

## Study of Quality of Work Life (QWL)

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### Abstract

A high quality of work life (QWL) is essential for organizations to continue to attract and retain employees. QWL is a comprehensive program designated to improve employee satisfaction. This research aimed to provide insights into the positive and negative attitudes of Tehran University of Medical Sciences (TUMS) Hospitals' employees from their quality of life. A cross-sectional, descriptive and analytical study was conducted among 908 TUMS hospitals' employees by questionnaire at 15 studied hospitals. A stratified random sampling technique was used to select respondents as nursing, supportive and paramedical groups. The results showed that the majority of employees were dissatisfied with occupational health and safety, intermediate and senior managers, their income, balance between the time they spent working and with family and also indicated that their work was not interesting and satisfying. TUMS hospitals' employees responding to this survey have a poor quality of work life. We suggest more training and educations for TUMS hospitals' managers on QWL issues are planned.

**Keywords:** *Quality of Work Life, Hospital employees, Iran*

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### Introduction

A high quality of work life (QWL) is essential for organizations to continue to attract and retain employees (1). QWL is a comprehensive, department-wide program designated to improve employee satisfaction, strengthening workplace learning and helping employees had better manage change and transition (2). Dissatisfaction with quality work of life is a problem, which affects almost all workers regardless of position or status. Many managers seek to reduce dissatisfaction in all organizational levels, including their own. This is a complex problem, however, because it is difficult to isolate and identify all of attributes, which affect the quality of work life (3).

Sometimes abbreviated QWL, quality of work life is quick phrase that encompasses a lot, because it refers to the thing an employer does that adds to the lives of employees. Those "things" are some combination of benefits explicit and im-

plied tangible and intangible that make somewhere a good place to work. Implied in the area of QWL is the notion that to be a good employer, a business or institution must recognize that employees have lives before and after work (and, for that matter, during work as well). That recognition, in turn, creates trust and loyalty among employees, everybody benefits, and the world is a better place (4). QWL has also been viewed in a variety of ways including (a) as a movement; (b) as a set of organizational interventions, and (c) a type of work life by employees (5). QWL is a dynamic multidimensional construct that currently includes such concepts as job security, reward systems, training and career advancements opportunities, and participation in decision making (6). More recently, "Deutsch" and "shurman" suggested that the strategies in the USA are to increase the amount of employee participation and involvement in decision making around the areas of new technol-

ogy, work environment and skill training and development (7). As such quality of work life has been defined as the workplace strategies, operations and environment that promote and maintain employee satisfaction with an aim to improving working conditions for employees and organizational effectiveness for employers (6). In health care organizations QWL has been described as referring to the strengths and weakness in the total work environment (8). Organizational features such as policies and procedures, leadership style, operations, and general contextual factors of setting, all have a profound effect on how staff views the quality of work life (9-11).

The research reported here aimed to provide insights into positive and negative attitude of Tehran University of Medical Sciences Hospitals employees from their quantity of work life.

## **Materials and Methods**

The research reported here aimed to provide insights into the positive and negative attitude of Tehran University of Medical Sciences Hospitals' employees from their quality of work life. Our survey sought to measure employees' attitude about a range of 14 key factors affecting their quality of work life. These factors are:

Fair and reasonable pay compared to others doing similar work.

Concern over losing one's job in the next months and years.

Sexual harassment or discrimination at the workplace.

Interesting and satisfying work.

Trust in senior management.

People at the workplace wish to get on together.

Recognition of efforts by intermediate manager/ supervisor

Career prospects

Amount of control over the way in which work is done.

Health and safety standards at work.

Balance between the time spent at work and the time spent with family and friends.

Intermediate manager/supervisor's treatment of staff.

Amount of work to be done.

Level of stress experienced at work.

A cross-sectional, descriptive and analytical study was conducted among 908 TUMS hospitals' employees as twenty percent of total hospitals' employees by questionnaire at 15 studied hospitals. Response rate was seventy percent. A stratified random sampling technique was used to select respondents as nursing, supportive and paramedical groups.

In addition, respondents were asked to define the most important issues affecting the overall quality of work life. Before beginning the main survey, a pilot study performed with 50 randomly respondents to check the reliability and validity of questionnaire instrument. The reliability coefficient for this measure was relatively high (Cronbach alpha= 0.92)

## **Results**

The vast majority (90%) of workers indicated that they were unsatisfied or very unsatisfied with occupational health and safety standards at work.

Eighty nine percent of the respondents were negative about treatment they received from their intermediate managers/ supervisors.

Seventy five percent of the respondents were satisfied or very satisfied work the way in which people at work got on together.

Only two and half percent of the respondents indicated that their pay was fair.

Sixty two and half percent of the respondents indicated that the work they did was not interesting and satisfying.

Over twenty five percent of the workers were dissatisfied with their career prospects.

Seventy eight percent of the employees had a distrust of senior management.

