Empirical Study on the Quality of Work Life of Nurses in Private Hospitals

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Abstract

Purpose: The purpose of the study is to investigate the Quality of Work Life among nurses in Private Hospitals.

Design/Methodology/Approach: Primary data collection was done by the researcher from 168 nurses from various private hospitals through a structured questionnaire. The data was analyzed using statistical tools like factor analysis, correlation and multiple regression analysis using SPSS (Ver 20.0)

Findings: From the research study its concluded that remuneration, opportunity for personal growth, work environment, support leadership and structure and work life balance have influence on the Quality of Work Life.

Research implications: The research provides a pragmatic view on Quality of Work Life among nurses in private hospitals and intends to provide insights to administrators, policy makers and practitioners for implementing the findings in solving Quality of Work Life issues.

Keywords: Quality of Work life, Nurses, Healthcare

Introduction

Healthcare industry has been facing notable challenges in terms of healthcare specialists, low output, job dissatisfaction. These organizations strive to provide superior service with limited resources. Healthcare administrators are now increasingly focused towards studying and understanding the Quality of Work Life and the level of satisfaction of their healthcare professionals. A health professional may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing or allied health professions. Health care practitioners can include a wide variety of other human resources trained to provide some type of health care service. The healthcare industry has been witnessing a crunch for healthcare professionals and this field has been facing challenges of attrition due to increased work pressure, prolonged work hours, over burdening work load, high stress levels, improper balance between work and personal life. Investigating the effect of these issues and understanding the perception of these professionals is very critical.

Quality of Work life has been an area of significant importance from the 1960’s and has been researched emphasizing the importance, factors influencing work life and its impact on the performance of the individual (Lawler and Porter, 1966). The factors that determine the level of QWL and the level of impact of these factors would vary from organisation to organisation and from one industry to another.
A study of these factors is of great importance to understand the relationship between QWL and the level of motivation of employees and which would impact the level of performance of the employees (Danna and Griffin, 1999). Organisations strive towards enabling capabilities to provide a cohesive environment where in their human talent can improve their synergetic force. The creation of such environment is said to be Quality of Work life. It amplifies the mental peace and development motives of an employee.

QWL emphasizes on the Organisations ability in fulfilling the individual’s important needs through experiences. QWL refers to an employee satisfaction with working life. QWL is a multidimensional concept and covers the employee’s feelings about his job that includes the salary, the job content, working environment, recognition and rewards system, opportunities for personal growth, leadership and the level of supervision, superior subordinate relationships, occupational health and safety, and the transition between work life and family life. These dimensions of QWL have a close relationship in influencing the productivity of the employee and hence Organisations do pay additional care in satisfying their employees on these dimensions.

Review of Literature

Research over the years has established an increased considerable attention towards QWL and has become the concern of the employers, trade union and scholars. Various researchers in the past have explored the factors that influence the quality of work life. A careful review of the past literature has been carried out to understand the previous research in the areas of the QWL as it would be of great help in framing the research objectives.

(Nayak et al. 2016) Chandan Kumar Sahoo study on Quality of Work Life among healthcare professionals reveals the importance of HR interventions and the lack of adoption of such interventions in day-to-day practice of healthcare organizations. The study calls for a deliberate attempt by organizations towards improving the Quality of Work life among the healthcare professionals.

(Saraji and Dargahi 2006) The results showed that the majority of employees were dissatisfied with occupational health and safety, intermediate and senior managers, their income, balance between the time they spent working and with family and also indicated that their work was not interesting and satisfying.

(Islam 2012) The outcome of the research is that six out of seven factors (work load, family life, transportation, compensation policy and benefits, working environment, working condition and career growth) have significant influence on quality of work life. The study concluded that an appropriate organization culture, compensation policy, career growth and relative facilities can lead to a satisfied employee mindset which ensure the overall organization productivity.

