnel developed interest in improving the quality of an individual through on-the-job experience. A series of attitudinal surveys conducted at the University of Michigan between 1969 and 1973 attracted attention towards the quality of employment.

The US Department of Health, Education and Welfare sponsored a study on this issue, which led to the publication of “Work in America”, (MIT Press, 1973). Subsequently the pressures of inflation prompted the US government to address some of these issues.
Based on the above said study, a Federal productivity commission was established. This commission sponsored several labor management QWL experiments, which were jointly conducted by the University Of Michigan Quality Of Work Programme and the newly-evolved National Quality of Work Centre.

1.8 EVOLUTION OF THE CONCEPT OF QWL

The evolution of QWL began in late 1960s emphasizing the human dimensions of work by focusing on the quality of the relationship between the worker and the working environment. QWL as a discipline began in the U.S. in September 1972 when the phrase was coined by Louis Davis at a “Democratization of Work” conference held at Columbia University’s Arden House to discuss two movements. The first was a political movement in Western Europe called ‘Industrial Democracy’. Militant, socialist labor unions were lobbying the parliaments and assemblies of England, France, West Germany, Sweden and Italy to legislate worker participation in corporate decision-making. The second movement was the emergence in the U.S. of a number of social science theories about “humanizing the workplace”. This shows that the model that evolved during the early years called for formalizing labor-management cooperation at the workplace by establishing joint committees at various levels to define, diagnose and devise solutions to day-to-day work problems. For instance, participation programs emerged from contract bargaining between General Motors Corporation and United Auto Workers Union was called Quality of Work Life in 1973 which was aimed at increasing workers’ satisfaction with their jobs by giving them more information and a voice in decision making.

The concept, QWL was originated in the USA in the mid 1970s in Research Journals. The concept was however being given potential importance right from the early 1950s. But it was not very clear and was ambiguous. QWL has been interpreted and viewed in different ways. Rosow explains the importance of work more in detail and relates it to success and failure of a man in his society. According to him, “work is the core of life, considering the deeper meaning of work to the individual and to life’s values. Work means being a good provider, it means autonomy, it pays off in

---

success and it establishes self respect or self-worth. Within this framework, the person who openly confesses active job-dissatisfaction is verily admitting failure as a man, a failure in fulfilling his moral role in his society”. Robert H. Guest\textsuperscript{11}, a noted behavioral scientist talks about feelings of an employee about his work while defining QWL and also points out the effect of QWL on person’s life. According to him, “QWL is a generic phrase that covers a person’s feelings about every dimension of work including economic rewards and benefits, security, working conditions, organizational and interpersonal relations and its intrinsic meaning in the person’s life”. QWL is very significant in the context of commitment to work motivation and job performance. It is the degree to which members of a work organization are able to satisfy important personal needs through their experiences in the organization. Managerial expectations are strongly linked with the organizational quality of work life and it is a means to facilitate the gratification of human needs and goal achievement.

Walton (1979) who has taken up extensive research on QWL can be considered as the major contributor to this concept. He asserted that the measuring of QWL with his famous eight factors/elements was easy and practicable. According to him QWL is the work culture that serves as the corner stone of any organization. The work culture should be recognized and improved to enhance the QWL.

Craver a Senior Executive of American Telephone and Telegraphic Company (AT &T) says – QWL is more than an attempt to pacify the growing demands of impatient employees. For the Corporation involved productivity is at stake. For the management, QWL offers new challenges, opportunities, growth and satisfaction.

During the past in the development process, QWL has been conceived as variable, as an approach, method, movement and finally as everything. The term QWL has acquired many different definitions due to the contributions made by different people in different phases. Evolution of the concept, has mainly gone through three phases namely

i) Scientific Management
ii) Human Relations Management
iii) Socio-Technical Movement.

In the phase of scientific management, Taylor (1947) through his time and work study, division of labor and incentive schemes, tried to improve work life of employees. Fayol with his fourteen principles tried to improve both work and life quality. The human relations movement which emerged during the 1940s paid much attention to the workers’ need and their satisfaction levels and stressed the importance of human beings for total productivity. The contributions of Maslow (1954), Hertzberg (1959), McGregor (1960) etc., were leads to the recognition of human factor as an important one for effective organizational process.

