

Original Research



Quality of work life and factors associated with it among elderly workers in Sri Lanka

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Abstract

Introduction: The quality of work life (QoWL) of the elderly worker becomes an important concept which needs to be assessed and improved with the increase of elderly population as their engagement in the workforce is inevitable.

Objectives: To assess the prevalence and associated factors of QoWL among the elderly workers in Sri Lanka

Methods: A cross-sectional survey study was conducted among elderly workers selected using multi-stage cluster sampling from Gampaha District. The QoWL was assessed using newly developed and validated Quality of Work Life Scale Elderly Workers. Factors associated with good QoWL were assessed through interviewer-administered questionnaire. Using a consensus reached cutoff mark, QoWL was dichotomized into 'good' and 'poor'. Data were analysed with descriptive statistics and factors associated with good QoWL were determined using bivariate analysis with Chi-squared test and multivariate analysis with multiple logistic regression.

Results: The study included 835 elderly workers and the mean score for total QoWL was 119.42 (SD=12.18). Prevalence of good QoWL among the elderly workers was 32.1% (95% CI=29.0, 35.3). Good QoWL was significantly associated with multiple factors, such as personal, work related and psychosocial factors. In the multivariate analysis, factors significantly associated with good QoWL of elder workers were earning more than LKR 30,000 per month, having properties as an income generation method, engaging in a job before age 60 years, job helping to have social interaction, having adequate social support and engaging in political activities. Spending on own food, having arthritis, experiencing work related accidents and occupational engagement to support the family were negatively associated with good QoWL.

Conclusions & Recommendations: The QoWL of elderly workers was at a low level and needs improvement interventions. Employees as well as policymakers should develop and implement appropriate strategies to improve their QoWL.

Keywords: elderly worker, quality of work life, associated factors, Quality of Work Life Scale

Introduction

Quality of work life (QoWL) can be defined as “the employee’s satisfaction with personal and working needs through participating in the work while achieving the goals of the organization” (1). Being a multi-dimensional concept (2), it has been described using various models in different research studies (3). The most commonly identified dimensions of QoWL are broadly categorized into health aspects, work environment, organizational culture, job satisfaction, job security, autonomy of work, availability of resources and work life balance (1, 4-6). Good QoWL is an indicator of healthy and safe workplace, which determines the health and wellbeing of employees and facilitates the management of the workers’ personal lives and reduce fatigability (7), while low QoWL results in negative health outcomes (8).

According to the International Labour Organisation projections in 2015, the participation of elderly workers in the work force will exceed 18% by 2030. Projections of the Organization for Economic Co-operation and Development (OECD) show that the ratio of elders to the working age people will rise from 1 in 4 in 2015 to 1 in 2 in 2050, making aging a major social and economic challenge with an inevitable workforce shrinkage (9). In Sri Lanka, one fourth of the elderly population presently contribute to the labour force (10) and the minimum retirement age had been announced as 65 years (11). Despite the increased likelihood of having disabilities and age-related physical impairments, elderly workers are considered valuable to an organization because of their specialized knowledge, leadership skills and experiences. A reasonable percentage of killed elderly workers engaged in “bridging employment”, which can be described as participation in the labour force between retirement from full time work to complete work force withdrawal (12).

Efforts to optimize the working conditions and to remove barriers related to their aged-related disabilities are crucial to support the productivity of

the elderly work force. World Health Organisation’s (WHO) recommendations on active ageing policy highlight the importance of creating age-friendly, safe environments for elders (13). Though there are very few workplace health promotion activities tailored for the elderly workers, the quality of these interventions is very poor (14). Whilst the QoWL of working age population is a largely studied and intervened phenomenon, there is minimal evidence on the working conditions of elderly workers and whether these settings effectively address their personal and work life needs. In this background, assessing the QoWL of elderly workers and its associated factors will pave the way to identify potential to create a safe and friendly work environment for the elderly workers. Therefore, this study aims to determine the QoWL of the elderly workers and factors associated with their QoWL in a low middle-income setting.

Methods

This was a community-based cross-sectional study conducted in Gampaha District, which is one of the 25 administrative districts in the country. Gampaha District comprises 13 divisional secretariate divisions (DSD, second level administrative units) and 85 *grama-niladhari* divisions (GND, the smallest or first level administrative units). The study population consisted of elderly workers who met the operational definition and lived in Gampaha District for more than six months. An elderly worker was defined as ‘a person aged 60 years or above, who had been working for the last 6 months, at least for 20 hours per week’. The worker may belong to any skill level and can be a paid regular employee or a self-employed person who works for a salary in cash or in goods. Casual workers and seasonal workers were excluded. Severely ill workers who were not fit to engage in the study and those who could not be contacted on the following three visits were excluded.

