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A study on quality of work life of nurses working in private hospitals with special reference to Coimbatore city

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Abstract

Today, nursing occupation is confronting various difficulties. These difficulties are causing significant obstacles in the advancement of nursing. Deficiency of prepared nursing work force in the human services framework is one test which is a worldwide concern. There is absence of satisfactory number of prepared nursing work force in the human services conveyance framework, or lopsidedness between the required number of medical Nurses and genuine accessibility of medical caretakers on the ground. In any case, nursing deficiency is increasingly mind boggling and multifaceted and emerges not just because of the insufficient number of qualified attendants yet additionally due to the non-accessibility of medical caretakers who are happy to work under the current conditions.

Keywords: Nursing, Quality of Work life, Coimbatore.

Introduction

The Nurses are one of the most grounded mainstays of the social insurance conveyance framework in giving sheltered, reasonable and quality administrations to the general population. Mortality, grimness and inability decrease, wellbeing advancement through solid ways of life are sure wellbeing results in which medical caretakers have a critical job they assume a noteworthy job in keeping up wellbeing status and furthermore in accomplishing the wellbeing related focus of the nation. The different frameworks in the wellbeing framework make nurture a vital wellbeing workforce from the network to more elevated amounts in the medicinal services conveyance framework. The helper nurture birthing assistants and general wellbeing medical caretakers are the significant players in the network. Wellbeing advancement, counteractive action, institutional consideration and recovery administrations are fundamental commitment of medical caretakers to the human services framework. In spite of their essential job inside the human services framework, medical caretakers stay as the imperceptible workforce of social insurance conveyance framework.

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Today, nursing occupation is confronting various difficulties. These difficulties are causing significant obstacles in the advancement of nursing. Deficiency of prepared nursing work force in the human services framework is one test which is a worldwide concern. There is absence of satisfactory number of prepared nursing work force in the human services conveyance framework, or lopsidedness between the required number of medical Nurses and genuine accessibility of medical caretakers on the ground. In any case, nursing deficiency is increasingly mind boggling and multifaceted and emerges not just because of the insufficient number of qualified attendants yet additionally due to the non-accessibility of medical caretakers who are happy to work under the current conditions.

Profession advancement openings accessible to medical attendants are restricted. Likewise, they are avoided from partaking in significant medicinal services choices and improvements. The quantity of positions in the framework for the medical caretakers is less when contrasted with them prescribed principles. The offices and compensation in the administration and private division are altogether different with the administration area offering better compensation as a rule. The acknowledgment and status of medical nurses in the human services framework in poor which is exceptionally disillusioning.

Low quality of nursing care conveyance is another real test in nursing. The greater part of the medical caretakers in the framework are qualified with confirmation in nursing which features that the reality there are just constrained attendants with graduation or post graduation in the clinical settings. There are regularly no outlines as far as the work obligations among better and less qualified medical attendants. There are additionally a few classes of medical attendants working with covering jobs and obligations. Since the interest for medical attendants expanded all around, a more noteworthy number of attendants are pulled in to the calling. In any case, lamentably the nature of nursing training is breaking down because of the expanded number of establishments with restricted offices. Hence the quantity of qualified medical attendants with every single vital competency is diminishing in India which involves concern. Nature of nursing care is considered as an essential angle in assessing the nature of medicinal services. The nature of nursing and human services is specifically interlinked to dimensions of employment fulfillment among medical attendants and on the nature of medical caretaker's work life. The quickly changing medicinal services condition has affected the nursing workplace, outstanding task at hand and nature of nursing work life. Coimbatore has a huge pool of gifted medicinal experts, because of a great deal of multi-strength and single forte clinics. In any case, every one of these focal points is being wasted because of absence of nature of work life.

Review of literature

Naveen Ramesh et al (2013) the study indicate the poor QWL among the existing nursing staff and also the reasons for the same. The hospital health administration in order to improve the QWL among nurses should concentrate on improving their job satisfaction, organizational commitment, organizational climate and job characteristics. In turn, they are more likely to stay in their positions and provide better nursing care.



