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Quality of Work life, Psychological Empowerment and Organizational Commitment among Public Health Care Workers

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Abstract: ***This study aims to understand the relationship between Quality of Work life, Psychological Empowerment and Organizational Commitment among Public health care workers. The main objectives of this study is to examine the relationship between quality of work life and organizational commitment among public health care workers and to examine the relationship between psychological empowerment and organizational commitment among public health care workers. A total of 170 healthcare workers participated in this study. Convenience sampling technique was used to draw the sample from the population. The data was analyzed using Karl Pearson's correlation method. The findings of this study indicated that there is a significant relationship between organizational commitment, psychological empowerment and quality of work like among healthcare workers.***

Keywords: Healthcare workers, quality of work life, Psychological empowerment, organizational commitment

I. INTRODUCTION

In today's rapidly evolving healthcare landscape, the well-being and dedication of public healthcare workers are of paramount importance. In this demanding and dynamic environment, the perceived quality of work life, psychological empowerment, and organizational commitment of healthcare workers play pivotal roles in shaping the quality of care provided and the sustainability of healthcare systems. This study aims to understand the relationship between quality of work life, psychological empowerment and organizational commitment among public health care workers.

To cope with the challenges in the health-care delivery system and to guarantee the quality of care rendered and client satisfaction on the care received, it is important to know how satisfied health-care workers are with their quality of life, job and what characteristics influence their quality of life. (Ryali et al., 2018). Quality of life is a multidimensional construct, which can be influenced by aspects of work and personal life, physical and psychological health, social relations, and the environment where a person lives (Teles et al., 2014). Quality of work life is defined as the extent to which an employee is satisfied with personal and working needs through participating in the workplace while achieving the goals of the organization. QWL has been found to influence the commitment and productivity of employees in health care organizations, as well as in other industries (Almalki et al., 2012). Quality of work life has two goals: improving the quality of the work experience of employees and simultaneously improving the overall productivity of the organization.(Hsu & Kernohan, 2006). A high quality of work life is essential to attract new employees and retain a workforce(Lees & Kearns, 2005). Quality of work life is a multidimensional idea which describes an employee's emotion regarding several aspects with respect to work. These include the job content, working situations, fair and adequate compensation, career advancement chances, duty discretion, involvement in decision making, occupational health and safety, work stress, employment security, organizational and personal relations, and work life stability (Hsu & Kernohan, 2006b). A high quality of work life is a crucial issue for health care facilities to have qualified, dedicated, and inspired employees (Kelbiso et al., 2017)

Psychological empowerment is 'a process of enhancing feelings of self-efficacy among organizational members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information'. (Conger and Kanungo,1988)

Later Thomas and Velthouse (1990) defined empowerment as intrinsic task motivation manifested in a set of four cognitions: meaning, competence, self-determination and impact. Based on this concept Spreitzer(1995) defined psychological empowerment as a motivational construct manifested in four cognitions: meaning, impact, competence and self-determination.

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Healthcare workers, and especially perioperative clinicians seem to be at particular risk for burnout (Shanafelt et al., 2003). A study investigated the role of psychological empowerment as a protective factor for burnout among workers exposed to work-related stressors (e.g. daily hassles, overload, and job changes). It was seen that high levels of empowerment cognitions accentuate the effect of change-related resources in the reduction of emotional exhaustion. Because psychological empowerment has beneficial effects, organizations could rely on different strategies to enhance it (Boudrias et al., 2012).Job burnout is a major source of healthcare human resources' inefficiency with severe negative impact on patient care, physical-psychological health of staff, and healthcare costs. Psychological empowerment is a relatively new concept showing promise in boosting different aspects of human resources management. (Mardani, S., & Mardani, N. 2014)

Organizational Commitment refers to an employee's dedication to an organization and wish to remain part of it. Organizational commitment is often described as having both an emotional or moral element (affective commitment) and a more practical element (continuance commitment).

