Research Paper Mananagement

Employees' Perceived Quality of Work Life: a Comparative Study Between Private and Public Hospitals of Manipur (India)

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ABSTRACT

In a health care organization, employees deal with various difficult tasks that exert intensive physical and mental pressure on them. The employees are directly responsible for the patient's health and life till the patient are in their custody. If the employees have been associated with the mental and physical health injuries, it will affect the level of quality care. Thus, there arises a need to study the perceived QWL of the employees.

This study attempts to examine and compare the level of QWL of employees between private and public hospitals of Manipur. The type of research followed is descriptive in nature. There are two populations of the study: one for the private hospital and the other for the public hospital. Each 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 of a private hospital and 83 employees of a public hospital. The findings reveal that except doctors, all other employees of private and public hospitals have the same level of perceived QWL.

KEYWORDS | Quality of Work Life

1. Introduction

Work environments have changed over the last two decades. Stiff competition, new improved and advanced technologies are creating more demands from the employees. However, besides these demands, employees' needs are also changing. Their perceptions and expectations of how good an organization should be have changed. An organization can be called a healthy organization and a healthy workplace when the employees enjoy physical, mental and spiritual health.

Studies have indicated that employees with higher perception of QWL have found to achieve higher productivity and competitive advantage besides reduced loss due to lower rate of turnover, improved job satisfaction and absenteeism. Therefore, it is of immense importance to measure and compare the perceived QWL between private and public hospitals. The study is conducted in private and public hospitals of Manipur State which is situated in North Eastern part of India bordering Myanmar.

2. Review of Literature

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.

B) Review of literature on previous work done by others:

G. Nasal Saraji et al. (2006) identified many factors contributing to the perceived quality of Work Life. These include 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.

- Adequate and fair compensation
- Safe and healthy environment
- Development of human capacities
- Growth and security- the opportunity to achieve personal identity and self esteem
- Social Integration in work environment
- Constitutionalism- the degree to which a worker has rights and can protect it
- 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.
- 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.

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.

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.

3. Objectives

- To Measure the perceived Quality of work life of different categories of employees of a private and a public hospitals.
- To compare the perceived Quality of work life of different categories of employees of a private and a public hospitals.

4. Research Methodology

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

Population of study: The study consists of two independent populations. One population comprises of employees of a private hospital (Shija Hospitals Research Institute) and the other comprises of employees of a public hospital (District Hospital Thoubal).

Table No.1: Populations of Private hospital (Shija Hospitals & Research Institute) and Public hospital (District Hospitals Thoubal):

Categories	Numbers	
Doctors	75	42
Nurses	193	40
Technicians	48	18
Front office personnel	21	6
Total	337	106

Source: Hospitals

Sample Size: Appropriate sample size is considered covering different categories of employee of both private and public hospital by using sample size calculator to represent populations of the employees.

Sample size Calculation

For private Hospital, 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.2. Sample Size Calculation for Private hospital

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

For public Hospital, 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.3. Sample Size Calculation for Private hospital

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

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

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.

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

Year of study: 2014
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;

i) 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, agree, neutral, disagree, strongly disagree.

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.4: Level of QWL

PERCEIVED QUALITY OF WORK LIFE		
LOW	MODERATE	HIGH
Score between minimum possible score & below Average minus standard deviation	Score between Average minus standard deviation & Average plus standard deviation	Score between Average plus standard deviation & possible Maximum score
Score (26-84)	Score (85-110)	Score (111-130)

b) Public hospital

Table no.5: Level of QWL

PERCEVED QUALITY OF WORK LIFE		
LOW	MODERATE	HIGH
Score between minimum possible score & below Average minus standard deviation	Score between Average minus standard deviation & Average plus standard deviation	Score between Average plus standard deviation & possible Maximum score
Score (26-83)	Score (84-100)	Score (101-130)

h)Data analysis techniques:

***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. 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. SPSS package of version 20 is used for analyzing the data.

