

# Relationship between Quality of Life, Hardiness, Self-efficacy and Self-esteem amongst Employed and Unemployed Married Women in Zabol

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**Objective:** Examining the interrelationship between quality of life, hardiness, self-efficacy and self-esteem among working (professional and non-professional), and non-working married women has motivated the researcher to launch this study.

**Method:** The samples in the present study consisted of 250 married employed women and 250 married unemployed women in the age range of 24-41 years old belonging to lower, middle, and upper socioeconomic status groups, with educational qualification of 10±2 and above and having at least one school child. Stratified convenience sampling technique was used for the selection of the sample. The World Health Organization -Quality of Life (WHO QOL) – BREF, the Personal View Survey (PVS), the General Self-Efficacy Scale (GSE), The Coopersmith Self-Esteem Inventory (CSEI) and demographic questionnaire Sheet were chosen for collection of the data.

**Results:** Obtained Pearson r values revealed significant positive interrelationship between quality of life, hardiness, self-efficacy, and self-esteem in the whole sample, within the subgroups of professional and non-professional employed and unemployed women. Obtained pearson r values revealed significant negative relationship between employment and the above variables in women.

**Conclusion:** It indicates that women with higher quality of life score rank also higher on hardiness, self-efficacy, and self-esteem and vice versa.

## Keywords:

*Employment, Mental health, Psychological theory, Quality of life, Unemployment, Women*

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In the wake of rapid social change in various aspects of Iranian Society, the role and position of women are undergoing changes at a rapid pace. Many women are employed and manage both marital life and career. They take up non-traditional roles and have developed a new outlook of life. These days, women have become more conscious of their own identity and status. Modern women know their self-worth and they wish to develop self-reliance and self-esteem by taking up jobs in various aspects. Many researchers over the past years have made comparative studies of employed and unemployed women on various psychological variables and the relationships between them.

Chaudhry (1995) found significant negative correlation between life stress and general well-being among professional, non-professional and unemployed women (1). Large number of investigators have proposed models in which life events are traced as exogenous shocks and appear to have significant effects on subjective well-being (2, 3, 4). She found also significant negative correlation between marital adjustment and life stress among professional, non-professional and unemployed women (1). These results are consistent with the finding of Aneshensel, Lance *et al.*, Mclaughlin *et al.*, who reported that women with higher levels of marital adjustment had significantly lower level of distress than

women with low marital adjustment levels (5, 6, 7).

Although many personality variables have been studied in relation to coping with stressful life events, quality of life, hardiness, self-esteem, and self-efficacy were selected for inclusion in the present study for three reasons. Firstly these variables have been the focus of extensive research and have been found to be related to successful adjustment across a wide variety of stressful life events. Secondly, chronic beliefs about the self, control, and outcomes reflect key components of an individual's view of the world and of his or her ability to function successfully in the world and thus should be especially potent in shaping reactions to stressful life events. Thirdly, most of the studies have been done outside of Iran, from which it is difficult to generalize the data for Iranian population. Regarding the points mentioned above, the investigator proposed to find the interrelationship between quality of life, hardiness, self-efficacy and self-esteem amongst employed and unemployed married women in Zabol.

## Materials and Methods

Stratified convenience sampling technique was used for the selection of the sample. The sample 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 their husbands were not included in the study) in the age range of 24-41 years old belonging to lower, middle, and upper socioeconomic status groups, with educational qualification of  $10\pm 2$  and above and having at least one school child. The sample of 250 married employed women with the demographic characteristics mentioned above was drawn from various organizations in the city of Zabol 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. A sample of 250 unemployed married women was drawn for this study. The Following were the inclusion criteria for the selection of the sample: Those who had never taken up any 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.

The investigator proposed the following hypothesis to be tested: It was expected that there be positive correlation among the variables of quality of life, hardiness, self-efficacy, and self-esteem.

### Description of the tools

The investigator used 5 scales to collect the data as follows; all scales were adapted for Iranian population.

