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QWL of doctors in public and private hospitals-A comparative study

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Abstract

The working conditions and the demands on a doctor are altogether different from any employee. While almost all employees have some routine and standard working hours, a doctor has a different pattern of working life. His services may be on demand at mid of the night, early morning or any time. A small error on his part can cost a life of a patient. The study focused on QWL of doctors working in public and private hospitals. A sample size of 516 doctors were taken for the study . A convenience sampling method was adopted covering specialty and super specialty doctors having more than 2 years of experience in the hospital. The factors of QWL were work environment, working conditions, compensation and comfort, support personnel, professional growth and hospital image. All the factors of QWL are showing significant difference in influencing QWL of doctors working in public and private hospitals.

Introduction

Privatization has taken the Indian health care market by storm with seventy five percent of doctors employed in the private sector. The medical education system has seen a number of private/semi-private takers, especially in South India. The working lives of doctors are currently undergoing profound changes and will change even more over the coming years. The driving forces behind the changes are increasing financial restrictions in the health care system, new developments/ medical progress and changed expectations of service delivery (one example is evidence based medicine as the guiding principle for medical practice).

The Institute of Medicine (IOM) formulated the most durable and widely cited definition of healthcare quality in 1990. According to the IOM, Quality consists of the "degree to which health services for individuals and population increase the likelihood of desired health outcomes (quality principles), are consistent with current professional knowledge (professional practitioner skill), and meet the expectations of healthcare users (the marketplace)" (Lohr et al 1992) . The process of achieving consistently high quality of care in a reliable way consists of "doing the right thing at the right time". To do the right thing requires physicians, nurses, and all healthcare at providers make the right decisions about appropriateness of services and care for each patient (high-quality decision making) and to do it right requires skill, judgment and timeliness of execution (high-quality performance). The IOM characterized the threats to quality into three broad areas that affect practitioners are overuse (receiving treatment of no value), underuse (failing to receive needed treatment) and misuse (errors and defects in treatment).

The physicians and practitioners that are making treatment decisions must be doing so in a way that appropriately utilizes resources without overuse, underuse, or misuse. This is difficult to control because of variability in physician treatment practices. Evidence-based medicine has made its way into mainstream health decision making to reduce this variability. The concept relies on evidence to help practitioners decide on the appropriateness of services and care and to accomplish the patient's care appropriately. Both overuse and underuse represent limitations in the practitioners' decision-making ability. Both areas focus on the competence of the practitioners and their ability to utilize resources appropriately. The questions occurred when evaluating overuse or underuse is:

1. Do they utilize resources appropriately?
2. Are they ordering too many tests?
3. Are they ordering too few tests?
4. Is therapy appropriate and consistent with individual patients' risk benefit?

Once a treatment decision taken by the practitioners, then quality depends on performance of the individuals providing the care to the patient (high-quality performance) and the systems in which they work. In the treatment phase of the care cycle, the providers must have processes, practices in place to ensure the treatment protocols are completed and there is no misuse. When errors and defects occur, quality is sub optimized (not an on-off switch but, rather, a spectrum) and patient safety is at risk.

What is Quality of Work Life ? (QWL)

Quality of Work Life refers to the extent to which members of a work organization are able to satisfy their personal needs through their work experience in the organization. It covers the person's feelings about every aspect of work including economic rewards, benefits, security,

internal & external equity, working conditions, career opportunity, decision authority & organizational & interpersonal relationships, which are very meaningful in a person's life (C.P.Garg et al 2012) . The term quality of work life has different connotations to different persons. For example, to a worker in an assembly line, it just means a fair day's pay, safe working conditions, and a supervisor who treats him/her with dignity. To a young new entrant, it may mean opportunities for advancement, creative tasks and a successful career. To academics, it means the degree to which members of work organization are able to satisfy important personal needs through their experiences in the organization. In general terms, QWL, refers to the favorableness or unfavorableness of a job environment for people (Davis 1983). It refers to the quality of relationship between employees and the total working environment.

The concept of quality of work life is as well applicable to organizations. It becomes the responsibility of the managements of firms and other institutions to provide their employees with good quality working life. Employees think of their salary and other monetary benefits they are going to get from the firm initially. However, gradually it begins to sink in their minds that if the quality of their working life is not good, they cannot give their best to the organizations.