The sample size was calculated applying the

probable estimation of 54.5% of employees having good QoWL (6) at 5% significance level with a relative precision of 0.05 and design effect of 2. After adding a non-response rate of 10%, the calculated sample size was 847. The sample was recruited using multi-stage cluster sampling, in which a GND was considered as a cluster, with cluster size decided as 10 participants. At first stage, seven DSD were selected, from which in the second stage, 85 GNDs were selected proportionate to the population size. Ten elderly workers were selected from each GND (cluster) using random sampling at the third stage.

Data collection was done by trained sociology graduates during May to August 2019 using the newly developed “Quality of Work Life Scale for Elderly Worker (QoWLS-E)” scale and a supplementary questionnaire on socio-demographic and associated factors, such as individual factors, health and health services related factors, psychological factors, social interaction factors, religious factors and work-related factors. The QoWLS-E was developed and validated in Sri Lanka (15).

Data analysis

The QoWL scores were calculated and analysed as per the original study on development and validation of QoWLS-E. QoWL scores with its subscale scores were described using standard descriptive methods. In the bivariate analysis, cross-tabulations were performed to identify associated factors for QoWL, based on Chi-squared test. A p value of less than 0.05 was considered as significant. Multiple Logistic Regression was used to identify the factors significantly associate with good QoWL and two-sided p value less than or equal to 0.05 was considered significant.

Results

Of the invited participants, 835 responded, giving a response rate of 98.6%. Tables 1 and 2 present the sociodemographic and work-related characteristics

of participants. Their mean age was 66 years (SD=4.8). Majority of the participants were males (68.7%), belonging to skill level 2 (70.1%), self-employed (43.6%) and as service workers and shop and market sales workers (39.5%). Almost 96% were employed before the age of 60 and 58.4% were continuing the same occupation.

The mean QoWL score was 119.42 (SD=12.18) with the total score ranging from 68 to 150. With a cut-off mark of 126, the prevalence of overall good QoWL among the elderly workers was 32.1% (95% CI=29.0, 35.3%). The prevalence of good overall QoWL and its nine domains is reported in Table 3. Majority of the workers had good scores in psychology, facility, safety, job content, supervisor and autonomy domains. Domains, namely physical health, co-worker and flexibility had low scores.

Table 4 summarizes the factors significantly associated with good QoWL after adjusting for the effects of confounding. Out of 84 factors examined, 10 were significantly associated with good QoWL in the multivariate analysis, with earning more than LKR 30,000 per month, having properties for income generation, being employed before 60 years, having social interaction and having adequate social support showing positive significant associations with good QoWL and spending on own food, having arthritis, experiencing work-related accidents and working to support the family showing significant negative associations with good QoWL. The factor with the largest effect size was job helps to have social interactions (adjusted OR=4.0; 95% CI=1.48, 10.95).

Discussion

This cross-sectional study aimed to estimate the prevalence of good QoWL in elderly workers in Sri Lanka and explore factors associated with good QoWL.

A tool specifically developed to assess QoWL of elderly workers was used in the current study (15).

The present study as well as studies done by Moradi and colleagues (2) and Rose et al. (3) had used study instruments developed based on Walton's Criteria for QoWL, where the dimensions of QoWL were more or less similar. However, our study included items specific to the elderly workers population. Therefore, the physical health domain assessing age-related disabilities like joint pains and non-

communicable diseases and the flexibility domain assessing the degree the work was adapted for an elderly person, were given priority. Thus, the QoWL assessment tool in the current study is more elderly specific. Differences in the prevalence of QoWL observed in the current study compared to Rose et al. (3) and Moradi and the others (2) may be attributed to the difference in the tool.

