

**Analysis of Relationship between Happiness and Quality of Work Life among Nurses in West Bengal**

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**Abstract**

The study intends to investigate the relationship between happiness and Quality of Work Life of (QWL) nurses who are working at different public sector health centers in West Bengal. The data were collected by using Oxford Happiness Questionnaire and working life quality questionnaire (VAN LAAR). To analyze the data, descriptive and referential statistics and SPSS software were used. The study concluded that nurses' had high level of happiness and enjoyed a good quality of work life. It was also concluded that happiness had a significant relationship with all the factors of working life quality except control at work. Among the six factors of quality of work life General Wellbeing and Job and Career Satisfaction are the important QWL factors of nurses' QWL.

**Key Words:** Relation, Happiness, Quality of work life, Nurses, West Bengal, Oxford

At present age health care workers are worked in an environment which is surrounded by different types of physical and psychosocial problems. They often face problems of material resources and manpower shortage .Inadequate wealth and short span of time create pressure to them and influence their quality of life. So, the turnover of health professionals, particularly in nursing is high. Administrators of health care institution face complication to keep these professionals. Health care institutions need to execute strategies that foster the deliberate contribution of professionals diagnosing the physical and psychosocial factors preemptively through research and interference (Cláudia Aparecida Avelar Ferreira et al). High- quality working environment is recognized as a basic requirement for empowering human capital in the health care delivery system (Ghasem et al, 2014).

Patients' satisfaction, performance, commitment, and quality of nurses' life are affected by Quality of Work Life (QWL) (Rai, 2013). The presence of happy nurses will also help in delivering good services and making patients happy through their service. In the light of these issues, it is important and necessary to detect happiness of nurses, without whom the health care system is unimaginable. As we spent more than 65% of life in our work or work -related activities and tend to build our identities around the work, QWL most likely is one of the efficient factors of our happiness and it is needed to consider QWL and to improve it. So, the primary objective of the present study is to identify the relationship between the nurses' happiness and the QWL and its factors.

**Review of Related Literature:** Nirali Pandit and Rasmi Pant (2010) reported that

QWL factors had a significant role in influencing work-life balance of nurses and related with job satisfaction. There was no difference in the level of job satisfaction and factors of QWL which influenced QWL nurses in private and government hospitals. The study of Tessa Treasa Jose & Sripathy M. Bhat (2014) found significant association between quality of life and marital status, monthly income, area of work, working hours and total years of experience and did not show a significant association between QWL and age. Naveen Ramesh et al (2013) reported that the hospital management should concentrate on improving their job satisfaction, organizational commitment, organizational climate and job characteristics to improve the QWL among nurses and to improve productivity and performance of the nurses. In investigating how nurses rate QWL Khani A and Jaafarpour M et al (2008) found nurses' job satisfaction, salary, workload, staffing issues, skill mix, communication, autonomy, recognition, and empowerment remain problematic and suggested that hospitals need to provide vigorous and ongoing management skill development, education of nurse managers is needed to recognize staff for a job well done. Sahar Mohamed Morsy and Hanaa Esmail Sabra (2015) found nurses job satisfaction positively correlated with quality of work life.

In this literature search, it had been found that there was a dearth of study which established the relation between nurses' quality of work life and happiness in the context of West Bengal. In this paper, an attempt had been made to fill this gap.

**Research Objectives:** The present study was conducted to achieve the following objectives: 1. to study the level of happiness and QWL among nurses working in public sector health centers in West Bengal, 2. to study the relation between happiness and demographic variables of nurses working in West Bengal public sector health centers and 3. to study the relation between happiness and quality of working life of West Bengal public Sector's nurses.

**Research hypotheses:** 1. West Bengal public sector's nurses have a low level of happiness and poor quality of working life, 2. there is difference in happiness on the basis of demographic variables and 3. There is a relation between happiness and QWL and QWL factors have an impact on the happiness of public sector nurses of West Bengal.

**Sub-hypotheses:**

1. There is a relation between happiness and work conditions (WCS) and WCS has an impact on happiness.
2. There is a relation between happiness and general well-being (GWB) and GWB has an impact on happiness.
3. There is a relation between happiness and job and career satisfaction (JCS) and JCS has an impact on happiness.
4. There is a relation between happiness and control at work (CAW) and CAW has an impact on happiness.
5. There is a relation between happiness and home-work interface (HWI) and HWI has an impact on happiness and

6. There is a relation between happiness and stress at work (SAW) and SAW has an impact on happiness.

### Research Methodology

**Data Collection:** To collect data from nurses' survey method was used. Random sampling technique was applied to select the health centers and around 592 nurses of different health centers returned the filled-in questionnaires.

