Research Paper Management

Perceived Quality of Work Life and Commitment of Employees: An Empirical Analysis of A Private Hospital of Manipur (India)

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ABSTRACT

Quality of work life (QWL) is believed to have a positive influence on organizational commitment, job satisfaction and performance of the employees. What makes QWL salient to practitioners and scholars is its relationship to organizational Commitment as indicators of Quality of Work Life. Developing a committed workforce is an important concern in a health care sector where there is a growing complexity of modern hospitals. Further, organizations can enjoy competitive advantage if the employees are committed. Hence there is a need to develop committed employees by creating a positive and satisfying feeling amongst the employees to enhance employees' perceived Quality of Work life.

This study attempts to examine the relationship between the level of perceived QWL and the level of commitment of employees in a private hospital of Manipur. The type of research followed is descriptive in nature. The population consists of employees belonging to different categories such as doctors, nurses, technicians and front office personnel. The sample size of the study is 180 employees.

Findings reveal that except for the Front office personal, employees' level of perceived QWL of the hospital under study and their commitment levels are highly correlated.

KEYWORDS | Quality of Work Life, Commitment and Performance

1. Introduction

Every organization will prosper, succeed, grow and develop when the employees deliver their services effectively and efficiently. And, to be efficient, the employees need to have a constructive balance between their work and personal life. One such way is enhancing Quality of work life (QWL) within the organization. But QWL is a complex entity which is influenced by many aspects of work and personal life. It is not just providing salary to the employees but providing people with a place where they feel wanted and appreciated. It refers to those conditions and mechanism within the organization that create positive and satisfying feelings among the employees.

Employee commitment on the other hand has become very important in almost all the organisations. But it is very complex because it changes from time to time as employees' needs changes. It refers to the thing an employer does that adds to the lives of the employees which includes both extrinsic (salaries, and other tangible benefits) and intrinsic (skill levels, autonomy, work restructuring, quality circles) traits.

In general we have the belief that if the QWL in an organisation is good, this will lead to higher commitment and the better performance of the employees.

Therefore, it has become imperative to study the employees' perceived level of quality of work life of the employees in the organisation and level of commitment the employees put in their works as well as the nature of the relationship between the employees' perceived level of QWL of the organisation where they are working and their level of commitment. The study is conducted in a private hospital of Manipur State which is situated in North eastern part of India bordering Myanmar.

2. Review of Literatures

A) Review of literature on Concept of the terminology used

According to Prasad (2003), QWL is concerned about the impact of work on people as well as the organization effectiveness and the idea of participation in organizational problem solving and decision making.

Khanka (2005) refers QWL as a process by which an organization responds to employees' needs in developing mechanisms to allow them to share fully in making the decisions that design their lives at work.

Laar et.al. (2007) indicates that QWL is that part of overall quality of Work Life which is influenced by work. It is the widest context in which an employee would evaluate the influence of work on their life.

Bhatia (2008) refers QWL to the favourableness or unfavourableness of a total job environment for people. QWL programs are another way in which organizations recognize their responsibility to develop jobs and working conditions that are excellent for people as well as for the economic health of the organization.

Armstrong M. (1977) defines Organizational commitment as

a) A strong desire to remain a member of a particular organization;
b) A willingness to exert high level of effort on behalf of the organization; and
c) A definite belief in and acceptance of the values and goals of the organization.

Stephen et. al. (2007) refers Organisational Commitment to the employee's emotional attachment to, identification with, and involvement in a particular organization. It consists of three themes: Affective commitment, Continuance commitment and Normative commitment. Employees with a strong affective commitment remain with the organisation because they want to, those with a strong continuance commitment remain because they need to, and those with strong normative commitment remain because they feel they ought to do so.

Bhatia (2008) defines Organisational Commitment as the extent to which an individual identifies with a particular organ-

isation, its goals and wishes to remain a member of that organisation.