The foundation of the socio-technical system is that the design of the organization must be compatible with its objectives in order to adapt to change and be capable of using the creative capacities of the individual. A system should be provided to the people that gives an opportunity to participate in the design of the jobs. Chins (1979) points out that people have to perform well in such systems. The whole organization is re-designed to serve the needs of people as well as to perform their tasks.

The scope of QWL which originally included only job redesign efforts based on the socio-technical system approach has gradually widened very much so as to include a wide variety of interventions like;

1. Job enrichment
2. Stress management
3. Job satisfaction
4. Promotion and Career Planning
5. Quality circles
6. Suggestion Schemes
7. Employee Participation
8. Empowerment
9. Autonomous Work Team
10. Flexible Organization Structure
1.9 THE IMPORTANCE OF QUALITY OF WORK LIFE

In the words of Drucker, (2003) as late as 1900 or 1914 “Quality of Life was a concern only of the few rich. To all the others it was ‘escapism’ that could be permitted in the syrupy romance that sold by the millions”. Work life needs a specific definition before one can go into the Quality of Work Life prevailing in India in general and in the health care industries. Work life naturally means the life of nurses, physical and intellectual, in their work environment or in hospitals.

The job factors prevailing at the work place, the compensation nurses are getting, the benefits offered to them, their satisfaction with the work environment and the safety and health of the nurses etc. are to be analyzed when a researcher looks into the work life. There is no universally accepted definition of the term QWL. However, the attempts so far made to define it mostly refer to favorableness or unfavorableness of a job-environment for the people involved in it. The same definition may be looked at in another way also to equate the QWL with employees’ perception of the safety, their degree of satisfaction and the opportunities the work environment provides them to grow and develop as human beings. Hence it is quite necessary for the purpose of this study to look into the full range of human needs to be met at the work place.

J. Richard & J. Loy defined the quality of work life as “The degree of to which members of a work organization are able to satisfy important personnel needs through their experience in the organization.”

According to the American Society of Training and Development quality of work life is “It is a process of work organization which enables its members at all levels to actively participate in shaping the organization’s environment methods and outcomes.”

According to D.S. Cohan the quality of work life is “A process of Joint decision making collaboration and building mutual respect between management and employees.”

According to Harrison Quality of work life is “the degree of to which work in an organization contributes to materials and psychological wellbeing of its members.”

---

12 Peter F. Drucker (2003), People and Performance, Butterworth Heinemann, pp. 287-297.
Davis and Cherns (1975)\textsuperscript{13} defined Quality of Work Life as “the quality of relationship between employees and the total working environment”. QWL programs can be anything from union-management efforts to bring about a decrease in the number of accidents and avoid health problems to painting the workplace walls, improving lighting facilities, and cleaning the workplace.

The American Centre for the Quality of Work Life defines QWL as “Any activity which takes place at every level of an organization which seeks greater organizational effectiveness through the enhancement of human dignity and growth. It is a process through which the stake holders in the organization, management, unions and employees learn how to work together better to determine for themselves what actions, changes and improvements are desirable and workable in order to achieve the twin and simultaneous goals of an improved quality of life at work for all members of the organization and greater effectiveness for both the company and the unions”.

According to Richard E. Walton\textsuperscript{14}, “QWL is a process by which an organization responds to employee needs for developing mechanisms to allow them to share fully in making the decisions that design their lives at work”.

\textbf{1.10 QWL PROGRAMS CARRIED OUT IN INDIA}

At present, industries all over the world are conscious of their social responsibilities and have undertaken improved social security schemes, systematic manpower planning, training programmes, etc. to improve the image of their organizations in the society. In our country recently many changes have been introduced in the Government policies like privatization. Trade union leaders and their affiliated political parties are seem to be mainly motivated to winning elections and to gain power.

The scope for transfer of technology has increased and inflows of investments from non-resident Indians are allowed. More and more Foreign Direct Investments are directed towards India. The privatization and change in labor legislation led to a lot of downsizing and restructuring of industries leading to loss of jobs and a higher extent of job dissatisfaction.

