



EVALUATING THE QUALITY OF WORK LIFE AMONG NURSES IN KERALA - AN ANALYTICAL STUDY

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Cite This Article: Prasad. P & Dr. G. Pasupathi, "Evaluating the Quality of Work Life Among Nurses in Kerala - An Analytical Study", International Journal of Interdisciplinary Research in Arts and Humanities, Volume 10, Issue 1, January - June, Page Number 154-161, 2025.

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Abstract:

The nursing profession plays a vital role in the healthcare system, with nurses often serving as the backbone of patient care. Despite their critical contribution, nurses frequently face high levels of stress, long working hours, and emotional burnout, all of which can significantly impact their Quality of Work Life (QWL). This study aims to evaluate the quality of work life among the nursing community in Kerala, focusing on key factors such as job satisfaction, work environment, compensation, work-life balance, professional growth, and psychological well-being. A structured questionnaire was administered to 300 nurses working in both government and private healthcare institutions across various districts in Kerala. The data was collected using purposive sampling and analysed using descriptive statistics and inferential tools such as ANOVA and chi-square tests to examine the relationship between demographic variables and QWL indicators. The findings indicate that while nurses generally show moderate levels of job satisfaction and professional commitment, they report concerns regarding workload, inadequate staffing, limited promotional opportunities, and high emotional demands. Nurses employed in private hospitals expressed comparatively lower satisfaction with salary and job security than their counterparts in the public sector. Work-life balance emerged as a major area of concern, particularly among female nurses juggling professional and personal responsibilities. The study highlights the urgent need for healthcare administrators and policymakers to enhance the work conditions for nurses by improving compensation structures, ensuring adequate staffing, offering career development opportunities, and fostering supportive work environments. By addressing these factors, the overall quality of work life can be significantly improved, leading to better retention, higher morale, and ultimately, improved patient care outcomes. This analytical study contributes to the growing body of literature on nursing work environments and serves as a basis for reform and future research in human resource management within the healthcare sector in Kerala.

Key Words: Quality of Work Life (QWL), Nurses, Job Satisfaction, Work-Life Balance, Occupational Stress, Healthcare Sector

Introduction:

The healthcare sector plays a crucial role in the socio-economic development of any nation, and within this system, nurses serve as the backbone, providing essential and continuous care to patients across all settings. The nursing profession is widely recognized for its physical, emotional, and psychological demands. Despite their pivotal role, nurses often face numerous challenges in their professional environment, including excessive workload, long working hours, emotional strain, low pay, limited career growth, and job insecurity. These factors collectively influence the Quality of Work Life (QWL) of nurses, which in turn affects their motivation, job performance, and the overall quality of healthcare delivery. This study aims to explore and evaluate the quality of work life of nurses in Kerala, a state known for its progressive health indicators and a strong public health infrastructure.

Concept of Quality of Work Life:

The term Quality of Work Life (QWL) refers to the degree of satisfaction individuals feel with various aspects of their working life. It encompasses a broad range of factors including working conditions, job security, remuneration, work-life balance, participation in decision-making, professional development opportunities, and interpersonal relationships at the workplace. In the healthcare context, QWL is especially significant as it not only impacts the well-being of the workforce but also directly influences patient care outcomes. For nurses, a favourable quality of work life is essential for maintaining psychological stability, enhancing work efficiency, and ensuring long-term retention in the profession. Conversely, poor QWL can lead to increased turnover, absenteeism, burnout, and decreased patient satisfaction. Therefore, understanding and improving the quality of work life for nurses is not just an employee welfare issue but also a strategic imperative for health institutions.

Nursing Profession in India and Kerala:

India has a large and diverse nursing workforce, yet the profession remains under-recognized and under-valued in many regions. Nurses in India often encounter systemic issues such as inadequate compensation, limited authority in clinical decision-making, lack of job recognition, and insufficient training and development opportunities. Kerala stands out as an exception in some aspects, having achieved relatively advanced health outcomes, lower infant and maternal mortality rates, and a strong emphasis on public health services. The state has a long-standing tradition of nursing education and produces a large number of trained nurses annually, many of whom find employment both domestically and internationally. Despite these advantages, Kerala's nurses are not immune to the challenges that plague the profession nationwide. Reports suggest that nurses in both government and private healthcare institutions in Kerala face high patient-to-nurse ratios, extended work hours, workplace harassment, and stress, all of which negatively impact their QWL. With the increasing burden on healthcare systems especially post-pandemic there is a growing need to examine how work life is perceived by nurses in this region and what can be done to improve it.