(Kanten and Sadullah 2012) This research investigates the association between quality of work life and work engagement. Results showed that there were significant relations between dimension of QWL and work engagement. Accordingly; (a) QWL affect work engagement; (b) work engagement level of blue-collar employees differentiates from white-collar employees; (c) perceptions of QWL differentiates from white collar employees.

(Ashwini 2016) Ashwini, in the study concludes that companies should ensure employees have clear job description without ambiguity and employees be allowed in participative decision making. The study reveals job satisfaction to be most important criteria for QWL, while commitment to the workplace is considered as an important criterion for service sector.

(Balachandar. G, Dr. Panchanatham. N, Subramanian, 2013)“Quality of Work life the power of Insurance Company: Impact of personal factors on the quality of work life of the officer’s”, concluded that type of officers has influence on the quality of work life. The existence of quality of work life in the insurance company enhances the job satisfaction, job performance, productivity and involvement of officers. It has also concluded that management is responsible for the presence of quality work life in the insurance company which ultimately results in quality of the service and satisfaction of the customers and agents.
Conceptual Framework
The conceptual framework of the study is explained in the below diagram. In line with the research objectives and the hypothesis the research has set the below conceptual framework. The researcher intends to investigate the perception of nurses towards the Quality of Work Life has chosen to study QWL under the dimensions namely; work environment, remuneration, opportunity for personal growth, support services, work life balance.

Dimensions of Quality of Work Life
For the purpose of the current research based on the literature review and brainstorming 5 dimensions of the Quality of Work Life were identified.

Remuneration
Fair remuneration provide an employee the ability to lead a quality life and act as a motivation to work hard and achieve organisation and individual goals. Quality of Work Life can be associated with the fair wages, better working conditions, equitable wages, better rewards.

Opportunity for Personal Growth
This dimension relates to the availability of growth opportunities for the employees within the organisation. It relates to a fair policy on growth, training and development of talent within the organisation and a fair and clear performance appraisal system

Supportive Leadership and Structure
This dimension relates to the proper supervisor relationship, the ability of the supervisor to be a potential leader and to influence them in bringing in a competitive spirit among the employees to perform better and lead to better work life.

Work Environment
Work environment refers to the social and professional environment with in the organisation with in which the employees interact. A better working condition and facilities would motivate the employees towards better performance

Work Life Balance
This dimension refers to the availability of balanced hours for work and personal life of the employees. The presence of such balance would rejuvenate the employees and motivate them towards improved performance.

Objectives of the Study
The research has been carried out with the below objectives:
1. To study the Quality of work life of private hospital nurses with respect to demographic variables.
2. To examine the relationship between the various dimensions and the Quality of Work Life

Research Design
Descriptive research design was used for the study. Primary data was collected from nurses in private hospitals in Trichy district, TamilNadu, a southern state in India. A well-structured questionnaire having 31 items with a five-point Likert’s Scale (5-Strongly Agree to 1-Strongly Disagree) was used for the purposed of the study. Samples were collected on the basis of simple random sampling method. A total of 200 questionnaires were distributed for the survey out of which 168 usable and complete questionnaires were collected. The information collected was tabulated and analyzed using SPSS 20.0. Statistical Tests like Anova, Correlation, Regression, Factor Analysis, Reliability Analysis were carried out to test and draw inferences from the study.
Results and Discussions

Table 1: Demographic Profile of the Respondents

| Demographic Factor | Category       | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------|----------------|-----------|---------|---------------|-------------------|
| Age                | below 25       | 66        | 39.3    | 39.3          | 39.3              |
|                    | 26-30          | 50        | 29.8    | 29.8          | 69.0              |
|                    | 31-35          | 35        | 20.8    | 20.8          | 89.9              |
|                    | 36-40          | 5         | 3.0     | 3.0           | 92.9              |
|                    | Above 40       | 12        | 7.1     | 7.1           | 100.0             |
| Salary             | Below 15000    | 101       | 60.1    | 60.1          | 60.1              |
|                    | 15001-20000    | 44        | 26.2    | 26.2          | 86.3              |
|                    | 20001-25000    | 21        | 12.5    | 12.5          | 98.8              |
|                    | Above 25000    | 2         | 1.2     | 1.2           | 100.0             |
| Marital Status     | Single         | 99        | 58.9    | 58.9          | 58.9              |
|                    | Married        | 69        | 41.1    | 41.1          | 100.0             |
| Experience         | Below 5 Yrs    | 90        | 53.6    | 53.6          | 53.6              |
|                    | 5-10           | 48        | 28.6    | 28.6          | 82.1              |
|                    | 10-15          | 25        | 14.9    | 14.9          | 97.0              |
|                    | 15-20          | 5         | 3.0     | 3.0           | 100.0             |

