CHAPTER V

SUGGESTIONS AND CONCLUSION

This chapter is devoted to the descriptions of the findings based on the data collection and analysis. Based on that, we put forth suitable suggestions for better management of the problem, and conclusion is also drawn. The statistical analysis has helped the researcher to identify the reasons that go into the causes of the problems and accordingly, some suggestions have been made to rectify the problems faced by the nurses. This ultimately helps the nurses working conditions in government and private hospitals.

FINDINGS

Observation on the QWL dimensions shows that home life, work design, work context, work world and overall work life are distributed in the medium level among nurses in government and private hospitals. Work context is high the contributing factor for quality of work life dimension among nurses in government and private hospitals.

- Overall QWL is found to be medium in nurses in private hospital compared to nurses in government hospital, which means the overall QWL is slightly higher among the government nurses.
- It is found the difference in the Quality of work life dimensions among nurses in government and private hospitals that home life and work context are significantly influencing the QWL dimensions. The other dimensions like work design, work world and overall QWL among nurses
in government and private hospitals are not significantly influencing QWL.

- In government hospitals, 96.24 percent of the nurses have reported high level of economic needs, 100 percent of social needs, 100 percent of esteem needs, 87.74 percent of actualization needs, 78.24 percent of knowledge needs and 87.22 percent of aesthetic needs. Social needs and esteem needs is found to be the highest level among 100 percent of the nurses.

- In private hospital, 52.33 percent of the nurses have reported high level of health and safety needs, 68.91 percent of economic needs, 100 percent of social needs, 100 percent of esteem needs, 73.06 percent of actualization needs, 53.37 percent of knowledge needs and 56.99 percent of aesthetic needs.

- Economic needs represent 96.2 percent in government nurses, but it is less ie 68.91 percent in private nurses. Similarly, the nurses working in government hospitals perceived higher level of other needs such as economy, actualization, knowledge and aesthetic needs than the nurses working in private hospitals.

- It is found that the difference in the Work Environment dimension among nurses in government and Private hospitals are found to be significantly influencing QWL.

- It is observed that the home life has positive correlation with a health and safety needs, esteem needs, actualization needs, knowledge needs and aesthetic needs. Economy needs has negative correlation with home
life of the nurses. It is noted that no correlation between the home life and social needs. Work design has positive correlation with health and safety needs, knowledge needs and aesthetic needs. With economy needs has negative correlation with work design. There is no correlation between social needs, esteem needs and actualization needs. Work context has positive correlation with economy needs, esteem needs, actualization needs, knowledge needs. It has negative correlation with health and safety needs. There is no correlation between work context and aesthetic needs. Work world has positive correlation with economy needs and social needs. It is also noted that health and safety needs, knowledge needs and aesthetic needs has negative correlation. And there is no correlation between esteem needs. Overall QWL of the nurses has positive correlation with esteem needs, actualization needs, knowledge needs and aesthetic needs. It is found that there is no correction between with health and safety needs, economy needs and social needs.

- Regarding in personal effectiveness, it is observed in 22.6 percent of self disclosure, 67.7 percent of openness and 41.44 percent of perceptiveness of the nurses in government hospital have reported low level of personal effectiveness. And 77.4 percent of self disclosure, 32.3 percent of openness, 58.6 percent of perceptiveness of the nurses in government hospital has reported that they have high level of personal effectiveness.

- It is observed 22.3 percent of self disclosure, 64.8 percent of openness and 44.6 percent of perceptiveness of the nurses in private hospital have reported low level of personal effectiveness. 77.7 percent of self
disclosure, 35.2 percent of openness and 54.4 percent of perceptiveness of the nurses in private hospital has reported high level of personal effectiveness.

- It is noted that there is no significant difference in the self disclosure, openness and perceptiveness among nurses in government and private hospital.

- It is observed that the type of hospital has significant influencing in the work design, work world and overall work life. The other dimensions such as home life and work context do not vary based on the type of hospital. Self disclosure is found significantly influence on the work design, work context and overall work life. The other home life and work world dimensions are not significantly influenced based on self disclosure. Regarding self disclosure and type of hospital have interactive effect with work design and it is statistically significant. The other dimension based on self disclosure and type of hospital and the interactive effect on home life, work context, work world and overall work life also do not vary.

- It is inferred from the result that home life, work design, work context, work world and overall work life do not vary based on the type of hospitals. It is also revealed that the openness has significantly influenced over work design and work context. The other dimensions such as home life, work world and overall work life also do not vary. It is noted that openness and type of hospital have significant interaction
with work design and not varied with other dimension such as home life, work world and overall work life.

- It is found that home life, work design, work context, work world and overall work life are not significantly influenced on the type of hospitals. It is observed that work design and work context are varied in the perceptiveness. The other dimensions based on perceptiveness are not varied such as home life, work world and overall work life. Regarding interactive effect of perceptiveness and type of hospital it is also found that there is no significant variation in home life, work design, work context, work world and overall work life among nurses in government and private hospital.

