

being. Health care research domains are individuals, families, organizations, institutions, communities, and populations (Lohr, K. N., & Steinwachs, D. M. 2002).

Review of Literature

Different areas of customer participation (CP) and its influence on health-related outcomes are well-established in the chronic health and health psychology literature. However, there is a lack of research in marketing literature regarding the participative role of customers in healthcare service encounters. CP is defined as the set of activities performed by patients in the raise of health and maintenance, the prevention of disease, decision making, prediction of treatment, and the refurbishment of health (Guadagnoli and Ward, 1998; Street et al. 2005).

McColl-Kennedy et al. (2012) indicated the area of value co-creation activities and proposed a typology for the style of CP in healthcare practices. Recently, Sweeny et al (2015) introduced the concept of effort in value concretion activities within the area of healthcare and examines their effects on patients' quality of lives. Dellande et al. (2004) suggest that CP in compliance with treatment instructions result in the higher level of goal attainment and satisfaction with service. However, the effect of customer CP in healthcare service quality has received little attention from the existing marketing literature

According to Elg et al. (2012), preparation, execution, and learning are the main process by which patient can participate in value creation and at the same time health care provider can learn from patients experience and their stories. For successful customer value creation, the firms need to make customers understand and accept the firm value norms and expectations through formal education programs, such as customer training and at the same time customer need to develop the appropriate skills to create value as well as obtain the knowledge necessary for interacting with employees and other customers (Kelley et al., 1992).

Objectives of the study

To understand customer value creation behaviour's dimensions, antecedents, and outcome. Following objectives were framed

1. To determine if customer follow the consumption process.
2. To identify the dimension and construct of customer value co-creation behaviour.
3. To identify antecedent and outcome of customer value co-creation behaviour

Research Methodology

The aim of this study was to understand customer value creation behaviour's dimensions, antecedents, and outcome. In view of the limited literature available on this topic and its exploratory nature, the qualitative

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research method was chosen because it enables the researcher to understand the activities and behaviour of patients in health care (Creswell, 2008). A grounded theory approach was used to enable researchers to generate concepts to understand the patient's activities and behaviour (Charmaz, 2006).

Participants

Patients from various cardiac care hospital in Bengaluru. having cardiac care treatment at the hospital., The respondents were required to have experience with cardiac health care services and able to discuss their experiences with the health care provider. Judgemental sampling was conducted to obtain a sample of information-rich respondents to interview.

Data collection

Participants were recruited through using personal networks and a snowball sampling technique. A total of twenty patients interviewed, of which the first seven respondents were recruited through personal networks and snowball sampling technique, and the subsequent thirteen respondents were recruited by visiting various cardiac hospitals in Bengaluru. The seven respondents recruited through personal networks and snowball sampling were asked by a person they knew if they were interested in participating in the study. Those who were willing to participate consented to their contact details to be passed to the investigator for the purposes of organising the interview. A personal interaction was done with the personal networks of the investigator, describing the study and requesting for participants who fulfilled the selection criteria. The 8 respondents recruited at the hospital who had existing appointments with health care provider for cardiac care.

Although the number of participants interviewed was small but sufficient and a good amount of information can be achieved from a small number of individuals through the use of qualitative methods

(Patton, 1991). Based on the interview responses generated, there were little differences in the responses of the patients selected through personal networks and snowball sampling technique and those recruited at hospitals. The respondents were selected on the basis of their fulfilment of the selection criteria.

The individual-depth interviews were conducted from November 20015 to December 2015 and lasted between approximately 20 minutes and 45 minutes. All participants were informed about interview objectives. Each interview was manually recorded.

Sampling criteria

The sampling criteria for the study were men and women aged 30 and 70 years old (inclusive) who have used cardiac care services at least once previously. In this study, 20men and women were interviewed. This was a sufficient sample size, (Malhotra, N. K. 2011) given the exploratory purposes of this study. As such, “theoretical saturation” on this group of patients was reached after the researcher was able to document similar experiences reported in later interviews, and did not find new insights about service interactions and value creation behaviour during later interviews.

Sample characteristics

All the customer (patients) interviewed in for study were current users of cardiac care services. The customer interviewed ranged in experience with the hospital’s services in terms of the number of consultation and for how long they have been using services. Two customers were the first-time user of cardiac care services, three other customers had been using the service for less than 1 years, and 15 were experienced users, i.e. they have been using cardiac care services for more than one year. Table 1.1 provides a summary of the sample selection characteristics.