The demographic profile of the respondents is mentioned in the above table (Table 1). From the table it’s inferred that majority of the respondents 66(39.3%) are in the age below 25, 50 (29.8%) of the respondents are in the age group 26-30, 35 (20.8%) of the respondents are in the age 31-35, 5 (3.0%) of the respondents are in the age category 36-40 and 12(7.1%) of the respondents are in the category above 40 years of age.

As for the salary, it’s inferred that majority of the respondents 101 (60.1%) are in the category earning below 15000; 44 (26.2%) of the respondents are in the category 150001-20000; 21 (12.5%) of the respondents are in the category of 20001-25000 and 2 (1.2%) of the respondents are in the category of earning above 25000 as their monthly salary.

Majority of the respondents 99 (58.9%) are single; 69 (41.1%) of the respondents are married. In terms of experience, majority of the respondents 90 (53.6%) are below 5 years; 48 (28.6%) of the respondents are between 5-10 years; 25 (14.9%) of the respondents are between 10-15 years and 5 (3.0%) of the respondents are between 15-20 years of experience.

From the table 2, it is known that minimum mean value is arrived for the item “Team work is present in my unit”. It falls around neutral. The highest mean rating is for the statement “Pay based on Responsibility” is 4.16. It infers that the respondents highly disagree that they pay is not based on the responsibility.

Table 2 Descriptive Statistics

|                          | N  | Minimum | Maximum | Mean  | Std. Deviation |
|--------------------------|----|---------|---------|-------|----------------|
| Fair compensation        | 168| 1       | 5       | 4.12  | 1.215          |
| Pay based on Responsibility| 168| 1       | 5       | 4.16  | 1.118          |
| Performance based salary | 168| 1       | 5       | 3.92  | 1.158          |
| Fair promotion           | 168| 1       | 5       | 3.98  | 1.213          |
| Rewards for good work    | 168| 1       | 5       | 3.82  | 1.244          |
| Institution gives professional opportunities | 168| 1 | 5 | 3.96 | 1.335 |
The items used in the questionnaire were analyzed through factor analysis to recover out the relevant factors that specify the degree of Quality of Work Life of nurses. (Table3) Kaiser-Meyer-Oklin (KMO) and Bartlett’s test of sphericity was carried out. KMO measure of sampling adequacy value was estimated to be 0.767 for the overall sample. The Bartlett’s test of sphericity shows that the correlation among the variables is statistically significant (p=0.000). The KMO and Barlett’s test results revealed the data to be fit for factor analysis.

Principal Component Analysis and Varimax rotation method was used and from the study. Table 4 shows the communalities of the loaded items and the amount of variance accounted by each of the items in the study which is between 59.3 and 74.9. The Principal Component Analysis (Table 5) showed that the 7 factors extracted account for 67.11 percent variation in the overall sample. The scree plot for the PCA has been shown below.

Additionally, the test of reliability was conducted to test the reliability of the factors extracted. The Cronbach’s Alpha coefficient (Table 7) for internal consistency was calculated to test the reliability. The Alpha coefficient achieved was 0.861 thus concluding that the factors were highly reliable in predicting the Quality of Work Life. The reliability coefficient values of the factors are represented in the table 8.

