1.1 AN OVERVIEW OF QUALITY OF WORK LIFE AND ORGANIZATIONAL COMMITMENT

Human resource is considered as one of the most important resources of every organization. Organization can succeed, grow and develop only when there is fruitful contribution from these human resources, when they improve their performance, deliver their services effectively and efficiently. Nowadays, employees are more educated and more dependent than they were. They began looking for higher order needs, something more than merely earning bread. It takes into consideration the socio-psychological needs of the employees. They look for optimum balance between the societal and technical needs while performing the job. Organizations are required to adopt ways to provide this optimum balance to improve the employees’ ‘Quality of Work Life’ which will not only satisfy employee needs but also achieve organization objectives.

Quality of Work Life refers to those conditions and mechanism within the organizations that create positive and satisfying feelings among the employees. And the concept of employee satisfaction is more than simply providing people with the job and salary but also with a place where they feel accepted, wanted and appreciated. QWL programs go beyond work life progress by focussing attention less on employee needs outside the work and realising that it is even more direct bearing on work satisfaction.

QWL is a philosophy, a set of principles which considers people as an asset rather than cost as they are responsible, trustworthy and capable of making valuable contributions. The elements which are relevant to the individual’s quality of work life includes the task, the physical work environment, social environment within the organization, administrative system and the relationship between life on and off the job.

Further QWL is defined as subjective well being where it represents the relationship between the employees and the total working environment. It aims to seek balance between the human, technological, organizational and the societal demands. Fulfilling all these demands is contradictory and conflicting to each other and above all there is also a challenge for the organization to attract and retain the best employees. Salmadi (2005) states that one of the best methods to attract, preserve talent staffs and obtain better performance in an organization is through QWL.
QWL, from the employee’s point of view, signifies the continuous search for finding the true meaning of the work he/she undertakes. As for the organizations, it signifies their effectiveness in bringing and enhancing human values and ethos into the organization which extends not only to the extent of economic benefit but also on the extent to which that bears responsibility towards the society at large.

Commitment on the other hand has become very important in almost all the organizations. But it is very complex where it changes from time to time as employees’ needs changes. The concept of commitment is three folds, it accounts for an employee’s personal involvement in the decisions, the attraction of alternative option and employee’s satisfaction. The study of organizational commitment has become very important in the field of organizational behaviour where it helps in understanding the employee’s behaviour in the workplace, an integrated human effort in the organization. Also, organizations need to develop a totally dedicated employees that have a common interest, goals and values. According to Barnard (1954), the effectiveness of the organization depends on the employees’ efforts that extend beyond formal role requirements. Mowday et al (1979) concluded positive findings on a study conducted on two different occupational groups- hospital and retail employees. It found that there is positive relation between organizational commitment and job performance.

Bearden & Netemeyer (1999) narrate the definition of organizational commitment by Meyer et al. (1993) that it refers to employees’ commitment to the employers. Employees with the strong affective commitment remain with the organization because they want to, those with a strong continuance commitment remain because they need to and those with a strong normative commitment remain because they ought to do so.

According to Edwards (2005), in high commitment organizations, employees deliver value in three different ways:

a) Persistence- longer tenure, reduced absence, improved punctuality and reduced stress.

b) Citizenship- more ethical behaviour, spontaneous ambassadorship, more proactive support for others and increased discretionary effort.

c) Performance-greater productivity, enhanced customer service, improved quality and higher outputs.
Therefore, improving QWL can result in many advantages for the employee, organization and its customers. These include strengthening organization commitment which ultimately will improve the quality of care and increase the productivity of both the individual and the organization. If organization wants to develop a committed workforce, they need to provide employees with a work environment which is conducive to them, values the contribution to the organization, appreciates their contribution to the organization and show concern about them. Researchers have shown that a committed employee will be loyal to the organization. Although various research have been conducted to determine the development of Organizational Commitment, limited research have been conducted on the impact of QWL on organizational commitment specially focussing on the health care sector whereby most of the employees who are in direct contact with the customers were not included in the study. Further, several studies on QWL and organizational commitment have been conducted on diverse professional groups in both the public sector and private sector employees. However, few studies on QWL and Organizational Commitment in both the private and public hospital were found.