\textsuperscript{13} L.E Davis, and A.B. Cherns (1975), \textit{The Quality of Working Life}, New York, Free Press.

The restricting of QWL interventions to jobs and work organizations is guided by the important fact that the underdeveloped countries have largely not been able to solve the question of social and economic injustice and that it is premature to shift to the workers inner life, while there exist a high degree of inequality in these societies. It is important, however that the workers are allowed to participate in decision-making at the job level, or otherwise, optimal use of the competence and skills of the workers may be affected. The other important components of work life to be considered are differences in the wage payments or high income inequality which causes hostility and resentment. The fruits of development are to be enjoyed among the workers. So, the redesigning of jobs and organizations on socio-technical approach to job design is concerned with the harmony between personal, social and technological functioning.

The QWL becomes relevant in developing countries like India, because, in a developing country the QWL can become both the ends and the means. It is an end in itself; it is a highly significant component in the quality of life, the goal of development. It is a means because the experiences of participation in the decision making at the work place and of progressive learning help to acquire civic competencies and skills on which a country developing in the social democratic mode must rely.

Ganesan and Samuel (2002)\textsuperscript{15} conducted a study in a private limited company and found that the factors like working conditions, level of supervision, communication, worker participation, inter-personal relationship etc., induce the better employee relation and climate in the organization.

Dwivedi (2001)\textsuperscript{16} in his book mentions a study conducted by The Central Labor Institute, Mumbai to analyze QWL as an intangible outcome of Quality Circles (QCs) in the BHEL factory at Hyderabad. The study team members comprised J.S Joseph, A. Ganguli and D.V Khobragade. The study evaluated the


process and direction of the emerging changes on the basis of certain accepted criteria and principles of QWL. The important findings of the study were as follows:

1. The ratings of Quality Circle members, about changes in self, revealed positive impacts in all the areas like team work, sense of belonging, personal image, analytical ability, ability to plan, ability to adapt to common goals, communication skills, creative ability, getting along with others.

2. 72% of employees stated that their jobs were enjoyable, 81% stated they had better relationship with work teams, 74% stated that they attained better relationship with people outside the work area, 85% stated that they had better quality of workmanship with the work teams, 59% stated that they had better and more prompt response to suggestions and 57% stated that better team spirit had developed among co-workers.

A joint study conducted by MERCER-Business Today- TNS15 for the year 2006, reveals that realizing the fact that a stressed out employee is nearly useless and that a satisfied employee is the key to the future success, organization have started responding to their employees’ needs for better work-life balance and are taking steps to address the issue. Initiatives have been taken by some of the good companies like Infosys, Mind tree consulting, Satyam computer services; Dr.Reddy Labs and Sapient on this front which have made them emerge as the best companies to work for in India.

A case study analysis of the ICMR analyzes the management of human resource in the IT industry with a special emphasis on the factors responsible for the high rate of employee turnover in the industry. The IT industry, being a knowledge-based sector, requires a workforce that is highly competent. Also, the demanding nature of work in the industry requires effective strategies to retain its workforce. With growing demand for Indian IT professionals overseas and with multinational IT companies establishing their offices in India, retention becomes very difficult. To handle the challenge, companies have started using a variety of retention tools such as ESOPs and RSUs.
Chandrasekar (2007)\textsuperscript{17} conducted a study called Quality of Work Experience very similar to that of Quality of Work Life, since unlike the QWL studies which are very broad concept and his study confines QWL to Quality of Work Experience to assess the employees’ perceptions about their experiences in work domain to do further analysis. In his study he conceptualized the intrinsic and extrinsic value of QWE and conducted in three hospitals of Hyderabad and Secunderabad and he further added that a renewed research approach is needed to understand the positive side of work and its broader influences on the people’s work lives as well as their other domains of social lives.

Gunawathy and Suganya (2007)\textsuperscript{18} highlights that Work-Life Balance is becoming a critical issue in BPOs, because it is having sizable proportion of women employees and it is important for organizations to promote work life balance best such that it reflect in term of lower attrition or poor performance or low employee involvement ultimately affecting the profit and profitability of the organizations.

