

# Impact of Psychological Health on Quality of working life among Teachers

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## ABSTRACT

*Present study examined Psychological Health (Depression, Anxiety, and Stress) and quality of working life among Teachers. Mental Health Inventory (MHI) by (Veit and ware 1983) and Work-Related Quality of Life (WRQoL) Scale by (Van Laar et al., 2007) were used for data collection. The sample of the present study was 200 teachers. Purposive sampling technique was used to draw the sample. Descriptive statistics and correlation used to analysis the data. Results indicate that Psychological health have positive relationship with quality of working life.*

**Keywords:** Psychological Health, Quality of working life, Teachers.

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## Introduction

The most important relationship is “teacher”. He is a person who helps others to acquire knowledge, abilities or ethics (Williamson McDiarmid, G. & Clevenger-Bright M., 2008). Claims that for today’s teachers, professionalism is construed in terms of what level the teacher’s result the difficulties and what extent they are able to use their skills and experiences linked to their profession (Baggini, 2005). "Teaching is a form of interpersonal influence aimed at changing the behavior potential of another person." (N.L.Gage, 1962). “Teaching is an warm contact between a more mature personality and less mature one which is planned to further the education of the latter” (H.C. Morrison (1934).

## Psychological Health

Psychological health is not only an absence of psychological complaint; it is also the ability to survive with problems in life, psychological health is important as physical health to everybody. A good psychological health is critical for primary a good life efficiently if they are distress from tense and pressures and is struggling with psychological health problems such as depression or unstable feeling due to academic, social or psychological burden; with poor psychological health one misplaces overall effectiveness. Psychological health is stability between all phases of life- social, physical and spiritual phase of a person. It instructs on how we cope our surrounds and make choices in our lives unmistakably it is an essential part of our overall health (Negi, Y., 2010).

“Psychological health is those behavior, perception and feeling that conclude a person overall level of personal value, achievement, pleasure and superiority of working as a person. It depends on the improvement and maintenance of aims that are neither to high not low to permit faithful successful preservation of belief in one’s self as commendable, real human being (Kornhauser, 1965).

Depression is a state of low mood and distaste to action that can distress a person’s considerations, behavior, feelings and sense of well-being (Salmons & Sandra 1995).

## Quality of Working Life

Louis and Smith (1990) research recognized the importance of QWL in decreasing employee’ turnover and employee well-being impacting on the services accessible.

Reyan (1995) believes that most studies done on the quality of work in 60s concentrated on psychology of individuals and their awareness of the industrial environment. He sets onward that the term „quality of work life“ was planned in an International Conference in New York in 1972 which highlighted a role for knowledge in generating a coherent theory on how to create better conditions for working life.

According to Tamjidi, (2007) the ILO indications in its global work report, there is no single definition for the theory of quality of working life which is accepted by everyone. Two important topics in the quality of work life are whether the quality of working life should be imperfect to work or it should be empirically assessed. In UK the first topic has involved most attention, especially among followers

of the modern theory of social-technical. In this domain the concept is mostly related to job content and symbolizes the results of job content and working relations. Components of quality of work life are different in the viewpoints of scientists. As this study measures the quality of work life by Walton's model, its workings are defined according to Walton's theory (Abbas-Pour, 2005).

### **Relationship among Psychological Health and QUALITY OF Working Life**

The aim of present study was to investigate Psychological Health and Quality of Working Life among Teachers. Empirical and theoretical facts have been used to draw attention to the association among these psychological constructs. These psychological construct give insight into the nature of relationship as well. The most recent studies have been stated that recognized the relationship between Psychological Health and Quality of working Life among Teachers and its development of pattern. The studies showed relations related to these variables.

