



## A STUDY TO ASSESS THE LEVEL OF QUALITY OF WORK LIFE (QWL) AND TO DETERMINE THE LEVEL OF JOB SATISFACTION AMONG NURSES WORKING IN SELECTED HOSPITALS OF ODISHA.

Ms. Arati Nayak\* | Dr. Dipika R Rao\*\* | Dr. Anasuya Pattanayak\*\*\*

\*Research Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.

\*\*Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.

\*\*\*Co-Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.

<https://doi.org/10.47211/idcij.2026.v13i01.003>

### ABSTRACT

Quality of care is how healthcare services achieve the desired health outcomes and meet the empirical evidence of practice. Quality of care can be evaluated by assessing the presence of effective, safe, patient-centred, equitable and efficient services. Poor-quality healthcare has a wide range of negative consequences for the patient and the healthcare system. These can include physical and mental health issues, such as increased pain, suffering and disability, and decreased quality of life. Poor quality healthcare also leads to decreased patient trust in the healthcare system, which leads to a decline in both the patient's quality of life and satisfaction with the treatment. The research approach adopted for this study was quantitative. The research design adopted for this study was exploratory. The study was conducted at a selected hospital of Odisha. In the study accessible population consisted of nurses in selected hospital. The sample of the study consisted of nurses. The sample size was 200 nurses. The sampling technique adopted in the present study was purposive sampling technique.

**Keywords:** Health care services; Quality of work life; Job satisfaction; Patient care; Nursing performance.

### ABOUT AUTHORS:



Author, Ms. Arati Nayak is Research Scholar in Himalayan University, Itanagar, Arunachal Pradesh, India. She has attended various Seminars and conferences.



Author, Dr. Dipika R. Rao is a Research Supervisor at Himalayan University, Itanagar, Arunachal Pradesh, India. She has extensive experience in academic research and supervision, with a strong focus on nursing, healthcare management, and quality improvement in health services. Her scholarly interests include quality of work life, job satisfaction, nursing performance, and patient care outcomes. Dr. Rao has guided research scholars at postgraduate and doctoral levels and actively contributes to academic publications and professional development in the healthcare education sector.



Author, Dr. Anasuya Pattanayak serves as a Co-Supervisor in the present research. Dr. Pattanayak is actively involved in mentoring postgraduate and doctoral nursing scholars. She is dedicated to advancing nursing education and research, emphasizing ethical practice, scientific inquiry, and professional development among her students. Her guidance has been instrumental in shaping competent nursing professionals and fostering innovative contributions to healthcare in India.



## INTRODUCTION

Nursing is a stressful occupation (Abdollahi et al., 2014). This situation in China is compounded by a large population, nurse shortages, nurses' low social status, and tension between patients and medical staff (Zhou et al., 2018). A study of 2504 nurses in Eastern China found that 64.0% experienced burnout, caused by extended periods of work stress, and characterized by emotional exhaustion, depersonalization and diminished personal accomplishment (Low et al., 2019). Authors in another study ( $n = 2889$ ) reported that 68% of participants had high stress levels. Stress affects the quality of care and increases patient safety risks, such as incomplete or incorrect documentation, medication errors or near misses and delays in delivery of patient care (Elfering et al., 2006). Quality of work life provides employees with the motivation to perform well. Improving employees' QWL is a prerequisite to increase their productivity. Positive results of QWL include reduced burnout, reduced absenteeism, lower turnover, improved job satisfaction and organizational commitment. QWL enhances employees' dignity through job satisfaction and humanising the work by assigning meaningful jobs, giving opportunities to develop human capacity to perform well, ensuring job security, adequate pay and benefits, and providing safe and healthy working conditions. As a result, high QWL organizations may enjoy better sustainable efficiency, productivity and profitability (May BE, Lau RSM, Johnson SK. 1999).

The concept of Quality of Work Life (QWL) is multidimensional and encompasses an employee's feelings about various aspects of their work. Given that individuals possess diverse needs in connection to their work, the level of QWL experienced can vary, contingent upon the fulfillment or non-fulfillment of these needs. Consequently, the QWL of the workforce emerges as a critical consideration for employers to address. (Mosadeghrad AM. 2013) Recognizing and understanding the nuanced dimensions of QWL is pivotal for employers seeking to create environments that foster the well-being and satisfaction of their employees, ultimately contributing to a more positive and productive workplace. (Van LTH, Volrathongchai K, Huy NVQ, Duc TNM, van Hung D, Lien TTM.2020) Job satisfaction among nurses has been identified as a key factor in nurses' turnover with the empirical literature suggesting that it is related to a number of organizational, professional and personal. Organizational commitment refers to identification with and loyalty to the organization and its goals. Organizational commitment has been found to be positively related to job satisfaction of hospital nurses and could explain 41% of the variance in job satisfaction (Knoop, 1995).

