

## CHAPTER 7

### **SUMMARY OF FINDINGS, CONCLUSION AND MANAGERIAL IMPLICATIONS**

#### **7.1 INTRODUCTION**

The present study is accomplished in four stages. In the first stage, the background of the nurses has been discussed. It is followed by the examination of the QWL factors were measured. In the third stage, the HR practices variables have been examined. At the final stage, the consequences or the outcome variables were tested and the linkage between the various aspects in QWL, HR practices and outcome were examined.

The objectives of the present study is confined to

- 1) To study the socio economic details of the nurses in hospitals,
- 2) To reveal the level of quality of work life (QWL) at hospitals,
- 3) To explain the various QWL factors and implementation of them at the hospitals
- 4) To identify the rate of implementation of Human Resource Management practices at hospitals,
- 5) To analyse the association between the profile of the nurses and their view on QWL at hospitals,
- 6) To identify the important Discriminant QWL and HRM practices among the private and public hospital nurses and
- 7) To find out the linkage between HRM practices, QWL factors and QWL outcome factors with hospital performance.



Since the study highly depends on the primary data, a special care was taken to prepare an interview schedule. ‘The interview schedule is divided into four important parts. The first part covers the background of the nurses whereas the second part includes the existence of quality of work life in the hospitals. The third part of the interview schedule consists of the implementation of human resource management practices at the hospitals where the final part includes the various consequence of quality of work life at hospitals. The related variables were identified with the help of the nurses at hospitals, review of previous studies and also the view of experts. A pre test was conducted among 25 nurses in the private and the public hospitals at the district with the help of the medical officers. Based on the feedback on the pre-test, certain modification, additions, deletions and implications were carried out.

The data collected from the respondents were processed by the appropriate statistical analysis. These are discussed in previous chapters. The summary of findings, conclusion and managerial implications are presented in this chapter.

## **7.2 SUMMARY OF FINDINGS**

### **Objective 1 - Socio economic profile of the nurses:**

- 77.81 per cent of the nurses in the present study are female. The dominant genders of the nurses are female. Among the PRHN, it constitutes 81.18 per cent to its total whereas among the PUHN, it constitutes 74 per cent to its total.
- The important age groups among the respondents in the PRHN are 26-35 and less than 25 which constitute 37.35 and 29.12 per cent to the total respectively. Among the respondents in PUHN, these are 26-35 and 36-45 years which constitute 34 and 27 per cent to the total respectively. The analysis reveals that the young aged nurses are in the PRHN notified than the PUHN.



- The most important marital status among the Nurses in PRHNs is ‘unmarried’ which constitutes 64.12 per cent to the total whereas among the Nurses in PUHNs is also ‘unmarried’ which constitutes 49.33 per cent to its total respectively. The analysis reveals that the most important marital status among the Nurses is ‘unmarried’.
- The important level of knowledge among the respondents is Under Graduation and diploma. The most important educational qualifications among the nurses in PRHNs are under graduation and Diploma and in PUHN, these two are the same. The analysis reveals that the level of education among the nurses in PRHN is higher than that of the respondents in PUHN.
- The important level of personal income per month among the nurses is Rs.10, 000 – 20,000 and Rs.20, 001 – 30,000. The most important level of personal income per month among the nurses in PRHNs is Rs.10, 000 – 20,000 and less than Rs.10, 000. Among the nurses in the PUHN, is Rs.10, 000 – 20,000 and Rs.20, 001 – 30,000.
- The most important years of experience among the nurses in PRHNs is less than 3 years and 3 to 6 years. The most important level of experience among the Nurses in PUHNs is 9 to 12 years and 6 to 9 years. The analysis infers that the years of experience among the nurses in PUHNs is higher than the level of experience among the nurses in PRHNs.
- The most important family type among the nurses in PRHNs is the ‘nuclear family system’. Among the nurses in PUHNs, it is also ‘Nuclear family system’.
- The important family sizes of the nurses are less than 3 members and 3 to 4. The most important family size of the nurses in PRHNs is less than 3 and 3 to 4 members. Among the nurses in PUHNs these are



also the same. The analysis reveals that the most important family size among the nurses in PHRN and PURNs is less than 3 members.

- The important numbers of educated person per family among the nurses are two and three. The important numbers of educated person among the nurses in the PRHN are three and more than three. Among the nurses in the PUHN, these are three and two. The analysis infers that the number of educated person per family among the nurses in the PUHN is higher than the number of educated person among the nurses in the PRHN.
- The important number of earning members per family among the nurses in PRHN are one and two. Among the nurses in the PUHN, these are also one and two.
- The important family incomes per month among the nurses are Rs.20, 001 to 30,000 and less than 20,000. The important family incomes per month among the nurses in the PRHN is Rs. 20,001- 30,000 and less than 20,000. In the case of nurses in the PUHN, these two are the same.
- The nature of employment among the nurses is Contract and temporary. The natures of employment among the nurses in the PRHN are Contract and temporary. In the case of nurses in the PUHN, the nature of employment among the nurses is Permanent and temporary. The analysis reveals that the nature of employment among the nurses in the PRHN is greater than the nurses in the PUHN.
- The caring of family members among the nurses is child care and elder care. Among the nurses in PRHN, the higher caring has been noticed in the case of child care and elder care. Among the nurses in PUHN, these are same. The analysis reveals that the caring of family



among the nurses in the PRHN is greater than the nurses in the PUHN.