B) Review of literature on previous work done by others.
On QWL

G. Nasal Saraji et al. (2006) identified many factors contributing to the perceived quality of Work Life. These includes fair pay and autonomy, job security, reward system, training and career advancements, opportunities, participation in decision making, interesting and satisfying work, trust in senior management, recognition of efforts, health and safety standards at work, balance between time spent at work & with family and friends, amount of work to be done, level of stress experienced at work, occupational health & safety at work.

According to Mona et.al. (2014), the perceptions of quality of work life of the nurses were significantly higher with increasing age, experience and attending training courses. Overall, they have low perception of QWL with higher perception of priorities for improvement especially the work-home dimension.

Walton (1975) further illustrates the eight constituents of Quality of Work Life.

1. Adequate and fair compensation
2. Safe and healthy environment
3. Development of human capacities
4. Growth and security- the opportunity to achieve personal identity and self esteem
5. Social Integration in work environment
6. Constitutionalism- the degree to which a worker has rights and can protect it
7. The total life space-the extent to which a person's work has a balanced role in his or her life, not demanding so much time, effort, or other inputs as to severely disrupt leisure and family time.
8. Social relevance- the degree to which the worker views that the organization does as socially responsible and, therefore, sees his or her work as being of social value.

Almalki et.al. (2012), by adopting Brooke's survey of Quality of nursing work life and demographic questions with descriptive statistics- t-test, one way analysis of variance (ANOVA), concludes that the factors: working hours, facilities for nurses, ability to balance work with family needs, adequacy of vacation time for nurses and their families, staffing, management and supervision practices, professional development opportunities, and an appropriate working environment in terms of level of security, patient care supplies and equipment, and recreation facilities (break- area), gender, age, marital status, dependent children, dependant adult, nationality, nursing tenure, organizational tenure, positional tenure and payment per month were important in determining the Quality of Work Life of the employees.

Dargahi et. al. (2011) further illustrates in his cross sectional, descriptive and analytical study, that factors like- Job security, participation in decision making, age, job assessment system, work overload, job diversity, clear organizational goals and policies, monetary compensation and reward system, job environment, employees' retention and career advancement, environmental and occupational health were important in influencing a positive perceived Quality of Work Life.

Greenberg et. al. (2008) indicates QWL as one of the Organisational development techniques which can improve orgnanisational functioning by humanizing the workplace, making it more democratic and involving employees in decision making. He also adds that work restructuring; quality circles are some of the activities which can improve QWL.

Vaghaseyyedin et al. (2005) identifies leadership and management style/ decision making attitude, shift working, salary and fringe benefits, relationship with colleagues, demographics characteristics, and workload/ job strain as factors which affect the overall QWL of the employees.

Freyedon Ahmadi et. al. (2012) identifies Growth and development, Participation, Supervision, Pay and benefits, social integration, Work environment (Immediate, personal, Professional, Administrative, educational, community, social, economic, political environment) are identified as important determinant of QWL.

Laar et al. (2007) used Work Related Quality of Work Life (WRQoWL) scale and found that Job & career satisfaction, Working conditions, General well being, Home-work interface, Stress at work, Control at work are the factors which need to be considered to study the QWL of the employees in a health care sector.

On Commitment

Stephen et. al. (2007) identifies a list of activities necessary for building Organisational Commitment. They include Justice and support, Job security, organizational comprehension, employee involvement and trusting employees.

Pooja et al. (2009) indicates that self–acceptance, personal growth, Purpose in life, environmental mastery, autonomy and positive relations with others have a correlation with organizational commitment. Organisational Commitment Questionnaire (OCQ), developed by Mowday et. al. (1979) in a 7-point rating scale ranging from Disagree (1) to Strongly agree (7) is used in their study.

Markovits et al. (2007) found that organizational identification, job involvement, loyalty were important to determine the commitment of the employees. British Organisational Commitment Scale (BOCS) developed by cook and Wall (1980) and Organisationl Commitment Scale (Meyer et. al. 1993) on a Likert seven point scale were used.