**Research Instruments:** Three sets of questionnaires were used to collect demographic information, quality of working life, and happiness. The demographic information questionnaire incorporated information about age, education background, working experience, family type and location of the health center. Happiness was assessed by the Oxford Happiness Questionnaire (HILLS & ARGYLE 2002), and QWL was assessed by the VAN LAAR Scale of Work-Related Quality of Life. QWL questionnaire included 23 questions and it is in 5-point Liker scale (from strongly disagree =1 to strongly agree =5). This scale contains six factors- Job and career satisfaction (JCS), general well-being (GWB); work conditions (WCS), home-work interface (HWI), stress at work (SAW), and control at work (CAW). Oxford Happiness Questionnaire includes 29 items and all the items are marked on a 6-point Liker's scale (ranging from 1 = Strongly Disagree to 6 = Strongly Agree). Reliability test showed the cronbach alpha for Oxford happiness index .736 and .804 for QWL.

**Quality of Work life:** To attract and retain the good and efficient employee,

organizations have to provide high-quality of work life. Louis Davis, in 1970 introduced the term QWL .In general sense, it means constructive work environment in the organization for employees. Luthans stated that the paramount use of QWL is to transform the work environment in such a way that the human, technology, and organization come together to direct and to enhance the quality of work life. QWL is concerned about the thinking of higher-level desires/ requirements of employees besides their basic needs. Generally, the work place environment should be such that it yields more human oriented atmosphere /work. At present age quality of human capital is an important asset for any organization. A good QWL would help to raise employees and organizations well-being.

**Happiness:** Everybody searches for happiness in every culture (Aydin, 2012; Fisher. 2010). Continuing Psychology Education Inc (2006) defines the term as "people's evaluations of their life including cognitive judgments such as life satisfaction; and affective evaluations (mood and emotion), such as positive and negative emotional feeling ". Happiness is the experience of positive feelings and absence of negative feelings (Wikipedia). It is related to life satisfaction and life satisfaction is closely related to job satisfaction (van praag, Romanov, & Ferrer-i-Carbonell, 2010). Happiness is a state of feeling which gives us the drive to stay energetic, the power to move forward and the motivation to do good for others. It is imperative for any organization to agree on whether their employees are happy at their present work. Happiness is not an indistinct and unreal

concept but it could build organization successful and direct to a lot of financial implications for the organization (Daryl Famacion, 2012).

**Data Analysis and Interpretation:** In this study descriptive statistics (percentages, mean scores, and standard deviations), t test, ANOVA and inferential statistics (Pearson’s correlation coefficient and regression) were applied to analyze the collected data.

**Participants:** The collected data were analyzed using the SPSS package. The analysis showed that all the respondents to the survey were the female nurse. The age ranged from 18 to 50 years and the majority of respondents were (54.1%) 18-30 years old, 34.5% of them were 31-40 years old and remaining 5.4% of them were 41-50

years old. There was no respondent in the age group 50-60 years. (M. Prasad, 2016).

The majority (87.83%) of the respondents was having 1-10 years length of service, 8.4 % of them were between 11-20 years length of service, 3.5% had 21-30 years of service experience and remaining .2% of them had above 30 years of service experience. Majorities (56.8.0%) of the respondents worked at rural hospitals, 20.12% of them at semi-urban health centers, remaining 23% of them at urban hospitals and no one worked at metro areas. More than half (66.2%) of the respondents were the nuclear family type and the remaining 33.8% of them were the joint family type. With regard to educational qualification 95.8% nurses had a general nursing degree and only 4.1% had BSC nursing degree (M. Prasad, 2016).

