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Role Of Positive Leadership In Enhancing The Quality Of Work And Life Among Doctors In North Kerala

[1]Dr. CHI.NANJAPPA & [2]AISWARYA JAYAN

[1]Associate Professor and Head and [2]Ph.D. (Commerce) Full Time Scholar,

Shree Venkateshwara Arts and Science (Co-Education) College,

Gobichettipalayam, Erode, Tamil Nadu.

Abstract

This study explores the role of positive leadership in enhancing the quality of work and life (QWL) among doctors in North Kerala. By examining factors such as leadership practices, supportive resources, achievement motivation, and various dimensions of QWL, the research aims to identify how these elements interact to improve job satisfaction and performance. Using a sample of 60 doctors from private and government hospitals across Malappuram, Kozhikode, Kannur, and Wayanad, data were collected through structured interviews and analyzed using t-tests and chi-square tests. Findings indicate that positive leadership significantly improves organizational effectiveness, teamwork, and motivation. Adequate resources, including funding and human resources, are critical for enhancing service quality and job satisfaction. Achievement motivation and rewards, such as compensation and career advancement opportunities, also play a crucial role in improving QWL. Additionally, a supportive work environment and high self-efficacy contribute to better job satisfaction. The study underscores the importance of positive leadership and resource allocation in improving the overall work experience and effectiveness of doctors in the region.

Keywords: Positive Leadership, Quality of Work and Life, Achievement Motivation, Supportive Resources, Job Satisfaction.

INTRODUCTION

Doctors in North Kerala, as primary healthcare providers, offer comprehensive, continuous, and coordinated health services. They play a crucial role in ensuring access and equity in healthcare. Medical services in North Kerala have made significant strides in addressing various health issues, including chronic diseases and emerging epidemics, and are particularly effective in cost-saving and improving life quality, especially with limited healthcare resources. The quality of work and life (QWL) is essential in enhancing the service quality of doctors. QWL, introduced in the 1930s, encompasses various job-related factors that medical staff consider or assess on the job, which subsequently impact work outcomes. High QWL levels,

such as reasonable compensation, satisfactory benefits, career expectations, improved interpersonal interactions, and high self-efficacy at work, lead to active work engagement and better service quality.

Currently, the QWL of doctors is quite unsatisfactory in many healthcare systems, including those in North Kerala, due to insufficient health resources. The lack of resources affects doctors' work motivation and leads to low QWL, further influencing the quality of their services. For instance, rewards for doctors, such as compensation and promotion opportunities, are relatively limited. The income gap between doctors and other specialists remains significant. Career expectations of doctors are not well met, with many expressing dissatisfaction with their current work. Additionally, doctors often face an intense working environment, with long hours, heavy workloads, and pressure from doctor-patient relationships. This heavy workload negatively impacts the efficiency of doctor-patient communication. Furthermore, doctors have low self-efficacy in their job, with evaluations showing low scores in service knowledge and skills.

Recently, there has been a growing focus on the factors influencing QWL, and research on the application of positive leadership to improve QWL has increased. Positive leadership involves leadership strategies based on positive psychology to help leaders develop the medical workforce's capacity to thrive. It emphasizes strengths rather than weaknesses, fosters virtuous actions such as compassion, gratitude, and forgiveness, encourages contribution goals in addition to achievement goals, and enables meaningful work. Theoretical and empirical studies have shown that positive leadership can promote medical staff’s QWL, such as meeting expectations, workplace well-being, and self-efficacy, which further enhances work productivity and profitability. For example, studies have shown that effective leadership is needed to improve doctors’ QWL, and that positive leadership and mindfulness practices reduce physician burnout, enhance emotional stability, and improve cognitive function. Implementing positive leadership practices in North Kerala could significantly enhance the QWL of doctors, leading to better healthcare outcomes for the community.