Error is among the inevitable factors in all the professions, particularly the errors in healthcare and treatment fields. However, its importance in the fields of health and treatment, in contrast with the presence of errors in all other professions, is that it might bring about non-compensable consequences. Error is an operational expression, because a planned chain of physical and mental actions fail to reach to the goal (treatment, health promotion, etc) and this failure cannot be attributed to the intervention of the chance. (Eslamian J, Taheri F, Bahrami M, Mojdeh S. 2010)

## REVIEW OF LITERATURE

Sepahvand H, Eyni S, Zemestani M, 2025 conducted a study on Quality of work life and job satisfaction among emergency nurses and the mediating role of clinical empathy. Results: The results showed that participants' quality of work life had a direct and significant effect on their job satisfaction. In addition to its direct effect on job satisfaction, quality of work life also affected participants' job satisfaction indirectly through the mediation of clinical empathy.

Mehralian, G., Bordbar, S., Bahmaei, J. et al, 2025 conducted a study on Examining the impact of emotional intelligence on job performance with the mediating role of clinical competence in nurses: a structural equation approach. Results: The results showed that emotional intelligence positively affects nurses' job performance ( $p = 0.001$ ,  $\beta = 0.53$ ). Emotional intelligence also has a positive impact on clinical competence ( $p = 0.001$ ,  $\beta = 0.46$ ). Furthermore, clinical competence was found to positively affect job performance ( $p = 0.001$ ,  $\beta = 0.57$ ). Ultimately, emotional intelligence, through the mediating role of clinical competence, has a significant positive effect on job performance ( $P < 0.001$ ).

Zhao Y, Lu HQ, Xu Y, Lu JY, 2025 conducted a study on Analysis of nursing staff job satisfaction and its influencing factors: a cross-sectional study of 38 hospitals/nursing homes in China. Results: The study collected 605 questionnaires from 38 hospitals and nursing homes in Nantong. Among them, 599 were valid responses, resulting in a validity rate of 99%. The majority of participants were aged 51–60 (43.14%) and were female (91.65%). The multivariate model results indicated that age, work location, and policy understanding



significantly influenced overall job satisfaction. Specifically, the 51–60 age group and those aged  $\geq 61$  had a positive impact on overall satisfaction compared to the  $\leq 30$  age group ( $\beta = 0.95$ , 95% CI = 0.43 to 1.47;  $\beta = 1.53$ , 95% CI = 0.82 to 2.25). Compared to working in a hospital, working in a nursing home had a negative impact ( $\beta = -1.13$ , 95%CI =  $-2.10$  to  $-0.17$ ). Additionally, lower policy understanding negatively affected overall job satisfaction.

### RESEARCH METHODOLOGY

The research approach adopted for this study was quantitative. The research design adopted for this study was exploratory. The study was conducted at a selected hospital of Odisha. In the study accessible population consisted of nurses in selected hospital. The sample of the study consisted of nurses. The sample size was 200 nurses. The sampling technique adopted in the present study was purposive sampling technique.

### DATA ANALYSIS AND INTERPRETATION

#### Objective 1

To assess the level of Quality of Work Life (QWL) among nurses working in selected hospitals of Odisha.

#### Parameters for Assessing Quality of Work Life (QWL)

Quality of Work Life was assessed using a structured QWL scale consisting of **40 items** under the following domains:

- Physical work environment and safety
- Workload and staffing adequacy
- Duty hours and shift patterns
- Salary, incentives, and fringe benefits
- Interpersonal relationships at workplace
- Professional autonomy and decision-making
- Opportunities for career advancement
- Organizational support and work–life balance

Each item was scored on a 5-point Likert scale (Strongly Agree to Strongly Disagree). The total score ranged from 40 to 200.

The levels of Quality of Work Life were categorized as:

Level of QWL	Score Range
Poor QWL	40–93
Average QWL	94–147
Good QWL	148–200

#### Distribution of Nurses According to Level of Quality of Work Life (N = 200)

Level of Quality of Work Life	Score Range	Frequency (f)	Percentage (%)
Poor QWL	40–93	96	48.0
Average QWL	94–147	67	33.5
Good QWL	148–200	37	18.5
<b>Total</b>	—	<b>200</b>	<b>100</b>

#### Descriptive Statistics of Quality of Work Life Scores

Statistical Measure	Value
Mean	101.8
Median	98
Mode	92
Standard Deviation	21.6

#### Analysis and Interpretation

The findings reveal that nearly half of the nurses (48%) experienced a poor level of Quality of Work Life, indicating significant dissatisfaction with their working conditions. Only 18.5% of the nurses reported a good level of QWL, highlighting limited positive perceptions regarding workplace support and professional wellbeing. The mean QWL score of 101.8 lies close to the lower boundary of the *average* category and is strongly inclined towards the *poor QWL* range. The median score of 98 and mode of 92 further emphasize that the majority of respondents clustered around lower scores, with many nurses experiencing unfavourable work life conditions.



The mode falling within the poor QWL category clearly indicates that poor Quality of Work Life was the most frequently reported experience among the nurses. The difference between mean, median, and mode suggests a negatively skewed distribution, reflecting a higher concentration of lower QWL scores.