Surendran Venkataraman, Suguna Anbazhagan and Surekha Anbazhagan (2018) Concludes work life of nurses in a tertiary health care setting. This study found that majority of the nurses had a moderate quality of nursing work life. Moreover, specific socio-demographic and work-related factors that influence the nurses' work life quality were identified. This can be used for developing and appropriately implementing successful induction programs to improve the QNWL of these staff nurses. The Organization and Nursing administrators should focus on these factors. There is also a need for outcome-driven research examining the effectiveness and cost benefits of specific strategies aimed at improving the nurses work life quality.

Akter N, Akkadechanunt T, Chontawan R and Klunklin A (2018) states that information for nursing and health policymakers to develop policies to improve quality of work life among nurses that can contribute to quality of nursing care. This includes the working environment, commitment to the organization and measures to reduce job stress.

Renuka Devi and Hajamohideen (2018) states that more than six in ten of the nurses included in the study were dissatisfied with their quality of work life. The finding of this study adds a small but essential piece to the puzzle of how to maintain the quality of work life among nurses in the health care facilities at Thanjavur. The author found that independent predictors of quality of work life among the study population were educational status, monthly income, working unit, and work environment.

Statement of the problem

Quality workplace factors are basic issues while analyzing the work life of medical Nurses. A portion of the key issues that will be analyzed in this investigation are nursing workforce deficiency, working conditions, proficient issues, distressing work life, requesting quiet needs, working learning advancement, cooperation and execution, nursing initiative and administrative issues, authoritative atmosphere and culture and gender orientation based issues.

Objectives of the study

1. To examine the socio-economic profile of the nurses working in selected private hospitals in Coimbatore City
2. To study the dimensions determining the quality of work life among the nurses working in selected private hospitals in Coimbatore City

Research design

Research design is a framework or blue print for conducting the research work. It details the procedures necessary for obtaining the information needed to structure and / or solve research problems. The descriptive research design has been used for the present study.



Sampling procedure

The Nurses working in various private hospitals in Coimbatore city have been chosen by using multi stage random sampling method. For this study 500 respondents are selected for collecting the data from the nurses.

Period of study

The study pertains to the period from July 2016 to April 2018, in which the sample survey (including the pilot survey) is conducted in the study area of Coimbatore city.

Data collection

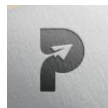
The present study used both primary data and Secondary data. Primary data is used to collect the data from the nurses using questioner tool and secondary data are collected through various journals, Magazines, data banks etc.

Framework of analysis

To understand the socio-economic profile of the nurses working in private hospitals in Coimbatore city, the frequency and percentages have been carried out. To analyze the dimensions determining the quality of work life among the nurses working in selected private hospitals in Coimbatore City, Chi Square, Confirmatory Factor Analysis and multiple regression has been used.

Limitations of the study

1. The present study is carried out in selected areas of Coimbatore City.
2. The present study is restricted to Private Hospitals in selected areas of Coimbatore City.
3. The present study is based on the primary data collected from the Private hospital Nurses of Coimbatore city.



Analysis and interpretation of the study

Percentage distribution of nurses based on Socio-economic Profile

Table 1
Socio-economic profile of the respondents

Sl. No.	Factors	Number of respondents	Percentage
Gender			
1.	Male	206	41.15
2.	Female	294	58.85
	Total	500	100
Age group			
1.	25 – 30 years	104	21
2.	31 – 40 years	214	43
3.	41 – 50 years	120	24
4.	Above 50 years	62	12
	Total	500	100
Educational qualification			
1.	Gnm	108	21.6
2.	B.sc	392	78.4
	Total	500	100
Nativity			
1.	Urban	226	45
2.	Semi-Urban	178	36
3.	Rural	96	19
	Total	500	100
Marital status			
1.	Married	400	80
2.	Unmarried	100	20
	Total	500	100
Type of family			
1.	Nuclear Family	321	64
2.	Joint Family	179	36
	Total	500	100
Working experience			
1.	1 – 5 years	172	34
2.	6 – 10 years	207	41
3.	11 – 15 years	66	13



