

RELATION BETWEEN IRRATIONAL BELIEFS, LOCUS OF CONTROL, QUALITY OF WORK LIFE AMONG NURSES WORKING IN VARIOUS HOSPITALS

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Abstract

The present study was aimed to find the relation between irrational beliefs, locus of control, quality of work life among nurses among nurses working in government and corporate hospitals. Nurses were selected by random sampling technique with a structured questionnaire was used to collect data from the samples. Results of the 197 samples revealed that 43.1% respondents were from government hospitals and 56.9% were from corporate hospitals. In multiple correlation coefficients the values are 0.417 and it measures the degree of relationship between actual values and predicted values of the irrational beliefs and locus of control. The values obtained as linear combination of irrational beliefs and locus of control. And the relationship between quality of work life and irrational beliefs is quiet strong and positive.

Keywords: *Irrational beliefs, Locus of control, Quality of work life, Nurse.*



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The general conception of humans having rational and irrational beliefs was originated by several ancient philosophers, although they didn't exactly use that terminology. Gautama Buddha speak about the Four Noble Truths, which included rational beliefs, and destructive beliefs, and which include irrational ones. The ancient Greek philosophers, including Aristotle, Plato, Socrates, Epicurus, and Zeno of Citium, and several ancient Roman Philosophers including Cicero, Seneca, Epictetus, and Marcus Aurelius also held that beliefs significantly affect emotional problems.

In general terms, rational beliefs refer to beliefs that are logical and /or have empirical support, and /or are pragmatic. As one can notice, a belief does not have to fit all three criteria to be rational. However, it is necessary that a belief meet at least one criteria, or a combination of criteria, to be considered rational. Thus the terms rational and irrational have a psychological rather than a philosophical and/ or logical definition. The three rational emotive behaviour therapy are as follows:-

1. Thinking and emoting is closely related.
2. Thinking and emoting are so closely related that they accompany each other and
3. Both thinking and emoting take the form of self-statements or self talk.

An individual's locus of control is often inferred from momentary expressions of his sense of causality which, if solicited at different points of time, may be relatively consistent; however, it must be kept in mind that empirical events such as expressions of causal expectations are but referents of the locus of control construct and not the construct itself. Locus of control is not a characteristic to be discovered within individuals. It is a construct, a working tool in social learning that allows for an interpretation of remarks made by people in response to questions about causality. The remarks, expressions, and behaviours indicative of beliefs about the causality are the events that psychologists observe and test for reliability, and measure such as Rotter's locus of control.

The term 'quality of life' (QWL), which refers to the relationship between a worker and his/her working situation, is a relatively new concept and an acceptable definition is yet to emerge. It is believed that this term was coined by **Louis Davis** in the first international conference on quality of working life held at **Arden House, New York, in September 1972**(cf.**Bharadwaj,1983**).

The concept quality of work life refers to "the degree to which a person enjoys in the areas of being (who one is: physical being, psychological being, spiritual being), belonging (connections with ones environments: physical belonging, social belonging, community belonging) and becoming (achieving personal goals, hopes, and aspirants: practical becoming, leisure becoming, growth becoming) the important possibilities of his or her life" (Centre for health promotion, 2004).

The nurse plays a vital role in health care sector. Nursing profession has been called the oldest of the art, but youngest of the profession. Nursing profession has a tremendous capacity to change people. The twenty first century has been called the age of anxiety and the century of stress. In spite of these challenges, a nurse should not only acquire skills and knowledge, but also she should have a pleasing and strong personality. If she wants to be successful, it requires and expect behavioural patterns, certain qualities of head and heart. Besides possessing qualities such as integrity, dignity, mental alertness, poise, self-confidence and dependability, a nurse ought to have the following personal qualities: such as sympathetic understanding, friendly spirit, gracious manners, caring empathy, adaptability, positive thinking, ability to communicate clearly, patience, ability to think critically an eye for details and physical endurance. Various studies on the personality bring out the importance of good health, fresh and neat appearance, a strong purpose and will power, a

high standard of values, healthy work habits, sense of humour, teaching as well as managerial techniques and the ability to control one's emotions and have healthy and friendly interpersonal relationships.

Objectives:-

In this study it was sought to

1. To assess whether there will be any difference in irrational beliefs, locus of control and quality of work life irrational beliefs among the nurses working in government and corporate hospitals.
2. To find out whether irrational beliefs and locus of control are the predictors of quality of work life among nurses working in government and corporate hospitals.