### Level of Happiness and Quality of Work Life

**Table -1 Frequency and Percentages of Level of Happiness and Quality of Working Life of Nurse**

Happiness					
Level of Happiness	Unhappy	Moderate	Happy	Very Happy	Total
Frequency	Nil	80	479	33	592
Percentage	Nil	13.5	80.9	5.6	100
Quality of Working Life					
Level Quality of Working Life	Low	Medium	HIGH	TOTAL	
Frequency	Nil	241	351	592	
Percentage	NIL	40.71	59.29	100	

**\*Happiness= (<3=unhappy, 3.1-4=Moderate, 4.1-5=Happy and 5.1-6=Very happy),\*  
 Quality of Working Life= (1-2.7=Low, 2.8-3.5=Medium and 3.6-5=HIGH**

The table-1 shows frequency and percentages of the Oxford happiness questionnaire and the Quality of Working Life Questionnaire of nurses.59% nurses had a high level of QWL.81% and 6% nurses In table-2, we see that obtained mean for happiness (4.438) and QWL (3.58) are

were happy and very happy respectively in life. In this survey, there were no respondents who were unhappy and dissatisfied with QWL.

higher than assumed mean. The one sample t test’s result shows that sig. value (.000) is

less than .05. There is statistically significant difference in population mean and sample mean. It means that West Bengal's Public Sectors nurses' happiness and QWL are

higher than medium. The hypothesis one which postulates that nurses' expressed a low level of happiness and poor QWL can be rejected.

**Table 2: The Summary of Single Group T-test**

T value= 4For Happiness and 3 For Quality of Working Life 95% Confidence interval of the difference										
	LOWER	Upper	Mean difference	Sig.(2 tail)	df	t	Std.error difference	Mean	S.D	N
HAPPINESS	.402	.475	.438	.000	591	23.88	.01843	4.438	.448	592
Quality of Working Life	3.553	3.612	3.582	.000	591	238.936	.01500	3.58	.364	592

**Demographic variables and happiness:** To test the difference in the happiness according to demographic variables independent samples t-test and ANOVA were applied. Results of t-test and ANOVA in table-3 showed that there were significant differences in happiness according to age group and settings of health centers. No significant differences were observed in

happiness level on the basis of the type of family, service experience and educational level. The research hypothesis which states that there is difference in happiness according to demographics variables was partially accepted .It was significant for age range and hospital settings.

**Table -3 Happiness by demographic variables using t-test and analysis of variance**

Variables	MEAN	SD	t/F value	P value
<b>Age Range:</b> Upto-30				
31-40	4.490	.488	8.051	.000
41-50	4.402	.400		
<b>Types of Family:</b>	4.189	.195		
Joint				
Nuclear	4.397	.411	-1.612	.107
<b>Hospital Settings:</b>	4.460	.465		
Rural				
Semi urban				
Urban	4.497	.440	21.527	.000
<b>Experience:</b>	4.207	.436		
<b>Upto-10 yrs</b>	4.498	.448		
<b>upto-20 yrs</b>				
<b>Upto-30 yrs</b>	4.438	.458	.311	.818
<b>Above-30 yrs</b>	4.446	.406		
	4.376	.260		
<b>Occupational Qualification:</b>	4.724	Nil		
<b>General Nursing</b>				
<b>BSC Nursing</b>				
	4.443	.453	.522	.602
	4.448	.318		

Nurses' age up to thirty years was happier than others, who were no doubt excited as they start to build a career. Younger nurses were happier than the older one (Table-3). It could be that the nurses in this age group were young, full of liveliness and constructive attitude in life that they were competent to value whatever thing and the whole thing around them.

Significant differences of happiness were found among the nurses working in different areas. Nurses working in urban areas were happier than others. The differences in the happiness of nurses in different hospitals could be accredited to the hospital's conditions.

**Happiness and QWL:** To investigate the association and to analysis variance between happiness and the quality of their working lives of West Bengal's Public sectors nurses' Pearson correlation coefficient and regression were used. The happiness of a nurse was taken as the dependent variable while the six QWL factors were taken as the independent variables.

Considering the significance level of .000, it could be concluded that correlation was significant. The obtained value was positive (table-4), it could be concluded that the relationship between happiness and quality of working life was straight. The above table also shows that regression was significant ( $p=.000$ ) and it meant that there is a significant relationship between happiness and quality of working life. The coefficient of determination suggests that 21% of the overall happiness of the nurses influenced by QWL (table-4).

Pearson correlation coefficient result of WCS indicated that there was a significant and positive relationship between WCS and happiness of the nurses of public sectors ( $r = 0.299$ ) (table-4). The result means that as the WCS of the nurse's increases, the happiness will also increase. Further, the coefficient of determination suggests that 9% (table-4) of the happiness of the nurses affected by working conditions of the health centers. As the quality of life value is influenced by QWL, a favorable working condition motivates the nurses to work towards managerial goal along with working for their personal development.