Companies are spending great deal of money in maintaining good quality working life for their employees. If not, employees simply walk out even without leaving a hint as to where they could be found. Recruiting fresh employees and bearing the expenses of their training and initial spoilage is much costlier than offering good quality working life to their employees. By offering good quality work, environment firms can win the hearts of their employees, get best out of them with their enhanced productivity and enjoy its fruits. Of course, there is nothing like absolute quality of any element—physical, family, spiritual or anything. In other words, it all depends on how the individual perceives how much quality he gets. If he perceives the quality to be good he is satisfied; if it is bad, he is dissatisfied, if he is extremely satisfied or more than satisfied, he is delighted. This satisfaction or dissatisfaction affects the motivation and morale of a person to perform well or otherwise.

The factors that contribute to the quality of working life of any employee are applicable to a doctor too to a certain extent, but not as they are. The working conditions and the demands on a doctor are altogether different from any employee. While almost all employees have some routine and standard working hours, a doctor has a different pattern of working life. His services may be on demand at mid of the night, early morning or any time. A small error on his part can cost a life of a patient. So, an effort has been made to establish the factors that determine the quality of work life a doctor.

The prevalence of dissatisfaction among doctors has been given considerable importance in recent years as it affects patient's satisfaction (Haas et al 2000) and can adversely influence patient's behaviour (eg; adherence to medical treatment, leading to a reduction in the quality of care. The dissatisfaction of doctors from job has a direct effect on medical care (Dimatteo et al, 1993) that can lead to reduction in the quality of treatment. The low level of satisfaction and high stress and are not good for doctors as these conditions may affect and reduce quality of performance(Janus et al 2007) .

Dissatisfaction with quality of work 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 the quality of work life (Walton RE 1974). It was not clear whether it also applies to health care, where there is a higher proportion of female staff; work is professional, semi-professional, or clerical;

and organizations that provide services rather than producing goods (Lewis, 2001). In addition, quality of work life as a way has been investigated and applied mainly in different parts of the western industrialized world including Europe, Canada, USA, Japan and Australia .There are a few published QWL research papers in the Southeast Asia region . It makes worthwhile to study doctors quality of work life in hospitals. A happy employee is a productive employee; a happy employee is a dedicated and loyal employee (Sirgy et al 2001) .

Review of Literature

One looks at the work-life level of a medical professional, it becomes very obvious that the duty performance of such persons have enormous effects on their private life (Scholarios and Marks, 2004). According to Ramsay, 1999 the doctor has no emotions and is fully committed to the work. His / her work and non-work activities cannot be separated from one another and are intermingled . Doctors' dissatisfaction has serious consequences for them and for patients . Moreover, a tired doctor can also become a tiresome doctor (Nirpuma Madaan 2008). In many empirical studies, quality of work has been operationalized in terms of job satisfaction. Job satisfaction has been variously linked with productivity/performance (Ostroff C, 1992) and negatively with absenteeism and turnover in an organization (Robbins S, 1998). In fact, job satisfaction is also important to the future recruitment of new doctors and retention of the existing doctors, in addition to the productivity and quality of the services provided by the doctors who are an essential and integral component of the medical care system (Janus et al ;2007) . Sirgy et al. 2001) highlighted the importance of quality of work and job satisfaction. They conceive job satisfaction as one of the most possible outcomes of quality of work.

In health care organizations, such as hospitals, quality of work life has been described as referring to the strengths and weakness in total work environment (Knox S, Irving JA (1997) . Organizational features can affect the employees' view on their quality of work life. It is an important consideration for employees' to be interested in improving their job satisfaction (Kruger P 2002). The Quality of Work Life (QWL) is an umbrella term, which includes many concepts since the perceptions held by employees play an important role in their decisions to enter, to stay or leave an organization. It is important that employees' perceptions be included when assessing QWL (Yoder L, 1995). Achievement of improving quality of work life promotes the better use of existing workforce skills and increased employees involvement. A tried and tested framework allows health care organization such as hospitals to address key issues that are of concern for hospitals.

Therefore, a high QWL is essential for health care organizations to continue to attract and retain employees (Sendrich K, 2003). QWL is a comprehensive program designated to improve employees' satisfaction . In addition, several studies found a strong relationship between job satisfaction and QWL for health care organizations' employees (Blegen M 1999).According to Pandit Nirali and Pant Rashmi (2010) determined the factors affecting the quality of work life of nurses in private and government hospitals of Gujarat and the impact of quality of work life (working conditions) on individual job satisfaction level of the nurses had been studied. QWL factors have impact on individual job satisfaction and also found differences in job satisfaction levels among nurses working in public and private hospitals. These quality of work life (QWL) factors are company health and safety policy, provision of free working lunch, maternal leave with salary, job related training programs and provision of hired family accommodation by the organization. The QWL factors that have an impact on job satisfaction level of nurses in government hospitals are provision of free working lunch; job related training program, hired

