METHODOLOGY
CHAPTER - 4

METHOD AND PROCEDURE

The present study entitled “A comparative study of quality of life, hardiness, self-efficacy, and self-esteem amongst employed and unemployed women” was carried out with the following aims:

1) To make a comparison between the professional employed and unemployed married women on the following psychological/personality variables (a) quality of life, and its dimensions (physical health, psychological health, social relationship, and environment), (b) hardiness, and its dimensions (commitment, control, and challenge), (c) self-efficacy, and (d) Self-esteem.

2) To make a comparison between professional and non-professional married employed women on the following variables (a) quality of life, (b) hardiness, (c) self-efficacy, and (d) self-esteem.

3) To make a comparison between the non-professional employed and unemployed married women on the following variables (a) quality of life, and its dimensions (physical health, psychological health, social relationship, and environment), (b) hardiness, and its dimensions (commitment, control, and challenge), (c) self-efficacy, and (d) Self-esteem.

4) To see the interrelationship between quality of life, hardiness, self-efficacy, and self-esteem for the total sample as well as for professional and non-professional employed and unemployed women separately.

4.1 Hypotheses

On the basis of review of literature, the investigator proposed the following hypotheses to be tested.
1) It was expected that professional employed married women will be significantly higher than unemployed married women on quality of life. (1.a) It was expected that professional employed married women will be significantly higher than unemployed married women on physical health, (1.b) psychological health, (1.c) social relationship, and (1.d) environment.

2) It was expected that professional employed married women will be significantly higher than unemployed married women on hardiness. (2.a) It was expected that professional employed married women will be significantly higher than unemployed married women on commitment, (2.b) control, and (2.c) challenge.

3) It was expected that professional employed married women will be significantly higher than unemployed married women on self-efficacy.

4) It was expected that professional employed married women will be significantly higher than unemployed married women on self-esteem.

5) It was expected that professional employed married women will be significantly higher than non-professional employed women on quality of life. (5.a) It was expected that professional employed women will be significantly higher than non-professional employed women on physical health, (5.b) psychological health, (5.c) social relationship, and (5.d) environment.

6) It was expected that professional employed women will be significantly higher than non-professional employed women on hardiness. (6.a) It was expected that professional employed women will be significantly higher than non-professional employed women on commitment, (6.b) control, and (6.c) challenge.

7) It was expected that professional employed women will be significantly higher than non-professional employed women on self-efficacy.

8) It was expected that professional employed women will be significantly higher than non-professional employed women on self-esteem.

9) It was expected that non-professional employed women will be significantly higher than unemployed married women on quality of life. (9.a) It was expected that non-professional employed women will be significantly higher than unemployed married women on physical health, (9.b) psychological health, (9.c) social relationship, and (9.d) environment.
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10) It was expected that non-professional employed married women be significantly higher than unemployed married women on hardiness. (10.a) It was expected that non-professional employed married women will be significantly higher than unemployed married women on commitment, (10.b) control, and (10.c) challenge.

11) It was expected that non-professional employed married women will be significantly higher than unemployed married women on self-efficacy.

12) It was expected that non-professional employed married women will be significantly higher than unemployed married women on self-esteem.

13) It was expected that there will be positive correlation among the variables of quality of life, hardiness, self-efficacy, and self-esteem

4.2 Sample

The sample in the present study consisted of 250 married employed women (175 professional and 75 non-professional employed women) and 250 married unemployed women (divorcees, widows or women living apart from the husbands were not included in the study) in the age range of 24-41 years belonging to lower, middle, and upper socioeconomic status groups, with educational qualification of 10+2 and above and having at least one school going child. Stratified convenience sampling technique was used for the selection of the sample.

4.2.1 Employed women

Sample of 250 married employed women with the above mentioned demographic characteristics were drawn from various organizations in Zabol city in Iran. In the sample of employed women, 175 professional women i.e., doctors, teachers, lawyers, obstetricians, and 75 non-professional employed women i.e., officers, clerks working in the banks, offices, and secretaries employed in different organizations were selected.
4.2.2 Unemployed women

Sample of 250 unemployed married women were drawn for this study. Following were the inclusion criteria for selection of the sample:

i) Those who had never taken up a job before or after marriage.

ii) Those who did not plan to take up a job in the near future.

iii) Those who were not engaged in any kind of part-time or full-time independent business or helping in the family business.

4.3 Description of the tools

The tools for the study were selected keeping in view various considerations, such as objectives of the study, the amount of the time at the investigator's disposal, availability of suitable tests with high reliability and validity, personal ability of the investigator to administer, score and interpret the tests result.

The following tools were chosen:

4.3.1 World Health Organization - Quality of Life (WHO QOL) – BREF: (1996)

The questionnaire has been developed by world health organization group in order to provide a short form quality of life assessment that looks at domain level profiles. It is an abbreviated 26 items assessment and contains 2 items from the overall QOL and general health, and one item from each of the 24 facets included in WHO QOL-100 for providing broad and comprehensive assessment. Each item is rated on a five point scale. The questionnaire assesses quality of life in 4 domains, namely, physical health, psychological, social relationship, and environment.

