

## **Empirical Study Measuring Quality of Work Life of Veterinary Doctors in Punjab**

**Dr. Deepak**

Associate Professor, GGN Khalsa College, Civil Lines, Ludhiana, Punjab

### **ABSTRACT**

*The present study attempts to measure the level of Quality of Work Life among the veterinary doctors of Punjab. The purpose of the study is to have an insight of the QWL of veterinarians who provide technical services e.g. vaccination, disease treatment, controlling different types of outbreaks, providing artificial insemination for breed improvement and advising farmers owners in rearing and maintaining the health status of animals. The present study is primarily a primary data based study, initially the questionnaire was e-mailed to all i.e. 649 total permanent veterinary officers employed in Punjab, finally, 322 completed questionnaires were received from respondents. The scale measuring overall well-being was designed involving a creation of comprehensive list of factors which determine overall well-being of an individual. Finally, six different factors including; health, happiness, relationship with spouse and children, relationship with other important people, satisfaction with job and with family were refined and validated by using standard psychometric measures. The results reveal that a very large number of veterinary doctors have been enjoying a good or high level of quality of work life.*

*Key words:* QWL, Veterinary, Strategies, Wellbeing

### **INTRODUCTION**

The term QWL has originated from an international labor relations conference held in 1972 at Arden House, Columbia University, New York (Davis & Cherns, 1975). While there seems to be no agreed upon definition of quality of work life, it has been used as a construct which relates to the well-being of employees. Mills (1978) probably have first coined the term and he suggested that QWL had moved into the permanent vocabulary of both unions and management. From a

business perspective, QWL is important since there is evidence demonstrating that the nature of the work environment is related to satisfaction of employees and work-related behaviors (Greenhaus et al., 1987). QWL is also found to affect employees' work responses in terms of organizational identification, job satisfaction, job involvement, job effort, job performance, intention to quit, organizational turnover and personal alienation (Carter et al., 1990; Efraty & Sirgy, 1990; Efraty et al., 1991). All over the world, people are craving for their human dignity and respect. Besides, their aspirations and expectations are rising along with rapid changes in times and technologies. There is growing significance attached to human resources. Therefore, it is necessary to ensure quality of work life for all-round peace and prosperity. Quality of work life is all about the conducive and congenial environment created at the work place as it is one of the main reasons for better performance and productivity. Only when the right ambience is provided to the employees they will be able to deliver their goods effectively and efficiently (Rao, 2010). Research witnesses such endeavors either on the part of the organization or the people involved. Such efforts at the work place can be categorized as job specific or employee specific. Under the first category some of the coping up strategies can be described as job enrichment, job security, flexible hours, establishment of communication boards, visibility of administration, support for creative and challenging job, attendance management, self

scheduling, humanized vision and working conditions with respect to job context. Similarly, some of the attempts in this direction can be viewed as employee specific and includes; recreational facilities, industrial housing scheme, autonomy, opportunity to interact with each other, employee oriented work system, professional development strategies, investment in human resource management, staff information sessions, leadership education and recognition programmes, health and wellbeing programmes, satisfaction of social and knowledge needs, promoting work life balance, shared governance, discretionary employee benefits, stress management techniques, family friendly arrangement policies, motivating for physical exercise, employee assistance programmes, etc. (Gani and Ahmed, 1995; Hossain and Islam, 1999; Bram Steijn, 2001; Baker, 2002; Gifford, 2002; Littlefield, 2004; Lees and Kearns, 2005; Dollan et al., 2008; Lee et al., 2007; Duxbury, 2003; Dargahi and Saragi, 2007; Khani et al., 2007; Timossi et al., 2008; Rethinam et al., 2008; Subramanian and Anjani, 2010; and Azril et al., 2010).

