Quality of work life as a determinant of mental health: a study on it Employees

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ABSTRACT:

The aim of the present study is to find out quality of work life as a determinant of employee mental health of female employees from IT sector across Kolkata. A study conducted on the group of 120 female employees by a questionnaire consists of 48 items, planned and designed by Prof. S. K. Dasgupta and Dr. Saheli Paul. Employee’s Mental Health Inventory (EMHI) administered on the same group of subjects. The scale was designed and planned by Dr. Jagdish, consists of 24 items. The data was analyzed by SPSS software (version 17).

Result of the present study pointed out that the female IT sector employees were found to be more satisfied with the kind of values and feelings they possesses, their autonomy and control authority, personal growth and career progression opportunities, management support, quality of social life and challenging work that lead them to develop themselves in the path of realizing their potentials, and thus fetched more satisfaction and wellbeing.

Although employees’ concerned about organizational performance could not contribute to their satisfaction and health, this might be due to small sample size thus called for further research to find the in depth causal analysis.

The study revealed that employees had a better quality of work life (as a whole) and they enjoyed the various component parts of the work life. Thus it was concluded that female IT sector employees were satisfied with their work life as a whole, and were well adjusted, happy and contended.

INTRODUCTION:

1. Quality of Work Life:

Quality of Work Life (QWL) served to define any activity which took place at every level of an organization which would seek greater organizational effectiveness, through the enhancement of human dignity and growth. According to Richard, quality of work life is the degree to which members of a work group in an organization able to satisfy their important personal needs through their experience in the organization.

Quality of work life was directly related to job involvement, sense of competence, job satisfaction and job performance and productivity. Thus quality of work life refers to the favourableness or unfavourableness of a job environment for people (Grey DL).

QWL and its Dimensions:

The evolution of QWL began in late 1960s emphasizing the human dimensions of work that was focused on the quality of the relationship between the worker and the working environment (ROSE et al 2006). QWL is a concept of behavioral scientist, and the term was first introduced by Davis at the 43rd American Assembly on the Changing World of Work at Columbia University’s Arden House. The selected participants assembled there concluded in their final remarks that –
“Improving the place, the organization, and the nature of work can lead to better work performance and a better quality of life in the society”. (Gardon 1984, Wyatt & Wah 2001, Sadique 2003, Rose et al. 2006, Islam & Siengthai 2009).

It is difficult to best conceptualize the QWL elements Seashore, 1975 proposed eight major conceptual categories relating to QWL as –

1. Adequate and fair compensation.
2. Safe and healthy working conditions.
3. Immediate opportunity to use and develop human capacities.
4. Opportunity for continued growth and security
5. Social integration in the work organization
6. Constitutionalism in the work organization,
7. Work and total life space
8. Social relevance of work life.

Several advantages of balanced QWL had been identified. Those are –

- Employee Satisfaction
- Attract / retain employees
- Decrease labour turnover
- Increase employee productivity
- Improved reputation
- Decrease absenteeism
- Improved business results
- Higher quality work
- Less missed time
- More employer loyalty
- An overall more enjoyable workplace as all employees are achieving and enjoying.
- More innovative ideas as employees care about their job
- Decrease pressure on physical and mental health
- Able to better meet work/ personal/ society commitments
- More time to do other things
- Help with child/ eldercare arrangements
- More time to enjoy recreational activities

2. MENTAL HEALTH:
In 1950, a WHO expert committee on mental health reviewed the various definitions on mental health and observed –

“Mental health, as a committee understands it, is influenced by both biological and social factors. It is not a static condition but subjected to variations and fluctuations of degree”.

The committee conception implies the capacity in an individual –

- To form harmonious relation with others.
- And to participate in or contribute constructively in changing in his social, physical environment.
- His ability to achieve a harmonious and balanced satisfaction of his own potentially conflicting instinctive drives in that it reaches an integrated synthesis
- The ability for the denial of satisfaction to certain instinctive tendencies as a means of avoiding the thwarting of others.
Work plays a vital role in the lives of most of the people. It is not only the means of earning a living and of maintaining self esteem but also a source of constant strain and stress. For that reason the world of work is important in terms of mental illness and emotional disturbances. It is believed that industrial population suffers from much larger extent of neurotic and emotional problems than that of general population.

