

A Study on Quality Work Life and Work Life Balance of Healthcare Workers in Mayiladuthurai District

S.KALYANI¹, Dr.S.RAJKUMAR²

¹Research Scholar in Commerce (Part-Time), M.R.Government Arts College, Mannargudi - 614 001, Tiruvarur District, Tamil Nadu, (Affiliated to Bharathidasan University, Tiruchirappalli – 620 024)

²Research Advisor and Assistant Professor in Commerce (Retired), M.R.Government Arts College, Mannargudi - 614 001. Tiruvarur District, Tamil Nadu, (Affiliated to Bharathidasan University, Tiruchirappalli – 620 024)

Abstract

The healthcare industry is essential to maintaining societal well-being. The foundation of this system consists of healthcare professionals, such as physicians, nurses, and support personnel. Maintaining a balance between work and home life becomes difficult because of the demanding nature of their employment, long working hours, emotional stress, and high levels of responsibility. The total quality of an employee's workplace, including job satisfaction, working conditions, pay, career advancement, and organizational support, is referred to as Quality of Work Life (QWL). On the other side, Work-Life Balance (WLB) emphasizes how well workers can balance their personal and family lives with their professional obligations. Improving QWL has become crucial in the healthcare industry due to rising job pressure and stress in recent years. This study was conducted in Mayiladuthurai district, there are four taluks in Mayiladuthurai District, i.e. (i) Mayiladuthurai, (ii) Kuthalam, (iii) Sirkazhi and (iv) Tharangambadi. The researchers have adopted convenient sampling method for data collection, with 300 questionnaires and were distributed, out of them, 284 were collected back, all the questionnaire were taken for analysis after check whether all the fields are filled. The study came to the conclusion that healthcare professionals are still impacted by issues including workload, staffing shortages, and a lack of flexible policies. Adopting employee-centric policies and efficient human resource practices that support both professional efficiency and personal well-being is crucial for healthcare organizations. In addition to being advantageous for healthcare employees, boosting work-life balance and quality of work life is essential for raising the general effectiveness and long-term viability of healthcare organizations.

Keywords: *Work Life Balance, Quality of Work Life, Front Line Workers, Health Care Workers and Performance and Sustainability.*

Introduction

The healthcare industry is essential to maintaining societal well-being. The foundation of this system consists of healthcare professionals, such as physicians, nurses, and support personnel. Maintaining a balance between work and home life becomes difficult because of the demanding nature of their employment, long working hours, emotional stress, and high levels of responsibility. The total quality of an employee's workplace, including job satisfaction, working conditions, pay, career advancement, and organizational support, is referred to as Quality of Work Life (QWL). On the other side, Work-Life Balance (WLB) emphasizes how well workers can balance their personal and

family lives with their professional obligations. Improving QWL and WLB has become crucial due to the recent rise in job pressure and stress in the healthcare industry. In addition to improving worker well-being, a good balance also boosts output, job satisfaction, and patient care quality. Thus, the purpose of this study is to examine the work-life balance and quality of work life among healthcare workers in the Mayiladuthurai District. One of the most recent districts in the state of Tamil Nadu is Mayiladuthurai, which was created in 2020 through the division of the Nagapattinam district. The district's headquarters town, Mayiladuthurai, which has historical and cultural significance, is the source of its name. Mayiladuthurai district is geographically rich in agricultural resources

because it is situated in the fertile Cauvery delta region. Agriculture is the people's main industry, and the Cauvery River is essential for irrigation. Paddy, sugarcane, and legumes are the main crops farmed.

The district's religious and cultural legacy is widely recognized. It is home to numerous well-known temples that draw worshippers from all across the nation, such as Vaitheeswaran Koil and Mayuranathaswamy Temple. The district's way of life is heavily reliant on festivals and customs. In terms of infrastructure, the Mayiladuthurai district boasts a growing network of healthcare facilities, educational institutions, and transportation networks. Access to neighbouring cities like Chennai and Tiruchirappalli is made easier by the district's road and rail connections. Both urban and rural residents are served by the district's government hospitals, primary health centres, and private clinics. However, the district suffers issues like a lack of healthcare resources and a shortage of workers, just like many semi-urban areas. Mayiladuthurai District is a pertinent area for researching topics pertaining to healthcare professionals and their work environment because of its deep cultural roots, agricultural significance, and developing infrastructure. The work-life balance and quality of work life have a significant impact on both employee well-being and the organization's overall performance. Employees are more likely to feel happier, healthier, and less stressed when they have decent working circumstances and a healthy work-life balance. Their drive, output, and dedication to their work all increase as a result. As a result, the company gains from increased productivity, decreased turnover, decreased absenteeism, and higher-quality work. As a result, these elements are essential to guaranteeing both corporate performance and personnel satisfaction.