## **RATIONALE OF THE STUDY**

The purpose of the study is to have an insight of the QWL of veterinarians who provide technical services e.g., vaccination, disease treatment, controlling different types of outbreaks, providing artificial insemination for breed improvement and advising farmers owners in rearing and maintaining the health status of animals. All the veterinary officers, who act as the promoters of human health in taking the responsibilities for hygienic production of meat, eggs, milk etc., at many a times, have to be prepared to work in unhygienic conditions with appropriate protective clothing. They have to work outdoor in all kinds of weather and treat the animals or may have to perform surgeries under unsanitary conditions. They are more exposed to fatal infections and physical risks of being bitten, kicked or scratched. In brief, duties of veterinary officers while providing treatment are hard, arduous and tedious due to objective patients who are non-cooperative.

The unfavorable environment under which they are supposed to work does affect their QWL adversely. So, study of QWL of these veterinary doctors will prove to be of great help to the regulatory authorities to frame suitable rules and regulations for the conducive growth of the profession. The process of development and diversification of the department of Animal Husbandry can be squarely boosted if we strive to scale the quality of work life of the most dynamic actor's i.e. veterinary doctors who are in direct link with the poor masses. A lot of research has been conducted in India as well as abroad on QWL, but, the area under discussion still has an ample room to explore.

## **RESEARCH METHODOLOGY**

The overall objective of the study is to measure the quality of work life of veterinary doctors in Punjab.

### ***Quality of Work Life- Scale Development***

In order to achieve the objective, i.e., to measure the QWL of veterinary doctors in Punjab, a scale measuring overall well-being was designed through an iterative process involving a creation of comprehensive list of factors which determine overall well-being of an individual. Finally, six different factors including; health, happiness, relationship with spouse and children, relationship with other important people, satisfaction with job and with family were refined and validated by using standard psychometric measures. For health and quality of relationship with spouse, children and with other important people, response were asked on a three-point scale ranging from 'good' to 'poor', with weights 3 for 'good', 2 for 'average' and 1 for 'poor'. Similarly, happiness and satisfaction with job and with family were measured on a three-point scale, ranging from high to low, with weights 3, 2 and 1 for 'high', 'moderate' and 'low', respectively and the alpha value for the scale was 0.736.

### ***Sampling and Data Collection***

The present study is primarily a primary data-based study. In order to collect the data, initially the questionnaire was e-mailed to all i.e., 649 total permanent veterinary officers employed in Punjab, but observing the poor response of the officers it was decided to approach them either personally or seek the help of senior veterinary officers and deputy directors of various districts. In order to ensure a higher response rate, concerted efforts were made to contact the doctors either personally or telephonically. Finally, 322 completed questionnaires were received from respondents.

## **RESULTS AND DISCUSSION**

### ***Quality of Work Life***

This section describes the level of QWL of the veterinary doctors which has been measured by using a well-being scale developed for the present study. The responses were sought on a three-point Likert scale for all the six dimensions but for quality of relationship with spouse and children, quality of relationship with others and health responses were sought on; 'Good', 'Average' and 'Poor' response categories, whereas for satisfaction with job, life and happiness responses were sought on; 'High', 'Moderate' and 'Low' response categories. For the purpose of

analysis, ‘Good’ and ‘High’ were assigned a weight of three, ‘Average’ and ‘Moderate’ a weight of two and ‘Poor’ and ‘Low’, were assigned a weight of one. The Cronbach alpha, a measure of internal consistency of the scale has been found to be 0.79. A single score has been calculated for each respondent by adding the weights assigned to original responses of the respondents about the six dimensions considered for measuring quality of work life among the veterinary doctors. The score is expected to vary from 6 to 18, where 6 indicate poor quality of life and 18 indicates a high quality of work life. The actual range of scores in the present sample has been calculated to be 6 to 18 with a mean of 2.69 and S.D of 2.03, which indicate high quality of work life being enjoyed by the respondents of the present study.

In order to find out the number and percentage of respondents who have been experiencing ‘High’, ‘Moderate’ or ‘Low’ level of quality of work life, all the 322 respondents have been distributed according to their mean values and are reported in table 1.1. As mentioned in the preceding paragraph, the range of mean scores could vary from 1 to 3 and thus are interpreted accordingly.

