

CHAPTER 6

CONCLUSION AND IMPLICATION

The study of quality of work life(QWL) of professional nurses was carried out in a big private hospital in Bangkok Metropolis. This was the first phase which was studied in Thailand. The instrument "Self administrated Questionnaire" was borrowed and modified from organizational behavioral science and psychology applied in organization management might not covered to measure QWL as a whole. So some controversies remained about the reliability of the the instrument, specially the justification of cut off points, which certainly requires further trial and susequent development. However, as a initial study in this field, the researcher hopes that the result of this study could act as the baseline data of QWL of the professional nurses for the further study and could give more benefits for other researcher who would be interested in this issue particularly evaluation of hospital productivity and patient satisfaction.

While investigating the QWL in professional nurses, this study probably for the first time used a scale to discriminate between its different levels. Some of the demographic variables shown significance on chi-square test but failed to do so on multivariate analysis of them position, nursing experience and duration of present work could be very

interrelated and influence each other. They need more careful attention and exploration in a number of different ways. As for Age, though either groups were significantly different probably age could well be a confounding factor for all other variables. Because, conceptually work experience, duration of present work and position might in turn depend on age.

All the other variables in the categories of "Relatedness needs", "Growth needs", and "Existence needs" did not show any significance. Non significance of them should not be considered as their unimportance. This particular setting, small sample size and other limitations of this study might affect this result.

All the variables in the category of "Job environment" showed significant on univariate analysis and three of them maintained it after adjustment for the confounders. One variable namely "Disappoint with job" produced an extremely large odd ratios value, although this was not significant statistically (Table 4.12).

Overall the distribution of level of QWL was almost same and result into two almost equal numbered group (Table 4.3). The total absent of Good QWL in this study probably indicated a tendency towards lower level of QWL. Moreover most of the respondent were concerned with their job environment, rather than other personal or related than other personal or related needs.

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Therefore it could be suggested that, further studies were needed to clarify this matter more perfectly. The future studies should include a proper representative sample from both public and private sectors, from different settings, and a more comprehensive and broad based study design preferably the focus group discussion, or other participatory studies could probably answer some of these disputed issues. At the same time the measuring instrument should be improvised to make it more reliable and valid.

A private hospital should concern how to make effective human resource management particularly the professional nurses who play the important role not only in approaching directly and closely to patients and relatives but also play the cooperative role with the physicians to support quality care service development. Thus the private hospital administrator should concern in as following;

1. Professional nurses individual needs for growth and development are most likely to be satisfied in a supportive and challenging work environment.

2. Most professional nurses are capable of assuming responsibility for their own actions and making positive contributions to organizational performance.

3. The private hospital structures and jobs can be designed to meet the needs of individuals and groups as well as the organization.

Initially the hospital administrators should concern and solve the basic causes affecting the QWL of professional nurses. Each of these problem areas will be discussed as well as possible solutions.

1. Unrealistic job expectations have been cited as the foremost difficulty in employee-related problems. One possible explanation is that graduates have the mistake notion that somewhere there is the "perfect" hospital and job if only they can find it. The interviewer can present as realistic a view as possible of the available position and the hospital.

2. A second problem is the some professional nurses have additional responsibilities outside the hospital which limit their availability; for instance, those with small children or educational commitments. Hospital should respond to this need by offering child care services to their staff free of cost, and by creating more part-time positions.

3. Professional nurses complain of unreasonable amounts of pressure on the job because of either too much work or an inadequately prepared staff. They find they are unable to give the type of care they know their patients need. The most logical approach in resolving this dilemma is to reduce or eliminate non-nursing responsibilities.

4. Professional nurses interpersonal relations with coworkers, immediate supervisor, and general supervisory personnel are a part of reduce QWL. The nursing administrators might be provided their management staff to

meet the challenge. No professional nurses should be management position without the benefit of leadership training.

5. Poor physician-professional nurse relationship are also a primary concern to many professional nurses. To remedy this situation hospitals should experiment with a joint practice approach, by which a doctor and a professional nurse together plan care for a group of patients. Thus each patient has his own doctor and his own professional nurse and get more benefit of treatment and quality of care.

6. Administrative policies and philosophy contribute more than any other factor to the QWL of professional nurses. One administrative concern is salary. The hospital administrators should concern about it would be erroneous, especially considering the present economy and rate of inflation.

7. Lack of nursing autonomy and professional recognition. Professional nurses believes they have a significant contribution to make in health care but find that their input is not sough or valued by physicians or administrators. Nursing department today require an administrative philosophy that pays more than lip service to personal and professional growth. One way it can do this by encouraging the decentralization of nursing units so that professional nurses can manage their own staffing, implement their ideas, and be responsible and accountable for the

quality of care provided.

8. Professional nurses are also concerned about the lack of opportunity for advancement expect through administrative positions. To develop career ladders in clinically competent nurses could be promoted to clinical consultants, joint practice positions. Clinical competence should also be rewarded financially.



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