- In government hospital, 22.56 percent of the nurses have reported high level of adequate depth of feeling, 84.96 percent of adequate expression and control of emotions, 37.59 percent of ability to function with emotions, 64.66 percent of ability to cope with problem emotions and 92.48 percent of encouragement of positive emotions. And 77.44 adequate depth of feeling, 15.04 percent of adequate expression and control of emotions, 62.41 percent of ability to function with emotions, 35.34 percent of ability to cope with problem emotions and 7.52 percent of encouragement of positive emotions is found to be medium level of emotional competence.

- In Private hospital, 26.42 percent of adequate depth of feeling, 72.02 percent of adequate expression and control of emotions, 35.75 percent of ability to function with emotions, 54.40 percent of ability to cope with
problem emotions and 88.08 percent of encouragement of positive emotions of nurses are found to be high level of emotional competence. And 73.26 percent of adequate depth of feeling, 27.98 percent of adequate expression and control of emotions, 64.25 percent of ability to function with emotions, 45.60 percent of ability to cope with problem emotions and 11.92 percent of encouragement of positive emotions are found to medium level of emotional competence.

- It is observed that as far as emotional competence is concerned, there is significant difference in the adequate expression and control of emotions, ability to cope with problem emotions and encouragement of positive emotions. There is no significant difference in the adequate depth of feeling and ability to function with emotions.

- Home life has positive correlation with adequate expression control on emotions, ability to cope with problem emotion and encourage of positive emotion. And there is no correlation between adequate depth of feeling, ability to function with emotion and home life. Work design is found to be positive correlation with ability to function with emotion and encourage of positive emotion. And it has no correlation with adequate expression control on emotions and ability to function with emotion. Work context is found to have positive correlation with ability to function with emotion and encourage of positive emotion. And negative correlation with adequate expression control on emotions and ability to cope with problem emotion. Work world has positive correlation with adequate depth of feeling and negative correlation with adequate expression and
control of emotions, ability to cope with problem emotions and encouragement of positive emotions and no correlation with ability to function with emotion. Overall work life has positive correlation with adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions and negative correlation with adequate depth of feeling.

- The covariance effect and comparison between the type of hospital (ie) government and private nurses of home life dependant variable is significant with the independent variable such as ‘monthly family income, work as per designation and double duty’. Other independent variables are found to be not significant.

- Work design (dependant variable) and the covariance effect and comparison between the type of hospitals (ie) government and private nurses are significant with the ‘work as per designation (independent variables). And not significant with other independent variables.

- It is notable that in Work context (dependant variable) and the covariance effect and comparison between the type of hospital (ie) government and private nurses are found to be not significant with all the independent variables.

- Work world dependant variable with covariance effect and comparison between the type of hospital (ie) government and private nurses is significant with ‘children and work as per designation independent variable. And it is not significant with other independent variables.
It is observed that overall work life dependant variable with covariance effect and comparison between the type of hospital (ie) government and private nurses is significant with ward (job rotation) independent variable. It is not significant with other independent variables.

Career satisfaction is found to be higher among nurses working in government hospital ie 60.15 percent than the private hospital nurses ie 45.08 percent. It is found to have significant difference among nurses in government and private hospitals.

Home life and work design is found to have significant correlation with career satisfaction. It has negative correlation between work context and work world. There is no correlation in overall QWL.

Life satisfaction is found to be high level among nurses working in government of 72.18 percent and 74.09 percent of private hospitals. And there is no significant difference among nurses in government and private hospitals.

It is observed that the life satisfaction is high among nurses working in government hospitals and the mean value is 46.1. The career satisfaction is low among nurses in private hospitals and the mean value is 45.4 respectively.

It is revealed that work design has positive correlation with a life satisfaction. And the r- value is 0.375 and the result is found to be significant at 1 percent level. This indicates that the increase in the work design in the life satisfaction.
- Home life and work design is found to be significant with life satisfaction. But, it has negative correlation work context and work world. There is no correlation in overall QWL.

- Work world and no of children and works as per designation found to significantly influence the work world and thus the QWL. Finally in this, work as per designation is found to be much significant.

- The overall work life significantly relates to the job rotation.

- Hence, the QWL is predicated by selected variables to the extent of 22 percent of the variation. It is found that actualization is most contributing variable on QWL among nurses in government and private hospitals. Fallowed during the survey majority of the nurses perceived that they are unable to adequately balance their family life with the work life. Due to this crucial issue only the QWL is found to be medium. Hence, adequate steps to be taken to change this pitiable condition by suitable compensatory leave and they should not be retained for more working hours in the hospital beyond their normal duty hours, in the name of double duty, frequent change in shifts and distance is the negatively contributing variable on QWL among nurses in government and private hospitals.

**SUGGESTIONS**

- QWL is found to be medium among nurses in government and private hospitals which need to be increased by Job orientation and by strengthening the welfare measures schemes which is utmost necessity
for nurses. And by developing clear policies with regard to the nursing job profile - re-designing the job descriptions keeping in mind the necessity to practice the latest modes of treatment and techniques.

- It is found that the difference in the Quality of work life dimensions among nurses in government and private hospitals and home life and work context are significantly influencing the QWL dimension. The hospitals should provide a clear policy with regard to work life balance, counselling and guidance to young nurses and other relevant aspects which create a positive and healthy work environment also needs to be strengthened.