Table 3 KMO and Bartlett’s Test

| Measure of Sampling Adequacy. | .732 |
|-------------------------------|------|
| Bartlett’s Test of Sphericity  | 1462.911 |
| df                            | 300  |
| Sig.                          | .000 |
### Table 4 Communalities

|                                      | Initial | Extraction |
|--------------------------------------|---------|------------|
| Fair compensation                    | 1.000   | .694       |
| Pay based on Responsibility          | 1.000   | .674       |
| Performance based salary             | 1.000   | .653       |
| Fair promotion                       | 1.000   | .650       |
| Rewards for good work                | 1.000   | .637       |
| Institution gives professional       | 1.000   | .653       |
| policies and procedures facilitates  | 1.000   | .705       |
| my job                               |         |            |
| I feel safe protected against        | 1.000   | .749       |
| damage (physical, moral, verbal)     |         |            |
| I have autonomy in deciding patient  | 1.000   | .704       |
| care                                 |         |            |
| Manager/supervisor provides feedback | 1.000   | .650       |
| about performance                    |         |            |
| I have good communication with       | 1.000   | .698       |
| my manager/supervisor nurse          |         |            |
| I receive adequate support from      | 1.000   | .712       |
| support service staff                |         |            |
| I have adequate materials and        | 1.000   | .659       |
| equipment for patient care           |         |            |
| I can give good quality patient      | 1.000   | .636       |
| care                                 |         |            |
| Team work is present in my unit      | 1.000   | .715       |
| I feel attached to work              | 1.000   | .651       |
| I feel approved by doctors at work   | 1.000   | .670       |
| Safety provides a safe environment   | 1.000   | .727       |
| I feel comfortable in my work        | 1.000   | .658       |
| environment                          |         |            |
| I believe my job is safe             | 1.000   | .691       |
| Managers respect nursing             | 1.000   | .624       |
| I communicate with other team members| 1.000   | .620       |
| I can manage a good balance between  | 1.000   | .668       |
| work and family                      |         |            |
| I have enough time for work          | 1.000   | .593       |
| I have energy outside of work        | 1.000   | .687       |

**Extraction Method:** Principal Component Analysis.

### Table 5 Total Variance Explained

| Component | Initial Eigenvalues | Extraction Sums of Squared Loadings | Rotation Sums of Squared Loadings |
|-----------|----------------------|-------------------------------------|----------------------------------|
|           | Total                | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1         | 5.590                | 22.359        | 22.359       | 5.590 | 22.359        | 22.359       | 3.086 | 12.344        | 12.344       |
| 2         | 2.362                | 9.447         | 31.806       | 2.362 | 9.447         | 31.806       | 2.370 | 9.480         | 21.824       |
| 3         | 2.037                | 8.149         | 39.955       | 2.037 | 8.149         | 39.955       | 2.134 | 8.534         | 30.358       |
| 4         | 1.703                | 6.811         | 46.766       | 1.703 | 6.811         | 46.766       | 2.112 | 8.447         | 38.805       |
| 5         | 1.525                | 6.099         | 52.865       | 1.525 | 6.099         | 52.865       | 1.972 | 7.886         | 46.692       |
| 6         | 1.447                | 5.788         | 58.653       | 1.447 | 5.788         | 58.653       | 1.855 | 7.420         | 54.112       |
| 7         | 1.101                | 4.405         | 63.059       | 1.101 | 4.405         | 63.059       | 1.795 | 7.178         | 61.290       |
| 8         | 1.013                | 4.051         | 67.110       | 1.013 | 4.051         | 67.110       | 1.455 | 5.821         | 67.110       |
| 9         | .885                 | 3.538         | 70.648       |       |               |             |       |               |             |
### Table 6 Rotated Component Matrixa

| Component | Component | Component | Component | Component | Component | Component | Component |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pay based on Responsibility | .787 | .778 | .754 | .714 | .704 | .366 | .761 | .751 | .643 | .791 | .755 | .640 | .833 | .742 | .382 | .665 | .748 |
| Fair compensation | .751 | .755 | .640 | .833 | .742 | .382 | .665 | .748 |
I communicate with other team members like Physiotherapist and respiration therapist. I feel comfortable in my work environment. Team work is present in my unit. I have adequate materials and equipment for patient care. I feel approved by doctors at work. Safety provides a safe environment. Managers respect nursing.