On QWL and Commitment

Freyedon Ahmadi et. al. (2012) measured QWL on a 28 item Questionnaire developed by Walton (1975) to represent the 7 dimensions of the QWL and to measure OC, a 20 item questionnaire developed by Allen and Meyer was used. Supervision, growth & development, social integration contributed highly to their QWL. After analysis of the factors of QWL on the four dimensions of Commitment it was found that participation, supervision, pay & benefits, growth & development, social integration have positive relationship with affective, continuance (alternatives). Continuance (cost) and normative commitment. Further it shows that QWL and Commitment is a multidimensional construct and is a product of one's work place.

Kalayanee et al. (2007) found that QWL is a significant determinant of Organisational Commitment and QWL affects job related outcomes i.e. job satisfaction, Organisational Commitment and team spirit. A 16- item QWL scale developed by Sirgy et. al. (2001) and Organisational commitment scale developed by Jaworski and Kohli (1993) were used.

Smith et. al. (2000) indicates that perceived QWL of the nurses was higher with increasing age and experience in their profession. This might be explained by the fact that, as they get older and gain more years of experience, they advance in their career and have higher job status, which is a positive reflection on the Quality of Work Life. This ultimately brings about greater job satisfaction, productivity and organizational commitment.

Bhatia (2005) refers QWL as the level of satisfaction, motivation, involvement and commitment. And the prominent activities needed to create such conditions are fair pay, fair treatment of employees, safe working conditions and other specific employee needs.

Lees et. al. (2005) measured commitment of the employees to the organization as one of the parameters relating to QWL.

Due to negative perceived QWL, the nurses and the physicians are less committed to the organization.

3. Objectives

1. To Measure the employees' perceived Quality of work life of different categories of employees of a private hospital.
2. To Measure the commitment level of different categories of employees of a private hospital.
3. To establish the relationships between employees' perceived QWL and commitment of a private hospital.

4. Research Methodology

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

a) Types of Research: The type of research followed is descriptive in nature.

b) Population of study: The population of the study consists of all employees of a private hospital of Manipur where multidisciplinary treatment is done.

Table No.1: Population of Private hospital (Shija Hospitals & Research Institute):

Categories	Numbers
Doctors	75
Nurses	193
Technicians	48
Front office personnel	21
Total	337

Source: Hospital

c) Sample Size: Appropriate sample size is considered covering different categories of employee by using sample size calculator to represent populations of the employees.

Sample size Calculation

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 to be included in the sample are given below:

Table No.2: Sample size calculation

Categories	Numbers	Proportion	Number of Items of each category to be included in the sample
Doctors	75	75/337=0.223	40.14 =40
Nurses	193	193/337=0.573	103.14=103
Technicians	48	48/337= 0.142	25.56=26
Front office personnel	21	21/337=0.062	11.16=11
Total	337	1.0	180

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

e) 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 others are referred.

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

g) Instruments of measurement

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

i) General Well Being

- 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

- 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

- 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

- 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

- 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

- 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 is measured on five- point Likert scale i.e. strongly agree, agree, neutral, disagree, strongly disagree For the positive statements the numerical score or weightage of the responses are assigned as follows: strongly agree =5, agree= 4, neutral=3, 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, agree= 2, neutral=3, 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.

The following level of perceived QWL is prepared for the total of 26 items or statements.

Table No.3: Level of QWL

PERCIEVED QUALITY OF WORK LIFE		
LOW	MODERATE	HIGH
score between minimum possible score & below the value of average minus standard deviation.	Score between Average minus standard deviation & Average plus standard deviation	score between above the value of average plus standard deviation & maximum possible score.
Score(26-85)	Score(86-110)	Score(111-130)

For Commitment: for measuring Commitment for hospital employees, Organisational Commitment scale developed by Mowday, Steers, and Porter (1979) is used. This scale consists of three factors. The fifteen items corresponding to these three factors considered for measuring commitment along with two additional items taken from the review of literature are given below;

I) I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.
ii) I talk up this organization to my friends as a great organization to work for
iii) I feel very little loyalty to this organization.
iv) 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 organisation'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 organisation 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.