1.11 NEED OF THE STUDY

The modern hospitals crushing their nurses and trying to provide quality services at a minimum cost. More over the job nature of nurses are hectic. The shifts, emergency, longer working hours, various kinds of patients and violence from them, besides these, the problems form other health care workers are all affecting the nurses’ productivity and performance. The productivity and performance significantly related with the Quality of Work Life. It is an index of the people’s level of interest and satisfaction at their work. Quality of Work Life is a concern not only to improve life at work, but also life outside work. QWL comprises a wide variety of programmes and techniques to achieve and to reconcile the twin goals of an individual and the organization, i.e. Quality of Life and Organisational Growth. Therefore it becomes the key area of consideration for now a day. As such it is felt that much exploration has to be ventured in the area of Quality of Work Life of nurses. However, this sort of problems cannot be lightly touched; it requires a deep study, investigation and research to reach the palpable solutions.

1.12 STATEMENT OF THE PROBLEM

The Quality of Work Life intends to develop, enhance and utilize human resources effectively, to improve quality of services, and reduce cost incurred and to satisfy the nurses and with a view to motivate them.

Among various service sectors, the health care industry has grown significantly for the past three decades, particularly after Globalization. This might have been due to huge population size and change of the life style of the people and it resulted in increase of demand for health care services. Still the health care sector is in growing phase with certain limitations, which creates a heavy pressure on nursing professionals and it may affect their work life. That pressure leads for extended working hours, compulsory overtime, chances of getting deceased, increased stress level of the nurses at their job and lead to job dissatisfaction which ultimately end up with higher attrition rates and low morale. In this context, it would be more relevant to make an attempt to study the problems related to Quality of Work Life of nurses, which may help the health care sector to drastically reduce the attrition rate and to provide high level of job satisfaction to their nurses.

As mentioned above one of the major problem faced by the hospitals in Dindigul and Madurai district is the high rate of absenteeism and labor turnover. The reasons for this problem are many. Particularly the problems related to nurses health, quality of life and the quality of work which are not yet addressed well. Majority of the nurses feels that their hospitals are not providing adequate salary and measures to balance their work and personal life and thereby struggling to provide a comfortable climate for the employees to attain the Quality of Work Life. Hence the following questions are raised in the minds of the researcher.

- Whether nurses of Dindigul and Madurai district achieve Quality of Work Life effectively?
- Are the nurses are successful in balancing their work and life?
- How their individual profile supports the Quality of Work Life?
- Which are the factors that strongly influence the work quality and life quality?
Is it possible to identify critical dimensions of Quality of Work life and to derive a suitable Model?

What kind of supports the hospitals have to provide further to enhance the Quality of Work Life on nurses?

1.13 QUALITY OF WORK LIFE MODEL

Based on the literature review and the dimensions selected for the study, a suitable theorized model was arrived and it is furnished in the following page. On the basis of path analysis concept, the latent relationship between the variables and the dimensions constituted by the set of variables is established. This model is supported by ‘Path Analysis’. The researcher identified the appropriate indicators for each dimension to be measured. The dimensions which overlap and having close relationship with one another are clubbed together into a single dimension to avoid practical difficulties in the processing of data. The employee’s perception regarding the factors like Autonomy, Pay Equity and 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 and, Work Life Balance, are grouped as Work Quality Dimensions. The employee’s perceptions regarding the factors like Health and Well being, Self-Society-Friends and Family support are grouped as Life Quality dimensions. The Quality of Work Life is assessed based on these Perceived Quality of Life and Life Quality. And how the Quality of work life of the nurses affects the nurse’s performance in terms of hospital’s quality of care, employees’ morale, relationship among co workers and patients’ satisfaction.
WORK QUALITY DIMENSIONS

LIFE QUALITY DIMENSIONS
Health and Wellbeing, Self-society-friends and Family support

Chart – 1.1
Model of Quality of Work Life

WORK QUALITY

BALANCE OF WORK AND LIFE

LIFE QUALITY

QUALITY OF WORK LIFE

NURSES PERFORMANCE

Chart – 1.1
Model of Quality of Work Life
1.14 OBJECTIVES OF THE STUDY

The study approaches the problem from the viewpoint of nurses to attain the Quality of Work life in their hospitals. The main objective of the study is how the nurses are balancing their work and life by which they attain the Quality of Work Life. The following are the broader objectives of the study.