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 7 iterations.

Table 7 Reliability Statistics

| Cronbach's Alpha | No. of Items |
|------------------|--------------|
| .861             | 25           |

Table 8 Reliability Statistics

| Factor                        | Cronbach's Alpha | No. of Items |
|-------------------------------|------------------|--------------|
| Remuneration                  | 0.825            | 5            |
| Opportunities for Personal Growth | 0.754        | 6            |
| Support Leadership and Structure | 0.749        | 6            |
| Work Environment              | 0.717            | 5            |
| Work Life Balance             | 0.703            | 3            |

The Kolmogorov – Smirnov Test (Table 9) is carried out to test the hypothesis that the data is normally distributed. The significance value is less than 0.05 which indicates that the distribution of data is normal.

Table 9 One-Sample Kolmogorov-Smirnov Test

| N               | Normal Parameters a,b | Most Extreme Differences | Kolmogorov Smirnov Z | Asymp. Sig. (2-tailed) |
|-----------------|------------------------|--------------------------|----------------------|-----------------------|
| Fair compensation | 168 | 4.13 | 1.215 | .312 | .236 | -.312 | 4.044 | .000 |
| Pay based on Responsibility | 168 | 4.16 | 1.118 | .288 | .226 | -.288 | 3.734 | .000 |
| Performance based salary | 168 | 3.92 | 1.158 | .283 | .176 | -.283 | 3.663 | .000 |
| Fair promotion    | 168 | 3.98 | 1.213 | .294 | .199 | -.294 | 3.805 | .000 |
| Rewards for good work | 168 | 3.82 | 1.244 | .271 | .172 | -.271 | 3.517 | .000 |
| Institution gives professional opportunities | 168 | 3.96 | 1.335 | .275 | .219 | -.275 | 3.565 | .000 |
| Nursing policies and procedures facilitates my job | 168 | 3.95 | 1.377 | .272 | .222 | -.272 | 3.525 | .000 |
| I feel safe protected against damage (physical, moral, verbal) | 168 | 3.82 | 1.275 | .296 | .176 | -.296 | 3.832 | .000 |
| Statement                                                                 | N  | Mean | Std. Dev | Std. error | 95% CI    | t   | df | P value |
|--------------------------------------------------------------------------|----|------|----------|------------|-----------|-----|-----|---------|
| I have autonomy in deciding patient care                                 | 168| 3.81 | 1.290    | .255       | .178      | -.255| 3.307| .000    |
| Manager/supervisor provides feedback about performance                    | 168| 3.78 | 1.356    | .267       | .184      | -.267| 3.460| .000    |
| I have good communication with my manager/supervisor nurse.              | 168| 3.71 | 1.310    | .273       | .162      | -.273| 3.533| .000    |
| I receive adequate support from support service staff (meal, cleaning and care staff). | 168| 3.90 | 1.421    | .287       | .219      | -.287| 3.717| .000    |
| I have adequate materials and equipment for patient care.                | 168| 3.92 | 1.245    | .306       | .192      | -.306| 3.972| .000    |
| I can give good quality patient care.                                    | 168| 3.85 | 1.233    | .300       | .175      | -.300| 3.888| .000    |
| Team work is present in my unit                                          | 168| 3.52 | 1.299    | .226       | .128      | -.226| 2.934| .000    |
| I feel attached to work                                                  | 168| 3.96 | 1.394    | .302       | .228      | -.302| 3.917| .000    |
| I feel approved by doctors at work                                       | 168| 3.60 | 1.432    | .320       | .163      | -.320| 4.143| .000    |
| Safety provides a safe environment                                        | 168| 3.84 | 1.296    | .335       | .185      | -.335| 4.343| .000    |
| I feel comfortable in my work environment                                | 168| 3.73 | 1.395    | .261       | .182      | -.261| 3.379| .000    |
| I believe my job is safe                                                 | 168| 3.67 | 1.325    | .246       | .158      | -.246| 3.194| .000    |
| Managers respect nursing                                                  | 168| 3.77 | 1.361    | .262       | .184      | -.262| 3.401| .000    |
| I communicate with other team members like Physiotherapist and respiration therapist | 168| 3.55 | 1.396    | .264       | .149      | -.264| 3.421| .000    |
| I can manage a good balance between work and family                      | 168| 3.93 | 1.546    | .333       | .244      | -.333| 4.319| .000    |
| I have enough time for work                                              | 168| 3.81 | 1.299    | .290       | .180      | -.290| 3.764| .000    |
| I have energy outside of work                                            | 168| 3.82 | 1.535    | .310       | .220      | -.310| 4.014| .000    |