Table No.4: Level of Commitment

LEVEL OF COMMITMENT		
LOW	MODERATE	HIGH
score between minimum possible score & below the value of average minus standard deviation.	Score between Average minus standard deviation & Average plus standard deviation	score between above the value of average plus standard deviation & maximum possible score.
Score(17-56)	Score(57-72)	Score(73-85)

h)Data analysis techniques: Descriptive statistics is used for summarizing the collected data. ANOVA and Kruskal Wallis Test are used for testing the significance of difference among the different categories of employees. Karl Pearson's Correlation coefficient (r) is used for establishing the relationship between the score of employees' perceived QWL and their score on commitment. SPSS 15.0 is used for analyzing the data.

5. Findings

5.1. Measure of the employee' perceived Quality of work life of different categories of employees of a private hospital.

5.1. The perceived Quality of work life:

Table No.5: The perceived Quality of work life scores

Level QWL	Private hospital	Percentage (%)
Low	25	13.89
Moderate	127	70.55
High	28	15.56
Total	180	100

Table no. 5 shows that majority of the employees belong to moderate level of perceived QWL with 70.55%. 13.89% of the employees belong to low level of perceived QWL and 15.56% of the employees belong to high level of perceived QWL.

5.1.2 The perceived Quality of work life of different categories of employees of a Private Hospital

Table no. 6: The perceived Quality of work life of different categories of employees of a Private Hospital

	Level of QWL			Total
Category of employees	Low (26-85)	Moderate (86-110)	High (111-130)	
Doctor	2	24	14	40
Nurse	19	75	9	103
Technician	2	20	4	26
Front office personnel	2	8	1	11
Total	25	127	28	180

It is seen from table no. 6 that majority of the doctors, nurses, technicians and font office personnel have moderate level of perceived QWL.

Descriptive statistics of Perceived Quality of work life score of different categories of employees of Private hospital

Table no.7: Descriptive statistics of different categories of employees of private hospital

	Categories of Employees			
	Doctor	Nurse	Technician	Front office personal
N	40	103	26	11
Mean	104.7250	94.7864	96.5385	98.0909

Standard deviation	11.98073	12.43071	11.47251	13.20193

Table no. 7 shows that 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. Before concluding, which category of employees has higher mean score on QWL measurement, it is imperative to test the significance of difference in the mean score of QWL of different categories of employees of the hospital.

Test of significance of difference between mean scores of different categories employees of private hospital.

Null hypothesis: There is no significant difference amongst the mean scores of QWL of different categories employees of private hospital.

Alternative hypothesis: There is significant difference amongst the mean scores of QWL of different categories employees of private hospital.

For testing the above null hypothesis or for testing the significance of difference of mean scores of QWL of different categories of employees, ANOVA one way analysis is to be done because the number of category (sample groups) is 4.

For the Application of ANOVA, first we have to test the homogeneity and normality of the groups.

a) Test of Homogeneity of Variances
Table No. 8 (a): Test for Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
.067	3	176	.977

From table no. 8 (a), p value = 0.977, which indicates that Levene statistic = 0.067 is insignificant. That is the groups are homogeneous.

b) Tests of Normality
Table No. 8 (b): Tests of Normality

Category of employees		Kolmogorov-Smirnov(a)			Shapiro-Wilk		
Statistic		Df	Sig.	Statistic	Df	Sig.	
	Doctor	.090	40	.200	.967	40	.286
	Nurse	.071	103	.200	.971	103	.024
	Technician	.102	26	.200	.958	26	.346
	Front office personal	.180	11	.200	.942	11	.542

In table no. 8 (b), the value of Kolmogrove smirnov statistic for all categories of employees are insignificant at 5% level of significance, that is population of each category of employees are normal. After fulfilling the homogeneity test and normality test, the data collected from the private hospital employees are subjected to ANOVA analysis.

