



Quality of Work-Life and its impact on Performance of Health Care Providers with Effect on Organizational Outcome: A Review of Contemporary Literatures

Partha Lodh*¹, Dr Saileswar Ghosh²

¹Research Scholar, Brainware University,

²Associate Professor, Brainware University,

Received
02-04-2022

Accepted
13-04-2022

Published
21-04-2022

Abstract: QWL is a broad term and applicable in different fields including health care sector. With regular opening of new dimensions in health care delivery system, both in curative and diagnostic aspect, and associated increase in complexity in delivering adequate and quality care to the patients, proper and in time estimation of problem and immediate formulation of its solution is now an urgency, particularly in a developing country like India, which after globalization is a popular destination for health care tourism. Doctors and also other health care employees are heart of a health care provider unit and entire system is totally dependent on their performance. It is therefore, highly essential to frame a homogeneous policy to provide health care providers, doctors in particular, adequate scope to maintain their work life balance, to enjoy work satisfaction and conducive work environment and also to achieve career fulfilment and proper recognition which in turn is reflected in better organizational performance. This study deals with recent reviews in reputed journals to update recent developments in regard of changes in work place atmosphere and policy framing with its impact on doctors and other health care workers and also on organizational performance

Keywords: QWL, doctor, health care sector, organizational performance

Copyright © 2022 The Author(s): This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 (CC BY-NC 4.0) International License.

INTRODUCTION

Human Relation Theory was advocated by Elton Mayo in 1933 that highlighted the importance of working condition of employees for better productivity. Present QWL concept is largely influenced by his work.

Quality of work life is a novel area of study and it has application in many a sector including medicine and health. Other important areas being education, social service and rehabilitation etc.

QWL is an integrated institutional program that aims primarily to increase employee satisfaction, thereby enhancing workplace learning. It helps employees greatly to assimilate company principles, cope with changes in company policies and also during phases of transition.

QWL should be designated as such, so as to increase employee's satisfaction, building healthy workplace atmosphere, strengthening morality and helping overcome transitional phase crisis. It would help to realize one's self, his/her ability to excel and facing challenges. It should provide enough scope for decision making, setting goals for the concern and clarity in role playing. Instituted properly, QWL helps a lot to enhance belongingness and dissolute dissatisfaction of the employees.

In health sector QWL has greater implication than most other fields, due to rigorous ever changing and challenging work practice in this category of service. Therefore, it must be ensured that workers and professionals engaged in health care services should enjoy a balanced work environment to alleviate with the stress they have to face in their work place. Balanced work environment does not mean merely an appropriate job schedule only. It also indicates a proper work culture, a healthy work place atmosphere, sufficient rest both physical and mental, provision for employee welfare, and most importantly a proper system of payout. Also, there should be enough provision for them to update their knowledge, so as to help them in enhancing their career in future. All such measure should include each category of staff and not only to physician and administrative category, as health care providers work under a completely integrated atmosphere, where a junior employee also plays some important role that is essential for proper implementation of services. This approach is applicable for both Govt and Private institutions as health is such an issue where no differentiation can be done on the paying capacity of the consumer. It is more a moral issue than only business-oriented attitude. Moreover, Govt sector employees are more prone to work related stress due to shortage of manpower, less work force and insufficient logistic support.

Therefore, QWL appears to be a very much significant issue in modern day practice of medicine, be a Govt or Private sector, which must be given enough attention by the management to ensure adequate and appropriate services to its consumers and thereby avoid unnecessary

RECENT WORKS ON QWL: HEALTH CARE SECTOR

Scully *et al.* (2017), worked on maternity leave and its impact on professional and personal life of female employees and established a negative economic impact resulting extreme job dissatisfaction

Turner (2017) also worked over gender specific job-related stress in Nigerian Medical Service and found gross dissatisfaction amongst female physicians as they find it difficult to maintain balance between family and work life due to shortage of staff, long working hours and discriminative attitude from the authority.