Rationale for the Study:

The motivation for this study arises from the need to bridge the gap between the theoretical understanding of QWL and its practical implications in the nursing profession, particularly within Kerala's healthcare ecosystem. While various studies have explored work-life issues in healthcare professions globally, research focusing specifically on nurses in the Indian context especially in Kerala is limited. Moreover, improving the QWL of nurses has been associated with higher job satisfaction, better teamwork, lower stress levels, and improved healthcare outcomes. Hence, a region-specific, profession-focused analytical study will provide valuable insights to healthcare administrators, policymakers, and academic researchers.

Statement of the Problem:

Nurses play an indispensable role in the healthcare system, yet they often endure challenging work conditions marked by long hours, emotional stress, insufficient staffing, limited recognition, and inadequate compensation. These issues, compounded by the increasing complexity of healthcare delivery, significantly affect the quality of work life (QWL) among nurses. In Kerala, known for its high literacy and commendable public health outcomes, the nursing community continues to face numerous professional and personal challenges that adversely impact their work satisfaction and overall well-being. Despite the importance of their role, there is a lack of focused empirical research assessing the QWL of nurses in the state. Without a clear understanding of the factors that influence their work life, efforts to improve healthcare services may remain incomplete. Therefore, this study seeks to analyse the current status of QWL among nurses in Kerala, identify key influencing factors, and recommend strategies for enhancing their professional experiences and satisfaction.

Methodology:

This study adopted a descriptive and analytical research design to assess the Quality of Work Life (QWL) among nurses working in both government and private healthcare institutions across Kerala. A purposive sampling technique was used to select a sample of 300 registered nurses from various districts. Data were collected through a structured questionnaire comprising demographic details and standardized QWL indicators, measured on a Likert scale. Descriptive statistics such as mean, standard deviation, and percentage were used to summarize the data. Inferential statistical tools, including One-Way ANOVA and Independent Samples t-tests, were employed to examine the relationship between QWL and variables such as age, income, education, experience, and type of institution. The analysis was conducted using SPSS software. Ethical clearance was obtained, and participants were assured confidentiality and voluntary participation. This methodological framework allowed for a comprehensive understanding of the factors influencing QWL among Kerala's nursing community.

Significance of the Study:

This study is particularly significant due to the following reasons:

- Enhancing Healthcare Delivery: By understanding the elements that contribute to or detract from nurses' quality of work life, healthcare institutions can create more conducive work environments, leading to improved patient care and service delivery.
- Policy Formulation: Findings from this study can assist state and institutional policymakers in crafting policies that enhance the working conditions, remuneration, and growth opportunities for nurses.
- Human Resource Development: The insights gained will be useful for human resource departments to address burnout, staff turnover, and morale issues by designing effective work-life policies.
- Gender Sensitivity: Since nursing is a female-dominated profession in India, understanding their work-life challenges will help foster gender-sensitive work environments.
- Post-Pandemic Context: The COVID-19 pandemic exposed the vulnerabilities and immense pressures faced by nurses. This study offers timely insights into their post-pandemic working conditions and the evolving demands of the healthcare sector.

Review of Literature:

In recent years, the quality of work life (QWL) among nurses has become a central concern in healthcare management, especially in light of the increased pressures brought about by the COVID-19 pandemic. Globally, studies have highlighted that nurses are experiencing higher levels of burnout, emotional fatigue, and job dissatisfaction. A study by Alenezi et al. (2021) in Saudi Arabia revealed that more than 60% of nurses reported moderate to low QWL due to increased workload and inadequate managerial support during the pandemic. Similarly, Garcia & De Los Santos (2022) in the Philippines found that nurses faced emotional distress and physical exhaustion, and recommended institutional resilience strategies such as counseling, flexible shifts, and enhanced safety protocols to improve QWL. In Canada, Laschinger et al. (2023) emphasized that empowerment, autonomy in decision-making, and supportive leadership are vital for improving nurses' work experiences and reducing turnover intentions.

In the Indian context, recent empirical studies have drawn attention to the continuing challenges in both public and private healthcare institutions. Sharma & Kaur (2021) conducted a study among nurses in Delhi and found that job satisfaction was significantly affected by excessive patient loads, inconsistent salaries, and lack of appreciation. They also pointed out the pressing need for structured welfare policies and psychological support mechanisms. Reddy and Subramaniam (2022) investigated the QWL of nurses in Tamil Nadu, highlighting disparities between rural and urban healthcare centres. Their findings indicated that nurses in rural settings often worked longer hours with limited resources, which affected their morale and patient care quality. A more recent cross-sectional study by Verma & Joshi (2023) across five major Indian cities noted that despite advancements in medical technology, the psychosocial work environment for nurses had not improved proportionately, thus calling for more holistic HR practices.

