



## A Study on Quality Work Life Among the Women Nurses

**Dr. A.R.  
KANAGARAJ**

Assistant Professor, Department of Corporate Secretaryship, Dr NGP Arts and Science College, Coimbatore-48.

**R. VENKATESAN**

Assistant professor, Department of Management Studies, Dr NGP Arts and Science College, Coimbatore-48.

**N.  
PRIYANANDHINI**

Assistant professor, Department of Commerce with CA, Dr NGP Arts and Science College, Coimbatore-48.

### ABSTRACT

*Nursing is a healthcare profession focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life from conception to death. Nurses work in a large variety of specialties where they work independently and as part of a team to assess, plan, implement and evaluate care. The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at national or state level. So an attempt has been made by the researcher to study on quality of work life among women nurses based on the age and quality of life, between marital status and quality of life, between education and quality of life. Published under: Human Resource Management*

**KEYWORDS : Quality, work life, authority, responsibility.**

### Introduction

Nursing is a healthcare profession focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life from conception to death. Nurses work in a large variety of specialties where they work independently and as part of a team to assess, plan, implement and evaluate care. The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability.

In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at national or state level. In providing nursing care, the nurse uses both nursing theory and best practice derived from nursing research.

### Statement of the problem

Internationally, there is a serious shortage of nurses. One reason for this shortage is due to the work environment in which nurse's practice. In a recent review of the empirical human factors and ergonomic literature specific to nursing performance, nurses were found to work in generally poor environmental conditions. DeLucia, Ott, & Palmieri (2009) concluded, "The profession of nursing as a whole is overloaded because there is a nursing shortage. Individual nurses are overloaded by the number of tasks they perform.

### Objectives of the study

- To know the quality of work life of women nurses working in hospitals of Coimbatore city.
- To study the factors significantly affecting the quality of work life of women nurses in hospitals of Coimbatore city.
- To offer suggestions to enhance the quality of work life of women nurses in hospitals of Coimbatore city.

### Research Design

Research design is in the basic framework, which provides guidelines for the research process. It is a map or blueprint according to which the research is to be conducted. The research design specifies the methods for data collection and analysis. In this Customer Survey the researcher adopted descriptive research.

### Data Collection

Data collection is one of the most significant processes that are to be carried out while doing project. In dealing with any real life problem it is often found that collected data are inadequate, hence it becomes necessary to collect data that are approved. There are several ways of collecting the

appropriate data, which will be reliable and significant for the research.

Data collection can be classified in two ways

1. Primary data collection
2. Secondary data collection

### Primary data collection

Primary data needed for the study was collected in person by means of a structured questionnaire prepared by the researcher. The respondents were asked to give their responses.

### Secondary data collection

Secondary data collection required for theoretical concept and literature review were collected from various records maintained by the department and the organization, Internet, Books, magazines, periodicals and journals.

### Sample Design

Sample design is a definite plane refers to the sample size that fulfills the requirement of efficiency, representativeness, reliability; flexibility. The size of the sample selected for the study is 400.

### Sampling Techniques

The sampling technique adopted by the researcher is convenient sampling technique.

### Tools Used For Analysis

1. Two-way ANOVA
2. Chi-square analysis and
3. Percentage analysis

### Limitations of the study

- Some respondents hesitated to give their right opinion because of the fear of the management
- The area of the study is confined to Coimbatore only and hence generations cannot be done for the entire hospital industry
- The survey has been conducted purely for academic purposes and it is not an exhaustive one. Hence the sample size is limited to 400 numbers

**Table-1 Classification Of Respondents On The Basis Of Opinion Scores**

S.No	Level of opinion	No.of Respondent	% Total
1	High	22	14.7%
2	Medium	103	68.7%
3	Low	25	16.7%
	Total	150	100.00

**Inference**

It is inferred from the above table 68.7 percent of the respondents have medium level opinion, 16.7 percent of the respondents have low-level opinion and 14.7 percent have high level opinion.

With the view to find the degree of association between age of the respondents and their quality of life, two-way table was prepared and is exhibited in table.