### **Objective 2 - Level of Quality of Work Life (QWL) at hospitals**

- The hours worked per day among the nurses are less than 8 hours and 8.00 to 10.00 hours. Among the nurses in PRHN, hours worked per day have been noticed in the case of 8.00 to 10.00 hours and less than 8 hours. Among the nurses in PUHN, hours worked per day have been noticed in the case of less than 8 hours and 8.00 to 10.00 hours. The analysis reveals that the hours worked per day among the nurses in the PRHN are greater than the nurses in the PUHN particularly for more than 8.00 to 10.00 hours.
- Among the nurses in PRHN, working shift has been noticed in the case of day shift and regular. Among the nurses in PUHN, working shift has been noticed in the case of less than 8 hours and 8.00 to 10.00 hours. The analysis reveals that the working shift among the nurses in the PRHN, particularly for night shift is greater than the nurses in the PUHN.
- The highly viewed variables in **SFS** among the nurses in PRHN are ‘superior is highly generous’ and ‘Superior provides a flexible schedule to me’. Among the nurses in PUHN, these two variables are same. Regarding the perception on the variables in SFS, the significant difference between the nurses in PRHN and PUHN has been identified in the case of all variables since its ‘t’ statistics are significant at five per cent level.
- The highly viewed variables in **SFC** among the nurses in PRHN are ‘Colleagues always share their work and life experiences’ and ‘Colleagues are highly adjustable’. Among the nurses in PUHN, these two are ‘Colleagues always share their work and life experiences’ and ‘Colleagues take responsibilities on my behalf’.



Regarding the perception on the variables related to SFC, the significant difference between the nurses in PRHN and PUHN has been noticed in the six variables out of seven variables since their respective 't' statistics are significant at five per cent level.

### **Objective 3 - Implementation of QWL factors**

- The QWL factors were measured with 42 variables. It is narrated with ten important QWL variables. The highly viewed variables in **wage and salary** among the nurses in PRHN are 'Responsibilities/duties' and 'Experience'. Among the nurses in PRHN, these are same. Regarding the level of existence of the variables in wage and salary, a significant difference between the two groups of nurses has been noticed in the case of three out of six variables since their respective 't' statistics are significant at the five per cent level. The wage and salary among the nurses in PRHN are greater than the nurses in PUHN.
- The highly viewed variables in **training and development** by the PRHN are 'team building' and 'allocating resources'. Among the PUHN nurses, these are 'conflict management' and 'risk taking'. Regarding the view on variables in training and development, the significant difference among the PRHN and PUHN have been noticed in the case of six variables since their respective 't' statistics are significant at five percent level.. The training and development among the nurses in PUHN are greater than the nurses in PRHN.
- The highly viewed variables in **career development** by the PRHN are 'positive attitude' and 'Promotion opportunity'. Among the PUHN nurses, these are the same. Regarding the view on variables in career development, the significant difference among the PRHN and PUHN have been noticed in the case of five variables since their respective 't' statistics are significant at five percent level. The career



development among the nurses in PUHN is greater than the nurses in PRHN.

- The highly viewed variables in **recognition** by the PRHN are ‘Recognition of work’ and ‘Rules are easy to follow’ Among the PUHN nurses, these are with the mean scores of ‘Recognition of work’ and ‘Equal treatment to all’ Regarding the view on variables in recognition, the significant difference among the PRHN and PUHN have been noticed in the case of four variables out of five variables since their respective ‘t’ statistics are significant at five percent level. The recognition among the nurses in PUHN is greater than the nurses in PRHN.
- The highly viewed variables in **job security** by the PHHN are ‘My job is safe’ and ‘before termination lot of procedure are followed. Among the PRHN nurses, these are the same. Regarding the view on variables in job security, the significant difference among the PRHN and PUHN have been noticed in the case of three variables out of five variables since their respective ‘t’ statistics are significant at five percent level. The job security among the nurses in PUHN is greater than the nurses in PRHN.
- The highly viewed variables in **Safety measures** by the PRHN are ‘Diagnostic tools’ and ‘Free handling tools’. Among the PUHN nurses, these are the same. Regarding the view on variables in Safety measures, the significant difference among the PRHN and PUHN have been noticed in the case of all the five variables since their respective ‘t’ statistics are significant at five percent level. The safety measures among the nurses in PRHN are greater than among the nurses in PUHN.
- The highly viewed variables in **work schedule** by the PRHN are ‘Continuous work without breaks’ and ‘Create more work pressure’.