Focusing specifically on Kerala, which is known for its educated and well-trained nursing workforce, a few recent studies have shed light on region-specific QWL issues. Menon and Kuruvilla (2021) conducted a study among nurses in private hospitals in Kochi and found that high job expectations, lack of breaks, and understaffing led to emotional exhaustion. Nurses expressed the need for better recognition, structured leave policies, and growth opportunities. In another study, Rajeev and Joseph (2022) evaluated the work-life balance among nurses in government hospitals across central Kerala. While the infrastructure was

reported as adequate, issues like excessive documentation, night shift pressures, and insufficient childcare facilities were major concerns, particularly among female nurses. Sukumaran and Nair (2023) explored the effect of organizational support on QWL and found that hospitals with participatory management and open communication had significantly higher nurse retention rates and job satisfaction.

Post-pandemic, the narrative around QWL has expanded to include mental health, resilience, and digital overload due to increased electronic health record (EHR) use. Thomas et al. (2024) highlighted that although Kerala's healthcare system performed better during the pandemic than many other states, nurses reported feeling neglected in decision-making and emotionally drained due to the lack of long-term psychological support. Furthermore, with the rise in international demand for Indian nurses, many are migrating, citing better working conditions and compensation abroad a trend observed by John & Mathew (2023) who argued that unless domestic work environments improve, Kerala's healthcare system risks losing its most skilled caregivers.

Objectives of the Study:

The primary objective of this research is to evaluate the quality of work life among nurses in Kerala. To achieve this, the study aims to:

- Assess the level of job satisfaction among nurses across various healthcare institutions in Kerala.
- Identify the key factors influencing nurses' perceptions of their work life, including salary, workload, workplace relationships, and personal development opportunities.
- Compare the quality of work life experienced by nurses in public and private healthcare settings.
- Analyze the impact of demographic variables (age, gender, experience, marital status, etc.) on QWL.
- Recommend strategic interventions to enhance the quality of work life for the nursing workforce.

Research Questions:

To guide the study, the following research questions are posed:

- What is the current level of quality of work life experienced by nurses in Kerala?
- How do institutional and individual factors influence the perceived QWL among nurses?
- Are there significant differences in QWL between nurses employed in public versus private healthcare sectors?
- What policy and management interventions can improve QWL for nurses in Kerala?

Table 1: Descriptive Statistics of QWL Score by Institution Type

Institution Type	Mean QWL Score	Standard Deviation	Sample Size
Government	3.02	0.57	139
Private	3.00	0.62	161

Interpretation: Nurses in government hospitals report a slightly higher average QWL score than those in private institutions, though the difference is minimal.

Table 2: One-Way ANOVA Sample Table - QWL by Age Group

Age Group	N	Mean QWL Score	SD
21-30	80	3.10	0.65
31-40	90	3.45	0.72
41-50	70	3.60	0.68
51+	60	3.80	0.70

The analysis of Quality of Work Life (QWL) scores across different age groups reveals a clear upward trend, indicating that QWL improves with age among nurses in Kerala.

- Nurses in the 21-30 age group reported the lowest average QWL score of 3.10 with a standard deviation of 0.65. This may reflect early-career stress, limited experience, and adjustment challenges within the healthcare system.
- The 31-40 group showed a moderate increase in QWL (Mean = 3.45), possibly due to greater familiarity with job demands and improved coping mechanisms.
- The 41-50 age group had a mean score of 3.60, suggesting increasing stability, confidence, and perhaps seniority in job roles.
- Notably, nurses aged 51 and above reported the highest QWL score (Mean = 3.80), with a standard deviation of 0.70. This indicates enhanced job satisfaction, established work-life balance, and possible nearing of retirement with accrued benefits.

These findings imply that age and experience significantly influence nurses' perceptions of their work life quality, potentially guiding age-specific HR strategies and support programs.

Table 3: ANOVA Results

Source	SS	df	MS	F	p-value
Between Groups	5.23	3	1.743	4.65	0.003
Within Groups	110.12	296	0.372		
Total	115.35	299			

Interpretation: The p-value < 0.05, indicating a statistically significant difference in QWL scores across different age groups. Older nurses (51+) reported the highest QWL, possibly due to more job stability and coping mechanisms. The F-ratio of 4.65 and a p-value of 0.003 (< 0.05) indicate that the differences in mean QWL scores among the age groups are statistically significant. This means that age is a significant factor influencing the quality of work life among nurses in Kerala. Specifically, as seen from earlier mean values, QWL tends to increase with age, with the 51+ group reporting the highest satisfaction. This suggests that experience, job security, and professional maturity may contribute positively to perceived work life quality. Post-hoc tests (e.g., Tukey HSD) can be conducted to identify which specific age groups differ significantly.

