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1. Summary

A total of 1749 participants completed the 'Healthy By Choice' survey (1116 = female, 633 = male) to assess their physical health and attitudes towards work and life. The variables that were measured included Job Satisfaction, Stress, Quality of Life, Body Mass Index, Blood Pressure, Alcohol Consumption, Cholesterol and Eating Habits.

Penalty and bonus years were calculated for respondents based upon their health habits to produce *Health Ages*.

- For healthy habits, respondents were given bonus years which reduced their Health Age
- For unhealthy habits, respondents were given penalty years which increased their Health Age.

There was no statistically significant difference between male and female responses; hence the sample was treated as one. The main findings were as follows:

- A large positive correlation was found between Health Age and Quality of Life. People with younger Health Ages than their chronological ages reported a better Quality of Life.
- A moderate correlation was found between Health Age and Job Satisfaction. People with younger Health Ages than their chronological ages reported greater Job Satisfaction.
- A large positive correlation was found between Quality of Life and Job Satisfaction. That is, people that reported greater Quality of Life were also more satisfied with their jobs.

- A small positive correlation was found between Job Satisfaction and Eating Habits. Employees that had better Eating Habits were more satisfied with their jobs.

Given that Health Ages are calculated on the basis of peoples' lifestyle habits, enhancing employee health status would help employees experience an improved quality of life and job satisfaction.

Given the well established link between job satisfaction and job performance, it should also produce a more productive workforce.

2. Sample description

A total of 1749 completed a survey to assess their physical health and attitudes towards work and life. Of these respondents, 1116 were female and 633 were males. The average age of the respondents was 37.60 years ($SD = 10.41$ years) and ranged from 18 to 70 years old. When a series of independent t-tests were performed, no statistically significant differences were found between male and female responses.

3. Health Age

Health Ages were calculated for each participant and represented the variance in years from respondents' chronological age based upon how proactive they were in looking after their health.

For example, a 50 year old person with 10 penalty years (indicating they are *not* proactively looking after their health) will produce a Health Age of 60 years. If they received 10 bonus years (indicating they *are* proactively looking after their health), then the calculated Health Age would be 40 years.

4. Health Age and Quality of Life

When a Pearson product moment correlation was calculated, a large positive ($r = .69, p < .05$) relationship was found between Health Age and Quality of Life. Quality of Life was measured on a scale that ranged from zero (completely unsatisfied) to 100 (completely satisfied). As shown in Figure 1, people that had a younger Health Age relative to their chronological age reported a better Quality of Life than those who had a Health Age older than their chronological age.

