

Influence of Quality of work life factors on Organisational Commitment in a Hospital setting

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ABSTRACT

The study investigates the role of quality of work life on commitment of health care employees (doctors) in a hospital in Kerala. The sample unit were doctors in a well to do, private medical college hospital. The sample size was limited to 100.

The hypothesis, quality of work life positively influences commitment is partially accepted. The Organizational Commitment (OC) is having a mean score of 4.32 indicating a strong sense of OC, which is as per expectations. Of the predictor variables Inter Personal Relationship (IPR) (Mean 4.37), Staff Development Activities (SDA) (Mean 4.14) and Job Commitment (JC) (Mean 4.20) are responsible for the high Organizational Commitment.

In regression analysis output, the same predictor variables Inter Personal Relationship (IPR) (Beta 0.27, $P < .05$), Staff Development Activities (SDA) (Beta 0.19, $P < .05$) and Job Commitment (JC) (Beta 0.49, $P < .05$) are responsible for the high Organizational Commitment. Other predictor variables are insignificant.

The future study is to be done in at least two or more organizations from different settings (Government and Private) and a comparative set of factors driving Organizational commitment is to be studied.

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Introduction

The Corona Virus Disease (COVID-19) pandemic produced momentous disruptions in the functioning of both organized and unorganized sectors (Schuster et al., 2020). Health care organizations are also becoming more dynamic and flexible to meet the complex needs of patients while facing increasing cost containment pressures. The skills and competency of health workers are essential in the health industry, in order to obtain high quality health services (Yeates and Pillinger, 2018).

However, In developed countries it is found that in spite of having personal factors like skills, Lack of quality of work life and commitment are forcing nursing staff (10-15%) not to renew their licenses in the first five years of their career and they have

strong intention to quit the occupation (Marleau & Lapointe, 2014).

quality of work life mechanism and the presence or absence of commitment in nursing staff has been linked to turnover intention (Karikari, 2018; Thompson & Prottas, 2006; van Daalen et al., 2006; Thompson, Beauvais, & Lyness, 1999). Previous studies show that the accomplishment of an organization depends on its talented employees and their performance depends on the employee quality of work life and commitment towards work (Abraham, S. 2015). QWL is a psychological response that stimulates an individual to contribute the best by way of productivity and performance.

The binding of the employees to the organisation gains more importance, particularly in an era of technology driven health care services environment

(Pattanayak, 2005). The research question is to enquire, the role of QWL on commitment of health care employees (doctors) in hospitals in Kerala.

Review of Literature

Quality of Work Life

The quest for improving productivity through human resources has its beginning in the early 1900s. F.W Taylor's scientific management principles clearly say that "money alone can motivate a person to work more" (concept of economic man). The Hawthorne studies (19th century) have already proved long back that money is not the only motivator (Mayo 1960), whereas other environmental factors also play a significant role for employee motivation and performance. From then, till today continuous research and experiments have been undertaken to understand human beings at work and then ways to improve their satisfaction, balanced with the aim of the organisation to combine better productivity with the job. In order to achieve this twin objective, different approaches have been developed and applied.

Extrinsic motivations are the monetary and financial rewards like salary increment or bonuses that are given to employees so that they can perform better for the achievement of organizational goals (Karikari, 2018). On the other hand, some companies try to emphasize a quality of work life along with rewarding people for individual

achievement (Feldman, 2000). Elamin, A (2010), where a workplace was described as an amalgamation of two essential sub ethos namely the technical environment and the human environment. What goes into the features for consideration would rest on factors like relationship struck with peers, supervisors and subordinates apart from task autonomy, role clarity, organizational control mechanisms, infrastructure (Shelly, 2000). Gallie (2003) suggests that there is a comparison of employees' perceptions of the quality of working tasks, the degree of involvement in decision making, career opportunities, and job security. A supportive supervisor may help boost an employee's energy level by discussing family-related problems, reinforce the employee's positive self-image by giving feedback, and reduce stress by showing understanding for the employee's family life (Halbesleben, 2006: Thompson & Prottas, 2006: van Daalen et al., 2006: Thompson, Beauvais, & Lyness, 1999).

