Knowledge of Nursing Journal

Spring 2023,1(1): 65-73
http://knjournal.ir

Original Article

Open Access

Quality of life assessment in Iranian working and non-working women with a native instrument

Fatemeh Sadat Seyed Nematollah Roshan[1], Fatemeh Alhani[2*], Armin Zareiyan[3], Anoshirvan Kazemnejad[4]

[1]PhD, Department of Nursing, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

Assistant Professor, Department of Nursing, Tehran Medical Sciences, Islamic Azad University, Tehran, Iran.

[2]PhD, Associate Professor, Nursing Department, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran. **(***Corresponding author)*

[3]PhD, Associate Professor, Department of Community Health of Nursing School of AJA University of Medical Sciences, Tehran, Iran.

[4]PhD, Professor, Department of Biostatistics, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

Abstract

Background & **Aim:** Quality of life (QOL) is a complex, multidimensional concept that has different meanings from the perspective of people in different societies, situations, and times, and relates to a person's satisfaction with his life. The present study was conducted to measure the quality of life of Iranian working and non-working women using an authentic native tool.

Methods & Materials: This cross-sectional study was conducted on 240 working and non-working women who were selected through cluster random sampling from the varied zone of Tehran Province (from November 2016 to January 2017). Data were collected through the Iranian women's Quality of life Instrument (IWQOLI) designed by Seyed Nematollah Roshan with S-CVI/Ave 0.93, and Cronbach's alpha of 0.919. Data were analyzed by SPSS 22.

Results: Among aspects of the women's QOL, the highest mean was related to a sense of peace in life 71.816 (SD=27.40), and the lowest was received comprehensive support 42.708 (SD=13.02). Based on the findings women who work outside the home have required more support, on the other hand, non-working women need to perceive much sense of security, which can help them feel more satisfied with life.

Conclusion: The quality of life of all the studied women, regardless of their employment status, is not very favorable in Iran. Therefore, to improve it, it seems necessary to design appropriate interventions by health workers and health politicians.

Key Words: Quality of Life, Working-women, Iran.

***Corresponding author**: Fatemeh Alhani**,** Tel: 009882883898, Email: alhani_f@modares.ac.ir

Received: 23 January 2023, **Accepted**: May 2023, **ePublish**: Spring 2023

Citation: Seyed Nematollah Roshan FS, Alhani F, Zareiyan A, Kazemnejad A. Quality of life assessment in Iranian working and non-working women with a native instrument. Knowledge of Nursing Journal. 2023;1(1):65-73.

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

Introduction

Nowadays, the concept of quality of life (QoL) is significantly considered due to the development of communities and the improvement of life health levels. In other words, the final goal of developing policies is to achieve a desirable quality of life [1-2]. Quality of life is known as ‘individuals' beliefs of their position in life in the setting of the culture and value systems in where they live and about their ambitions, expectations, standards, and worries [3]. Based on this, the quality of life may have different meanings for different people and may also be influenced by many issues such as age, culture, gender, education, occupation, income, social class, living environment, and diseases [3-4].

It is believed that job is one of the most eminent factors in women's quality of life [5]. It is assumed that as the cost-of-living increases, women's contribution to the family becomes necessary. This made the officials realize the fact that without the participation of women in the labor market, the total quality of life will not improve [6]. Although it is worth noting that the housewife is a familiar genre to us, housewives are an almost forgotten group. They are rarely considered as the study samples. Maybe it is the fact that in our culture housekeeping is not considered as a job [7].

There is a general assumption that women who work outside are generally happier and satisfied as composed of non-working women [8]. Arshad et al. study on 100 working and nonworking women found significant differences between them regarding their well-being [9]. On the other hand, study by Ahmed & Khan reported no significant differences in quality of life between the two groups [3]. Study by Anand & Sharma conducted on 100 women, found that non-working women have a better quality of life than working women [10]. On the other hand, study by Sinha conducted on 82 working and 82 nonworking mothers, showed that working mothers have a better quality of life than their nonworking counterparts [11]. The results of the study conducted by Solhi et al. showed that working women experience more stress due to the number of roles they have compared to non-working women, and as a result, they have a lower quality of life [12]. Another study measured the quality of life of unemployed and employed women using indirect measures such as mental health, self-esteem, satisfaction with the role of the mother, and stress. The results showed that

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

nonworking women had poorer mental health and lower self-esteem compared to working women. Nonworking women also reported more depression. The most common stressor reported by non-working women was a poor relationship in social life [13].