Table 1.1 Summary of sample selection and respondent experience (years).

Gender	Experience in years	Interview at hospital	Interview by personal network	Total
Female	first time	1		1
	less than 1 years	2		2
	more than 2 years	1	2	3
Male	first time	1		1
	less than 1 years	1		1
	1 - 2 years	2		2
	more than 2 years	5	5	10
Total		13	7	20

The average age of the women interviewed was 46.1 years, with their ages ranging from 36 to 66 years old (inclusive). And the average age of the males was 57.5 years with their ages ranging from 46 to 67 years old (inclusive). The women respondents were mainly from Karnataka and men respondent from Karnataka and West Bengal.

Data Analysis

The raw transcripts of the focus groups that were prepared in English and Hindi language Coding of the transcripts were undertaken through key words, phrases, sentences, and segments of text. Saturation (Corbin & Strauss, 2008) of the data was undertaken to exhaustively deal with the emerging themes. Select but representative quotes corresponding to the evolved themes were translated from Hindi to English.

Results

The themes identified in the transcripts of the focus groups are presented. The responses of patients put under separate themes because such a demonstration provides a clear picture of the customer value co-creation behaviour

Dimensions of value

The data was analysed with help of manual thematic analysis to determine the dimensions of value that exist in cardiac care services. This qualitatively addressed research question: What are the dimensions of value experienced by customer when using cardiac wellness services? Overall, it was observed that

customers experience of value during cardiac health care services is subjective and varies among different individuals. There were two main findings from this stage of analysis;

First, evidence was found from the customer in-role activities (customer participation behaviour) which they play for good health care delivery i.e. information seeking, sharing, responsible behaviour, co-learning-production, personal interaction, complementary health activities, connecting, cerebral activities. However, the customer behaviour is influenced by the customer readiness to participate in service delivery.

Second, evidence was also found for the customer extra role (customer citizenship behaviour) which help the medical centre in direct i.e. feedback giving to medical centres for improvement, helping others customer, tolerance in case of service failure or delay, and advocate other at health care centre and outside. However, it was found that that customer extra role behaviour is influenced by customers perceived organisational (hospitals) justice. There were finding that health care centre service setting and health care provider willingness to involve customer in service delivery influence overall customer behaviour at hospital

As a consequence of these findings, a new conceptualisation of customer value creation behaviour was developed in cardiac care services. The following sub-sections will discuss these findings in further detail.

Dimensions of customer participation behaviour

Gallan et.al. (2013) defined customer participation behaviour as “the extent to which customer provide/share information, making suggestions, and become involve in decision making”.

Information Seeking

The extant literature suggests health information seeking as the purposive acquisition of information from selected sources that guide health-related decision-making (Oh et al., 2013), which could also influence patient behaviours in relation to healthcare. Gutierrez et al. (2014) note that patients with limited health literacy may not be able to understand and make appropriate decisions about their health during their engagement with healthcare providers, which could also result in increased health costs, and poor health out-comes (Berkman et al., 2011). This is described by one of the respondents as activities carried before coming to health care centre.

“Before coming to hospital, we discuss among family members and friends about hospital services and possible staying period. We come to the hospital with all kinds of information about doctors, hotels for stay and local reference. We also interact with other patients and their family member (coming from same State) to know some more information about hospital and available lodges for cheap and comfortable stay.”-Respondent 9

Other patients describe information seeking activities at health care centre by interaction with hospital’s staff.

“When my family doctors told me that I have high cholesterol level and recommended me for angiography. I was not aware about the test [...] so I talk to my family member and search information on internet. Internet helps me a lot to understand my health condition. Now whenever my doctor prescribes some medicine or test I check on internet [...] it help me to reduce my anxiety. Now, I am able to interact in better way with my doctor in consultations compared to the past, and also helps me participate with doctors in deciding my treatment.”- Respondent 1

“I read more on health-related issues to stay up-to-date and help me take good care of myself and prepare for health treatment.” Respondent 19

Information Sharing

Sharing proper accurate information about patient’s health conditions with health care provider for providing appropriate treatment and prescriptions (Gallan et al. 2013). This phenomenon is described by one of the respondent as sharing information about the health condition.