Negarpour et al (2011) studied the relationship between self-efficacy and health behavior among faculty members of Gilan University of Medical Sciences (Iran) and found a significant positive relationship between self-efficacy and health behaviors. For the faculty members, total self-efficacy and health behaviors scores were 84.1% and 65.9%, respectively. Jahani Maleki et al (2011) evaluated the relationship between self-efficacy and consciousness levels of life skill among students in Shahid Beheshti University (Iran). The authors showed that from the scopes of life skill, there are significant relationships between self-efficacy and the skills of consciousness, communication, problem solving, decision making, critical thinking, and managing with stress, also from the levels of life skill, there are important relationships between self-efficacy and levels of knowledge and submission.

Nourbakhsh (2004) studied job stressors and the relationship between them and mental health among physical education teachers. The results showed that there is a negative relationship between job stressors and mental health, and that enlarged stressors prime to compact mental health. Niyazi et al (2009) noted in their research that there is a significant relationship between referees' burnout, scopes of emotional fatigue, and depersonalization with mental health. Also, there is a significant positive relationship between them and individual's success. The results found by Jonsdottir et al (2010) designated that participation in physical activity indications to decrease the risks of mental health problems for two years later. People who have low or moderate physical activity display lower levels of stress, exhaustion, anxiety and depressive symptoms associated to those doing no physical activity.

Nourbakhsh and Maleki (2005) found no significant differences between psychological skills of participants in individual and team sports. However, there is a significant positive relationship between mental skills of individual and team-sport athletes and their self-efficacy.

Ellis and Pompli (2002) showed a study on QWL of nurses in Canberra. The study exposed that poor working environments, resident aggression, workload, inability to deliver quality of care preferred, imbalance of work and family, shift work, lack of involvement in decision making, professional separation, lack of acknowledgment, poor relationships with supervisor and peers, role conflict and lack of chance to learn new skills are the major barriers in the enhancement of QWL of employees.

### **Method**

Cross-sectional research design was used in the present research. Independent variable was Psychological Health and dependent variable of the present study was Quality of Working Life.

### **Objectives**

- To investigate the relationship among Psychological Health and Quality of Working Life among Teachers.

### **Hypothesis**

- There would be positive relationship between Psychological Health and Quality of Working Life among Teachers.

### **Sample**

In the current research purposive sampling technique was used because the elements to be included in sample were on the basis of Teachers. Sample consisted of the present study was n=200 Teachers from Gujrat, Lahore, Pakistan.

### **Measures**

#### **1. Mental Health Inventory**

The MHI by Veit and ware (1983) is contains on 18-items which describe 4 subscales (Anxiety, Depression, Behavioral Control, and Positive Affect) and 1 total score. The subscale and total scores range from 0-100, with higher scores indicating better mental health that are rate on a 6-point scale that ranges from 1-6.

## 2. Work-Related Quality of Life (WRQoL) Scale

The Work-Related Quality of Life (WRQoL) Scale by (Van Laar et al., 2007) is contains on 24-item help to people identify the perceived quality of life of employees on six dimensions (1: Control at Work: How far you agree you feel you are involved in decisions that affect you at work.

2: General Well Being: How much you agree you feel generally content with life as a whole.

3: Home-Work Interface: How far you agree that the organisation understands and tries to help you with pressures outside of work.

4: Job Career Satisfaction: How far you agree that you are generally happy with your ability to do your work.

5: Stress at Work: How far you feel agree you experience stress at work.

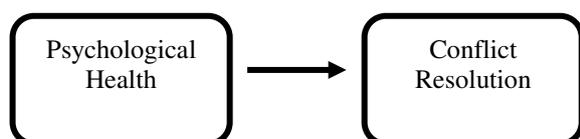
6: Working Conditions: The extent you agree that you are happy with conditions in which you work) The WRQoL scale is used by individuals, organisations and consultants as well as researchers as an aid to assessing and understanding the quality of working life of working people that are 5-point likert scale that ranges from 1-5.