The review of mentioned literature clearly shows that there is still ambiguity about the quality of life of nonworking and working women. Apart from that, these studies have used general tools (SF-36 or WHOQOL-100) and none of them used a tool specifically designed to assess women's quality of life.

These existing general instruments assess mostly the physical, psychological and social aspects of quality of life, while other criteria such as health responsibility, feeling relaxed and feeling safe may also affect the quality of life score [14]. Therefore, this study was the first attempt to use a comprehensive native tool to evaluate and compare the subjective quality of life of Iranian working and non-working women.

Methods

In this research, samples were selected by cluster random sampling from different regions of Tehran province (from November 2016 to January 2017). Tehran benefits from 200 neighborhood halls affiliated with the municipality. Therefore, at first, the city was divided into five parts (North, South, Center, West, and East). Then, two neighborhood halls were randomly selected for each part (a total of 10 neighborhood halls), and finally, the samples were selected from all the regular clients of these centers whose names and phone numbers were recorded in the center's computer and phone book. To determine the sample size based on a similar study and using Cochran's formula, 120 people were calculated with a 10% possible attrition rate. Also, the same number of housewives has been selected as a control group for comparison [15].

Therefore, 120 working women and 120 non-working women were randomly selected from the lists, and they were requested to come to the research center to complete the questionnaires. Inclusion criteria in this step were women aged 15-49, not having a physical or mental illness requiring medication or hospitalization in the last 6 months according to the person's statement. The exclusion criteria included failure to cooperate in completing the questionnaire. The questionnaire used in this study was a specific tool for Iranian women's quality of life (IWQOLI) designed by Seyed Nematollah Roshan. It is a 90 items scale, which measures the subjective quality of life

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

on a 5-point scale. It covers five dimensions, sense of peace in life (23 items), sense of security (21 items), health responsibility (15 items), pleasant communication (18 items), and received comprehensive support (13 items). The response rate is based on a five-point Likert scale ranging from 1(I quite disagree) to 5 (I quite agree). The total score is determined by calculating the average total score of all items. The minimum score of the questionnaire is 90 and the maximum is 450. If the score is between (90-210), the QOL will be weak. If the score is between (210.1-330), the QOL will fit in the moderate spectrum. Gaining a score of between (330.1-360) points, QOL is good.

Scale validity was confirmed by S-CVI/Ave 0.93 and reliability was measured by Cronbach ‘s alpha which was 0.92 for the overall scale and a range of 0.843 to 0.893 on the subscales which confirms the efficacy of the scale [16]. Also, the demographic profile questionnaire was used to record information such as age, ethnicity, education, occupation, total work experience, marital status, etc. After sampling and collecting data, it was entered into SPSS 22 and 0.05 was considered as the significant level. The statistical description of the QOL and sociodemographic variables were denoted by frequencies, percentages, means, and standard deviations. Independent T-test and chi-square test has been used for comparing understudied variables in two groups of working and non-working women.

This study is a part of nursing Ph.D. thesis entitled “design and validation of women’s Quality of life Instrument”, which is approved by the research council and ethics committee of Tarbiat Modares University of Medical Sciences, (With code D52/1918/ Date 5.6.2016). Research ethical principles such as informed consent, anonymity, and confidentiality were observed.

Results

The average age of all participants was 35.76 ± 9.06 years. The majority of women in this study were over 40 years old (37.5 %), 54.2 % were married and 34.6% had a Bachelor's degree. Findings were showed that more than half of the women lived in rental houses and about half of the women had low income. The demographic information of is presented in Table 1.