1. To study the Quality of Work Life of Nurses in Dindigul and Madurai Districts.
2. To study the Work Life Balance of the nurses in Dindigul and Madurai District
3. To study the Demographic profile of the nurses in Dindigul and Madurai District.
4. To study the dimensions of QWL
5. To study the influence of dimensions on Work quality and Life quality of nurses in Dindigul and Madurai District.
6. To study the relationship between Work quality and Life quality.
7. To analyze the impact of Quality of work life on nurses performance in the hospital.
8. To suggest the ways and means to improve QWL of nurses for the betterment of their work performance and life.

1.15 THE RESEARCH PROPOSITIONS (HYPOTHESES)

The following hypotheses have been framed in the light of the above objectives.

1. Nurses do not attain their Quality of Work Life significantly.
2. Nurses do not achieve their Work Life Balance significantly.
3. The demographic profile of the Nurses (age, income, educational qualification) does not influence the Quality of Work Life.
4. The size and nature of the organization do not influence the Quality of Work Life of nurses.
5. There is no relationship between work quality and life quality
6. The work quality dimensions do not significantly influence the Perceived Work Quality.
7. The life quality dimensions do not significantly influence the Perceived life Quality.
8. The Quality of work life does not significantly influence the Nurses performances.

9. There is significant difference between the theorized model and the model arrived at from the research data.

1.16 SCOPE OF THE STUDY

The study aims at analyzing the problems related with Quality of Work life of Nurses in Dindigul and Madurai Districts and is expected to provide an insight into the issues of Quality of Work Life of the nurses. The health care industry will be able to identify the problems related to the QWL of its nurses, their job satisfaction, and work life balance. The study is expected to identify the perceptual level of QWL of nursing professionals in Dindigul and Madurai districts. The health care industry would be in a position to take adequate steps forward to improve the QWL of its employees and to frame appropriate guidelines and policies to amend QWL programmes successfully and to make periodic survey to assess the QWL.

1.17 LIMITATIONS OF THE STUDY

The study consumed a lot of time and threw up several problems and became a challenge for the researcher to complete the data collection. Considerable time and care had to be bestowed to collect unbiased data. However adequate time and interest could not be realized in the case of many respondents because of lack of interest of their hospitals. The inferences of the study are thus subject to inherent limitations in both the primary and secondary data. This apart, the limitations of the study are;

1. The results of the study are applicable to the Dindigul and Madurai Districts only and are not to be generalized for the entire health care sector.

2. The resource constraints of the researcher did not allow him to conduct the research more elaborately with a larger size of sample.
1.18 ORGANIZATION OF THESIS

The report has been organized and presented in five chapters as follows.

CHAPTER I – INTRODUCTION

The first chapter presents an Introduction, nurses and background to the study highlighting the importance of the Quality of Work Life, the origin of QWL, importance of the QWL and the Evolution of the concept of QWL. Presents a conceptual model for QWL and summarizes all findings and inferences. It elicits an overview of the need of the study, statement of the problem, objectives of the study, scope of the study and limitation of the study.

CHAPTER II - REVIEW OF LITERATURE

The second chapter reviews the various studies made with respect to Nursing professional, Quality of Work Life in organizations, presents various QWL dimensions, and indicators, and outlines various QWL programs conducted by several organizations.

CHAPTER III - RESEARCH METHODOLOGY

The third chapter presents an overview about the study area, research work and provides a theoretical framework of the study. It identifies and examines the importance of the different dimensions of QWL with reference to nursing professionals and gives a detailed discussion on the approach to empirical validation of the instrument to measure QWL, outlining various statistical tools and their application.

CHAPTER IV – RESULTS AND DISCUSSION

The fourth chapter elicits the results of relevance to the study objectives through the statistical tools and methods and discusses them for inferences. The data collected are tabulated and analyzed in details through suitable interpretations of results of statistical analysis and the different hypotheses proposed earlier are tested.

CHAPTER V- SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

The fifth chapter presents the summary of the findings of the study relating to various objectives selected for the study, discusses briefly their implications for management and provides some suggestions for future research.