Table 1: Distribution of elderly workers by their socio-demographic characteristics (N=835)

Socio-demographic characteristic	No.	%
Age in completed years		
60 – 64	355	42.5
65- 69	317	38.0
70-74	105	12.6
75-79	41	4.9
80 and above	17	2.0
Sex		
Male	574	68.7
Female	261	31.3
Highest level of education achieved		
Not gone to school	28	3.4
Up to grade 5	221	26.5
Up to GCE O/L	272	32.6
GCE O/L passed *	101	12.1
GCE A/L passed**	79	9.5
Diploma	60	7.2
Basic degree	28	3.4
Postgraduate	25	4.0
Other	21	2.5
Monthly income level (LKR)***		
Less than 15,000	144	17.2
15,000 - 30,000	344	41.2
30,000 - 50,000	273	32.7
More than 50,000	74	8.9

*General Certificate of Examination Ordinary Level; **General Certificate of Examination Advanced Level; ***The median Sri Lankan household income according to the household income and expenditure survey 2019 was calculated as LKR 53,333)

Among the study participants, only one third reported good QoWL. Most of those who remained in work after the age of 60 were male, low skill workers, private informal or self-employed. Elderly people generally lack employment opportunities in the formal sector and most of the time settle for

informal work that underutilizes their skills. This underemployment could be a reason for the low overall QoWL. Similar to the overall QoWL, the physical health domain of QoWL was also rated low by a majority, which indicates that the elderly workers' jobs do not cater well to their physical

health needs. However, the psychology domain, safety domain and autonomy were highly rated by a majority. Also, the job content (which includes work environment, work responsibilities and job security)

was rated as good, this indicates elderly workers perceive their job environments as safe and supportive both physically and psychologically.

Table 2: Distribution of general work-related characteristics among elderly workers (N=835)

General work-related characteristic	No.	%
Occupational skill levels *		
Skill level 1	166	19.9
Skill level 2	585	70.1
Skill level 3	55	6.6
Skill level 4	29	3.5
Type of occupational sector		
Government	13	1.6
Semi-government	5	0.6
Private - Formal	133	15.9
Private - Informal	320	38.3
Self-employed	364	43.6
Occupation category according to major groups**		
Legislators, senior officials and managers	3	0.4
Professionals	41	4.9
Technicians and associate professionals	19	2.3
Clerks	8	1.0
Service workers and shop and market sales workers	330	39.5
Skilled agricultural and fishery workers	93	11.1
Craft and related workers	180	21.6
Plant and machine operators and assemblers	75	9.0
Elementary occupations	86	10.3
Employed before 60 years of age		
Yes	798	95.6
No	37	4.4
Continuing the same occupation after 60 years of age		
Yes	488	58.4
No	347	41.6

*Occupation skill levels according to International Standard Classification of Occupation -08: Skill level 1: Performance of simple and routine physical / manual tasks; Skill level 2: Performance of tasks with machinery equipment, ordering and storage of information; Skill level 3: Performance of complex technical and practical tasks that require an extensive body of factual, technical and procedural knowledge in specialized field; Skill level 4: Performance of tasks that required complex problem solving, decision making and creativity based on an extensive body of theoretical and factual knowledge in a specialized field; **Occupation category according to major groups of International Standard Classification of Occupation - 08

The study findings indicate economy-related factors associated positively as well as negatively with the QoWL of elderly workers. Higher levels of incomes

either with the salaries or with the other income generation methods were associated with good QoWL similar to the studies done in other countries

(16-19). Low income may affect a person's ability to meet basic needs such as buying food, paying rent and paying bills, and jobs that do not provide for the basic needs are likely to be poorly rated by the workers. Furthermore, according to the World Bank Report 2008 (20), 80% of the elderly live with their children in most developing countries. Most of the

elderly contribute to their family economic status, and when they are compelled to do so, it can be a psychological burden to them. Our study findings also prove that the workers who engage beyond their working age to support their families are more likely to settle for jobs with poor QoWL.

Table 3: Prevalence of quality of work life (QoWL) and its nine domains among elderly workers (N=835)

Domain status of QoWL	No.	%	95% CI
Overall			
Good	268	32.1	29.02, 35.34
Poor	567	67.9	64.66, 70.98
Physical health			
Good	191	22.9	20.15, 25.84
Poor	644	77.1	74.16, 79.85
Psychology			
Good	595	71.3	68.1, 74.23
Poor	240	28.7	25.77, 31.9
Facility			
Good	436	52.2	48.83, 55.59
Poor	399	47.8	44.41, 51.17
Safety			
Good	684	81.9	79.17, 84.38
Poor	151	18.1	15.62, 20.83
Job content			
Good	625	74.9	71.80, 77.67
Poor	210	25.2	22.33, 28.2
Co-worker			
Good	300	35.9	32.75, 39.24
Poor	535	64.1	60.76, 67.25
Supervisor			
Good	625	74.9	71.80, 77.67
Poor	210	25.2	22.33, 28.2
Flexibility			
Good	375	44.9	41.57, 48.3
Poor	460	55.1	51.70, 58.43
Autonomy			
Good	593	71.0	67.85, 74.0
Poor	242	29.0	26.0, 32.15

The current study shows that the elderly workers being unable to rely on their children for food and having to earn for their food is a factor influencing

poor QoWL. This may reflect that elderly workers feel negatively about having to work to earn their food and being compelled to engage in employment

due to dire financial need.

