CHAPTER I

INTRODUCTION

Quality of work life is a philosophy, a set of principles, which holds that people are the most important resource in the organizations they are trustworthy, responsible and capable of making valuable contribution and they should be treated with dignity and respect (Straw and Heckscher, 1984). The expression of quality of work life was probably coined originally at the first international conference on Quality of work life at Arden house in 1972 (Davis and Cherns 1975). Mills (1978) probably coined the term quality of working life and suggested that it had moved permanently into the vocabulary of unions and management, even if lot of people using it were not exactly sure what territory it covered. During twentieth century social science conceptualizations regarding work have been labeled scientific management, human relations, social-technical system theory, and now possible holistic learning organizations. The elements that are relevant to an individual’s quality of work life include the task, the physical work environment, social environment within the organization, administrative system and relationship between life on and off the job (Cunningham and Eberle, 1990).

It is evident from history that, work occupies an important place in the life of human beings. Quality of work life has attracted an ever increasing interest over the past two decades not only in the areas of health, rehabilitation, disabilities and social services but also in medicine and
education. Quality of work life is a comprehensive department wide program designated to improve employee satisfaction strengthening work place learning and helping employees to manage change and transition. Dissatisfaction with Quality of work life is a problem, which affects almost of workers regardless of position or status. This is a complex problem, because it is difficult to isolate and identifies all of attributes which affect the Quality of work life.

However people have thought and felt that the working experience has also been an age-old concern for workers. When organization offers quality of work life to their employees, it is a good indicator to boost its image in attracting and retaining employees. Thus the employee’s turnover and absenteeism could be minimized and better organizational climate would be gained which is conducive for good employer-employee relations and this definitely put the organization in the headway. It also indicates that firms are able to offer appropriate working environment to employees and thus the employer-employee would be cordial and this would exert a positive impact on the organization and leads to better Quality of work life.

Quality of work life consist of opportunities for active involvement in group working arrangements or problem solving that are of mutual benefits to employees or employers, based on labor management cooperation. People also conceive Quality of work life as a set of methods, such as autonomous work groups, job enrichment and high –involvement aimed at boosting the satisfaction and productivity of workers.
1.1 Origin of Quality of Work Life

To have a good understanding of the quality of working Life (QWL) concept, one must look into evolutionary stages of the concept. Even if the expression of “Quality of working Life” (QWL) is relatively new, the reality it encompasses is not recent in origin. The successive periods of its development are briefly discussed below.

With the beginning of the industrial Revolutions in the 19th century, the industrial worker had to adopt himself to machines that had become increasingly independent of both human energy and human ingenuity for their operation. Technology having not yet reached a high degree of refinement, worker still served as complement to the machine. The machine imposed on him has disturbed his or her rhythm and increasingly reduced the number and importance of decisions he or she had to make. The constraints the industrial worker had to endure were become totally different from those of agriculture worker to whom technology was a complement.

Towards the end of 19th century and the beginning of the 20th century, the role of worker continued to evolve. This evolution was heading towards the strict assimilation of the workers into the very operations of a machine. Although Taylor, the father of Scientific Management (SM) had furnished the impetus, there were number of individuals who were bringing the movement to its maturity along with a number of dimensions. The work of Taylor of course had undeniable economic advantages; however the economic advantages have
been considerably offset by increasing human problems, including boredom, under-utilization of intellectual skills, alienation, absenteeism and turnover.

The contributions of Maslow, Mcgregor, Herzberg and Trist were undoubtedly of critical importance to the development of new concepts and new experimental processes that would lower the antagonism of workers towards their work.

Maslow’s concept of “need hierarchy” has been given considerable importance in the work management. This theory provides significant clues to answer- “why well remunerated employee is not motivated to carry out his responsibility?” According to Maslow, human needs arrange themselves in prepotency. Once the physiological needs are gratified, the higher order needs emerge and dominate behaviours.

Building upon the work of Maslow, it became clear to Herberg (1966), who was greatly interested in the problems of work motivation, that the traditional methods for division of labour used only a small portion of human potential. Since each worker has many skills to offer than those he is asked to perform, Herzberg wondered to what extent a worker could derive his motivation to work from the task itself. According to him- when lower order needs are not satisfied the worker is likely to feel unhappy, but the satisfaction of these needs does not necessarily make him happy. A worker’s satisfaction can be increased only by motivators that satisfy higher order. Herzberg isolated five motivators: (i) the need for achievement, (ii) recognition by others, (iii) the
work itself, (iv) responsibility and (v) the opportunity for advancement. According to Herberg, work organization should, therefore, seek to introduce these motivators into the work situation. This laid the foundation for now well known concepts of job enlargement and job enrichment.

During the same period another group of researchers in Tavistock Institute of London focused on the integration of technical as well as human and social dimensions of industry (the socio technical system). The concept here emphasizes that the optimization of the technical production system may be undertaken currently with the optimization of the social system, by means of job constructed to satisfy human needs adequately. The socio technical approach fostered the idea that there appears to be a possible and desirable alternative to the modes of work organization inherited from SM for a given technology. There is not only one but several possible and effective ways of organization work. Some of these offer better socio technical combinations than others and allow for improvement in the quality of working life (QWL) without sacrificing any of the organizational effectiveness of the enterprise.

India is slow in adopting socio-technical system and improving quality of work life. The reasons are: the people in India generally are unadaptive to anything which is new. Initial resistance is evident in adopting anything is new, no matter how it improves the ability of the organization. The management tends to stick on to the traditional methods of getting work done from the employees. As such they did not take any measures to improve quality of work
life for a long time. The employees of the workers in India are also not educated in general. They do not have much logical power. There is also a tendency as said earlier to stick on to the old rather than adapt to something new. Some of the unions even felt the measures for improving quality of work life by the management is nothing but getting more work done by the workers with no major costs. Improving quality of work life also involves considerable amount to be spent by the management. The employers were initially hesitant to spend. This has given negative attitude to employees. But the scene has changed. Now, both management and workers are realizing the importance of quality of work life. In fact, the quality of work life has become a buzzword in the industries these days and even laymen talk about it. India is a country with various cultures, value systems and varied interests. As such it is difficult to assess the impact of a particular concept in the country as a whole. For example, Lahiri and Srivastava(1976) had found out from their study in one of the industries that extrinsic rewards are more important to the workers, whereas Dayal and Sharma (1975) in another similar study carried out in another industry concluded that intrinsic rewards are more important to the workers. In another study, Dayal says that Indian labour prefer paternalistic approach of management while Srivastava contradictorily says that workers would like to participate in decision making given an opportunity, based on one of his studies.

Thorssrud , a researcher in this content says” Even within the same country, there may be important cultural differences with regard to the relative
importance of motivating factors, and, therefore, there is a need to find local solutions to quality of work life problems, rather than applying uniform principles which cannot be adopted to local requirements”.

As such, in India, the order of preference in improving various aspects of quality of work life should change from place to place, depending upon the preferences of the workers and their attitudes at that place. In fact, quality of work life improvement was not considered as an important factor in India until recently. Because there were more impending factors like resource deficiency, environmental threats, serious financial problems and lack of consciousness among employees in this regard can also be considered as one of the reasons for delaying improvement of quality of work life. Though Trade Unions were playing an important role their part is more of a destructive one. Their negative attitude towards management did not in any way help the improvement of quality of work life. In fact, workers selected for bipartite committees for decision making are viewed by the unions as their rivals.

There are also differences among the views of managements regarding quality of work life. Some have come to a stage, where they see human resource as critical one in the developmental process and thus striving to take all steps to improve it where as the other organizations still did not realize the importance of human resources. Even if they realize, the improvement strategies confine themselves to increasing pay scales and introducing some welfare measures. They ignore the other aspect i.e., the higher order needs of the employees. This is so, especially in case of small and medium scale
industries in backward states. Whereas large scale industries and Multi-nationals are fast realizing the need for improving the quality of work life.

The government’s intervention in this regard is minimum. The inclusion of the concept workers participation in management did not in any way influence the improvement of quality of work life. What is important in India at this stage is developing consciousness among all sections of industry i.e., workers, unions and management. Once these parties view quality of work life with a positive approach, the improvement programme can be effectively planned and implemented.

In this section, we will provide further details and critically examine its growth. In many ways, quality of working life represents a blending of these very real concerns for human values in today’s society with an awareness that all individuals devote the greater part of their mature lives to work, expending time, energy and physical and mental resources to this endeavour. It recognizes, moreover, the work is the chief determinant of an individual’s freedom, growth and self-respect, as well as his or her standard of living. Further, the role of breadwinner is fundamental to the survival of the family and society.

The main concept used to explain quality of working life is that of the ‘socio technical system’. It is based on the following logic any productive system embraces a given kind of equipment, layout and work organization, but the latter has certain social and psychological properties independent of the technology. For example, given Long wall technology, one can choose between
conventional and composite organization. It was further suggested by Rice (1963) that constraints other than technology and wider socio psychological attachments, must be taken into account. – “A socio –technical system must also satisfy the financial conditions of the industry of which it is a part. It must have economic validity”. Thus, the productive system has three key dimensions which are all interdependent- the technological, the social and economic. Yet each of these possesses its own scale of independent values. To pursue one set of these and ignore the others is to invite trouble, if not disaster. More formally, optimizing along one dimension does not produce optimal results for the system as a whole.

1.2 Meaning of Quality of work Life

In simple term QWL refers to the favourableness' or unfavourableness of a job environment for people. Quality of Work Life is a set of principles influences upon the goodness and meaning in life as well as people’s happiness and well being. The ultimate goal of Quality of Work Life is to enable people to lead quality lives- lives that are both meaningful and enjoyable.

