

Impact of Quality of Work Life on the Performance of Administrative Staff Doctors and Nurses in Hospitals

Prof. Y.S. Kiranmayi

Head of Department,
Department of Business Management,
Dr. B. R. Ambedkar Open University,
Hyderabad.

P.Vasantha Kumari

Research Scholar,
Department of Business Management,
Dr. B. R. Ambedkar Open University,
Hyderabad.

Abstract:

This research paper explores the impact of quality of work life in public and private sector hospitals in Warangal. The aim of this study is to compare and find the impact of quality of work life of Administrative staff, Doctors and Nurses. The researcher highlights the factors leading to performance like employee benefits, promotions, rewards and awards, and training which has an impact on quality of work. For this study the researcher collected the data of 540 respondents (270 samples from private hospitals and 270 from public hospital). Likert 5 point scale is used for the questionnaire (1 indicates Highly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Highly satisfied). Stratified random sampling technique has been used for this study. Percentage and t-test method has been used as statistical tools for this analysis. Finally the researcher has concluded his major findings. In both government and private sector hospitals the management has to take measures to improve the quality of work life better performance.

Keywords:

Quality of Work Life, Administrative staff, Doctors, Nurses, and Hospitals.

Introduction:

In this contemporary world, human beings have to face the challenges for their livelihood. Even though it is fulfilled human beings are not satisfied with his/her job at the work place. The factors like employee benefits, promotions, reward and awards and training provided to the employees in both the government and private hospitals affect the performance of the employees. In this point of view the researcher has focused on a various dimensions on quality of work life. Hospitals are one of the most important segment in service sector as they are the life savers starting from the minute the patient stepped into the

hospital, the way in which they are received, hearing their problems patiently, diagnosing them properly admitting them as in patients, if necessary, providing various services (including hospitality), billing them properly, timely discharge etc matters a lot. All these issues contribute a lot for the satisfaction/dissatisfaction of the patients. A satisfied patient will certainly give a positive feed back and publicity of the hospital and recommend it to the friends and relatives, whereas it is reverse in the case of a unsatisfied patient. Definitely advanced technology and better infrastructure are required to offer better service to the patients. But beyond this what is required is the attitude of the staff and the attention extended by them towards their patients. Administrative staff, doctors and nurses are the main human resources that spend a significant part of their time at the hospitals. They have to do regular work over night, in emergency situations with an extensive work load and stress which can negatively affect their performance and quality of working life (QWL).

Therefore it is very important to improve their quality of work environment. Quality of working life is normally considered as the real work situations including employee salary, facilities, health and safety issues, participating in decision making, management approach and job diversity and flexibility, The staff working in the night duty work overnight, their job is critical and complicated and they normally face a variety of difficulties such as sleep deprivation, stress, work load and fatigue which could have negative effects on their behaviour, communication, learning abilities, decision making and quality of life. The staff working in the hospitals either medical or non medical, need to work in a convenient and a hygienic environment, they must be paid well, and provide with various other facilities, then only good relations between management and staff exists. The management must support the staff to get trained with the latest developments in their respective fields, so on and so forth will definitely give scope for the improvement of their performance.

Therefore, it is widely accepted that a major task of any hospital director/superintendent is to explore and promote the quality of employees' working life by assessing their work environment and identifying their possible shortcomings. Previous studies have assessed the quality of working life in nurses, family physicians and so on, but there is no comprehensive research on the impact of quality of work life on the performance of the Administrative staff, doctors and nurses in hospitals.

Conceptualization of Quality of Work-Life:

Quality of work life is a complex entity influenced and interacting with, many aspects of work and personal life. Brooks argued that QWL has two goals: improving the quality of the work experience of employees and simultaneously improving the overall productivity of the organization. From a nursing perspective, Brooks defined the QWL as "the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization goals". Therefore, the concept of employee satisfaction is about more than simply providing people with a job and a salary. It is about providing people with a place where they feel accepted, wanted and appreciated. It has been argued that QWL influences the performance and commitment of employees in various industries, including health care organizations.