family accommodation and a proper health and safety policy. While those that have an impact of job satisfaction of nurses in private hospitals are free working lunch, job related training program and availability of hired family accommodation. Thus, there is no major difference in the QWL factors and their impact on job satisfaction of nurses in private and government hospitals. The only QWL factors showing difference is company health and safety policy, which is well provided in private hospitals but not in government hospitals. In another study **Ramananda Singh (2011)** measured the employees' perceived QWL levels in private and government banks. Primary data collected from the employees of eight different banks (i.e.4 Govt. Banks and 4 Private Banks) of Silchar city of Assam, India. Nineteen Parameters leading to nineteen statements are used for measuring employees perceived QWL of their respective Banks on five-point Scales. ANOVA and Independent sample t-test are used. Although employees of different Banks perceived same level of QWL of their respective Banks, the Banks differ in three parameters or aspects of QWL. They are Opportunity to express personal views by the employees, Occasion of interaction among employees (at all levels), Satisfactory responsibilities. In addition, revealed that both Government and Private banks have similar level of employees' perceived QWL but differ in one parameter or aspect of QWL. i.e; Organisation giving equal opportunity for development". In a study conducted by **Kuldeep Kaur and Gurpreet Randhawa (2012)** examined and compared the employees' perceptions about QWL issues. The data collected from 100 employees of food industry in Punjab (50 from MNCs and 50 from INCs) using a Likert type structured questionnaire. Independent sample t-test had been applied to analyse the data. A significant difference exists between the MNCs and INCs employees' perception over various QWL issues such as job characteristics, welfare facilities, personal growth and development and social relevance of work. The study revealed that with respect to the various job characteristics such as income, workload, job security, health and safety, promotion policy, perquisites and fringe benefits working hours the employees of MNCs are more satisfied than INCs. MNCs provide better growth and development opportunities, rewards and recognition, authority to make decision than INCs. The employees of MNCs are more satisfied by the various types of welfare facilities provided by their companies such as medical, housing, canteen and in service training facilities. Also found that the employees of MNCs are slightly more satisfied than INCs as their job being more creative, prestigious, higher paid with more promotional avenues.

Research Methodology

A sample of 516 doctors working in public and private hospitals was covered in Twin cities of Telangana. Convenience sampling was used. Only super specialty doctors of more than 3 years experience after completion of super specialty course has been considered.

H1: There is a significant difference of Quality of Work Life between Doctors working in Public and Private Hospitals

To examine this hypothesis, independent sample t test is used. To test the significant difference between QWL and doctors working in public and private hospitals independent sample t test is used. **Table 1.1** shows the mean scores of QWL of doctors working in public and private hospitals in twin cities of Andhra Pradesh as measures against 41 parameters on 5-point scales which were grouped in to six factors: Work Environment, Working Conditions, Compensation & Comfort, Support Personnel, Professional Growth, and Hospital Image.

Table 1.1

QWL of doctors working in public and private Hospitals

Employing Hospital	Public (n=96)		Private (n=420)	
	Mean	**S.D.**	**Mean**	**S.D.**
Work Environment	2.29	0.3096	4.42	0.3805
Working Conditions	2.88	0.5339	3.85	0.3728
Compensation & Comfort	3.22	0.4697	3.95	0.3421
Support Personnel	3.27	0.5760	3.69	0.5089
Professional Growth	2.29	0.3411	4.35	0.3630
Hospital Image	3.07	0.5276	4.25	0.4319
Overall QWL	3.67	0.3240	4.20	0.2986

Source : Computed From Primary Data

The mean of Support personnel with 3.27 is high when compared to other factors in public hospitals whereas work environment and professional growth showed same low mean value of 2.29. While, mean value of work environment is high when compared to other factors in private hospitals whereas support personnel with mean value of 3.69 is low. In both the public and private hospitals support personnel being the common factor influencing quality of work life and is high and low while work environment showed low and high in public and private hospitals in influencing the quality of work life of doctors working in public and private hospitals.

Overall QWL is high in private hospitals than in Public hospitals. Therefore, doctors perceive QWL is high in private hospitals and neutral in public hospitals.

To test the significance of difference in the observed mean scores of the QWL of doctors working in public and private hospitals, independent samples t-test is done. The result of the test is given below in the **table 1.1.**

Table 1.2

Independent Samples t Test results of QWL of doctors working in Public and private hospitals.