The Director – General’s progress report on the WHO occupational health program presented to the 32 World Health Assembly stated that –

“Work, the key element to progress and achievement, is the human being’s main identification with the productive life. The continuous interactions between man and his physical and psychosocial working environment may influence his health either positively or negatively. And the production process itself influenced by the worker’s state of physical well being. Work, when it is a well adjusted and productive activity, can be an important factor in the health promotion – an aspect that has not been exploited to the advantage of nation’s health.

The definition of Occupational Health as given by the joint ILO/WHO committee in 1950 is as follows –

“Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental, and social well being of workers in all occupations, the planning and maintenance of the worker in an occupational environment adopted to his physiological and psychological equipment, and to summarize and adaptation of work to man and each man to his job.

Nordenfelt (1993), extensively studied on women revealed that quality of life is meant something that has to do with the values of welfare or well – being. A distinction can be made between external welfare, that is, those phenomena which surround us and continuously affect us, and, on the other hand, our inner well – being, in other words, our reactions to the external world and our experience in general so that it is an interaction rather than a one way influence of external factors.

According to Kornhauzer (1970) jobs in which workers are better satisfied are conductive to better mental health; jobs in which larger number are dissatisfied are correspondingly conductive to poor mental health. Moreover in all the occupational categories the better satisfied, enjoy better mental health than those less satisfied.

METHODOLOGY:

Hypotheses:
1. Domain 1 of quality of work life, i.e., values and feelings can predict mental health indices of female IT employees.
2. Domain 2 of quality of work life, i.e., work complexity can predict mental health indices of female IT employees.
3. Domain 3 of quality of work life, i.e., autonomy and workers’ control can predict mental health indices of female IT employees.
4. Domain 4 of quality of work life, i.e., personal and growth opportunities can predict mental health indices of female IT employees.
5. Domain 5 of quality of work life, i.e., manage support can predict mental health indices of female IT employees.
6. Domain 6 of quality of work life, i.e., concerned about organizational performance can predict mental health indices of female IT employees.
7. Domain 7 of quality of work life, i.e., quality of social life can predict mental health indices of female IT employees.
8. Quality of work life altogether can predict mental health indices of female IT employees.
Design of the study:
The design is a correlational research design. (D’Amato, 1970).

Sample:
Total sample size was 120. The age range of the sample was 25 – 35. Minimum educational qualification of the sample was graduation. Socio economic status of the sample ranges between middle to high income group. Working experience of the sample was at least minimum 2 years. Samples were taken from the following organizations of Kolkata-
1. International Business Machine (IBM).
2. T. C. S
3. Infosys
4. C. T. S
5. Capgemini
6. R. S Software India Ltd.

Description of the tools:
For the present study two standard questionnaires are used to identify perceived Quality of work and mental health of female employees’ in IT sector.

1. Quality Of Work Life Scale (QWL Scale): Planned and designed by Prof. S. K. Dasgupta and Dr. Saheli Paul – consists of 48 items which were prepared under 7 different factors; viz
   1. Values and feelings (VALFEEL)
   2. Work complexity (WRKCOM)
   3. Autonomy and worker’s control (AUTOCON)
   4. Personal and growth opportunities (GROWOPP)
   5. Management support (MANSUPP)
   6. Concerned about organizational performance (ORGPER)
   7. Quality of social life (SOCLYF)
   This questionnaire is self administered. It consists of 48 items out of which 12 are negative statements and reversed scoring is done for those items. Scoring rationale of the scale is high score indicates high quality of work life. The reliability coefficient of QWL scale is 0.75 to 0.81 (Chronbach alpha coefficient formula). This test also has high content validity (<0.72).

2. Employee’s Mental Health Inventory:
   This inventory is designed by Dr. Jagdish. It is a self administered test. It has two response alternatives, i.e., YES and NO, were written against each item for response. It contains 24 items out of which 4 are positive statements, where “yes” scored 1 and “no” scored as 0. And rest items are negative, and reversed scoring is done. The reliability coefficient of the scale was found to be 0.79 by using Spearman – Brown formula. The construct validity of the scale was found to be 0.74.

Statistical Analysis:
The score were tabulated for statistical analysis. Mean, Standard deviation, Linear regression, Multiple regression were calculated.

RESULT AND DISCUSSION:

Table – 1: given later as annexure 1.
Discussion: From the statistical treatment carried over 120 female IT employees it was found that the mean score of EMHI was 20.43 which implied medium mental health of females (according to the manual) with a standard deviation of 2.15.
The mean score of female employees in QWL (as a whole) were found to be 185.23, which fall above the median value, i.e., 144, signified that scores were not evenly distributed over the range and there
was a skewness towards the upper end, thus it was positively skewed. So it implied that female employees’ concerned for QWL was moderately high. All the components of QWL are also positively skewed, thus implied that female employees’ are moderately high in respective components.