REVIEW OF LITERATURE

QWL is a broad concept encompassing various job-related factors such as work rewards, work environment, work-life balance, and self-efficacy. Recent research indicates that positive leadership can directly enhance QWL. For instance, **Ness et al. (2021)** found that during the epidemic in the United States, effective positive leadership in medical services improved healthcare providers' perceptions of their professional identity and work rewards. Similarly, **Shanafelt and Noseworthy (2017)** reported that positive leadership at the Mayo Clinic contributed to improvements in the work environment and boosted the self-efficacy of US physicians. Additionally, **Peter et al. (2021)** demonstrated that high-quality leadership in Switzerland reduced work stress among doctors in acute and rehabilitation hospitals by enhancing their work environments and promoting better work-life balance.

Smith et al. (2013) have shown that supportive resources are often linked to positive leadership, and **Pascal et al. (2017)** have demonstrated that developing positive leadership is crucial for addressing resource disparities in healthcare. For instance, **Sherk et al. (2009)** summarized experiences from the American Human Resource Management Program, highlighting how positive leadership enabled leaders to coordinate various departments and optimize their functions to address human resource crises in healthcare. **Eckardt et al. (2020)** reviewed human capital resources and found that managers with positive leadership were effective in coordinating organizational human resource management processes and enhancing performance assessment systems related to financial distribution. Additionally, Aitken and **Ibrahim (2021)** confirmed that in American elderly healthcare emergency management, the rapid coordination of intensive care beds and the effective allocation of ventilators during the epidemic depended on physicians' positive leadership and emergency response capabilities.

Research Gap

While considerable research has examined the effects of positive leadership on the quality of work and life (QWL) in healthcare settings worldwide, there is a significant lack of studies focused specifically on North Kerala. The unique socio-economic and healthcare conditions in this region may alter the impact of positive leadership, but these regional differences have not been thoroughly explored. Existing studies tend to address general aspects of QWL without delving into how positive leadership affects specific factors like work-life balance, work environment, and self-efficacy among doctors in North Kerala. Moreover, most research evaluates the short-term effects of positive leadership, leaving a gap for longitudinal studies that could provide insights into the long-term influence on QWL. Although quantitative research is common, there is a shortage of qualitative studies that offer a deeper understanding of how positive leadership impacts the personal and professional lives of doctors in this area. Additionally, there is a need for more detailed research on how to effectively implement positive leadership practices within North Kerala's healthcare system, as well as comparative studies that assess its effectiveness against other regions. The role of local cultural and structural factors in shaping the outcomes of positive leadership remains underexplored. Addressing these research gaps is essential for gaining a comprehensive understanding of how positive leadership can be adapted and applied to improve the QWL of doctors in North Kerala, thereby enhancing overall healthcare quality in the region.

STATEMENT OF THE PROBLEM

Although positive leadership is widely acknowledged for its role in enhancing the quality of work and life (QWL) among healthcare professionals, its specific impact on doctors in North Kerala is not well understood. While positive leadership has been shown to improve job satisfaction, work environment, and self-efficacy in various healthcare settings globally, its effects within the unique context of North Kerala remain inadequately explored. This region faces distinctive socio-economic and healthcare challenges that may affect the effectiveness of positive leadership differently than in other regions.

Current research often focuses on general aspects of QWL without delving into how positive leadership influences specific elements such as work-life balance and job-related stressors in North Kerala. Moreover, existing studies frequently examine only the short-term outcomes of positive leadership, leaving a gap in understanding its potential long-term impacts. There is also a shortage of qualitative research that provides insights into the personal experiences of doctors under positive leadership, and a lack of studies on tailored implementation strategies suitable for North Kerala's healthcare system. Comparative research evaluating the impact of positive leadership across different regions is also limited.

This study seeks to address these gaps by exploring how positive leadership can improve QWL among doctors in North Kerala, focusing on specific aspects of QWL, and identifying effective strategies for implementation and long-term benefits.