5. Findings

5.1. The Perceived QWL of Hospital employees

Table No. 6A: Employees' perceived level of Quality of work life of Private Hospital

Level of perceived QWL				
Type of Hospital	Low (score26-84)	Moderate (score85-110)	High (score111-130)	Total
Private Hospital	23	129	28	180
Percentage	(12.77%)	(71.66 %)	(15.56%)	(100%)

Table No. 6B: Employees' perceived level of Quality of work life of Public Hospital

Level of perceived QWL				
Type of Hospital	Low Score (26-83)	Moderate Score (84-100)	High Score (101-130)	Total
Public Hospital	13	58	12	83
Percentage	(15.66%)	(69.87%)	(14.45%)	(100%)

Table no.6 A and Table no 6B show that majority of the employees of private and public hospitals belong to moderate level of perceived QWL.

5.1.1 Employees' Mean scores on QWL of Private and Public Hospitals

Table no. 7: Descriptive statistics of private and public hospitals

	Private hospital	Public hospital
N	180	83
Mean	97.4500	91.8916
Standard deviation	12.78672	8.68979

Table no.7 shows that different hospitals have different mean scores on perceived QWL. Before coming to the conclusion which hospital has higher level of mean score on QWL, it is imperative to test the significant of difference among the different mean scores of the hospitals.

Test of significance of difference between mean scores among the employees of private and public hospital.

Null hypothesis: There is no significant difference between the mean scores of perceived QWL of employees of Private and public Hospitals

Alternative hypothesis: There is significant difference between the mean scores of perceived QWL of employees of Private and public Hospitals

For testing the significance of difference among the employees of different hospitals, Z-test is used as number of category (sample group) is 2 and the sample size is more than 30.

Here, $$Z = \frac{\overline{X}_1 - \overline{X}_2}{SE}$$

Where, $\overline{X}_1$ = Mean score of private hospital employee = 97.4500 ;

n_1 = Number of employees of private hospital = 180;

s_1 = std. deviation of private hospitals =12.78672;

$\overline{X}_2$ = Mean score of public hospital employees = 91. 8916;

n_2 = no. of employees public hospitals = 83;

s_2 = Std. deviation of public hospitals =8.68979;

SE = Standard error of difference of means

$$= \sqrt{\left(\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}\right)}$$

= 1.34838

Therefore, Z = (97.45-91.8916)/ 1.34838

= 4.122280

Since the calculated value of Z > 1.96 (Table value of Z at α=5% level, at two tail test), null hypothesis is rejected and alternative hypothesis is accepted. That is 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.

5.2. Employees' perceived QWL in private hospitals
Table no.8 : Employees' perceived QWL in private hospitals

Level of QWL	Category of employees				Total
	Doctor	Nurse	Technician	Front Office Personnel	
Low	2	7	2	2	13
Moderate	29	17	10	2	58
High	2	7	2	1	12
Total	33	31	14	5	83

It is seen from table no. 8 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. 9: Descriptive statistics of different categories of employees of private hospital

	Categories of Employees			
	Doctor	Nurse	Technician	Front office personnel
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.9 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.

Test of Homogeneity of Variances

Table No. 10: Test for Homogeneity of Variances

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

From table no. 10, p value = 0.977, which indicates that Levene statistic = 0.067 is insignificant. That is the groups are homogeneous.

Tests of Normality
Table No. 11: 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 personnel	.180	11	.200	.942	11	.542

In table no. 11, 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. 12: ANOVA one way analysis

	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. 12, 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 (table no.- 3.3), doctors are found to have the highest mean scores in perceived QWL followed by front office personnel, technicians and nurses in that order.

5.3 Employees' perceived level of Quality of work life of Public Hospital

Table No. 13: Perceived level of Quality of work life of different categories of employees of a public Hospital

Category of employees	Level of perceived QWL			
	Low (26-83)	Moderate (84-100)	High (101-130)	Total
Doctor	2	29	2	33
Nurse	7	17	7	31
Technician	2	10	2	14
Front office personnel	2	2	1	5
Total	13	58	12	83

It is seen from table no. 13 that majority of the doctors, nurses, technicians and front office personnel have moderate level of perceived QWL.