**Regression Analysis:**
Statistical hypothesis – 1: This mental health scores could be predicted successfully from the scores of QWL (as a whole) and its different components, of the present subjects.

**Table – 2:** given later as annexure 2.
From the table, it was clear that quality of work life as a whole and its 6 components (except organizational performance) had a significant relationship with employee mental health. The beta coefficients were significant for QWL as a whole and for 6 components of QWL (except organizational performance).

**Discussions:**
The most significant findings of the study are –
1. Values and feelings could significantly predict the mental health status of IT female employees.
2. Work complexity could significantly predict the mental health status of IT female employees.
3. Autonomy and Worker’s control could significantly predict the mental health status of IT female employees.
4. Personal and growth opportunities could significantly predict the mental health status of IT female employees.
5. Management support could significantly predict the mental health status of IT female employees.
6. Concern about Organizational performance could not significantly predict the mental health status of IT female employees.
7. Quality of Social life could significantly predict the mental health status of IT female employees.
8. Quality of work life (as a whole) could significantly predict the mental health status of IT female employees.

The first finding suggested that Value and Feelings were highly related with employee mental health. Thus it was concluded that Value and feelings got the paramount contribution in the prediction of mental health indices of employees so the hypothesis 1 was confirmed. These aspects of QWL were the abstract concept that an individual was willing to embrace and were subjective terms but very much related with the comfort level of individual employees which could influence their adaptation to work life and influence mental health and well being.

The second finding suggested that the complexity of the work had a highly significant relationship with the mental health status of employees thus hypothesis 2 was accepted. Thus it can be suggested that certain level of control over work place, decision making authority in his/ her own area of operation lead to more satisfaction and improved health, although if work was being too complex, beyond employees control could affect their well being. Workers reporting no opportunity to use their abilities, initiatives in their job find their work is externally controlled exhibited significantly lower job satisfaction and poor health condition. (Warr, 1987).

The third finding suggested that autonomy and workers control significantly predicted the mental health status of employees, thus hypothesis 3 was accepted. The degree of control one individual had on his work, the amount of participation in decision making could significantly predict their health status as a whole. This was the degree to which a work environment permits an individual to control activities and events. Freedom of action, discretion, influence, power, participation in decision – making and decision latitude on the job is inseparable from a high quality of work life (Stein, 1983; Warr, 1987).

The fourth finding suggested that personal and growth opportunity had a positive and significant relationship with employees’ mental health. Thus hypothesis 4 was confirmed. A further study along these lines of Reis, Sheldon, Gable, Roscoe and Ryan (2000) investigated the hypothesis, based on Self
Determination Theory, that personal well-being is a direct function of the satisfaction of basic psychological needs. They argued that the fulfillment of needs is functionally essential to ongoing personal growth, integrity and well-being. Thus here the result showed that female employees perceived the personal and growth opportunity was one of the essential factors in their work life which was found to be related with well being, proper growth opportunity on the job, like provision of training, developmental opportunities provided by the top management could help significantly to improve the job satisfaction, this in turn helped them to achieve good physical and mental health.

The fifth finding suggested that management support had a significant relation in predicting mental health of employees, thus hypothesis 5 was accepted. Studies in regard to support and help in unleashing the fact to the management that where individual is regarded as a human with dignity and being visible not only personally but as a contributor (Stein, 1983). This sort of recognizing behavior of the management makes employees feel contented, is one of the essential behaviors of leaders mentioned by Yuki (1998). In the present study it was seen that females were happier in their work condition, and contended from the support they got from management, thus they had reported that there was a upper level contact wherever needed and congenial supervision. Organizational climate of this kind would lead to more satisfied and motivated workers, better quality of work and better adjustment, wellness as a whole.

The sixth finding suggested that concern about organizational performance did not had any significant relationship with mental health of female professionals, thus hypothesis 6 was rejected. Present study showed that employees were less concerned about the overall performance of the organization. This might be attributed to the fact that IT sector was characterized by immense pressure, employees were forced to meet the deadline, high pressure was created by supervisor to meet the deadline, too much control over target and output could lead to internal conflict within employees though initially they produce high quality good due to compliance based on fear. But this sort of management system in IT firm would definitely lead to dissatisfaction, anxiety, lack of enthusiasm, depression, suffering, apathy, lethargy, and in long run this was the factor which could explain the high attrition rate in IT sector (Gintis and Osborne, 2001).

