



Analysis of the Maternal Health Care Workers' Quality of Work Life in Chennai PHCs

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Abstract: *The term "quality of work life" refers to an individual's subjective assessment of their level of satisfaction with various elements of their work life. It serves as a gauge of what individuals find engaging and fulfilling at work; thus, consideration must be given to elements pertaining to performance, acknowledgment, job content, accountability, advancement, compensation, organizational policies, and working conditions, among other things. The current study looked at how maternal health care workers perceive their quality of work life. It involved 100 PHCs in the Chennai of Tamil Nadu, and the results showed that the parameters for their quality of work life differed slightly from the standard parameters, such as job involvement, performance evaluation, incentives, etc. However, the workers respected the pressure from top officials and the communication chain in addition to the standard parameters. The study also found that all of the independent variables had a significant impact on the QWL of the maternal health care workers.*

Index Terms— quality of work life, maternal health care workers, job satisfaction, performance evaluation, job content, accountability, advancement, compensation, organizational policies, working conditions, job involvement, incentives, communication chain, independent variables, PHCs, Chennai, Tamil Nadu.

Introduction

The quality of work life is a prerequisite for the quality of work. It has been established that only by hiring and retaining the best and the brightest, and by giving them a work atmosphere that encourages them to complete their tasks, can one fulfil his goal and deliver the calibre of service that the public expects. Recently, the term "Quality of Work Life" (QWL) has been used to refer to a wide variety of working circumstances as well as the associated expectations and goals of the employees. The QWL may be defined as the individual's subjectively stated level of satisfaction with various areas of their work life. It serves as a gauge of what individuals find engaging and fulfilling at work; thus, consideration must be given to elements pertaining to performance, acknowledgment, job content, accountability, advancement, compensation, organizational policies, and working conditions, among other things. Improving both life at work and life outside of work is the goal of quality of work life. As a result, it includes a broad range of initiatives and methods designed to try to balance the dual objectives of an individual and the organization, i.e. Life Quality and Organizational Development. As a result, the quality of work life has emerged as a crucial factor in modern thinking. An organization's operations will be negatively impacted by stressful situations. Inaccuracies in work may arise, employer-employee and staff-client relationships may suffer, needless conflicts may be generated, and so forth. The role and responsibilities of maternal health care workers are very unclear and stress-oriented, so the current study would be motivated to examine the quality of work life of the maternal health care workers in the service sectors in Chennai. More serious effects of job stress could include employee absenteeism and burnouts, which could increase the workload of fellow workers, especially the maternal health care



workers who are under more pressure to implement senior management's directives and address issues pertaining to their subordinates.

Quality of Work life of Maternal health care workers

Experts in behavioral science regard work-life balance to be a problem. QWL has been the focus of several scholarly articles, experiments in various contexts, and, more recently, heightened attention from management and the media. QWL activities encourage employees to focus their knowledge, skills, and abilities on issues like job design, employee relationships with management and each other, performance evaluation and reward distribution, authority and status symbol distribution, and career path definition. The concept of Quality of Work Life (QWL) is multifaceted and composed of several interconnected elements. Quality of work life is the favorable or unfavorable aspects of an overall work environment and working conditions that are excellent for people as well as for the economic health of the organization. It is linked to job satisfaction, job involvement, motivation, productivity, health, safety and well-being, job security, competency development, and balance between work and non-work life (Taylor, James C.). (1978), who proposed that in order to achieve effectiveness, a business must improve the quality of work life by giving people more demanding, fulfilling occupations in addition to encouraging their participation and dedication. This idea encourages accountability and comprehension, which, when paired with honest communication, may make an organization more responsive. Establishing a fearless workplace where employee engagement is actively sought after is the goal of the quality of work-life culture. 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 Sekar, G., & Subramaniam, A. (2021) thus, the work stress is hover around them, as Srivastava, S., & Jain, R. (2018) 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.

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

A descriptive survey design was employed in this investigation. Ezeani (1998) states that the goal of descriptive surveys is to gather factual, in-depth data that characterizes an existent phenomena. Prior to choosing the study's topic, comprehensive literature research was carried out. In order to achieve a competitive edge in the market, we sought to identify the elements influencing the quality of working life that contribute to the growth of an organization's most important assets (maternal health care personnel). Stated differently, this study investigates the factors that influence workers' perceptions of excellent working-life balance in Indian firms. Since there hasn't been much empirical research done on this group to understand the notion of QWL on context-free or general well-being of employees, the study's target populations were 100 maternal health care workers who were chosen PHCs. They are therefore in a better position to see and experience the attitudes and behaviors related to elements influencing the quality of working life in businesses. By examining workers' assessments of the quality of their working life experiences, this research seeks to close the gap. It is intended that this would give more accurate and realistic statistics and information on how the organization's efforts to provide continuous individual employment affect both the individuals they manage and themselves. Additionally, by comprehending the factors that influence how individuals perceive their QWL experiences, firms may meet the diverse demands of their workforce and thereby elicit positive job-related reactions. Thus, the results pertaining to this group contribute an additional viewpoint to the management literature concerning the variables influencing the concept of QWL on employees' context-free or overall well-being. Maternal health care providers working in PHCs located in the Chennai made up the population for the survey. To choose 100 maternal health care professionals, a complete enumeration sample approach was employed.