It is quite evident from above studies that quality of work life affects the individual performance at work place and also having significant impact on personal life. Beyond earnings, workers expect to gain benefits from their jobs such as reward and recognition, career development and growth, a harmonious balance between work and family life. The Companies offering better quality of work life and supportive working environments are likely to gain leverage in hiring and retaining valuable people. (May, Lau Johnson 1999)

Committment

According to Allen and Meyer (1990), organizational commitment is a psychological state which binds the employee to the organization and encourages to a course of action relevant to a target (Meyer & Herscovitch, 2001). An individual can develop a bond to different social targets, such as organisations, work groups or occupations (Vandenberghe, 2016). Organizational commitment

is characterized with three elements: (i) acceptance and belief of organizational goals, (ii) being enthusiastic about to put in the effort for organization, (iii) being a willingness to continue the membership of the organization (Allen and Meyer, 1990).

Committment is a high level of attachment to an organisation, with a sense of job involvement, loyalty and a belief in the values of the organisation

(O' Reilly, 1991). Organizational commitment is a person's feeling with regard to continuing his or her association with the organization, acceptance of the values and goals of the organization, and willingness to help the organization to achieve such goals and values (Pareek, 2004).

The antecedents of workplace commitment include congruency, interesting work, clarity of purpose, equity and fairness, feedback and recognition, empowerment, and autonomy (Fornes, S.L., Rocco, T.S. and Wollard, K.K., 2008).

Organizational commitment is a definite desire to maintain organizational membership, identification with the purposes, successes of organization, the loyalty of an employee, and a willingness to exert considerable effort on behalf of the organization (Aydin, A., Sarier, Y. and Uysal, S, 2011). One of the most important work attitudes influencing organizational behaviour is employee commitment (Klein, Cooper, Molloy, & Swanson, 2014).

QWL on Commitment

QWL is a very important factor for employees. In recent years, hospital administrators have been trying to identify and improve the indicators that affect the QWL in order to prevent the loss of competent nurses (Lee YW, Dai YT, Chang MY,

Regression Analysis was done with Organisational Commitment (OC) as the dependent variable and Governance and Organisational structure (OST), Leadership style (LSS), Interpersonal relationship (IPR), Physical infrastructure perception (PHY), Staff Development Activity (SDA), Recognition and Appreciation (RAA) and Job Commitment (JC) as independent variables. The scales were tested for reliability.

Findings:

The scale reliability for all the constructs was at 0.65 or above indicating a good scale (Nunnely, 1978). The hypothesis, QWL positively influences commitment is partially accepted. The Organisational Commitment (OC) is 4.32 indicating

Chang YC, Yao KG, Liu MC, 2017: Huang TC, Lawler J, Lei CY 2007). QWL refers to harmony of work and personal life, including elements required by employees in order to work satisfactorily in their workplace; therefore, it can be viewed as a reliable and valuable concept that can be used to measure the QWL of employees and identify changes that need to be implemented to increase the productivity of the organization (Risla, M.K.F., Ithrees, A.G.I.M. 2018: Yusoff YM, Rimi NN, Meng CH, 2015: Mahmoudi, O. (2015).

Methodology

The study is descriptive in nature. The sample unit were doctors in a well to do, private medical college hospital in Kerala. The sample size was limited to 100 and data was collected by convenience. QWL factors were classified as both intrinsic and extrinsic. The extrinsic and intrinsic factors measured from the hospital context includes: Governance and Structure, Leadership Style, Interpersonal Relationship, Physical Infrastructure, Staff Development Activity, Recognition and Appreciation, Job commitment. The Organisational commitments of the employees were measured separately. All the questions were measured using a five point Likert scale from 1 strongly Disagree to 5 Strongly Agree.

a strong OC, which is as per expectations. Of the predictor variables Inter personal Relationship (IPR) (Mean 4.37), Staff Development Activities (SDA) (Mean 4.14) and Job Commitment (JC) (Mean 4.20) are responsible for the high Organisational Commitment (table 1).