Among the PUHN nurses, these are ‘High work load’ and ‘Frequent Night shifts’. Regarding the view on variables in work schedule, the significant difference among the PRHN and PUHN have been noticed in the case of all the five variables since their respective ‘t’ statistics are significant at five percent level. The work schedule among the nurses in PRHN is greater than among the nurses in PUHN.

- The highly viewed variables in **Interpersonal relationship** by the PRHN are ‘Good relationship with Doctors’ and ‘Good relationship with subordinates’. Among the PUHN nurses, these are ‘Good relationship with subordinates’ and ‘Good relationship with colleagues’. Regarding the view on variables in Interpersonal relationship, the significant difference among the PRHN and PUHN have been noticed in the case of four variables out of five variables since their respective ‘t’ statistics are significant at five percent level. The Interpersonal relationship among the nurses in PUHN is greater than the nurses in PRHN.
- The highly viewed variables in **learning from the job** by the PRHN are ‘need high skill level’ and ‘requires creativity. Among the PUHN nurses, these are ‘need high skill level’ and ‘develop own skills’. Regarding the view on variables in learning from the job, the significant difference among the PRHN and PUHN have been noticed in the case of all six variables since their respective ‘t’ statistics are significant at five percent level.
- The highly viewed variables in **job demands** by the PRHN are ‘Work fast’ and ‘Work concentration’. Among the PUHN nurses, these are Work fast’ and ‘enough time’. Regarding the view on variables in job demands, the significant difference among the PRHN



and PUHN have been noticed in the case of all six variables since their respective 't' statistics are significant at five percent level.

- The highly viewed variables in **job demands** by the PRHN are 'Continuous physical activity' and 'Demand more stamina/ strength'. Among the PUHN nurses, these are 'Physical effect' and 'Demand more stamina/ strength'. Regarding the view on variables in job demands, the significant difference among the PRHN and PUHN have been noticed in the case of all four variables since their respective 't' statistics are significant at five percent level.
- The highly viewed variables in **Physical isometric loads and hazards** by the PRHN are 'Exposure to dirty areas' and 'Catching diseases'. Among the PUHN nurses, these are 'Catching diseases' and 'Head/Arm Awkward working postures'. Regarding the view on variables in Physical isometric loads and hazards, the significant difference among the PRHN and PUHN have been noticed in the case of four variables out of five variables since their respective 't' statistics are significant at five percent level.
- The highly viewed variables in work environment by the PRHN are 'Noise free environment' and 'Better basic amenities at work place'. Among the PUHN nurses, these are 'Better basic amenities at work place' and 'Noise free environment'. Regarding the view on variables in work environment, the significant difference among the PRHN and PUHN have been noticed in the case of all the three variables since their respective 't' statistics are significant at five percent level. The work environment among the nurses in PUHN is greater than the nurses in PRHN.



**Null hypothesis:- There is no significant difference between PRHN and PUHN with respect to QWL factors in different Hospitals.**

- The highly viewed variables in QWL among the nurses in PRHN are ‘Recognition’ and ‘Work schedule’. Among the nurses in PUHN, these are ‘Inter-personal relationship’ and ‘Job security’. Since P value is less than 0.05, the null hypothesis is rejected at **5 % level** of significance with respect to all the variables in QWL factors, a significant difference between the two groups of nurses has been noticed in the case of all the variables in QWL and hence the **null hypothesis is rejected** with respect to all the variables in the QWL factors.

**Objective 4: Implementation of Human Resource Management practices at hospitals**

- **Recruitment & selection:** The highly viewed variables in recruitment & selection among the nurses in PRHN are ‘Job advertisements in newspapers are used to recruit people’ and ‘Recruits immediately positions are declared vacant’ Among the nurses in PUHN, these are ‘Transparency in the recruitment and selection’ and ‘The staffs are aware of existing vacancy or vacancies’. Regarding the level of existence of the variables in recruitment & selection, a significant difference between the two groups of nurses has been noticed in the case of seven variables in the recruitment & selection since their respective ‘t’ statistics are significant at the five per cent level. . The recruitment & selection among the nurses in PRHN is greater than the nurses in PUHN.
- **Performance management:** Higher mean opinion has been identified in the case of “Initiative to the work” and “Work Knowledge” among the nurses in the PRHNS. Among the nurses in the PUHNS, it has been noticed in the case of “Work Knowledge”



and “Quality of the work”. Regarding the performance management the significant difference between the nurses in the PRHNs and the PUHNs has been noticed in the case of four variables since their respective ‘t’ statistics are significant at five per cent level. The performance management among the nurses in PRHN is greater than the nurses in PUHN.