The seventh findings suggested that the quality of social life had a positive relationship with mental health status. Thus hypothesis 7 was accepted. Since work and career were typically pursued within a framework of social organizations, the nature of personal relationships became an important dimension of the quality of working life. Membership in work groups marked by patterns of reciprocal help, socio-emotional support and affirmation of the uniqueness of each individual, could have an effect on individual’s satisfaction, so too will a sense of community and the way members of the work organization relate to one another about their ideas and feelings have a positive effect on mental health (Walton 1975).

The eighth finding of the study revealed that QWL as a whole had a significant relationship with mental health of employees. That was quality of work life could significantly predict the variation of mental health, so hypothesis 8 was accepted. Present finding suggested that employees were very much contended with the sort of social life they had, the kind of atmosphere, the kind of group and informal relationship helped female employees to meet their psychological need, and thus made them to be more productive, goal oriented and better adjustment as a whole thus improved physical, mental, social, emotional well being, making them stable, physically active and mentally fit.

From the correlational research it was found that the employees’ value and feelings could positively predict their mental health, further analysis revealed that the prediction of mental health status was greater when employees’ value and feelings and work complexity taken together. Several finding of the study systematically revealed the fact that in addition of each factor of QWL in predicting subsequent changes on mental health, the prediction power increased steadily and smoothly. Thus it can be
concluded that factors studied here were highly relevant for predicting mental health of IT female employees.

Lastly, the QWL (as a whole) was also found to be highly related with mental health. Thus all components along with QWL as a whole found to have a significant power to predict mental health status of employees.

CONCLUSIONS:
From the statistical calculations of the present study the following conclusions were drawn –
1. Values and feelings significantly predicted the mental health status of IT female employees.
2. Work complexity significantly predicted the mental health status of IT female employees.
3. Autonomy and Workers’ control significantly predicted the mental health status of IT female employees.
4. Personal and growth opportunities significantly predicted the mental health status of IT female employees.
5. Management support significantly predicted the mental health status of IT female employees.
6. Organizational performance could not significantly predict the mental health status of IT female employees.
7. Quality of Social life significantly predicted the mental health status of IT female employees.
8. Quality of work (as a whole) significantly predicted the mental health status of IT female employees.
9. The mental health score could be predicted successfully from scores of QWL as a whole, as well as its components.

APPLIED VALUE OF THE WORK :
If a person was constantly exposed to uncontrollable outcomes and poor quality of work life this was definitely going to deteriorate his/ her mental health and lead to stressful situations. This would affect individuals’ performance and organizational outcome, which would result in lethargy, boredom, apathy and low level of motivation. Thus individual became less adaptive in an organization which would lead to the psychological upsets. These factors were in turn associated with negative mental health. The present research was carried out to look deeply in to these factors for sensitive and rapidly increasing professionals. The findings pointed out the need for taking proper measures step by step to improve some domains of quality of work life and so that it could fetch more happiness to the individual. Effort should be made so that high perception of contingencies between action and outcomes could be linked which would defiantly fetch better mental health as well as performance of the employees might improve.

- It could help to identify strength and weaknesses of the employees.
- It would help to them in better adjustment of life.
- It would help to identify employees’ preference and modification of necessary organizational part could be carried out accordingly.

LIMITATIONS :
No research was free from limitations. The present investigation was not also exception of this –
1. The prominent limitation of the study was the age criterion (i.e. only 25 – 35 years were included for the present work) which limited the result applicability to a certain extent.
2. The present study dealt with those professionals who at least had done graduation and all others below this educational status were excluded from the purview of the study.
3. It had the limitation of correlational research.
4. Due to lack of time the number of samples as desired to cover, could not be obtained.
5. As self administering inventories were used for data collection some amount of faking was possible.
REFERENCES:

10. www.acs.ohio – state .edu/units/research/archive/choles.htm

ANNEXURE 1

Table – 1:
Mean and standard deviation were calculated in order to find the impact of quality of work life and mental health of employees on the present sample (120 female employees). The result of the employees’ relative perception in regard to this two aspects are defined below –