A high QWL is essential to attract new employees and retain a work force. Consequently, health organizations are seeking ways to address issues of recruitment and retention by achieving a high QWL. Focusing on improving QWL to increase the happiness and satisfaction of employees can result in many advantages for the employee and organization. These include strengthening organizational commitment, improving quality of care and increasing the productivity of both the individual and the organization. According to Sirgy and colleagues, a happy employee is productive, dedicated and committed. On the other hand, failure to manage these factors can have a major impact on employee behavioral responses (for example, organizational identification, job satisfaction, job performance, turnover intention, organizational turnover and personal alienation) as well as outcomes of the organization. Reviewing previous studies of QWL identified differing numbers of factors that have an impact on the QWL of nurses. One such factor was the lack of work-life balance.

In a number of recent research studies among nurses in the USA, Iran and Taiwan, rotating schedules were found negatively and affect their lives so they were unable to balance work with family needs. Additionally nurses thought, on-site child care and day care for the elderly were important for their QWL. The nature of nursing work was another factor that affects the QWL of nurses. The results of existing studies on the QWL of nurses indicated dissatisfaction of nurses in terms of heavy workload, poor staffing, and lack of autonomy to make patient care decisions, and performing non-nursing tasks. Another factor that influences the QWL of nurses is the work context, including management practices, relationship with co-workers, professional development opportunities and the work environment. Potential sources of dissatisfaction with management practices include lack of participation in decisions made by the nurse manager, lack of recognition for their accomplishments, and lack of respect by the upper management. Reported findings regarding to co-workers and the QWL of nurses are inconsistent. While some studies found that the nurses are satisfied with their co-workers including physicians, but others reported the opposite.

A study of nurses in Saudi Arabia found they were dissatisfied with the relationship with their co-workers, especially physicians, where they experienced low levels of respect, appreciation and support. Additionally, they had poor communication and interaction with physicians. Prior research also indicated the impact of professional development opportunities such as the promotion system, access to degree programs and continuing education on the QWL of nurses. In terms of work environment, results from a wide variety of studies found that nurses were dissatisfied with the security department with resultant concerns about safety in the workplace. Additionally, inadequacy of patient care supplies and equipment is related to dissatisfaction of nurses and other health professionals. A number of health care studies in Saudi Arabia indicated insufficiency of patient supplies, especially in primary health care (PHC) facilities.

REVIEW OF LITERATURE:

Campbell (1990) Work performance is defined as behavior associated with the accomplishment of expected, specified, or formal role requirements on the part of individual organizational members. There is an increasing concern regarding staff performance which influence patient

safety and healthcare outcomes and work environment (e.g. equipment failure, documentation burden, non availability of resources) that has led to an increased interest in measuring and reporting performance. Furthermore, developing performance helps the organization to achieve benchmarking and best practices, enhance the clinical practice to improve quality, improve the accountability, identify the staffing standards, and identifying the gaps in quality which will inform research, education, and training, needed in measuring nursing sensitive care.

Agdelen et al. (2010) the study aims to determine the sources of stress among doctors of private and public hospitals in Bahawalpur District (Pakistan). Sleep deprivation and unrealistic demands of the patients, relation with peers, night shifts. Findings of the study revealed that sleep deprivation was most important source of stress, second was workload, third, factor was working conditions, fourth was role overload and last factor with respect to the importance was unrealistic demands of patients. Moreover workload, night shifts and relation with peers have a positive relationship with levels of stress. The present study showed that workload was the most important stressor for the doctors with a mean score value of 3.844.

Research also supports this fact that public health sector employees are among those work groups that are exposed to highest level stress (Weinberg & Creed, 2000). Result of this study indicated workload in public hospitals is a big source of stress for the doctors. Many factors contribute in public hospital doctors work load like emergency calls, dealing with aggressive patients in peak hours, monotonous routine, sleep deprivation and unable to have regular meals at time and these all factors results in high level of doctors stress. The analysis of the present study related to the working conditions of the private hospitals depicted that similar to the public hospital doctors, private hospital doctors also consider working conditions as important but their satisfaction with the working conditions in private hospitals and clinics is a bit more than public hospitals. Moreover consecutive night shift is also a source of stress for public as well as private hospital doctors. Sleep deprivation results in anxiety and depression and that automatically undermines doctors performance .