1) *World Health Organization -Quality of Life (WHO QOL) – BREF*: The World Health Organization -Quality of Life (WHO QOL) – BREF: was chosen to measure the quality of life. The questionnaire has been developed by world health organization group in order to provide a short form for quality of life assessment that looks at the 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 to provide broad and comprehensive assessment. Each item is rated on a five point scale. The questionnaire assesses the quality of life in 4 domains, namely, physical health, psychological health, social relationship, and environment.

WHO QOL \_ BREF domains are as follows: 1) Physical health, which consists of 7 domains (activities of daily life, dependence on medicinal substances and medical aid, energy and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity), 2) Psychological health, which 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, which consists of 3 domains (personal relationships, social support, and sexual activity), 4) Environment, which consists of 8 domains (financial resources, freedom, physical safety and security, health and social care: accessibility and quality, home

environment, opportunities to acquire new information and skills, participation in and opportunities for recreation / leisure activities, physical environment (pollution/ noise/ traffic/ climate, and transport).

Cronbach's alpha values for each of the four domain scores ranged from 66 (for domain 3) to 84 (for domain 1). 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 =  $(\text{score} - 4) \times (100/16)$ .

The investigator obtained Cronbach's alpha values of 84% for total quality of life after pilot study on a sample of 100 women. After scoring, the data were subjected to statistical analyses.

2) *Personal View Survey (PVS)*: 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. Each score indicates positive value of hardiness (8).

Kobasa, summarized scores of all components and divided them by 3 for hardiness score as a single trait (8). Ghorbani, translated to Persian language and used this scale for Iranian population (9). The author, in one pilot study on 110 Iranian women, estimated a reliability of 0.74 for the 50 items of the total score, and 0.70 for commitment. Estimates for challenge and control were, however somewhat low, ranging from 0.68 to 0.65. Ghorbani summarized scores of all components and divided them by 3 for hardiness score as a 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 (9).

3) *The General Self-Efficacy Scale (GSE)*: The scale in German Language was developed in 1979 by Jerusalem and Schwarzer (10), and was 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).

**Table 1. Matrix of inter-correlation coefficients among Quality of life, Hardiness, Self-efficacy, and Self-esteem for the total sample.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.584 ** 500	0.419 ** 500	0.437 ** 500	1
Self-Efficacy Pearson-r N	0.560 ** 500	0.218 ** 500	1	
Hardiness Pearson-r N	0.353 ** 500	1		
Quality of life Pearson-r N	1			

\*\* Correlation is significant at the 0.01 level (1-tailed.)

Perusal of Table 1 reveals that significant positive correlation are obtained for the total sample between quality of life and hardiness, ( $r=0.353$ ,  $P<0.01$ ), quality of life and self-efficacy, ( $r=0.560$ ,  $P<0.01$ ), between quality of life and self-esteem, ( $r=0.584$ ,  $P<0.01$ ), between hardiness and self-efficacy, ( $r=0.218$ ,  $P<0.01$ ), between hardiness and self-esteem, ( $r=0.419$ ,  $P<0.01$ ), and between self-efficacy and self-esteem, ( $r=0.437$ ,  $P<0.01$ ).

Responses to all of 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. (10)

4) *The Coopersmith Self-Esteem Inventory (CSEI)*: The Coopersmith Self-Esteem Inventory was designed to measure the respondent's attitudes toward self in personal, social, family, and academic areas of experience. The original CSEI, called the School Form, was constructed to measure self-esteem in children (11, 12). Most of the 50 self-esteem items in the School Form were adapted from scale items used by Rogers and Dymond in their classic study of nondirective psychotherapy (13). The self-esteem inventory (SEI) Adult Form has been adapted from the short form to use for persons over fifteen years of age. Adult Form consists of 25 items, most of which were based on items selected from the School Short Form. This form includes two types of positive and negative responses. In all of the questions, the subject will find a list of statements about feelings, which are expected that he selects "Like Me". If the 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 SEI (adult form) yields a total score. With 25 items, scores range from 0 to 25, and the 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 Coppersmith to be 0.88 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). The Self-Esteem Inventory Adult Form with 25 items can be safely considered valid for the purpose of data collection in Iran (14).

5) *Demographic Questionnaire Sheet*: consists of age, education, financial level, job, and kind of job.