**Table - 1.1**

**Distribution of Respondents according to the Mean Score of Well-being**

Mean	Frequency	Percent	Cumulative Percent
1.00	2	0.6	0.6
1.17	2	0.6	1.2
<b>1.67</b>	<b>1</b>	<b>0.3</b>	<b>1.6</b>
1.83	3	0.9	2.5
2.00	6	1.9	4.3
2.17	13	4	8.4
2.33	30	9.3	17.7
<b>2.50</b>	<b>41</b>	<b>12.7</b>	<b>30.4</b>
2.67	54	16.8	47.2
2.83	66	20.5	67.7

<b>3.00</b>	<b>104</b>	<b>32.3</b>	<b>100</b>
Total	322	100	

Table 1.1 shows that around two percent of the respondents have been experiencing poor quality of work life; around 28 percent of the respondents have reported moderate level of quality of work life; and about 70 percent of respondents have indicated enjoying high quality of work life. The results reveal that a very large number of veterinary doctors have been enjoying a good or high level of quality of work life. The good quality of work life veterinary doctors are enjoying seems to be due to the fact that the respondents under consideration are government employees with grade A officers rank, also guaranteed fixed salary, job security and pension scheme which was applicable till 2004. The level of satisfaction at the work place does affect other life domains and ultimately QWL.

In order to know the contribution of each domain in the overall quality of work life, each domain has been probed further. The frequencies along with the percentages, mean and standard deviation for each domain are given in table 1.2. The ranking of various dimensions has been done on the basis of mean value which varies from 1 to 3.

**Table - 1.2**

**QWL Components: Frequencies, Percentage, Mean and Standard Deviation**

<b>Variable</b>	<b>Good (3)</b>	<b>Average (2)</b>	<b>Poor (1)</b>	<b>Mean</b>	<b>SD</b>	<b>Rank</b>
Quality of Relationship with Spouse and Children	282 (87.58)	34 (10.56)	6 (1.86)	2.86	0.40	1
Quality of Relationship with Other People	273 (84.78)	42 (13.04)	7 (2.18)	2.83	0.43	2
Health	251 (77.95)	65 (20.19)	6 (1.86)	2.76	0.47	3

	High (3)	Moderate (2)	Low (1)			
Satisfaction with Family	249 (77.33)	56 (17.39)	17 (5.28)	2.72	0.55	4
Happiness	188 (58.39)	129 (40.06)	5 (1.55)	2.57	0.53	5
Satisfaction with Job	168 (52.14)	123 (38.20)	31(9.63)	2.43	0.66	6

Note: - Figures in parenthesis indicates the percentage of the respondents

### COMPONENTS OF QUALITY OF WORK LIFE

‘Health’, ‘Happiness’, Relationship with ‘Spouse and Children’ and ‘other people’, Satisfaction with ‘Job’ and with ‘Family’, which have been considered as different dimensions of quality of life including work life are used to measure the same and are explained in detail in the text following.

#### *a. Quality of Relationship with Spouse and Children*

The quality of relationship of an individual with his/her spouse and children constitute an important dimension of his/her well-being. A good quality of this relationship enhances an individual’s well-being whereas a poor quality disturbs one’s life. This dimension has been perceived to be a significant component of an individual’s well-being. That is why it has been included as one of the constructs of well-being in the present study. Table 1.2 shows that 87.58 percent of respondents have reported enjoying good quality of relationship with spouse and children, 10.56 percent of the respondents have reported average quality of relationship, and only 1.86 percent of respondents have reported poor quality of relationship. The mean value of this dimension is 2.86 with standard deviation of 0.40, which is the maximum among the given dimensions. It reveals that majority of the respondents have been enjoying good relationship with their spouses and children and it comprises the leading component of respondent’s well-being.