C Mohammed J Almalki (2012) the study examines that creating and maintaining a healthy work life for PHC nurses is very important to improve their work

satisfaction, reduce turnover, enhance productivity and improve nursing care outcomes. Nurse turnover is a major challenge for many healthcare services and it interacts with the employee's .The PHC nurses in this study indicated low satisfaction with their Quality of Work Life and a high turnover intention. The study revealed that there is a significant association between Quality of Work Life and turnover intention of PHC nurses. This information could be used to develop appropriate strategies to improve QWL and to reduce the turnover of PHC nurses. Sustaining a healthy work life for PHC nurses is crucial to improve their QWL, increase retention, enhance performance and productivity and promote safe nursing care.

Naveen Ramesh (2013) to assess the Quality of Work Life of nurses working in a medical college hospital in Bangalore and the factors associated with it. The study findings indicate that poor QWL among the existing nursing staff is the reasons for the same. The hospital health administration in order to improve the QWL among nurses should concentrate on improving their job satisfaction, organizational commitment, and organizational climate and job characteristics. In turn, they are more likely to stay in their positions and provide better nursing care.

Van Bogaert et .al (2014) the study examines the relationship between hospital work environments and job satisfaction, job-related burnout and intention to leave among nurses in Guangdong province, China. This is a cross-sectional study. Survey data were collected from 1104 bedside nurses in 89 medical, surgical and intensive care units in 21 hospitals across the Guangdong province in China. The findings of the study indicate that improving work environments is essential to deal with the nursing shortage. The findings provide motivation for nurse managers and policy makers to improve work environments of hospital nurses in China.

Need for the Study:

Employee face challenges at their work place .Some challenges may have both positive and negative effect on their performance. The factors like employee benefits, promotions, rewards and awards, and training have to be addressed. The study was held in Private and Public hospitals in warangal.A satisfied employee will be committed to the work and loyal to the organization, they also try to influence the image of the institution in which they work. So what ultimately requires is the sincerity towards the work in addition to the quality.

Realizing this, many hospitals are taking number of measures to improve the QWL of their staff. It is also opined that there are number of differences in the QWL of employees in government and private hospitals due to reasons like financial constraints, freedom to take decisions etc. A satisfied employee can perform better than unsatisfied employee. When an individual's job involvement, job satisfaction and sense of competence increase, there is a rise in job performance. When the level of job performance increases the output per unit of input goes up. Thus, match between job characteristics and productivity traits of employees generally result in higher productivity.

Objectives:

The major objective of the proposed paper is to analyze the impact of quality of work life on the performance of Administrative staff, Doctors and Nurses in Private and Public sector Hospitals in Warangal. To analyze the variables such as employee benefits, promotions, rewards and awards, and training which influence the impact of Quality of work life at work place on Administrative staff, Doctors and Nurses in private and public sector Hospitals.

To offer suggestions to improve the performance of the Administrative staff, Doctors and Nurses in Private and Public sector Hospitals.

Methodology of the Study:

The study describes the factor that leads to the employee benefits, performance appraisal, promotions, rewards and awards, and training of the Administrative staff, Doctors and Nurses in Private and Public sector Hospitals, warangal.. Here the descriptive research was conducted to find out the information about the factors and to spotlight the areas that need the management's attention. The researcher has conducted the study in Private and Public Hospitals of Warangal. The total population is 540, where 270 respondents were taken from private sector hospital and 270 respondents were taken from Public sector Hospitals. Likert 5 point scale is used for the questionnaire (1 indicates Highly dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Highly satisfied). Stratified Random Sampling technique has been used for this study. Percentage method and t-test method has been used as Statistical tools for this analysis.