## Results

Pearson's rs were computed for the total sample as well as for employed women (professional/non-professional), unemployed women separately (Tables 1 to 4 and fig 1) to study the relationship amongst quality of life, hardiness, self-efficacy, and self-esteem.

A glance at the obtained Pearson r values (Tables 1 to 4 and Fig 1) reveals significant positive relationship between quality of life, hardiness, self-efficacy, and self-esteem in the case of total sample, sub groups of professional and non-professional employed and unemployed women. It indicates that women with higher score of quality of life, also score higher on hardiness, self-efficacy, and self-esteem and vice versa. Results of the present study support the hypothesis of present study.

In the present study all variables under study correlated with each other significantly among professional, non-professional and unemployed at 0.01 levels, except for relationship between hardiness and self-efficacy in the case of non-professional women which was significant at 0.05 levels. In other words, it is evident from the obtained results that the trends of significant positive correlations between the variables under study are the same for all three groups, respectively of their employed status.

**Table 2. Matrix of inter-correlation coefficients among Quality of life, Hardiness, Self-Efficacy, and Self-Esteem for the professional employed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.510 ** 175	0.376 ** 175	0.527** 175	1
Self-Efficacy Pearson-r N	0.252 ** 175	0.204 ** 175	1	
Hardiness Pearson-r N	0.289 ** 175	1		
Quality of life Pearson-r N	1			

\*\* Correlation is significant at the 0.01 level (1-tailed.)

A glance at Table 2 reveals that significant positive correlations are obtained for the professional employed women between quality of life and hardiness ( $r=0.289$ ,  $P<0.01$ ), quality of life and self-efficacy ( $r=0.252$ ,  $P<0.01$ ), between quality of life and self-esteem ( $r=0.510$ ,  $P<0.01$ ), between hardiness and self-efficacy, ( $r=0.204$ ,  $P<0.01$ ), between hardiness and self-esteem ( $r=0.376$ ,  $P<0.01$ ), and between self-efficacy and self-esteem, ( $r=0.527$ ,  $P<0.01$ ).

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**Table 3. Matrix of inter-correlation coefficients among Quality of life, Hardiness, Self-Efficacy, and Self-Esteem for the non-professional employed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.596 ** 75	0.462 ** 75	0.540** 75	1
Self-Efficacy Pearson-r N	0.613 ** 75	0.247 * 75	1	
Hardiness Pearson-r N	0.349 ** 75	1		
Quality of life Pearson-r N	1			

\*\* Correlation is significant at the 0.01 level (1-tailed.)

\* Correlation is significant at the 0.05 level (1-tailed.)

A glance at Table 3 reveals that significant positive correlations are obtained for the non-professional employed women between quality of life and hardiness ( $r=0.349$ ,  $P<0.01$ ), quality of life and self-efficacy, ( $r=0.613$ ,  $P<0.01$ ), between quality of life and self-esteem, ( $r=0.596$ ,  $P<0.01$ ), between hardiness and self-efficacy, ( $r=0.247$ ,  $P<0.05$ ), between hardiness and self-esteem, ( $r=0.462$ ,  $P<0.01$ ), and between self-efficacy and self-esteem, ( $r=0.540$ ,  $P<0.01$ ).

The present findings are in consonance with the findings of investigators who have found positive relationships between quality of life and mental health (15), between mental health and life satisfaction (16), between career decision-making self-efficacy and generalized self-efficacy, between career decision-making self-efficacy and global self-esteem (17), between perceptions of self-efficacy, career opportunities and effective mentoring roles (18), between life satisfaction and self-esteem (19), between life satisfaction and self-esteem and mental health (20, 21), and between subjective well-being and life satisfaction (22, 23).

Multiple Regression was computed for the total sample as well as for employed women (professional/non-professional), unemployed women separately (Tables 5 to 8) to study which variable under study (hardiness, self-efficacy, self-esteem, and job) is a strong predictor for quality of life among women. All cases more than ( $\pm 3$ ) SD are deleted.

### Discussion

Many researchers found that hardiness is associated with greater well-being and that increased well-being is achieved through the use of active-coping responses (24-27).