Khoshnudi *et al.* (2018) in their study on health care workers in Kashmir tried to draw a relationship between health literacy and quality of patient care and concluded it to be an important factor for achieving satisfactory level of care and also ensuring stability of health care system.

Park (2017), in his study tried to measure the effects of empowering managerial practices on employee behavioural pattern and attitude with its effect on organizational performance by using a cascading or 'trickle-down' model of leadership where leadership attitude is flowed down from senior level managers to junior level and front-line employees which was found to be productive for organizational prospect.

Hj *et al.* (2017) in their study on private higher educational institutes found effect of positive support from society and family also effort of authorities for improving WLB of employees motivates them to enhance and optimize their work performance.

Vasudevan & Mahadi (2017) worked on contribution of emotional intelligence, organizational commitment and climate in improving organizational performance and opined it needs sufficient effort and training to boost employee's morale and involvement in task handling, risk taking and apply innovative ideas in their job.

Dhingra (2021), studied various effect of a number of factors on WLB of physicians like work hours, paid over time, flexi job schedule, gender biasness etc with focus on their relationship and moderation effect on subjective happiness.

Huda & Rihab (2019) in their study at PHC level in Kuwait focused on different aspects of employee wellbeing including training, resources, supervision and accreditation program etc. to assess employee satisfaction and also suggested moderation of policy making to enhance job satisfaction and sense of well-being amongst health care personnel at different level. In their study extending for one year they included approximately 60 health centers and 7000 health care workers including physicians.

Liaqa *et al.* (2018), in their study to find out factors implicating physical health and QWL of physical therapists in Pakistan working in hospital set at different levels with 378 sample volume and focused on different demographic dimensions like age, sex, academic qualification, marital status, job content, economic and family issues, job satisfaction, pay protection, total life space, depression anxiety stress (DAS) and physical health related quality of life (WHO-QoL) etc. and discussed intricate correlation of factors on overall QWL of studied population.

Tyrone *et al.* (2019), used eight-step method in their study to conduct a concept analysis to monitor physicians' engagement at micro (patient), meso (organization), and/or macro (health system) levels with possible positive outcome in job performance and overall satisfaction level including better planning and target fixing and giving importance on effectiveness of good communication at different levels.

Aslan & Morsunbul (2018), studied the effectiveness of motivation in higher level of work performance and its correlation with better work place condition, adequate work life space etc and concluded monetary benefit is not a sole determinant of employee WLB.

Kumar *et al.* (2017); in their study over health care sector at Guntur, focused on conducive organizational climate, social compliance, adequate pay package, skill development and work satisfaction and observed the importance of proper policy making towards unbiased performance appraisal, career

counselling, pro employee attitude are key factors to avoid employee attrition.

Kamatchi & Palaniappan (2020) in their article Healthcare relational coordination: a review on parameter selection for modified high performance work practices, described several parameters to be applied in health care sector with a notion to enhance quality patient care, shorter hospital stays, and satisfaction for both patients and health care givers.

Safaa Mohammed El-Demerdash in his work at Qutor General Hospitals suggested number of changes in existing policies regarding Nursing Managers and to take care of their work and personal life satisfaction with due importance as they have to perform multi-tasking activities at their workplace and also their home affairs and at the same time look after their career prospect.

Ghazi (2020) investigated in his study at Saudi Arabia at Dawadami Public Hospital, effect of different dimensions of QWL on work output and effectiveness of employees, through a survey and assessing validity of the results using statistical software and recommended several measures based on the outcome of the survey like focusing on proper maintenance of QWL for achieving higher status of performance, appropriate change in leadership style, ensuring job achievement, good pay out package and promotional opportunity etc.

Rindu *et al.* (2020) performed a cross-sectional study at Jakarta amongst staffs of two hospitals through structured questionnaires and analysing the data using SEM-PLS technique and showed negative influence of organizational commitment to turn over intension of employees (-0.496), and positive influence of job content on satisfaction level(0.499). In their opinion authority is required to take sufficient measures to enhance QWL of employees thereby to increase satisfaction level and thereby achieve positive effect on institutional commitment.