4.	Above 15 years	55	11
Total		500	100
Monthly salary			
1.	Below Rs.10,000	116	23
2.	Rs.10,001 – Rs.20,000	142	28
3.	Rs.20,001 – Rs.30,000	107	21
4.	Rs.30,001 – Rs.40,000	74	15
5.	Above Rs.40,000	61	13
Total		500	100
Size of family			
1.	1 – 3 members	232	46
2.	4 – 6 members	162	32
3.	Above 6 members	106	22
Total		500	100

Source: Primary Data

Interpretation of the study

Out of 500 nurses, 43% belong to the age group of 31-40 years, 58.85% being female, 78.4% studied B.Sc, 45% live in urban area, 80% were married, 64% live in nuclear family, 41% have 6 – 10 years working Experience, 28% receive Rs.10,001 – Rs.20,000 as monthly Salary, and 46% having 1 – 3 members in their family.

CONFIRMATORY FACTOR ANALYSIS (CFA) FOR DIMENSIONS DETERMINING QUALITY OF WORK LIFE AMONG THE NURSES WORKING IN PRIVATE HOSPITALS WITH SPECIAL REFERENCE TO COIMBATORE CITY

The Confirmatory Factor Analysis (CFA) was carried out for dimensions determining quality of work life among the Nurses Working in Private Hospitals with Special Reference to Coimbatore City and the results are presented in Table 2

Table 2

Confirmatory factor analysis for dimensions determining quality of work life among the nurses working in private hospitals with special reference to coimbatore city

Sl. No.	Dimensions Determining Quality of Work Life	Chi-square Value	P-Value	GFI	CFI	RMR	RMSEA
1.	Working Conditions	4.892	0.480	0.99	0.98	0.07	0.05
2.	Compensation and Rewards	4.754	0.432	0.98	0.97	0.06	0.02
3.	Growth and Opportunities	5.120	0.476	0.97	0.98	0.05	0.03
4.	Development of Human Capacities	5.246	0.510	0.98	0.97	0.08	0.04
5.	Constitutionalism	4.648	0.474	0.99	0.98	0.06	0.03



Source: Primary Data

The chi-square values for dimensions determining quality of work life among the Nurses Working in Private Hospitals with Special Reference to Coimbatore City show an excellent fit. The GFI and CFI are greater than 0.90 and RMR and RMSEA values are less than 0.1 indicate excellent fit.

Level of quality of work life

The Nurses perception about their level of quality of work life in Private Hospitals with Special Reference to Coimbatore City was analyzed and the results are presented in Table 3

Table 3
Distribution of nurses on the basis of their level of quality of work life

Sl. No.	Level of Quality of Work Life	Number of Nurses Members	Percentage
1.	Low	159	31.86
2.	Medium	254	50.74
3.	High	87	17.40
	Total	500	100.00

Source: Primary Data

The results indicate that 50.74 per cent of Nurses members viewed that the level of quality of work life at medium level followed by low level (31.86 per cent) and high level (17.40 per cent).

Socio - Economic profile of nurses members and level of quality of work life

The association between socio-economic profile of the Nurses members and level of quality of work life was analyzed and the results are hereunder presented.

Gender and level of quality of work life

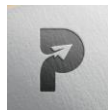
The association between gender of Nurses members and the level of quality of work life was analyzed and the results are presented in Table 4.

Table 4
Gender and level of quality of work life

Sl. No.	Gender	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	Male	62 (30.11)	97 (46.95)	47 (22.94)	206 (41.15)	10.139	.006
2.	Female	97 (33.08)	157 (53.38)	40 (13.54)	294 (58.85)		
	Total	159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data

(The figures in the parentheses are per cent to total)



Out of 206 male Nurses, 22.94 per cent of Nurse Members viewed that the level of quality of work life at low level and out of 294 female Nurse members, 13.54 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 10.139 is significant at one per cent level indicating that there is significant association between gender of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

Age group and level of quality of work life

The association between age group of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 5