“I told my doctor [...] when I feel my heart, rate increases during my daily activities. [...] normally keep records of my activity and if something unusual happened I informed my doctors when I meet him. I frankly respond question asked by doctor about my life style and doctor clarify my doubts and appreciates my health monitoring activities”-Respondent 2

Other patients describe information sharing activities at health care centre by informing their requirements with hospital’s staff

“I always remember [...] that during one of my consultation, I told doctor’s secretary for urgency to meet and she send me on urgent basis”-Respondent 15

Responsible behaviour

Hausman defined customer participation behaviour as how much patients following their doctor's prescription and treatment plan.(Hausman 2006) It show the patients complying behaviour towards treatment. (Dellande et.al. 2004). One of respondent described the responsible behaviour in terms of following treatment plan strictly.

"After looking at my test results, my doctor told me to reduce weight, avoid salt, spices, take medicine on time and report me after one month. I strictly follow the advice and change my daily activities and diet [...] after one month my doctor was very happy when he checked my reports and told me, if you keep (health) like this you become healthy and active."Respondent 3

Other respondent understand compliance as to follow the rules and health care provider's prescription.

"I always come on time to meet my doctors as per the advice. I always take medicine on time and do my regular test as per the advice of my doctor."Respondent 6

Co-learning

McColl-Kennedy et al. (2015) defined co-learning as "activity seeking and sharing information from other sources". One of the respondent described it in terms of sharing knowledge with health care provider.

"For me, searching for health-related information using internet and health magazines enhanced my knowledge as well as my encounters with doctors. I share the new treatment options with my doctors, it helps me to adopt good things for my health."Respondent 11

Other respondent express co-learning in terms of sharing health care related information with health care provider and family members.

"Gaining knowledge about health, motivate me and my wife to read more on health-related issues. I feel delighted when I'm able to participate well with the doctor on each hospital visit. It really motivates me to keep reading and share my knowledge with others"-Respondent 8

Co-production

Gallan et al. (2013) describe customer participation behaviour as "The extent to which customer provide and share information, make suggestions, and become part of decision making process. One of the respondent co-production in terms of selection of treatment and health care provider.

"My local doctors suggested for surgery. I was not willing for surgery. For second opinion, I came to this hospital and consulted Dr.Devi Shetty first. I informed my condition and also that I don't want to go for the surgery. After the consultation, he told us that he (doctors) can manage my health condition without surgery and advised us to consult another cardiac doctor for the treatment. After one year they will check my health condition, if no improvement then surgery will be the only option. I agreed and selected Dr. Kannan for my treatment whose name was suggested by my family member."-Respondent 13

Other respondent express co-production in terms of sharing information about health status and suggestions made by him, during treatment process.

"When I visited my doctor first time, I told him my previous medicine and what happened during that treatment. When the doctor was writing the prescription, I informed him that I have reaction (allergy) with sulphur group of medicine [...] he looked at me and asked me about allergy and cut the medicine what he wrote on prescriptions."-Respondent 17.

Personal interaction

Interpersonal relationship between customer and service provider that is essential for successful service delivery (Yi and Gong 2013). This is described by one of the respondents, in terms of courtesy, friendliness, respect.

"I always remember my first visit to my doctor. When I greeted him, he didn't respond and during my second visit greet him once again that time he smiled. During this two years we develop a good relationship. He gave me his email id for sending reports and correction of doses."-Respondent 7

After analysis of all these contents of the interview we found that for providing quality of health care services, patients participation plays crucial role. Patients activities i.e. participation in decision making process, healthy interactions during consultations, information sharing and compliance with the treatment helped the hospital to deliver quality health care.

Customer Citizenship behaviour

Groth (2005) defines customer citizenship behaviour as "voluntary and discretionary behaviour that are not required for the successful production and or delivery of services but that, in aggregate, help the

service organisation overall.” Yi and Gong (2013) suggest four type of customer activities i.e. feedback, advocacy, helping, and tolerance, which reflect the customer citizenship behaviour.