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>MEAN</th>
<th>RANGE</th>
<th>STANDARD DEVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Mental Health</td>
<td>20.43</td>
<td>-</td>
<td>2.15</td>
</tr>
<tr>
<td>Quality of Work Life</td>
<td>185.23</td>
<td>48 - 240</td>
<td>4.63</td>
</tr>
<tr>
<td>Quality of Work Life relative to values and feelings</td>
<td>39.27</td>
<td>10 - 50</td>
<td>2.25</td>
</tr>
<tr>
<td>Work Complexity</td>
<td>20.48</td>
<td>5 - 25</td>
<td>1.67</td>
</tr>
<tr>
<td>Autonomy and workers control</td>
<td>49.18</td>
<td>13 - 65</td>
<td>2.98</td>
</tr>
<tr>
<td>Personal and growth opportunities</td>
<td>28.38</td>
<td>7 - 35</td>
<td>2.20</td>
</tr>
<tr>
<td>Management support</td>
<td>18.50</td>
<td>5 - 25</td>
<td>1.99</td>
</tr>
<tr>
<td>Concerned with organizational performance</td>
<td>10.37</td>
<td>3 - 15</td>
<td>1.23</td>
</tr>
<tr>
<td>Quality of social life</td>
<td>19.05</td>
<td>5 - 25</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Table – 2: Results of Regression analysis with mental health as DV.

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>Predictors</th>
<th>R</th>
<th>R Squares</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimates</th>
<th>F</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>VALFEEL</td>
<td>.332</td>
<td>.121</td>
<td>.031</td>
<td>1.11136</td>
<td>1.385</td>
</tr>
<tr>
<td>2</td>
<td>WRKCOM</td>
<td>.333</td>
<td>.135</td>
<td>.036</td>
<td>1.11660</td>
<td>1.202</td>
</tr>
<tr>
<td>3</td>
<td>AUTOCON</td>
<td>.345</td>
<td>.165</td>
<td>.043</td>
<td>1.19603</td>
<td>2.185</td>
</tr>
<tr>
<td>4</td>
<td>GROWOPP</td>
<td>.355</td>
<td>.173</td>
<td>.048</td>
<td>1.09779</td>
<td>1.744</td>
</tr>
<tr>
<td>5</td>
<td>MANSUPP</td>
<td>.376</td>
<td>.183</td>
<td>.051</td>
<td>1.11612</td>
<td>1.381</td>
</tr>
<tr>
<td>6</td>
<td>ORGPER</td>
<td>.387</td>
<td>.196</td>
<td>.058</td>
<td>1.10910</td>
<td>1.385</td>
</tr>
<tr>
<td>7</td>
<td>SOCLYF</td>
<td>.606</td>
<td>.298</td>
<td>.092</td>
<td>1.00312</td>
<td>2.464</td>
</tr>
<tr>
<td>8</td>
<td>QWL</td>
<td>.311</td>
<td>.198</td>
<td>.112</td>
<td>1.11973</td>
<td>5.699</td>
</tr>
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</table>
**Table 3:** Dependent Variable – Mental Health.

<table>
<thead>
<tr>
<th>Model</th>
<th>Standardized Coefficient</th>
<th>t</th>
<th>Sig</th>
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<tbody>
<tr>
<td></td>
<td>Beta</td>
<td>Std. Error</td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td></td>
<td>9.780</td>
<td>4.618</td>
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<tr>
<td>VALFEEL</td>
<td>.401</td>
<td>.147</td>
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</tr>
<tr>
<td>WRKCOM</td>
<td>.383</td>
<td>.149</td>
<td>2.455</td>
</tr>
<tr>
<td>AUTOCON</td>
<td>.319</td>
<td>.141</td>
<td>2.290</td>
</tr>
<tr>
<td>GROWOPP</td>
<td>.319</td>
<td>.136</td>
<td>2.282</td>
</tr>
<tr>
<td>MANSUPP</td>
<td>.344</td>
<td>.136</td>
<td>2.482</td>
</tr>
<tr>
<td>ORGPER</td>
<td>-.172</td>
<td>.249</td>
<td>-.1.032</td>
</tr>
<tr>
<td>SOCLYF</td>
<td>.354</td>
<td>.131</td>
<td>2.459</td>
</tr>
<tr>
<td>QWL</td>
<td>.341</td>
<td>.137</td>
<td>2.643</td>
</tr>
</tbody>
</table>

*P <0.05 significant  
**P <0.01 highly significant