Table 5
Age group and level of quality of work life

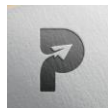
Sl. No.	Age Group	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	25 – 30 years	38 (36.88)	62 (59.57)	4 (3.55)	104 (20.80)	32.287	.000
2.	31 – 40 years	69 (32.41)	97 (45.17)	48 (22.42)	214 (42.77)		
3.	41 – 50 years	40 (33.13)	57 (47.24)	24 (19.63)	120 (24.04)		
4.	Above 50 years	12 (19.05)	38 (61.90)	12 (19.05)	62 (12.39)		
	Total	159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data

(The figures in the parentheses are per cent to total)

Out of 104 Nurse members who belong to the age group of 25 – 30 years, 3.55 per cent of Nurse members viewed that the level of quality of work life at high level and out of 214 Nurse members who belong to the age group of 31 – 40 years, 22.42 per cent of Nurse members viewed that the level of quality of work life at high level.

Out of 120 Nurse members who belong to the age group of 41 – 50 years, 19.63 per cent of Nurse members viewed that the level of quality of work life at high level and out of 62 Nurse members who belong to the age group of above 50 years, 19.05 per cent of Nurse members viewed that the level of quality of work life at both high level and low level.



The Chi-square value of 32.287 is significant at one per cent level indicating that there is significant association between age group of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

Educational qualification and level of quality of work life

The association between educational qualification of nurse members and the level of quality of work life was analyzed and the results are presented in Table 6.

Table 6
Educational qualification and level of quality of work life

Sl. No.	Educational Qualification	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	GNM	33 (18.54)	55 (21.48)	21 (31.82)	108 (21.60)	46.725	.000
2.	B.Sc	145 (81.46)	201 (78.52)	46 (69.70)	392 (78.40)		
	Total	178 (35.60)	256 (51.20)	66 (13.20)	500 (100.00)	-	-

Source: Primary Data

(The figures in the parentheses are per cent to total)

Out of 108 Nurse members who have the educational qualification of NGM only, 31.82 per cent of Nurse members viewed that the level of quality of work life at high level and out of 392 Nurse members who have the educational qualification of B.Sc, 69.70 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 46.725 is significant at one per cent level indicating that there is significant association between educational qualification of Nurses members and level of quality of work life. Hence, the null hypothesis is rejected.



Teaching experience and level of quality of work life

The association between teaching experience of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 7.

Table 7
Teaching experience and level of quality of work life

Sl. No.	Teaching Experience	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	1 – 5 years	62 (36.05)	94 (54.51)	16 (9.44)	172 (34.37)	38.013	.000
2.	6 – 10 years	53 (25.62)	97 (46.62)	16 (27.76)	207 (41.45)		
3.	11 – 15 years	23 (35.56)	34 (51.11)	9 (13.33)	66 (13.27)		
4.	Above 15 years	21 (37.84)	30 (54.05)	4 (8.11)	55 (10.91)		
	Total	159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data

(The figures in the parentheses are per cent to total)

Out of 172 Nurse members who have the teaching experience of 1 – 5 years, 9.44 per cent of Nurse members viewed that the level of quality of work life at high level and out of 207 Nurse members who have the teaching experience of 6 – 10 years, 27.76 per cent of Nurse members viewed that the level of quality of work life at high level.

Out of 66 Nurse members who have the teaching experience of 11 – 15 years, 13.33 per cent of Nurse members viewed that the level of quality of work life at high level and out of 55 Nurse members who have the teaching experience of above 15 years, 8.11 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 38.013 is significant at one per cent level indicating that there is significant association between teaching experience of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

**Monthly salary and level of quality of work life**

The association between monthly salary of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 8.

Table 8
Monthly salary and level of quality of work life

Sl. No.	Monthly Salary	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	Below Rs.10,000	35 (29.94)	65 (56.05)	16 (14.01)	116 (23.16)	29.058	.000
2.	Rs.10,001 – Rs.20,000	30 (21.35)	78 (55.21)	33 (23.44)	142 (28.32)		
3.	Rs.20,001 – Rs.30,000	41 (37.93)	44 (40.69)	23 (21.38)	107 (21.39)		
4.	Rs.30,001 – Rs.40,000	28 (43.57)	30 (46.53)	16 (9.90)	74 (14.89)		
5.	Above Rs.40,000	27 (34.94)	28 (53.01)	6 (12.05)	61 (12.24)		
Total		160 (31.86)	245 (50.74)	94 (17.40)	500 (100.00)	-	-

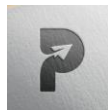
Source: Primary Data

(The figures in the parentheses are per cent to total)

Out of 116 Nurse members who belong to the monthly salary group of below Rs.10,000, 14.01 per cent of Nurse members viewed that the level of quality of work life at high level and out of 142 Nurse members who belong to the monthly salary group of Rs.10,001 – Rs.20,000, 23.44 per cent of Nurse members viewed that the level of quality of work life at high level.