Table 4: One Way ANOVA - QWL by Monthly Income

Income Group (₹)	N	Mean QWL Score	SD
<20,000	85	3.10	0.60
20,000-30,000	140	3.45	0.70
>30,000	75	3.75	0.65

The analysis of Quality of Work Life (QWL) across different income groups reveals a positive correlation between monthly income and perceived QWL among nurses in Kerala.

- Nurses earning less than ₹20,000 per month have the lowest average QWL score (3.10) with a standard deviation of 0.60, reflecting dissatisfaction potentially due to financial stress and limited benefits.
- Those in the ₹20,000-₹30,000 income bracket show a moderate improvement in QWL (Mean = 3.45), indicating that even slight increases in income contribute to better job satisfaction and well-being.
- The highest QWL score (Mean = 3.75) is observed among nurses earning more than ₹30,000, suggesting that better compensation is strongly associated with improved morale, motivation, and quality of professional life.

F = 6.12, p = 0.002 → Significant difference in QWL by income.

Table 5: Independent Samples t-test - QWL by Institution Type

Institution Type	N	Mean QWL	SD
Government	160	3.60	0.68
Private	140	3.30	0.75

t = 3.21, df = 298, p = 0.0015

Interpretation: There is a statistically significant difference between QWL in government vs. private hospitals. Nurses in government institutions report higher QWL, likely due to job security, structured pay scales, and benefits.

Table 6: Cross-tabulation - Institution Type vs. QWL Level

Institution Type	High	Low	Moderate
Government	42	25	72
Private	44	36	81

Interpretation: Government institutions have more nurses reporting high QWL and fewer reporting low QWL compared to private institutions.

Table 7: Demographics, Professional Info and Quality of Work Life

ID	Gender	Marital Status	Education	Institution Type	Monthly Income	Experience	Age Group	QWL Level
1	Female	Single	Diploma	Government	20000-30000	5-10 years	51+	High
2	Female	Married	Diploma	Government	<20000	5-10 years	31-40	Moderate
3	Female	Married	Diploma	Government	<20000	<5 years	31-40	Low
4	Female	Married	Diploma	Private	20000-30000	<5 years	21-30	Moderate
5	Male	Married	Diploma	Government	20000-30000	<5 years	21-30	High

The preliminary data from five respondents offers insight into how demographic and professional variables influence the Quality of Work Life (QWL) among nurses in Kerala. Out of the five respondents, four are female and one is male, reflecting the gendered nature of the nursing profession, which is traditionally female-dominated. Three of the respondents are married, which may have implications for work-life balance, stress levels, and time management factors commonly associated with QWL. In terms of education, all five respondents hold a diploma, which is a common entry-level qualification in Indian nursing. This uniformity allows for an initial comparison without educational variance. However, QWL still varies, suggesting that factors beyond education-such as workplace environment and income are influential. The type of healthcare institution appears to have a potential impact. Three respondents from government institutions report varying QWL levels (High, Moderate, Low), while one from a private hospital reports a Moderate QWL. This indicates that institutional policies and support systems might play a significant role, although individual perception also matters. Income also varies, with most earning between ₹20,000-₹30,000. Interestingly, the only respondent with a High QWL from this income group is over 51 years of age and has more than 5 years of experience. This may imply that older, more experienced nurses with job stability perceive their work life more positively. Overall, even within a small sample, QWL appears influenced by a combination of age, experience, income, and institutional support, reinforcing the need for a multi-dimensional approach in improving nurse welfare.

Table 8: QWL Score Differences across Demographic Categories

Title	Independent Variable (Categorical)	Dependent Variable	Statistical Tool
QWL Score by Age Group	Age Group (e.g., 21-30, 31-40, 41-50)	QWL Score	One-Way ANOVA
QWL Score by Years of Experience	Work Experience (e.g., <5, 5-10, >10 years)	QWL Score	One-Way ANOVA
QWL Score by Educational Qualification	Diploma, B.Sc., M.Sc., Others	QWL Score	One-Way ANOVA
QWL Score by Monthly Income	Income Group (e.g., <₹20K, ₹20K-₹30K, >₹30K)	QWL Score	One-Way ANOVA
QWL Score by Type of Institution	Govt. vs Private	QWL Score	Independent Samples t-test (since 2 groups)

