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Quality of Life, Workaholism and Psychological Capital in Hospital Staff

Nadereh Sohrabi-Sheghefti
Department of Psychology, Marvdasht Branch,
Islamic Azad University, Marvdasht,Iran

Abstract: This study analyzes the relationships among quality of life, workaholism and psychological capital. The sample of the study consists of 212 registered employees of Shahid Dr. Beheshtei Hospital in Shiraz. Subjects have been selected using convenience sampling. World Health Organization Quality of life Questionnaire, Luthans psychological capital questionnaire and workaholism analysis questionnaire (Samani and Ahmadi) have been used in the present study. The research shows that there is a significant relationship between psychological capital and quality of life components while workaholism is not related to quality of life components. It is concluded that workaholism cannot predict quality of life components whereas psychological capital components predict quality of life components significantly.

Keywords: Quality of Life, Psychological Capital, Workaholism.

1. Introduction and Literature Review

There has been a growing interest in longevity which in turn has changed people's attitudes towards life. Improving the quality of life has been one of the main goals of individuals. Quality of life is the general well-being of individuals that enables them to perform in a satisfactory level of physical, mental and social health in daily living (Gashtaseb, 2005). On the other hand, employees play an important role in organizations so studying their behaviors and their mental health is of high importance. Hospitals are among those public

organizations which need to improve the quality of life of their employees. The new conception has recently been introduced by Luthans is drived from positive organizational behavior and it is the Psychological capital. It is believed that Psychological capital can provide substantial competitive advantage for organizations (Gashtaseb and Rasel, 2008). High levels of Psychological capital have been found to positively influence individuals' reactions to stressful situations; Individuals high in psychological capital have clear self-images and have better mental health which in turn leads to more efficacy in the workplace. It is evident that employees face many challenges in the workplace; they need to create a balance between their life and work activities by functioning at a satisfactory level of emotional and behavioral adjustment and using psychological capital components such as resilience and self-efficacy. The attempts to create such a balance definitely affect their physical and mental health. Workaholism has a consistently negative impact on individuals' physical and mental health, their families and coworkers (Gholipoor, 2007). According to Westman (Westmean, 2005), high prevalence of overwork has led to concerns about its impact on an employee's well-being and mental health. One of the goals of the current study is to show the adverse impact of workaholism on quality of life of employees, to help them create a balance in the workplace which improves the mental and physical health and leads to better social performance. Sraeban (Sareban, 2015) suggested that there was a significant relationship between psychological capital components and quality of life components. Individuals with high levels of psychological capital showed better quality of life. According to Ahmadi (Ahmadi, 2015) there was a significant relationship between two groups of workaholic physicians and non-workaholic physicians regarding family content and marital satisfaction and some aspects of sleep quality. Shabanibahar et al., (Shabanibahar, Gh & Farahani: A, & Latifi & H, 2013) showed that workaholism was related to the quality of life components (general health, social performance, energy, emotions and mental health) in teachers. In other words, workaholics had low scores for all domains of quality of life. Ngnyen (Ngnyen et al., 2012) suggested that psychological capital had a positive impact on job performance and quality of work life. James et al., (James et al., 2004) in their research, psychological capital as a positive source to cope with stress and work shift, studied a heterogeneous group of subjects. The sample consisted of 416 applicants, 203 male, 204 female and 9 gender-nonspecific. They found out that psychological capital improved stress management in organizations. Shofli et al., (Shofli et al., 2008) suggested that there was a difference between workaholism and devoting oneself to work. Their study also revealed that there was a negative relationship between workaholism and health, whereas there was a positive relationship between devoting oneself

to work and health. Both workaholism and devoting oneself to work had a positive relationship with job performance. The strong point of the current study is to offer strategies to increase psychological capital and decrease workaholism in the study subjects (employees of Shahid Beheshti Hospital). Therefore, this study aims at investigating the question of whether psychological capital and workaholism predict quality of life or not? Research question is determining the relationship between workaholism and quality of life components and the relationship between psychological capital and quality of life components.

2. Method

The present study is an applied research. Study sample was calculated 212 from 850 registered employees of Shahid Beheshti Hospital in Shiraz in 2015 based on Morgan Table. Three questionnaires were distributed among the subjects. This questionnaire was constructed based on world health organization (1998) .The WHOQOL-BREF is a shorter version of the original instrument that comprises of 26 questions and measures four aspects: 1. physical health 2. Mental health 3. Living environment 4. Social functioning; 7 questions on physical health, 6 questions on mental health, 3 questions social functioning, 8 questions on living environment and 2 extra questions on quality of life and general health (quoted by Nasiri). The Likert scale which is a five point scale was used: physical health scores: 7 to 35, mental health scores: 6 to 30, social functioning scores: 2 to 10, living environment scores: 8 to 40. Correlative coefficients between the total score and subject's score on subscales and between the total score and subject's scores on general health questionnaire subscales were calculated for assessing concurrent validity. Its internal consistency and validity were reported satisfactory by Naghavi (quoted by Nasiri, 2005). Its reliability was reported between 73% to 89% in 15 international centers. In Iran, Nasiri and a group of educational psychology professors in Shiraz University reported its reliability as follows: test-retest 67%, split-half 87% and Cronbach alpha 84%. The reduced version of this questionnaire showed satisfactory internal consistency. (Reyhan Hemmatpour, 2009). Workaholism questionnaire comprises 8 items, all rated on a four-point Likert Scale ranging from 'never true' to 'always true'. It was developed by Samani and Ahmadi (2013). Coefficient alpha of 60% was reported. Psychological capital Questionnaire was developed by Luthans et al., (2007). This PCQ-24 comprises 4 subscales with equal weight: (1) hope, (2) optimism, (3) self-efficacy, (4) resilience. The distribution of the questions are as follows: Self-efficacy: item numbers 1-6, hope: item numbers: 7-12, resilience: item numbers 13-18 and optimism: item numbers 19-24. All items were rated on