Review of Literature

Himesh Sharma et. al. (2016) in their study "Quality of Work Life & Its Key Dimensions: A Cross-Sectional Analysis of Private, Public Sector and Foreign Banks in India" had stated that the Perceived Quality of Work Life (QWL) is a multi-

dimensional construct that impacts employees' personal and professional results inside a company. An ANOVA study is used to compare the replies of managers from private, public, and foreign banks based on their overall WL and its parts. Significant discrepancies were found in the responses of respondents from the private, public, and international banks, showing the varying impact of these fundamental dimensions in different companies within the same industry. Serey (2006) study on QWL is a framework for creating meaningful and satisfying work. It includes opportunities to exercise one's talents and capacities, face challenges that require independent initiative and self-direction, engage in worthwhile activities, and understand the context. Mamedu O.P (2016). The purpose of this study on academic staff perceptions of Quality of Work-Life and University Goal Attainment was to gain an understanding of the QWL of university academic staff and to relate understanding their performance in achieving university goals in Nigeria's South-South geopolitical zone. The topic was selected in response to recurrent complaints about the low quality of academic production in Nigeria for more than ten years. The findings revealed that the state of satisfactory QWL for staff, an unfavourable University goal accomplishment, and a negligible association between QWL and UGA in universities are that they demonstrated the satisfactory QWL of university academic staff does not result in equivalent satisfactory UGA in the Zone of Nigeria.

Statement of the Problem

The workload, shift work, emergency responsibilities, and emotional engagement in patient care of the healthcare workers frequently experience significant levels of stress. These elements could have a detrimental impact on their work-life balance and quality of work life. Job unhappiness, burnout, absenteeism, and high turnover rates are all consequences of poor QWL. Healthcare workers' general well-being, family connections, and mental health can all be negatively impacted by an imbalance between work and personal life. These difficulties may be particularly severe in areas like Mayiladuthurai,

where there may be a lack of healthcare personnel and infrastructure. Therefore, it is necessary to research healthcare workers' levels of work-life balance and quality of work life and to determine the elements that affect them.

Objectives of the Study

- To analyse the factors influencing Quality of Work Life among healthcare workers.
- To examine the level of Work-Life Balance among healthcare workers.
- To find the relationship between Quality of Work Life and Work-Life Balance.
- To suggest measures to improve Quality of Work Life and Work-Life Balance.

Scope of the Study

The medical professionals in the Mayiladuthurai District, including physicians, nurses, and paramedics, are the people included in the study. It highlights the important elements including stress, workload, job satisfaction, working environment, and personal-life balance. Both public and private healthcare facilities are included in the study. It seeks to shed light on the difficulties and working conditions that healthcare professionals currently confront. The results may not be generalizable to other areas and are primarily related to the chosen area.

Importance of the Study

The study on WLB and QWL contributes to the understanding of healthcare workers' working conditions. It gives information about what influences work-life balance and quality of work life and helps hospital administration enhance its staff welfare regulations helps lower stress, burnout, and employee turnover in the healthcare industry. It improves patient care quality and overall productivity. It is helpful in helping legislators create more effective healthcare workforce initiatives and enhances scholarly HRM and healthcare management research.

Sampling Design

This study conducted in Mayiladuthurai district, there are four taluks in Mayiladuthurai District, i.e. (i) Mayiladuthurai, (ii) Kuthalam, (iii) Sirkazhi and (iv) Tharangambadi. The researcher distributed 75 questionnaire in each taluks for data analysis. The private hospitals taken for this study, the researcher met the front line workers at private hospitals. Adopted convenient sampling method for data collection, totally 300 questionnaires were distributed out of them, 284 were collected back, all the questionnaire were taken for analysis after check whether all the fields are filled.

Table 1: Sample collection

Sl.No.	Taluks	No. of Questionnaire	
		Distributed	Collected
1	Mayiladuthurai	75	72
2	Kuthalam	75	73
3	Sirkazhi	75	69
4	Tharangambadi	75	70
	Total	300	284

Source: Primary data

The above table shows the taluks wise sample collections, 75 questionnaires were distributed in all four taluks in Mayiladuthurai District. 72 filled questionnaires were collected back from Mayiladuthurai taluks, 73 questionnaires were collected back from Kuthalam, 69 questionnaires were collected back from Sirkazhi and 70 filled questionnaires were collected back from Tharangambadi.

Statistical tools

- Percentage analysis
- Karl Pearson Coefficient Correlation test

Data Analysis and interpretation

The following tables presented the socio economic profile of the respondents of the sample respondents.