- **Training and development:** The highly viewed variables in ‘training and development’ among the nurses in PRHN are ‘my confident level increases’ and ‘Decreasing nurse turnover’. Among the nurses in PUHN, these two variables are ‘Training motivates me’ and ‘the Training programme helps me to increase my decision-making skills’. Regarding the perception on the variables in ‘training and development’, the significant difference between the nurses in PRHN and PUHN has been identified in the case of seven variables since ‘t’ statistics are significant at five per cent level. The analysis reveals that the training and development among the PRHN nurses is higher than the PUHN nurses.
- **Motivational practices:** The highly viewed variables in motivational practices among the nurses in PRHN are ‘Decision making freedom’ and ‘Availing loan facilities’. Among the nurses in PUHN, these are same. Regarding the level of existence of the variables in motivational practices, a significant difference between the two groups of nurses has been noticed in the case of six variables in the motivational practices since their respective ‘t’ statistics are significant at the five per cent level. The motivational practices among the nurses in PUHN are greater than the nurses in PRHN.
- **Communication:** The highly viewed variables in Communication among the nurses in PRHN are ‘Majority of my normal, daily activities on the job are guided by the written operating instructions’



and ‘I could openly communicate on the mistakes which I committed’. Among the nurses in PUHN, these are ‘Majority of my normal, daily activities on the job are guided by the written operating instructions’ and ‘my superiors encouraged to report the near-miss faults’. Regarding communication, a significant difference between the two groups of nurses has been noticed in the case of six variables in the Communication since their respective ‘t’ statistics are significant at the five per cent level. The Communication among the nurses in PRHN is greater than the nurses in PUHN.

- **Career development:** The highly viewed variables in Career development among the nurses in PRHN are ‘Recognition’ and ‘Growth opportunities’. Among the nurses in PUHN, these are ‘Recognition’ and ‘Promotion’. Regarding the level of existence of the variables in career development, a significant difference between the two groups of nurses has been noticed in the case of six variables in the Career development since their respective ‘t’ statistics are significant at the five per cent level. The Career development among the nurses in PUHN is greater than the nurses in PRHN.
- **Labour welfare practices:** The highly viewed variables in Labour welfare practices among the nurses in PRHN are ‘Canteen facilities’ and ‘Hygiene and sanitation’. Among the nurses in PUHN, these are ‘Recreation facilities’ and ‘Medical facilities’. Regarding the level of existence of the variables in Labour welfare practices, a significant difference between the two groups of nurses has been noticed in the case of seven variables in the Labour welfare practices since their respective ‘t’ statistics are significant at the five per cent level. The Labour welfare practices among the nurses in PRHN are greater than the nurses in PUHN.



**Objective- 5: Association between the profile of the nurses and their view on HRM Practices at hospitals**

**Null hypothesis-:** There is no significant difference between PRHN and PUHN with respect to the Consequences of HRM Practices.

The highly viewed variables on the HRM practices among the PRHN nurses are ‘Recruitment and selection’ and ‘Communication’. Among the nurses in PUHN, these are ‘Motivational practices’ and ‘Communication’. Since the ‘P’ value is less than 0.05, the null hypothesis is rejected at 5 % level of significance with respect to all the variables and a significant difference between the two groups of nurses has been noticed in the case of all the variables of HRM Practices.

- **Recruitment and selection:** Regarding the profile variables such as gender, status, personal income, years of experience, family type, family size, number of educated person, number of earning members, nature of employment and family care are significantly related to Recruitment and selection since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of age, marital status, personal income, family income per month and hours worked per day are not significant at five per cent level since their calculated chi square value is lesser than the table value.
- **Performance management:** Regarding the profile variables such as gender, age, marital status, and personal income, family type, family size, nature of employment and family care are significantly related to Performance management since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Training and development:** Regarding the profile variables such as marital status, level of education, personal income, number of



earning members, family income per month, nature of employment and hours worked per day are significantly related to Training and development since their calculated chi square value is greater than the table value and they are significant at five per cent level.

- **Motivational practices:** Regarding the profile variables such as level of education, personal income, family size, number of educated person and family income per month are significantly related to Motivational practices since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Communication:** Regarding the profile variables such as gender, age, marital status, personal income, years of experience, family type, family size, number of educated person, number of earning members, family income per month, nature of employment, family care and Hours worked per day are significantly related to Communication since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Career development:** Regarding the profile variables such as marital status, personal income, years of experience, family type, family care and hours worked per day are significantly related to Career development since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Labour welfare practices:** Regarding the profile variables such as age, level of education, years of experience, family type, number of earning members, nature of employment and hours worked per day are significantly related to Labour welfare **practices** since their calculated chi square value is greater than the table value and they are significant at five per cent level.



