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IMPACT OF QUALITY OF WORK LIFE ON BURNOUT & JOB SATISFACTION AMONG FEMALE MEDICAL & PARAMEDICAL STAFF IN PUBLIC AND PRIVATE HOSPITALS IN PUNJAB

Mandeep Kaur¹

Research Scholar, Punjabi university, Patiala, India¹
 randhawakaur23@gmail.com

Abstract: Five dimensions of the quality of working life were measured to find out the relationship of quality of work life, burnout & job satisfaction among Female Medical & Paramedical Staff in Public and private hospitals (384). Burnout was measured by emotional exhaustion, depersonalization and personal accomplishment from the Maslach Burnout Inventory (MBI). Job satisfaction divided into two parts named level of Career satisfaction and level of Life Satisfaction. Some demographic variables were also included in the analyses. The result shows the great effect of psychological job demands on burnout in Public hospitals. The impact of the other five indexes (Home Life, Work Design, Work context, Work World, Overall QWL) on burnout and Job satisfaction were different in these two medical sectors. Still variables had some impact on burnout and Job satisfaction in both the Public and Private hospitals. Age turned out to be a complicated factor in relation to burnout.

Keywords: Demographic variables, Quality of work life, Job satisfaction, Burnout, and Job-Characteristics.

Objective of the study

1. To study the relationship between quality of work life, burnout & job satisfaction among female medical and paramedical staff in public and private hospitals operating in Punjab.
2. To study the mediation effect of burnout between quality of work life & Job satisfaction among female medical and paramedical staff in the public and private hospitals operating in Punjab.

Introduction

It is evident that the quality of services given by the hospitality industries, which are one of the travel sub-areas operating in the service sector, is the very important factor that they can use to have an effect in this competitive environment. The incorporation of hospitality services in a labor-concentrated production process unmistakably recognizes the significance of the “human” factor in this area, and the qualifying employees or representatives are considered as a significant factor in expanding the quality of the service advertised. Toward this path, in order to

accomplish global competitive advantage in the service sector, they should become ventures or enterprises that can manage and coordinate the existing resources with the business intelligence and information and can offer services with the workers who can rule the technology, transform the inputs into significant and high worth, which cannot be imitated (making an effect) by their rivals. Therefore, it is essential for the enterprise to have employees who expect and plan the essential management cycles of the enterprise, which plan, operate, organize, coordinate, create added value, supervise and present the items and service outputs created by these activities to customers with quality. In addition to causing extreme consequences for the individual, the burnout part likewise causes extreme consequences within the organization. In this specific circumstance, the tendency of representative to burnout is regarded as a serious situation that must be prevented. In every field like service, education, health, manufacturing, banking and tourism sector, quality of work life is becoming an essential issue to accomplish the objective of the organization. QWL is the degree to which the working organization contributes to material and

psychological well-being of its members (Harrison, 1985). Quality of work life is the confirmation between the employees and organization that improves the family life as well as work life of the individual. Today's organizations need to be more flexible to develop their workforce and enjoy their commitment. Quality of Work Life and job satisfaction is not a concept, that deals with one area but it has been observed as consolidating a hierarchy of concepts that not just include work-based factors such as satisfaction with pay and relationships with colleagues, but also factors that focuses on life satisfaction and general feelings of well-being. To retain a good talent and ability in the organization it is important for every organization that they should have low level of stress and high quality of work life among employees which leads to better organizational commitment and job satisfaction. The term Quality of work life has become a focal point of concern in work place, since the origin of the term in mid 1970s. Accomplishing a high quality of work life is an important purpose for every employee who is working in industries and organizations. Quality of work life is defined by Lawler (2007) "the employee perceptions of their physical and mental well-being at work".

Dimensions of Quality of work life

Home Life

Work Design

Work context

Work World

Over al QWL

Work life /home life dimension

It has the interface between the female’s work and home life. Since female, this dimension reflects the role of mother (child care), spouse (family needs, available energy) and daughter (elderly parent care).