There was a statistically significant difference in the mean score in two domains (sense of security, and received comprehensive support) between working and non-working women. There was no significant difference between the two

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

groups in the average scores in the other three domains (sense of peace in life, health responsibility, pleasant communication) and total QoL. However, a better sense of peace in life was found in non-working women and a desirable health responsibility, pleasant communication, and a better QOL in working women (Table 2). The mean score and standard deviation of total QoL were 288.879 (SD=61.27). Among the aspects of the WQOLI, the highest mean was related to a sense of peace in life 71.816 (SD=27.40) and the lowest was received comprehensive support 42.708 (SD=13.02). Other information about the QOL of the two groups, is presented in table 2. Also, 66.3% of all women had a moderate quality of life. Comparing levels of quality of life in working and non-working women is presented in table 3.

Table 1: Demographic characteristics of study participants

Characteristic		All (n=240)	working women (n = 120)	non-working women (n = 120)	P-value
		Number (%)	Number (%)	Number (%)	
Age	<20 year	19(7.6)	2(1.7)	17(14.2)	< 0.0001**
	20-30	56(23.3)	27(22.5)	29(25.2)	
	30-40	75(31.2)	40(33.3)	35(29.2)	
	>40	90(37.5)	51(42.5)	39(32.5)	
Mean (SD)		35.76(9.0)	37.75(7.4)	33.77(10.08)	0.001*
Marital status	Single-never married	94(39.2)	43(35.8)	51(42.5)	< 0.0001**
	Married or living as married	130(54.2)	64(53.3)	66(55)	
	Divorced	14(5.8)	11(9.2)	3(2.5)	
	Widowed	2(0.8)	2(1.7)	0(0)	
Education level	Bellow High school	15(6.2)	0(0)	15(12.5)	< 0.0001**
	High school graduate	60(25)	7(5.8)	53((44.2)	
	Two-year college	36(15)	21(17.5)	15(12.5)	
	Bachelor	83(34.6)	51(42.5)	32(26.7)	
	Master	34(14.2)	29(24.2)	5(4.2)	
	Ph.D.	12(5)	12(10)	0(0)	
Income	Low	114(47.5)	28(23.3)	86(71.7)	< 0.0001**
	Average	93(38.8)	64(53.3)	29(24.2)	
	High	33(13.8)	28(23.3)	5(4.2)	
Housing status	Personal	70(29.2)	31(25.8)	39(32.5)	< 0.0001**
	Home rental	157(65.4)	82(68.3)	75(62.5)	
	Governmental	13(5.4)	7(5.8)	6(0.5)	

*Derived from t-test
**Derived from chi-square test.

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

Table 2: Mean scores of the Quality of Life in the studied women

WQOLI (Quality of life aspects)	All (n=240)	working women (n = 120)	non-working women (n = 120)	P-value
	Mean ± SD	Mean ± SD	Mean ± SD	
Sense of peace in life	71.816±27.40	70.875±26.90	72.758±27.97	0.59*
Sense of security	69.991±19.09	75.658±16.15	64.325±20.16	< 0.0001*
Health responsibility	51.829±15.81	53.00±15.13	50.65±16.43	0.24*
Pleasant communication	52.533±17.04	54.208±16.71	50.858±17.28	0.12*
Received comprehensive support	42.708±13.02	38.275±12.60	47.141±11.92	< 0.0001*
Total	288.879±61.27	292.025±59.94	285.733±62.66	0.42*

*Derived from Independent Samples Test

Table 3: Comparing levels of quality of life in working and non-working women

Quality of life	All (n=240)	working women (n=120)	non-working women (n=120)	P-value
	Number (%)	Number (%)	Number (%)	
Weak	25(10.4)	13(10.8)	12(10.0)	0.427*
Moderate	159(66.3)	75(62.5)	84(70.0)	
Good	56(23.3)	32(26.7)	24(20.0)	

*Derived from Independent Samples Test

Discussion

In an overall view, there is a long-term argument that whether working or non-working women are happier and healthier. Findings collected from an international study of 28 countries using multilevel analyzes show that non-working women are slightly happier than women who work full-time [17]. Also, the result of a study by Ghosh indicated that there lies a significant difference between working and non-working mothers based on the quality of life. Working mothers were found to have a better quality of life than non-working mothers by filling out the WHO-Quality of Life scale (WHOQOL-BREF) [4]. According to our results, using a specific tool showed that there is no significant difference in the overall quality of life between the two groups of non-working and working women in Tehran. Also, the quality of life of all women, regardless of their employment status, is not very favorable, and it is necessary to design appropriate interventions to improve their quality of life. Also, the findings of Saravi et al. research showed that there is no significant difference in the quality of life between working and non-working women,

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

which supports the findings of the current research [7]. In research on the effect of women's employment, Fortney and colleagues showed that not only the job is not destructive, but in many cases, job satisfaction has led to an increase in the quality of life [18].