Various scholars have identified commitment as one of the major contributors of workplace productivity. Commitment provides the interest and morale for handling tasks which results in organization progress and growth. Commitment is perceived as either continuance, normative, or continuance commitment (Jomah, 2017). A high level of employee organizational commitment has several implications for healthcare organizations, including a strong desire to achieve organizational goals, a strong desire to stay in the organization, improved organizational performance, increased motivation, belongingness, and attachment to their organization (Fantahun et al., 2023). Organizational commitment has a positive impact on an organization's ability to provide professional services. Committed human power pushes an organization to achieve its goals, but non-commitment can lead to increased medical errors, prolonged inpatient admissions, and repeated hospitalizations leading to low quality of healthcare provision (Arage et al., 2022)

II. RATIONALE OF THE STUDY

While there is a substantial body of research on healthcare workforce issues, there are gaps in understanding the specific dynamics of quality of work life, psychological empowerment, and organizational commitment within the context of public healthcare. Filling these gaps can provide a more comprehensive view of the challenges and opportunities in this sector.

To cope with the challenges in the health-care delivery system and to guarantee the quality of care rendered and client satisfaction on the care received, it is important to know how satisfied health-care workers are with their quality of life. (Ryali et al., 2018). It is important to understand their needs in order to have effective solutions to problems they may face at their workplace.

Policymakers and healthcare administrators need evidence-based insights to develop effective policies and management practices that support the healthcare workforce. Research in this area can guide decisions related to staffing levels, work environment improvements, and employee support programs.

III. REVIEW OF LITERATURE

A study was conducted to evaluate the quality of life among doctors, nurses and occupational Safety and health technologists. The results showed that Healthcare workers have different levels of HRQOL related to their professional role. In particular, nurses have a lower quality of life. These results may help to identify the main roles and attitudes that could cause frustration, dissatisfaction and emotional stress in healthcare workers.(Kheiraoui et al., 2012)

A study by Yasin & Khalid, 2015 was conducted on the topic Organizational cynicism, work related quality of life and organizational commitment in employees. Here, data was collected through questionnaires and samples of 150 male employees between the age range of 28- 50 years (M age=32.11, SD= 5.36) working at managerial positions of different companies of Lahore with a minimum experience of 3 years. The results of the study concluded that three of the dimensions of organizational cynicism had a significant negative relationship with five of the dimensions of work related quality of life and two of the dimensions of organizational commitment. Moreover two of the dimensions of work related quality of life had a significant negative relationship with two of the dimensions of organizational commitment.(Yasin & Khalid, 2015)

A study titled Organizational Commitment and Associated Factors among Health Professionals Working in Public Health Facilities of Benchsheko Zone Southwest Ethiopia, indicated that Overall level of organization commitment of health professionals' was higher than what is reported in many other studies. Organizational commitment was affected by job satisfaction, leadership styles and managerial position of health professionals. Hence, policy makers and human resource managers need to pay special attention to intervene on these factors.(Organizational Commitment and Associated Factors among Health Professionals Working in Public Health Facilities of Benchsheko Zone Southwest Ethiopia, 2021)

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Another study intended to understand the Impact of Quality Work Life and Prosocial Motivation on the Organizational Commitment and Turnover Intent of Public Health Practitioners. This study used a questionnaire survey that was adapted from several studies with 228 participants limited to doctors, nurses, and morticians within Metro Manila, Philippines. The findings show that quality work life and prosocial motivation, positively affecting organizational commitment, may lead to a lesser turnover intent among professionals. The results of this study may benefit the public health practitioners by creating a better view of how they perceive their profession, possibly increase their motivation, and decrease turnover costs.(Faye et al., n.d.)

The present study aimed to investigate (1) the direct effects of psychological empowerment on career satisfaction and (2) the moderating role of work safety in the relationship between psychological empowerment and career satisfaction using a public health sector. The findings have shown that when work safety perception is low, the effect of psychological empowerment on career satisfaction is high in a positive direction.