Work design dimension

It is the composition of medical work or the actual work females do. Here are items that define female’s immediate work environment such as staffing, work load and autonomy.

Work context dimension

The practice settings in which female work and the impact of the work environment on both doctors/nurse and patient systems is the work content dimension. The work context dimension is broader because It Closely aligned to the work design dimension. It includes relationships with inter-disciplinary health team and supervisory personnel co

workers, the provision of resources to do the job and promotion of lifelong learning by the institution.

Work World dimension

It is defined as the impacts of broad societal influences and change on the practice of doctor/nursing.

PUNJAB HEALTH SYSTEMS CORPORATION (PHSC)

Punjab Health Systems Corporation (PHSC) is a Department of health and family welfare government of Punjab. Hospital Services provided at the Secondary level play a fundamental and complementary role to primary health care.

The Department of Health and Family Welfare, Punjab, coordinated a Workshop from 27th to 29th April, 1995 at Kharar in which 33 Senior Doctors including the all Civil Surgeons, Director Health Services, the Deputy Directors, senior Administrators/ Managers participated and Senior Medical Officers . Various groups deliberated on surgical, medical & laboratory services, policy issues and recognized the categories of services to be given at CHC, Sub-Divisional and District Hospitals including necessities in terms of space, staff, instruments and equipment. The Workshop adopted the following goal: "The group is of the thought of and genuine opinion that there ought to be a completely self-sufficient and autonomous Corporation named Punjab Health Systems Corporation. This Corporation ought to be headed by a Chairman, who will be the Secretary, Health and Family Welfare, Punjab."

The Punjab Health Systems Corporation was authorized through a special Act of Legislation to accommodate the constitution of a Corporation for establishing, expanding, enhancing and controlling medical care in the State of Punjab. The Managing Director is the Executive officer of the Corporation implements the decisions of the Board of Directors and exercises general control and supervision over the hospitals under PHSC. There are 214 Health Institutions under PHSC, out of which are 22 District Hospitals, 41 Sub-divisional Hospitals and 151 Community Health Centers. A wide range of health care facilities, preventive, primitive and corrective, is given in these institutions.

Burnout

Burnout is defined as emotional exhaustion in response to a demanding environment, evoking negative attitudes towards recipients. Tuuli & Karisalmi (2010) Burnout was emphatically identified with the measure of various conflicts the work place, job demands, and monotony on the job. The working community (organizational functioning, open communication, work of superior, and job control) were negatively correlated to the burnout. Psychological job demands and conflicts had the most grounded to burnout. Gunnarsdottir (2005) Social support at work and support

from managers produce lower levels of burnout. Moreover, another study showed that social support at work did not impact the experience of burnout (**Bourbonnais et.al., 1998**). Research in different cultures and health care settings is needed to understand the cultural differences related to burnout.

Emotional exhaustion

Depersonalization

Personal accomplishment

Burnout is perceived as emotional exhaustion in response to a demanding environment, inspiring negative attitudes towards recipients. The concept of burnout is also related to a person's accomplishments, resulting in a non-productive relationship with work. As per Maslach, burnout is a delayed reaction to interpersonal and emotional stressors at the workplace and is an indication of significant dysfunction within an association (**Maslach & Goldberg, 1998**).