1.3 Definitions of Quality of work life

As De (1976) defines that “Quality of Work Life is an indicator of how free the society is from exploitation, injustice, inequality, oppression and restrictions on the continuity of growth of man, leading to his development to the fullest.
According to Hackman and Suttle (1977), concept and practice of Quality of work life have broad and diverse meaning, and many use this phrase according to their own convenience.

Richard Walton (1979), quotes that “Quality of Work Life is the work culture that serves as the cornerstone”

According to Cohan, “Quality of work life is a process of joint decision-making collaboration and building mutual respect between management and employees”

Robert F. Craver, defines that “Quality of Work Life is more than fad, more than any attempt to pacify the growing demands of impatient employees, for the manager, Quality Work Life can offer new challenges, opportunities for growth and satisfaction”.

As per the definitions of Harrison, “Quality of Work Life is the degree to which work in an organization contributes to material and psychological well-being of its members”.

Robert H. Guest stated that “Quality of Work Life is a generic phrase that covers a person’s feelings about every dimensions of work, including economic rewards and benefits, security, working conditions, organizational and interpersonal relationships, and its intrinsic meaning in a person’s life”.

Hackman and Oldham (1980) further highlight the constructs of Quality of work life in relation to the interaction between work environment
and personal needs. The work environment that is able to fulfill employees' personal needs is considered to provide a positive interaction effect, which will lead to an excellent Quality of work life. (Shahbazi et al., 2011).

These early studies provided a basis for further developments. After these studies, there appeared to be a lull in the development of the concept of quality of working life. European demonstration projects were carried out without too much public focus to begin with. However, from the late sixties, there has been a resurgence and proliferation of ideas, experiments and theory building. The term quality of working life has become well known not only to social scientists, but to laymen as well. This has been so, particularly, in the first world. The idea has acquired so many meanings that it now tends to create confusion.

According to **Nadler and Lawler (1983)** have summarized the present predicament.

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<td>First Definition</td>
<td>1969-1972</td>
<td>QWL = Variable</td>
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<td>Second Definition</td>
<td>1969-1975</td>
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<td>Third Definition</td>
<td>1972-1975</td>
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<td>Fourth Definition</td>
<td>1975-1980</td>
<td>QWL= Movement</td>
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<td>Fifth Definition</td>
<td>1979-1982</td>
<td>QWL= Everything</td>
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<td>Sixth Definition</td>
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While agreeing with them that confusion surrounds the concept, we would disagree that the concept means “nothing” at the moment. The concept has been defined by several social scientists including Walton (1975), Lippett and Rumley (1977), Seashore (1978), and Jenkins (1981).

The developments in Europe are the best characterized by Thorsurd. “The history of Quality of working Life (**QWL**) over the last twenty
years is an account of organizational philosophy moving from socio technical job design to redesign of organizations as learning units and finally to inter organizational changes, including different spheres of society, particularly enterprises, schools and public administration” (1970).

The term “quality of work life” originated from the concept of open socio-technical system designed in the 1970s that helped to ensure autonomy in work, interdependence, and self-involvement with the idea of “best fit” between technology and social organizations (Adhikari & Gautam, 2010). Although the open socio-technical system is a traditional concept for practice, it assumes that optimal system performance and the "right" technical organization coincide with those job conditions under which, the social and psychological needs of the workers are satisfied. A better Quality of work life initiative supports to fulfill technical and social requirements of job in our organizations (Mirkamali & Narenji Thani, 2011). Initially, quality of work life was focusing on the effects of employment on the general well-being and the health of the workers. But now its focus has been changed. Every organization need to provide good environment for their workers including all financial and non-financial incentives so that they can retain their employees for the longer period and for the achievement of the organization goals (Kaur, 2010, p. 28). The Quality of work life movement has been concerned with creating work organizations that “more effectively deliver services and products valued by society, while simultaneously rewarding, stimulating places for employees to work” (Cohen et al., 2007).
Shamir and Solomon (1985) have defined quality of work life (QWL) as a comprehensive construct that includes an individual’s job related well-being and the extent to which work experiences are rewarding, fulfilling, and devoid of stress and other negative personal consequences. (Md-Sidin et al., 2010).

Beukema (1987) describes QWL as the degree to which employees are able to shape their job actively, in accordance with their options, interest and needs. It is the degree of power; an organization gives to its employees to design their work. This means that the individual employee has the full freedom to design his job functions to meet his personal needs and interests. This definition emphasizes the individual’s choice of interest in carrying out the task. However if the organization provides the appropriate authority to design work activities to the individual employees, then it is highly possible that work activities can match their employees’ needs that contribute to the organizational performance.

According to Daya Narain (1997), “In organizational design and development, Quality of Work Life is an approach seeking to improve the working environment and employee-employer relations”.

Sirgy, Efraty, Siegel and Lee (2001) mentioned in their research that a new measure of Quality of Work Life was developed based on need satisfaction and spillover theories. They further explained that quality of work life differs from job satisfaction whereby job satisfaction is construed as one of many outcomes of quality of work life. Besides, quality of work life does not only
affect job satisfaction itself but also satisfaction in other life domains such as family life, leisure life, social life and financial life, etc.

Abo Znadah and Carty (1999) noted that quality of work life relates not only to how people can do work better, but also to how work may cause people to feel better. Moreover, Quality of Work Life in an organization also concerns the participation of workers in problem solving and decision making. Higher quality of work life would then correlate with lower work-to-family interference (Cheung & Tang, 2009).

The recent definition by Serey (2006) on quality of work life is quite conclusive and best to meet the contemporary work environment. The definition is related to meaningful and satisfying work. It includes (i) an opportunity to exercise one’s talents and capacities, to face challenges and situations that require independent initiative and self-direction; (ii) an activity thought to be worthwhile by the individuals involved; (iii) an activity in which one understands the role the individual plays in the achievement of some overall goals; and (iv) a sense of taking pride in what one is doing and in doing it well. This issue of meaningful and satisfying work is often merged with discussions of job satisfaction, and believed to be more favourable to QWL.

Khani A, Jaafarpour M, and Dyrekvandmogadam have explained that quality of work life is essentially a multidimensional concept, and is a way of reasoning about people, work and the organization. It seems that the relationship between quality of work life and the degree of the nurse’s involvement in their work is a critical factor in achieving higher levels of quality
of care delivery. In health care organizations, quality of work life factors have recently been recognized to significantly influence the performance of staff members, and quality of work life also refers to strengths and weaknesses in the total work environment. Quality of Work Life (QWL) focuses on the degree to which registered nurses are able to satisfy important personal needs through their experiences in the work organization, while achieving the organization's goals, to make meaningful contributions to their organization.

Blair D. Gifford et al 2002 pointed out that the hospitals follow bureaucratic cultural norms which emphasise hierarchical structures, rules, and regulations, and heavy measurements of outcomes and costs may not be the culture most conducive to enhance nurses’ job satisfaction and commitment. The authors have found that the quality of work life factors such as organizational commitment, job involvement, empowerment (Wet-Hwang and Ann E Rogers, 2006 J Oraniz, Behav 2005), and job satisfaction may reduce the turnover.

Thomas M. Gehring et al, 2002 state that consensus exists among professionals from various fields that stress-related psychological or health problems constitute important issues in today’s work environment. The importance of this issue is widely recognized, even in the absence of an agreed-upon definition and operationalisation of the construct of stress. In modern concepts, theories of work requirements and stress have evolved from a unidirectional response to environmental factors) e.g. daily hassles to a complex bidirectional relationship integrating environmental and personal
factors such as coping strategies and social support (Kanner, Coyne, Schaefer, & Lazarus, 1991; Lazarus & Folkman, 1984; Thoits, 1995). The researchers mentioned irregular working hours, ‘ineffective’ meetings and extended medical administration as examples of stressors. It can be assumed that large workloads, continual time pressure and related stress are inherent characteristics of today’s high tech medical settings. The challenge of such situations necessitates supervision and specific training programs to increase individual coping and stress management, as well as efforts for enhancing team development which can be provided by research on the perceived quality of work life. It is found that stress related coping strategies can significantly contribute to a systematic conceptualization and implementation of preventive or health-promoting interventions in work settings.

Quality of Work Life 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. The term refers to “the favourableness or unfavourableness of a total job environment for people”. (Newstrom and Davis, 2005). QWL programs are another way in which organization recognise their responsibility to develop jobs and working conditions that are excellent for people as well as for economic health of the organization.

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

**Richard E Walton**, states a much broader concept of quality of work life proposing eight conceptual categories viz. adequate and fair compensation, safe and healthy working conditions, opportunity to use and develop human capacities, future opportunity for continued growth and security, social integration in the work place, social relevance of work, balanced role of work in the total life space and Constitutionalism in the Work Organization etc. It is rare to find work-life situations that satisfy all eight criteria. The researchers and the management can view these eight features as goals to aim for. Quality of Work Life has been defined as “the quality of relationship between employees and the total working environment”.

**SOCIO–TECHNICAL SYSTEM**

An improved school of thought from human relations movement is socio- technical system which forms actual basis for present Quality of work life. The basic features of socio technical system is—“The design of the organization must be compatible with its objectives. In order to adopt to change and be capable of using the creative capacities of the individual, a system should provide the people an opportunity to participate in the design of the jobs they are required to perform” as cherns (1979) puts it. The objectives should be specific.
• There should be the minimal crucial specification of tasks, the minimal critical allocation of tasks to jobs or of jobs to roles, the specification of objective and the minimal critical specification of methods of obtaining them.