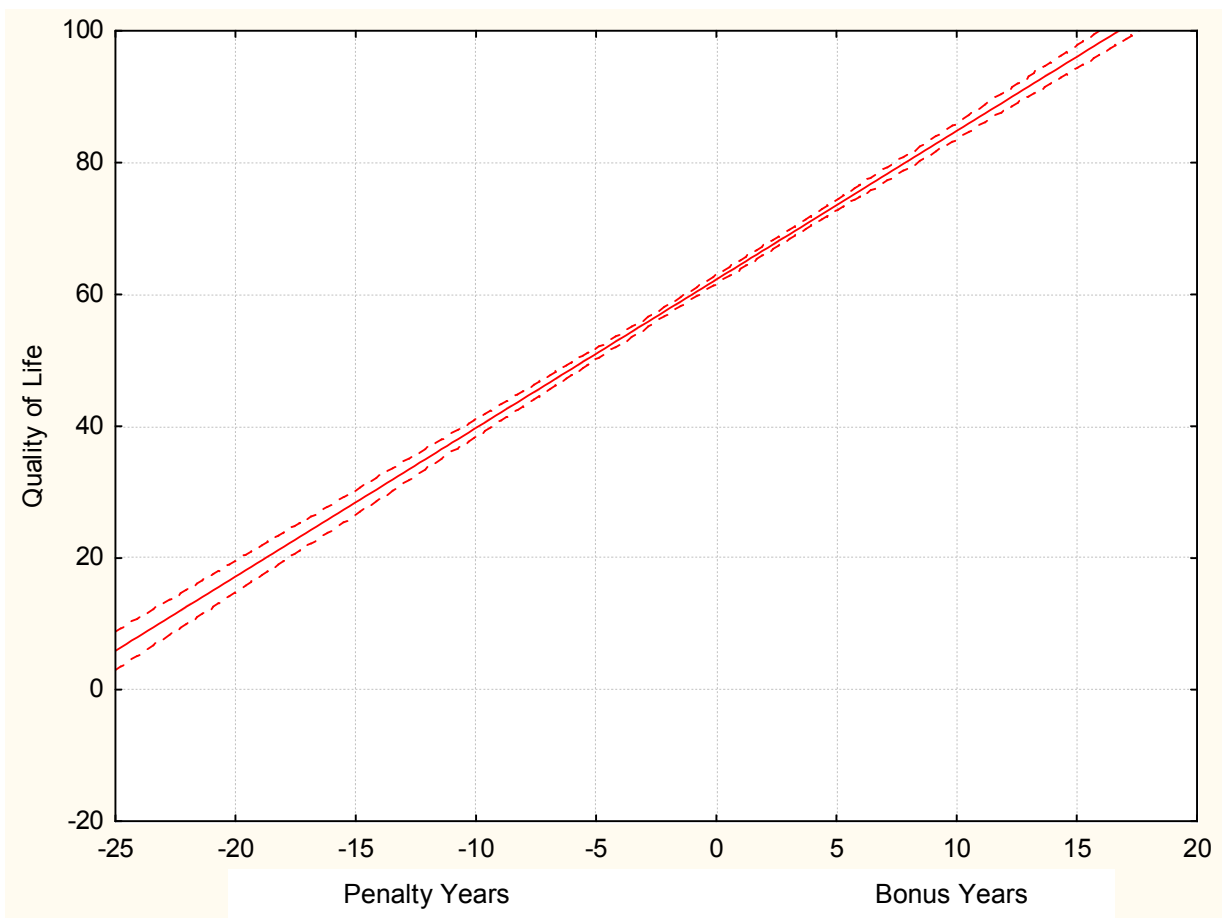


Figure 1. Showing the relationship between people's Health Age and their Quality of Life.

5. Health Age and Job Satisfaction

Participants were asked to complete a Job Satisfaction measure. Possible scores could range from zero (completely unsatisfied) to 100 (completely satisfied). When these scores were correlated with Health Ages, a small to moderate positive relationship was found ($r = .29, p < .05$). As shown in Figure 2, people that had younger Health Ages relative to their chronological ages reported greater Job Satisfaction.