Hence, it is apparent from the preceding review that in the changing scenario, it is imperative to find the relationship between Quality of Work Life and Organizational Commitment among the categories of employees who deal with the customer directly who would be the key components in a hospital functioning.

1.2 STATEMENT OF THE PROBLEM

In a health care sector, while more emphasis is given to improve the quality of service rendered to the customer often forgetting the employees’ needs that is to be fulfilled, employers often forget that focussing too much on customers is at the expense of the Quality of work life of the nurses, doctors, front office personnel, etc who deal directly with the customer. Ignoring employee’s Quality of work life will affect the commitment of the employees towards their work leading to poor performance of the organization. It is imperative for the management of the hospital to monitor the employee’s perceived quality of life and its relationship to their commitment towards work and to the hospital so that management of hospital can chalk out appropriate strategies to improve the
employees Quality of work life and enhance their commitment towards their work and to the hospital.

1.3 RESEARCH GAP

From the review of the past studies, it is evident that no study has been done regarding the comparative study of employees’ perceived quality of work life and its relationship to their commitment between private and public Hospitals. Moreover such a study was not conducted in Hospitals and in the socio-economic environment of Manipur.

1.4 OBJECTIVES OF THE STUDY

1. To Measure the employee’ perceived Quality of work life of different categories of employees of private and public hospitals.

2. To Measure the commitment level of different categories of employees of private and public hospitals.

3. To establish the relationships between employees’ perceived QWL and commitment in a private hospital as well as in a public hospital.

1.5 HYPOTHESIS

The Null hypothesis governing the study is given below:

There is no significant relationship between the employees’ levels of perceived Quality of work Life and their commitment levels in private as well as in public hospitals.

1.6 RESEARCH METHODOLOGY

The research methodology followed for the proposed study is being discussed under the several headings given below:

a) Types of Research: The type of research followed is descriptive in nature. The purpose of the study is to portray QWL and commitment level of employees of a private and a public hospital of Manipur. Further, the research also aims to
study the relationship between employees’ perceived QWL and their commitment level.

b) **Population of study:** The population of the study consists of all the hospitals of Manipur which are multidisciplinary treatment in nature. In all there are 7 (seven) government hospitals and 2 (two) private hospitals (excluding 2 medical college namely Regional Institute of Medical Sciences and Jawaharlal Nehru Institute of Medical Sciences) which are multidisciplinary treatment in nature.

c) **Sampling type:** The sampling type followed is multi stage sampling. At the first stage one public hospital namely District Hospital Thoubal is selected from the population of seven government hospitals by simple random lottery method. Similarly one private hospital namely Shija Hospitals & Research Institute is selected from the two private hospitals.

At the second stage, from the selected hospitals, appropriate number of employees of different categories is proportionately selected to be included in the sample.

So the proposed Study consists of two populations of employees; one for the private hospital and the other for public hospital. Each population consists of employees belonging to different categories such as doctors, nurses, technicians and front office personnel.

Table no. 1.1. Population for Private hospital (Shija Hospitals & Research Institute):

<table>
<thead>
<tr>
<th>Categories</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>75</td>
</tr>
<tr>
<td>Nurses</td>
<td>193</td>
</tr>
<tr>
<td>Technicians</td>
<td>48</td>
</tr>
<tr>
<td>Front office personnel</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>337</td>
</tr>
</tbody>
</table>

Source: Hospital
**Table no. 1.2. Population for Public hospital (District Hospital, Thoubal):**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>42</td>
</tr>
<tr>
<td>Nurses</td>
<td>40</td>
</tr>
<tr>
<td>Technicians</td>
<td>18</td>
</tr>
<tr>
<td>Front office personnel</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

Source: Hospital

*a) Sample Size:* Two samples of employees are considered; one for private hospital and the other for public hospital. Appropriate sample size of each of private and public hospitals are considered covering different categories of employee by using sample size calculator to represent populations of the employees.