• There should be variance control, i.e., where possible the people should be allowed to inspect their own work, thereby learning from their mistakes and redesigning the number of communication links across departmental boundaries. The fewer the variances, and the more complete the jobs of the people concerned.

• In organizations having a repertoire of different performances to achieve their objectives, multiple functioning should be encouraged. Multiple functioning is achieved by training the same people in repertoire of different performances, each requiring a separate set of rules and role relationships;

• The more the control of activities within a department becomes the responsibilities of the members, the more the role of the supervisor is concentrated on the boundary activities assuring adequate resources to the team to carry out its functions, co-coordinating the activities with other departments and viewing ahead the changes likely to impart upon them. The boundary maintains is the role of the supervisor in a well defined system. In some cases the responsibility for managing their own boundaries is given to the respective teams while the responsibility of co-ordination is placed on those who activities require to be co-ordinate.

• Information systems should be so designed as to provide information in the first place to the point where action on the basis of it will be need in need. This
will be enable the work team to learn to control the variances and to anticipate events likely to have a bearing on their performance.

- The systems of social support should be designed so as to reinforce the behaviors which the organization structure is designed to elicit.

- The objective of organizational design should be to provide a high quality of working life to its members. There are six characteristics of a ‘good job’ which can be striven for in the design of the organizations and job, viz, variety of opportunity to learn on the job, some minimal area of decision-making that the individual can call some minimal degree of social support and recognition in the work place, ability to relate what the individual produces to his social life and the feeling that the job leads to some sort of desirable future.

- There is a change over period from old to new which requires a transitional organization. The planning or implantation should begin with the beginning of design, this needs planning, organizing, designing and training. A careful rehearsal of roles should be performed during change over and especially the continuing training role of the supervisor.

- Design is reiterative process; the closure of options opens new ones. As soon as design is implemented, its consequences indicate the need for redesign.

No organization is independent social of independent technical system. Organization is an interdependent social and technical system. Socio-technical system requires social and technical system to be jointly optimized. It is from this notion of socio-technical system that the ‘quality of work life’ emerged.
1.4 Components of Quality of work life

The literature reveals that different models of Quality of Work Life have been proposed by various authors and writers. Predicting or studying Quality of Work Life variables depends on approaches adopted to improve Quality of Work Life situation at the organizational level. Three different approaches regarding Quality of Work Life are common in the literature of human resource management. In the era of scientific management, Quality of Work Life is based on extrinsic traits of jobs: Salaries, safety and hygiene, and other tangible benefits of the workplace. The human relations approach stresses that while extrinsic rewards are important, intrinsic traits of job like autonomy, challenges and task contents are key predictors of productivity and efficiency. The third approach - orientation to work - suggests that a focus on extrinsic or intrinsic reward is contingent on the person. However, the success of Quality of Work Life initiatives depend on openness and trust, information management, organizational culture, and partnership between management and workers (Adhikari & Gautam, 2010). Following is a brief discussion of a number of these models.

- **Job design**- Job content, meaningful work, team working, independence, rich and challenging work ownership feeling in work, the need of creativity in work, growth opportunity.

- **Work environment and facilities**- Improving the work environment, social and welfare facilities etc.

- **Job security**- Employment on permanent basis.
- **Health, stress and safety** – Health and safety of working conditions, protection against disease and injury within and outside the workplace, occupational stress and lack of job burnout.

- **Wages and Rewards** – Fair and adequate pay, fair and proper payment for good performance, Innovative rewards systems, the circumstances and procedures relating to promotion policies, seniority and merit in promotion and development.

- **Work life balance** - Fair working hours, work life atmosphere, opportunity for doing religious ceremonies, no physical and mental damages, distance between work place and home.

- **Aesthetics and creativity** - General aesthetics, free time in the workplaces, creativity workplace and personal creativity.

- **Conflict** - Cooperative work between colleagues’ adequacy of resources, work and organizational equilibrium, and grievance procedure.

- **Learning and growth** - Increased emphasis on employee skill development, possibility of learning and using new skills, training to improve job skills, creating opportunities to learn, growth in the professionalism path, job growth and career progress.

- **Career Growth** - The organization should provide career growth to the employee i.e. promotion, authority with responsibility, and hike in the salary of the talented employee.

- **Workers participation in decision making of the organization** - Employees should be encouraged to participate actively in the decision
making body of the organization so they should feel that they are also of some value to the employers. As a result they will be more loyal.

- **Leadership and Employee empowerment** - Superior –subordinate relations, Participatory supervision, Communication, desire and motivation to work, Creating work and organizational commitment, employee involvement, participation and power, Increased autonomy for action and decision making at worker level, access to relevant information and participative problem solving.

### 1.5 IMPORTANCE OF QUALITY OF WORK LIFE

It may be defined as an individual’s sense of psychological well-being or avowed happiness. It has been argued that Quality of Work Life influences the performance and commitment of employees in various industries, including health care organizations. A high Quality of Work Life is essential to attract new employees and retain a workforce. Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high Quality of Work Life. Focusing on improving Quality of Work Life to increase the happiness and satisfaction of employees can result in many advantages for the employee, organization and consumers. These include strengthening of organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization.

According to Sirgy and Colleagues, a happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioural responses (for example,
organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization. Some of the following factors contribute to the growing importance on quality of work life in recent years:

- **Union Pressures**- Trade unions, these days, are much more aggressive in safeguarding the interests of the employees. They strive hard to get fair remuneration and better conditions of service for the working class.

- **Increases in educational level**- The level of education of the employees, these days, is quite high. As a result, they expect better pay and working conditions. If they find that the working environment is not conducive, they don’t hesitate to leave their jobs as they are confident of finding better jobs.

- **Increase in job aspirations of employees**- The present day employees are also assertive in the matter of choosing their career. They don’t accept stagnation in their career path. They look for career advancement at every stage and aspire to move to higher positions.

- **Increase in legislative measures**- A number of laws have been enacted to safeguard the interests of the working class. The minimum wages Act, The Equal Remuneration Act, The Employee provident Fund Act, The Trade Unions Act, The payment of Gratuity Act are a few examples.

- **Growing importance of the concept of human resource development**- The concept of Human Resource development gets greater focus these days. The very fact that the Government of India has created a separate Ministry
called the Ministry of Human Resource Development to work for the progress of the human resource of the country proves this point.

- **Greater among employee awareness**- In view of the reasons mentioned above, the awareness among the employees has considerably increased. The employees are now sure of what they want and do not give any scope for anyone to exploit them.

### 1.6 Measures to improve the quality of work life

- **Flexibility of Job**- Flexibility on job means flexible working hours, no fixed working hours, different time intervals etc. By this flexibility in the job can be introduced.

- **Job enrichment**- Job Enrichment focuses on designing the job in such a way that it becomes more interesting and challenging so that it satisfies the higher level needs.

- **Secured job**- Security of job should be provided to the employee to make him feel committed and loyal to the organization.

- **Grievance handling**- The disciplinary procedure, grievance procedures, promotions and transfer matters should be handled with justice, fair and equity.

- **Participate Management**- Employees should be allowed to participate in management participative schemes which may be of several types. The most sophisticated among them is quality circle.
1.7 Historical Overview of Nursing

To understand the present status on nursing, it is necessary to have basic historical knowledge about nursing. By studying nursing history, the nurses are better able to understand such issues as autonomy (being self-directed), unity within the profession, supply and demand, salary education and current practice. Nurses can enhance their abilities to create positive change in the present and set a course for the future. Learning from the past is the major reason for studying history. Ignoring nursing's history can be detrimental to the future of the profession (Ogren, 1994). By applying the lessons gained from a historical review, nurses will continue to be a vital force in the next millennium. The study of nursing history offers other advantages learning how the profession has advanced from its beginnings. Empowerment is the process of enabling others to do for them. Only when nurses are empowered they become truly autonomous. Autonomy has historically been difficult for nurses to achieve. Empowerment and autonomy go together and are necessary if nursing is to bring about positive changes in health care today. Personal power comes to individuals who are clear about what they want from life and see their work as essential to the contributions they wish to make. Nursing has evolved alongside human civilization. It is necessary for all nurses to have some understanding of their professions heritage and of those pioneers who led the way on the path to modern nursing.
Early civilizations

The early civilizations of nursing dates back to 4000 BC., to primitives’ societies where in mother-nurses worked with priests. In 2000 BC the use of wet nurses is recorded in Babylonia and Assyria.

Ancient Greece

The ancient Greece built temples to honor Hygiea, the goddess of health. These temples were more like health spas than hospitals in that they were religious institutions governed by priests. Priestesses who were not nurses attend to those housed in the temples. The nursing that was done by women was performed in the home. Hippocrates, a Greek physician born in 460 BC., is considered the father of medicine. He used a system of physical assessment, observation and record keeping in his care of the sick. Hippocrates wrote about many aspects of medicine, including pathology, anatomy, physiology, diagnosis, mental illness, gynecology, obstetrics, surgery, and client –centre care. He emphasized the importance of caring for the client and thus laid a foundation for nursing. The Hippocratic Oath based on his principles, is still taken by physicians today.

Roman Empire

Hospitals were first established in the eastern Roman Empire (Byzantine Empire). St Jerome was responsible, through one of his disciples, Fabiola for including hospitals in the west. Western hospitals were primarily religious and charitable institutions housed in monasteries and convents. The
care givers had no formal training in therapeutic modalities and volunteered their time to nurse the sick (Bullough & Bullough, 1993).

**Middle ages**

Hospitals in large Byzantine cities of the medieval era were staffed primarily by paid male assistants and male nurses. This was not true in the rural parts of the Eastern Roman Empire and in the West, where nursing was viewed as a natural nurturing job for women. In Western Europe, medical practices remained basically unchanged until the 11th and 12th centuries. At that time formal medical education for physicians was required in a university setting but other care givers were not required to receive any formal education or training.

