

# Quality of Work Experience in Large Hospitals

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*Quality of Work Experience (QWE) measuring its intrinsic and extrinsic dimensions was studied, in three types of large hospitals. Data, using a structured questionnaire was collected from intensive and general care units, and from 199 respondents comprising nurses at staff and supervisory levels. Statistical analysis reveals that intrinsic, extrinsic and total QWE were highest in the government hospital and lowest in the university hospital. They were higher at the supervisory level also. QWE variables were not impacted by the type of unit (intrinsic or general care). Implications for practice and further research have also been suggested in the paper.*

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## Introduction

The Quality of Work Life (QWL) literature has contributed to our understanding of the experience of work in a number of ways. Thus, the nature of reactions to work has been illuminated by the theory of reactions to job characteristics (Hackman and Oldham, 1976) and to the extent to which poor work system designs have been contributed to the cycle of deprivation experienced by less advantaged members in the organization (Seshu, 2004; Fletcher and Payne, 1980).

## QWL/QWE: Origin, Concept and Approaches

More than two decades have passed since the phrase QWL was first introduced. It is referred to a wide range of concerns and projects, and it has been defined differently by its most articulate proponents (Nadler and Lawler, 1983). Originally, QWL was defined as an individual's reaction to work or the personal consequences of the work experience (Saklani, 2003). As an approach, QWL trend was triggered by the number of projects initiated with the primary aim of getting employees and management work collaboratively to improve the QWL. Further, it was conceptualized as methods, approaches, or technologies for enhancing the work environment and making it both more productive and satisfying.

In order to avoid confusion in understanding the concept of QWL which was used discreetly by many authors, Levin *et al.* (1984) have chosen a Delphi methodology which

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included participative development of definition of QWL which is a value domain concept (Dalkey, 1978). This approach consists of identifying those aspects of work that are seen as desirable by organizational members, that is, those aspects that enhance the quality of life at work (Davis, 1971). The present study supports this approach and specially chooses the QWL items that emerged from this approach (Levin *et al.*, 1984).

### **QWL or QWE?**

QWL is understood as a very broad concept that includes a plethora of work-related, and organization-related concepts. Thus, any number of dimensions in it may be still an incomplete endeavor in capturing the total essence of the meaning. The study, with caution, confines QWL to Quality of Work Experience (QWE) since the employees' perceptions about their experiences in work domain are being obtained for further analysis. Secondly, work life is an extremely broad domain whose boundaries cannot be traced and demarcated as easily as the term is used. To support this contention, Hackman and Suttle (1977) defined QWL as the degree to which members of a work organization are able to satisfy important personal needs through their experiences in organizations. Cacioppo and Mock (1984) gave additional support to this conceptualization while empirically validating the concept of QWE in a national study of Australian public and private sector employees.

Further, in this study, QWE (intrinsic and extrinsic QWE) concept was conceptualized as the "degree to which people perceive that their work experiences reflect an ideal work environment". The intrinsic QWE is conceptualized as "the degree to which people perceive the less tangible and qualitative aspects of life at work", whereas, extrinsic QWE as "the degree to which people perceive more tangible and qualitative aspects of life at work" (Chandrasekhar, 1996; Knoop, 1994).

### **Problems in Identifying QWE Dimensions**

An approach to the problem of incorporating human preferences into the design of organizational system is offered by QWL research, which consists of identifying those aspects of work that are seen as desirable by organizational members, i.e., those aspects that enhance the quality of life at work, and incorporating that information into initial design considerations. This potential has been recognized by (Davis, 1971) in the assertion that "technology today is so rich in potential variations and arrangements that design decisions can depend almost exclusively on the social side of the situation" (p. 36). In application, this requires that the construct "quality of working life" be specific and concrete in its definition (Davis, 1971).

For sometime QWL has been applied to a major subset of these new approaches in which increased employee well being is an explicit organizational objective (Mohrman

and Lawler, 1984). In this direction, Walton (1980) listed eight conceptual categories of QWL namely: 1) adequate and fair compensation, 2) safe and healthy environment, 3) development of human capacities, 4) growth and security, 5) social integration, 6) constitutionalism and due process, 7) total life space, and 8) social relevance and responsibility.

Till the last decade, there has been no well-developed or well-accepted definition of the QWL construct (Eilon, 1976). Perhaps, the reason for this situation could be the contention that different people had different perspectives as to what makes for a high quality of working life (Davis and Cherns, 1975). One of the reasons for such trend was supported by recent empirical research that suggests QWL takes on different meanings for different segments of the working populations (Taylor, 1978). Thus, the data in these several studies suggest time is not ripe, and perhaps never will be, for a fixed set of constructs for QWL. The present research contributes to the current dialogue by demonstrating that localized specific constructs developed from the particular classic domains of the work devised by Herzberg *et al.* (1957) maybe more promising in restoring the essence of what is QWE immediately understood by the very phrase.