**Table-2 AGE AND QUALITY OF LIFE (TWO-WAY TABLE)**

Age	Quality of Life			Total
	Low	Medium	High	
Up to 20yrs	4	14	2	20
	20.0%	70.0%	10.0%	100.0%
21-30yrs	7	44	9	60
	11.7%	73.3%	15.0%	100.0%
31-40yrs	8	30	8	46
	17.4%	65.2%	17.4%	100.0%
Above 40yrs	3	15	6	24
	12.5%	62.5%	25.05	100.0%
Total	22	103	25	150
	14.7%	68.7%	16.75	100.0%

**Inference**

above table showed that the percentage of high level of job satisfaction was the highest (40.0%) among the respondents of above 40 years aged category and the same was the lowest (10.0%) among the respondents of up to 20yrs aged categories. The percentage of medium level of job satisfaction was the highest (73.3%) among the respondents of 21 to 30 years aged category and the same was the lowest (62.5%) among the respondents of above 40 years aged category. On the other hand, the percent of low level of job satisfaction was the highest (20.5%) among the respondents of up to 20 years aged category and the same was the lowest (12.5%) among the respondents of above 40 years aged category.

**Hypothesis:** There is no significant relationship between the age and quality of life

**Table-3 Age Quality Of Life (Chi-Square Test)**

Factor	Calculated X <sup>2</sup> value	Table Value	D.F	Remarks
Age	3.122	12.592	6	Significant at 5%level

It is understood from the above table that the calculate chi-square value is greater than the table value and the result is significant at 5% level. Hence, the hypothesis, "age of the respondents and their quality of life are not associated", does not hold good. From the analysis, it is concluded that there is a close relationship between the age of the respondents and their quality of life perceived by the women nurses.

With a view to find the degree of association between educational qualification of the respondents and their level of job satisfaction, a two-way table was prepared and is exhibited in table.

**Table-4 Educaional Qualification And Quality Of Life (Two-Way Table)**

	Quality of life			Total
	Low	Medium	High	
UnMarried	2	25	6	335
	6.1%	75.8%	18.2%	100.0%

Married	6	34	7	47
	12.8%	72.3%	14.9%	100.0%
Widow	9	35	6	50
	18.0%	70.0%	12.0%	100.0%
Others	5	9	6	20
	25.0%	45.0%	30.0%	100.0%
Total	22	103	25	150
	14.7%	68.7%	16.7%	100.0%

**Inference**

The above table showed that the percentage of high level of quality of life was the highest (30.0%) among the respondents of others category and the same was the lowest (12.0%) among the respondents of widow categories. The percentage of medium level of quality of life was the highest (45.0%) among the respondents of others category and the same was the lowest (36.4%) among the respondents of others category. On the other hand, the percentage of low quality of life was the highest (25.0%) among the respondents of others category and the same was the lowest (6.1%) among the respondents of unmarried category.

Chi-square test was employed to find out the relationship between the age of the marital status of the respondents and their quality of life perceived by the women nurses, and the results of the test is shown in the following table.

**Hypothesis:** There is no significant relationship between the marital status of the respondents and quality of life

**Table-5 Marital Status And Quality Of Life (Chi-Square Test)**

Factor	Calculated X <sup>2</sup> value	Table Value	D.F	Remarks
Marital status	8.516	12.592	6	Significant at 5% level

It is clear from the above table that the calculate chi-square value is less than the table value and the result is significant at 5% level. Hence, the hypothesis, "Marital status of the respondents and their quality of life are not associated", does not hold good. From the analysis, it is concluded that there is a close relationship between Religion of the respondents and their quality of life perceived by the women nurses.

**FINDINGS**

- ❖ Majority of the of the respondents are in age of 21 to 30 years
- ❖ It is observed that age of the respondents and their quality of life are not associated
- ❖ It is observed that percentage of high level of quality of life was the highest among the respondents.
- ❖ There is no significant relationship between the marital status of the respondents and quality of life

**Suggestions**

Good Human Relations and social integration: the complex nature of functional and operational processes and the heterogeneous nature of employees are the reasons for the not so healthy human relations and social integration in hospital industry..

**Conductive work environment**

It is suggested that the management may take steps to provide a conductive work environment to employees.

**Conclusion**

Works represents such a role in life which has been designed to it by the person himself. On the other hand work is earnings of one's living for the family, and it could be a self realization providing enjoyment and satisfaction. Quality of work life must be around an equitable pay program In future more nurses may want to participate in the profits of the firms. A system must be created in which there are healthy working conditions with optimum financial security. The above points are essential to improve the quality of work life in organizations.