**Renaissance**

Interest in the arts and sciences emerged during the Renaissance (A.D 1400-1500). This was also the time of many geographic explorations by Europeans, which resulted in the expansion of the world. Universities were established because of a renewed interest in science, but there were no formal nursing schools. Social status and customs encouraged women to stay at home and attend to the traditional role of nurturer/caregiver.

**Industrial Revolution**

Industrial revolution led to a proliferation of factories, where conditions for the workers were deplorable. Grueling work, long hours and unsafe conditions prevailed in the work place and the health of laborers received little attention.
The Royal College of Surgeons in London and other medical schools were founded in 1800. Male barbers in France also functioned as surgeons by performing leeching, giving enemas and extracting teeth. It was still considered unseemly in the mid-1800s for women to be nurses, even though some hospitals (almshouses) relied on women to bathe the poor, make beds and scrub floors. Most nursing care was still performed in the home by female relatives of the ill.

**Religious Influences**

Religion had a strong influence on the development of nursing beginning in India in 800-600 BC. The religious influence prospered in Greece and Ireland in 3 BC. With male nurse-priests. Theodor Fleidner, a pastor in Kaiserwerth, Germany in 1896, revived the Lutheran order of Deaconesses to care for the sick in a hospital he had founded. He established the first real school of nursing to educate the deaconesses in the care of the sick. These deaconesses of Kaiserwerth became famous because they were the only ones formally trained in nursing. Pastor Fleidner had a profound influence on nursing through Florence Nightingale, who received her nurse’s training at the Kaiserwerth Institute. Religious orders were established by the Catholic Church to care for the sick and poor. Only nurses who functioned within a religious order were approved by society. The need for nurses in the mid 19th century and changing social conditions set the stage for Florence nightingale’s reforms. The order of the nursing sisters of the holy cross was founded in LeMans, France, by Father Bassil Moreau in 1841. In 1855, the school was
moved to Notre Dame and became as Saint Mary’s college, which later had a strong influence on the emerging role of women.

**Florence Nightingale (1820-1910)**

The founder of modern nursing is Florence Nightingale, who grew up in a wealthy upper class family in England. She was educated in Greek, Latin, mathematics, history and philosophy. She always had an interest in relieving suffering and caring for the sick, but social mores of her time made it impossible for her to consider caring for others because she was not a member of a religious order. After receiving encouragement from the family visitor Dr Samuel, however she became a nurse over the objections of society and her family. Nightingale worked to reform health care Britain’s war in the Crimea presented her with the opportunity to volunteer with 38 other nurses to serve in the battle site hospital. She persisted in advocating cleanliness, good nutrition and fresh air. When battle casualties mounted, the nurses had chance to prove their worth. They worked around the clock, caring for the wounded, carrying oil lamps to light their way in the darkness. The symbol of the oil lamp is still used today in nursing and is the reason Florence nightingale is called as “Lady with the lamp”.

**1.8 Health Care in INDIA**

Healthcare is one of India’s largest sectors, in terms of revenue and employment, and the sector is expanding rapidly. During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than $34 billion. This translates to $34 per capita, or
roughly 6% of GDP. By 2013, India's healthcare sector is projected to grow to nearly $40 billion. The private sector accounts for more than 80% of total healthcare spending in India. Unless there is a decline in the combined federal and state government deficit, which currently stands at roughly 9%, the opportunity for significantly higher public health spending will be limited.

When it comes to healthcare, there are two India's: the country with that provides high-quality medical care to middle-class Indians and medical tourists, and the India in which the majority of the population lives—a country whose residents have limited or no access to quality care. Today only 25% of the Indian population has access to Western (allopathic) medicine, which is practiced mainly in urban areas, where two-thirds of India's hospitals and health centers are located. Many of the rural poor must rely on alternative forms of treatment, such as ayurvedic medicine, unani and acupuncture. The federal government has begun taking steps to improve rural healthcare. Among other things, the government launched the National Rural Health Mission 2005-2012 in April 2005. The aim of the Mission is to provide effective healthcare to India's rural population, with a focus on 18 states that have low public health indicators and/or inadequate infrastructure. Through the Mission, the government is working to increase the capabilities of primary medical facilities in rural areas, and ease the burden on tertiary care centers in the cities, by providing equipment and training primary care physicians in how to perform basic surgeries, such as cataract surgery.
India’s healthcare infrastructure has not kept pace with the economy's growth. The physical infrastructure is woefully inadequate to meet today’s healthcare demands, much less tomorrows. While India has several centers of excellence in healthcare delivery, these facilities are limited in their ability to drive healthcare standards because of the poor condition of the infrastructure in the vast majority of the country. Of the 15,393 hospitals in India in 2002, roughly two-thirds were public. After years of under-funding, most public health facilities provide only basic care. With a few exceptions, such as the All India Institute of Medical Studies (AIIMS), public health facilities are inefficient, inadequately managed and staffed, and have poorly maintained medical equipment. The number of public health facilities also is inadequate. For instance, India needs 74,150 community health centers per million populations but has less than half that number. In addition, at least 11 Indian states do not have laboratories for testing drugs, and more than half of existing laboratories are not properly equipped or staffed. The principal responsibility for public health funding lies with the state governments, which provide about 80% of public funding. The federal government contributes another 15%, mostly through national health programs.

1.9 Defining Quality of Nursing work life (QNWL)

Nursing has been called the oldest of the arts and the youngest of the profession. The word nurse evolved from Latin word nutritious which
means nourishing. The roots of medicine and nursing are intertwining and found in mythology, ancient eastern and western cultures and religion.

Nursing is defined by various authors at various times. Handerson says “nursing is primarily assisting the individuals (sick or well) in the performances of those activities, contributing or its recovery (or to a peaceful death) that he would perform unaided, if he had the necessary strength, will or knowledge.

1.10 Concept of Quality of Nursing work life (QNWl)

The socio-technical systems (STS) theory gives rise to many theoretical antecedents of QNWl. Developed in the 1950s, socio-technical systems posits that organizations fully engaging employees in work design promote employees in work design promote employee fulfillment while simultaneously achieving organizational goals. The term, quality of work life (QWL), was coined in settings using the socio-technical systems approach to work design (Davis & Trist, 1974). Socio-technical systems theory has emerged as a significant approach to designing organizations, especially at the interface of technology and people. Productivity is improved and humans are enriched through a design process that focuses on the interdependencies among people, technology, and the environment. In contrast to both traditional and behavioural approaches, which emphasize individual motivation rather than organizational features, socio-technical systems theory recommends simultaneous modification of technical and social systems to create work
designs that can lead both to greater tasks productivity and to increased fulfillment of organization members (Hackman, 1980).

In viewing organizations as open and living systems interacting with the environment, socio-technical systems emphasizes that organizations are embedded in, and affected by, an outside environment (Cherns, 1976). Thus, the way in which work is accomplished in any given organization is inextricably linked to society at large. At the same time, the organization’s internal environment has social and technical subsystems, as well as physical design and work settings, which act together to influence and produce the outcome (product or service). Socio-technical systems theory defines an organization’s environment as having two components, the social and technical subsystems.

Social subsystem of socio-technical systems – the social subsystem, comprising people who work in the organization and the relationships among them, must be able to attain the goals of the organization, adapt to the environment, integrate the activities of the people in the organization, and provide for continued occupation of the essential roles through recruitment, socialization, and retention (Cherns, 1976). More broadly, the social subsystem includes the reasons that organizational members choose to work in the organization, their attitudes toward it, their expectations of it, patterns of supervisory-subordinate relationships, skill levels of employees, and the nature of the sub-groups within the population. In short, the social subsystem encompasses all of the human qualities that members of an organization bring with them to work. The STS theorists contend that the surest way to direct the
efforts or organizational members toward organizational goals is to identify the needs that people bring with them to the workplace, and incorporate the means to meet those needs through the design of the technology and the work itself (Cherns, 1976; Davis & Trist, 1974; Pasmore, Francis, Haldeman, & Shani, 1982). For example, health care organizations using a STS approach to decrease nursing staff turnover at the unit level might gather staff feedback so that nurse managers can become more skilled at retaining staff on their units.

Technical subsystem of socio-technical systems – Similarly, the technical subsystem of an organization consists of the tools, techniques, procedures, skills, knowledge, and devices used by members of the social subsystem to accomplish the organization's tasks. The most direct impact of technology is upon organizational productivity; this is not surprising since organizations acquire technology to increase speed and efficiency (Pasmore et al., 1982). Technology also affects the location of the workers, the motions required to operate equipment, and the behaviours required to keep the whole system running smoothly. Roles and responsibilities developed for those who are designated to manage the equipment and people assigned to operate it. Historically, socio-technical systems analysis has been applied primarily to organizations such as coal mining or the automobile industry (Cherns & Davis, 1975; Emery & Trist, 1965; O'Toole, 1974; Trist, 1983; Trist & Bamforth, 1951). White collar and service-oriented organizations have studied only infrequently (Happ, 1993; Pasmore, Petee, & Bastian, 1986; Song, Daly, Rudy, Douglas, &
Dyer, 1997; Tonges, 1992) and more recent research using STS to redesign the technology-staff interface in healthcare setting was not found.

Theoretical assumptions of socio-technical systems – Social-technical systems theory is based on two underlying assumptions: (a) organizational performance can be improved by allowing employees at lower levels to assume more responsibility for their efforts, and (b) employees will become more responsible and self-directed as their work offers opportunities to fulfill important psychological needs, such as learning, growth, self-esteem and significance in their working lives (Pasmore et al., 1982). The major objective of the STS theory approach to organizational change is to optimize jointly the organizational goals and the needs of the employees (Cherns & Davis, 1975).