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	0.091	0.033	2.736	.007*	0.021
	Constant N=100	2.988				
Work timings	QWL	0.087	0.027	3.201	.002*	0.03
	Constant N=100	3.242				
Work pressure	QWL	0.138	0.033	4.174	<.001*	0.052
	Constant N=100	2.997				
Passion towards job	QWL	0.064	0.025	2.512	.013*	0.017
	Constant N=100	3.529				
Adaptability	QWL	0.106	0.028	3.751	<.001*	0.042
	Constant N=100	3.117				
Facilities	QWL	0.083	0.026	3.189	.002*	0.03
	Constant N=100	3.237				
Subordinate pressure	QWL	0.094	0.023	4.17	<.001*	0.052
	Constant N=100	3.187				

*Significant at the 0.05 level



Results and discussion

The SPSS 20.0 software was used to analyze the gathered data. According to the data, 39.7% of the responses are between the ages of 26 and 30, 30.1% are between the ages of 21 and 25, 17.6% are between the ages of 31 and 35, 7.5% are between the ages of 36 and 40, and the remaining 5% are between the ages of 41 and 45. Thirty-one percent of the respondents in this survey are men, while the majority (69.9%) are women. The majority of responders (76.6%) are classified as staff nurses, followed by midwives (18.4%), gynecologists (3.8%), and nutritionists (1.3%). The majority of respondents (61.5%) work in the service sector, with the remainder 38.5% employed in manufacturing. The majority of responders (65.3%) have been in duty for 1–5 years, 28.5% have been in service for 6–10 years, and 6.3% have been in service for 11–15 years. Of the respondents, the majority (49.0%) come from metropolitan areas, followed by rural areas (30.1%) and semi-urban areas (20.9%). Nuclear families make up more than half (58.6%) of the respondents, with combined families accounting for the remaining 41.4%. The majority of respondents (78.7%) do not belong to any professional forum, while the remaining 21.3% do. Of the respondents, the majority (51.0%) make between \$10,000 and \$20,000 per month, 23.8% earn between \$2,000 and \$2,500 per month, 17.6% earn between \$25,000 and \$40,000 per month, and the remaining 7.5% earn above \$40,000. About the overall quality of work life, 31.0% of respondents have a low degree of quality of work life, while 59.0% of respondents have a good level. Regarding the general quality of work life in a teaching setting, 45.2% of respondents feel that their work life is of low quality, while 54.8% of respondents feel that their work life is of great quality.

The current study aims to investigate the perceptions of maternal health care professionals regarding excellent work-life balance when they are employed by organizations in context-free settings. The amount of leadership education variable was found to be positive and highly significant across all dependent variables, indicating that as passion for the job increases, so does the level of reported skill. To estimate the size of these effects, a simple linear regression was estimated on each of the soft skill subscales and the composite score. The means and standard deviations of the scores of each of the six survey subscale and the total scores by three subject groups for each subscale and the total scale were presented. In particular, the coefficient for degree of job enthusiasm varied among the different subscales, ranging from a low of .064 on the interpersonal subscale to a high of .138 for the leadership subscale. In the latter instance, this means that, assuming all other factors remain same, reports of abilities should rise by .138 points for every extra degree of enthusiasm for the work. From a low of .017 for subordinate pressure to a high of .052 for leadership, the adjusted R² for these models shows that, on average, the degree of job passion explains between two and five percent of the observed variation in the dependent variables. The results of this study demonstrated that the structural relationships and components discovered with respect to the component "quality of working life experiences" were appropriate. The elements derived from "quality of working life experiences" also show how they are used differently to meet the demands of the employees in varied circumstances, which in turn generate positive job-related reactions. Management may determine whether there is a strategic gap in the company and take additional steps to enhance workers' quality of life by knowing their diverse demands and their experiences with QWL. Since employees' QWL experiences are directly linked to a number of desirable organizational outcomes, including lower absenteeism rates, turnover, tardiness frequency, and health care utilization (thus, lower health care costs), as well as improved job performance, this



could help an organization succeed and meet its goals. This indicates that the QWL experiences of employees are not just limited to themselves, but also affect the patients receiving treatment. Only excellent personnel, not just capital, technology, or long-lasting products, will sustain today's source of competitive advantage. In actuality, a PHC's workers are its hidden worth and soft assets. Therefore, it appears that companies must take care of one of their most valuable assets, namely their human resources, by providing high-quality working-life experiences that align with their diverse needs and generate positive job-related responses in return, if they are interested in developing their human resources and gaining a competitive advantage in the marketplace.

Conclusion

The coordination with the subordinate and the communication chain have been considered the important determinants of the quality of work life (QWL) of the maternal health care workers. To improve QWL, it is first necessary to identify and then attempt to satisfy the important needs of the health care workers through their experience in their working environment. QWL is a shared responsibility not only of the employees but also from the administrative side. Maternal health care workers have been under pressure from both the administration and the general public, so their perceptions of QWL deviate from the norm. Authorities may choose the pertinent demands of the maternal health care personnel to enhance them with a short-term plan based on the situational requirements. The overall quality of life at work and the overall quality of life in the workplace are significantly correlated. It demonstrates that maternal health care professionals' QWL is poor. A study indicated that enhanced flexible work environments were effective in the US, Canada, Japan, and Europe. Traditional approaches view labor as prayer and the workplace as a temple. To improve QWL in India, a deliberate shift in the workplace is urgently needed. Improved flexibility in the workplace may be a solution to the many tasks that Indian workers play. The goal of this study is to improve the quality of life (QWL) of maternal health care workers by combining their social and task roles in a way that maximizes synergy.

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