In the present study, although non-working women seem to have more opportunities to check their health status and establish relationships with relatives, there were no significant differences in these two dimensions (health responsibility, and pleasant communication) with the working group. But the result of Saravi et al. study showed that working women have a low score in terms of physical health and quality of life compared to non-working women, and they care less about their health [7]. Also, the result of Kadijani and Jafari's study showed that there is no relationship between women's employment and social cohesion, and family relationships [19]. It is assumed that women's employment increases social relations, but it has not had a significant effect on a family gathering. On the other hand, De Sio et al. study showed that the relationship is a prominent area in the quality of life of the female population and leads to a reduction in stress and an increase in the feeling of well-being [20].

Based on the findings of the current research, there is no statistically significant difference between the two groups in the sense of peace in life. As evident in the results, working women felt more secure in their lives, which may be because they had a salary, while non-working women received no pay despite spending all their energy on tedious household chores. On the other hand, due to less interaction with the social environment, may be they do not know about their social rights and often do not ask for anything. Non-working women consider themselves oppressed, and they have to accept the conditions that their parents or spouses have imposed on their lives. Saravi et al. also stated that working women probably have a better quality of life due to higher income and more information [7]. However, Parvizy et al.'s research showed that women focus less on the financial and negative consequences of work and emphasize the positive aspects such as authority, independence, and peace [21].

It seems that employment and participation in social activities are ways to escape from the worries of the home and a kind of entertainment in life, which leads to an increase in the planning power of working

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

women and a way to be satisfied with their life. In the present study, based on tool items housewives feel that they generally give more comprehensive support for children's affairs, living expenses, and emotional support than working women. Di Sio et al. also claim that working women need more support due to their multiple roles compared to traditional roles, while they do not receive this support [20]. Another study showed that there is a relationship between marital adjustment, stress, and depression among working and non-working women, and working married women faced more marital problems than nonworking women [22]. The result of a study by Seyed Nematollah Roshan et al. showed that all women regardless of the condition of being employed need support in daily life tasks by the family members and relatives in dealing with the children's affairs [23]. In this context, it is suggested to provide more flexible working conditions for women so that they can better resolve their work and family conflicts.

One of the main limitations of this research is that only a small sample of two groups of Tehrani women has been investigated in a limited period. Therefore, it is suggested to investigate larger samples in other cities and at other times for more reliability and generalizability.

Conclusion

The purpose of the present study was to pay attention to the difference in the dimensions of subjective quality of life between working and non-working women by using a valid specific and native tool. Based on the findings of the current research, it can be concluded that women who work outside the home need more support, on the other hand, non-working women should feel very secure, which can contribute to more satisfying life experiences. According to the results, the quality of life in all women is not very favorable. Therefore, the necessity of effective intervention programs to improve the quality of life of this group of society should be one of the priorities of health interventions.

Acknowledgments

This study is a part of nursing Ph.D. thesis that was financially supported by the Research Administration of Tarbiat Modares University, Tehran, Iran. We would like to gratefully thank all women in the study for sharing their information with us.

Conflict of Interest

The authors declare no conflict of interests.