Another paper examines the influence of psychological empowerment on organizational commitment and the moderating effect of organizational learning culture on the relationship. The results suggest that psychological empowerment, organizational learning culture, and demographic variables had a significant impact on organizational commitment for employees in the public sector of Korea. Employees showed higher organizational commitment when they perceived high psychological empowerment and a high organizational learning culture.(Joo & Shim, 2010)

This paper presents an empirical investigation to study the relationship between employees' psychological empowerment and organizational commitment in the revenue agency of the city of Semnan, Iran. The results of the survey have indicated that there were positive and meaningful relationships between psychological empowerment and organizational commitment components including Sense of efficacy (r = 0.414, Sig. =0.000), meaningful (r = 0.481, Sig. =0.000), having a choice (r = 0.341, Sig. = 0.000) and trust (r = 0.736, Sig. =0.000). However, the survey does not support any relationship between Competency and organizational commitment.(Bani et al., 2014)

Another research aims to investigate the relationship between psychological empowerment and organizational commitment among employees in the construction sector in Kota Kinabalu area. Questionnaires were distributed to 171 employees from various backgrounds and positions working in the construction sector in Kota Kinabalu. The findings indicate that when the construction employees feel empowered by giving them autonomy, freedom and opportunity in determining how they do their job, they will be more committed to their organization and put the best effort to ensure the sustainability of the organization. In addition, if the employees are directly involved in outcomes that affect the organization and the more the individuals are involved in decision making, the more committed they would be to their organization.(Ambad, S. N. A., & Bahron, A, 2012)

Another study was conducted to understand the influence of teachers' psychological empowerment on their organizational commitment. A number of 258 daily primary school teachers in the district of Klang participated in this particular study. The results showed that there was a positive and moderate linear relationship between psychological empowerment and organizational commitment.(Hamid et al., 2013)

The study tested the effect of dimensions of psychological empowerment on organizational commitment in the banking sector of Pakistan. Data was gathered from employees working in banks of Pakistan. Results showed the significant effect of all dimensions of psychological empowerment (meaning, competence, self-determination and impact) on organizational commitment. This study is a contribution to theory and practice with an increased understanding on the importance of psychological empowerment in committing the employees with the organization (Hashmi, M. S., & Naqvi, I. H. 2012).

IV. METHODOLOGY

A. *Aim*

To study the relationship between the quality of work life, psychological empowerment and organizational commitment among public health care workers.

B. *Objective*

1) To examine the relationship between quality of work life and organizational commitment among public health care workers.
2) To examine the relationship between psychological empowerment and organizational commitment among public health care workers.

C. *Hypothesis*:

H1 There is a significant relationship between quality of work life and organizational commitment among public health care workers.

H2 There is a significant relationship between psychological empowerment and organizational commitment among public health care workers.

D. Research design

A correlational research design is used to carry out this research as it enables the researcher to investigate the relationship between two or more variables.

E. Sampling Procedure

Sampling technique: Convenience sampling
Sample size: 170 Participants
Sample population: Healthcare Workers

F. Data collection

The questionnaires were prepared in the form of a google form to make it easier for the participants to fill out and submit. All the instructions and details regarding how to go about answering were clearly given in the google form itself.

G. Instruments Used

1) Psychological Empowerment Instrument

The Psychological empowerment scale is composed of 4 sub dimensions: meaning, competence, self-determination, and impact. The validation of the instrument is described in Spreitzer (1995; 1996). The instrument has been used successfully in more than 50 different studies in contexts ranging from nurses to low wage service workers to manufacturing workers. The validity of the instrument is very good. Test retest-reliability has been shown to be strong and validity estimates for the dimensions are typically around .80.(Psychological Empowerment in the Workplace: Dimensions, Measurement, and Validation on JSTOR, n.d.)

2) Work related quality of life scale (WRqol) (Easton & Van Laar, n.d.)

The Work-Related Quality of Life (WRQoL) scale is a 23-item psychometric scale used to gauge the perceived quality of life of employees. The Work-Related Quality of Life (WRQoL) scale is a 23-item psychometric scale used to gauge the perceived quality of life of employees

3) Organizational commitment scale (Dhar et al., 2002)

The organizational commitment scale is an 8 item scale that is measured on a 5 point likert scale. The reliability coefficient of the wholescale was found to be 0.6078. The Index of Reliability of this scale is as high as 0.7796. It is thus reasonable to assume that the OC scale yields data. (Dhar et al., 2002)

H. Inclusion Criteria

Individuals working in the healthcare sector, currently working and residing in India.