DATA ANALYSIS

Table: 1 the Distribution of Respondents in Private and Public Sector Hospitals

Sl.No	Category	Private	Public
1	Administrative staff	90	90
2	Doctors	90	90
3	Nurses	90	90
Total		270	270

(Source: Primary Data)

Comparative analysis of factors impacting the performance of Administrative staff, Doctors and Nurses in private and public sector hospitals

Attribute: Employee benefits

	Government						Private					
	Administrative staff		Doctors		Nurses		Administrative staff		Doctors		Nurses	
	F	%	F	%	F	%	F	%	F	%	F	%
Satisfied	10	11.1	20	22.2	28	31.1	13	14.4	10	11.1	15	16.6

Highly satisfied	30	33.3	34	37.7	15	16.6	10	11.1	10	11.1	13	14.4
Neutral	10	11.1	8	8.8	5	6.6	5	6.6	10	11.1	4	4.4
Dissatisfied	30	33.3	15	16.6	20	22.2	32	35.5	20	22.2	15	16.6
Highly dissatisfied	10	11.1	13	14.4	22	24.4	30	33.3	40	44.4	43	47.7

(Source: Primary Data) F*: Frequency

In the government hospitals 11.1% of the Administrative staff are satisfied with employee benefits, 33.3% are highly satisfied with the employee benefits, 11.1% are neutral, 33.3% are dissatisfied and 11.1% are highly Dissatisfied with the employee benefits. 22.2% of the Doctors are satisfied with employee benefits, 37.7% are highly satisfied with the employee benefits, 8.8% are neutral, 16.6% are dissatisfied and 14.4% are highly dissatisfied with the employee benefits. 31.1% of the Nurses are satisfied with employee benefits, 16.6% are highly satisfied with the employee benefits, 6.6% are neutral, 22.2% are dissatisfied and 24.4% are highly dissatisfied with the employee benefits.

In the Private hospitals 14.4% of the Administrative staff are satisfied with employee benefits, 11.1% are highly satisfied with the employee benefits, 6.6% are neutral, 35.5% are dissatisfied and 33.3% are highly Dissatisfied with the employee benefits.

11.1% of the Doctors are satisfied with employee benefits, 11.1% are highly satisfied with the employee benefits, 11.1% are neutral, 22.2% are dissatisfied and 44.4% are highly dissatisfied with the employee benefits.

16.6% of the Nurses are satisfied with employee benefits, 14.4% are highly satisfied with the employee benefits, 4.4% are neutral, 16.6% are dissatisfied and 47.7% are highly dissatisfied with the employee benefits.

Attribute: Promotions

	Government						Private					
	Administrative staff		Doctors		Nurses		Administrative staff		Doctors		Nurses	
	F	%	F	%	F	%	F	%	F	%	F	%
Satisfied	20	22.2	0	0	20	22.2	15	16.6	20	22.2	20	22.2
Highly satisfied	30	33.3	15	16.6	30	33.3	10	11.1	15	16.6	10	11.1
Neutral	0	0	0	0	0	0	5	6.6	5	6.6	0	0
Dissatisfied	20	22.2	30	33.3	15	16.6	35	38.8	18	20	35	38.8
Highly dissatisfied	20	22.2	45	50	25	27.7	25	27.7	32	35.5	25	27.7

(Source: Primary Data) F*: Frequency

In the government hospitals 22.2% of the Administrative staff are satisfied with promotions, 33.3% are highly

satisfied with the promotions, 22.2% are dissatisfied with the promotions and another 22.2% are highly dissatisfied with the promotions.