## Association between the profile of the nurses and their view on QWL at hospitals

- **Wage and Salary:** Regarding the profile variables such as age, level of education, personal income, years of experience, family size, family income per month, number of educated person, number of earning members, nature of employment, family care and hours worked per day are significantly related to Wages & Salary since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of gender, marital status, family type and family income per month are not significantly related to Wages & Salary since their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.
- **Training and Development:** Regarding the profile variables such as age, level of education, personal income, years of experience, family size, family income per month, number of educated person, number of earning members, nature of employment and family care are significantly related to Training & Development since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Career development:** Regarding the profile variables such as level of education, personal income, family income per month, Number of Earning Members, Family income per month, Family care and Hours worked per day are significantly related to Career development since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Recognition:** Regarding the profile variables such as age, level of education, personal income, number of educated person and family income per month are significantly related to recognition since their



calculated chi square value is greater than the table value and they are significant at five per cent level.

- **Job security:** Regarding the profile variables such as age, level of education, personal income, years of experience, family size, family income per month, number of educated persons, number of Earning members, family income per month, nature of employment, family care and hours worked per day are significantly related to job security since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of personal income and family type their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.
- **Safety measures:** Regarding the profile variables such as gender, age, marital status, family type, and number of educated person, nature of employment and family care are significantly related to safety measures since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of level of education personal income, years of experience, family size, number of earning members, family income per month and hours worked per day their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.
- **Work schedule:** Regarding the profile variables such as level of education, years of experience, family type, family size, family income per month, nature of employment and hours worked per day are significantly related to work schedule since their calculated chi square value is greater than the table value and they are significant at five per cent level.



- **Inter-personal relationship:** Regarding the profile variables such as gender, marital status, level of education, years of experience, family size, number of educated person, number of earning members, family income per month, hours worked per day are significantly related to Inter-personal relationship since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Job content:** Regarding the profile variables such as gender, age, marital status, years of experience, family type, family size, number of educated person, number of earning members, family income per month, nature of employment, care of family, hours worked per day are significantly related to Job content since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Working environment:** Regarding the profile variables such as age, level of education, years of experience, family type, number of educated person, number of earning members, family care and hours worked per day are significantly related to working environment since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of gender, marital status, personal income, family size, family income per month and nature of employment, their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.

#### **Objective 6 - Discriminant QWL and HRM practices among the private and public hospital nurses**

##### **Discriminant QWL**

- Higher Discriminant co-efficient are identified in the case of Work schedule and Inter-personal relationship. The estimated Discriminant



function correctly classifies the cases to the extent of 79.87 per cent. The analysis reveals that the important Discriminant QWL variable among the PRHN and the PUHN are their perception on Work schedule and Inter-personal relationship which is highly perceived by PRHN than by PUHN.

### **Discriminant HRM practices**

- The higher mean differences are identified in the case of recruitment & selection and Labour welfare practices. The higher Discriminant power is identified in the case of Labour welfare practices and recruitment & selection. The analysis reveals that the important Discriminant HRM Practices is highly perceived by PRHN than by PUHN.

### **Opinion on job satisfaction**

- The highly viewed variables in job satisfaction by the PRHN are ‘Effective communication’ and ‘Teamwork. Among the PUHN nurses, these are ‘Satisfaction from the wages and bonuses’ and ‘Satisfaction from non-financial rewards. Regarding the view on variables in job satisfaction, the significant difference among the PRHN and PUHN have been noticed in the case of nine variables out of eleven variables since their respective ‘t’ statistics are significant at five percent level. The job satisfaction among the nurses in PUHN is greater than the nurses in PRHN.

### **Opinion on job stress**

- The highly viewed variables in job stress among the nurses in PRHN are emotionally stressed in work and feeling of used up at the end of the day. Among the nurses in PUHN, these are same. Regarding the level of existence of the variables in job stress, a significant difference between the two groups of nurses has been noticed in the case of all the variables in the job stress since their respective ‘t’



statistics are significant at the five per cent level. . The job stress among the nurses in PRHN is greater than the nurses in PUHN.

### **Opinion on individuality**

- The highly viewed variables on individuality by the PRHN are ‘Like the people’ and ‘Independent decision’. Among the PUHN nurses, these are “Independent decision” and “Enter new ideas and experience”. Regarding the view on variables in individuality, the significant difference among the PRHN and PUHN have been noticed in the case of all the variables since their respective ‘t’ statistics are significant at five percent level. The individuality among the nurses in PRHN is greater than the nurses in PUHN.

### **Opinion on job characteristics**

- The highly viewed variables on job characteristics by the PRHN are ‘Writing a case file, Preparing report, indent, etc’ and ‘handling visitors and others’. Among the PUHN nurses, these are “Traveling to various places in the hospital for work purposes” and “Writing a case file, Preparing report, indent, etc”. Regarding the view on variables in job characteristics, the significant difference among the PRHN and PUHN have been noticed in the case of six variables since their respective ‘t’ statistics are significant at five percent level. The Job characteristics among the nurses in PRHN are greater than the nurses in PUHN.