Feedback

Bartikowski and Walsh (2011) defined customer behaviour that support organisation with various voluntary extra roles behaviour, such as helping other customer improve the service delivery or providing valuable feedback to the firm which in turn is conducive to effective organisational functioning. This is described by one of the respondents in terms of feedback

“There was no toilet at ground floor, patients on wheelchair find very difficulties. I wrote this issue in my feedback form and told the help desk staff also.”-Respondent 5

Other respondent describe feedback in terms of gratitude

“I always appreciate the quality of care provide by nurses and other hospital staff. I remember my ward nurse for her care during my stay.”-Respondent 18

Advocacy

According to Yi and Gong (2013), advocacy is a voluntary and discretionary behaviour that promote firm services and service provider to other (family member, friends). This is described as positive word -of-mouth communication by one respondent

“In our region, everyone is aware of the hospital and Dr. Devi Shetty. I recommended my friend and neighbours. If anyone has heart problem he has to visit this hospital for quality of care”-Respondent 5

Helping

Helping refers to customer behaviour aimed at support and spontaneous helping another customer (Groth et al.2004; Yi and Gong 2013). This is described by one of the respondents as activities to help patients if they are in difficulties.

“My relative helped me in my first visit to the hospital to know the facilities and how to utilize them. When people from my area finding difficulties, I assist and helped them and teach them about services available inside and outside of hospital”-Respondent 1

Tolerance

Customer tolerance is willingness to be patience when the service delivery does not meet the expectations of adequate services This is described by one of the respondents as mistake by hospital staff

“During our consultation doctor told us to do some test but forgot to write. When we reached test centre the receptionist told us that there is no test prescribed by the doctor. we came back to meet the doctor again but he went for hospital rounds and come after one hour. When we meet him, he immediately accepted his mistake and wrote the prescription. When we went back to the screening centre they quickly send us for tests.”-Respondent 10

Other respondents describe tolerance in service failure.

“We have an appointment with our doctor. When we reached at hospital 30 minutes before the appointment time we come to know that doctor about to come. We waited about two hours, and finally, he reached and told the receptionist ‘sorry’ for coming late due to the traffic jam. We also accepted that fact and commitment by the doctor.”-Respondent 4

Customer citizenship behaviour help organisation to create a good relationship with a customer in terms of creating a network of customer groups, getting useful ideas for service improvement, reducing the employee stress level by helping other customer and tolerating minor service failure. This helps the hospital and customer to create value for each other. Customer participation behaviour and citizenship behaviour combinedly create value for the hospital in terms of quality of care by hospital staff, and the same time help the firm to increase productivity by reducing working related stress of service providers. Active participation reduce uncertainty and reduce the working load.

Other factors also influence patient’s activities in health care centres. Some antecedent factors which influence customer participation behaviour and customer citizenship behaviour external factors influence overall customer value creation behaviour.

Customer participation readiness

Meuter et. al. (2005) recognized that customer readiness variable, role clarity, motivation and ability are key factors to determine customer participation. Perceived ability refers to perceived knowledge and skill that empower them to participate effectively, perceived benefit of participation refers to customer extrinsic or intrinsic evaluation of participation benefit and role clarity refer to the extent to which know

and accept what the firm expects from them. (Guo et.al.2013).One of the respondents describes participation readiness in terms of service requirements.

“My mother tongue is Hindi, when I went for treatment first time it becomes very difficult for me. Hospital instruction was written in English and nurses are not good in speaking Hindi. By observing other patients, I understand all the hospital process. During my next visit, I didn’t suffer any problem. Before the consultation, I arranged my all previous report systematically and show them to my doctor”-Respondent 10

Other respondents described participation readiness in terms of require knowledge and confidence.

“I had visited many private and government hospital for the treatment, service process is similar in private and different in govt hospitals. I know what we have to do for meeting doctors and what types of question we have to make. I was little surprise, when I first visited the hospital but in my second visit I participated actively”-Respondent 16

“Information search and sharing have really helped me in my recent visits to the hospital especially during consultations with the doctor”-Respondent 14

Another respondent described as usefulness and benefit

“Before my health issues (cardiac), normally follow what doctor prescribe. But this disease changes my behaviour now I actively ask question and confirm my previous knowledge i.e. asked them about ayurvedic medicine”-Respondent 13

“Before going to the hospital, I prepared myself for the consultation and treatment. It helped to utilize my consultation time in a better way. I always tried to clear my doubts and it also helps the doctor to provide good advice. At the end, good interaction and advice make me happy”-Respondent 8

Perceived Customer justice

Customer assessment of firm’s commitment to provide the results and benefit as promised. It has a three dimension: Distributive justice refers to the degree of which patients feel they have been treated fairly during health care. Procedural justice refers to the fairness of the hospital policies and procedures for everyone. Interaction justice refers to the extent to which patients are treated fairly in their interaction with doctors. One of the respondent describes perceived justice as doctors fair handling of consultation.