Battal *et al.* (2017); in their study at Morocco proposed a theoretical model and questionnaire for estimating perception of QWL and occupational stress of employees in organized sector using psychometric properties to demonstrate validity of their study through statistical analysis of data collected and found a positive correlation which endorsed their model.

Suraj (2019) in his paper, a study on quality of work life in Pharmaceuticals Company in Nepal, with sample population of 50 employees and observed working efficiency decreases when employees fail to maintain their total life space.

Teixeira *et al.* (2019), in their cross sectional study amongst 109 workers in emergency care unit, using Walton's Model explored factors contributing to dissatisfaction of employees and also suggested strategies for improving their QWL and increase their level of performance.

Hania & Manimaran (n.d), in their study amongst female nurses in Kerala highlighted psychosocial factors and effect on work life quality using cross sectional study with 250 population volume. They opined social as well as monetary deprivation in contrast to their demanding job texture is primary hurdle for their total life space and needs appropriate and in time intervention to improve institutional performance.

Subrahmanya (2018) in his study at Mangalore on health care workers working at multispecialty hospitals emphasized on quality work life factors including work environment, adequate staff strength, homogeneous job distribution, proper appraisal system to ensure adequate work life balance of employees.

Pierre (2018) exerted his effort to analyze the behavioural pattern of hospital employees in relation to QWL through a series of empirical studies and observed proactive behavior and innovative attitude with quality job performance has intricate relation with WLB of the studied population.

Saleh *et al.* (2019), worked on the difficulties faced by resident Palestinian doctors framing a 47-issue questionnaire and appropriate statistical tool to estimate their QWL and level of work satisfaction.

López-Martínez *et al.* (2021) predicted in their quantitative study at Mexico on physicians, using 169 doctors population as sample volume that QWL is single most significant performance predictor (64.9%).

Padmaningrum *et al.* (2020) conducted their research with sample volume of 65 volunteers to estimate the effect of QWL and Organizational Culture (OC) towards employee performance (EP) and job satisfaction (JS) and

concluded positive correlation amongst all the constructs.

Zaman (2018), in her study amongst 232 female doctors from eighteen hospitals tried to explore influence of QWL on job satisfaction through a purposive and snow ball sampling method. Special mention for self esteem and respect and psychological status with financial and authoritative relationship were also in the study.

Srivastava *et al.* (2019) conducted their study over 240 doctors from different states of India to investigate the role of QWL on job burnout syndrome or job satisfaction using questionnaire and different statistical tools and found positive correlation between QWL and JS, whereas negative correlation was demonstrated between QWL and JS to that of job burnout.

Pio & Tampi (2018) in their research work on health workers from three different hospitals and using structural equation modelling (SEM) as data analysis tool tried to draw correlation amongst different variables like spiritual leadership, organizational citizenship behavior, QWL or job satisfaction etc and concluded that all the variables are in positive inter relation to each other.

Abdullah *et al.* (2017) conducted their study in Malaysia on nursing personnel selecting job content, job context and family life as independent variables against QWL as dependent one to identify their inter relationship and observed a significant contribution of first two factors towards QWL.

Irfan *et al.* (2021), in their article, Structured Equation Model on Strategic Quality Planning, HR Utilisation, Information Analysis and Hospital Quality Performance, published in International Journal of Innovation, Creativity and Change. www.ijcc.net Volume 15, Issue 7, 2021, aimed to quantify effect of TQM implementation like strategic planning, implementation of analytical study, proper utilization of quality man power force etc can bring a sea change in hospital services and quality patient management. The survey-based study was undertaken at South Punjab region of Pakistan and the target group was middle level managers including doctors, paramedics, administrators of different age and gender cluster.

Sema Üstgörü, Turkey, described in her study the hurdles that a female professional has to face and conquer during her journey to reach at top of the ladder, in comparison to her male colleagues despite her competence and commitment to job mostly to keep her work life balance in harmonious state and thus remain highly under represented at top management level.