Table 4: Factors significantly associated with good quality of work life (QoWL) of elderly workers (N=835)

Associated factors	Unadjusted		Adjusted	
	OR	95% CI	OR	95% CI
Job helps to have a social interaction	3.51	1.5, 8.31	4.03	1.48, 10.95
Having other income via properties	2.7	1.63, 4.62	2.2	1.16, 4.17
Getting monthly income LKR >30,000	1.9	1.42, 2.55	2.1	1.42, 3.12
Engage in political activities	2.81	1.65, 4.77	2.02	1.08, 3.78
Having adequate social support	1.81	1.23, 2.81	1.76	1.05, 2.96
Engaged in a job before 60 years	1.12	1.04, 1.2	1.12	1.04, 1.2
Engage in a job to support the family	0.69	0.52, 0.93	0.68	0.46, 0.98
Having arthritis	0.51	0.37, 0.7	0.65	0.43, 0.98
Had faced work related accidents	0.34	0.19, 0.6	0.39	0.21, 0.74
Spending for own food	0.25	0.13, 0.5	0.16	0.07, 0.38

The present study showed that the workers who were employed before the age of 60 years had better QoWL in their current jobs. Amin (21) also showed this relationship while Mosadeghrad (17) explained this finding as a result of longer work experience where the workers develop skills on communication and coworker relationship. Furthermore, those who had been working before 60 years of age are more likely to be skilled workers who have the ability to secure better employment even after retirement age.

Experiencing work-related injuries was associated with poor QoWL. Accidents being an undesired outcome of any occupation, low QoWL is expected with work related injuries. Research studies have shown that safe and healthy work conditions have a high impact on QoWL (22), while the pain and disability caused by the occupational accidents can cause psychological stress to the worker (23). Also, medical expenses, getting low wages due to reduced productivity, being absent from work are the other negative consequences of occupational injuries (22). Smith and Dejoy (24) reported a 32% reduction in organizational effectiveness when work-related injuries are frequently reported.

Van Vilsteren et al. (25), Chang et al. (26) and the current study included diverse categories of workers.

All three studies revealed that when the workers are having joint problems their work ability reduces, leading to less productivity and low QoWL. However, having arthritis was assessed as a self-reported illness in this study. Many of the elders may have musculoskeletal disorders, which are not arthritis and undiagnosed arthritis condition may be present among elderly workers. Therefore, the significant association between arthritis and QoWL in the current study needs to be interpreted cautiously.

Studies have shown elders experience much social isolation at present and employ different strategies to connect with society (27). Work creates large social networks that reduce social isolation in the elderly (28). Our study shows that employment helps to improve social interaction and thereby good QoWL. Further, having adequate social support has a strong association with good QoWL. This phenomenon is documented by other research studies as well (29).

This is the first study to quantify the QoWL of elderly workers in a low middle income country to our knowledge using a tool validated specifically for elderly workers. Use of an interviewer- administered questionnaire (IAQ) helped to overcome the literacy barriers as well as the disabilities of the study

participants. It also resulted in a high response rate. The narrow CI in the present study indicates high precision with an adequate sample size in estimating the prevalence of QoWL. However, IAQ could have caused social desirability bias.

Conclusions & Recommendations

The majority of the elderly workers were having poor QoWL. The results can lead to evidence-based policies and practices through interventions aimed at developing 'elderly friendly work' places, to enable the elderly workers to gain the economic and social benefits of work whilst accommodating for their physical and psychosocial limitations. This includes

payment of satisfactory wages, development of elderly friend, safe work environment and provision of adequate social interaction.

Public Health Implications

- The prevalence determined by the present study indicates that 'good' QoWL among the elderly workers in Sri Lanka is not satisfactory. 'Elderly-friendly work' should be incorporated as a policy, to enable the elderly workers to gain the economic and social benefits of work whilst accommodating for their physical and psychosocial limitations.

Author Declarations

Competing interests: No conflicts of interest.

Ethics approval and consent to participate: Ethics approval was obtained from Ethical Review committee of Faculty of Medicine – Ragama, University of Kelaniya (P/ 81/02/2018). Informed written consent was obtained from each participant prior to data collection.

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