**Sample size Calculation**

For private Hospital (Shija Hospitals & Research Institute), at 95% confidence level and at 5% confidence interval, the sample size calculated for the population of 337 is 180 by the sample size calculator. The proportionate numbers of items of each category of employees included in the sample are given below;
Table no. 1.3. Sample Size Calculation for Private hospital

<table>
<thead>
<tr>
<th>Categories</th>
<th>Numbers</th>
<th>Proportion</th>
<th>Proportion X Sample size</th>
<th>Number of Items of each category to be included in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>75</td>
<td>75/337=0.223</td>
<td>0.223x180=40.14</td>
<td>40</td>
</tr>
<tr>
<td>Nurses</td>
<td>193</td>
<td>193/337=0.573</td>
<td>0.573x180=103.14</td>
<td>103</td>
</tr>
<tr>
<td>Technicians</td>
<td>48</td>
<td>48/337=0.142</td>
<td>0.142x180=25.56</td>
<td>26</td>
</tr>
<tr>
<td>Front office personnel</td>
<td>21</td>
<td>21/337=0.062</td>
<td>0.052x180=11.21</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>337</td>
<td>1.0</td>
<td>180</td>
<td>180</td>
</tr>
</tbody>
</table>

For public Hospital (District Hospital Thoubal), at 95% confidence level and at 5% confidence interval, the sample size calculated for the population of 106 is 83 by the sample size calculator. The proportionate numbers of items of each category of employees to be included in the sample are given below;
Table no. 1.4. Sample Size Calculation for Private hospital

<table>
<thead>
<tr>
<th>Categories</th>
<th>Numbers</th>
<th>Proportion</th>
<th>Proportion X Sample size</th>
<th>Number of Items of each category to be included in the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>42</td>
<td>42/106=0.396</td>
<td>0.396x83=32.87</td>
<td>33</td>
</tr>
<tr>
<td>Nurses</td>
<td>40</td>
<td>40/106=0.377</td>
<td>0.377x83=31.29</td>
<td>31</td>
</tr>
<tr>
<td>Technicians</td>
<td>18</td>
<td>17/106=0.160</td>
<td>0.160x83=14.09</td>
<td>14</td>
</tr>
<tr>
<td>Front office personnel</td>
<td>6</td>
<td>6/106=0.057</td>
<td>0.057x83=4.69</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>1.0</td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

a) **Sampling type**: The sampling type followed is Stratified and proportionate simple random sampling method so that the sample represents the characteristics of the populations.

b) **Sources of data**: Both primary data and secondary data are considered for the study. For primary data, relevant information is collected from the sampled respondents. For secondary data, Books, journals and the research works of other are referred.

c) **Data collection method**: Questionnaire method of data collection method is used for collecting primary data.

d) **Instruments of measurement**

**Quality of work life**: For measuring Quality of work life for hospital employees, WRQoWL scale for health care workers developed by Van Laar, D, Edwards, J & Edwards. S (2007) is used. This scale consists of six factors. These six factors
and their corresponding statement of items considered for measuring QWL along with two additional items are given below;

e) General Well Being, GWB

- I feel well at the moment
- Recently I have been feeling depressed and unhappy.
- I am satisfied with my life
- In most ways my life is close to ideal
- Generally things work out well for me
- Recently, I have been feeling reasonably happy all things considered

ii) Home-Work Interface, HWI

- My employer provides adequate facilities and flexibility for me to fit work in around my family life
- My current working hours / patterns suit my personal circumstances
- My line manager actively promotes flexible working hours / patterns

iii) Job-Career Satisfaction, JCS

- I have a clear set of goals and aims to enable me to do my job
- I have the opportunity to use my abilities at work
- When I have done a good job it is acknowledged by my line manager
- I am encouraged to develop new skills
- I am satisfied with the career opportunities available for me here
- I am satisfied with the training I receive in order to perform my present job
iv) Control at Work, CAW

- I feel able to voice opinions and influence changes in my area of work
- I am involved in decisions that affect me in my own area of work
- I am involved in decisions that affect members of the public in my own area of work

v) Working Conditions, WC

- My employer provides me with what I need to do my job effectively
- I work in a safe environment
- The working conditions are satisfactory

vi) Stress at Work, SAW

- I often feel under pressure at work
- I often feel excessive levels of stress at work

vii) I am satisfied with the overall quality of my working life

viii) I am paid fairly for the job I do, given my experience

ix) I feel there is social integration in the work organization

(Absence of prejudices, relationship, equality, mobility)