The open-systems approach, in which technical as well as social aspects of the organization are recognized, offers a sound starting point for studying and (re)designing productive organizations while meeting the needs of employees.

Although Social-technical systems researchers have generally reported positive effects. Criticisms include a lack of coherence between theoretical concepts, ambiguous definitions of social and technical subsystems, unclear boundaries between organization and the environment, and preponderance of research on the social subsystem that ignores the technical subsystem (Adler & Docherty, 1998; Pasmore, 1988; Van der Zwaan, 1994). In a meta-analysis of 17 socio-technical studies, the impact of socio-technical interventions, although positive, varied greatly across studies (Beekun, 1989).
was moderated by variations in the use of autonomous work groups, changes in the technological system, and changes in the pay system, and the scope of the change.

The concept, quality of work life, arose from the theoretical underpinning of the socio-technical systems theory. The quality of work life is improved by allowing employees to assume more responsibility for their efforts while providing opportunities to fulfill important psychological needs, two assumptions underlying socio-technical systems theory. Such premises may be extrapolated to the health care setting in which nurses are employed. The concept then becomes the quality of nursing work life (QNW\text{L}), and includes both social and technical aspects of health care work environments. Aspects that address social issues of concern to nurses who work in hospitals may include supervisory-subordinate relationships, nurse-physician relationships, skill levels of employees, and workers’ attitudes and expectations of the work environment. Technical aspects of work may include procedures, skills, knowledge, technology and equipment.

According to Cronbach and Meehl (1955), whenever no universe of content is accepted as entirely adequate to define a construct, the empirical referents need to be explicitly delineated and the nomological net surrounding the construct must be identified. This review of socio-technical systems provides the theoretical underpinnings for the construct Quality of Nursing Work Life and begins to establish the nomological net. Further, theoretical
markers for the construct of Quality of Nursing Work Life may be found in the literature of the more general, yet closely related concept, quality of work life.

Quality of Work Life (QWL) – Comprehensive delineation of the Quality of Work Life concept is found in three major works: Walton (1975), Taylor (1978), and Levine, Taylor, and Davis (1984). Not all empirical referents are uniformly salient for all employee groups, and different sets of empirical referents for different groups of workers are required. Although speculative and a Priori, Walton (1975) was the first to propose eight dimensions and empirical referents based on studies of workers and their experiences at work. Taylor (1978) conducted the first empirical examination using factor analysis to investigate the underlying structure of QWL. Items were added to include the employer and society at large, as recommended by Seashore (1975). Levine et al. (1984) defined and measured QWL in an insurance company from the perspective of white-collar employees. Seven significant predictors of QWL were found: (a) the degree to which superiors treat employees with respect and have confidence in their abilities, (b) variety in daily work routine, (c) challenge of work, (d) present work leads to future opportunities, (e) self-esteem, (f) extent to which life outside of work affects life at work, and (g) the extent to which work contributes to society.

1.11 DEFINITION for Quality of nursing work life

According to J. L. Lyod Suttle, “Quality of work life is the degree to which individuals are able to satisfy their important personal needs through their experience in the organization.” Quality of work life refers to the level of satisfaction, motivation, involvement and commitment individuals experience with respect to their lives at work. Quality of work life is a process in
organizations, which enables its members at all levels to participate actively and effectively in shaping the work environment, methods, and outcomes. According to Maslow (1971), in his theory of the human motivation, human necessities are organized in a hierarchy of value or pressing nature, or either, the manifestation of a necessity is based generally on the previous satisfaction of other, more important or pressing, and thus, there isn’t a necessity that can be treated as if it was isolated; all necessity relates with the state of satisfaction or dissatisfaction of other necessities (Rodrigues, 1991). The basic necessities that compose the Maslow’s theory of the ’hierarchy of the necessities‘ are: physiological, security, love, esteem and auto-accomplishment (Rodrigues, 1991).

The Quality of Work Life can affect such things as employees’ timings, his or her work output, his or her available leaves, etc. Quality of Work Life helps the employees to feel secure and like they are being thought of and cared for by the organization in which they work. An organization’s HR department assumes responsibility for the effective running of the Quality of Work Life for their employees. The pressure to provide more and better service using the same or reduced resources is likely to continue in the health care industry for the foreseeable future. However, increased productivity is likely to be fleeting if achieved at the expense of the quality of employees’ work life. Nurses are the single largest employee cohort in hospitals. Landmark studies have examined the work of nurses, the cyclical shortages that plague the profession, and Magnet facilities, job satisfaction, yet the recommendations
have either not been instituted or implemented temporarily during a “crisis” to alleviate the acute shortage at that time. The profession needs to resolve the ongoing and fundamental work life concerns of staff nurses in long-term, meaningful ways.

Empirical referents for quality of work life (QWL) have been reported, but closely related construct, quality of nursing work life (QNWL), is less well developed, although some conceptual mapping has been done (Attridge & Callahan, 1990; Villeneuve et al., 1995). Preliminary evidence suggests that improvement of QNWL is prerequisite to increased productivity in hospitals. Thus, the Quality of Nursing Work Life is in need of scholarly investigation.

1.11 Role of Nurses

Nurses are expected to perform a variety of roles in health care institutions whenever care is provided to the clients. They may be carried out simultaneously depending on the need of the client in a particular situation and case.

- Caregiver

As a caregiver, nurses are expected to assist the client’s physical, psychological, developmental, cultural and spiritual needs. It involves a full care to a completely dependent client, partial care for the partially dependent client and supportive-educative care, in order to attain the highest possible level of health and wellness.

- Communicator
Communication is very important in nursing roles. It is vital to establish nurse-client relationship. Nurses who communicate effectively get better information about the client’s problem either from the client itself or from his family. With better information nurses will be able to identify and implement better interventions and or nursing care that promotes fast recovery, health and wellness.

- **Teacher**

  Being a teacher is an important role for a nurse. It is her duty to give health education to the clients, families and community. However, the nurse must be able to assess the knowledge level, learning needs and readiness of the clients, families and community to give appropriate and necessary health care education e.g. diseases, health, wellness, nursing care procedure, etc. They need to do to restore and maintain their health.

- **Client advocate**

  A nurse may act as an advocator. An advocator is the one who expresses and defends the cause of another or acts as representative. Some people who are ill maybe too weak to do on his own and or even to know his rights to health care. In this instance, the nurse may convey his client’s wish like change of physician, change of food, upgrade his room or even to refuse a particular type of treatment.
- **Counselor**
  
  A nurse may act as a Counselor. She provides emotional, intellectual and psychological support. She helps a client to recognize with stressful psychological or social problems, to develop and improve interpersonal relationship and to promote personal growth.

- **Change agent**

  As a change agent, oftentimes a nurse change or modify nursing care plan based on her assessment on the client’s health condition. This change and modification will only happen when the intervention/s does not help and improve a client’s health e.g. caring of the pressure ulcer, change in medication, change of food, etc.

- **Leader**

  Nurse often assumes the role of leader. Not all nurses have the ability and capacity to become a leader. It takes confidence, initiative and ability to innovate change, motivate, facilitate and mentor others. As a leader it allows you to participate in and guide teams that assess the effectiveness of care, implement-based practices, and construct process improvement strategies. You may hold a variety of positions like shift team leader, chairperson of a professional organization, ward in-charge, board of directors, sister, matron, etc.

- **Manager**

  As a Manager, a nurse has the authority, power, and responsibility for planning, organizing, coordinating and directing work of others. She
is responsible for setting goals, make decisions, and solve problems that the organization may encounter. It is also her responsibility to supervise and evaluate the performance of her subordinates. The manager always ensures that nursing care for individuals, families and communities are met.

- **Case manager**

  In some hospitals, a case manager is a primary nurse who provides direct care to the client or family. For example a case manager for diabetic client has the responsibility to give health education, measure the effectiveness of the nursing care plan and monitor the outcomes of intervention whether effective or not.

- **Research consumer**

  Nurses often do research to improve nursing care, define and expand nursing knowledge.

### 1.12 Job characteristic factors that affect Quality of Work life

Some of the nursing job which affect the nurses Quality of work life are listed below: job descriptions as per designations, duty roaster, shift timings, modify or change in shift, duty roaster, and official break, often double duty, compensation of double duty and job rotation.
Department

The nursing staff from various departments which includes outpatient, general ward, maternity ward, pediatric ward, critical care units, operation theatre and emergency ward is included for the study.

Work as per designation

The nurses are trained in three and half years in professional training institutions. The nurses’ duties and responsibilities are clearly specified in the job descriptions to ensure that the nursing staff works in a focused way and that their time is utilized effectively to achieve better patient care. Keeping this in view the nursing staff are asked to spell out whether they are doing their work as per job descriptions or not. During this period they are provided with appropriate training in all the areas of clinical and some aspects of non-clinical services so that they can easily handle the patient care. When they join hospitals they are provided with variety of opportunities in various work settings like different wards including general wards, critical care wards, and operation theatre and outpatient services. Even though the nurses are capable of doing multiple tasks but they cannot do all the work at a time. So it is important to prioritise work logically. Sometimes they continue to perform a variety of complex functions and across various chains of activities so it is very important to specify what work they have to do and when they are supposed to do them. This specification can be called job description. The nurses’ duties and responsibilities are clearly specified in the job description. This ensures that the staff can work in a focused way and that their time is utilized.
effectively to achieve better patient care. The nurses’ job descriptions are election duty, government work, clerical work etc. Keeping this in view, the nursing staffs are asked to spell out whether they are doing their work as per their job descriptions or not.