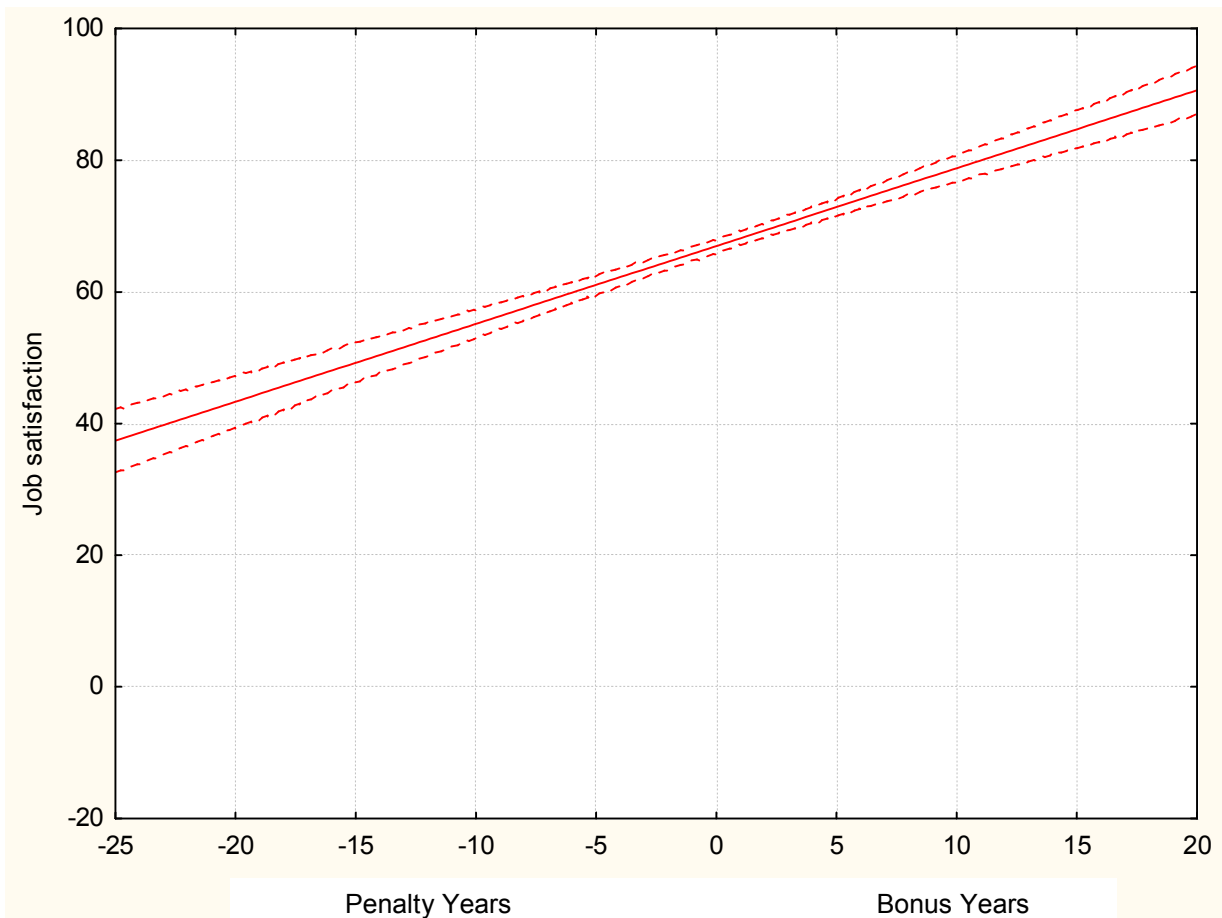


Figure 2. Showing the relationship between people’s Health Age and their Job Satisfaction.

6. Quality of Life

Quality of Life was measured on a scale that ranged from zero (completely unsatisfied) to 100 (completely satisfied). The average Quality of Life score was 63.23 ($SD = 18.85$) with a minimum of zero and a maximum of 96.

7. Quality of Life and Job Satisfaction

Possible Job Satisfaction scores could range from zero (completely unsatisfied) to 100 (completely satisfied). When a correlation coefficient was calculated for the relationship between Quality of Life and Job Satisfaction a large positive correlation was revealed ($r = .53, p < .05$). As seen in Figure 3, people that reported greater Quality of Life were also more satisfied with their jobs.