### **Opinion on organizational commitment**

- The highly viewed variables on organizational commitment by the PRHN are ‘emotionally attached with my organization’ and ‘Strong sense of belonging to my organization’. Among the PUHN nurses, these are ‘Emotionally attached with my organization’ and “Hard to



leave my organization right now. Regarding the view on variables in Organizational commitment, the significant difference among the PRHN and PUHN has been noticed in the case of all the variables since their respective 't' statistics are significant at five percent level. The Organizational commitment among the nurses in PRHN is greater than the nurses in PUHN.

### **Opinion on Organizational Climate**

- The highly viewed variables on organizational climate by the PRHN are 'Supportive management' and 'Approachable owners'. Among the PUHN nurses, these are 'Supportive management' and 'Better communication flow'. Regarding the view on variables in Organizational climate, the significant difference among the PRHN and PUHN have been noticed in the case of seven variables out of right variables since their respective 't' statistics are significant at five percent level. The Organizational climate among the nurses in PUHN is greater than the nurses in PRHN.

### **Null hypothesis:- There is no significant difference between PRHN and PUHN with respect to the Consequences of outcome factors.**

The highly viewed variables on the Consequences of outcome factors among the PRHN nurses are Job stress and Organizational commitment. Among the nurses in PUHN, these are Job Satisfaction and Organizational climate. Since P value is less than 0.05, the null hypothesis is rejected at **5 % level** of significance with respect to all the variables and a significant difference between the two groups of nurses has been noticed in the case of all the variables in outcome factors.

- **Job Satisfaction:** Regarding the profile variables such as gender, age, marital status, level of education, personal income, years of experience, family type, family income per month, nature of



employment and family care are significantly related to job satisfaction since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case of family size, number of educated person, number of earning members and hours worked per day are not significantly related to job satisfaction since their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.

- **Job stress:** Regarding the profile variables such as gender, age, marital status, personal income, years of experience, and family type, nature of employment and family care are significantly related to Job stress since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Individuality:** Regarding the profile variables such as gender, age, marital status, level of education, years of experience, family type, nature of employment, family care and hours worked per day are significantly related to individuality since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Job characteristics:** Regarding the profile variables such as gender, age, marital status, years of experience, family size, number of educated person, family income per month, nature of employment and hours worked per day are significantly related to Job characteristics since their calculated chi square value is greater than the table value and they are significant at five per cent level.
- **Organizational commitment:** Regarding the profile variables such as age, years of experience, family type, family size, number of educated person, family income per month and family care are significantly related to Organizational commitment since their



calculated chi square value is greater than the table value and they are significant at five per cent level.

- **Organizational climate:** Regarding the profile variables such as age, level of education, personal income, years of experience, family type, family size, family income per month and nature of employment are significantly related to Organizational climate since their calculated chi square value is greater than the table value and they are significant at five per cent level. In the case gender, marital status, number of educated person, number of earning members, family care and hours worked per day are not significantly related to Organizational climate since their calculated chi square value is lesser than the table value hence they are not significant at five per cent level.

### **Discriminant analysis**

- The higher mean differences are identified in the case of Job stress and Job Satisfaction. The higher Discriminant power is identified in the case of Job Satisfaction and Job stress. The analysis reveals that the important Discriminant outcome factors among the PRHN and the PUHN are their perception on job stress and job Satisfaction which is highly perceived by PRHN than by the PUHN.



## Objective 7

**Table 7.1 Linkage between HRM practices, QWL factors and QWL outcome factors with hospital performance.**

<b>Path model analysis</b>			<b>Null Hypothesis (H0)</b>
Quality of work life	<--	Human resource practices	H <sub>01</sub> Rejected
Job satisfaction	<--	Quality of work life	H <sub>02</sub> Rejected
Job stress	<--	Quality of work life	
Individuality	<--	Quality of work life	
Job characteristics	<--	Quality of work life	
Organisational commitment	<--	Quality of work life	
Organisational climate	<--	Quality of work life	H <sub>03</sub> Rejected
Outcome	<--	Quality of work life	
Outcome	<--	Job satisfaction	
Outcome	<--	Job stress	H <sub>04</sub> Rejected
Outcome	<--	Individuality	<b>H<sub>05</sub> Accepted</b>
Outcome	<--	Job characteristics	H <sub>06</sub> Rejected
Outcome	<--	Organisational commitment	H <sub>07</sub> Rejected
Outcome	<--	Organisational climate	<b>H<sub>08</sub> Accepted</b>
Outcome	<--	Human resource practices	H <sub>09</sub> Rejected

### Hypothesis framed from the SEM model

**Null hypothesis 1:** There is no influence of Human resource practices on Quality of work life.



There is a strong and positive influence of Human resource practices on Quality of work life.