- **Duty roaster**
  Almost all the nurses say that there is duty roaster and it is followed without fail. Once the duty roaster is ready it is put in place and everybody follows the duty roaster without fail. In case the staff fail to follow the duty roster they are punished with salary deduction or being marked as absent for two days known as double day absent. Sometimes it may be difficult for the nurses to follow as per the schedule. In such a situation it is necessary to bring some flexibility to modify or change their shift timings.

- **Shift timings**
  The nurses are expected to work a minimum of 24 days in different shifts in a month and the remaining 6 days are given as day-off generally in between a shift change. Each shift has specific duration for example night shift has 10 hours duty and day duties usually last 7.30 hours. The system is rotated to ensure that all the nurses shall undergo a similar system for every month. It shows that nursing staff are doing their duty mostly against their wishes. However, their service is needed 24 hours and somebody has to be there with the patients. So there is no option for staff to withdraw from doing night duty or shift duties.
Modify or change in shift timings

On some occasions the nurses are not allowed to change the shift because of emergencies. In such circumstances the nurses are expected to be there in duty and if the nurses fail to follow the schedule, action will be taken against them. There are many reasons for following strict rules in this area. The nurses have many experiences in the past wherein once they allow the nurses to take leave or change duty without a substantial reason, it becomes a precedent and other nurses are also likely to make their own demands for a favourable schedule. It is not possible for the staff to change their schedule without the knowledge of the nursing management. This change can be done with help of medical superintendent from another hospital. Duty changing can be done with mutual adjustment. It is done at the level of the administrative office. There is no clear administrative rule with regard to duty change for the nursing staff. But from the administration’s side they try to help the nurses in whatever ways possible. The nursing staff can avail duty change as an emergency help. The change of duty schedule can be based on the mutual understanding between the nurses or prior permission from the superior. They have certain special considerations for young nurses and the aged nursing staff. The medical officer says that the young nurses are provided maternity leave. Similarly, the senior nursing staffs that who have completed long years of service are provided with straight duty. It is found that there are different practices followed by administrative office of different hospitals such as strict enforcement of the rules, exchange of duty with mutual understanding and
with the knowledge of superiors. It shows that scheduling is an internal issue left to the complete discretion of the administrative staff-in-charge of the concerned department. There are no written guidelines and the superiors are the deciding authority in this regard.

- **Double duty**

  Double duty is common for the nursing staff. Double duty means the nurses have to continue work one shift after another for two shifts in single day. In other words, the nurses do two work shifts without having any break. There are various reasons for the nurses doing double duty in the hospitals, such as shortage of workforce, increased work load in the hospital (work load increases whereas actual number of nurses remain the same), nurses on frequent absenteeism either for short period or due to long leave, lack of substitutes to meet the additional staff requirements, etc. It is observed that at a given point of time nearly 10 to 15 per cent of the nurses are on long leave. Also, the double duty depends on seasonal requirements, particularly during the children’s Board examinations, summer and festival seasons as during this period a large number of nurses apply for leave. The hospital management finds it very difficult to put strict rules in place against the staff wishes.

- **Often double duty**

  Double duty has become inevitable in the hospitals. If the hospital avoids double duty then the patient care may get affected due to non-availability of the staff during the shift. At the same time if the double duty
norm continues, nurses get tired and there is possibility of adverse effects in the ward like compromise on quality of patient care and lack of attention given to the patients. Also there is a possibility that with less number of nurses posted in the ward nurses present have to take on the entire work load and work under a lot of pressure.

- **Official break**

  Break means a specific time provided to the staff in between the shifts for relaxation or taking lunch or snacks. Break is a system which is followed in every organization. In the hospital, the administrative staff is provided with tea and lunch break on two to three occasions for a specific duration and at specific times and at break time all the staff working in the sections or department leave the work place. Sometimes the higher authorities have no control over this matter. It is seen that this practice is not followed by the nurses in the hospitals. Providing a break to the nurses is one of the issues in the hospital. Since the nurses are expected to stay with the patients for 24 hours, there are various opinions with regard to break for nurses. The majority of the Key Informants say that “Nurses do not have any official break because their services are highly significant and they need to work with patients continuously. However, if there is a substitute available to relieve the nurses for lunch and other breaks, it would be possible for the nurses to get the break”. There is also another practice that if two nurses are there one can go for lunch and another nurse may go on her break when the first nurse returns. But it is seen that for the majority of the nurses there is no substitute and they
have to forego the break. That is also evident from few nurses saying that they take a break but not at a fixed time for a break because they have to be there with the patient 24 hours. Fixed time means like any other administrative cadre lunch time 1.00 pm to 2.00 pm or Tea break 3.00 pm to 3.15 pm. It is difficult to give such specific break time because there is a possibility that everybody may leave the ward at the specified hour and nobody is there to care for the patients. This situation may lead to serious consequences for patient care in the hospital. The morning shifts nurses have 30 minutes break time provided for lunch. In fact there is a problem for the nurses to go for few minutes break in other shifts provided the patient care is kept as first priority. This issue of a break is dependent on the individual wards. The ward conditions will decide the break for the nurses. In case the ward is busy the nurses may not get the break. The nurses are provided a break whenever they are in the morning shift and there is no break in the evening and night shift. The nurses have to adjust or mutually help each other to get some break. Ultimately it is seen that the break is not a matter of right and nurses have to work as per the guidelines provided by the hospital time to time.

- **Compensation of double duty**

  The staff double duty is compensated by providing a compensatory off. There is no monetary support for doing double or extra duties in the hospital. Providing compensatory off has its own side effect in that a nurse who does
double duty would take the compensatory off along with her regular off creating a larger gap in a situation already overwrought with lack of human resources that led to the existing nurse having to do double duty in the first place. This means the cycle of double duty will never end. Since there is a heavy shortage of nurses in the hospital and very less scope for avoiding double duty in the hospitals it becomes necessary for the hospital to keep attractive incentives for the nurses who do double duty. In this way the hospital can avoid work pressure among the nurses and would be able to cope with the situation.

**Work load**

It is to be noted that the hospitals are already facing shortage of nurses and there is no possibility of providing extra nurses. There are several reasons for this shortage. The shortage of nurses really affects the patient care; however, the hospitals do try to provide patient care with the available resources. On the other hand, it may be difficult to provide even minimum level care when the number of nurses is reduced beyond a certain limit as it creates distress among the nurses. At this stage it has become very important to look at the work force of the study hospitals. The nurses should be available to accomplish the work load of the hospitals.

**Job rotation**

Job rotation fulfills the aim of the nurses of being professionals with their skills. Nurses are engaged in several activities during their duty (single shift) which is generally, 7 hours and 30 minutes in a day. Some of the
activities that are performed are directly connected with patient care and some of the activities are indirectly associated with patient care the rest of the time is spent on other activities. The non nursing work can be done by others instead of the nurses so that the nurses can devote their full time to patient care. This also helps the hospital make an arrangement for substitute in any ward irrespective of staff crunch so that the work will not suffer. It has created an opportunity for the nurses to work in Operation Theatre, Critical Care Services and special and general wards. If such an arrangement is made the current nurses shortage can be managed to some extent.

1.13 Comparing and Contrasting QWL and QNWL

Empirical referents for QWL have been reported and QNWL is a closely related concept. Some may find that the concepts are so closely related that they are identical. However, even though occupation-specific conceptualizations have the disadvantage of limiting comparisons across occupations, they have the important advantage of better delineating the items most relevant to the particular occupation. Occupation-specifically conceptualizations that lead to questionnaires which include sub-scales and item that are specifically tailored to a particular profession can provide valuable information in a particular setting. Since early QWL conceptualizations studied populations and contexts inappropriate for Registered Nurses, examining the concept for nursing was the key to questionnaire development. Once qualitative research defined QNWL, aspects of nursing work and the work environments that were unique to QNWL
emerged, based most often on gender roles. Some maintain that greater amounts of variance can be understood when input from workers is used when designing a questionnaire, rather than questionnaires designed solely by experts (Levine et al., 1984).

The conceptual components outlined here provide nurse leaders with clues about discretionary employee benefits that enhance the work life of nurses. In collaboration with their colleagues in human resources, nurse leaders can develop and implement employee benefit programs that would improve the work life of nurses. Programs that enable nurses to balance work with their family needs, decrease rotating shifts, bonus programs for off-shifts, onsite child care, on-site ill child care, on-site day care for elderly parents, and on-site degree completion programs are important (Brooks, 2001). Other clues gleaned from this concept analysis provide information that could be used to improve the work environment. Some staff nurses worry about workplace security, being safe from personal harm, and express concerns that nurse managers are inadequately prepared for their role. In a recent study, only 50% (n=187) of the respondents agreed they were able to participate in decisions made by the nurse manager (Brooks, 2001). These findings point to areas that nurse leaders can strengthen and improve that reflect similar issues uncovered in a classic Magnet hospital study (Kellogg Foundation, 1989) and other more recent attempts to understand what contributes to a quality work life for nurses.
1.15 STATEMENT OF THE PROBLEM

Quality of work life is the degree to which individuals are able to satisfy their important personal needs through their experience in the organization. The quality of work life of the nursing staff depends on their family needs, energy after work working hours/shifts policy of vacations, job satisfaction, work load, autonomy, non nursing tasks, time to do jobs, work force, patient care, management, co workers, and growth opportunities, work environment, image of nursing payment, labor market, security of job and belief in nursing. Examining Quality of nursing work life is influenced by various factors. Some of the key issues that will be examined in this study are nursing working conditions and job characteristic such as working according to job descriptions, getting an official break from double duty, work load, shift system. These issues affect the nurses’ quality of work life negatively. Hence the work-life balance must be maintained effectively to ensure that all nurses are running at their peak potential. Nurse have to perform dual role of a family care taker and also in profession so they feel rushed but are under moderate level of Quality of work life.