The concept is closely related to other organizational and health concepts such as mental health, stress, work demands, psychological strain, control and autonomy (**Maslach & Goldberg, 1998**). Evidence shows that medical staff's burnout is likewise caused by a failure to determine a sense of importance through work (**Pines, 2000**). An overwhelming sense of exhaustion, anger, feelings of frustration and cynicism are key characteristics of burnout (**Leiter & Maslach, 2001**). The dimensions of burnout consist of concepts that are closely identified with the concept of organizational empowerment (**Hatcher & Laschinger, 1996; Laschinger, 1996b**). Burnout is additionally identified with the demand, control and support model (**Karasek & Theorell, 2000**). The concept of burnout is highly relevant when exploring medical staff's working life, which is increasingly described by high work demands, decreasing resources and expanded expectations of productivity and high quality patient care. Burnout has been studied broadly and emotional exhaustion has been connected with mental ill health (**Schaufeli & Buunk, 1996**). As per a recent publication by the International Labour Organization and world Health Organization, mental health issues in working populations have a definite effect on employees' quality of life and the efficiency of enterprises (**WHO & ILO, 2000**). These objectives can be achieved by organizational support and healthy organizational culture prompting upgrades for staff, service and patients. Different studies on the influence of working environmental factors on medical burnout will now be reviewed.

Job satisfaction

Job satisfaction is understood as an enjoyable or positive emotional state resulting from the perception of one's job or job experience as beneficial (**Locke 1976**). Job satisfaction

divided into two dimensions like Life satisfaction and carrier satisfaction. Life Satisfaction refers to an intellectual and judgmental process. **Shin and Johnson (1976)** defined the global assessment of a person's quality of life according to his chosen criteria. (**Tatarkiewicz, 1976**) "Happiness requires total satisfaction that is satisfaction with life as a whole". Life satisfaction comes from the quality of work life. Career satisfaction concerns an employee's feeling about the career choice (**Greenhaus & Parasuraman, 1990**). This is in contrast to job satisfaction which is related to the satisfaction of employees with their current position. It refers more broadly to satisfaction with a career and may be a critical element in retaining employees in the profession. Employees who have a sense of career satisfaction and feel more fulfilled may contribute to the growth of profession.

Job satisfaction

- Level of Career satisfaction:
- Level of Life Satisfaction:

Level of Career satisfaction: Career satisfaction can be defined as the contentment that a medical staff feels as a medical professional in terms of intrinsic and extrinsic rewards; for medical staff intrinsic rewards, such as: professional status, autonomy and human interactions are positioned as most desirable.

Level of life satisfaction: Life Satisfaction includes to a cognitive, judgmental process. Shin and Johnson (1960) defined as "a global evaluation of every person's quality of life according to his or her chosen criteria". Tatarkiewicz (1976) said "Happiness requires total satisfaction that is satisfaction with life overall". The Judgments of satisfaction are reliant upon a comparison of one's conditions with is' opinion to be suitable standard.

Research problem:

There is a lot of amount literature in national and international level relating to quality of work life identification in terms of organizational variables which are restricted to social and moral issues of the females employees in the work place such as rewards, recognition, job security and inter personal relationship but have not more focused on studying the impact of quality of work life factors on job satisfaction and burnout. The literature likewise identifies how the organizations can focus on particular group of women employees in its promotional HRM activities. In the process of health care medical staff is considered as a key factor. In all countries medical staff provides the majority of the health services, up to 80% in some cases. This study concentrates on the medical staff. Quality of work life would permit the organization to attract as well retains a committed and healthy workforce in hospitals. The shift systems of work for medical staff are 6-2hrs, 2-8hrs and 8-6hrs respectively.

Now a day's people work 12hrs or more than 12hrs a day. There was study attempted separately on female Medical & paramedical staff but no study attempted on QWL of combine female Medical & Paramedical staff in public and private hospitals and a few study attempted on combine relation among QWL, burnout & job satisfaction in India. Hence, the topic of the proposed study shall be *"Impact of Quality of Work Life on Burnout & job satisfaction among Female Medical & Paramedical Staff in Public and Private Hospitals operating in Punjab"*

Methodology

This study is conducted utilizing both analytical and descriptive type of methodology. The study essentially relies on primary and secondary data.

Study area

The survey is conducted among female medical and paramedical staff in the public and private hospitals operating in Punjab. Punjab is a metropolitan state which consists of healthcare, banking, I.T., manufacturing and other services sectors. The state as entered in the healthcare sector which offers more employment opportunities for females in all age groups.