Kakshapati *et al.* (2021) demonstrated in their paper, The Effects of Work-Related Stress on Nurses' Performance in Hospital Settings: A Literature Review, studied different stressors that affect nurses QWL in health care sector applying Job Demands-Resources (JD-R) model and inductive quality content analysis. Observation of the review indicated different psychosocial, demographic, occupational and institutional like role content and role ambiguity, pay and job insecurity, prolonged duty shifts etc. act as hurdles and lead to lack of commitment, fatigue and other psychological syndromes, poor performance and absenteeism. They concluded and emphasized the role and urgency of job resigning, proper recognition at work place, implantation of conductive work environment and provision of career advancement schemes etc. can allay the detrimental effects on nursing career.

Nadia *et al.* (2021), targeted to determine in their cross-sectional study amongst 260 doctors of two tertiary level hospitals in Selangor, Malaysia using Malay version of work-related quality of life scale(M-WRQLS-2) and patient health questionnaire(M-PHQ-9) and SPSS (23.0) as statistical tool to evaluate level of stress and compromise QWL of the surveyed population. They observed average to below average level of QOWL amongst them; female doctors being worst affected and suggested necessary interventional strategies.

Maqsood *et al.* (2021), in their study amongst total 290 of health provider working at ICU and emergency units during covid-pandemic situation under NGHHA, Saudi Arabia using WHOQoL-BREF and IBM-SPSS as instrumental tool and observed low level of QWL amongst the surveyed group mostly due to demographic factors and non-specified and uncertain job schedule rather than direct pandemic related effect.

Atjo *et al.* (2020), studied physical and psychological stressors of nursing personnel at Makassar City hospitals by conducting FGD followed by CFA to find out fatigue index of the studied group and excluded several indicators like work stress factor, work quality factor, organizational climate factor, job satisfaction factor etc and categorized them in three groups namely low, medium and high.

Mayakkannan (2020) conducted his study in city of Chennai with statistical volume of 250 doctors engaged in faculty position at different medical colleges at different positions, to estimate factors affecting QWL level of said population. In his observation for extracting maximum from the faculties, authority need to establish adequate conducive work environment; zero discriminative policy to be deployed irrespective of department, status or gender of the employee. There should be no information asymmetry and each faculty should be provided adequate training for skill development and enough authority to discharge his/her duty efficiently.

Fanya *et al.* (2020) studied effect of age and pronged period of services on QWL of doctors working at selected hospitals of Jakarta with its contribution to productivity of professional care of the said hospitals, using population data and analyzing it using SEM with AMOS application and observed QWL level of organization though high, there is negative impact on productivity due to higher age group of care providers and prolonged service duration.

SUMMARY

The principal purpose of this study is to find the relation between quality of work life and performance of doctors through detailed exploration of recent works which are more oriented with contemporary developments. Allegedly, most of the public hospitals and even few private set up are devoid of required infrastructure for medical staffs to perform adequately. Therefore, it can be opined that the doctors' performance can be a function of their quality of work life.

The main objectives of this study are as follows:

- To explore and understand the status of quality of work life of doctors who are providing care in hospital set up.
- To explore and identify the performance parameters for the doctors in those hospitals.

And to draw relation between quality of work life and doctors' performance in those hospitals

CONCLUSION

The literature on hospital work practices was discussed in this section. According to the research, work environment in public hospitals, in particular, are far from ideal. Enhanced patient counts, addressing outbreak crises, work overload, long shifts, physical infrastructure, and personnel shortages were all recognized as factors affecting working conditions at public hospitals. Unsatisfactory working circumstances have a negative influence on employees' physical and emotional well-being, according to the review. To address these issues, the assessment looked into a number of strategies that could enhance working conditions in public hospitals.

It is obvious from this analysis that providing a happy working environment is critical for the well-being of health care workers, patients, and the company. A survey of the literature showed techniques for overcoming obstacles to optimal working conditions. Excessive workloads, irregular shifts, and long working hours have been proven to be key predictors of job dissatisfaction, high levels of burnout, low morale fatigue, and emotional tiredness among health care employees, according to this study.