#### *b. Quality of Relationship with ‘Other People’*

Quality of relationship of an individual with other people in life is considered as another important aspect of well-being as people pursue their work and career within the frame work of social organization and the nature of their personal interaction with people around them becomes an important aspect of QWL. In literature Social well-being refers to the quality of one's relationships with other people and communities (Keyes, 1998). Organizational researchers study social well-being in terms of trust, social support, reciprocity, leader-member exchange, cooperation, coordination, and integration (Adler & Kwon, 2002; Gerstner & Day, 1997; Kramer, 1999). Keeping in mind the importance of social well-being of an individual this construct of quality of relationship with other people have been included in the well-being scale. Table 1.2 shows that 84.78 percent of the respondents have reported enjoying good quality of relationship with other people in life, 13.04 percent or the respondents have reported average quality of relationship and only 2.18 percent of respondents have reported poor quality of relationship. The mean value of this dimension is 2.83 with standard deviation of 0.43, which is second highest amongst the given dimensions. It is inferred that majority of the respondents have been enjoying good relationship with others in life and is one of the significant component of well-being.

### *c. Health*

Health is considered as another important construct of well-being. Healthcare researchers use the term health to describe “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946). Physical well-being has been extensively studied in the social and natural sciences in terms of both objective physiological measures and subjective experiences of bodily health (Testa & Simonson, 1996). Casio (1992) aptly defines the QWL in terms of employees' perception of physical and mental well-being. In the present study table 1.2 shows that 77.95 percent of respondents have reported enjoying good health, 20.19 percent of the respondents have reported average health, and only 1.86 percent of respondents have reported poor health. The mean value of this dimension is 2.76 with standard deviation of 0.47, which is ranked at number 3. It reveals that majority of the respondents have been enjoying good health and plays a very important role in respondents' well-being



*d. Satisfaction with Family*

Satisfaction with family is also a very important dimension of one's well-being. This is because in an increasing competitive environment it is not possible to isolate home from work life because employees are more likely to strike a harmonious balance between family and career life. Bradely (2001) argued that constantly increasing work demand creates an isolation of the personnel from their families. Personnel and family responsibility are neglected in the process of securing an economic prospect; hence, it deteriorates the interaction of family life that reduces QWL. Duly recognizing the need of satisfaction with family in life, this dimension has been included in the scale. Table 1.2 shows that 77.33 percent of respondents have reported high level of satisfaction with family, 17.39 percent of the respondents have reported moderate level of satisfaction, and 5.28 percent of respondents have reported low level of satisfaction. The mean value of this dimension is 2.72 with standard deviation of 0.55 and is ranked at number 4 by the respondents. It reveals that majority of the respondents are having high level of satisfaction with family and is indispensable part of well-being

*e. Happiness*

Psychologists and other social scientists have devoted several decades to the study of psychological well-being, which focuses on the subjective experiences of individuals, i.e. happiness (Grant et al. 2007). The present study also give due weightage to happiness as one of the dimensions of well-being. Table 1.2 shows that 58.39 percent of respondents have reported high level of happiness, 40.06 percent of the respondents have reported moderate level of happiness and 1.55 percent of respondents have reported low level of happiness. The mean value of this dimension is 2.57 with standard deviation of 0.53, which is ranked at number 5 by the respondents. It reveals that majority of the respondents are having either high level or average level of happiness.

*f. Satisfaction with Job*

Last but not the least, satisfaction with job constitutes another significant dimension of well-being. According to Islam and Siengthai (2009), a person's job satisfaction is the result of the

combination of physiological, psychological and environmental circumstances. Work/job satisfaction is important component of psycho-social environment affecting subjective well-being; hence this construct is considered worth to be included in the present study. Table 1.2 shows that 52.14 percent of respondents have reported high level of satisfaction with job, 38.20 percent of the respondents have reported moderate level of satisfaction and 9.63 percent of respondents have reported low level of satisfaction. The mean value of this dimension is 2.43 with standard deviation of 0.66, which is ranked at number 6 by the respondents. It reveals that about 50 percent of the respondents are having high level of job satisfaction while others are having either average or poor level of satisfaction with job.

