QUALITY OF WORK-RELATED LIFE AND HEALTH: A
PSYCHOSOCIAL PERSPECTIVE

UGC Funded Minor Research Project

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EXECUTIVE SUMMARY

The present study was aimed at developing Quality of Work Life Scale (QWLS) and Health Screening Index (HSI) to assess perceived quality of work-related life and health problems of employees, respectively. The items of QWLS were based on seven elements, i.e. autonomy and empowerment; healthy interpersonal relationship and trust; low work stress; job satisfaction and career prospects; work-life balance; satisfactory work conditions; and positive well-being.

The draft version of QWLS had 63 items. After a series of item analyses and factor analyses, 12 items were deleted. The final version of QWLS has 51 items, comprising two subscales: Career and Job Satisfaction Subscale (CJSS) and Perceived Absence of Work Stress Subscale (PAWSS). The Cronbach alpha coefficient for the full QWLS and for its two subscales CJSS and PAWSS is satisfactory (α = 0.934, -0.931 and 0.854, respectively). In addition to Cronbach alpha, Guttman’s reliability coefficients and Armor’s theta also have been computed. Armor’s theta for the full version of QWLS is .941, and for CJSS and PWASS is .937 and .859, respectively.

Further validity assessment was carried out by correlating full version of QWLS with the score on Health Screening Index (HSI); the obtained correlation coefficient is -0.430 (p < .01). Also the correlation of CJSS and PAWSS with HSI is -0.25 and -0.39, supporting the hypothesis of the study. The multiple correlation between HSI scores (criterion) and CJSS and PAWSS scores (predictors) is .47 [F (2, 547) = 75.82 : p < .01], confirming the hypothesis of the study while providing additional validity evidence. Percentile norms for QWLS and its two subscales have been developed.
The HSI consists of 100 items. The psychometric assessment of the HSI has been done using item-remainder correlation and factor analysis. After carrying out item-remainder correlation, all of the 100 items have been retained. The two-factor solution of the HSI has given factors, namely physical health and psychosocial health. However, the factor structure is complex and it violates the basic assumption of factor analysis. Factor scales are not developed for HSI for two reasons: 1) the factorially complex items are valid indicators of physical and mental health problems; their reduction would lead to reduction in comprehensiveness and validity of the scale as a whole; and 2) it is understood that some items in the HSI loaded equally strongly on both the factors. As mind-body connection is well-documented in research, it is logical that physical symptoms would result in psychosocial health problems and vice versa; also in certain situations, both physical and psychosocial symptoms would show up simultaneously. It was therefore decided not to develop factor scales for the HSI.

Since the HSI is lengthy, two parallel forms have been developed for increasing its utility in research. Form A and Form B are developed using the procedure described in section 3.3. Both the forms have similar means, Cronbach alpha and Armor’s theta. The SDs are also quite close. Form-A and Form-B of HSI correlate with the full version by 0.986 (p < .01) and 0.985 (p < .01), respectively. Thus, it is argued here that either of the two forms can be used as a substitute for the full version for research purpose. It is also recommended that the full form of HSI be used for diagnostic and therapeutic intervention purpose, as it is an effective tool to carry out vigorous screening of an individual’s physical and psychosocial health to identify specific health-related symptoms.

As mentioned earlier, a significant negative relationship was found between QWLS and HSI. The results thus support the hypothesis. They are also consistent with previous findings well-documented in studies. These results have been discussed in the light of these studies and psychosocial context in India in the final report.