In the recent times, the construct of QWE has generally taken a distinct trend in terms of conceptualization and operationalization for research purposes. Cacioppie and Mock (1984) in their study of an Australian national sample of 5976 public and private sector employees, statistically, established that quality of work experience is not a unidimensional construct. Factor analyses were carried out separately for the subsets of public and private employees. Results revealed that for public employees five first-order factors and one second-order factor were identified as underlying their perceptions of QWE. The first-order factors were 1) efficiency, e.g., organization operating near capacity and intergroup cooperation, 2) management, e.g., communication, awareness, and ability, 3) development, e.g., individual and creativity, 4) affiliation, e.g., care about welfare and integral part, and 5) atmosphere, e.g., environment and stress. The second-order factor was (1) quality of work life, especially the management's role.

Further the results of private employees revealed that six first-order factors and one second-order factor were identified. The first-order factors were 1) nature of work, e.g., interesting, 2) management, e.g., ability and communication, 3) social utility, e.g., usefulness of products of work, 4) meetings, e.g., frequency and efficiently run, 5) efficiency, e.g., organization operating near capability, and 6) atmosphere, e.g., stress and environment. The second-order factor was 1) quality of work life, especially the management's role.

Levine *et al.* (1984) studied perceptions of white-collar employees, including supervisors and managers of an American company. These people participated in a Delphi

panel for defining QWL. This methodology was viewed as an appropriate technique for the participative development of a definition of a value domain concept such as QWL (Dalkey, 1978). Results of the study revealed that QWL is a unidimensional construct with as many as 7 items emerging from a total of 86 QWL topics. Further, responses to 7-item-scale from a sample of 450 employees revealed that QWL measure was extremely reliable.

Sekaran (1989) was of the view that the commonly measured indices of the QWL is the extent of employees job involvement or self-investment at work, their sense of competence, and job satisfaction or the satisfaction they derive from the various facets of their work such as from the nature of the job itself, the supervision, co-workers, pay, promotional opportunities, growth and development on the job, and other aspects of the work environment.

Glasser (1976) thinks that the term QWL recently has come to mean more than job security, good working conditions, adequate and fair compensation, and more than even equal employment opportunities or job enlargement. Subsequently, Walton (1974) proposed major conceptual areas such as adequate and fair compensation, safe and healthy environment, development of human capacities growth and security, social integration, constitutionalism, the total life space and social relevance. While Baumgartel (1980) proposed dimensions of QWL such as job security, wage equity, individualism and work place democracy.

### **The Present Study**

Studies on effects of nature of work and work related concepts on people's behavior at work have not only been predominant in manufacturing organizations but also in services organizations. Some of these are presented in the following sections.

What is evident from all the works on QWL? It points out that attempts to define the concept of QWL have, at times, emphasized only either issues selected discretionarily, or concepts listed much longer and more specific. Further, there seems to be little agreement about priorities. Despite, many studies have witnessed increasing confusion about what QWL means and what its implications for action are. Nevertheless, there is a growing importance of this concept in the organizational settings. Thus, in the present study, perceived QWE scale was developed culling items from the works of some of the studies mentioned earlier.

The most widely used approach that classifies work into intrinsic and extrinsic domains has been safe for many conceptual and methodological reasons (Wernimount, 1972). This is quite rational in terms of conceptualizing QWE also. It is already mentioned elsewhere that QWE is losing its essences due to the inclusion of extremely varied number of



concepts to conceptualize the construct operationally. Researchers working with different paradigms have used different definitions of extrinsic and intrinsic issues (Billings and Cornelius, 1980). This approach is evident in its application to other work related concepts like, intrinsic and extrinsic work motivation (Herzberg *et al.*, 1957), intrinsic and extrinsic work values (Knoop, 1994), and intrinsic and extrinsic job satisfaction (Chandrasekhar, 1995). Further, Wernimount (1972) suggested that these two dimensions represent two separate constructs. While adopting this as an approach suggested by Herzberg *et al.*, (1959) motivation-hygiene theory, this study treats QWE as bi-dimensional construct to include intrinsic QWE and extrinsic QWE constructs.

