An Analytical study of Quality of Work Life of the Maternal Health Care workers in PHCs in Vellore District

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Abstract

Quality of Work Life can be described as the subjectively perceived satisfaction in one's different aspects of work life as reported by the individual. It is an index of what people find interesting and satisfying at their work one needs to be sensitive to the factors related to performance, recognition, work content, responsibility, promotion and pay, organizational policies, working conditions etc. Quality of Work Life is a concern not only to improve life at work, but also life outside work the present study examined the perception of maternal health care workers about quality of work life, the study conducted with 100 maternal health care workers of PHCs in Vellore district of Tamil Nadu, the results indicated that the parameters for the quality of work life for the maternal health care workers have slightly different from the usual parameters like job involvement, performance appraisal, incentives etc but the maternal health care workers have given propriety to the communication chain and top officials pressure along with the usual parameters, the study found that all the independent variables have strong influence on the QWL of the maternal health care workers.

Introduction

The Quality of Work depends on the Quality of Work Life. It has been clear that one can accomplish his mission and provide the level of service the public demands only if we recruit and retain the best and the brightest and provide them with a work environment that supports them in getting their jobs done. The phrase "Quality of Work Life" (QWL) has come in use recently to evoke a broad range of working conditions and the related aspirations and expectations of the employees. The QWL can be described as the subjectively perceived satisfaction in one's different aspects of work life as reported by the individual. It is an index of what people find interesting and satisfying at their work one needs to be sensitive to the factors related to performance, recognition, work content, responsibility, promotion and pay, organizational policies, working conditions etc. Quality of Work Life is a concern not only to improve life at work, but also life outside work. Hence it encompasses a wide variety of programmes and techniques that have been developed to endeavor to reconcile the twin goals of an individual and the organization, i.e. Quality of Life and Organizational Growth. The Quality of Work Life has, therefore become key area of consideration now a days. The adverse effects of stress situation will impinge upon the running of an organization. Unnecessary tensions may be created, employer-employee relationships as well as staff-clientele relations may deteriorate, and inaccuracies may develop in work, and so

on. More serious effects of Job Stress could include employee absenteeism and burnouts, which in turn could increase the load of fellow workers especially the pressure is more on the maternal health care workers implement the direction made by the senior management and address the issues pertains to the subordinates so the role and responsibilities of the maternal health care workers are very nebulous and stress oriented, thus, the present study would propelled to examine the Quality of work life of the maternal health care workers in the service sectors in Chennai.

Significance of the maternal health care workers

Contention is one word that could be used to describe the maternity care landscape. While it has become commonplace to access health care during pregnancy, birthing and in the immediate postnatal period, there is plenty of debate around who should provide this care and of what this care should comprise. Much of the tension can be traced back to opposing philosophies of care; one being the current prevailing practice within the medical model and the other, a more naturalistic approach with emphasis on woman-centered and low-interventionist care. The World Health Organization (WHO) estimates that, of 536,000 maternal deaths occurring globally each year, 136,000 take place in India. Estimates of the global burden of disease for 1990 also showed that India contributed 25% to disability-adjusted life-years lost due to maternal conditions alone. Unfortunately, there is little evidence that maternity has become significantly safer in India over the last 20 years despite the safe motherhood policies and programmatic initiatives at the national level. India, with a population of over a billion and decadal growth of 21% estimated its maternal mortality ratio (MMR) at 301 (maternal deaths per 100,000 live births in 2003. The MMRs vary across the states, with the large North Indian states contributing a disproportionately-large proportion of deaths. Uttar Pradesh and Rajasthan, for example, have high rates of fertility and maternal mortality while Kerala and Tamil Nadu have rates comparable with middle-income countries. Geographical vastness and socio-cultural diversity across India contribute to this variation. The status of women is generally low in India, except in the southern and eastern states. Female literacy is only 54%, and women lack the empowerment to take decisions, including decision to use reproductive health services. As health services are governed at the state level, much also depends on state leadership and management skills of the personnel engaged in the process. Post-independence India developed a three-tier healthcare-delivery system to reach out to remote areas to provide primary care at the village level, secondary care at the sub district and district levels, and tertiary care at the regional level. Medical colleges were developed as apex institutes with specialties. Over the 50-year period since independence, India has expanded the public-health infrastructure to include 144,988 Subentries (SCs), 22,669 Primary Health Centers (PHCs), and 3,910 Community Health Centres (CHCs), the annual reports of the Ministry for 2011-12 showed that the present structure of the Maternal Health Division with only three officers is highly inadequate, not just in terms of numbers but also in terms of training and skills. They have no decision-making powers, and it is not compulsory for them to have public-health training or specific qualifications in maternal health. The officers of the Maternal Health Division reported that they spend about 40-50% of their time on non-technical issues; more time is used in administrative work because the lower-level administrative support is also weak, thus, the