Most of the studies on quality of work life focus on, quality of life, work life balances, turn over intention and work life enhancement. In the present study the quality of work life is a dependent variable. Work environment, personnel effectiveness and emotional competence are taken as the independent variable. Career satisfaction and life satisfaction is measured
as the outcome variable. Thus outcome variable of nurses are absolutely important for smooth successful functioning of the hospitals.

1.16 NEED FOR RESEARCH

As the saying goes – “Health is Wealth”, health is considered as the most important phenomenon in today’s world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing professions. In the process of health care nurses are considered as a key factor. In all countries nurses provide the majority of health services – up to 80 per cent in some cases. As nurses are the key healthcare providers and share major responsibilities of patient care, Quality of work life of nurses lead to critical changes in the behaviour of nurses towards their work. The study concentrates on the nurses. Quality of work life would allow the organization to attract as well retains a healthy, committed work force in hospitals. The shift systems of work for nurses are 6-2 hrs, 2-8hrs and 8-6hrs respectively. Nowadays people work more than 12hrs a day. This leads to dissatisfaction of work ultimately disturbs quality of work life. Dissatisfaction cause several physical, mental, emotional problems which affects mankind. They have to struggle a lot to achieve good position and satisfaction in their life satisfaction and career. Only very few are fortunate enough to be blessed with all the satisfaction in the work life .Unfortunately some are not satisfied .This dissatisfaction and reason behind this form the bais for the research.
1.17 SCOPE OF THE STUDY

This study aims to analyze the Quality of work life among nurses in the hospitals of Cuddalore District. Cuddalore is a big district and lies on the Coastal regions with many big, small and medium sized hospitals. It caters to the need of the health care of neighbouring villages and towns. A good number of nurses are working in this district.

As we know the Quality of Work Life has been found to influence the career satisfaction and life satisfaction in health care organizations, while achieving the organization’s goals, to make meaningful contributions to their organization. However, reliable information on the Quality of Work Life of health care nurses is limited. Like many other professions such as software like IT, call centre management and etc., the night shifts, safety and traveling are also the part of the profession either directly or indirectly.

Though the field is bestowed with better packages, perks, benefits and incentives the switch over rate is also high. This denotes that there is some discrepancy in the Quality of Work Life experienced by the employees/nurses. The study is conducted in Cuddalore districts and comparison is made. As in many other professions, most people from all walks of life prefer nursing professions next to medicine. In a nutshell, the purpose of this study is to analyse the Quality of Work Life of nurses in Government and private hospitals. The study is expected to provide a deep insight into the factors
which motivate the nurses’ in their career satisfaction and life satisfaction which directly enhances the Quality of Work Life.

Conceptual Frame Work of the study

Demographic factors & job characteristic
- Age
- Gender
- Marital Status
- Educational status
- Total years of Experience
- Experience in present
- Religion
- Total number of adults
- Number of children
- Number of dependents
- Occupation of spouse
- Number of earning Members
- Monthly self Income(family)
- Distance between the work place & Residence
- Present designation
- Present Department
- Duty Roaster
- Shift timing
- Changing Shift timing
- Double duty
- Often double duty
- Compensation Double
- Job rotation

Work Environment
- Health & safety
- Economic
- Social
- Esteem needs
- Actualization
- Knowledge
- Aesthetic

Personal Effectiveness
- Self-Disclosure
- Openness
- Perceptive

Emotional Competence
- Adequate depth of feeling
- Adequate expression control on emotions
- Ability to function with emotion
- Ability to cope with problem emotion
- Encourage of positive

QNWL
- Work life
- Work design
- Work context
- Work world

Career Satisfaction

Life Satisfaction
1.19 Quality of Nursing Work Life (QNWL) by Anderson and Brooks (2001)

Quality of nursing work life is the degree to which nurses are able to satisfy important needs through their experiences in their work organization while achieving the organization’s goals. The four dimensions are further defined by synthesis of referents from prior work in Socio technical system, the QWL and QNWL.

**Work life/home life dimension**

It has the interface between the nurse’s work and home life. Since nurses are primarily female, this dimension reflects the role of mother (child care), daughter (elderly parent care), and spouse (family needs, available energy).

**Work design dimension**

It is the composition of nursing work, or the actual work nurses do. Here are items that define nurses’ immediate work environment such as work load, staffing, and autonomy.

**Work context dimension**

The practice settings in which nurses work and the impact of the work environment on both nurse and patient systems is the work context dimension. Closely aligned to the work design dimension, the work context dimension is broader. It includes relationships with supervisory personnel co-
workers, and inter-disciplinary health team, the provision of resources to do
the job, and promotion of lifelong learning by the institution.

**Work World dimension**

It is defined as the effects of broad societal influences and change on the
practice of nursing.

**1.20 Work Environment (WE) by Porter (1961)**

The need satisfaction approach to QWL is based on need-satisfaction
models developed by Maslow (1954), McClelland (1961), Herzberg (1966), and
Alderfer (1972). The basic tenet of this approach to QWL is that people have
basic needs they seek to fulfill through work. Employees derive satisfaction
from their jobs to the extent that their jobs meet these needs. Porter’s Need
Satisfaction Questionnaire (NSQ) was used to assess (a) the level of employee
needs that are pursued on the job, (b) the level of organizational resources
relevant to the needs experienced by the employee, and (c) the congruence
between a person’s needs and organizational resources - with greater
congruence reflecting increased need fulfillment by the organization. The needs
are categorized; including seven basic needs on Maslow’s hierarchy were
covered by the NSQ measure. These are:

**Economic & family needs:**

- Pay
- Job security
• Other family needs

Health & Safety needs:

• Protection ill health and injury at work
• Protection from ill health and injury outside of work
• Enhancement of good health

Social needs

• Collegiality at work
• Leisure time off work

Esteem Needs:

• Recognition / appreciation of work within the org.
• Recognition / appreciation of work within the org.

Actualization Needs:

• Realization of one’s potential within the org.
• Realization of one’s potential as the professional.

Knowledge Needs:

• Learning to enhance job skills
• Learning to professional skills
Aesthetic Needs:

- Creativity at work
- Personal creativity and general aesthetic
1.21 Personal Effectiveness by Dr Udai Pareek (2001)

Personal Effectiveness is the ability to make a positive & energetic impact onto others by conveying ideas and information clearly and persuasively. To be effective as a person, you need to:

• Be aware of yourself – self awareness, and
• Be aware of others – perceptiveness.

The extent to which one shares his/her ideas, feelings, experiences, impressions, perceptions and personal information with others shows the degree of one’s openness. Openness contributes considerably to one’s effectiveness as a person.

Personal effectiveness is self-awareness. Self-awareness is how well one understands oneself. It is usually high among persons concerned about themselves, their behaviour, feelings, attitudes and mannerisms. However most people do not give a second thought to self-awareness, because they feel that they know themselves perfectly – their assumption being “Who could know me better than I know myself?” However this is an assumption. If you really look at yourself, you will realize and understand more aspects about yourself. This is important because you cannot expect people to understand you and react in a way that you want them to, unless you first understand yourself. Increased awareness of “self” will result in understanding your strengths and competencies, your weaknesses and faults. However, just by understanding your “self” you do not immediately become effective. You have to make use of this understanding. You should use your strengths and competencies to
change a situation for the better. You should try to overcome your weaknesses and correct your faults. You should change your behaviour in such a way as to have a positive effect on people you interact with. Only by doing these can you become effective.

This model was developed by Johari widow; there are two dimensions for understanding the self: those aspects of a person’s behaviour and style that are known to him (self) and those aspects of his behaviour that is known to those with whom he interacts (others). Openness, then, is critical for personal effectiveness.

**Self-disclosure**

Self-disclosure or openness is sharing one’s ideas, feelings, experience, impressions, perceptions and other relevant personal information. Self-disclosure leads to mutual trust and thus enhance personal effectiveness. Self-disclosure is directly linked to the areas known as “Arena” and “Closed”.

Self-disclosure is sometimes misunderstood as revealing everything about oneself with everyone. Self-disclosure can be characterized as effective, if what is being made known is relevant and appropriate. Inappropriate sharing does not contribute to effective openness.

Examples of **appropriate disclosure** are:

- Telling your superiors that you are worried and concerned about your inability to motivate your staff.

- Sharing your ideas and feelings with colleagues about how the new system for tracing defaulters is going.
An example of inappropriate disclosure is:

- Speaking about one’s marital problems at work. What makes people reluctant to share their feelings, emotions or relevant facts about themselves?

A sense of privacy: This is understandable. There are certain things that are, and should be, one’s own private business. However, if some of these are relevant to the relationship or the task at hand, they should be shared.

Fear of exposing one’s weaknesses: This is also understandable, because no one wants to be considered weak. However, if that weakness has a bearing on the efficiency of the task, it would be better to talk about it and may be get help. You will be surprised at how helpful and understanding people can be if they are approached in a proper way.

Worry about being misunderstood: If your communication skills are good, you can make sure that you are not misunderstood. Some people think that by being open or direct, they are being effective. In fact they may only be expressing their feelings with little regard to the effect that it may have on another person. For example, supervisors who express their anger to the staff, without considering the staff’s ability to cope with it, will not be effective. The supervisors would be better advised to listen to the staff and share their concerns in a manner that will help them to use the information conveyed usefully.