Table 2: Age group of the respondents

Sl.No.	Age group	No.of respondents	Percentage
1	Less than 30 years	51	17.96
2	31 to 40 years	95	33.45
3	41 to 50 years	72	25.35
4	Above 50 years	66	23.24
	Total	284	100

Source: Primary data

The above table shows the age group of the respondents, out of 284 sample respondents, fifty one (17.86%) respondents are less than 30 years old. Ninety five (33.45%) respondents are between 31 years to 40 years. Seventy two (25.35%)

respondents are between 41 years to 50 years and remaining sixty six (23.24%) respondents are above 50 years old. Majority (33.45%) of the respondents are between 31 years to 40 years.

Table 3: Gender of the respondents

Sl.No.	Gender	No.of respondents	Percentage
1	Male	108	38.03
2	Female	176	61.97
	Total	284	100

Source: Primary data

The above table presented the gender of the respondents, out of 284 respondents, one hundred and eight (38.03%) respondents are male and remaining one hundred and seventy six (61.97%)

respondents are female. Majority (61.97%) respondents are female.

Table 4: Marital status of the respondents

Sl.No.	Marital status	No.of respondents	Percentage
1	Married	175	61.62
2	Unmarried	109	38.38
	Total	284	100

Source: Primary data

The above table presents the marital status of the respondents, out of 284 respondents, one hundred and seventy-five (61.62%) respondents are married and remaining one hundred and nine (38.38%)

respondents unmarried. Majority (61.62%) of the respondents are married.

Table 5: Family type of the respondents

Sl.No.	Family type	No.of respondents	Percentage
1	Joint family	164	57.75
2	Nuclear family	120	42.25
	Total	284	100

Source: Primary data

The above table shows the family type of the respondents, out of 284 respondents, one hundred sixty four (57.75%) respondents are joint family members and remaining one hundred and twenty

(42.25%) respondents are nuclear family. Majority (57.75%) of the respondents are joint families.

Table 6: Family members of the respondents

Sl.No.	Family members	No.of respondents	Percentage
1	3 members	68	23.94
2	4 to 5 members	95	33.45
3	Above 5 members	121	42.51
	Total	284	100

Source : Primary data

The above table presents the family members of the respondents, out of 284 sample respondents, sixty eight (23.94%) respondent's family members are 3. Ninety five (33.45%) respondent's family members

are 4 to 5 members and remaining one hundred and twenty one (42.51%) respondent's family members are above 5. Majority (42.51%) of the respondent's family members are above 5.

Table 7: Years of experience of the respondents

Sl.No.	Years of experience	No.of respondents	Percentage
1	Less than 5 years	71	25.00
2	6 years to 10 years	95	33.45
3	Above 10 years	118	41.55
	Total	284	100

Source: Primary data

The above table shows the years of experience of the respondents, out of 284 sample respondents, seven one (25.00%) respondents' years of experience are less than 5 years. Ninety five (33.45%) respondents' years of experience is

between 6 years and 10 years and remaining one hundred and eighteen (41.55%) respondents' years of experience is above 10 years. Majority (41.55%) of the respondents' years of experience is above 10 years.

Table 8: Level of Quality work life of the respondents

Sl.No.	Level of quality work life	No.of respondents	Percentage
1	Low level	102	35.92
2	Medium level	123	43.31
3	High level	59	20.77
	Total	284	100

Source: Primary data

The above table shows the level of quality work life of the respondents, out of 284 sample respondents, one hundred and two (35.92%) respondents felt low level of quality work life. One hundred and twenty three (43.31%) respondents

felt medium level of quality work life and remaining fifty nine (20.77%) respondents felt high level of quality work life. Majority (43.31%) of the respondents are felt medium level of quality work life.

Table 9: Level of work life balance of the respondents

Sl.No.	Level of work life balance	No.of respondents	Percentage
1	Low level	127	44.72
2	Medium level	94	33.10
3	High level	63	22.18
	Total	284	100

Source: Primary data

The above table shows the level of work life balance of the respondents, out of 284 sample

respondents, one hundred and twenty seven (44.72%) respondents felt low level of work life

balance. Ninety four (33.10%) respondents felt medium level of work life balance and remaining sixty three (22.18%) respondents felt high level of

work life balance. Majority (44.72%) of the respondents felt low level of work life balance.

Table 10: Correlation relationship between quality work life and work life balance

Quality work life	Work life balance
Pearson Correlation	.917**
Sig. (2-tailed)	.001
N	284

** Correlation is significant at the 0.01 level (2-tailed).

The above tables presented the relationship quality work life and work life balance, there is positive and significant relationship (0.917) between quality work life and work life balance at 1% significant level. Hence, the changes in quality work life affect the work life balance. If the management improves the quality work life of the front line workers in hospitals the work life balance of the employees improve.