Out of 107 Nurse members who belong to the monthly salary group of Rs.20,001 – Rs.30,000, 21.38 per cent of Nurse members viewed that the level of quality of work life at high level and out of 74 Nurse members who belong to the monthly salary group of Rs.30,001 – Rs.40,000, 9.90 per cent of Nurse members viewed that the level of quality of work life at high level. Out of 61 Nurse members who belong to the monthly salary group of above Rs.40,000, 12.05 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 29.058 is significant at one per cent level indicating that there is significant association between monthly salary of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.



Marital status and level of quality of work life

The association between marital status of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 9.

Table 9
Marital status and level of quality of work life

Sl. No.	Marital Status	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	Married	124 (31.12)	194 (48.44)	82 (20.44)	400 (80.09)	17.773	.000
2.	Unmarried	35 (34.81)	60 (60.00)	5 (5.19)	100 (19.91)		
	Total	159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data (The figures in the parentheses are per cent to total)

Out of 400 Nurse members who are married, 20.44 per cent of Nurse members viewed that the level of quality of work life at high level and out of 100 Nurse members who are unmarried, 5.19 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 17.773 is significant at one per cent level indicating that there is significant association between marital status of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

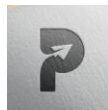
Type of family and level of quality of work life

The association between type of family of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 10.

Table 10
Type of family and level of quality of work life

Sl. No.	Type of Family	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	Nuclear Family	100 (32.65)	155 (53.56)	66 (13.79)	321 (64.16)	11.238	.000
2.	Joint Family	62 (30.45)	107 (45.68)	9 (23.87)	179 (35.84)		
	Total	162 (31.86)	263 (50.74)	75 (17.40)	500 (100.00)	-	-

Source: Primary Data (The figures in the parentheses are per cent to total)



Out of 321 Nurse members who belong to the nuclear family, 13.79 per cent of Nurse members viewed that the level of quality of work life at high level and out of 179 Nurse members who belong to the joint family, 23.87 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 11.238 is significant at one per cent level indicating that there is significant association between type of family of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

Size of family and level of quality of work life

The association between size of family of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 11.

Table 11
Size of family and level of quality of work life

Sl. No.	Size of Family	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	1 – 3 members	76 (32.80)	123 (53.19)	33 (14.01)	232 (46.31)	20.119	.000
2.	4 – 6 members	41 (25.45)	79 (48.64)	42 (25.91)	162 (32.45)		
3.	Above 6 members	42 (39.58)	52 (40.61)	13 (11.81)	106 (21.24)		
Total		159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data

(The figures in the parentheses are per cent to total)

Out of 232 Nurse members who have the family size of 1 – 3 members, 14.01 per cent of Nurse members viewed that the level of quality of work life at high level and out of 162 Nurse members who have the family size of 4 – 6 members, 25.91 per cent of Nurse members viewed that the level of quality of work life at high level. Out of 106 Nurse Members who have the family size of above six members, 11.81 per cent of Nurse Members viewed that the level of quality of work life at high level.

The Chi-square value of 20.119 is significant at one per cent level indicating that there is significant association between size of family of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.



Nativity and level of quality of work life

The association between nativity of Nurse Members and the level of quality of work life was analyzed and the results are presented in Table 12.