Effective disclosure would be to:

- Offer your opinions, ideas and feelings about issues related to work instead of keeping these to yourself.
• Share appropriate personal information within your team.

Feedback is a response that we receive from others regarding our attitudes, behaviour and performance. Feedback is also a response that we give to others regarding their attitudes, behaviour and performance.

Receiving feedback

Receiving feedback is an important part of increasing personal effectiveness. Accepting feedback helps us to know how we are affecting others. Receiving feedback is skills remember to:

• Listen carefully to the person offering feedback

• Don’t be defensive

• Get the most out of the feedback by asking for clarification, examples and suggestions. For example, “Can you describe what I do or say that makes me seem secretive?”

• Recognize valid points even if you don’t agree with the other person’s interpretations. For example, you may agree that you are late with handing in reports, but you may not agree that you are irresponsible.

• Take time to think about what you have heard and what you can do about it.

Perceptiveness

Perceptiveness is being sensitive to and insightful about other people. It is the ability to pick up verbal and non-verbal cues from others. Some people by nature are more perceptive and sensitive to people and situations. Perceptive behaviour leads to being more aware and considerate of others.
When you are perceptive of the moods, feelings and attitudes of other people and show it, they feel understood. This makes them to trust and respect you. They will then be willing to receive any feedback that you give them in a positive way. Perceptiveness can be learnt and should be learnt and practiced if you want to be more effective as a person. You can improve your own perceptiveness by:

- Checking with others about their reactions to what has been said.
- Working on one’s listening skills.
- Being aware of language, tones, gestures and facial expressions.
- Realizing and taking into consideration that people have personal issues they cannot always leave outside the office.

Perceptiveness should be combined with openness and using feedback usefully to increase personal effectiveness.

1.22 Emotional competence (EC) by Sharma and Barawaj (1995)

Emotional competence refers to personal and social skills that lead to superior performance in world of work. The concept of emotional competence is rooted in the understanding of emotions or being normal, useful aspects of human being. Emotional competence constitutes the capacity to tactfully respond to emotion stimuli elicited by various situations, having high self-esteem and optimism, communication, tackling emotional upsets such as frustration conflicts and inferiority complexes, enjoying emotions, ability to relate to others, emotional self control, capacity to avoid emotional exhaustion
such or stress burnout, learning to avoid negativity of emotions, handling egoism.

Emotion competence can give us greater insight and help us better to understand the motives and actions of our self and others. Our tolerance and compassion can lead to an authentic optimism and well founded confidence.

Passion + Reason = Constructive action.

This is the essence of emotional competence. Emotional competence is the efficiency that an individual acquires to deal with emotional situations effectively. It works as a constructive force in shaping the individual behavior. Emotional competence is interrelated to the many processes like social competence, self-understanding and rational security. So, it is difficult to chart emotional competence without appreciating its relations to other features. Emotionally competent people will express emotion appropriate to situation and according to need. Emotional competence increases with variety of experiences in our life. Review of Harvard business on emotional competence published few year ago, attracted a higher percentage of readers. Emotional competence is the maturity at emotional level that is very essential in human life. Emotional competence is also referred as emotional intelligent, emotional quotient and successful intelligence, determining our ability to effectively and successfully lead our lives.

At certain level of emotional intelligence is necessary to learn various emotional competencies. Although, our emotional intelligence determine our potential for learning practical skills, but our emotional competence show how
much of that potential we have realized by learning and mastering skills, translate intelligently into job capabilities. For the star performance in all jobs and in every field, emotional competence is more important than our cognitive abilities. It is most important for our job success this important ability is influenced by many factors like environment, biological and psychological determinants, economic conditions of the family and many more. Emotionally competent person deals with the problems of day-today life as a challenge and solves them in a positive manner. Emotional competency is the ability to recognize and successfully manage our emotion and also of others. It affects our job performance.

Emotional competence is defined as an efficiency to deal effectively with several dissociable but related processes is a blending of five competencies (Goleman, 1970) – Adequate depth of feeling, Adequate expression and control of emotions, Ability to function with emotions, Ability to cope with problem emotions and Enhancement of positive emotions.

1. **Adequate depth of feeling**

   Feeling in its broadest sense is a kind of process or experience characterized by the predominance of effect and accessible to a great degree. A feeling of being confident or capable with all reality assumptions may be termed as adequate depth of feeling specially associated with effective judgment and personality integration, which ensures vigorous participation in living.
2. Adequate expressions and control of emotions

Generally, appropriate reactions in certain situations is not expressed adequately in emotional reactions and a mature person accepts his emotions as a part of himself neither allows them to rule over him nor rejects them as aligned to his nature is not at all worried because he accepts them and has an adequate control over them.

Adequate expression and control of emotions refer to a tendency marked by adequate emotional expressiveness based on fulsome expression and control of emotions. Any forms of inadequacy in either expression of control of emotions may lead to uncontrolled and disorganized emotionally.

3. Adequate to function with emotions

It is sometimes difficult to carry out even routine work, when one finds oneself face to face with highly emotional situation. Emotional competence requires that the individual should develop a character.

4. Ability to cope with problem emotions

Certain problem emotions play a destructive role and pose a potential damage to the life orientations of the individual’s course of life. Therefore, Emotional Competence requires an understanding of the role sensitively and the detrimental effects of such emotions in the beginning, and also a development of the ability to resist their harmful effects after.

5. Encouragement of positive emotions

The congenial growth of personality requires the predominance of the positive emotions that show a constructive influence on the dynamics of
behavior. The growing vitality and a feeling of wholeness with a continuous capacity for illustrated and spiritual growth are associated with an experience of positive emotions. The encouragement of positive emotions refers to the ability of the person to develop a predominance of positive emotions in the personality make up of him to ensure a meaningful and fairly well integrated life.


Career satisfaction is defined as the contentment that a nurse feels as a nursing professional in terms of intrinsic and extrinsic rewards; for nurses, intrinsic rewards, such as: autonomy, professional status and human interactions are ranked as most desirable. Career satisfaction concerns a nurse’s feeling about the career choice of nursing. This is in contrast to job satisfaction which is related to the satisfaction a nurse has with a current position in nursing, pay and perceived promotion opportunities that are important determinants of career satisfaction in economic considerations. Career satisfaction encompasses more than just the nurses’ job on human resources, fairness of practices and policies regarding living conditions and family issues are also important. Family life includes support from spouse and personal flexibility which had been found to be an important determinant of career satisfaction. It refers more broadly to satisfaction with a career in nursing and may be a critical element in retaining nurses in the profession. Nurses who have a sense of career satisfaction and feel more fulfilled may contribute to the growth of the profession.
1.25 Life Satisfaction (SWLS) by Andrews and Withey (1976)

Life Satisfaction refers to a cognitive, judgmental process. According to Shin and Johnson (1976) is defined as “a global assessment of a person’s quality of life according to his chosen criteria”. Tatarkiewicz (1976) “Happiness requires total satisfaction that is satisfaction with life as a whole”. Judgments of satisfaction are dependent upon a comparison of one’s circumstances with what is thought to be appropriate standard. It is important to point out that the judgment of how satisfied people are with their present state of affairs is based on a comparison with a standard which each individual sets for him or herself. It is not externally imposed. It is a hallmark of the subjective well being area that it centers on the person’s own judgments, not upon some criterion which is judged to be important by the researcher.

For eg : Although health, energy, so forth may be desirable particular individuals may place different values on them. It is for this reason that we need to ask the person for their overall evaluation of their life rather than summing across their satisfaction with specific domains to obtain a measure of overall life happiness.

1.26 Objective of the study

In this research, Quality of work life is the dependent variable. Work environment, personnel effectiveness and emotional competence are taken as independent variable. Career satisfaction and life satisfaction are measured as the outcome variable. According to the need of the study the following objectives are formulated. They are
To assess the level of Quality of work life of nurses in government and private hospitals.

To find out the difference in the QWL dimensions between nurses in government and private hospitals.

To know the association between Work environment dimensions and Quality of work Life dimensions of nurses in government and private hospitals.

To identify the relationship between Personnel Effectiveness dimensions and Quality of work Life dimensions of nurses in government and private hospitals.

To measure the relationship between Emotional competence and Quality of work Life dimensions of nurses in government and private hospitals.

To find the relationship of Career satisfaction and Quality of work Life dimensions of nurses in government and private hospitals.

To examine the relationship of life satisfaction and quality of work life dimensions of nurses in government and private hospitals.

To identify the most contributing factors towards Quality of work Life.

1.27 Chapertization

The present study has been divided into five chapters

- The First chapter deals with definition, concepts, and factors of Quality of work life. The first chapters also includes the origin of Quality of work Life, its evolution, development of the concept, statement of the problem,
need for the study, scope the study, objectives, conceptual framework and chapterization.

- The Second chapter deals with the review of literature. It includes with introduction and research gap.

- The Third Chapter includes the methodology used for the study. It explains about introduction, hypothesis, pilot study, area of the study, research design, sample size determination, sampling techniques and procedures, method of data collection, statistical tools used in the study and finally the limitations of the study.

- The Fourth chapter is devoted to the Results and Discussions of the study.

- The Fifth Chapter comprises of the findings, suggestions and conclusion of the study. It also accommodates the implication of the study and suggestions for further research.

- The Bibliography and the annexure constitute the final part of the thesis.

The introduction chapter has discussed about the quality of work life. It has also discussed the favorable or unfavorable condition outcome of quality of work life, career satisfaction and life satisfaction, scope of study, statement of the problem, need for study, chapterization and second chapter discusses about the reviews of literature.