A perusal of the studies reveal that there is no uniform trend in the research on QWL/QWE in hospitals and healthcare organizations. Thus, there is an immediate need for a specific perspective of research on QWE in hospital setting. Therefore, in this paper, two objectives have been addressed. Firstly, it attempts to measure the concept of quality of work experiences in a hospital context. Secondly, it also attempts to analyze the quality of work experiences according to the type of hospital and type of unit of care in the hospitals. It was hypothesized that "type of organization, type of unit and job level will have main and interactive effects on quality of work experiences".

## **Methodology**

A descriptive research design has been adopted for the present study in order to portray the quality of work experiences and organizational support as variables of the study.

### **Selection of Hospitals and Sampling**

Three organizations namely a public hospital, a university hospital, and a corporate hospital, largest in their categories in terms of their bed strength, have participated. A 3x2x2 factorial design was adopted with three types of hospital organizations, two work units per hospital and two levels of nursing personnel as participants. Stratified disproportionate random sampling method was utilized in selection of participants from each hospital. Thus, 30 supervisory nurses and 50 staff nurses from each hospital were chosen randomly. As such, the total supervisory nurses were 90 and staff nurses were 150. This comes to a total of 240 nursing personnel for the final sampling frame. However, only 199 of them responded by returning the filled-in questionnaires—a response rate of 82.91%.

### **Method and Tools of Data Collection**

A questionnaire method of data collection was considered to be appropriate for the study since the participants are all educated to respond to the questions on their own. A structured questionnaire was developed on the basis of pilot study results, which contained two parts. Part A elicited data regarding demographic characteristics of the participants whereas Part B included scales to quality of work experiences.

## Quality of Work Experiences Measures

Nadler and Lawler (1983) are of the opinion that in this era, QWL has been equated with several different concepts in the domains of organizational literature. This trend poses serious problems like conceptual ambiguity, dilution of construct and replication of older concepts in newer terms or what is generally stated as "old wine in new bottle".

For the purpose of measuring perceived quality of work experiences of the nursing personnel, a specially constructed scale was utilized in this study. Evidences show that a large number of scales are available to measure QWL, but lacking consensus. Some studies have reported QWL as a multidimensional construct subsuming nearly 20 dimensions. Many studies reported to have identified from five dimensions to nearly 20 dimensions. Since, this trend is gradually diluting the essence of QWL by casually incorporating other work related concepts, this study has taken the Herzberg's work content and work context parameters for assessing the work related experiences of nurses with the contention that peoples experience at work should either include perceptions about work content or work contexts. Thus, QWE is treated as a bi-dimensional construct bifurcating, intrinsic and extrinsic QWE experiences. Twenty-nine items each for assessing the intrinsic and extrinsic QWE experiences were culled from the works of Walton (1980), Levine *et al.* (1984), and Cacioppie and Mock (1984). Thus, there were 58 items used to measure total quality of work experiences perceived by the participants of this study. Split half reliability coefficients for the intrinsic and the extrinsic QWE were 0.8284 and 0.8092. The split half reliability coefficient for the entire scale, that is, Total Quality of Work Experience (TQWE) is 0.8925. Thus, it could be said that the internal consistency of these scale is very high and therefore the scales are highly reliable.

## Objectives and Hypotheses

This study has a twofold purpose. Firstly, it attempts to understand the perceived quality of work experiences. Secondly, it attempts to explore whether perceived quality of work experiences are a function of unit type, hospital type and job level.

- The nursing personnel will differ with their perceptions on quality of work experiences according to the ownership of their hospitals.
- The nursing personnel will differ with their perceptions on quality of work experiences according to the patient care unit in which they work.
- The nursing personnel will differ with their perceptions on quality of work experiences according to their job levels.

- The type of organization, type of unit, and job level will have main and interaction effects on the perceived work system interdependence, quality of work experiences, and organizational support of nursing personnel.

## Results and Discussion

The results are presented in the order, and the hypotheses have been formulated. This way, the results would be systematically presented in the light of the main objective. Firstly the quality of work experiences of the respondents will be presented in relation to their type of hospital, followed by the type of unit in which they have been working. The next analysis is relation to the type of job level. Lastly, the main and interaction effects of all the three variables namely the organization type, unity type and the job level on the QWE have been analyzed and presented.

Table 1: Scores on Measure of Perceived Quality of Work Experiences by Type of Organization							
Organization Type	Government Hospital		University Hospital		Corporate Hospital		F value
Perceived QWE Variables	Mean	SD	Mean	SD	Mean	SD	df = 2,198
Intrinsic QWE	153.44	18.69	145.45	4.99	151.81	8.13	3.686@
Extrinsic QWE	129.01	22.98	117.79	1.49	125.77	8.24	6.440*
Total QWE	285.94	39.73	266.35	3.57	281.39	4.52	6.051*
Note: *P < 0.01; @ P < 0.05							

It is evident from Table 1 that, with regard to intrinsic QWE, the participants at government hospital scored highest (mean = 153.44) on such experiences followed by the participants at corporate hospital (mean = 151.81). The participants at university hospital scored least (mean = 145.45) when compared with their counterparts. These differences have succeeded in reaching statistical level of significance (F = 3.686, P < 0.05).