- It is found that the Work Environment dimension among nurses in government and Private hospitals are found to be significantly influencing QWL and this needs to be still strengthened. The hospitals should provide with proper guidelines for flexibility in the duty system and enforcement of suitable break within a six hours shift is absolutely required for the better QWL, so that the problems of double duty could be avoided.

- Personal effectiveness level is found to be high among the type of organization. Over half of the nursing staff perceives a lack of transparency, discrimination in application of rules and lack of support from the top management. Therefore, employee friendly policies should be evolved and the nurses should also be made to participate in framing such healthy and employee friendly policies. And the nurses should not be exploited in the name of double duty. Most of the nurses found to spent
more time for travel. Hence, the hospital authorities may provide adequate transport facilities. And should not be retained for any reasons after their duties.

- In government hospital nurses have reported high level of adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions. Adequate expression and control of emotions and encouragement of positive emotions is found to be at higher level, ie 80 percent of the nurses. The Nurses should be provided with 15 to 30 minutes breaks during their shift. Shift changes for personal emergencies should be allowed and certain criteria and guidelines should be laid down.

- Since the Private hospitals are observed high level of emotionally competent this is because of clerical work and sanctioning leave need some changes like increase in duration of maternity leave, considering the nurses needs for leave rather than arbitrarily fixing number of days, etc can be transferred to non nursing person such as clerks or secretaries for the purpose.

- Career satisfaction and life satisfaction has been found to be moderate level. Hence, remedial measures need to be taken to increases. Life and career satisfaction so that the QWL will be increased. Home life and work design is found to have significant correlation problem of work force shortages should be addressed to as early as possible which reduce, the
frequency of double duty, work pressure, balance the staff patient ratio, etc. The hospitals should create professional development opportunities and the training and development aspects within the working hours. The nurses must encourage acquiring additional qualifications and better increment or incentive schemes to be introduced, which enhance the job satisfaction and leads to better QWL.

- It is observed that QWL dimensions corresponding with the covariance effect and comparison between the type of hospital (ie) government and private nurses of home life dependant variable is significant with the independent variable such as ‘monthly family income, work as per designation and double duty’. Therefore, more care and attention needs to be paid on these aspects.

- Work design dependant variable with covariance effect and comparison between the type of hospitals (ie) government and private nurses is significant with the ‘work as per designation independent variable. And not significant with other independent variables. Hence, the nurses in private hospitals should not be given non nursing jobs. Life and career satisfaction so that the QWL would be increased.

- It is observed that overall work life dependant variable with covariance effect and comparison between the type of hospital (ie) government and private nurses is significant with ward (job rotation) independent variable. It is not significant with other independent variables. This implies that the job rotation is potentially affecting the QWL. Hence, suitable job rotation is a must for better QWL.
Both the government and private hospital authorities’ needs to evolve with better promotional and incentive schemes for the nurses.

RECOMMENDATIONS FOR FUTURE RESEARCH

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

1. Research on QWL can be carried out for other healthcare providers like doctors, technical staff and housekeeping staff and nurses with more number of samples ie state level - to find out the facts still better.

2. The quality of work environment and patient satisfaction in the hospitals could also be studied as it throws more insights on the aspect which affects the QWL of nurses.

CONCLUSION

To sum up that the study, the quality of work life is measured in terms of its relationship with work environment, personal effectiveness, emotional competence, career satisfaction and life satisfaction. There is medium level of QWL in terms of all dimensions between the type of hospital among nurses in government and private hospitals. There is variation in QWL dimensions such as home life, work design, work context and work world based on demographic factors and job characteristic factors among the nurses of both government and private hospitals. And the demographic and job
characteristic factors such as children, monthly family income, work as per designation, double duty and ward are also found to be significantly influencing the QWL. But, Gender, spouse occupation, marital status, religion, distance between work place and residence, total duration of away from residence, double duty is not found to significantly influence the QWL. All the seven dimensions of work environment are significantly influences the QWL. The emotional competence and career satisfaction are not found to be influencing the QWL. Also shows that hospital among nurses in government and private hospitals, which means they have life satisfaction and intent to stay in nursing profession. The only thing is that adequate steps must be taken to improve the variables which increases the QWL, so that the status of medium level of QWL could be improved to high level of QWL, which facilitates the nurses in general to contribute better and to work with better job satisfaction. It was also found during the survey that the nurses working in government are better paid with job security. But lacks adequate exposure to the modern techniques in the nursing field and suffers due the lack of promotional avenues. The nurses working in private hospitals are under paid with less job security. But has adequate exposure to the modern techniques in their field. And most of the family members of the private nurses are employed. Hence, they are not too much bothered about salary and job security.

The common problems faced by both the nurses is that they are not able suitably balance their family life with the work life. Many factors are attributed to this state of affairs such as shift timings, distance, double duty, travel time and number of dependents, safety needs, knowledge and aesthetic
needs. Therefore, the nurses should be subjected to frequent training sessions on the above said aspects. So that their moral values would increase, which results in better career satisfaction, family life and finally increase in QWL, which, is an asset to the hospitals in which they serve.