Data collection:

The primary as well as secondary data is used to achieve the objectives of the study. To study the quality of work life related policies and practices of selected hospitals, mainly secondary data is used and shall be gathered from the published documents, such as annual reports, manuals of the hospitals, office records, divisional offices and head offices of the sample hospitals and from other available sources.

Sample size and design

The primary data are gathered through survey method. Survey is conducted using a well structured and formulated questionnaire. The population of hospitals is divided into phenomenal sector namely public sector and private hospitals. Therefore the researcher adopted stratified proportionate random sampling method to gather the responses. Due to proportionality the researcher observes equal private hospitals and public hospitals in the population. Therefore the researcher circulated 200 questionnaires among female medical and paramedical staff in the public hospitals and 200 questionnaires among female medical and paramedical staff in the private hospitals. At last, the researcher received 192 responses from private hospitals and 192 responses from the public hospitals. Hence the sample size of the research is 384.

Pilot Testing -

The pretest was applied to check the adequacy of data. The literatures were reviewed properly and the scales relevant to

the current research have been taken into consideration while developing the survey instrument. The experts in the human resource management department of the health care sector, the academicians like professor and research fellows and few medical and non-medical female staffs were interviewed for the finalization of the instrument during the pilot testing. During Pilot testing 60 respondents were contacted to respond. The reliability and validity of the questionnaire was checked. The Pearson's correlation coefficient was applied and the summated value of Pearson's Correlation coefficient of each statement was cross checked with the table value.

Results & Findings-

Exploratory Factor Analysis (EFA) was used with SPSS 22software. EFA is a data reduction and data summarization technique which is used for concising the number of variables to a few major variables which are otherwise called as constructs. The construct is formed based on the correlation between the variables which also satisfy with the common attributes of the construct, (Williams et al., 2010), (De Coster, 1998). EFA was applied to identify the major elements of Job-Characteristics (JC), Personal Effectiveness (PE), Quality of Work Life (QWL)& Burnout (BO).The responses were taken on a 5 point Likert scale which ranges from 1= strongly disagree to 5=strongly agree. The Principal Component Analysis (PCA) technique has been used to group the highly correlated items which explain maximum common variance or have common pattern within them. The loading value in PCA explains the correlation between the items. The items which are grouped together to form a single item is called components. In this technique the items included in different components are not correlated with each other. A problem occurs when one item gets loaded with two constructs or become correlated with two constructs. To reduce such issues of cross loading a dimension rotation technique is used called varimax rotation. Before applying EFA the assumption in terms of items and responses ratio should satisfy for which minimum benchmark is taken as 1:5. Once it satisfies, the sampling adequacy is checked with with Kaiser-Meyer-Olkin KMO and Bartlett's test of sphericity; extraction correlation matrix with eigen values greater than 1 and maximum iterations for convergence at 25; varimax rotation with maximum iterations for convergence at 250, inter item correlation, anti-image AIs diagonal correlations, and total variance explained were considered in this analysis. The threshold value of KMO is >0.5 and Bartlett's test, when significant, is less than 0.05; if KMO is <0.5 it is not interpreted (Hair et al, 2006). Varimax rotation was suitable for the data that correlated to each other and value of factor loading (greater than 0.5) was accepted. According to Hair et al. (2006a) items which appeared in

both or more factor's aspects with values greater than 0.5 and those appeared alone in a component were deleted.