Findings

- 33.45% of the respondents are between 31 to 40 years.
- 61.97% respondents are female.
- 61.62% of the respondents are married.
- 57.75% of the respondents are joint families.
- 42.51% of the respondent’s family members are above 5.
- 41.55% of the respondents’ years of experience are above 10 years.
- 43.31% of the respondents are felt medium level of quality work life.
- 44.72% of the respondents felt low level of work life balance.

Suggestions

The following are the suggestions of the study.

- By maintaining a clean, safe, and well-equipped workplace, healthcare facilities should concentrate on enhancing the general working conditions. Healthcare employees' quality of work life is improved and stress levels are lowered in a supportive environment.
- To assist staff in successfully juggling their personal and professional obligations, hospitals should implement flexible work

schedules and appropriate shift management. Work-Life Balance can be greatly enhanced by doing this.

- Reducing an excessive workload for current employees requires enough staffing. Effective workforce planning can enhance productivity and worker satisfaction while preventing burnout.
- To help healthcare staff deal with stress related to their jobs, management should set up regular stress management programs that include counselling, relaxation techniques, and wellness sessions.
- Offering incentives, bonuses, and allowances in addition to competitive and equitable pay can boost employee satisfaction and motivation.
- In order to foster employees' professional development and dedication, healthcare organizations should provide possibilities for career advancement through training, skill development initiatives, and promotions.
- Trust and organizational commitment can be enhanced by a supportive leadership style that promotes candid communication, feedback, and staff involvement in decision-making.
- To assist staff in handling personal obligations, organizations should put in place efficient work-life balance policies including paid time off, maternity and paternity benefits, and family support programs.
- Acknowledging and thanking staff members for their efforts and accomplishments can improve motivation, raise morale, and foster a great work atmosphere.

Conclusion

The study on work-life balance and quality of work life among healthcare workers in the Mayiladuthurai District emphasizes how important these elements are in determining organizational effectiveness and employee well-being. Healthcare professionals frequently struggle to maintain a healthy balance between their personal and professional lives because of the extremely demanding environment they work in, which is marked by lengthy workdays, emotional strain, and constant responsibility. The study's conclusions show that healthcare workers' work-life balance is positively impacted by an enhanced Quality of Work Life, which includes better working conditions, encouraging management, equitable pay, and chances for career advancement. A healthy work-life balance increases job satisfaction, lowers stress levels, boosts productivity, and improves patient care.

Healthcare professionals are still impacted by issues including workload, staffing shortages, and a lack of flexible rules. Adopting employee-centric policies and efficient human resource practices that support both professional efficiency and personal well-being is crucial for healthcare organizations. In addition to being advantageous for healthcare employees, boosting work-life balance and quality of work life is essential for raising the general effectiveness and long-term viability of healthcare organizations.

Reference

1. Akila M, et al. (2026). Impact of Corporate Social Responsibility on Consumer Purchase Intention: a Marketing Perspective, *MSW Management - Multidisciplinary, Scientific Work and Management Journal*, 36(1), 3543-3547.
2. Allen, D., (2007). What do you do at work? Profession building and doing nursing. *Int. Nurs. Rev.*, 54. 41-48.
3. Andrew, N., Garman, P.B. and L. Brinkmeyer (2006). Leadership. *J. Healthcare Manage.*, 51. 362-362.
4. Buchan, J. and L. Aiken, (2008). Solving nursing shortages: A common priority. *J. Clin. Nurs.*, 17. 3262-3268.
5. Campbell, S.L., Fowles and Weber, (2004). Organizational structure and job satisfaction in public health nursing. *Public Health Nurs.*, 21. 564-571.
6. Garman, A.N., T. Burkhart and J. Strong, 2006. Business knowledge and skills. *J. Healthcare Manage.* 51. 81-85.
7. Himesh Sharma, Karminster Ghuman & Dinesh Kumar Sharma (2016). Quality of Work Life & its key dimensions: A cross-sectional analysis of Private, Public Sector and Foreign Banks in India. *Amity Journal of Management*. 4(1). 28-39.
8. Mamedu O.P. Quality of Work-life and University Goal Attainment Perception by Academic Staff in the South-south Geo-Political Zone of Nigeria. *American Journal of Educational Research*, 4(20):1323-1336.
9. Moorthy, D., & Jeyadevi, C.J. (2023). A study on awareness of central government schemes for the sustainable development of rural India with reference to Coimbatore. *International Journal of Engineering and Management Research*, 13(3), 155-162.
10. Moorthy, D.D. (2013). A study on the job satisfaction of female school teachers in Theni District. *Indian journal of Research*, 2(8), 39-41.
11. Serey T.T. (2006). Choosing a Robust Quality of Work Life, *Business Forum*, 27(2), 7-10.
12. Violanti, J.M., (2010). Dying for work: Stress and health in policing. *Gazette*, 72: 20-21.