Hypothesis:-

1. There will be no significant difference in irrational beliefs, locus of control and quality of work life among nurses working in government and corporate hospitals.
2. Irrational beliefs and locus of control may predict the quality of work life among nurses working in government and corporate hospitals.

Review of Literature

A study on **Role of Irrational Beliefs and Anger Rumination on Nurses' Anger Expression Styles by Eun-Mi Ham PhD, RN, Mi-Jin You, RN, in November 9, 2017**. The aim of this study was to identify whether certain cognitive factors, such as Irrational beliefs and anger rumination, affect nurse' anger expression styles. A total of 335 nurses employed at four tertiary hospitals in **Korea** completed surveys between July 29 and September 25, 2015. The surveys included shortened General Attitude and Belief Scale, the Korean Version of the Anger Rumination Scale, and the state trait Anger Expression Inventory- Korean version. Results revealed that higher levels of Irrational beliefs and anger rumination were associated with more anger –in and Anger- out, and less anger – control expression. Findings indicate that the presence of Specific cognitive characteristics could lead to maladaptive anger expressions. Active Consideration of these cognitive risk factors is essential when developing anger- Management programs for nurses.

Gerend (2004).In the health field, older woman with an internal locus of control view particular health threats as more controllable or preventable. The resulting behaviour was a lower perception of general susceptibility to disease. In the same study woman with an external locus of control believed themselves to a higher susceptibility to particular diseases

because they viewed health risks as less preventable and controllable (**Gerend, et al.**). With depressed patients (**Alloy & Abramson, 1979**) there was less likelihood to assume an illusion of control in the absence of a contingency between behaviour and a desired outcome than the non depressed patients.

A study on Quality of working Life of Nurses and its Related Factors by **Tayebah Moradi, Farzaneh Maghaminejad & Ismail Azizi- Fini (2014)** states that the majority of nurses had a moderate level quality of work life. And also significant relationship between nurses QWL and their educational level, significant relationship between QWL and work experiences- greater work experience feel less occupational stress and more stability in their job.

Materials and Methods

A descriptive multiple regression analysis was used to identify irrational beliefs, locus of control, quality of work life among nurses working in government and corporate hospitals. The study population comprised of staff nurses who are working at a selected government and corporate hospitals in Hyderabad and secendrabad districts. The sample size for this study was 197 (n=85) government hospitals and (n=112) corporate hospitals who fulfilled the entry criteria. Random sampling technique was used to select the study samples.

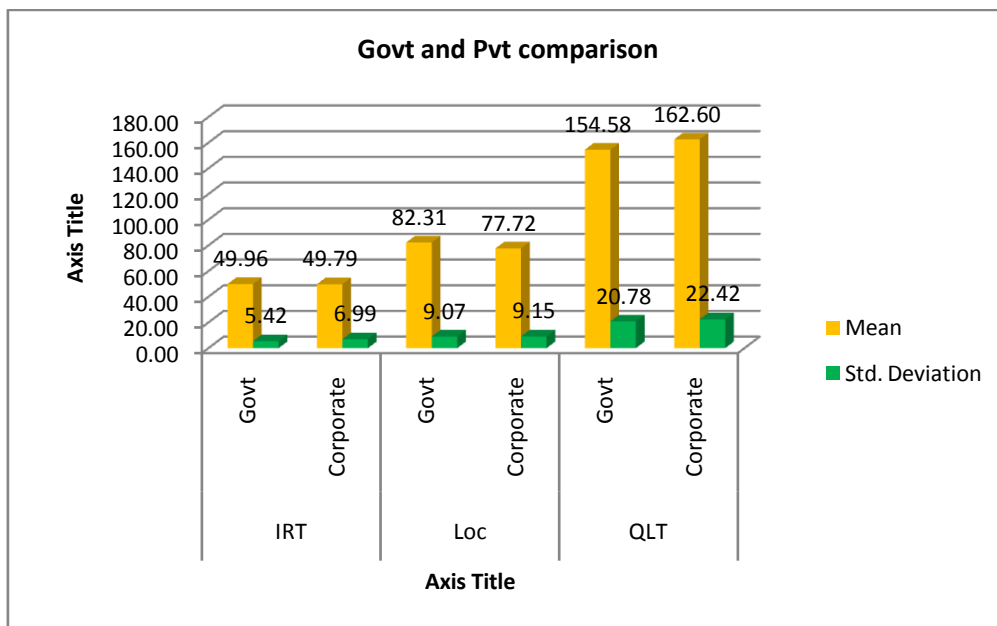
Ethical considerations: Study was approved by the Institutional Ethics Committee. Subject information sheet was provided and informed consent was obtained from the study participants.