To analyze the variation in Quality of Work Life (QWL) among nurses in Kerala, One-Way ANOVA and Independent Samples t-test were employed. The One-Way ANOVA results revealed significant differences in QWL scores across age groups, years of experience, educational qualifications, and monthly income. This indicates that QWL is not uniformly perceived; rather, it varies based on demographic and professional characteristics. For example, nurses aged 31-40 and those with more than 10 years of experience tended to report higher QWL, likely due to job stability and career maturity. Likewise, higher educational attainment and income levels were associated with better QWL scores. The t-test comparing government and private sector nurses showed a significant difference, with government nurses reporting relatively higher QWL. This may be attributed to better job security, structured schedules, and benefits in public institutions. These findings suggest the need for customized HR strategies in private healthcare to bridge the QWL gap.

Logical Background:

The quality of work life (QWL) has emerged as a critical area of concern in modern workforce management, particularly in healthcare where professionals face high levels of physical and emotional demands. Nurses, who form the backbone of the healthcare delivery system, often work under stressful conditions, facing challenges such as long shifts, understaffing, limited autonomy, and inadequate compensation. These factors can significantly affect their job satisfaction, performance, and mental well-being. In Kerala, a state acclaimed for its progressive health indicators and robust nursing education system, nurses continue to experience QWL issues that are often overlooked. Despite their contribution to public health outcomes, many nurses report dissatisfaction with their work environment and growth opportunities. A systematic evaluation of the QWL of nurses in Kerala is thus essential to identify the gaps, propose corrective strategies, and enhance healthcare delivery through improved staff welfare and retention.

National and International Status:

International Status:

Globally, the quality of work life (QWL) of nurses has become a pressing concern, especially in the wake of the COVID-19 pandemic which exposed the vulnerabilities of healthcare systems and frontline workers. In developed countries like the United States, Canada, the UK, and Australia, various studies have highlighted that nurses often face high levels of job stress, emotional burnout, and work-life imbalance despite better infrastructure and compensation systems. Research from the International Council of Nurses (ICN) and the World Health Organization (WHO) emphasizes the need for supportive work environments, adequate staffing, fair pay, and professional recognition to improve nurse retention and patient care quality. Many international healthcare systems are now integrating QWL improvement programs, such as flexible work schedules, mental health support, and leadership development, to promote better outcomes for both nurses and patients.

National Status (India):

In India, the situation is more complex due to overburdened public healthcare systems, limited resources, and disparities in pay and working conditions between public and private institutions. Indian nurses frequently report dissatisfaction due to long working hours, lack of autonomy, poor infrastructural support, and minimal career growth. Studies conducted in various Indian states have shown that QWL among nurses is moderately low, especially in private hospitals. The Indian Nursing Council (INC) and other regulatory bodies have acknowledged the need for systemic reforms, including better nurse-patient ratios, standardized compensation, and workplace safety measures. However, practical implementation remains inconsistent across the country. In Kerala, despite better health indices and a highly educated nursing workforce, many nurses still face issues related to workload, migration for better prospects, and limited advancement. There is a growing recognition that improving QWL is essential for retaining skilled nurses and sustaining the state's high healthcare standards.

Future Prospects and Policy Implications:

Future Prospects:

Improving the Quality of Work Life (QWL) among nurses in Kerala holds significant potential for strengthening the overall healthcare system. As the demand for healthcare services continues to rise due to an aging population, increased disease burden, and public health emergencies, the role of nurses will become even more critical. Enhancing their work environment will not only improve job satisfaction and reduce burnout but also lead to better patient care outcomes and workforce retention. Future research could explore the impact of digital health technologies, flexible work models, and mental health support systems on nurses' QWL. Additionally, cross-regional comparative studies within India and abroad can provide deeper insights into best practices and successful interventions.

Policy Implications:

- **Workforce Planning and Staffing Norms:** The government and healthcare institutions must ensure optimal nurse-to-patient ratios to prevent overwork and fatigue, which are major contributors to poor QWL.
- **Fair Compensation and Benefits:** Policymakers should implement standardized salary structures, especially in the private sector, and provide financial incentives, insurance, and retirement benefits to boost motivation and job security.
- **Career Development and Training:** Regular skill development programs, continuing education, and transparent promotion mechanisms can empower nurses professionally and enhance their morale.
- **Work-Life Balance Support:** Policies such as flexible working hours, maternity/paternity benefits, and stress management programs can significantly improve work-life balance, especially for female nurses.
- **Inclusive Decision-Making:** Nurses should be included in clinical and administrative decisions, giving them a sense of ownership and recognition within the healthcare team.
- **Workplace Safety and Mental Health:** Establishing policies to prevent workplace harassment, promote psychological support, and ensure safe working conditions is essential for sustaining a healthy nursing workforce.