**Null hypothesis 2:** There is no influence of Quality of work life on Job satisfaction, Job stress, Individuality, Job characteristics, Organisational commitment, The Organisational climate and outcome.

Organisational commitment and The Organisational climate are also conducive in both the PRHN and the PUHN. Hence null hypothesis is rejected. i.e. There is a strong and positive influence of Quality of work life on Job satisfaction, Individuality, Organisational commitment and outcome. But in the case of Job stress, Job characteristics and Organisational climate, there is a negative influence of Quality of work life on them. i.e when the QWL is increased job stress decreased.

**Null hypothesis 3:** There is no influence of job satisfaction of the nurses on the outcome of the hospitals.

When the nurses are satisfied, they are working with pleasure, ultimately the output will increase. Hence the null hypothesis is rejected. i.e There is a positive influence of job satisfaction on the outcome of the hospitals.

**Null hypothesis 4:** There is no influence of job stress of the nurses on the outcome of the hospitals.

When the nurses are stressed, they are working with pressure, tension and fatigue ultimately the output decreases. Hence the null hypothesis is rejected. i.e There is a negative influence of job stress on the outcome of the hospitals.

**Null hypothesis 4:** There is no influence of individuality of the nurses on the outcome of the hospitals.



There is no influence of individuality of the nurses on the outcome of the hospitals.

**Null hypothesis 5:** There is no influence of Job characteristics of the nurses on the outcome of the hospitals.

There is a positive influence of Job characteristics on the outcome of the hospitals.

**Null hypothesis 6:** There is no influence of Organisational commitment of the nurses on the outcome of the hospitals.

When the nurses are committed to their job with sincerity and devotion they increases the output of the hospital.

Hence the null hypothesis is rejected i.e there is a positive influence of Organisational commitment on the outcome of the hospitals.

**Null hypothesis 7:** There is no influence of The Organisational climate on the outcome of the hospitals.

The Organisational climate has no influence the outcome of the hospitals. Hence the null hypothesis is accepted.

**Null hypothesis 8:** There is no influence of Human resource practices on the outcome of the hospitals.

Human resource practices such as training, Motivation and Communication helps them to increase their Performance and ultimately their career growth is improved. Also Labour welfare practices guides them to increases the outcome effectively. It shows that Human resource practices have a strong influence on the outcome of the hospitals. Hence the null hypothesis is rejected.



### **7.3 MANAGERIAL IMPLICATIONS**

The Hospital Management of PRHN and PUHN may implement the following strategic policies for better work place to the nurses. They are

#### **Individual motivation**

The results suggest that regardless of individual instruction, capabilities and resources, a supportive Work culture and careful considerations such as design, quality and quantity of work demands may have significant impact on the feelings towards the quality of working life. The management of the Hospitals is advised to search the ways and means to enrich the individual motivation and then team motivation which can increase better output.

#### **Family and friendly work policies**

In order to avoid the job stress among the nurses the hospitals are advised to follow family and friendly work policies at their Hospitals. It may include flexible work schedules, work place child-care center, and flexible work time, career paths without transfer, part-time job and job-sharing. Compressed work weekends and longer paid medical leave.

#### **Components of quality of work life**

The management is advised to have a better understanding and changes in the components of QWL among the nurses continuously. Then only they can take proactive steps in integrating relevant human resource strategies, change models. Policies, procedures, appropriate training programmes, motivation and coping strategies help to improve the QWL of their nurses. Since the way perception on QWL factors among the doctors is different from the nurses at their hospitals, the management should understand the important Discriminant QWL factors among them and then take steps to reduce the gap between both groups of nurses.



## **Team work**

Organisational processes are interdependent and success of any change in such processes is a turning point on the active involvement of all the people in the organisation. One such process is team process. Team work system in any organisation underlines interdependent and cohesive functioning for accomplishment or the team goals. This means the team work system creates interdependence in its centrality, which further promotes quality or work experiences through facilitating intrinsic rewards in the form of organisational support.

## **Work climate**

The Hospitals have to understand the importance of provision of better climate conducive to work for their staff; they should show care of absenteeism among the nurses. For the establishment of better work climate, the Hospitals should adopt a proper HRM practice at their units. The HRM practices are recruitment, selection, effective communication, education and training, placement, promotion, programme for consultation and grievance redressal, etc.

## **Inter personal relationship**

Inter personal relationship is an important factor in QWL which determine the highly and poor performed Hospitals. Unless, there are a cordial relationship, particular between the juniors and seniors, between the nurses and Doctors, there may not be involvement or commitment on the part of the nurses. Hence, the management should provide adequate counseling and meeting with their nurses in order to establish the inter-personal relationship at their units.