Data collection Procedure: Data was collected using questionnaire. Participants were asked to record one option. Self reported responses were collected from the participants using questionnaire. The data collected were analysed using the descriptive and inferential statistics with the help of SPSS 20.0 version.

Results: The frequency and percentage distribution of demographic variable of 197 staff nurses revealed 43.1% (n=85) are working from government hospitals and 56.9% (n=112) corporate hospital respectively were aged 50.8% of the nurses are below 30 years, 42.1% are graduates, 49.7% are below 5 years of experience.

t test for significant difference between government and corporate hospitals with respect to irrational beliefs, locus of control and quality of work life.

Management		N	Mean	Std. Deviation	df	F	Sig.
IRT	Govt	85	49.96	5.417	4,192	0.35	0.85
	Corporate	112	49.79	6.991			
	Total	197	49.87	6.345			
Loc	Govt	85	82.30	9.067		12.22	0.00*
	Corporate	112	77.72	9.146			
	Total	197	79.7000	9.36922			
QLT	Govt	85	154.5800	20.783		6.58	0.01*
	Corporate	112	162.6000	22.424			
	Total	197	159.1400	22.040			



From the above table it reveals that p value is less than 0.01, for nurses in locus of control (0.00), and quality of work life is (0.01). Since p value is less than 0.01, it is concluded that there is significant difference between government and corporate hospitals with regard to locus of control and quality of work life. Based on mean scores, government employees are higher perceptions in irrational beliefs and locus of control. Where as corporate hospital employees are high at quality of work life, than government hospitals.

To test the combine impact of LOC and IRT on QLT we study multiple regression.

Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.443 ^a	.196	.188	10.062

a. Predictors: (Constant), LOC, IRT

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	4787.738	2	2393.869	23.644	.000 ^b
Residual	19641.511	194	101.245		
Total	24429.249	196			

a. Dependent Variable: QLT

b. Predictors: (Constant), LOC, IRT

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	112.859	7.941		14.212	.000
IRT	.667	.132	.337	5.039	.000
LOC	.255	.082	.209	3.117	.002

a. Dependent Variable: QLT

From the coefficient table the fitted regression model is

$$Z = a + bX + c*Y$$

$$QLT = 112.859 + 0.667 *IRT + 0.255* LOC,$$

From anova tables F=23.644 and p= 0.000<0.05, hence the fitted model is significant. IRT (t=5.039,p=0.000) significant and . LOC (t=3.117,p=0.002) significant .

From model summary R= 0.443 and R² =0.196. it means 19.6% of variation is explained by Irrational beliefs, Locus of control and Quality of work life.

Discussion: - The findings revealed that the nurses relation between irrational beliefs, locus of control and quality of work life among the nurses working in government and corporate hospitals. This study implied that there will be significant relationship between irrational beliefs and locus of control but not the quality of work life among nurses working in government and corporate hospitals. A finding of the study reveals that there is no significant relation between locus of control and quality of work life. However locus of control is seen high in government hospitals, and quality of work life is seen much in corporate hospitals. Based on the above observation, it is clear that there is a positive association among irrational beliefs, locus of control and vice versa with quality of work life, which was also proved statistically.

CONCLUSION:

Nurses play an important role in rendering services to health care system from grass root level to higher hierarchy. The study was taken up with an objective of finding the

psychological relationship among irrational beliefs, locus of control and quality of work life among the nurses who are working in government and corporate hospitals.

The findings indicate that there is strong relationship between irrational beliefs, locus of control and quality of work life. Further, specific relationships were discovered between independent variables i.e, age, educational qualification and length of service. Positive relationships were found between irrational beliefs and locus of control. Though there is no significant association between quality of work life. Hence hospitals should give maximum care to establish a congenial work environment which is marked by harmonious interpersonal relationships where nurses can grow and develop, making every hospital in Hyderabad a better place for working , learning and living.

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