In regression analysis, the same predictor variables Inter personal Relationship (IPR) (Beta 0.27, $P < .05$), Staff Development Activities (SDA) (Beta 0.19, $P < .05$) and Job Commitment (JC) (Beta 0.49, $P < .05$) are responsible for the high Organisational Commitment (table 3).

Governance and Organisational structure has high mean score of 4.09, but beta value insignificant in the model (table 1 and 3). Similarly Leadership

styles (LSS), Physical Infrastructure perception (PHY) and Recognition and Appreciation (RAA) are

all having relatively lower mean scores and insignificant Beta-value (table 1 and 3)

Table 1: Descriptive Statistics

	Mean	Std. Deviation	N
OC	4.32	0.54	100
OST	4.09	0.63	
LSS	3.78	0.99	
IPR	4.37	0.59	
PHY	3.83	0.77	
SDA	4.14	0.64	
RAA	3.84	0.82	
JC	4.20	0.58	

Table 2: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.734 ^a	.539	.504	.38381	.539	15.362	7	92	.000	1.983
a. Predictors: (Constant), JC, PHY, LSS, SDA, OST, IPR, RAA										
b. Dependent Variable: OC										
c. Anova Table, P< .000										

Table 3: Regression Coefficients

Model	Unstandardized Coefficients		Stand. Coeff*	t	Sig.	Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF

(Constant)	.70	.39		1.79	.08					
OST	-.10	.08	-.11	-1.19	.24	.33	-.12	-.08	.55	1.81
LSS	.02	.05	.04	.53	.60	.21	.06	.04	.75	1.34
IPR	.24	.09	.27	2.83	.01	.59	.28	.20	.57	1.75
PHY	.06	.06	.08	.97	.33	.25	.10	.07	.68	1.48
SDA	.16	.07	.19	2.31	.02	.38	.23	.16	.72	1.39
RAA	.01	.07	.01	.10	.92	.37	.01	.01	.47	2.14
JC	.46	.08	.49	5.40	.00	.64	.49	.38	.60	1.66
a. Dependent Variable: OC; * Standardised Coefficients										

Discussion:

QWL is over all positively driving Organisational commitment, and the hypothesis is accepted partially. Motivation includes, factors include intrinsic and extrinsic factors like Governance and Organisational structure, Leadership style, Interpersonal relationship, Physical Infrastructure, Staff development Activities, Recognition and Achievement, and Job Commitment.

Organisational commitment, is high (4.32) and its driven by Interpersonal relationship (4.37), Staff development activities (4.14) and Job commitment (4.20). This is true in the said private hospitals context. Across doctors one factor they all agreed was the strong interpersonal relationship among the colleagues which was partially driven by the administrators policies and partially self driven. Since the private hospital was a leading hospital they were careful to ensure that their doctors were exposed to external certifications and other short term training to keep them informed with the latest developments in the professional community. This was necessary for the hospital to acclaim reputation the in the serving community. The Job commitment of the doctors were also reported to be high as they were paid well and also the staff selection was done

looking into the personal need fit with the Organisational need. The binding of the employees to the organisation gains more importance, particularly in an era of technology driven health care services environment (Pattanayak, 2005). In this private hospital, the intrinsic binding is stronger due to the presence of inter personal relations, Job commitment and staff development activities.

More factors like Governance and structure, Leadership styles, Recognition and Appreciation and Physical Infrastructure should be focused by the hospital administrators in the medium term future. As per the study of Manongi, Marchant & Bygbjerg, 2006, in a health care setting infrastructure and resource availability is a quality factor for the employees. Recognition of the health worker by the employer and the community is a motivator (Mathauer & Imhoff, 2006). Study by Ibrahim, 2015 shows that Leadership opportunities, training and development, employee appraisal and socialization are factors that gear up employees. These factors need to be given utmost importance by the administrators of the hospital in the immediate medium term future.

Scope for Future Research and Limitations

The future study is to be done in at least two or more organizations from different settings (Government and Private-small, medium and large) and a The sample size of 100 was a limitation which could have adversely affected the findings.

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