Recommendation

As a concluding note from exploration of articles, book chapters and theses submission and other scholarly discussions, following inferences can be drawn in a nutshell.

- QWL of physicians and other health care givers is a multidimensional object and depends on a number of variables, which should be maintained in synchronized way to increase organizational productivity and provide quality patient care.
- Conducive and supportive work environment, work flexibility, adequate work life balance, career with job enrichment policies and job recognition are important constructs to maintain satisfactory level of QWL for employees.
- Authority needs to deploy flexible attitude, pay enough attention and adhere to employee friendly policies to enhance job commitment. Also, interactive sessions at different management level, proper policies for career benefit and skill development through in

service training must be undertaken on a regular basis to increase employee loyalty.

REFERENCES

1. Abd Gaffar, N., Ismail, Z., Abdul-Hamid, H., & Abdul-Razak, S. (2021). Work-related Quality of Life and Its Associated Factors among House Officers Working at Two Hospitals in Selangor. *Mal J Med Health Sci*, 17(2), 137-145.
2. Ahmad Fuad, S. M. (2017). The influence of work life balance towards job performance in private higher education institution (PHEI)/Noorlaila Hj. *Advances in Business Research International Journal*, 3(1), 1-12.
3. Al-Ghareeb, H. Y., & Al-Wateyan, R. A. (2019). Job satisfaction in PHC Kuwait. *World Family Medicine*, 17(5), 4-15.
4. Al-Howil Al-Otaibi, R. G. (2020). The Impact of Work-Life Quality on Staff Performance at Dawadami Public Hospital, Saudi Arabia. *Journal of Human Resource and Sustainability Studies*, 8, 107-130. <https://doi.org/10.4236/jhrss.2020.82007>
5. Al-Otaibi, R. G. A. H. (2020). The Impact of Work-Life Quality on Staff Performance at Dawadami Public Hospital, Saudi Arabia. *Journal of Human Resource and Sustainability Studies*, 8(02), 107.
6. Aslan, I., & Morsunbul, D. (2018). Preferences for job life quality and motivation in healthcare. *Маркетинг і менеджмент інновацій*, (2), 79-93.
7. Battal, S., Fechtali, T., & Toufik, S. (2017). Development of a Theoretical Model for the Appreciation of the Perception of Quality of Work Life and Occupational Stress, and Its Validation through Statistical Analyses. *Journal of Advances in Medicine and Medical Research*, 23(5), 1-12.
8. Dhingra, V., & Dhingra, M. (2021). Who doesn't want to be happy? Measuring the impact of factors influencing work-life balance on subjective happiness of doctors. *Ethics, Medicine and Public Health*, 16, 100630.
9. Fanya, F., Kadir, H. A., & Kusumapradja, R. (2020). Quality of work life (QWL) on professional care providers at X hospital, Jakarta. *Journal of Multidisciplinary Academic*, 4(1), 21-27.
10. Hanif, H., & Manimaran, S. (n.d.). QUALITY OF WORK LIFE AMONG FEMALE NURSES IN THE KOTTAKKAL REGION, KERALA.
11. Irfana, M., Malikb, M. S., Aslamc, L., Afzald, N., & Ali, M. H. (2021). Structured Equation Model on Strategic Quality Planning, HR Utilisation, Information Analysis and Hospital Quality Performance. *International Journal of Innovation, Creativity and Change*, 15(7).
12. Khoshnudi, M., Safari, A., Vahedian-Shahroodi, M., Sadeghnejhad, H., & Nejati Parvaz, N. (2019). The Relationship between Health Literacy and Quality of Life in Nurses of hospitals of Kashmar in 2018. *Journal of Health Literacy*, 4(1), 9-17.
13. Liaqat, M., Kanwal, R., Ansari, M., & Munir, S. (2018). PHYSICAL HEALTH RELATED QUALITY OF LIFE IN PAKISTANI PHYSICAL THERAPISTS. *The Rehabilitation Journal*, 2(02), 60-64.
14. López, B. E., Aragón, J. C., Muñoz, M., & Tornell, I. S. (2021). Quality of work-life and work performance in physicians at the Mexican institute of social security, in the state of Chiapas. *Journal of the Faculty of Human Medicine*, 21(2), 316-325.
15. LUKMAN, S., DASMAN, H., & BACHTIAR, A. (2020). Turnover Intention Factors among Private Hospital Nurses in Indonesia. *Journal of Clinical & Diagnostic Research*, 14(7). 1-4.
16. Maqsood, M. B., Islam, M. A., Naqvi, A. A., Al Qarni, A., Al-Karasneh, A. F., Iffat, W., ... & Haseeb, A. (2021). Assessment of quality of work life (QWL) among healthcare staff of intensive care unit (ICU) and emergency unit during COVID-19 outbreak using WHOQoL-BREF. *Saudi Pharmaceutical Journal*, 29(11), 1348-1354.
17. Mayakkannan, R. (2020). Impact on quality of work-life of doctors with special to Chennai district. *Purakala (UGC Care Journal)*, 346-52.
18. Padmaningrum, N., & Setiawati, T. (2020). The influence of quality of work life and organizational culture on employee performance with job satisfaction as an intervening variable. *Цифровая трансформация общества, экономики, менеджмента и образования (2020)*. – Екатеринбург, 2020, 250-266.
19. Park, J. (2017). *How does employee empowerment contribute to higher individual and workgroup performance? An empirical assessment of a trickle-down model in law enforcement agencies in Ohio* (Doctoral dissertation, The Ohio State University).
20. Perreira, T. A., Perrier, L., Prokopy, M., Neves-Mera, L., & Persaud, D. D. (2019). Physician engagement: a concept analysis. *Journal of Healthcare Leadership*, 11, 101-113.