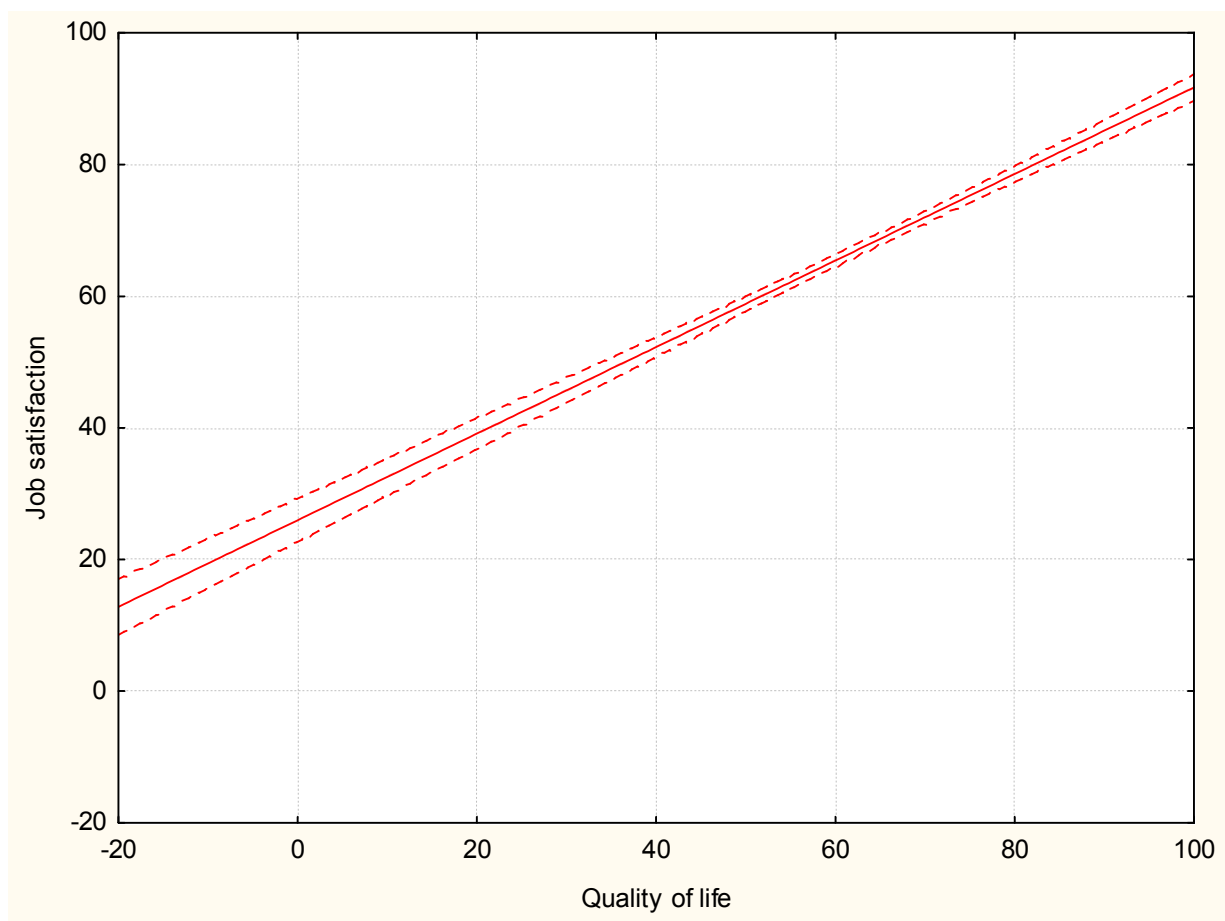


Figure 3. Showing the relationship between peoples reported job satisfaction and their quality of life.

8. Alcohol, Cholesterol Blood Pressure and Eating Habits

Alcohol, Cholesterol, Blood Pressure and Eating Habits were individually measured on a five point scale ranging from 1 (bad) to 5 (very good). These variables were correlated with Work Related Stress and Job Satisfaction. When a correlation coefficient was calculated for the relationship between Eating Habits and Job Satisfaction a small positive correlation was revealed ($r = .53, p < .05$). Employees that had better Eating Habits were more satisfied with their jobs. No other relationships were found.

9. Conclusion

This research supports that enhancing employee health is likely to enhance employee Quality of Life and Job Satisfaction.

Given the well established link between job satisfaction and job performance, enhancing employee health is likely to produce a more productive workforce.