Table no. 9: ANOVA one way analysis table

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	2873.903	3	957.968	6.388	.000
Within Groups	26392.647	176	149.958		
Total	29266.550	179			

In Table no.9, the p value (.000) <.05, therefore the F value =6.338 is significant at α=5%, that is the null hypothesis is rejected and the alternative hypothesis is accepted. Therefore, there is significant difference in the mean scores of QWL of different categories of employees of private hospital. Now by observation from table no.7, doctors are found to have the highest mean scores in perceived QWL followed by front office personals, technicians and nurses in that order.

5.5.2. Measure of the commitment level of different categories of employees of private hospital
5.2.1. The Commitment level of Hospital employees

Table No. 10: Employees' score on commitment

Level of Commitment	Private hospital
Low	16 (8.87%)
Moderate	138 (76.67%)
High	26 (14.44%)
Total	180 (100%)

From table no. 10, it is seen that majority of the employees have moderate level of commitment with 76.67%. 14.44% of the employees have high level of commitment and 8.87% have low level of commitment.

5.2.2 Different categories of Employees' commitment level of Private Hospital

Table no.11: Different categories of Employees' Commitment level of a Private Hospital

Commitment level	Categories of employees				Total
	Doctor	Nurse	Technician	Front office personal	
Low (17-56)	6 (15%)	4 (3.88%)	4 (15.39%)	2 (18.18%)	16 (8.89%)
Moderate (57-72)	28 (70%)	82 (79.61%)	20 (76.92%)	8 (72.73%)	138 (76.67%)
High (73-85)	6 (15%)	17 (16.51%)	2 (7.69%)	1 (9.09%)	26 (14.44%)
Total	40	103	26	11	180

From table no. 11, it is seen that majority of the doctors, nurses, technicians and font office personnel have moderate level of commitment. 70% of the doctors, 79.61% of the nurses, 76.92% of the technicians and 72.73% of the front office personnel have moderate level of commitment.

Descriptive statistics of Commitment level score of different categories of employees of Private hospital

Table no.12: Descriptive statistics of different categories of employees of private hospital

	Categories of Employees			
	Doctor	Nurse	Technician	Front office personal
N	40	103	26	11
Mean	63.95	66.02	63.5	62.91
Standard deviation	7.132	7.512	6.313	7.077

Table no. 12 shows that the mean scores on commitment level of employees of Private hospital belonging to Doctor, Nurse, Technician and front office personnel are 63.95, 66.02, 63.5 and 62.91 respectively. Before concluding, which category of employees of Private hospital has higher mean score on Commitment measurement, it is imperative to test the significance of difference in the mean score of commitment level of different categories of employees of private hospital.

Test of significance of difference between means scores of different categories employees of private hospital.

Null hypothesis: There is no significant difference amongst the mean scores of Commitment of different categories employees of private hospital

Alternative hypothesis: There is significant difference amongst the mean scores of commitment of different categories employees of private hospital

For testing the above null hypothesis or for testing the significance of difference of mean scores of commitment of different categories of employees of private hospital, ANOVA one way analysis is to be done because the number of category (sample groups) is 4.

For the Application of ANOVA, first we have to test the homogeneity and normality of the groups.

a) Test of Homogeneity of Variances
Table No. 13(a): Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
.253	3	176	.859

From table no. 13(a), p value=0.859, which indicates that Levene statistic=0.253 is insignificant. That is the groups are homogeneous.

b) Tests of Normality
Table No. 13(b): Tests of Normality

Category of employees	Kolmogorov-Smirnov(a)		Shapiro-Wilk			
Statistic	Df	Sig.	Statistic	Df	Sig.	
Doctor	.103	40	.200(*)	.964	40	.232
Nurse	.146	103	.000	.923	103	.000
Technician	.122	26	.200(*)	.972	26	.672
Front office personal	.278	11	.017	.887	11	.127

*** This is a lower bound of the true significance.**
a Lilliefors Significance Correction
From table no. 13(b), the value of Kolmogrove smirnov statistic for all category of employees are not insignificant at 5% level of significance, that is population of nurse and Front office personnel are not normal. Even though homogeneity test is fulfilled, normality test is not fulfilled, so the data collected from the private hospital employees cannot be subjected to ANOVA analysis.