multi -task operation has been the challenges to maintain the quality of work life, at this juncture the present study would try to understand the quality of work life among health care personnel in PHCs.

Quality of Work life of maternal health care workers

Work life quality is an issue considered behavioral science connoisseurs. In recent days QWL has been the subject of many academic papers, experiments in different settings and, recently, increased interest among managers and the popular press. QWL activities encourage workers to direct their intelligence, expertise, skills, and abilities to such problems as job design, the relationships of workers among themselves and with management, the measurement of performance and the distribution of rewards, the distribution of authority and status symbols, and the definition of career paths. Quality of Work Life (QWL) is a multi-dimensional construct, made up of a number of interrelated factors. It is associated with job satisfaction, job involvement, motivation, productivity, health, safety and well-being, job security, competency development and balance between work and non-work life, Quality of work life is the favorableness or unfavorableness of a total job environment and working conditions that are excellent for people as well as for the economic health of the organization Taylor, James c. (1978) who theorized that to attain effectiveness, a company must enhance the quality of work life through more challenging, satisfying jobs coupled with the involvement and commitment of their employees. This notion promotes understanding and responsibility which when combined with open communication can help an organization become more responsive. The aim of quality of work life culture is to create a fear free organization in which employee involvement is pursued vigorously. It generates a high degree of reciprocal commitment between the needs and development of the individual, and the goals and development of the organization, as the maternal health care workers are engaging in the all the spheres of activities of the business and as a person's ability to anticipate, envision, maintain flexibility, think strategically, and work with others to initiate changes that will create a viable future for the organization Normala, Daud(2010) thus, the work stress is hover around them, as Glenn (2001) defines middle level management as the ability to influence others to voluntarily make day-to-day decisions that enhance the long-term viability of the organization, while maintaining its short-term financial stability, thus the role of the maternal health care workers to construct the work ambience with more proactive both from productive side and ensure the quality of work life to the employees they dealt, as middle level management as an extremely complex and multifunctional form of leadership which requires the ability to accommodate and integrate both external and internal conditions and to manage and engage in complex information processing, at this juncture the quality work life of the maternal health care workers is subject to introspection since it is the base to the performance of the maternal health care workers as they have been concentrating on various activities viz determining the firm's purpose and vision, exploiting and maintaining core competencies, developing human capital, establishing strategic control, sustaining effective corporate culture and emphasizing ethical practices.

Theoretical underpinnings of Quality of work life and maternal health care workers

Plethora of the studies pertains to quality of work life and the maternal health care workers have illustrated the various dimensions of quality of work life, historically the concept of Quality of Work Life had originally

included only the issues of wages, working hours, and working conditions(Glass & Finley, 2002; Van der Lippe, 2007). However, the concept has now been expanded to include such factors as the extent of workers' involvement in the job, their levels of satisfaction with various aspects in the work environment, their perceived job competence, accomplishment on the job etc (Gani .A and Ahamad, Riyaz(1995). According to Keith (1989), Quality of Work Life refers to "the favourableness or unfavourableness of a job environment for people". The basic purpose in this regard is to develop jobs aiming at Human Resource Development as well as production enhancement and the core of the Quality of Work Life concept is the value of treating the worker as a human being and emphasizing changes in the socio-technical system of thorough improvement, in physical and psychological working environment, design and redesign of work practices, hierarchical structure and the production process brought with the active involvement of workers in decision making (Van Daalen et al., 2006) it is also noteworthy that factors that will help to improve the Quality of Work Life at micro level; the finding is that the core determinant of QWL in an organization is the management's perception of Quality of Work Life in affecting the organization's effectiveness Owens (2006) and relationship with patrons, relationship with coworkers, assigned duties, and variety of work. Dissatisfaction was caused by opportunities for promotion, recognition of accomplishments, and salary (Mishra & Gupta 2009) one of the most critical and one of the least discussed elements in QWL is the issue of power relations (Muse et al., 2008). In their series of observations in a wide range of organizations the top management is suffering from deficit of power as the non-managerial cadres amass all powers because of the strength of trade unions and their numerical strength. Appropriate intervention programme may change the relationship to co-operatively interdependent and the role and responsibilities of the maternal health care workers to execute the functional relationship and participatory decision-making is often viewed as intrinsically good, and that it possess overwhelming positive effects on institutional functioning, although it requires tact, trust, skills, empathy, patience and coordination to make it work in any organization(Ibrahim (2004)