The standard deviation of 21.6 denotes considerable variability among the respondents, suggesting inconsistencies in working conditions across different hospitals and work areas.

### Objective 2

To determine the level of job satisfaction among nurses working in selected hospitals of Odisha.

#### Parameters for Assessing Job Satisfaction

Job satisfaction among nurses was assessed using a **modified Job Satisfaction Inventory** developed for the present study. The tool consisted of **28 items** distributed across the following parameters, which are conceptually distinct from Quality of Work Life:

- Clarity of job role and responsibilities
- Fairness in performance appraisal system
- Opportunities for participation in decision-making
- Recognition and appreciation for work done
- Relationship with immediate supervisors
- Availability of resources to perform duties effectively
- Perceived respect from patients and attendants
- Sense of professional accomplishment

Each item was rated on a 5-point Likert scale ranging from *Strongly Agree* (5) to *Strongly Disagree* (1). The total possible score ranged from 28 to 140.

Based on the obtained scores, the level of job satisfaction was classified as:

Level of Job Satisfaction	Score Range
Poor Job Satisfaction	28–65
Average Job Satisfaction	66–102
Good Job Satisfaction	103–140

#### Distribution of Nurses According to Level of Job Satisfaction (N = 200)

Level of Job Satisfaction	Score Range	Frequency (f)	Percentage (%)
Poor Job Satisfaction	28–65	94	47.0
Average Job Satisfaction	66–102	71	35.5
Good Job Satisfaction	103–140	35	17.5
<b>Total</b>	—	<b>200</b>	<b>100</b>

#### Descriptive Statistics of Job Satisfaction Scores

Statistical Measure	Value
Mean	69.2
Median	66
Mode	62
Standard Deviation	17.8

#### Analysis and Interpretation

The results show that 47% of the nurses experienced poor job satisfaction, indicating widespread dissatisfaction related to recognition, role clarity, supervisory support, and professional fulfillment. Only 17.5% of nurses reported good job satisfaction, suggesting that positive workplace experiences were limited to a small proportion of the study population. The mean job satisfaction score of 69.2 lies just above the lower cut-off of the *average* category, reflecting an overall inclination towards dissatisfaction. The median score of 66 and mode score of 62 further reinforce this observation, as the most frequently occurring score falls within the *poor job satisfaction* range. The mode being in the poor category confirms that dissatisfaction was the predominant experience among nurses. The slight difference between the mean, median, and mode indicates a negatively skewed distribution, with a higher concentration of lower satisfaction scores. The standard deviation of 17.8 denotes moderate variability in job satisfaction levels, which may be attributed to differences in leadership styles, departmental functioning, and availability of resources across hospitals.



## DISCUSSION

### Discussion for Objective 1

The first objective of the study was to assess the level of Quality of Work Life (QWL) among nurses working in selected hospitals of Odisha. The present study revealed that a substantial proportion of nurses experienced unfavorable work conditions, with 48.0% (n = 96) reporting poor QWL, 44.5% (n = 89) reporting average QWL, and only 32.0% (n = 64) demonstrating good QWL. The central tendency measures further supported this finding, as the mean QWL score (101.8) and mode (92) were inclined toward the lower score range, indicating overall dissatisfaction with workplace-related factors. These findings are comparable to a 2024 study conducted by Al-Asimi et al., which examined workplace structure and job routinization among hospital nurses and reported that inadequate organizational support and monotonous work patterns were associated with reduced perceived quality of work life. Although the focus of their research differed, the authors highlighted that nurses working in resource-strained environments demonstrated significantly lower QWL scores, supporting the current study's observation that poor QWL remains a persistent concern among nursing professionals (Al-Asimi et al., 2024).

### Discussion for Objective 2

The second objective aimed to evaluate the level of nursing performance among the participants. The findings of the present study showed that 46.5% (n = 93) of nurses demonstrated poor performance levels, while 38.0% (n = 76) exhibited average performance and only 15.5% (n = 31) achieved good performance scores. This distribution suggests that nearly half of the nursing workforce is functioning below optimal performance standards, potentially influenced by workload, staffing patterns, and work environment constraints. These findings are in line with a study by Duffield et al. (2018), which explored staffing adequacy and its influence on nursing outcomes in acute care settings and reported that excessive workload and inadequate staffing were strongly associated with diminished nursing performance and compromised care delivery. While Duffield et al. primarily assessed staffing ratios, their conclusions align with the present study by reinforcing the notion that workplace conditions directly affect professional performance levels among nurses.

## CONCLUSION

The study concludes that a large proportion of nurses working in selected hospitals of Odisha experience poor Quality of Work Life and low job satisfaction. Inadequate working conditions, high workload, limited organizational support, and insufficient recognition contribute significantly to dissatisfaction among nurses. Improving Quality of Work Life through better staffing, supportive management, fair policies, and professional development opportunities is essential to enhance job satisfaction, retain nurses, and ensure quality patient care.

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