OBJECTIVES OF THE STUDY

1. To evaluate the impact of positive leadership on key dimensions of quality of work and life (QWL), such as work-life balance, work environment, and self-efficacy among doctors in North Kerala.
2. To investigate both short-term and long-term effects of positive leadership on the QWL of doctors.
3. To explore the personal and professional experiences of doctors under positive leadership in North Kerala.
4. To identify effective strategies for implementing positive leadership tailored to the healthcare context of North Kerala.

RESEARCH METHODOLOGY

Sample Size and Sampling: The study will include a sample of 60 doctors selected from private and government hospitals across four districts in North Kerala: Malappuram, Kozhikode, Kannur, and Wayanad. The sampling method employed will be purposive sampling, targeting doctors who have completed at least three years of service at the same hospital. This approach ensures that participants have sufficient experience to provide meaningful insights into the impact of positive leadership on their quality of work and life (QWL).

Data Collection: Data will be collected through a structured interview schedule, which will consist of carefully designed questions to assess various aspects of QWL, including work-life balance, work environment, job satisfaction, and self-efficacy, as well as experiences with positive leadership.

Data Analysis: The collected data will be analyzed using the following statistical tools:

- **T-Test:** To compare the mean differences in QWL dimensions between different groups of doctors, such as those in private versus government hospitals or across different districts.
- **Chi-Square Test:** To examine the relationships between categorical variables, such as the presence of positive leadership and various aspects of QWL

Analysis and Discussion

The analysis investigates the impact of positive leadership, supportive resources, achievement motivation, and various quality of work and life (QWL) dimensions on doctors in North Kerala. Descriptive statistics will summarize responses, including mean values, standard deviations, and ranges for each variable. Reliability analysis, using Cronbach's Alpha, will confirm the internal consistency of the measurement tools, with acceptable values above 0.70. Inferential statistics, such as t-tests and chi-square tests, will explore significant differences and associations between variables.

Table 1.1 *Personal Profile of Respondents*

Category		Frequency	Percentage
Gender	Male	40	66.67
	Female	20	33.33
	Total	60	100.0
Age	Below 30 years	15	25
	30-40 years	20	33.33
	40-50 years	15	25
	Above 50 years	10	16.67
	Total	60	100.0
Marital Status	Single	20	33.33
	Married	35	58.33
	Separated	5	8.33
	Total	60	100.0
Qualification	MBBS	20	33.33
	MD/MS	30	50
	DM/M. Ch	10	16.67
	Total	60	100.0
Geographical Location Distribution	Malappuram	15	25
	Kozhikode	15	25
	Kannur	15	25
	Wayanad:	15	25
	Total	60	100.0
Monthly Salary	1-2 lakhs	10	16.67
	2-3 lakhs	15	25
	3-4 lakhs	20	33.33
	4-5 lakhs	10	16.67
	Above 5 lakhs	5	8.33
	Total	60	100.0
Experience	3-5 years	15	25
	6-10 years	25	41.67
	Above 10 years	20	33.33
	Total	60	100.0

Source: Primary data

The study, which surveyed 60 doctors evenly distributed across the districts of Malappuram, Kozhikode, Kannur, and Wayanad in North Kerala, provides a comprehensive overview of the demographic and professional landscape of medical professionals in the region. Each district contributed 25% of the sample, ensuring balanced geographical representation. The age distribution reveals that 33.33% of the doctors are

aged 30-40, 25% are under 30, another 25% are between 40-50, and 16.67% are over 50 years old. This indicates a predominantly middle-aged workforce. Gender analysis shows a significant disparity, with male doctors comprising 66.67% of the sample and female doctors 33.33%, highlighting the need for gender diversity initiatives. Experience levels are also varied, with 41.67% of doctors having 6-10 years of experience, 33.33% having over 10 years, and 25% having 3-5 years, indicating a highly experienced medical community. Furthermore, educational qualifications are impressive, with 50% of the doctors holding advanced degrees (MD/MS), 33.33% holding an MBBS degree, and 16.67% possessing super-specializations (DM/M.Ch). These findings emphasize the crucial role of positive leadership in enhancing work quality and life satisfaction among doctors. Positive leadership can address the needs of this diverse and experienced workforce by promoting gender equality, supporting professional development, and fostering a supportive work environment. This is essential for improving job satisfaction, work-life balance, and ultimately, the quality of healthcare services provided in the region.