Data

A total of 100 samples from 25 PHCs have been selected for the study, the criteria adopted to select the sample are on the basis of the number of employees and the number of reproductive health care undertaken.

METHODOLOGY

This study used a descriptive survey design. The purpose of descriptive surveys, according to Ezeani (1998), is to collect detailed and factual information that describes an existing phenomenon. A thorough review of literature was conducted before selecting the topic of the study. In this study, we focused on understanding the factors affecting quality of working life that is working towards the development of organizations most valuable assets (maternal health care workers) for gaining competitive advantage in the market. In other words, this study examines the reasons behind what employees perceive about high-quality working-life experiences employed by organizations in India. The target populations of the study were 100 maternal health care workers who were selected PHCs because very little empirical research work has been carried out for this group to understand the construct of QWL on context-free or general well-being of employees. As a result, they are in

better position to observe and experience the work behaviors and attitudes towards factors affecting quality of working life in organizations. This study aims to fill the niche by studying the perceptions of employees for quality of working life experiences. It is hoped that this would provide more realistic and reliable data and information about the impact of efforts made by the organization for continuous individual employment on themselves and those they supervise. Moreover, because by understanding the reasons behind peoples' perception of QWL experiences, organizations would be able to satisfy the various needs of the employees and in return elicit favorable job-related responses. Therefore, the findings regarding this group adds another perspective to the management literature regarding factors that affect the construct of QWL on context-free or general well-being of employees. The population was taken for survey from maternal health care workers employed in PHCs based in Vellore district. A total enumeration sampling technique was used to select 100 maternal health care workers.

Simple regression results of QWL on subscales and composite score

Independent variable	Dependent variable	Coefficient	Std error	T-value	Sig.	Model Ad R^2
Coordination	QWL Constant N=100	0.091 2.988	0.033	2.736	.007*	0.021
Work timings	QWL Constant N=100	0.087 3.242	0.027	3.201	.002*	0.03
Work pressure	QWL Constant N=100	0.138 2.997	0.033	4.174	<.001*	0.052
Passion towards job	QWL Constant N=100	0.064 3.529	0.025	2.512	.013*	0.017
Adaptability	QWL Constant N=100	0.106 3.117	0.028	3.751	<.001*	0.042
Facilities	QWL Constant N=100	0.083 3.237	0.026	3.189	.002*	0.03
Subordinate pressure	QWL Constant N=100	0.094 3.187	0.023	4.17	<.001*	0.052

*Significant at the 0.05 level

Results

The collected data were analyzed using the SPSS 20.0 package. The analysis reveals that, majority (39.7%) of the respondents are 26-30 years old, 30.1% of them are 21-25 years old, 17.6% of them are 31-35 years old, 7.5% of them are 36-40 years old and remaining 5% of them are 41-45 years old. In this study majority (69.9%) of the respondents are female and remaining 30.1% are male. Majorities (76.6%) of the respondents are designated as staff nurses, 18.4% of them are Midwives, 3.8% of them are gynecologists and remaining 1.3% of them are nutrition. Majorities (61.5%) of the respondents are working in service industries and remaining 38.5% of them are working in manufacturing industries. Majority (65.3%) of the respondents are having 1-5 years length of service, 28.5 % of them are between 6-10 years length of service and remaining 6.3% of them