Job Characteristics (JC):

The KMO value for the scale was found as 0.770 which is favorable for further study. The significance level under Bartlett's test of sphericity was .00 which is less than .01 and is also favorable. Both KMO & Bartlett's test of sphericity satisfied the criteria of sampling adequacy. The table-1 depicts the KMO & Bartlett's test results for Job Characteristics.

| | | |
|--|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .770 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 1145.809 |
| | df | 21 |
| | Sig. | .000 |

EFA was performed after the fulfillment of conditions of sampling adequacy. The application of EFA resulted in the extraction of 2 factors for job characteristics. Out of total nine statements of job-characteristics, 2 statements were having very poor factor loading which was below .4 which compelled us in removal of statements for performing the final round of EFA. Two factors were extracted from the 7 statements used for performing EFA. The factor loading which represents the correlation among the items within a construct was found more than .7 and the communality which represents the percentage of common variance explained by any attributes within a construct was found between .633 and .823 which is desirable. The minimum level of communality should be .4 or above (Hair, Jr, Black, Babin, & Anderson, 2010) & our results firmly satisfy the conditions. The table-2 exhibits the factor loadings of two factors extracted after the rotation. First factor was loaded with 4 items and was named as

"Job Autonomy" due to their common characteristics signifying the term. Similarly next 3 statements were loaded together and were named as "superior support" due to their common underlying characteristics interpreting the term. The total variance explained by the two constructs were 69.25% of the data. After performing the reliability test with Cronbach's Alpha the score was found as 0.812 & 0.788 for "Job Autonomy" and "Superior Support" respectively and for the overall scale it was found as .828.

Based on the above discussion, it may be said that the JC is a second order construct and has two sub-dimensions. The reliability and validity of the constructs of

JC would be finally examined using confirmatory factor analysis.

Quality of Work Life (QWL)

Similarly an instrument to measure Quality of Work Life (QWL) was developed based on the literature. Originally QWL scale had 15 items in the scale. Out of which 4 item was deleted due to cross loading and EFA was rerun on remaining 11 items using PCA and Varimax rotation. As shown in table-7, KMO (=0.876) test and Bartlett's test of Sphericity (Chi-square = 3934, p<.01) were acceptable which indicates adequacy of sampling hence EFA was performed in the subsequent step.

| | | |
|--|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .863 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 3352.453 |
| | Df | 55 |
| | Sig. | .000 |

The QWL scale was uni-dimensional and has 11 items. The uni-dimension scale was made in agreement to literature. The factor loading values of the items were found between the ranges .862 to .673. The construct explained 62.84% variance of the total data set. The communalities of the items in the QWL scale were found in between .453 and .742 which is acceptable. The reliability score with cronbach alpha was found as .939 which is excellent. It is concluded from the above that QWL is a first order construct with a single dimension.

Burnout (BO)

The instrument to measure Burnout (BO) was developed based on the literature. There were 17 items in the scale on which EFA was performed using PCA and Varimax rotation. As shown in table-9, KMO (=0.781) test and Bartlett's test of Sphericity (Chi-square = 2321.295, p<.01) were acceptable which shown sampling adequacy hence EFA was performed in the subsequent step.

| | | |
|--|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .781 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 2321.295 |
| | Df | 55 |
| | Sig. | 0.000 |

There were total 17 items in the BO scale out of which 6 were removed due to poor factor loadings. Three constructs were formed and were named as “Emotional exhaust” (EE), “Personal accomplishment” (PA), and “Depersonalization” (Dep) due to the common underlying characteristics of the loaded items with the constructs. The first construct was loaded with 5 items whose factor loading scores were found between .894 and .678 which explained 31.17% variance in the total data set was named as “Emotional exhaust” (EE). The second construct was loaded with four items and the factor loading scores were found between .796 and .702 which explained 22% variance in the total data set was named as “Personal accomplishment” (PA). The third construct was loaded with two items and the factor loading scores were ranged between .856 and .783 which explained 15.54% variance in the total data set was named as “Depersonalization” (Dep). Cumulatively the constructs explained 68.71% of the total data set. The scale reliability was examined using Cronbach’s alpha. The alpha value of overall scale was .744 and three dimensions were .899, .765, and .787 respectively which was well acceptable and supported the internal consistency of overall scale and its three dimensions. The lowest communality was observed to be .588 which is quite above the threshold level i.e., .35. Overall, it may be concluded that the burnout is a second order construct and has three dimensions.