The responses of the hospital employees on the twenty six statements mentioned above will be measured on five-point likert scale i.e. strongly agree, somewhat agree, somewhat neutral, disagree, strongly disagree.
For the positive statements the numerical score or weightage of the responses are assigned as follows: strongly agree = 5, somewhat agree = 4, neutral = 3, somewhat disagree = 2 and strongly disagree = 1. And for the negative statements the numerical score or weightage of the responses are assigned as follows: strongly agree = 1, somewhat agree = 2, neutral = 3, somewhat disagree = 4 and strongly disagree = 5.

**Reliability Statistics:**

The Cronbach’s Alpha value is found to be 0.721. So the instrument consisting of 26 items used for measuring QWL of hospital employees is Reliable (Nunnally, 1978)

The following level of perceived QWL is prepared for the total of 26 items or statements for private and public hospital separately.

a) Private hospital

Table no.1.5: Level of QWL

<table>
<thead>
<tr>
<th>PERCEIVED QUALITY OF WORK LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
</tr>
<tr>
<td>Score between minimum possible score &amp; below Average minus standard deviation</td>
</tr>
<tr>
<td>Score (26-84)</td>
</tr>
</tbody>
</table>
b) Public hospital

Table no.1.6: Level of QWL

<table>
<thead>
<tr>
<th>PERCEIVED QUALITY OF WORK LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
</tr>
<tr>
<td>Score between minimum</td>
</tr>
<tr>
<td>possible score &amp; below Average</td>
</tr>
<tr>
<td>minus standard deviation</td>
</tr>
<tr>
<td>Score (26-83)</td>
</tr>
</tbody>
</table>

Commitment: For measuring Commitment for hospital employees, Organizational Commitment scale developed by Mowday, Steers, and Porter (1979) is used. This scale consists of three factors.

- Belief in and acceptance of the organization's goals and values.
- Willingness to exert considerable effort on behalf of the organization.
- Desire to remain membership in the organization.

The fifteen items corresponding to these three factors and two additional items considered for measuring commitment are given below:

1) I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.

2) I talk up this organization to my friends as a great organization to work for.

3) I feel very little loyalty to this organization.

4) I would accept almost any type of job assignment in order to keep working for this organization.
v) I find that my values and the organization’s values are very similar.

vi) I am proud to tell others that I am part of this organization.

vii) I could just as well be working for a different organization as long as the type of work was similar.

viii) This organization really inspires the very best in me in the way of job performance.

ix) It would take very little change in my present circumstances to cause me to leave this organization.

x) I am extremely glad that I choose this organization to work for over others I was considering at the time I joined.

xi) There’s not too much to be gained by sticking with this organization indefinitely.

xii) Often, I find it difficult to agree with this organization’s policies on important matters relating to its employees.

xiii) I really care about the fate of this organization.

xiv) For me, this is the best of all possible organizations for which to work.

xv) Deciding to work for this organization was a definite mistake on my part.

xvi) I will continue to serve this organization so long as I am alive.

xvii) In this organization, there is distributive Justice (the degree to which rewards and punishment given to the employees are related to the Performance of the employees).

The responses of the hospital employees on the seventeen statements mentioned above are measured on five-point Likert scale i.e. strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree.

Then the numerical score or weight age of the responses are assigned similarly as in the case of measuring QWL.
Reliability Statistics:

The Cronbach’s Alpha value is found to be 0.704. So the instrument consisting of 17 items used for measuring commitment of hospital employees is Reliable.