16.6% of the Doctors are highly satisfied with promotions, 33.3% are dissatisfied with the promotions, and 50% are highly dissatisfied with the promotions. 22.2% of the Nurses are satisfied with promotions, 33.3% are highly satisfied with the promotions, 16.6% are dissatisfied with the performance appraisal and 27.7% are highly dissatisfied with promotions. In the Private hospitals 22.2% of the Administrative staff are satisfied with promotions, 11.1% are highly satisfied with the promotions, 6.6% are neutral, 38.8% are dissatisfied and 27.7% are highly

dissatisfied with the promotions. 22.2% of the Doctors are satisfied with promotions, 16.6% are highly satisfied with the promotions, 6.6% are neutral, 20% are dissatisfied and 35.5% are highly dissatisfied with the promotions. 22.2% of the Nurses are satisfied with promotions, 11.1% are highly satisfied with the promotions, 38.8% are dissatisfied and 27.7% are highly dissatisfied with the promotions.

Attribute: Rewards and awards

	Government						Private					
	Administrative staff		Doctors		Nurses		Administrative staff		Doctors		Nurses	
	F	%	F	%	F	%	F	%	F	%	F	%
Satisfied	17	18.8	10	11.1	27	30	10	11.1	50	55.5	15	16.6
Highly satisfied	15	16.6	45	50	13	14.4	10	11.1	7	7.7	18	20
Neutral	8	8.8	5	6.6	5	6.6	5	6.6	0	0	0	0
Dissatisfied	20	22.2	20	22.2	20	22.2	35	38.8	30	33.3	32	35.5
Highly dissatisfied	30	33.3	10	11.1	25	27.7	30	33.3	3	3.3	25	27.7

(Source: Primary Data) F*: Frequency

In the government hospitals 18.8% of the Administrative staff are satisfied with Rewards and Awards, 16.6% are highly satisfied with the Rewards and Awards, 8.8% are neutral, 22.2% are dissatisfied with the Rewards and Awards and 33.3% are highly dissatisfied with the Rewards and Awards. 11.1% of the Doctors are highly satisfied with Rewards and Awards, 50% are highly satisfied with the Rewards and Awards, 6.6% are neutral, 22.2% are dissatisfied with the Rewards and Awards, and 11.1% are highly dissatisfied with the Rewards and Awards. 30% of the Nurses are satisfied with Rewards and Awards,

14.4% are highly satisfied with the Rewards and Awards, 6.6% are neutral, 22.2% are dissatisfied with the Rewards and Awards and 27.7% are highly dissatisfied with Rewards and Awards.

In the Private hospitals 11.1% of the Administrative staff are satisfied with Rewards and Awards, 11.1% are highly satisfied with the Rewards and Awards, 6.6% are neutral, 38.8% are dissatisfied and 33.3% are highly Dissatisfied with the Rewards and Awards .

55.5% of the Doctors are satisfied with Rewards and Awards, 7.7% are highly satisfied with the promotions, 33.3% are dissatisfied and 3.3% are highly dissatisfied with the Rewards and Awards.

16.6% of the Nurses are satisfied with Rewards and Awards, 20% are highly satisfied with the promotions, 35.5% are dissatisfied and 27.7% are highly dissatisfied with the Rewards and Awards

Attribute: Training

	Government						Private					
	Administrative staff		Doctors		Nurses		Administrative staff		Doctors		Nurses	
	F	%	F	%	F	%	F	%	F	%	F	%
Satisfied	10	11.1	13	14.4	18	20	10	11.1	35	38.8	35	38.8
Highly satisfied	20	22.2	15	16.6	15	16.6	10	11.1	28	31.1	25	27.7
Neutral	10	11.1	5	6.6	5	6.6	5	6.6	5	6.6	5	6.6
Dissatisfied	20	22.2	32	35.5	22	24.4	35	38.8	12	13.3	10	11.1
Highly dissatisfied	30	33.3	25	27.7	30	33.3	30	33.3	10	11.1	15	16.6

(Source: Primary Data) F*: Frequency

In the government hospitals 11.1% of the Administrative staff are satisfied with training, 22.2% are highly satisfied with the training, 11.1% are neutral, 22.2% are dissatisfied with the training and 33.3% are highly dissatisfied with the training

14.4% of the Doctors are highly satisfied with training, 16.6% are highly satisfied with the training, 6.6% are neutral, 35.5% are dissatisfied with the training, and 27.7% are highly dissatisfied with the training.