Eighty two percent of the workers expressed dissatisfaction with the balance between the time they spent working and the time they spent with family and friends.

Seventy one percent of the workers were dissatisfied with the level of stress experienced at work (Table 1-2).

One of the most significant findings was the differences in employees' attitude based on the respondents' age. Fig. 1 shows that for workers dissatisfaction clearly increased with age, with significant differences between young workers (aged under 25 yr) and older age workers (aged 45 yr and above). Distrust of senior management increased significantly with age. Older workers were also more likely to have higher levels of dissatisfaction with the amount of work they had to do, their career prospects and their levels of pay relative to other employees doing similar work.

Fig. 2 shows the relatively high percentage of workers over the age of 25 yr who indicated dissatisfaction with the levels of stress they felt and with their ability to adequately balance work and family time and the work they did.

Substantial differences also employed when comparing employees who worked in small hospi-

tals (less 250 beds) with those who worked in large hospitals (250 or more beds). In general, employees in small hospitals had higher quality of work life than employees in large hospitals. To a lesser extent employees of large hospitals were also far more unsatisfied they received from intermediate managers/ supervisors, control they had over the way in which they did their work, relationship between coworkers, amount of work they had to do, levels of stress experienced and balance between work life and family life (Fig. 3).

Low income and long hours also meant dissatisfaction. In total, ninety five percent of low-income earners (those earning less than 2500000 RLS or 300 \$) were dissatisfied with their work compared to just frothy nine percent of high-income earners (those earning more than 2500000 RLS or 300 \$). Not surprisingly that the majority of high-income earners and low-income earners were also dissatisfied with the balance they were able to achieve between time at work time and with family and friends.

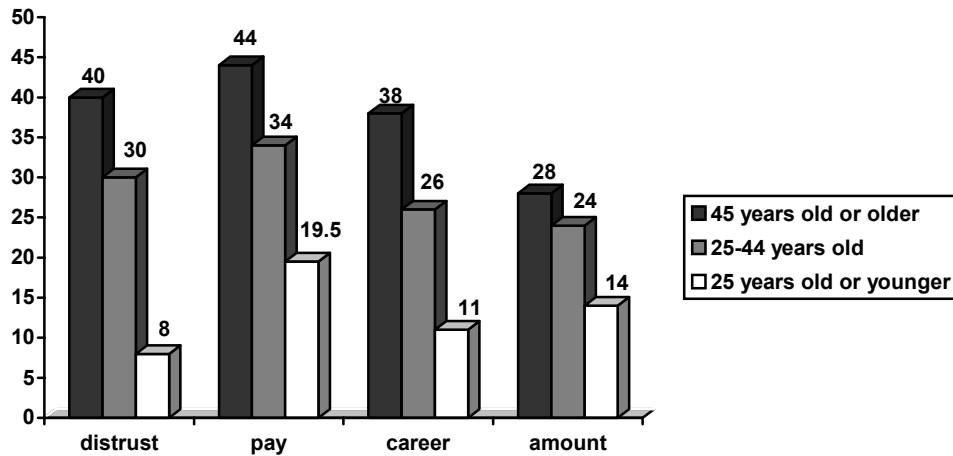
**Table 1:** Attitude of TUMS Hospitals' employees about their quality of work life

Employees satisfaction Elements of QWL	Satisfied		Unsatisfied		Total	
	n	%	n	%	n	%
Occupational health and safely standards at work	91	10	817	90	908	100
Support to employees by intermediate managers/supervisors	100	11	808	89	908	100
Support from co-workers	681	75	227	25	908	100
Monetary compensation	23	2.5	885	97.5	908	100
Type of work they did	558	62.5	350	38.5	908	100
Trust to senior management	200	22	708	78	908	100
Balance between work and family	163	18	745	82	908	100
Stress experienced at work	754	29	154	71	908	100
Career prospect	227	25	681	75	908	100

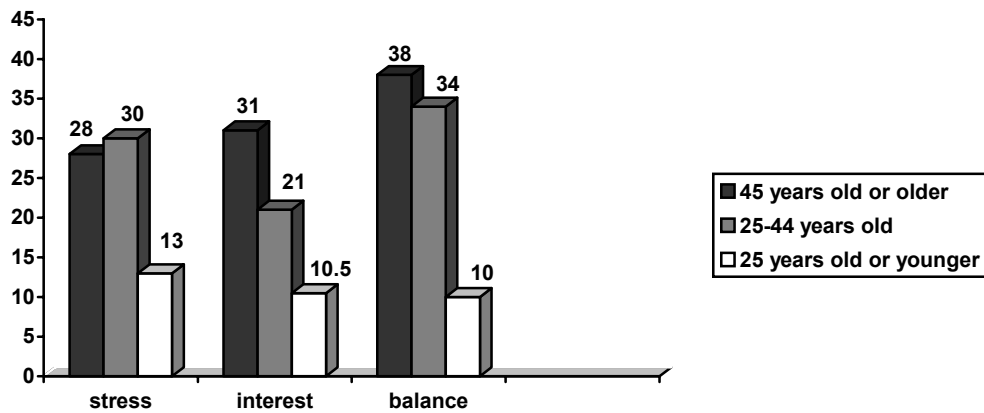
**Table 2:** Attitude of TUMS Hospitals' employees by type of Job about their quality of work life