The plausible reasons for hardiness and QOL having positive relationship are that hardiness leads to resilience and is a general health promoting factor (28) thus leading to better quality of life. Hardiness reduces appraisal of threat and increases one's expectation that coping efforts be successful. People high on hardiness are able to cope up with stress better as they are able to reframe and reinterpret adverse experiences (29).

**Table 4. Matrix of inter-correlation coefficients among Quality of life, Hardiness, Self-Efficacy, and Self-Esteem for the unemployed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.630 ** 250	0.428 ** 250	0.338 ** 250	1
Self-Efficacy Pearson-r N	0.563 ** 250	0.199 ** 250	1	
Hardiness Pearson-r N	0.391 ** 250	1		
Quality of life Pearson-r N	1			

\*\* Correlation is significant at the 0.01 level (1-tailed.)

A glance at Table 4 reveals that significant positive correlation are obtained for the unemployed women between quality of life and hardiness ( $r=0.391$ ,  $P<0.01$ ), between quality of life and self-efficacy ( $r=0.563$ ,  $P<0.01$ ), between quality of life and self-esteem ( $r=0.630$ ,  $P<0.01$ ), between hardiness and self-efficacy ( $r=0.199$ ,  $P<0.01$ ), between hardiness and self-esteem ( $r=0.428$ ,  $P<0.01$ ), and between self-efficacy and self-esteem, ( $r=0.338$ ,  $P<0.01$ ).

They give more importance to positive life events (30).

They behave in a way so that their personal efforts can modify or reduce stressors to a manageable degree (28, 31). They have the ability to turn adverse events to advantages (32). They engage in problem-focused strategies and active support seeking strategies. Perhaps it is because of all these reasons that they stay healthy (33) and enjoy higher quality of life. Several studies have also indicated the direct influence of high self-esteem on the mental health of individuals (34).

More recent studies also showed that self-esteem is the best predictor of life satisfaction (37, 38).

**Table 5. Matrix of Multiple Regression coefficients among Quality of life, Hardiness, Self-efficacy, Self-esteem, and Job for the total sample.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	-0.03 488	0.05 488	0.001 488	0.05 488
Self-Efficacy Pearson-r N	0.64** 488	0.42 ** 488	0.44 ** 488	
Hardiness Pearson-r N	0.59 ** 488	0.21 ** 488		
Quality of life Pearson-r N	0.39** 488			

\*\*\* Correlation is significant at the .001 level (1-tailed.)

Perusal of Table 5 reveals that significant positive correlations are obtained for the total sample between quality of life and hardiness ( $r=0.39$ ,  $P<0.001$ ), quality of life and self-efficacy ( $r=0.59$ ,  $P<0.001$ ), between quality of life and self-esteem ( $r=0.64$ ,  $P<0.001$ ), between hardiness and self-efficacy, ( $r=0.42$ ,  $P<0.001$ ), between hardiness and self-esteem ( $r=0.42$ ,  $P<0.001$ ), and between self-efficacy and self-esteem, ( $r=0.44$ ,  $P<0.001$ ), and negative correlation are obtained between quality of life and job ( $r= -0.03$ ,  $P=0.27$ ).

**Table 6. Matrix of Multiple Regression coefficients among Quality of life, Hardiness, Self-efficacy, and Self-esteem for the professional employed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.59*** 170	0.36 *** 170	0.53 *** 170	1
Self-Efficacy Pearson-r N	0.56 *** 170	0.19 *** 170	1	
Hardiness Pearson-r N	0.33 *** 170	1		
Quality of life Pearson-r N	1			

\*\*\* Correlation is significant at the 0.001 level (1-tailed.)  
A glance at Table 6 reveals that significant positive correlations are obtained for the professional employed women between quality of life and hardiness (r=0.33, P<0.001), quality of life and self-efficacy (r=0.56, P<0.001), between quality of life and self-esteem (r=0.59, P<0.001), between hardiness and self-efficacy, (r=0.19, P<0.001), between hardiness and self-esteem (r=0.36, P<0.001), and between self-efficacy and self-esteem, (r=0.53 , P<0.001).