**Implications / Limitations**

Based on the research analysis it was found that the highest mean value of 4.12 accounts for Fair Compensation which reveals that majority of the respondents are of the view that they are paid Fair Remunerations as compared to the industry standard, followed by 4.16 being that the respondents agree that their pay is based on the responsibilities that they hold in their organisation. The least mean value 3.81 is for the statement ‘I have enough time for work’ which implies that majority of the respondents are of the opinion that they do not have enough time for their work, which implies that they don’t have enough time duration to complete their job or they are heavily loaded with work that they are not able to complete everything within the given timeframe or work duration. Hence it is suggested that organisations do work towards realigning the job responsibilities of the nurses in their respective organisation. The second least of the mean values is
3.82 which accounts for the statement ‘I have energy outside of work’ which reveals that majority of the respondents are of the opinion that they lose their energy at work and don’t have energy levels beyond work. This statement signifies that respondents are fully exhausted by the nature of their work and organisations should try to provide relief or relaxation period as far as possible for the nurses to regain their energy levels so that they can perform even better in delivering their responsibilities. This research has a major limitation in terms of the complexity in the area of research. The data collection was carried out only from private hospitals in around Trichy; and hence the research does not reflect the perception of nurses from each and every corner of the nation. The perception of the respondents may change with time and hence the results and findings of the research may vary over a period of time.

**Conclusion**

The research was carried out with the purpose of determining the factors and its impact on the work life balance of Nurses working in private hospitals in Trichy. Based on the review of literature and in consultation with academic experts in the field it was decided to study the WLB based on the dimensions like Work Environment, Remuneration, opportunity for Personal Growth, Support Services and Work Life Balance. From the research study its concluded that remuneration, opportunity for personal growth, work environment, support leadership and structure and work life balance have influence on the Quality of Work Life. Based on the research analysis it was found that the highest mean value of 4.12 accounts for Fair Compensation which reveals that majority of the respondents are of the view that they are paid Fair Remunerations as compared to the industry standard, followed by 4.16 being that the respondents agree that their pay is based on the responsibilities that they hold in their organisation. The least mean value 3.81 is for the statement ‘I have enough time for work’ which implies that majority of the respondents are of the opinion that they do not have enough time for their work, which implies that they don’t have enough time duration to complete their job or they are heavily loaded with work that they are not able to complete everything within the given timeframe or work duration. Hence it is suggested that organisations do work towards realigning the job responsibilities of the nurses in their respective organisation. The second least of the mean values is 3.82 which accounts for the statement ‘I have energy outside of work’ which reveals that majority of the respondents are of the opinion that they lose their energy at work and don’t have energy levels beyond work. This statement signifies that respondents are fully exhausted by the nature of their work and organisations should try to provide relief or relaxation period as far as possible for the nurses to regain their energy levels so that they can perform even better in delivering their responsibilities. Existence of QWL enhances job satisfaction, job performance, productivity and involvement. Hence healthcare administrators can take steps to improve their initiatives in developing the Quality of work life of the nurses in private hospitals. The research would like to finally conclude that if the organisation could manage in providing better conditions the nurses would be able to manage their personal and work life.

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