**Table 4: Correlation and Regression Results of Happiness and Quality of Work Life**

Happiness/QWL	QWL TOTAL	WCS	GWB	JCS	CAW	SAW	HWI
Pearson correlation	.459	.299	.244	.272	.061	.161	.281
SING.(2-tailed)	.000	.000	.000	.000	.136	.000	.000
R Square	.211	.089	.198	.074	.004	.026	.079
Sig	.000	.000	.000	.000	.000	.000	.000

JCS was positively related to the happiness ( $r = 0.272$ ) (table-4). , and it could explain 7% (table-4) of the variation in the

happiness. Employee job and career associated contentment enhances the overall happiness among employees which in turn is

important for enhancing organizational and operational productivity (J. Ruzevicius, 2007).

To investigate that there was a relationship between happiness and GWB of West Bengal Public sector nurses Pearson correlation coefficient was conducted. The result exposed that there was a positive and significant relationship exist between these two variables (table-4) and GWB could explain 20% variance of happiness. This suggests GWB increases happiness and authority should take care to improve and maintain the general well-being of nurses.

To test 4th sub-hypothesis considered the significance level of .136((table-4) and it could be concluded that correlation was not significant at  $\alpha=.05(.136>.05)$ . It meant that there was no significant relation between happiness and CAW. Only .04% (table-4) of the variation in the happiness could be explained CAW.

Home-work interface (HWI) was an important dimension of QWL. In this study,

HWI was positively related ( $r = 0.289$ ) to the happiness. Around 8% of the variation in the happiness could be explained home-work interface factor.

In this survey SAW (reverse score) was also positively related to happiness and correlation was significant( $r=.161, p<.01$ ) and approximately 3%. Variability could be explained by this QWL factor.

In this survey all the sub- hypotheses were accepted except for CAW and there was significant relation between happiness and all the six dimension of Quality of work like.

On the basis of multiple regressions analysis results, the importance of QWL components in QWL was obtained. The outcome revealed (table-5) that among all of the components of quality of working life GWB had first rank order and JCS had the second rank order; WCS had third and SAW had the fourth rank.

**Table -5 Beta Coefficients or Regression Coefficient of QWL Factors**

	t	Standardized coefficients	Not-Standardized coefficients		Sig.
		Beta	Error	B	
Constant coefficient	13.371		.174	2.232	1
WCS	2.263	<b>.110</b>	.026		.009
GWB	7.752	<b>.325</b>	.038		.000
JCS	3.566	<b>.138</b>	.030		.000
CAW	.573	.021	.023		.567
SAW	2.299	.086	.021		.022
HWI	1.223	.052	.033		.222

The survey revealed a positive association between various factors of quality of working life (except CAW) and happiness. Thus, by improving all components of

quality of working life, the management/administrators may build up an environment where the health care professionals can feel impartiality, safety,

and accomplishment. They can also have a prospect to recognize their talents and potentialities. Good QWL has many significant importance in the organization, it can increase job satisfaction level and performance of employees and motivate them. All this help organizations to run successfully which in turn led to increase happiness in life of employees and employers.

**Implications of the Study and Limitations:** We spend most of the time of our life at work and work environment has an effect on our happiness (Wikipedia). For that reason, this study is significant because it finds the effect of QWL on happiness. Findings of the study will help the top authority to identify the QWL factors which influence happiness among nurses and hence affect their performances. This study gives a scope to know and understand the happiness and QWL level of public sectors nurses in the West Bengal. Top Authority can use the study results to develop interventions and strategies to improve work-related behaviors of nurses.

The study has certain limitation, it could not be possible to say that sample were free of error. Nurses were selected at random.

**Summary and Conclusion:** Nurses are the strength of health institutions and should be

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treated with dignity and admiration for their honesty and hard work (Prof. Wil McSherry). They have a load of handling the tasks in their personal life and also in their professional life for achieving the higher work expectations. A poor quality of work life results in dissatisfaction, which affects happiness and thus lower efficiency and performance. This research study is tried to examine the relation between happiness and QWL. Findings of the study showed the level of happiness and overall quality of working life among nurses were high. Younger nurses were happier than older nurses and nurses working in urban health institution were happier. It was also found that happiness had a significant relationship with all the factors of working life quality except for control at work. The outcome of the research indicates that happiness had highly influenced by two out of six factors (general well-being and job and career related satisfaction) of QWL.

In the current study first time, an effort has been made in understanding the relation between happiness and the work life of nurses in West Bengal setting. This study used a self-reported instrument which may affect the results. Further studies should be carried on with more.



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