Table 12
Nativity and level of quality of work life

Sl. No.	Nativity	Level of Quality of Work Life			Total	Chi-square Value	Sig.
		Low	Medium	High			
1.	Urban	70 (30.95)	115 (50.81)	41 (18.24)	226 (45.28)	20.890	.000
2.	Semi - Urban	70 (39.26)	88 (49.17)	21 (11.57)	178 (35.69)		
3.	Rural	19 (20.15)	51 (53.49)	25 (26.36)	96 (19.03)		
	Total	159 (31.86)	254 (50.74)	87 (17.40)	500 (100.00)	-	-

Source: Primary Data (The figures in the parentheses are per cent to total)

Out of 307 Nurse members who belong to the urban nativity, 18.24 per cent of Nurse members viewed that the level of quality of work life at high level and out of 242 Nurse members who belong to the semi-urban nativity, 11.57 per cent of Nurse members viewed that the level of quality of work life at high level. Out of 129 Nurse members who belong to the rural nativity, 26.36 per cent of Nurse members viewed that the level of quality of work life at high level.

The Chi-square value of 20.890 is significant at one per cent level indicating that there is significant association between nativity of Nurse Members and level of quality of work life. Hence, the null hypothesis is rejected.

INFLUENCE OF DIMENSIONS DETERMINING QUALITY OF WORK LIFE ON LEVEL OF QUALITY OF WORK LIFE AMONG THE NURSE MEMBERS WORKING IN PRIVATE HOSPITALS

To analyze the influence of dimensions determining quality of work life on level of quality of work life among the Nurse members working in private hospitals, the multiple linear regressions has been used and the results are presented in Table 13.



Table 13
Influence of dimensions determining quality of work life on level of quality of work life among the nurse members working in private hospitals

Dimensions Determining Quality of Work Life	Regression Co-efficient	t-Value	Sig.
Intercept	1.529**	21.513	.000
Working Conditions (X ₁)	.106**	9.795	.000
Compensation and Rewards (X ₂)	.112**	11.177	.000
Growth and Opportunities (X ₃)	.184**	14.952	.000
Development of Human Capacities (X ₄)	-.007	.882	.378
Constitutionalism (X ₅)	.018	1.027	.143
R ²	0.58	-	-
Adjusted R ²	0.56	-	-
F	39.712	-	.000

Source: Primary Data

(** Significance at one per cent level)

The coefficient of multiple determinations (R²) is 0.58 and adjusted R² is 0.56 indicating the regression model is good fit. It is inferred that about 56.00 per cent of the variation in dependent variable is explained by the independent variables. The F-value of 39.712 is statistically significant at one per cent level indicating that the model is significant.

The results indicate that growth and opportunities, compensation and rewards and working conditions are positively and significantly influencing the level of quality of work life among the Nurse members working in private hospitals at one per cent level. Therefore, the null hypothesis is rejected.

Conclusion

Three-fourth of Nurse Members viewed that the level of working conditions at medium level and there is significant difference between socio-economic profile of the Nurse members and working conditions except gender of Nurse Members and working conditions. Nearly half of Nurse Members viewed that the level of compensation and rewards at medium level and there is significant difference between socio-economic profile of the Nurse Members and compensation and rewards dimension.

More than two-third of Nurse members viewed that the level of growth and opportunities at medium level and there is significant difference between socio-economic profile of the Nurse members and growth and opportunities except gender of Nurse members and growth and opportunities, type of family of Nurse members and growth and opportunities, size of family of Nurse members and growth and opportunities and work load per week of Nurse members and growth and opportunities.



More than three-fourth of Nurse members viewed that the level of development of human capacities at medium level and there is significant difference between socio-economic profile of the Nurse members and development of human capacities except gender of Nurse members and development of human capacities, monthly salary of Nurse members and development of human capacities, marital status of Nurse members and development of human capacities, type of family of Nurse members and development of human capacities, size of family of Nurse members and development of human capacities and nature of the course of Nurse members and development of human capacities.

More than two-third of Nurse Members viewed that the level of constitutionalism at medium level and there is significant difference between socio-economic profile of the Nurse Members and constitutionalism. Half of Nurse Members viewed that the level of quality of work life at medium level and there is significant association between socio-economic profile of the Nurse Members and level of quality of work life in Private hospitals. The results reveal that growth and opportunities, compensation and rewards and working conditions are positively and significantly influencing the level of quality of work life among the Nurse members working in Private hospitals.

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