From the above discussion, it can be concluded that all the factors chosen to determine quality of work life have their respective role to play. The foregoing analysis also illustrates that although the profession itself is very demanding and taxing with respect to the duties to be performed but still majority of the respondents enjoy high level of quality of work life. Table 1.2 clearly depicts the relative value of different domains of QWL of the respondents which highlights that ‘Quality of Relationship with Spouse and Children’ is valued the most whereas ‘Satisfaction with Job’ is considered the least important in life.

The discussion above is assumed to be of great help to the regulatory authorities to frame suitable rules and regulations for conducive growth of the profession, as well as the veterinary doctors individually for improving their quality of work life.

## REFERENCES

- Adler, P. S. and Kwon, S.W. (2002). “Social Capital, Prospects for a New Concept.” *Academy of Management Review* 27(1): pp 17-40.
- Azril Hayrol., M.S, Jegak, U., Asiah, M., Azman Noor. A., Bahaman, A.S., Jamilah, O. and Thomas, K. (2010). “Can Quality of Work Life Affect Work Performance among Government Agriculture Extension Officers: A Case from Malaysia?” *Journal of Social Sciences* 6(1): pp 64-73.
- Baker, Wendy (2002). “Mentoring –Improving the Quality of Work Life and Organizational Effectiveness, A Case Study of a Formal Mentoring Programme Implemented in a Higher

*Education Organization.” Journal of the Higher Education Research and Development Society of Australasia (HERDSA). pp 35-43.*

*Bradley, G. (2001). “Information and Communication Technology (ICT) and Humans- How We Will Live, Learn and Work,’ In G. Bradley (ed) Humans on the Net: Information and Communication Technology, Work Organization and Human Beings, Stockholm, Sweden, Prevent, pp 22-44.*

*Bram, Steijn (2001). “Work Systems, Quality of Working Life and Attitudes of Workers, an Empirical Study towards the Effects of Team and Non-Team Works.” New Technology, Work and Employment 16(3): pp191-203.*

*Carter, C., Pounder, F., Lawrence, F. and Wozniak, P. (1990). “Factors Related Organizational Turnover Intentions of Louisiana Extension Service Agents.” in H. Meadow & M. Sirgy (Eds) Quality-of-Life Studies in Marketing and Management . (Blacksburg, VA, International Society for Quality-of-Life Studies): pp 170–181.*

*Casio, W. F. (1992). “Managing Human Resources, Productivity, Quality of Work Life.” Profits, 3rd ed., McGraw-Hill, New York.*

*Dargahi, H. and Saragi, J. N. (2007). “An Approach Model for Employees’ Improving Quality of Work Life (QWL)”, Iranian Journal of Public Health, 36(4): pp 81-86.*

*Davis, L. and Cherns, A. (Eds) (1975). “The Quality of Working Life, New York”, Free Press*

*Dolan, Simon L., Garcia Salvador, Cabezas Carmen and Tzafir Shay, S. (2008). “Predictors of Quality of Work and Poor Health among Primary Health-Care Personnel in Catalonia. Evidence Based on Cross-Sectional, Retrospective and Longitudinal Design”, International Journal of health care Quality Assurance, 21(2): pp 203-218.*

*Duxbury, L. (2003). “Work-Life Conflict in Canada in the New Millennium”, The Sydney Papers, Summer, 15(1): pp 78-97.*

*Efraty, D., Sirgy, M. and Claiborne, C.B. (1991). “The Effects of Personal Alienation on Organizational Identification, Quality-of-Work Life Model”, Journal of Business and Psychology, 6(1): pp 57–78.*