## **Recognition**

Since the recognition is one of the important QWL factor expected by the nurses, the management has to understand the QWL factor and make



necessary arrangement to recognize the work done by their nurses. The provision of 'recognition' may be done through the participative management, word of appreciation and delegation of authority. By the provision of 'recognition' to their nurses, the Hospitals may enrich their performances.

### **Human resource development**

The effective human resource development (HRD) programmes are essential to organisational survival and change, providing important competitive advantage in the global environment. The management should identify the appropriate HRD programmes essential to their nurses and organizations. They have to apply such a type of HRD programmes to enrich the efficiency of their Hospitals.

### **Employee oriented culture**

Maintaining a strong employee oriented culture that provides nurses with job security and satisfaction facilitates the retention of the most productive workers. The cost of living and rehiring new nurses can be substantial. Retaining workers is essential to minimize the costs and disruption inherent in nurses' turnover. Retention of productive workers, coupled with positively influencing QWL factors on the perception on organisational commitment among the nurses are wages and salary, training and development, recognition, Work schedule, inter-personal relationship and job content. The changes in the perception on QWL factors among the nurses explain the changes in the perception on the organizational commitment among the nurses to higher extent PRHN than among the PURN.

### **Competitive reward**

The competitive and fair reward of pay and benefits are useful for fostering career and organizational commitment among the nurses. Since the



nurses at PRHN are comparing their work load and payment with PUHN, it is advisable to pay a fair reward and extract the work from their nurses.

### **Implementation of Social Support System (SSS)**

An effective strategy to attract the attraction among nurses is to develop a social support system. A nursing social support system serves several specific functions. These include having co-workers available to:

- i) Listen actively to problems,
- ii) Provide rewarding appreciation for skills and abilities,
- iii) Score as basis for continuing socialization and education,
- iv) Provide emotional support as well as a knowledgeable referent and
- v) Facilitate testing social organization reality.

### **The Organisational climate**

Since the the Organisational climate is one of the important outcome of QWL factors, the Management should pay more attention to their Human resource Practices and provide conducive environment to their nurses in gaining recognition to their career achievement investment in their management ranks and progress. The management should provide a desirable QWL to their nurses by providing both financial and non-financial incentives in order to create a better orgnisaional climate. The provision of better QWL may increase the career achievement, career satisfaction and career balance among the nurses.

### **Job satisfaction**

The result of this study supports the proposition that the degree of job satisfaction in QWL is related to the degree to which the nurses believe their success criterion have been met, especially if the nurse places greater importance on factors such as organisational climate, pay, respect, recognition, career development, work environment, work-life balance and others. This supports the materialistic work ethics that place strong emphasis on units'



power, income and personal growth as part of their careers. Since the successful family life carriers cover one's own success and makes life more satisfied with personal and organisational achievement, the management is advised to analyse for the provision of appropriate training to the nurses in order to bring the work life balance in their hospitals.

In addition to the above policy implications, the Management is advised to focus on the following issues to tap the fullest potential of their nurses. They are

- i) Giving more importance to the human value
- ii) Providing needed basic amenities without any lapses,
- iii) Fulfilling the statutory welfare measures;
- iv) Providing adequate training programmes; and considering compensation at Industry standards.

### **Concluding remarks**

The present study concludes that the quality of work among the nurses in Hospitals is not at the appreciable level especially among the nurses. The higher perception on quality or work life among the nurses have a significant positive impact on job satisfaction, organisational commitment, human resource development, enables the organisation to effectively competent in varying economic environments. The level of perception on QWL factors, HRM practices at their units and various outcomes of QWL among the nurses in PRHN is lesser than the PUHN. It represents the work environment to both PRHN and PUHN are same. The level of perception on it is completely different among the PRHN and the PUHN. It reveals the need for analyzing the causes of such differences and also the ways and means to reduce such differences with the help of suitable policies even though it may be discriminating policies. The higher implementation on HRM practices at the hospitals results in better outcome of quality of work life among their nurses. Since the cost of recruiting



and training the new nurses is highly costlier than the cost of retaining existing nurses. The Hospital owners and Management should seek the way to enrich the quality of work life among the nurses. By that they can increase the performance of their Hospitals.

#### **7.4 SCOPE FOR FUTURE RESEARCH**

This study has the potential value for future research.

- (i) The future researcher may increase the sample size,
- (ii) Future research should explore the linkage between the quality of work life and quality of life.
- (iii) The impact of HRM practices on the quality of work life among the nurses may be studied.
- (iv) The outcome or quality of work life alone may be viewed in future research work.
- (v) The relationship between the work family conflict and quality of life may be examined in future research studies. Since the ultimate aim of the QWL is attaining organisational performance.
- (vi) The direct and indirect effect of QWL on the organisational performance may be evaluated with the help of structural equation modeling at various health care sectors.