Quality of Job Satisfaction (JS)

The instrument to measure job-satisfaction (JS) was developed based on the literature. There were 15 items in the scale on which EFA was performed using PCA and Varimax rotation. As shown in table, KMO (= .816) test and Bartlett’s test of Sphericity (Chi-square = 1634. 812, p<.01) were acceptable which shown sampling adequacy hence EFA was performed in the subsequent step.

| | | | |
|--|--------------------|--|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | | .816 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | | 1634.812 |
| | Df | | 36 |
| | Sig. | | 0.000 |

There were total 15 items in the JS scale out of which 6 were removed due to poor factor loadings. Two constructs were formed and were named as “Life satisfaction”, and “Career satisfaction” due to the common underlying characteristics of the loaded items with the

constructs. The first construct was loaded with 5 items whose factor loading scores were found between .879 and .679 which explained 38.97% variance in the total data set and was named as “Life satisfaction”. The second construct was loaded with four items and the factor loading scores were found between .636 and .772 which explained 24.76% variance in the total data set was named as “Career satisfaction”. Cumulatively the constructs explained 63.73% variances of the total data set. The scale reliability was examined using Cronbach’s alpha. The alpha value of overall scale was .861 and the same of two constructs were .884 and .703 respectively which was well acceptable and supported the internal consistency of overall scale and its two dimensions. Overall, it may be concluded that the scale Job Satisfaction (JS) is a second order construct and has two dimensions.

CONCLUSION

The result of the demographic study indicates that people have different opinions. They have disagreement and disharmony with each other. It also shows that most of the people feel burnout and dissatisfaction from the job that was the main reason of effecting QWL. The factors Consistency, Totality, Moderation and Interrelation influence each other as they have significant correlation with each other. There is a deviation in case of moderation and consistency as moderation has no relation with consistency. To sum up that the study, the quality of work life is measured in terms of its relationship with work environment, personal effectiveness, burnout and job satisfaction. There is medium level of QWL in terms of all dimensions between the type of hospital among female medical and paramedical staff in public and private hospitals. There is variation in QWL dimensions such as home life, work design; work context and work world based on demographic factors and job characteristic factors among the medical and paramedical staff of both government and private hospitals. And the demographic and job characteristic factors such as children, monthly family income, and work as per designation, double duty and ward are also found to be significantly influencing the QWL. But, spouse occupation, marital status, religion, distance between work place and residence, total duration of away from residence, double duty is not found to significantly influence the QWL. The common problems faced by medical and paramedical staff is that they are not able suitably balance their family life with the work life that was the main reason of burnout. Burnout has directly link to the job satisfaction. Many factors are attributed to this state of affairs such as shift timings, distance, double duty, travel time and number of dependents, safety needs, knowledge and aesthetic needs. Therefore, the nurses should be subjected to frequent training sessions on the above said aspects. So that their moral values

would increase, which results in better career satisfaction, family life and finally increase in QWL, which, is an is an asset to the hospitals in which they serve.

FUTURE SCOPE AND LIMITATION OF THE STUDY

- The quality of work environment and patient satisfaction or fulfilment in the hospitals should also be studied as it throws more experiences on the aspect which influences the QWL of medical staff.
- Quality of work life plays an important role in every field as well as medical field. Future studies recommended on male employees as well as female employees and other field like industrial area, financial institutions etc.
- More variables like home life, emotional competence, organisational empowerment, organisational commitment, overall work effectiveness job performance and work life balance etc. can be included while measuring Quality of work life.
- This study is conducted only on female staff in medical field. QWL also important for male staff as much as female staff. Research on QWL can be carried out for other male healthcare providers like doctors, technical staff and housekeeping staff and nurses with more number of samples to find out the facts still better.

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