20% of the Nurses are satisfied with training, 16.6% are highly satisfied with the training, 6.6% are neutral, 24.4% are dissatisfied with the training and 33.3% are highly dissatisfied with training. In the private hospitals 11.1% of the Administrative staff are satisfied with training, another

11.1% are highly satisfied with the training, 6.6% are neutral, 38.8% are dissatisfied with the training and 33.3% are highly dissatisfied with the training 38.8% of the Doctors are highly satisfied with training, 31.1% are highly satisfied with the training, 6.6% are neutral, 13.3% are dissatisfied with the training, and 11.1% are highly dissatisfied with the training. 38.8% of the Nurses are satisfied with training, 27.7% are highly satisfied with the training, 6.6% are neutral, 11.1% are dissatisfied with the training and 16.6% are highly dissatisfied with training.

Hypotheses:

Ho: Quality of Work Life does not have an influence on the performance of the employees of government and private hospitals.

H1: Quality of Work Life has an influence on the performance of the employees of government and private hospitals

Table

	Category	Mean	SD	Df	Sig(2-tailed)
Administration	Government	53.88	46.623	78	0.003
	Private	27.09	29.054	65	0.003

Doctors	Government	35.38	44.799	78	0.495
	Private	29.75	26.262	62	0.496
Nurses	Government	50.13	36.558	78	0.062
	Private	27.09	27.181	72	0.052

Inference: 1 Table reveals that ‘p’ value (0.003) is less than 0.05, the null hypotheses is accepted at 5 percent level of significance. Hence, it is concluded that the Quality of Work Life does not have the influence on the performance of the administrative staff of government hospital. The ‘P’ value (0.003) is less than 0.05, the null hypotheses is accepted at 5 percent level of significance. Hence, it is concluded that Quality of Work Life does not have the influence on the performance of the administrative staff of private hospital.

Inference: 2 Table reveals that ‘p’ value (0.495) is greater than 0.05, the null hypotheses is rejected at 5 percent level of significance. Hence, it is concluded that the Quality of Work Life have an influence on the performance of the doctors of government hospital. The ‘p’ value (0.496) is greater than 0.05, the null hypotheses is rejected at 5 percent level of significance. Hence, it is concluded that the Quality of Work Life have an influence on the performance of the doctors of private hospital.

Inference: 3 Table reveals that ‘p’ value (0.062) is greater than 0.05, the null hypotheses is rejected at 5 percent level of significance. Hence, it is concluded that the Quality of Work Life have a significant influence on the performance of the nurses of government hospital. The ‘P’ value (0.052) is greater than 0.05, the null hypotheses is rejected at 5 percent level of significance. Hence, it is concluded that Quality of Work Life has a significant influence on the performance of the nurses of private hospital.

Findings:

1) Quality of Work Life has no significant influence on the performance of administrative staff of government hospital. Also the Quality of Work Life have no significant influence on the performance of administrative staff of private hospital .

2) Quality of Work Life has a significant influence on the performance of doctors of both government and private hospital.

3) Quality of Work Life has a significant influence on the performance of Nurses of both government and private hospital.

Suggestions:

Quality of Work Life have a positive influence on the productivity and performance levels of doctors and nurses which have a direct bearing on the employee benefits, promotion, rewards and awards and training. With globalization and innovative developments taking place in the health care sector, organizations are enduring high tension to change its practices to stay competitive. It has been proved in the present research that QWL variables have a significant influence on Job performance. The employers concentrate on operational efficiency of the employees and fail to develop an enabling environment. Hence, employers need to design effective QWL practices to generate stable and productive workforce. The increase in positive feelings of affiliation and attachment can be made possible through the suggestions presented

1. The managements of both the government and private hospitals has to encourage its diligent and hard working doctors and nurses by sanctioning annual increments and bonus (where ever applicable). They may be encouraged by foreign trips and material gifts for their best performance.