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]

References

1. Morovati-Sharifabadi MA, Jodgal K, Movahed E, Alizadeh S, Zareipour M. Drivers' Life Quality, Marital Satisfaction, and Social Support in Cargo Terminal of Yazd City. Journal of Community Health Research. 2017;6(1):53-63.
2. Ghaffari Gh, Shirali E. Measuring the quality of life of the people of Tehran based on the WHOQOL-BREF standard questionnaire of the World Health Organization. Two Quarterly Journals of Economic Sociology and Development. 2018, 7(1): 125-150. [Persian]
3. Ahmad M, Khan A. Quality of life among married working women and housewives. International Journal of Engineering & Technology Singaporean Journal of Social Science. 2018:13-18.
4. Ghosh S. Quality of life among working and nonworking mothers in Kolkata. International Journal of Indian Psychology. 2019;7(4):1-8.
5. Monk-Turner E. Quality of Life among Thai Sex Workers: How important are work, educational and personal characteristics in shaping subjective well-being? Journal of International Women's Studies. 2013;14(3):1-13.
6. Ahmed F, Siwar C, Idris NA. Contribution of rural women to family income through participation in microcredit: An empirical analysis. American Journal of Applied Sciences. 2011;8(3):238-45.
7. Saravi FK, Navidian A, Rigi SN, Montazeri A. Comparing health-related quality of life of employed women and housewives: a cross sectional study from southeast Iran. BMC Womens Health. 2012;12(41):1-5.
8. Coad A, Binder M. Causal linkages between work and life satisfaction and their determinants in a structural VAR approach. Economics Letters. 2014 Aug 1;124(2):263-268.
9. Arshad M, Gull S, Mahmood K. Life satisfaction among working and non working women. European Journal of Research in Social Sciences. 2015;3(1):121-127.
10. Anand S, Sharma M. A comparative study on the quality of life of working and non-working females. Int J Health Sci Res. 2017;7(7):256-9.
11. Sinha S. Multiple roles of working women and psychological well-being. Industrial psychiatry journal. 2017;26(2):171.
12. Solhi M, Hamedan MS, Salehi M. Relationship between Quality of Life of Women-Headed Households and Some Related Factors in Iran. Global Journal of Health Science. 2016;8(10):250.
13. Sharma N, Kaur S. A descriptive study to assess 'Quality of life' among non-working females residing in selected village of Punjab.Nursing and Midwifery Research Journal. 2012;8(2):179-187.
14. KhaledBiat S, Parandeh A, Alhani F, Salaree.MM. Health-Related Quality of Life of Chemical Warfare Victims: An Assessment with the Use of a Specific Tool.Trauma Mon. 2014;19(1): 1-6.
15. Ebrahimi J, Salehi F. A comparative examination of the satisfaction of living and housewives. Journal of Sociology. 2011; 4(13):47-60. [Persian]
16. SeyedNematollah Roshan FS. Design and validation of women's Quality of life Instrument. A Thesis Presented for the Degree of Doctor of Philosophy (Ph.D.) In Nursing.Tarbiat Modares University, Faculty of Medical Sciences, Tehran, Iran, 2019. [Persian]
17. Treas J, vanderLippe T, Tai TO. The happy homemaker? Married women's well-being in cross-national perspective. Social Forces. 2011;90(1):111-132.
18. Fortney L, Luchterhand C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. The Annals of Family Medicine. 2013 Sep 1;11(5):412-20.
19. Kadijani KS, Jafari M. The Role Of Women's Employment On Family Social Health; Case Study-Tehran, Districts 1, 2, 19 & 20. Journal of Community Health Research. 2015;4(1):11-18.
20. De Sio S, Cedrone F, Sanità D, Ricci P, Corbosiero P, DiTraglia M, et al. Quality of Life in Workers and Stress: Gender Differences in Exposure to Psychosocial Risks and Perceived Well-Being. BioMed Research International. 2017:1-6. doi: 10.1155/2017/7340781
21. Parvizy S, Naseri F, SeyedFatemi N, GhasemZadehkakroudi F. Social factors contributing in women health in Tehran city: A qualitative study. Iranian Journal of Nursing Research.2010;4(15): 6-15. [Persian]
22. Saadat.A. Compare Efficiency with Working and Non – Working Women. European Journal of Scientific Research. 2009; 32(4) :533- 540.
23. SeyedNematollah Roshan FS, Alhani F, Zareiyan A, Kazemnejad A. Women's quality of life in Iran: A mixed method study. Iranian journal of nursing and midwifery research. 2020;25(3):217-223.

[Downloaded from knjournal.ir on 2026-11-17]

[DOI: 10.61186/knjournal.1.1.65]