“Doctor interact in the same way, every time and don’t show any types restriction, patiently listened to my health condition and advice medicine” -Respondent 12

Other respondent express justice in term of quality of care

“After admitted to hospital (General ward), I was anxious at that time and looking for extra care from nurses, they were trying their best but not able to respond each and every time. Later on, I realised they have to take care other patients and they gave equal attention to all. After realising the condition of my ward and quality of care provided by them, I thank them for their care” Respondent 20

Another respondent described justice in terms of healthy interactions with doctors

“The interaction stage of the consultation process is crucial; however, the doctor has contorting power in most of my visits, and in some cases I’m just rushed through without much interaction. This approach does not really help me as I expect the doctor to encourage healthy interact with him”-Respondent 7

This respondent believes that despite restriction from doctor’s side during consultation. Personal motivation helps, to participate to some extent.

“I always try to be very active in the consultation, ensuring I interact well with the doctor. There are some doctors who will not offer that opportunity, but even in such cases, I make sure I’m actively involved in the interactions to some extent. This gives me the chance to ask questions, sharing information, seek for clarifications, and also gives me some sort of confidence in the hospital system”-Respondent 8

Outcome of customer value co- creation behaviour

According to Ennew and Binks (1999), the outcome of customer value co-creation depends on customer participation behaviour which influence perceptions of service quality (Gallan et al.2013) and through service quality, customer participation behaviour also has effect on customer satisfaction (Auh et al. 2007) and customer loyalty (Cermak, File, and Prince 1994). Customer compliance in health care service leads to goals achievements which in turn results in customer satisfaction (Dellande et al. 2004).

According to Chan et al (2010), value creation during customer participation influence customer satisfaction and also produce positive effects on employee satisfaction and performance.

One of the respondents describe outcome participation activities as

“When I first meet with my doctor, he explained the health complication to me and prescribe me medicine and told me to control blood pressure by diet and exercise. I follow everything and when I meet him once again after six months, he was very happy to see my progress. It motivates me to a lot to adopt healthy life style. I always thank my doctors for proper treatment and motivation.” Respondent 2

According to McColl-Kennedy et al. (2016), well-being (quality of life) is an important outcome of customer value co-creation activities in health care. It helped the customer to determine the effectiveness of treatment and understanding service experience. Patient's experience of quality of health care leads to subjective evaluation of their own health (Subjective well-being) as an outcome of their service experience (Lee et al., 2013).

Another respondent described participation outcome in terms of effectiveness of treatment