2. The managements of both the government and private hospitals have to provide timely Promotions to its employees. Promotions are the most encouraging initiative by a management to its employees. It is a bench mark by which an employee performance, skills and employability are measured. The prospect of promotion works like an elixir to the doctors and nurses to give their best to the organization.

3. The managements of both the government and private hospitals have to motivate the best performers by giving awards and rewards for the Doctors, Nurses and to the other staff members of the organization. Star performer of the year, best employees of the year, award of excellence are some of the awards may be given to the employees. The awards boost the moral and self respect of the employees to give his best and to be loyal to the organization. Especially private hospitals are coming up with awards and rewards to its employees by mean stock options. As stock options are equity instruments.

4. The managements of both the government and private hospitals have to sponsor doctors and nurses for training programmes to know about the latest innovations taking in the field of medicine. It updates the knowledge of doctors and nurses and helps them in better treatment of the patient. Training is the one of the best HR initiatives of an organization. Training system encourage interpersonal learning and skill development among its staff. A training workshop is a platform for the employees of an organization to congregate and discuss various aspects of work related problems and come out with ways and means of resolving various issues of the organization. It is a platform not only honing the skills of the employees but also a means of self audit of the organization. The employees feel the sense of belonging and feel the pride of ownership.

Conclusion:

The effect of Quality of Work Life whether positive or negative cannot be over emphasized in the health care sector. With the health awareness among the user public, the quality of service offered to them is directly proportional to the quality of work life enjoyed by the administrative staff, doctors, nurses and other staff members of the hospitals. Hence the infrastructure, congenial atmosphere, friendly work culture, job satisfaction among the staff both superior and sub-ordinate will have a large scale bearing on their output. Therefore it is imperative on the management to provide the “best service atmosphere” which in turn will be converted to the best services offered to the user public.

Reference :

1. Campbell, JP and Beaty, EE (1971). The Organizational Climate: Its Measurement and Relationship to Work Group Performance. American Psychological Association
2. Jack A. Siggins, “Job Satisfaction and Performance in a Changing Environment,” Library Trends 41 (fall 1992): 299–315.
3. Spreitzer, G.M., Kizilos, M.A. and Nason, S.W. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness, satisfaction, and strain. *Journal of Management*, 23(5), 679-704.
4. Leisen, A. and Hyman, M.R. 2004, “Antecedents and consequences of trust in a service provider: The case of primary care physicians”, *Journal of Business Research*, 57, pp.990-999.
5. Naomi E Ervin. (2006). “Does patient satisfaction contribute to Nursing care Quality” *Journal of Nursing Administration* Volume 36 Number 4pp 200-204.
6. Durcharme, L.J. and Martin, J.K. (2000). Unrewarding work, co-worker support, and job satisfaction. *Work and Occupations*, 27 (2), 223- 243.
7. Michael Pfeil (2007). “Assessing the clinical skills performance of nursing students” 7:191, *Journal of Child Health Care*, 7:191, and sage publication.
8. Andrew. (2008). Difference Between Private Hospitals and Public Hospitals. *Private Hospitals vs Public Hospitals*.
9. C. A. Ajibola, L. O. Ogunjimi, and L. U. Akah (2009). Comparative analysis of stressors on job performance of public and private health workers in Calabar, Nigeria. *International NGO Journal* Vol. 4 (4), pp. 097-103, April 2009.
10. Analysis of Level of Stress among Doctors in Public and Private Hospitals of Bahawalpur District, Pakistan
11. Mohammed J Almalki, Gerry Fitzgerald and Michele Clark (2012). *BMC Health Services Research* 2012.
12. Naveen Ramesh .(2013). A Study on among Nurses in a Medical College hospital in Bangalore. *National Journal of Community Medicine* Volume 4 | Issue 3 | July – Sept 2013 Page 471.
13. Van Bogaert, Peter; van Heusden, Danny; Timmermans, Olaf; Franck, Erik, 2014-01-01.