WHO QOL - BREF domains are as follows:

1.) Physical health consists of 7 domains (activities of daily live, dependence on medicinal substances and medical aid, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity).
2) Psychological health consists of 6 domains (bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality/religion/personal beliefs, and thinking/learning/memory/concentration).

3) Social Relationship consists of 3 domains (personal relationships, social support, and sexual activity).

4) Environment consists of 8 domains (financial resources, freedom, physical safety and security, health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, physical environment (pollution/noise/traffic/climate), and transport).

The WHO QOL-BREF is a self-administered questionnaire. The questionnaire (field trial version) produces a quality of life profile. It is possible to derive four domain scores which denote an individual’s perception of quality of life in each particular domain. There are also two items which are examined separately: question 1 asks about an individual’s overall perception of quality of life and question 2 asks about individuals’ overall perception of their health.

Where more than 20% data are missing from an assessment, the assessment is discarded. Where up to two items are missing from the domain, the mean of other items in the domains is substituted. Where more than two items are missing from the domains, the domain score is not calculated (with the exception of domain 3, where data is calculated only if ~ 1 item is missing). The scale enjoys good discriminate validity, sound content validity and good test-retest reliability. Despite the heterogeneity of facets included within domains, all domains display excellent internal consistency. Cronbach alpha values for each of the four domain scores ranged from 66 (for domain 3) to 84 (for domain 1). The WHO QOL-BREF has many uses including use in medical practice, policy making, research, audit and in assessing the effectiveness and relative merits of different treatment. It can also be used to assess variation in quality of life across different cultures, to compare subgroups within the same culture and to measure change across time in responses to change in life circumstances.

For the scoring of WHO QOL-BREF, two items i.e., question 1 related to an individual’s overall perception of quality of life and question 2 which asked about
individuals' overall perception of their health, were examined separately. Moreover, four domain scores were calculated. Domain scores were scaled in positive direction (i.e., higher scores denoted higher quality of life). The scoring was reversed in case of negatively phrased items. Mean score of items within each domain was used to calculate the domain score. Mean score was then multiplied by 4 in order to make domain scores comparable with the scores used in WHO QOL-100 and subsequently transformed to a 0-100 scale, using the following formula: Transformed score = (score - 4) × (100/16).

Investigator obtained Cronbach’s alpha values for each of the four domain scores which ranged from 0.66 (for domain 1) 0.84 (for domain 2) 0.66 (for domain 3) to 0.84 (for domain 4) after pilot study on a sample of 100 women. After scoring, the data were subjected to statistical analyses. The results of these statistical analyses have been tabulated and discussed in the next chapter.

4.3.2 Personal View Survey (PVS): (Kobasa, 1986)

Many scales to measure hardiness were established (Kobasa, 1992a). However, earlier hardiness scales had some problems; changing hardiness sub scores to z-score, challenge scale didn’t predict health (Hull et al. 1987). Kobasa (1986) established 50-items hardiness scale (Personal Views Survey: PVS) and Bartone et al. (1989) established 45-items hardiness scale (Dispositional Resilience Scale: DRS) to solve these problems.

The PVS scale (Kobasa, 1986) consists of 50 items with three subscales, challenge, commitment, and control with 17, 16, 17 items respectively. Scores of 39 items are reversed. Ratings of each item are 0 (not at all true) to 3 (completely true) in 4 escalations. Scores of each component are calculated, dividing total low score by each high score (commitment, control, and challenge). Each score indicates positive value of hardiness.

Kobasa (1986) summarized scores of all components and divided by 3 for hardiness score as single trait. However, according to Funk (1992), hardy individuals have consistently been described as high in all components (Kobasa, 1986) and if researchers use composite scores and divide into high-hardy and low-hardy subject group
using a median split, it is not consistent with hardiness theory. Thus, discrimination of high-hardy and low-hardy subjects should be done by scores of three components of hardiness, not by composite score.

Ghorbani (1994) translated to Persian language and used this scale for Iranian population. Reliability estimated for the 50-items total scores was 0.74, and for commitment it comes out to be 0.70. Although, the estimates for challenge and control are somewhat low, he summarized scores of all components and divided by 3 for hardiness score as single trait. Domain scores were scaled in positive direction (i.e., higher scores denoted higher hardiness). The scoring was reversed in case of negatively phrased items (39) items and mean score of three subscales show total score of hardiness.