With regard to extrinsic QWE, a similar pattern was observed. That is, the participants at government hospital scored higher on the scale with a mean score of 129 than the participants of corporate hospital (mean = 123.77) and university hospital (mean = 117.79). Such difference was also found statistically significant.

Finally, with regard to TQWE, which is the summated score of intrinsic and extrinsic quality of work experiences, the government hospital participants stood highest (mean = 285.94), followed by corporate hospital participants (mean = 281.39), and university



hospital participants (mean = 266.35). Interestingly, such difference was also found to be statistically significant ( $F = 6.051$ ,  $P < 0.01$ ). This means that the government hospital members have been experiencing more QWE than others. Further, corporate hospital members stood second in their QWE experiences, whereas the university hospital members stood lowest in their quality of work experiences—intrinsic, extrinsic as well as total QWE. This could be because of the fact that in teaching hospitals, the work goals are varied, and the relationships with superiors keep changing as the superiors change from employees to employees. All these may have affected their work experiences. On the other hand, the mean scores obtained by the participants have surpassed the theoretically stated mean scores (IQWE = 116; EQWE = 116; TQWE = 232). This means, though the nursing personnel have been experiencing QWE differentially, yet these experiences are very strong among all of them.

**Table 2: Scores on Measure of Perceived Quality of Work Experiences by Unit Type**

Unit	General Care Unit		Intensive Care Unit		F value
	Mean	SD	Mean	SD	df = 1,198
Perceived QWL					
Intrinsic QWE	150.99	16.39	149.43	18.79	0.427
Extrinsic QWE	126.34	18.69	122.01	18.72	2.833
Total QWE	280.73	33.11	274.94	35.25	1.550

The response patterns emerging from the means of both dimensions of quality of work experiences perceived by participants of two patient care units shown in Table 2 reveal that though the GCU participants perceived their intrinsic QWE (mean = 150.99) slightly more than the ICU participants (mean = 149.43), yet such difference is not statistically significant. In case of extrinsic QWE, the GCU participants have scored higher on the scale (mean = 126.34) than the ICU (mean = 122.01) participants. However, such difference failed to reach statistical level of significance.

It is similarly so with regard to total quality of work experiences, that is, the GCU participants rated it very high (mean = 280.73) as compared against the mean of 274.94 scores obtained by ICU participants. Yet the difference is not statistically significant.

On the other hand, the participants mean scores on all QWE dimensions have surpassed the theoretically stated means mentioned elsewhere. This means, the quality of work experiences among the nurses at both units is above the average standards.



Table 3: Scores on Measure of Perceived Quality of Work Experiences by Job Level					
Unit	Staff Level		Supervisory Level		F value df = 1,198
Perceived QWE	Mean	SD	Mean	SD	
Intrinsic QWE	147.46	16.07	156.74	19.41	11.401*
Extrinsic QWE	122.00	16.47	129.37	22.68	5.697@
Total QWE	273.03	30.29	289.28	40.14	8.860*
Note: *P < 0.01; @ P < 0.05					

The response patterns emerging from the means of the two dimensions of QWE at two job levels, shown in Table 3, reveal that on all the dimensions, participants at supervisory level have scored very higher than the participants at staff level.

With regard to the overall QWE score, a similar pattern was observed. That is, the participants at supervisory level scored extremely higher (mean = 289.28) than the participants at staff level (mean = 273.03). All these findings were successful in reaching statistical levels of significance. Further, both the participants have obtained mean scores which are more than the theoretically stated standards. This means, the nurses in both the job levels have been experiencing more QWE than the average standards expected.

In order to test the hypothesis, a 3x2x2 factorial anova has been computed. Table 4 presents the main and interactive effects of type of organization (A), type of unit (B), and job level (C) on the quality of work experiences scores obtained by the participants of the study.

Summaries of ANOVAs presented in Table 4 reveal that type of organization yielded a significant main effect on all the dimensions of and overall score QWE scale. Similar trend is observed with regard to the main effects of job level. However, in case of the main effect 'type of unit' on QWE, a reverse trend is observed.

With regard to 2-way interaction terms, AxB and BxC did not yield any significant interactive effect on QWE dimensions. However, AxC did yield a significant interactive effect only on IQWE but not on others.