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

Table no. 14: Descriptive statistics of different categories of employees of public hospital

	Categories of Employees			
	Doctor	Nurse	Technician	Front office personal
N	33	31	14	5
Mean	92.1212	92.1290	92.5714	87
Standard deviation	5.11589	11.48547	7.25062	12.08305

Table no.14 shows that 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. 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 public hospital.

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

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

Test of Homogeneity of Variances

Table No. 15: Test for Homogeneity of Variances

Levene Statistics	df1	df2	Sig
7.356	3	79	.00

From table no. 15, p value = 0.00, which indicates that Levene statistic = 7.356 is significant. That is the groups are not homogeneous.

Tests of Normality

Table No. 16: Tests of Normality

Category of employees	Kolmogorov-Smirnov(a)			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Doctor	.139	33	.103	.959	33	.238
Nurse	.245	31	.000	.837	31	.000
Technician	.138	14	.200*	.947	14	.516
Front office personal	.267	5	.200*	.874	5	.284

*This is a lower bound of the true significance.

Lilliefors Significance Correction
In table no.16, the value of Kolmogrove smirnov statistic for the nurse category of employees is significant at 5% level of significance, that is population of nurse is not normal where as the populations of other categories of employees are normal. Since homogeneity test and normality test are failed, the data collected from the public hospital cannot be subjected to ANOVA analysis**.** Hence Kruskal-Wallis Test is applied.

Kruskal-Wallis Test

Ranks

	What is your main	N	Mean Rank
Btotal	Docter	33	40.29
	Nurse	31	45.71
	Technician	14	42.54
	Front office personal	5	28.80
	Total	83	

Test Statistics (a, b)

	Btotal
Chi-Square	2.433
Df	3
Asymp. Sig.	.487

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= 0.487 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 Public Hospital have the same level of QWL.

5.4. Analysis of difference between mean scores of perceived QWL among different categories of employees of private and public hospitals

Table No.17: Summary sheet of descriptive statistics and analysis of difference between mean scores of QWL among different categories of employees of private and public hospitals.

Category of employee	Descriptive Statistics	Private Hospital	Public Hospital	Test Statistics Investigating the difference between mean scores of QWL	Calculated Value of test statistics	Table value of test statistics (2-tail test at 5% level of confidence)	Remarks	Nature of difference in means between Private and public Hospitals
Doctor	Number	40	33	Z-test	6.031	1.96	Cal. Value > table value	Significant
	Mean	104.725	92.1212					
	Std. Deviation	11.98073	5.11 589					

Nurse	Number	103	31	Z-test	1.108	1.96	Cal. Value <table value	insignificant
	Mean	94.7864	92.129					
	Std. Deviation	12.43071	11.48547					
Category of employee	Descriptive Statistics	Private Hospital	Public Hospital	Test Statistics Investigating the difference between mean scores of QWL	Calculated Value of test statistics	Table value of test statistics (2-tail test at 5% level of confidence)	Remarks	Nature of difference in means between Private and public Hospitals
Technician	Number	26	14	t-test	1.193	1.645	Cal. Value <table value	insignificant
	Mean	96.5385	92.5714					
	Std. Deviation	11.47251	7.25062					
Front office personnel	Number	11	5	t-test	0.163	1.761	Cal. Value <table value	insignificant
	Mean	98.0909	87					
	Std. Deviation	13.20193	12.08305					

Table no.17 depicts that

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

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.

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

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.

3.5. Conclusion

The findings reveal that private Hospital employees have higher average level of perceived QWL than that of Public Hospital employees.

In private hospital, it is observed that, doctors are found to have the highest level of perceived QWL followed by front office personnel, technicians and nurses. But in public hospital, different categories of employees have the same level of QWL.

Further analysis reveals that except doctors, all other employees of private and public hospitals have the same level of perceived QWL.

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