- Efraty, David and Sirgy, M. Joseph (1990). "The Effects of Quality of Working Life (QWL) on Employee Behavioral Responses", *Social Indicators Research*: pp 22(1), 31-47.
- Gani, A. and Ahmed, R. (1995). "Correlates of Quality of Work Life, an Analytical Study", *Indian Journal of Industrial Relations*, 31(1): pp 1-17.
- Gerstner, C. R. and Day, D. V. (1997). "Meta-Analytic Review of Leader-Member Exchange Theory, Correlates and Construct Issues", *Journal of Applied Psychology*, 82(6): pp 827- 844.
- Gifford, B.L. (2002). "The Relationship between Hospital Unit Culture and Nurses, Quality of Work Life", *Journal of Health Care Management*, 47(1): pp 13-24.
- Grant, A. M., Christianson, M. K. and Price, R. H. (2007). "Happiness, Health or Relationships? Managerial Practices and Employee Well-Being Tradeoffs", *Academy of Management Perspectives*, 21(3): pp 51-63.
- Greenhaus, J., Bedian, A. and Mossholder, K. (1987). "Work Experiences, Job Performances, and Feelings of Personal and Family Well Being", *Journal of Vocational Behavior*, 31(2), pp 200-215.
- Hossain, M. M. and Islam, M. T. (1999). "Quality of Working Life and Job Satisfaction of Government Hospital Nurses in Bangladesh", *Indian Journal of Industrial Research*, 34 (3): pp 292-301.
- Islam, M.Z. and Siengthai, S. (2009). "Quality of Work Life and Organizational Performance, Empirical Evidence from Dhaka Export Processing Zone", Paper presented to ILO Conference on Regulation fro Decent Work, Geneva.
- Keyes, C. L. M. (1998). "Social Well-Being", *Social Psychology Quarterly*, 61(2): pp 121-140.
- Khani A., Jaafarpour M. and Dyrekvandmogadam A. (2007). "Quality of Nursing Work Life", *Journal of Clinical and Diagnostic Research*, 2(6): pp 1169-1174.
- Kramer, R.M. (1999). "Trust and Distrust in Organizations, Emerging Perspectives, Enduring Questions", *Annual Review of Psychology*, 50(1): pp569-598.

- Lee, D. J., Singhapakdi, A. and Sirgy, M. J. (2007). "Further Validation of a Need-Based Quality-of-Work-Life (QWL) Measure, Evidence from Marketing Practitioners", *Applied Research Quality Life*, 2(4): pp 273-287.
- Lees, Martin and Kearns, Sandra (2005). "Improving Work Life Quality, A Diagnostic Approach Model", *Case Study Library*, Longwoods Publishing: pp 1-16.
- Littlefield, K. L. (2004). "Quality of Work-Life Issues, the Needs of the Dual-Career Couple Employee Perceptions of Personnel Practices, A Study of Rural America a Barometer for Human Resource Managers", *Proceedings of the Academy of Organizational Culture, Communications, and Conflict* 8 (1), New Orleans.
- Mills, T. (1978). "What's in a Name?", Detroit, General Motors Corporation.
- Rao, M.S. (2010), "Where Knowledge is Wealth", <http://mgshyd.wordpress.com>
- Rethinam, Guna Seelan and Ismail, M. (2008). "Constraints of Quality of Work Life, A Perspective in Information and Technology Professional", *European Journal of Social Sciences*, 7(1): pp 58-69.
- Subramanian, Mu. and Anjani, N. (2010). "Constructs of Quality of Work Life – A Perspective of Textile and Engineering Employees", *Asian Journal of Management Research*: pp 299-307.
- Testa, M. A. and Simonson, D. C. (1996). "Assessment of Quality-of-Life Outcomes", *New England Journal of Medicine*, 334(13): pp 835–840.
- Timossi, L. D. S., Pedroso, B., Francisco, A. C. D and Pillati, L. A., (2008). "Evaluation of Quality of Work Life, An Adaptation from The Walton's QWL Model", *XIV International Conference on Industrial Engineering and Operations Management*.
- World Health Organization (1946). "Preamble to the Constitution of the World Health Organization" as adopted by the International Health Conference, New York, 19–22 June, 1946. Retrieved on July 3, 2009 from <http://www.who.int/about/definition/en/print.html>.