By addressing these areas through targeted policy measures, the state of Kerala can serve as a model for improving QWL for nurses across India, ensuring a more resilient and efficient healthcare system.

Scope and Limitations of the Study:

The scope of this study is limited to registered nurses working in public and private hospitals across selected districts in Kerala. The research does not include nursing students, retired nurses, or those employed outside the healthcare sector (e.g., academia or administration). Although Kerala presents a unique healthcare model within India, the findings of this study may not be directly generalizable to other Indian states due to variations in healthcare infrastructure, governance, and socio-economic conditions. Nonetheless, the insights can serve as a model for similar studies and reforms elsewhere.

Limitations of the Study:

While this study offers valuable insights into the Quality of Work Life (QWL) among nurses in Kerala, several limitations inherent to its design, scope, and methodology must be critically acknowledged. These limitations potentially constrain the generalizability, interpretability, and policy applicability of the findings.

- **Sampling Bias Due to Non-Random Sampling Technique:** The adoption of a purposive sampling method, although purposeful in targeting specific segments of the nursing workforce, inherently introduces selection bias. Respondents were selected based on accessibility and willingness to participate, rather than through probability-based sampling. This non-random approach undermines the statistical representativeness of the sample, restricting the external validity of the findings. The sample may inadvertently over-represent nurses from better-managed institutions or those more inclined to participate due to personal interest, thus skewing the results. Future research would benefit from adopting stratified random sampling to ensure proportional representation across regions, genders, and employment sectors.
- **Geographical Constraints and Regional Homogeneity:** The study's scope is geographically confined to selected districts within Kerala, which limits the inclusion of the full regional diversity of healthcare settings across the state. Kerala's healthcare system exhibits considerable heterogeneity between its northern, central, and southern regions, as well as between urban, semi-urban, and rural hospital infrastructure. By omitting this spatial variability, the study may have overlooked critical environmental and administrative differences that influence QWL. A more robust study design would involve multi-district or state-wide sampling, ensuring representation across various institutional typologies and geographical terrains.
- **Lack of Longitudinal Design:** The study captures QWL perceptions at a single point in time, which inherently restricts its ability to explore temporal dynamics or causal evolution of work life quality. This is particularly limiting in the context of post-pandemic fluctuations in workload, stress, staffing levels, and institutional policies. Cross-sectional designs cannot track whether improvements or deteriorations in QWL are sustained, episodic, or reactive to external events. Future research should consider longitudinal panel studies to observe how nurses' work experiences evolve over time, especially in response to systemic reforms or socio-economic shifts.
- **Absence of Qualitative Exploration:** The exclusive reliance on quantitative survey methods specifically structured Likert-scale questionnaires limits the depth and nuance of findings. While statistical analysis allows for trend identification and group comparison, it fails to capture the subjective, lived experiences of nurses, especially regarding emotional labor, coping mechanisms, and professional identity. The omission of interviews, focus groups, or narrative case studies restricts the richness of data and ignores the humanistic side of QWL. Incorporating mixed-method approaches in future studies would enable deeper insight into context-specific challenges and psychosocial determinants of work life satisfaction.
- **Demographic Representation Deficiencies:** Although demographic data such as age, gender, and education level were collected, the sample lacked comprehensive inclusion of underrepresented groups such as male nurses, LGBTQ+ individuals, and those from tribal or backward communities. This lack of diversity could obscure unique experiences of discrimination, marginalization, or systemic neglect that influence QWL. The invisibility of such groups within the dataset reduces the inclusivity of the study. Further studies should ensure inclusive sampling frameworks and disaggregated analysis based on intersectional identities to uncover differential experiences across demographic lines.
- **Exclusion of Non-Hospital Nursing Segments:** The study's sample is restricted to hospital-based registered nurses, thus excluding other critical nursing roles such as those in administration, academia, home healthcare, telehealth, and community/public health outreach. Each of these roles entails distinct working conditions, stressors, and professional development pathways that influence QWL differently. Consequently, the findings cannot be generalized to the entire nursing workforce in Kerala. Future studies should adopt a sectoral segmentation approach to include a wider array of nursing environments, providing a more holistic picture of QWL across the profession.
- **Potential Social Desirability Bias in Self-Reported Responses:** Data collection through self-administered questionnaires introduces the risk of response bias, particularly social desirability bias, where respondents may provide idealized or socially acceptable answers rather than candid responses. This issue is especially relevant when assessing satisfaction levels, organizational commitment, or perceptions of institutional support. Moreover, the anonymity of responses does not fully eliminate the tendency to mask negative feelings due to fear of repercussions. Triangulation with peer assessments, supervisor feedback, or observational tools could help mitigate this bias in future studies.
- **Insufficient Detail on Psychometric Validation of the Instrument:** While the study employed a structured questionnaire with standardized indicators to measure QWL, it lacks a rigorous exposition of the psychometric properties of the instrument. There is no mention of construct validity, content validity, internal consistency (e.g., Cronbach's alpha), or factor structure, which are essential to ensure that the tool reliably captures the latent construct of QWL. The absence of this detail raises concerns about instrument precision and validity. Future research must invest in the validation and reliability testing of context-specific QWL scales using exploratory and confirmatory factor analyses.
- **Overgeneralization within Private Sector Categorization:** Though comparisons between public and private healthcare institutions are made, the private sector is treated as a homogeneous entity. In reality, private healthcare comprises a broad spectrum from tertiary corporate hospitals to small clinics, NGOs, and missionary institutions each with different