Life satisfaction in turn ensures better physical and mental health which are important components of quality of life.

Another reason for correlation between self-esteem and quality of life may be due to the fact that those high on self-esteem are more likely to be satisfied with their lives than those with low self-esteem. The present finding supports the notion that self-esteem helps surmount negative experiences and leads success. Such success, in turn, helps the individual to experience good things in life (38). Furthermore, those who view themselves in a positive way tend to observe life events more positively and may therefore experience high life satisfaction.

The main reason for positive significant relationships between variables under study may be due to the fact that health-related quality of life, as distinct from general quality of life, is conceptualized as those aspects of life quality or function which are impacted by one's health status. According to the World Health Organization, health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Quality of life is indeed a broad construct, particularly as it pertains to mental health and mental illness. Further complicating factors, such as the impact of health status on quality of life can be both quantitative and qualitative or subjective in nature. The relationship between changes in actual health status and individuals' appraisal of their quality of life is heavily influenced by factors only indirectly related to the health of the person. Both hardiness and self-efficacy have been found to act as buffers in stressful situations.

A positive relationship between self-efficacy and quality of life is understandable as people high on self-efficacy have coping skills to handle stressful situations. They have "I can do it" attitude.

They experience lesser role strain, which means better

**Table 7. Matrix of Multiple Regression coefficients among Quality of life, Hardiness, Self-efficacy, and Self-esteem for the non-professional employed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.69*** 72	0.50 *** 72	0.56 *** 72	1
Self-Efficacy Pearson-r N	0.71 *** 72	0.22 *** 72	1	
Hardiness Pearson-r N	0.44 *** 72	1		
Quality of life Pearson-r N	1			

\*\*\* Correlation is significant at the .001 level (1-tailed.)  
A glance at Table 7 reveals that significant positive correlations are obtained for the non-professional employed women between quality of life and hardiness (r=0.44, P<0.001), quality of life and self-efficacy (r=0.71, P<0.001), between quality of life and self-esteem (r=0.69, P<0.001), between hardiness and self-efficacy, (r=0.22, P<0.001), between hardiness and self-esteem (r=0.50, P<0.001), and between self-efficacy and self-esteem, (r=0.56, P<0.001).

mental and physical health. Because of confidence in their potential to meet challenges, they have higher degree of sense of control, which leads to better well being. A positive relationship has been reported between perceived health status and self-efficacy (39). Self-efficacy has also been found to be positively related to well being (40, 41). To sum up in words of Wenzel, self-efficacy can be viewed as catalyst for the increase in well being (42). Thus, the obtained results are in consonance with many of the previous findings mentioned above. As evident from obtained results, there is a close link between self-efficacy and self-esteem. Many researchers use the two terms interchangeably (43). People high on self-efficacy are competent to meet the challenges while achieving the goals, leading to success. Success, positive experiences and positive feedback do

**Table 8. Matrix of Multiple Regression coefficients among Quality of life, Hardiness, Self-efficacy, and Self-esteem for the unemployed women.**

Variable	Quality of life	Hardiness	Self-efficacy	Self-Esteem
Self-Esteem Pearson-r N	0.69*** 245	0.45 *** 245	0.34 *** 245	1
Self-Efficacy Pearson-r N	0.59*** 245	0.21 *** 245	1	
Hardiness Pearson-r N	0.40 *** 245	1		
Quality of life Pearson-r N	1			

\*\*\* Correlation is significant at the 0.001 level (1-tailed.)  
A glance at Table 8 reveals that significant positive correlations are obtained for the unemployed women between quality of life and hardiness (r=0.40, P<0.001), quality of life and self-efficacy (r=0.59, P<0.001), between quality of life and self-esteem (r=0.69, P<0.001), between hardiness and self-efficacy, (r=0.21, P<0.001), between hardiness and self-esteem (r=0.45, P<0.001), and between self-efficacy and self-esteem, (r=0.34 , P<0.001).

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enhance self-esteem. In fact self-efficacy forms the basis of self-esteem (41).

People high on self-efficacy are willing to take up challenging jobs, have low fear of failure and are not bogged down by apprehensions. Their mastery experiences are likely to raise their self-esteem.