a six- point Likert type scale: (1) strongly disagree, (2) disagree, (3) somewhat disagree, (4) somewhat agree, (5) agree, (6) strongly agree. The Persian version showed (translated by Rahimi, 2013) satisfactory validity and reliability and its reliability coefficients were estimated using Cronbach alpha; The results were as follows: psychological capital (0.87), self-efficacy (0.78), optimism (0.6), hope (0.78), resilience (0.73).

3. Findings

First descriptive indices (mean and standard deviation) of the study variables were calculated. Table 1 presents means and standard deviations of the variables.

Table 1: Means and standard deviations of workaholism, psychological capital and quality of life

	Variable	Mean	Standard deviation
	Workaholism	22.57	5.35
Psychological capital components	Self-efficacy	28.69	4.61
	Hope	28.71	5.03
	Resilience	27.21	4.16
	Optimism	24.74	4.00
	Total score	109.15	14.53
Quality of life components	Physical health	60.61	15.60
	Mental health	64.64	15.31
	Social functioning	58.29	20.82
	Environmental health	58.60	15.18

Then the correlation coefficients of the study variable were calculated. Table 2 shows correlation coefficients between workaholism and psychological capital components and quality of life components.

Table 2: Correlation coefficients

Variables	Physical health	Mental health	Social functioning	Environmental health
Workaholism	0.11	0.10	0.06	-0.04
Self-efficacy	0.40 **	0.46 **	0.30 **	0.27 **
hope	0.42 **	0.43 **	0.30 **	0.28 **
resilience	0.43 **	0.42 **	0.19 **	0.21 **
optimism	0.36 **	0.34 **	0.24 **	0.26 **

*: p-value 0.05
**: p-value 0.01

The research showed that there is no significant relationship between workaholism and quality of life. It is also shown that there is a significant relationship between psychological capital and quality of life components and among the psychological components themselves. Since the data must not show multi-collienearity, total scores of psychological capital have been used to predict quality of life in multiple regression analysis. Table 3 presents the results of multiple regression analysis to predict the value of quality of life based on the total scores of psychological capital.

Table 3: Predicting quality of life components

Dependent variable	Independent variable	R	R2	F	df	p		T	P
Psychological capital	Physical health	0.51	0.26	68.71	1,196	0.0001	0.51	8.29	0.001
	Mental health	0.51	0.26	68.14	1,196	0.0001	0.51	8.26	0.0001
	Social functioning	0.32	0.10	21.66	1,192	0.0001	0.32	4.66	0.0001
	Environmental health	0.33	0.11	23.19	1,192	0.0001	0.33	4.82	0.0001

According to Table 3, psychological capital is considered as predictor of quality of life components. Higher psychological capital is associated with higher quality of life components.

4. Discussion and Conclusion

Although workaholics are so immersed in work, they have the required life skills which they have learned throughout their lives, in schools, colleges or workplaces. These life skills have been internalized in a way that individuals apply them subconsciously. There might be some temporary changes in the skills, but the core principle of learning the skills is fixed. It is suggested that individuals handle the challenges and pressure using these life skills such as problem solving techniques; sometimes they may act emotionally and lost control. However they have the potential to learn new techniques that help them improve their quality of lives. Being a workaholic isn't an obstacle in the way of learning new techniques or losing the acquired ones. Individuals with higher levels of psychological capital, consisting of psychological resources of hope, optimism, self-efficacy and resilience, know who they are and move from true-self towards possible-self. Measuring and expanding psychological capital is not easy; it is believed that individuals high in psychological capital have more resources to remain engaged with goal attainment activities and to persist when

facing challenges. Higher psychological capital is associated with better self-conception and lower stress levels. Individuals with high levels of psychological capital especially resilience, that is the ability to bounce back when faced with adversity and return to former level of functioning, have stress-free lives and are successful both in their personal lives and workplace. They are persistent when facing challenges and work hard towards achieving their goals. There is no doubt about the fact that the human resources are the key assets for any organization. Employees' efficiency and talents determine the growth of an organizations so the decisions-makers must know how to use their employees' skills in the best possible way. According to the literature on psychological capital, it is suggested that psychological capital can be seen as a foundation for increasing employees' overall quality of life; The ultimate goal of increasing psychological capital and preventing workaholism is to improve quality of life, quality of personal performance and finally quality of organizational performance. Although many organizations have programs on employees' empowerment, they neglect the effects of workaholism and psychological capital on their employees. There hasn't been any direct research on the relationship between workaholism and psychological capital and employees' quality of life yet.

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