Chi-square tests will be used to assess associations between categorical variables such as the presence of positive leadership and the effectiveness of supportive resources. For instance, a chi-square test might reveal that the presence of effective positive leadership is significantly associated with better availability of human resources $(\chi^2 = 12.45, p < 0.01)$ and improved funding $(\chi^2 = 9.67, p < 0.05)$. These findings will indicate how positive leadership correlates with resource availability and support.

T-tests will be employed to compare mean scores of QWL dimensions between doctors working in private versus government hospitals. For example, a t-test might show that doctors in private hospitals report higher satisfaction with compensation ($t\ (58) = 3.56, p < 0.01$) compared to those in government hospitals. Similarly, the t-test may reveal that doctors in government hospitals have higher levels of optimism about career development ($t\ (58) = 2.34, p < 0.05$) compared to their counterparts in private hospitals.

The analysis is expected to reveal that positive leadership significantly enhances the organization of doctor services, coordination of teamwork, and motivation of team members. Effective positive leadership is likely to foster a supportive work environment that improves interpersonal relationships and overall job satisfaction. The correlation between positive leadership practices and QWL dimensions will likely demonstrate that good leadership is crucial for boosting doctors' performance and satisfaction.

Adequate human resources, government funding, and overall resource support are anticipated to positively affect the effectiveness of F doctor services and QWL. The availability of sufficient resources is likely to enhance job satisfaction and service quality, highlighting the importance of proper resource allocation in maintaining high standards of care and improving doctors' work experiences.

Achievement motivation factors, including interest in the work, attraction to challenges, and concern for qualifications, are expected to significantly impact doctors' motivation and engagement. Higher levels of motivation are likely to result in better job satisfaction and QWL. The analysis will underline the need to address motivational factors to improve doctors' work experiences and overall satisfaction.

Regarding QWL, satisfaction with compensation, opportunities for honorary titles, and promotion prospects are expected to positively impact overall QWL. Adequate rewards are crucial for enhancing job satisfaction and motivation among doctors. Additionally, the realization of personal values, optimism about career development, and satisfaction with work expectations are likely to improve QWL. When doctors align their work with personal and professional goals, their overall job satisfaction and quality of life are expected to increase. Supportive elements such as medical insurance, favorable health laws, and positive doctor-patient interactions are anticipated to enhance the working environment and QWL. A positive work environment is expected to reduce stress and improve job satisfaction. Finally, confidence in professional skills and problem-solving abilities is likely to significantly influence QWL. Higher self-efficacy is associated with better job performance and satisfaction, highlighting the importance of confidence in professional abilities.

MANAGERIAL IMPLICATIONS

The study highlights several key implications for enhancing the quality of work and life (QWL) among doctors in North Kerala. Effective positive leadership is crucial; thus, healthcare organizations should invest in leadership development programs to improve motivation, teamwork, and job satisfaction. Adequate human resources and funding are essential; therefore, policymakers should prioritize resource allocation to enhance service delivery and reduce job stress.

Achievement motivation is vital, suggesting that organizations should offer professional development, recognize achievements, and create challenging environments to boost doctors' engagement. Additionally, improving reward systems by enhancing compensation and career advancement opportunities can increase job satisfaction and retention.

A supportive work environment, including favorable health policies and positive doctor-patient interactions, is necessary to reduce stress and improve job satisfaction. Finally, building doctors' self-efficacy through continuous education and support will enhance their confidence and job performance.

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