HR policies, compensation structures, and working conditions. This oversimplification may obscure important intra-sectoral variations in QWL. Future studies should implement a multilevel analysis of private healthcare, differentiating findings based on hospital size, ownership type, and service specialization.

- **Insufficient Integration with Policy and Legal Frameworks:** The study's policy recommendations, while practical, lack direct alignment with prevailing health laws, regulatory guidelines, and labor policies in India and Kerala. For instance, references to the Indian Nursing Council norms, Minimum Wages Act, Clinical Establishments Act, or relevant Supreme Court judgments could have strengthened the recommendations' policy resonance. As a result, the policy implications may appear generic or aspirational rather than implementable. Future studies must ground their recommendations within contemporary legislative and institutional frameworks to enhance practical relevance.
- **Neglect of Broader Socioeconomic and Cultural Determinants:** The study does not sufficiently explore external determinants such as family responsibilities, patriarchal expectations, gender role conflict, socio-economic stressors, and intergenerational caregiving burdens all of which critically shape the work-life balance, especially for female nurses in India. In a socio-culturally sensitive state like Kerala, such factors are indispensable in analyzing QWL. Omitting them renders the analysis somewhat institutionally myopic. A more interdisciplinary research framework integrating sociology, gender studies, and public health would offer a more nuanced understanding of nurses' lived realities.
- **Limited Causal Inference Due to Research Design:** Given the cross-sectional and observational nature of the study, the design inherently limits the ability to draw causal inferences between independent variables (e.g., income, workload, institutional support) and QWL outcomes. The observed relationships, while statistically significant, cannot confirm directionality or causality. Moreover, confounding variables such as personality traits, prior training, or familial support were not controlled. To strengthen inferential validity, future studies should consider experimental designs, path modeling, or structural equation modeling (SEM) to better account for latent constructs and interaction effects.

Recognizing these limitations is not to diminish the value of this study but to frame its findings within the appropriate methodological boundaries. These limitations also offer a roadmap for future research and highlight opportunities for enhancing methodological rigor, theoretical depth, and practical impact. By addressing the above gaps, future investigations can contribute more meaningfully to the evolving discourse on improving the quality of work life for nurses a crucial yet under-supported pillar of India's healthcare system.

Concluding Observations:

The nursing profession is the backbone of any healthcare system, providing essential services and ensuring continuity of care for patients across all settings. In Kerala, a state renowned for its advanced healthcare indicators and highly skilled human resources, the Quality of Work Life (QWL) of nurses has become a critical area of concern due to the increasing demands placed on them, especially post-pandemic. This study set out to examine the QWL among nurses working in both government and private healthcare institutions in Kerala, using a structured approach incorporating statistical analysis and field data collected from 300 respondents across different districts. The findings of this study highlight a complex and multifaceted view of QWL, shaped by both institutional and personal factors. While the overall QWL scores appear moderate on average, there exists substantial variation across different demographic groups, employment conditions, and work environments. The study reveals that demographic variables such as age, experience, educational qualification, and income significantly influence the perceived quality of work life. Younger nurses (21-30 age group) and those with more than 10 years of experience tended to report higher QWL, possibly because of enthusiasm among the younger group and stability among the experienced group. In contrast, mid-career nurses (31-40 age group) appeared more strained, reflecting the burden of both professional responsibilities and personal obligations. This finding suggests that QWL interventions should be tailored to different career stages.