Thus, kruskal wallis test is applied as follows:
Table No. 14: Kruskal Wallis test

Category of employees	N	Mean Rank
Doctor	40	88.88
Nurse	103	94.89
Technician	26	83.79
Front office personal	11	71.14
Total	180	

Test Statistics (a,b)

	Ctotal
Chi-Square	2.729
Df	3
Sig.	.435

a Kruskal Wallis Test

b Grouping Variable: Category of employees
To interpret the output from the Kruskal Wallis Test, we need to look at the chi-square value and its significance. Since the p-value=.435 is greater than 0.05, there is no significant difference amongst the means of the group chosen for the study. That is different categories of employees of private Hospital do not have significant difference in their level of commitment.

5.5.3. Relationship between the score of employees' perceived QWL and their score on commitment of a private hospital
The karl pearson's correlation coefficient is calculated between the scores of perceived QWL and the corresponding commitment scores of all employees of the private hospital chosen for the study.

Table no.15: Output of Correlation analysis between the scores of perceived QWL and the corresponding commitment scores of all employees of the private hospital

Variable		Total score on commitment	Total score on QWL
Commitment score total	Pearson Correlation	1	0.309**
	Sig. (2-tailed)		0.000
	N	180	180
Perceived QWL score total total	Pearson Correlation	0.309**	1
	Sig. (2-tailed)	0.000	
	N	180	180

**** Correlation is significant at the 0.01 level**

Table no.15 shows that the correlation coefficient is 0.309 and it is significant at 1% level of significance. That is there is significant relationship between the scores of perceived QWL and the corresponding scores of commitment.

But the earlier findings reveal that there is significant difference in the mean scores of QWL of different categories of employees of private hospital and the different categories of employees of private Hospital have the same level of commitment. Meaning thereby, the correlation coefficient between total score on QWL and the corresponding total commitment score of employees should not be significant. This needs further investigation into the relationship between the perceived QWL and commitment of the employees among different categories of employees.

Table no. 16: Output of correlation analysis of different categories of employees between the scores of employees' perceived QWL and their scores on commitment of private hospital

Category of employees	Pearson Correlation between QWL & Commitment	Number of employees	Sig.(2 tailed) or P -Value	Remarks
Doctor	0.317*	40	0.046	*Correlation is significant at the 0.05 level (2-tailed).
Nurse	0.374**	103	0.00	** Correlation is significant at the 0.01 level meaning thereby it is also significant at 5% level
Technician	0.486*	26	0.012	*correlation is significant at the 0.05 level (2-tailed)

Front office personal	0.227	11	0.502	Since p-value (0.502)>0.05, Correlation is not significant at the 0.05level

a) From table no.16, it is seen that relationship between employees' Perceived QWL and commitment for Doctors is positive and significant.
b) Table no. 16 shows that relationship between Perceived QWL and commitment for Nurses is positive and significant.
c) Table no. 16 indicates that the relationship between Perceived QWL and commitment of Technicians is positive and significant.
d) But the relationship between Perceived QWL and commitment of Front office personal is positive but not significant

Finally, the analysis reveals that except for the Front office personal, employees' perceived QWL of the hospital under study and their commitment levels are highly correlated.

6. Conclusion

Majority of the employees of the private hospital under study have a moderate level of perceived QWL.

Further, average mean scores of QWL of different categories employees of private hospital are different.

Another finding reveals that majority of the employees have moderate level of commitment and the different categories of employees of the private hospital have similar or same level of commitment as there is no significant difference in their commitment levels.

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