21. Pierre, L. (2018). *Promoting the quality of work life, innovation at work and job performance of hospital managers: proactivity at work a new resource?* (Doctoral dissertation, Université de Bordeaux).
22. Pio, R.J., & Tampi, J.R.E. (2018), "The influence of spiritual leadership on quality of work life, job satisfaction and organizational citizenship behavior". *International Journal of Law and Management*, 60(2), 757-767.
23. Saleh, M., Misk, R. A., & Alzughayyar, T. Z. (2019). Palestinian resident doctors' job satisfaction and quality of working life in the West Bank hospitals.
24. Srivastava, S., Misra, R., & Madan, P. (2019). 'The saviors are also humans': understanding the role of quality of work life on job burnout and job satisfaction relationship of Indian doctors. *Journal of Health Management*, 21(2), 210-229.
25. Subrahmanya, B. K. M, (2018). A Study on Quality of Work Life among the Employees of the Health Care Industry. *International Journal of Human Resource Management And Research (Ijhrmr)*, 8(5), 73-80
26. Üstgörül, S. (2022). Female Managers in the Healthcare Organizations. In B. Akkaya, K. Jermittiparsert, & A. Gunsel (Eds.), *Handbook of Research on Current Trends in Asian Economics, Business, and Administration* (pp. 349-365). IGI Global.
27. Vasudevan, H., & Mahadi, N. (2017). Emotional intelligence, commitment and climate in organizations: Bridging contribution and practical implication. *Review of Integrative Business and Economics Research*, 6, 202.
28. Wahyu, A., Salmah, A. U., Selomo, M., & Thamrin, Y. (2021). WORK FATIGUE AMONG NURSES AT MAKASSAR CITY HOSPITALS: ACROSS-SECTIONAL STUDY. *Turkish Journal of Physiotherapy and Rehabilitation*; 32 (3).
29. Zaman, S. (2018). Work life issues and Job Satisfaction of doctors: A gender based study. *Amity Journal of Healthcare Management*, 1(2), 17-32.