With regard to 3-way interaction term, AxBxC failed to yield significant interactive effects on all the QWE dimensions. In other words, it could be said that type of organization and job level independently affected the QWE perceived by the participants.

It was very surprising to note from the findings that, with regard to quality of work experiences, neither the 2-way interaction terms nor the 3-way interaction term yielded significant interaction effect on these variables. However, type of organization and job level could have main effects on TQWE. Thus the hypothesis that "type of organization, type

of unit and job level will have main and interactive effects on quality of work experiences” has received extremely less support. In other words, main and interaction effects of these variables may not influence quality of work experiences but type of organization and type of unit does have influence on the quality of work experiences.

**Table 4: Summaries of 3x2x2 Factorial ANOVAs Performed on Scores of Measures of Perceived Quality of Work Experience Variables**

Perceived QWEs	Source	df	Mean Squares	F Value
Intrinsic Quality of Work of Experiences (IQWE)	Organization Type (A)	2	1047.62	3.69@
	Unit Type (B)	1	121.12	0.42
	Job Level (C)	1	3231.45	11.40*
	Interaction (AxB)	2	145.42	0.51
	Interaction (AxC)	2	1734.37	6.11@
	Interaction (BxC)	1	84.14	2.97
	Interaction (AxBxC)	2	182.22	0.64
	Error	187	283.42	
Extrinsic Quality of Work of Experiences (EQWE)	Organization Type (A)	2	2074.35	6.44*
	Unit Type (B)	1	912.37	2.83
	Job Level (C)	1	1835.14	5.69@
	Interaction (AxB)	2	799.36	2.48
	Interaction (AxC)	2	133.96	0.41
	Interaction (BxC)	1	99.04	0.30
	Interaction (AxBxC)	2	202.80	0.63
	Error	187	322.10	
Total Quality of Work Experiences (TQWE)	Organization Type (A)	2	6633.87	6.05*
	Unit Type (B)	1	1655.09	1.55
	Job Level (C)	1	9420.19	8.86*
	Interaction (AxB)	2	1636.66	1.53
	Interaction (AxC)	2	2524.83	2.37
	Interaction (BxC)	1	275.31	0.25
	Interaction (AxBxC)	2	789.77	0.74
	Error	187	1063.24	
Note: *P < 0.01; @ P < 0.05				



## Implications

Quality of work experience as a strategy of human resource management is the key for the development of work systems in hospitals; it impacts customer relationship management.

New work systems need to be evolved in hospital context which could mutually reinforce organizations to become high performance oriented and also help members of an organization derive rewarding careers from such work arrangements in modern organizations. How to evolve such high performance work systems?

Organizational processes are interdependent and success of any change in such processes hinges on the active involvement of all the people in the organization. One such process is team process. Teamwork system in any organization underlines interdependent and cohesive functioning for accomplishment of the team goals.

This means, the teamwork system creates interdependence in its centrality, which further promotes quality of work experiences, through facilitating intrinsic rewards in the form of organizational support. Thus, it is suggested that work system design should emphasize creating teams in the hospitals. An important reason for this is that almost all the jobs in hospitals are very highly interdependent (Darr and Rackich, 1992; Georgopolus and Mann, 1962), and such interdependent jobs have longer implication for quality of patient care which is the ultimate concern of TQM culture.

Change is a permanent fact of life and will continue through thick and thin. Customers are becoming finickier and finickier and niche marketing would be inescapable. Technology is changing fast and globalized competition has gradually become a fact of life. In this context, an organization has to do whatever is necessary to survive and grow. Irrespective of the product or the service offered, an organization has to re-engineer its business processes, so as to attract, and retain its customers and keep them fully satisfied.

## Conclusion

The study attempted at understanding the quality of work experiences from a two-dimensional conceptualization. Further, the concept has been extended to the realms of three types of hospitals in the twin cities of Hyderabad and Secunderabad. The effect of type of hospital, type of unit and their interaction terms on the quality of work experiences has been analyzed and found that except type of hospital and type of unit, the others have not effected quality of work experiences in the hospitals.

To be more specific, neither the 2-way interaction terms nor the 3-way interaction term yielded significant interaction effect on these variables. However, type of organization and job level could have main effects on TQWE.

The first and the third hypotheses have received support from the results. The second hypothesis has not received any support. However, the last hypothesis has received less support.

It could be said that effects of work system maybe divergent on quality of work experiences referred as above. There is a plethora of literature available to understand the negative effects of work and its related concepts. At this juncture, a renewed research approach is needed to understand the positive side of work and its broader influences on the people's work lives as well as their other domains of social lives. This will be a greater contribution to the applied social sciences. □

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