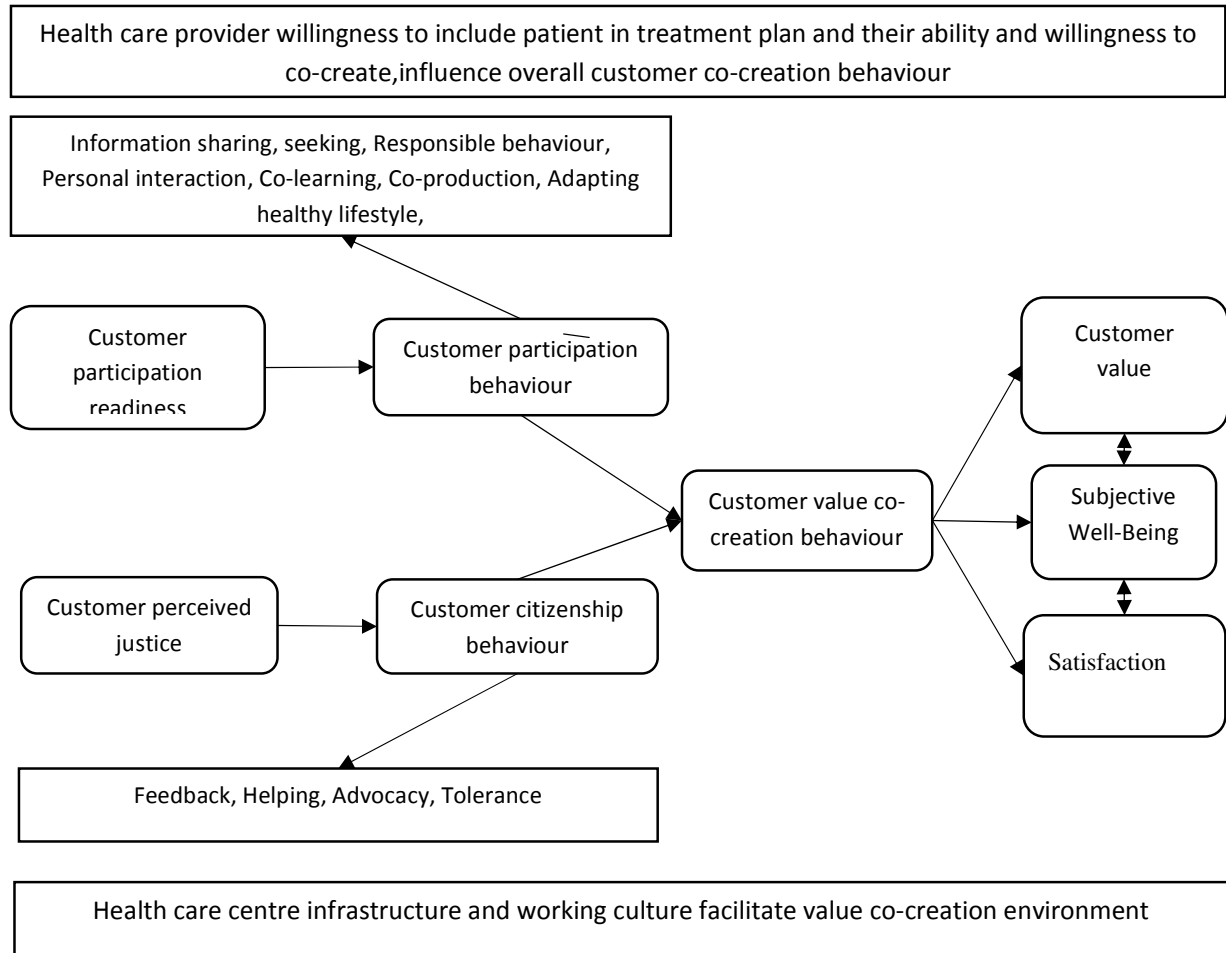
“I had open heart surgery five years back, and I am in continuous touch with my doctors. when I was abroad, one of my reports was showing the high level. As per the previous instruction by doctors, I emailed the report to the doctor. The next day I got a reply from the doctor to reduce the dose of one of my medicine and keep monitoring the same. It helped me to stay fit and active. It was very nice experience.”

Respondent 7

Conclusion

This section provides the qualitative findings for this study. The results addressed the subresearch questions by identifying the value dimensions experienced by customers in preventive health care services, identifying the dimension of customer participation behaviour explain their relationship with customer participation behaviour and customer citizenship behaviour. Customer participation readiness and perceived firm's justice, play antecedent role in customer participation behaviour and customer citizenship behaviour. At the same time health care provider ability and willingness to share power, willingness to educate patients, and willingness to adjust will affect health care providers willingness to co- create value in a health provider-patient relationship. Patients disease type, state, severity, number of treatment options, familiarity with treatment options, and medical-related information will affect customers' ability to co- create value in a healthcare provider-patient relationship Customer value creation behaviour helped in customer perceived service quality, customer satisfaction and customer loyalty. When customer engages in in participation behaviour, they feel greater perceived control, which reduce the stress level in service encounter. It also helpful in firm performance by reducing employee job satisfaction. These findings led to the development of a conceptual model of customer value creation behaviour mode in preventive health care services 1.1 This model identifies the dimensions of value and external factors which influence overall customer value creation behaviour and model. It illustrates the relationships between these constructs and also identifies customer value, wellbeing and increase in service productivity as outcomes of value creation behaviour in preventive health care service.

Figure 1.1 Conceptual model of patient's value co-creation behaviour in cardiac health care services



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Quality of work life and women beedi workers

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Introduction

‘The conceptualization of the quality of work life has been a difficult process, due to its complexity and multi-dimensionally’. Quality of work life (QWL) aims to measure everything; it is subdivided into a group of components which are then added together in order to represent the whole situation.

Quality of work life is a relatively old concept which is defined as the overall quality of an individual’s working life. Quality of work life is sometimes considered as a sub-concept of the broad