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	**Sig.**	**t**	**df**	**Sig. (2-tailed)**
Work Environment	Equal variances assumed	4.699	.031	-51.188	514	.000
	Equal variances not assumed			-58.221	167.430	.000
Working Conditions	Equal variances assumed	17.520	.000	-21.068	514	.000
	Equal variances not assumed			-16.901	117.022	.000
Compensation & Comfort	Equal variances assumed	45.698	0.000	-17.323	514	.000
	Equal variances not assumed			-14.247	119.044	.000
Support Personnel	Equal variances assumed	2.280	.132	-7.131	514	.000
	Equal variances not assumed			-6.598	130.982	.000
Professional Growth	Equal variances assumed	.412	.521	-50.799	514	.000
	Equal variances not assumed			-52.823	148.290	.000
Hospital Image	Equal variances assumed	10.887	.001	-22.742	514	.000
	Equal variances not assumed			-20.072	125.671	.000
Overall	Equal variances assumed	.837	.361	-27.446	514	.000
	Equal variances not assumed			-26.070	134.305	.000

Source : Computed From Primary Data
Note: Significance at 95% confidence level

From the **table 1.2** it can be observed that p value is lesser than α level 0.031. So, the bottom row of the output (the row labelled "Equal variances not assumed.") is considered. The value at significance level 0.00 which is lesser than 0.05. Therefore, there is a significant difference exists in work environment factor of quality of work life of doctors working in public and private hospitals in twin cities of Andhra Pradesh.

It can be observed that p value is lesser than α level 0.000. So, the bottom row of the output (the row labelled "Equal variances not assumed.") is considered. The value at significant level 0.00 which is lesser than 0.05. Therefore, there is a significant difference exists in working conditions factor of quality of work life doctors working in public and private hospitals in twin cities of Andhra Pradesh.

It can be observed that p value is greater than α level 0.061. So, the middle row of the output (the row labelled "Equal variances assumed.") is considered. The value at significance level 0.000 which is lesser than 0.05. Therefore, there is a significant difference exists in compensation &comfort factor of quality of work life of doctors working in public and private hospitals in twin cities of Andhra Pradesh.

It can be observed that p value is greater than α level 0.132. So, the middle row of the output (the row labelled "Equal variances assumed.") is considered. The value at significance level 0.000 which is lesser than 0.05. Therefore, there is a significant difference exists in support personnel factor of quality of work life of doctors working in public and private hospitals in twin cities of Andhra Pradesh.

It can be observed that p value is greater than α level 0.521. So, the middle row of the output (the row labelled "Equal variances assumed.") is considered. The value at significance level 0.000 which is lesser than 0.05. Therefore, there is a significant difference exists in professional growth factor of doctors working in public and private hospitals in twin cities of Andhra Pradesh.

It can be observed that p value is lesser than α level 0.001. So, the bottom row of the output (the row labelled "Equal variances not assumed.") is considered. The value at significance level 0.00 which is lesser than 0.05. Therefore, there is a significant difference exists in hospital image factor of doctors working in public and private hospitals in twin cities of Andhra Pradesh.

From the **table 1.2** it can be observed that overall quality of work life found to be P value (=0.361) which is greater than 0.05. So, the middle row of the output (the row labeled "Equal variances assumed.") is considered. The two -tail significance indicates that P value (=0.000) which is lesser than 0.05, so the t-value (-27.446) is significant at alpha=5%. Therefore, there is a significant difference exists in quality of work life of doctors working in public and private hospitals in twin cities of Andhra Pradesh. The value at significant level 0.000 which is lesser than 0.05. **Thus, H1 is accepted.**

This is in tune with the previous studies Karrir and Khurana (1996) found significant correlations of QWL of managers from three sectors of industry viz; public, private, cooperative, with some of the background variables representatives(educational qualification, native/migrant status, income level) and with all of the motivational variables like job satisfaction and job involvement. Next, Pandit Nirali and Pant Rashmi (2010) reported only one factor of QWL showing difference i.e; company health and safety policy, which is well provided in private hospitals but not in government hospitals**.** Again, H. Ramananda Singh (2011) revealed that both Government and Private banks have similar level of employees' perceived QWL but differ in one parameter i.e.; Organization giving equal opportunity for development" and Kuldeep Kaur and Gurpreet Randhawa (2012) reported that there is a significant difference exists between the MNCs and INCs employees' perception over various issues of QWL. In the present study all the factors of QWL are showing significant difference in influencing QWL of doctors working in public and private hospitals.

All six factors showed significant relationship between doctors working in public and private hospitals. All six factors work environment, working conditions, compensation & comfort, support personnel, professional growth, hospital image showed t value less than 0.05 at 5% confidence level. Therefore, there is a significant difference between quality of work life of doctors working in public and private hospitals.

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