Type of job	Satisfied		Unsatisfied		Total	
	n	%	n	%	n	%
Supportive	89	30	207	70	296	33
Paramedical	71	8	183	72	254	28
Nursing	93	26	265	74	358	39
Total	253	28	655	72	908	100

$P < 0.001$ ,  $X^2 = 11.66$



**Fig. 1:** Dissatisfaction amongst TUMS hospitals' employees by age for distrust, pay, career and amount.



**Fig. 2:** Dissatisfaction amongst TUMS hospitals' employees by age for stress, interest and balance



Fig. 3: Dissatisfaction amongst TUMS employees of small size and large size hospitals

## Discussion

The results of this survey were intended to assist decision makers in identifying key workplace issues, as perceived by employees, in order to develop strategies to address and improve the quality of work life conditions for employees within each of the individual health care organizations. This research represents the first step of an ongoing process to ensure better QWL for employees. There are several positive attributes of this study. First, to our knowledge, it is the largest QWL investigation of health care workers in Iran with 908 completed questionnaires. Second, it is also unique in that we collected information from employees at 15 hospitals. Third, we developed (through a combination of modifying existing instruments and creating our own questions and scales) our own questionnaire and found 30 variables to be satisfaction with QWL. Finally, the findings appeared to be consistent with published literature, and were judged credible by management and employees at each of sites.

TUMS hospitals' employees felt that three most factors that make work a positive experience are occupational health and safety at work, monetary compensation and support to employees by intermediate managers/ supervisors. These three indicators were found to be far more important for employees than factors typically attributed

to their satisfaction such as balance between work and family, stress experienced at work, career prospect, trust to senior management and type of work they did.

Littler showed that a number of contributing factors directly lead to organizational dissatisfaction with levels of low income, career prospects, stress, work and family balance and distrust in senior management (12).

The Nursing Work life Satisfaction survey results showed that Pay and Autonomy were the two most important components of nurses' quality of work life. These results are similar to American hospitals where Pay and Autonomy are usually ranked as most important. There was a significant increase in the level of satisfaction related to professional status. There is still significant stress in nurses, day-to-day work life. It was also reported that working together as a team and workloads are the sources of satisfaction and Change at all levels of the system and Quality Care, are the source of dissatisfaction (13).

Kruger et al. using with the self-administered questionnaires collected employees' perceptions of coworker and supervisor support; teamwork and communication; job demands and decision authority, compensation and benefits reported that between 15 and 30 variables were found to be satisfactory with QWL. These findings indicate that QWL is a multidimensional construct

and some QWL appear to be organization and context specific (14).

Endless numbers of research studies show that an organization can only achieve its goal from an economic perspective to the extent that the employees at the heart of the organization share these goals, are motivated, and are given the resources to do their work effectively. There is a consensus that all of the following job attributes must be addressed to motivate employees and enable them to achieve the organizations, goals: autonomy, feedback, support, feeling their work contributes to organizations goals, having the resources need to do their task, and knowing the limits and extent of their work as QWL (15).

Low quality of work life may affect the quality of services and organizational commitment and may be a contributing factor associated with shortages of health care providers (16).

TUMS hospitals' employees responding to this survey have a poor quality of work life. This is indicating the majority of employees are unsatisfied with most aspects of work life. The results show that having high income and interesting as well as satisfying work are the most important issues for a high quality of work life. A large minority of employees are dissatisfied their stress level, work and family balance, and career prospects. Furthermore, there are a number of contributed factors, affected by perceived outcomes with these particular issues.

The implications of these findings are currently being deliberated as they rotate to improving QWL within each of the 15 hospitals. These findings may also be of relevance and value to employees, researchers, evaluators, human resource planners and administrators of similar health care organizations.

Employees' satisfaction levels highlight one of the most confounding problems faced by management. Across various employee groups there are a number of differences in satisfaction levels on specific indicators. Senior Managers could quite reasonably devote significant resources to managing life- stage issues alone (17).

With the rising standard of living in developing countries, the values and expectations of employees should also change in accordance with rising disposable income and opportunities to speed such income (18- 20). Senior manager wish to care about with employees, tend to have a loyal motivated workplace, but the employees need to know what available is (4).

Finally, the results of this survey can also used as baseline measures against which the findings of future quality of work life surveys can be compared. Such comparisons place this type of research within a continuous quality improvement framework.

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