Hence hardiness and self-efficacy were found to be positively related to each other. Both the variables have certain common components. Since people high on hardiness have more problem-focused strategies and are higher on commitment, control and challenge, such people are likely to perceive themselves as self-efficacious. Because of higher perceived control, people high on hardiness do not tend to have feeling of helplessness in difficult circumstances.

They have more persistence and motivation which results into self-efficacy. Hardiness and self-esteem were found to be positively correlated. People high on hardiness, because of their being highly motivated and committed are likely to be attaining more success and have positive experiences. These outcomes of hardiness enhance feeling of self-worth and self-esteem.

A glance at the obtained Pearson *r* values from Multiple Regression Test (Tables 5 to 8) reveals that three variables under study (hardiness, self-efficacy, and self-esteem) are strong predictors for quality of life among the total sample as well as for employed women (professional/non-professional), and unemployed women separately. Perusal of Table 5 reveals that job isn't an important predictor of quality of life among women.

It is due to this fact that important variables probably affecting marital and personal adjustment in dual-worker families are sex-role attitudes. Most of the employed women in this study have traditional sex-role attitudes towards their work and life due to the traditional society of Zabol. There are at least two reasons that traditional sex-role attitudes may be associated with lowered marital satisfaction among dual-worker couples. First, according to Yogevev, congruence between individuals' attitudes and their actual behavior should be associated with greater marital satisfaction (44).

For men and women with traditional sex-role attitudes, the dual-worker situation may represent a greater conflict with their own values and beliefs. Alternatively, individuals with profeminist beliefs and values should find the dual-worker situation more congruent with their beliefs and therefore show more positive mood and greater marital satisfaction. Secondly, it has been suggested that sex-role attitudes affect marital adjustment by influencing the division of labour in the household. Perucci *et al.* found that the division of labor in dual-worker families most often depends on the sex-role ideologies of the individuals involved (45). Both of these reasons confirm that traditional sex-role attitudes would be associated with lower marital satisfaction and more negative mood, thus adversely affecting quality of life.

### Implications

In order to raise the position and well-being of employed women, the following measures are suggested.

1. At work place, in order to reduce monotony of work, there should be job enrichment and role expansion ensuring higher job satisfaction. This will provide employed women with opportunities for advancement and self-growth and will also reduce role stagnation.
2. They should have more autonomy and voice in the process of decision making.
3. Gender sensitization should be promoted through media, work shops, and training programs.
4. Provision of job training which can lead to self-growth.
5. In view of the evidence that training programs can raise self-efficacy and self-esteem, the same should be organized to raise self-efficacy & self-esteem of the employees.
6. Salaries should be commensurate with the number of hours they put in.
7. Good quality day care centers & crèches are needed in these times. The government should ensure that these services are presented at subsidized rates so that employed women have access to such facilities. With increase in such facilities, many of the educated unemployed women will seek gainful employment.
8. Programs should be chalked out so that they can enable women to be productive, to control their own labor, to have access to means of production and earnings. Programs should be attuned to women's needs buffering them from the oppressive conditions that put them at high risk for mental illness. Programs should focus on effective coping strategies to deal with violence, exploitation and discrimination.
9. NGOs and governmental organizations should work at grassroots level to tap the sources of problems. There should be forums where women can interact with the policymakers, trying to identify the problems and their solutions.
10. At the family level, non-professional employed women should get support and appreciation. Spouses should come forward to lend helping hand in household chores and child care lest the "hand that rocks the cradle is not too tired". The attitude of acceptance and appreciation of the family members towards women's employment can go a long way in improving general well-being and reducing role conflict amongst working women.
11. Successful stories of professionally employed women, efficiently achieving work-family balance should be highlighted through media. They can be role models for relatively less successful women.

### Suggestions for further research

This study was carried out in Zabol. The ancient city with more than 5000 years of history, unlike the big towns of

Iran like Shiraz, Isfahan or Tehran (capital city), suffers from a traditional culture. The sample of the present study was restricted to the women only in Zabol. It would be worthwhile to see how far these results would be supported if such a study was done on subjects living in big towns.

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