I. Exclusion criteria

Individuals who are healthcare workers but not currently working and residing in India.

J. Ethical Considerations

1) Informed consent: Participants were asked to fill a consent form, making sure they have understood all the necessary information regarding the study.
2) Confidentiality: Participants were assured that all information will solely be used for research purposes. Anonymity of the participants will be guaranteed.

Any kind of communication in relation to the study will be done with honesty and transparency.
Right to withdraw: Participants were informed that any time during the course of the research they are free to withdraw.

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V. RESULTS

Descriptive statistics and Correlation for study variables

Variable	n	M	SD	1	2	3
Organizational commitment	170	18.28	4.568	-	-.687**	-.639
Psychological empowerment	170	59.36	10.188	-.687**	-	.772**
Quality of work life	170	85.06	13.364	-.639**	.772**	-

Correlation is significant at 0.01 level (2- tailed)

VI. DISCUSSION

An analysis of the above table indicates whether there was a significant relationship between organizational commitment and quality of work life among healthcare workers and whether there was a significant relationship between organizational commitment and psychological empowerment among healthcare workers. The scores were subjected to Pearson's correlation. After analysis it was found that there is a significant relationship between organizational commitment and quality of work life and organizational commitment and psychological empowerment among healthcare workers.

The number of responses obtained for this study was 170. The mean values for organizational commitment, quality of work life and psychological empowerment were 18.28, 85.06 and 59.36 respectively. Here it is found that there is a significant correlation between organizational commitment and psychological empowerment as the p value is less than the significant value at 0.01 level. Therefore the hypothesis of this study is accepted which states that there is a significant relationship between organizational commitment and psychological empowerment. This can be supported by a study which aims to investigate the relationship between psychological empowerment and organizational commitment among employees in the construction sector in the Kota Kinabalu area. The findings indicate that when the construction employees feel empowered by giving them autonomy, freedom and opportunity in determining how they do their job, they will be more committed to their organization and put the best effort to ensure the sustainability of the organization. (Ambad, S. N. A., & Bahron, A, 2012)

The results also show that there is a significant correlation between organizational commitment and quality of work life among healthcare workers thereby accepting the second hypothesis of this study which states that there is a significant relationship between organizational commitment and quality of work life among healthcare workers. This can be supported by previous studies which concluded that quality work life and prosocial motivation, positively affecting organizational commitment, may lead to a lesser turnover intent among professionals. (Faye et al., n.d.)

VII. CONCLUSION

In conclusion, this study investigated the relationships between quality of work life, psychological empowerment, and organizational commitment among public healthcare workers. The findings revealed significant correlations between organizational commitment and both quality of work life and psychological empowerment, indicating that higher levels of quality of work life and psychological empowerment are associated with greater organizational commitment among healthcare workers. These results contribute to our understanding of the factors influencing the dedication and loyalty of healthcare professionals to their organizations.

VIII. LIMITATIONS

Despite the valuable insights from this study there are a few limitations that need to be acknowledged. The use of convenience sampling may limit the generalizability of the findings, as the sample may not be representative of all public healthcare workers.

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The study also only focuses on a particular geographical location, which may limit the generalizability of the findings to other healthcare settings or regions.

IX. IMPLICATIONS

The implications of this study are significant for healthcare policymakers, administrators, and managers. Organizations may cultivate a staff that is more dedicated and engaged by emphasizing psychological empowerment and improving the quality of work life for healthcare personnel. Strategies such as providing opportunities for autonomy, promoting meaningful work experiences, and ensuring a supportive work environment can enhance healthcare professionals' commitment to their organizations.