4.3.3 The General Self-Efficacy Scale (GSE): (Jerusalem and Schwarzer, 1979)

The scale in German Language developed in 1979 by Jerusalem and Schwarzer, and later revised and adapted to 26 other languages including English and Persian by various co-authors. The scale was developed to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. The scale is designed for the general adult population, including adolescents. Persons below the age of 12 should not be tested. The scale is usually self-administered, as part of a more comprehensive questionnaire. The scale has 10 items with 4 point scale, ranging from 1 to 4 (1=not at all true), (2=Hardly true), (3=moderately true), to (4= exactly true). Responses to all the 10 items have to be summed up to yield the final composite score with a range from 10 to 40. In samples from 23 nations, Cronbach’s alphas ranged from 0.76 to 0.90, with the majority in the higher range of 0.80. The scale is unidimensional. Criterion-related validity is documented in numerous correlational studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficient was found with depression, anxiety, stress, burnout, and health complaints.
4.3.4 The Coopersmith Self-Esteem Inventory (CSEI): (Coopersmith, 1975)

The Coopersmith Self-Esteem Inventory (CSEI; Coopersmith, 1989) was designed to measure the respondent’s attitudes toward self in personal, social, family, and academic areas of experience. The publisher claims that the CSEI has been administered to tens of thousands of children and adults participating in research studies or in special education or clinical programs to enhance self-esteem. Hundreds of publications that have reported research about the psychometric properties of the CSEI or that used the CSEI in investigations also attest to the popularity of the instrument.

It is probably safe to say that the CSEI is one of the most popular self-report instruments published during the past two decades. The primary reasons for its widespread use are brevity and simplicity. Specifically, the CSEI is short, consisting of 50 items for children and 25 items for adults. Each item requires a binary response of “Like Me” or “Unlike Me”. Furthermore, the CSEI may be administered to groups or individuals in 10 minutes or less, and it is easily hand-scored. Finally, the CSEI generates a total self-esteem score that appears to be reliable and valid. The CSEI was developed as part of a comprehensive investigation of the antecedents, consequents, and correlates of self-esteem in children that was carried out more than 30 years ago by Coopersmith (1967).

The original CSEI, called the School Form, was constructed to measure self-esteem in children. Most of the 50 self-esteem items in the School Form were adapted from scale items used by Rogers and Dymond (1954) in their classic study of nondirective psychotherapy.

An abbreviated form of the School Form (called the School Short Form) consists of the 25 self-esteem items that had the highest correlation with the total self-score on the School Form. The self-esteem inventory (SEI) Adult Form has been adapted from the short form for use with persons over fifteen years of age. The language and situations referred to the original items were modified to make them more meaningful to persons whose lives aren’t as closely bound to parents and schools as normal children.

Adult Form consists of 25 items, most of these based on items selected from the School Short Form. This form includes two types of positive and negative responses. In
all questions, the subject will find a list of statements about feelings, it is expected that he selects “Like Me”. If statement does not describe how he usually feels, it is expected that he chooses “Unlike Me”. Therefore, the subject’s response to each question is specified using a two-point scale such as “Like Me” and “Unlike Me”. The Self-esteem Inventory Adult Form (25) items according to the manual, can be scored by giving an award of one point for items such as, 1, 4, 5, 8, 9, 14, 19, and 20 (if answered “Like Me”) otherwise, these items are given zero point (if answered “Unlike Me”). Similarly, a weightage of one point is given to answers “Unlike Me” and zero to answers “Like Me” for items numbers, 2, 3, 6, 7, 10, 11, 12, 13, 15, 16, 17, 18, 21, 22, 23, 24, and 25. The SEI (Adult Form) yields a total score. With 25 items, scores range from 0 to 25, and obtained score is multiplied by 4. The maximum possible total score is 100. Low score indicates low self-esteem and high score shows high self-esteem. Test retest reliability for the SEI was originally reported by Coopersmith (1967) to be .88 for a sample of 50 children in grade V (five week interval) and 0.70 for a sample of 56 children 12 years old (three year interval). Alternative form reliability of the SEI was examined by Fullerton (1972). He reported a split-half reliability coefficient of 0.87 for 104 students in grade 5 and 6. All these values show high internal consistency and thus satisfactory reliability of the inventory.

The Self-Esteem Inventory Adult Form with 25 items can be safely considered as valid for the purpose of data collection in Iran (Tabatabaei Yahya Abadi, 2003).

4.4 Administration of tests

The respondents were contacted personally for getting the various questionnaires and scales filled. The investigator built rapport with each subject and ensured them about the confidentiality of their responses. Each subject was given instructions as per respective manuals. They could respond to questionnaires / scales in 2 to 3 sittings depending on the availability of time and their convenience.

4.5 Scoring

Scoring of each questionnaire/ scale was done as per their respective manuals.
4.6 **Statistical Analyses**

ANOVA and comparison of means were carried out to see the significant of differences amongst professional, non-professional employed and unemployed women on quality of life, hardiness, self-efficacy, and self-esteem.

Percentages were computed for the professional, non-professional and unemployed women classified on the basis of income and education.

To examine the relationship between various variables i.e., on quality of life, hardiness, self-efficacy, and self-esteem pearson’s r were computed.