### Rational of the Study

Present research was investigating the relationship among the Psychological Health and Quality of Working Life among Teachers. The Prevalence of Depression is 1 million be in this world are died yearly caused by suicide and 3000 suicides deaths every single day. The frequency of the Depression Patients in Pakistan is 44.4% according to estimate of Psychiatrist and Pakistan Association for Mental Health President prof S Hroon Ahmed). The Researcher investigated how Psychological Health effect the Quality of Working Life of Teachers. Researcher analyzed the significant effects of Psychological Health on Quality of Working Life and how it play role among Teachers.

### Conceptual framework

Human have Psychological Health problem then have problem in Quality of work among Teachers. Concept of this study is given in following figure 1.



## Results

The current study was considered to study relationship among Psychological Health and Quality of Working Life among Teachers. The sample consisted of 200 Teachers for Statistical package for social sciences (SPSS) 20 was used to evaluate facts and figures. Demographics information of the sample is given in the following table 1.

**Table 1**

Demographic	F	%
Age		
21-30 years	122	61
31-40years	78	39
Gender		
Male	110	55
Female	90	45
Marital status		
Married	184	92
Unmarried	16	8
Family system		
Joint	166	83
Nuclear	34	17
Residual system		
Rural	126	63
Urban Other	74	37
Economic Status		
Low	34	17
Middle	164	82
High	2	2

**Table 2**

Alpha reliability of the Scales (N=200)		
Scales	N	A
Mental Health Inventory	18	.59
Anxiety	10	.69
Depression	42	.58
Behavior Control	08	.57
Positive Affect	13	.67
Work-Related Quality of Life	23	.76
Control at Work	3	.73
General Well Being	6	.53
Home-Work Interface	3	.57
Job Career Satisfaction	6	.56
Stress at Work	2	.51
Working Conditions	3	.55

Table 2 represents the alpha reliability coefficient of Questionnaire on Mental Health Inventory, Work-Related Quality of Life and its subscales. The high reliability values are the sign that the scale is reliable for present study.

**Table 3**

Summary of inter-Correlations, Means and Standard Deviation for the Psychological Health, its Subscales and Quality of Working Life among Teachers (N=200).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	M	SD
Psychological Health	-	.63**	.53**	.68**	.58**	.18*	.68**	.07	.19*	.16*	.58**	.69**	35.24	3.81
Anxiety		-	.12	.37**	.03	.18*	.55**	.08	.48**	.13	.18*	.68**	10.1	1.7
Depression			-	.04	.25**	.26**	.30**	.32**	.11	.07	.19**	.05	9.07	1.52
Behavior Control				-	.21**	.64**	.38**	.19**	.23**	.07	.21**	.09	6.91	1.44
Positive Affect					-	.16*	.36**	.17*	.04	.16*	.63**	.03	7.34	1.23
Quality of Working Life						-	.62**	.37**	.63**	.26**	.49**	.40**	67.41	8.74
CAW							-	.46**	.19**	.11	.61**	.23**	9.61	3.12
GWB								-	.07	.08	.61**	.23**	18.10	3.80
HWI									-	.63**	.09	.45**	7.96	2.80
JCS										-	.29**	.17*	15.65	4.06
SAW											-	.25**	8.01	1.46
WC												-	8.08	2.91

Table 3 above shows Positive relationship among Psychological Health, Quality of Working Life and subscales of Psychological health (Depression, Anxiety, Behavior Control and Positive Affect) and Quality of working life (Control of work, General Well Being, Home-Work-Interface, Job Career Satisfaction, Stress of Work and Working Conditions) among Teachers.

### Discussion

The study was conducted on a sample of 200 Teachers. The analysis of psychometric properties of the instruments used in the study indicated that these scales entail high level of reliability. Correlation analysis indicated that there is a significant positive relationship among Psychological Health and Quality of Working Life among Teachers. It indicates that if a Teacher has psychological problems (Depression, Anxiety, Stress Behavior control problems) that effect on her Quality of Work (Control at Work, General Well Being, Home-Work Interface, Job Career Satisfaction, Stress at Work, Working Condition). And if she has not psychological problem (Positive Affects) then she has no problem in working life because these two variables are positively correlated.

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