Furthermore, the findings underscore the importance of investing in employee well-being and empowerment to address workforce challenges and enhance organizational performance in the healthcare sector. Organizations can establish a favorable work environment that promotes loyalty, productivity, and ultimately enhances patient care results by giving priority to the needs and concerns of healthcare professionals.

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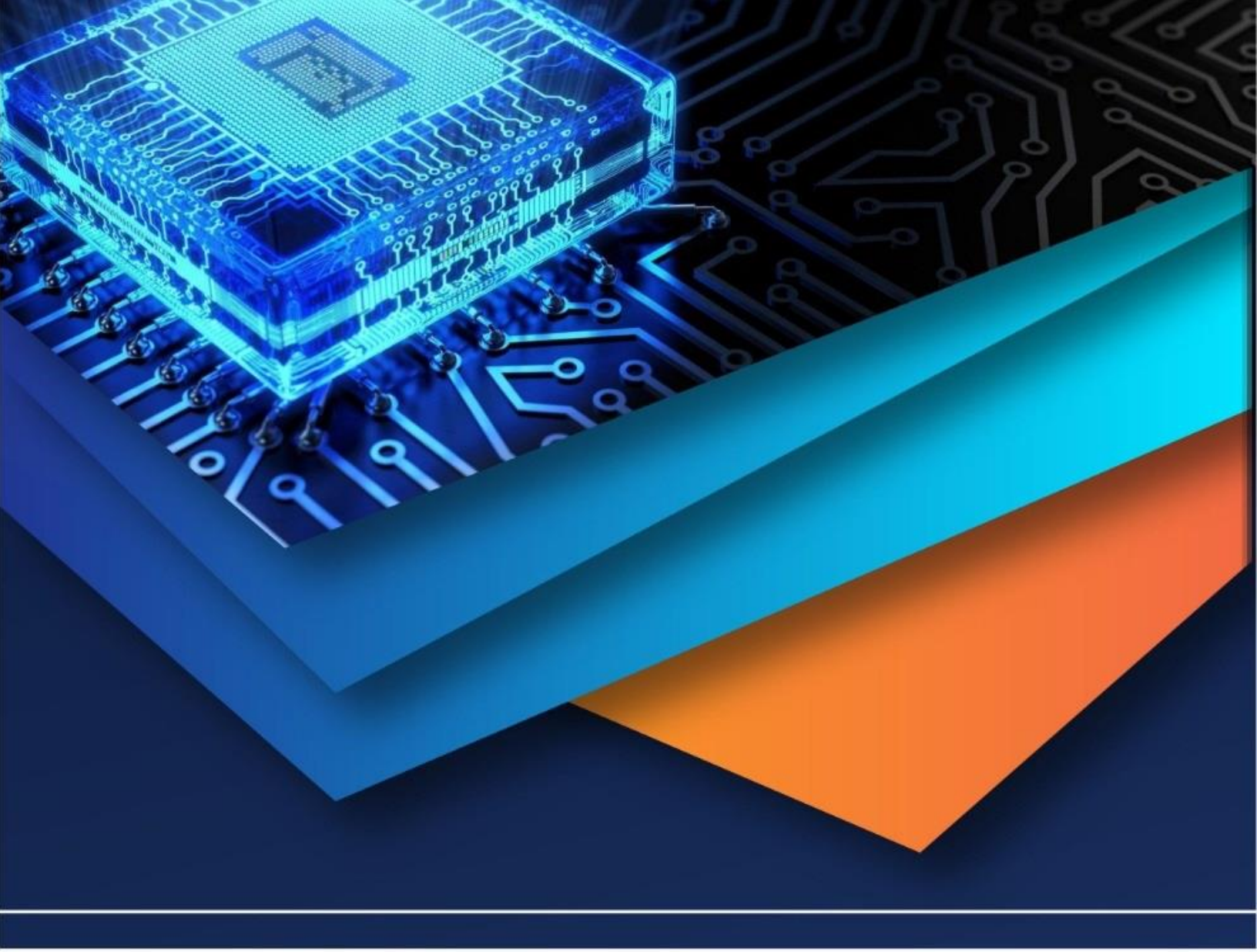
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