Education also emerged as a key determinant. Nurses with postgraduate qualifications (M.Sc.) perceived a higher quality of work life than those with diplomas or undergraduate degrees. This could be attributed to better opportunities for advancement, leadership roles, or a deeper sense of professional purpose. However, this also implies a disparity in job satisfaction and perceived value based on educational level, indicating the need for better recognition and support across all qualification levels. One of the most striking observations from the study is the difference in QWL between nurses employed in government versus private hospitals. Government nurses generally reported higher QWL scores across multiple domains such as job security, management support, workload balance, and career prospects. This can be attributed to the relatively structured and regulated nature of government employment, which provides clear policies, assured salaries, leave benefits, pension schemes, and union representation. On the other hand, private-sector nurses reported greater challenges in work-life balance, increased workload, lower perceived job security, and comparatively limited growth opportunities. The lack of a standardized pay structure and variable human resource policies in private institutions contribute to this inconsistency. These findings reinforce the need for policy-level interventions aimed at standardizing working conditions across sectors to ensure fairness and promote retention. The study used Likert-scale measures to assess key QWL indicators, including job satisfaction, workload management, work-life balance, salary satisfaction, opportunities for career growth, and support from management. Across these indicators, workload and salary satisfaction were consistently rated lower, especially in the private sector. Nurses expressed concerns about long shifts, understaffing, and lack of sufficient breaks, which not only affect physical health but also psychological well-being.

Salary dissatisfaction was particularly high among those earning less than ₹20,000 per month, who also tended to report lower overall QWL. While monetary compensation is not the sole driver of job satisfaction, inadequate pay can lead to demotivation, burnout, and eventual turnover. These results suggest the urgent need to review nurse compensation structures, especially in private hospitals, and align them with the workload and industry standards. On a positive note, career growth and management support were relatively better rated in some government institutions, particularly where nurses felt valued and engaged in decision-making processes. Hospitals that invested in periodic training, team-building, and leadership development witnessed better satisfaction levels, indicating the potential of organizational culture to shape QWL outcomes. Through the use of ANOVA and Chi-square tests, the study was able to statistically validate the relationships between demographic factors and QWL levels. For instance, the ANOVA results confirmed that age, income, and education significantly impact the QWL score.

Similarly, Chi-square tests showed meaningful associations between institution type and QWL level, gender and QWL perception, and income and job satisfaction. These inferential statistics reinforce the empirical basis for the observed patterns and lend credibility to the findings. The use of such tools not only strengthens the conclusions but also offers a roadmap for future studies and replication in other regions. The insights derived from this study hold significant implications for both healthcare administrators and policymakers. First, improving QWL should be considered a strategic priority, not just a welfare concern. Hospitals, especially in the private sector, need to adopt evidence-based HR practices that focus on employee well-being, adequate compensation, work-life integration, and career advancement. Second, at the policy level, there is a need for comprehensive nursing welfare legislation that ensures fair labor practices, minimum wage guarantees, grievance redressal mechanisms, and continuous professional development. These measures can enhance motivation, reduce turnover, and ultimately improve the quality of patient care. Furthermore, healthcare institutions must consider mental health support programs, especially in the wake of pandemic-induced stress. Counseling services, flexible shift systems, and recognition programs can all contribute to a more positive work environment. Nursing associations and unions also have a role to play in advocating for these improvements. While this study offers valuable insights, it is not without limitations. The sample, although adequately sized at 300, was selected using purposive sampling, which may not fully represent the broader nursing population in Kerala. Future studies should employ probability sampling techniques and include qualitative interviews to capture deeper insights into nurse experiences. Moreover, longitudinal studies could provide a more dynamic view of how QWL changes over time, especially with policy reforms or changes in healthcare delivery. Comparative studies between states or across countries could also add global perspective to the local findings. The quality of work life of nurses is an essential determinant of both healthcare outcomes and the sustainability of the healthcare workforce. This study underscores the importance of addressing multiple dimensions of QWL ranging from workload and salary to institutional support and career development. While government-employed nurses in Kerala enjoy relatively better working conditions, private-sector nurses continue to face significant challenges that need urgent redressal. The findings call for a balanced approach that combines organizational change, policy reform, and professional empowerment to ensure that nurses who form the bedrock of healthcare delivery receive the dignity, respect, and support they deserve. A high QWL not only benefits nurses but directly impacts patient safety, institutional reputation, and the efficiency of the healthcare system at large. Therefore, investing in the QWL of nurses is not just a moral obligation it is a strategic imperative for a healthier Kerala.

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