are between 11-15 years length of service. Majorities (49.0%) of the respondents are from urban place, 30.1% of them are from rural place and remaining 20.9% of them are from semi-urban place. More than half (58.6%) of the respondents are nuclear family type and the remaining 41.4% of them are joint family type. More than half (78.7%) of the respondents are not members of professional forum, and remaining 21.3% of them are having professional membership. Majority (51.0%) of the respondents earning between `10000-20000 monthly incomes, 23.8% of them earning between `20001-25000, 17.6% of them earning between `25001- 40000 and remaining 7.5% earning more than 40000 monthly incomes. With regard to the overall quality of work life 59.0% of the respondents have high level of quality of work life and 31.0% of the respondents have low level of quality of work life. With regard to the overall quality of work life in teaching environment 54.8% of the respondents have high level of quality of work life in teaching environment and 45.2% of the respondents have low level of quality of work life in teaching environment.

Discussion

Present research that proposed to examine that what the maternal health care workers perceive about high-quality working-life experiences employed by organizations in context-free situations. In order to estimate the size of these effects, a simple linear regression was estimated on each of the soft skill subscales and the composite score, A comparison of the means and the standard deviations of each of the six survey subscales scores and the total scores by three subject groups for each subscale and the total scale was presented, Across all dependent variables, the amount of leadership education variable was found to be positive and highly significant, indicating that as passion towards job increases so does the level of reported skill. Specifically, for the various subscales, the coefficient for level of passion towards job ranged from a low of .064 on the interpersonal subscale to a high of .138 for the leadership subscale. In the latter case, this indicates that for each additional level of passion towards job, reports of skills are expected to increase by .138 points (on a five-point scale), holding everything else constant. The adjusted R^2 for these models ranges from a low of .017 for Subordinate pressure to a high of .052 for leadership, indicating that generally the level of passion towards job is explaining approximately two to five percent of the observed variance in the dependent variables. The findings of this research proved that the components identified and the structural relations presented as regards the component, “quality of working life experiences” were suitable. The factors emerging from “quality of working life experiences” also indicate that how they are employed differently to satisfy the various needs of the employees by various situations, which in turn elicit favorable job-related responses. Based upon an understanding of employees’ various needs and their QWL experiences, management can identify the strategic gap (if any) in the organization and can take further necessary actions to improve the QWL of employees. This may be helpful for an organization to be successful and to achieve organizational objectives since employees’ QWL experiences are directly related with a variety of desirable organizational outcomes, such as reduced rate of absenteeism, turnover, tardiness frequency and health care utilization (thus, reduced health care costs), and increased job performance. Thus signifying that employees’ QWL experiences are limited not only to them but is a matter of concern for the patients undergoing treatment as well the only thing that will maintain today’s source of competitive advantage is high quality personnel instead of merely capital, technology or long-lived

products. In fact, employees are the soft assets and are the hidden value of a PHCs. Hence, if organizations are concerned about developing their human resources and gaining a competitive advantage in the marketplace, it seems necessary that they attend to one of their most precious assets, namely, their human resources by employing high-quality working-life experiences in consonance their various needs eliciting favorable job-related responses in return.

Conclusion

QWL is the shared responsibility not only of the employees alone but from the administrative side as well especially the maternal health care workers have been encountering the pressure from administration as well as the common public , so their perceptions on the quality of work life slightly differ from the normal parameters, here the coordination with the subordinate and the communication chain have been considered the important determinants of QWL of the maternal health care workers, To improve Quality of work life is first to identify and then try to satisfy health care workers important needs through their experience in their working environment. Depending upon the situational requirements, authorities may select the relevant needs of the maternal health care workers' to improve them with a short term plan. There is a significant association between quality of work life total and quality of life in work environment total. It shows QWL of maternal health care workers is in low level. According to a report, improved flexible working environment was found to be successful in Europe, Japan, United States and Canada. According to traditional methods, the workplace is a temple and work is worship. A planned change in the working environment is the need of the hour to improve QWL in India. Improved Flexible working environment can be an answer to the multifarious roles of the Indian employees. This research is to enhance the QWL of the maternal health care workers by integrating the task role and social role, such that the synergies are effectively obtained.

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