The following levels of commitment are prepared for the total of 17 items or statements based on the nature of the distribution of data.

a) Private hospital

Table No.1.7: Level of Commitment

<table>
<thead>
<tr>
<th>LEVEL OF COMMITMENT</th>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score between minimum possible score &amp; below the value of Average minus standard deviation</td>
<td>Score between Average minus standard deviation &amp; Average plus standard deviation</td>
<td>Score between above the value of Average plus standard deviation &amp; maximum possible score</td>
<td></td>
</tr>
<tr>
<td>Score (17-57)</td>
<td>Score (58-72)</td>
<td>Score (73-85)</td>
<td></td>
</tr>
</tbody>
</table>
b) Public hospital

Table No.1.8: Level of Commitment

<table>
<thead>
<tr>
<th>LEVEL OF COMMITMENT</th>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score between minimum</td>
<td>Score between Average</td>
<td>Score between above the</td>
<td></td>
</tr>
<tr>
<td>possible score &amp; below the</td>
<td>minus standard deviation</td>
<td>value of Average plus</td>
<td></td>
</tr>
<tr>
<td>value of Average minus</td>
<td>&amp;</td>
<td>standard deviation &amp;</td>
<td></td>
</tr>
<tr>
<td>standard deviation</td>
<td>Average plus standard</td>
<td>maximum possible score</td>
<td></td>
</tr>
<tr>
<td>Score(17-54)</td>
<td>Score(55 -62)</td>
<td>Score(63-85)</td>
<td></td>
</tr>
</tbody>
</table>

1. **Data analysis techniques:**

Descriptive statistics are used for summarizing the collected data. Z-test Statistics and t-test statistics are used for testing the significance of difference in the levels of employees’ perceived Quality of work life among two different categories of employees as well as for the difference in the levels of employees’ commitment. ANOVA analysis and Kruskal -Wallis test are used for testing the significance of difference in the levels of employees’ perceived Quality of work life among four different categories of employees as well as for the difference in the levels of employees’ commitment. Karl Pearson’s Correlation coefficient (r) is used for establishing the relationship between the score of employees’ perceived QWL and their score on commitment. Apart from manual calculation for z-test and t-test, SPSS package of version 20 is also used for calculating correlation coefficient between employees’ Perceived QWL and their score on commitment and ANOVA analysis is used for testing the difference in the scores amongst different categories of hospital employees.
2. **Period of study:**
   From 2012 to 2014.

3. **Place of study:**
   Manipur

4. **Report presentation format:**
   Tabular cum Descriptive style of presentation is used in report presentation for easy understanding of the findings.

### 1.7 CHAPTER PLAN

The Report of the proposed study is presented in the following chapterization.

**Chapter-1: Introduction**
Chapter 1 introduces the importance of Quality of Work Life and Organizational Commitment in an organization. In this portion of the report, Introduction to the topic, Statement of the problem, research gap, the objectives of the study, Research methodology and Chapter plan are described as other components of this chapter.

**Chapter-2: Conceptual Framework**
With the help of review of literatures, the conceptual framework of the proposed study is portrayed in this chapter. Review on the origin of Quality of Work Life (QWL), meaning and concept of QWL, identification of factors for measuring QWL, origin of Organizational Commitment (OC), Meaning and concept of organizational commitment, identification of model for measuring Organizational Commitment and the relationship between QWL and OC are described. Further the nature and scope of a hospital along with its definition is also portrayed here in this chapter. Finally, organization profiles of the hospitals under study are also highlighted.
Chapter-3: Employees’ Perceived Quality of work life of Hospitals
The perceived Quality of work life of Private and Public Hospitals of different categories of employees are depicted here in this chapter. Findings of further analysis regarding the similarity or dissimilarity of the perceived QWL among the different categories of employees of private and public hospitals are also covered in this chapter.

Chapter-4: Commitment levels of Hospital Employees
The commitment levels of different categories of employees of Private and Public Hospitals are depicted here in this chapter. Findings of further analysis regarding the similarity or dissimilarity of the commitment levels of different categories of employees of private and public hospitals are covered in this chapter.

Chapter-5: Employees’ perceived Quality of Work Life and its relationship with their commitment in Private and Public Hospitals
The hypothesis of the study is tested and the statistical inference of the same are described in this portion of the report.

Chapter-6: Suggestion, Conclusion and Summary of the Study.
In this chapter, the research conclusions on employees’ perceived Quality of Work Life and Commitment of different categories of employees of both the Private hospital and the Public hospital are made. Suggestions and summary are also presented in this chapter.
REFERENCES (for chapter 1)


