6.1. Introduction

The findings of the study are presented in this chapter. Further, suggestions based on the findings to improve quality of Work Life and Commitment of the different categories of employees in both the private and public hospitals are also depicted in this chapter.

6.2. Summary of findings

1. Majority of the doctors, nurses, technicians and front office personnel belonging to Private hospital have moderate level of perceived QWL. Majority of the employees belong to moderate level of perceived QWL with 71.66%. 12.77% of the employees belong to low level of perceived QWL and 15.56% of the employees belong to high level of perceived QWL.

2. The mean scores on perceived QWL of employees of Private hospital belonging to Doctor, Nurse, Technician and front office personnel are 104.725, 94.7864, 96.5385 and 98.0909 respectively. Since statistical analysis revealed that there is significant difference in the mean scores of QWL of different categories of employees of private hospital, doctors have the highest mean scores in perceived QWL followed by front office personnel, technicians and nurses in that order.

3. Majority of the doctors, nurses, technicians and front office personnel belonging to public hospital have moderate level of perceived QWL. Majority of the employees belong to moderate level of perceived QWL with 69.87%. 14.45% of the employees belong to high level of perceived QWL and 15.66% of the employees belong to low level of perceived QWL.
4. The mean scores on perceived QWL of employees of Public hospital belonging to Doctor, Nurse, Technician and front office personnel are 92.1212, 92.1290, 92.5714 and 87 respectively. Since statistical analysis revealed that there is no significant difference amongst the means of the group chosen for the study, different categories of employees of Public Hospital have the same level of QWL.

5. Different hospitals have different mean scores on QWLs. The statistical analysis also revealed that there is significant difference in the mean scores of QWL of private and public hospital employees. And the private Hospital employees have higher average level of perceived QWL than that of Public Hospital employees.

6. There is significant difference in the perceived QWL level between the doctors of private and public hospitals and the doctors of private hospital have higher level of perceived QWL than that of public hospital.

7. There is no significant difference in the perceived QWL level between the nurses of private and public hospitals. That is nurses of private and public hospitals have the same level of perceived QWL.

8. There is no significant difference in the perceived QWL level between the technicians of private and public hospitals. That is technicians of private and public hospitals have the same level of perceived QWL.

9. There is no significant difference in the perceived QWL level between the front office personnel of private and public hospitals. That is front office personnel of private and public hospitals have same level of perceived QWL. In other words, except doctors, all other employees of private and public hospitals have the same level of perceived QWL.
6.3. Suggestions

Based on the findings of the present study, suggestions are proposed to improve QWL and Commitment of the different categories of employees in both the private and public hospitals.

a. Job sharing can be done to reduce pressure and work related stress. Job sharing is a one Job description, one job and one identity created by two people. This will help in creating happy, loyal employees which will contribute to greater productivity of the organization. Also, Quality Circles, flexible work schedule are some areas that can be developed.

b. For the comfort of the employees, working conditions like well furnished break areas where they can keep their belongings securely and take rest can be provided. For the safety of the employees, security departments need to be improved with well trained security personnel.

c. The quality care should be supported by all the materials and equipments necessary to do the work effectively. Hence adequate infrastructure should be provided to deliver the best services.

d. Training and Development programmes, Conferences, etc. in various technical and non technical (like management and leadership skills) areas to update skills and knowledge should be provided.

e. Employees should be allowed to participate in decision making that will affect them and also in decision making which will affect the public in their work area.

f. Policy makers in the health care sector needs to design a policy for professional growth and development so that the employees’ can see the career ladder and according plan where they want to go.
g. The Human Resource Management team needs to consider the standard criteria while planning for safe working environment.

h. Finally, feedback on their performance and acknowledgement, appreciation by the supervisor for the good work done needs to be given as recognition for their accomplishments. This can be provided when there exists an understanding and supportive supervisor so as to create a healthy work environment.

6.4. Conclusion

i) Except doctors, all other employees of private and public hospitals have the same level of perceived QWL. Doctors of private hospital have higher level of perceived QWL than that of Public Hospital.

ii) Except for front office personnel, all other employees of private hospital have high level of commitment than that of Public hospital. In both the types of hospital, front office personnel employees have the same level of commitment.

iii) Except for the Front office personnel, employees’ perceived QWL of the private hospital under study and their commitment levels are highly correlated.

iv) In Public Hospital, there is no significant relationship between the scores of perceived QWL and the corresponding scores of commitment

QWL and OC are important factors in ensuring the effectiveness and efficiency of the members of the organization and the accomplishment of the organization’s goals and objectives. The study undertaken has provided some explanatory information on the relationship between these two factors. Further, the study point out the importance of enhancing the two factors which can be taken into consideration while formulating policies related to human resource management.