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**THE DEVELOPMENT OF A MULTIDIMENSIONAL SENSE
OF CONTROL INDEX AND ITS USE IN ANALYSING THE
ROLE OF CONTROL IN THE RELATIONSHIP BETWEEN
SES AND HEALTH**

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ABSTRACT

A robust and consistent relationship has been shown between socioeconomic status and health, and it has been suggested that psychosocial factors partially explain this relationship because they can operate at all levels of socioeconomic status (SES) and they can explain the findings concerning relative SES. The present research examined the proposal that control beliefs is one psychosocial factor which may explain the relationship between SES and health. Because of the complexity of the control field, care was taken to choose a suitable approach to control. Skinner's conceptualisation, which was chosen, has three key aspects. One aspect is the differentiation between capacity beliefs and strategy beliefs. A second is that the approach argues that it is the combination of these two beliefs which produces a sense of control. The third aspect is the proposal that a sense of control can be gained through any 'means' when it is believed that the person has access to the 'means' of control. Multidimensional sense of control was the term given to describe this conceptualisation.

A Multidimensional Sense of Control Scale (MSOCS) was developed for the present study because no suitable measure was available. 'Means' of control were selected for inclusion in the MSOCS, items were written for these 'means' and a content analysis was performed. Exploratory factor analyses revealed sets of items which loaded highly on the appropriate factor with very few cross-loadings. Using an independent sample, the factor structure for five 'means' (ability, family, friends, luck, and money) was tested using confirmatory factor analysis. The hypothesised model fitted significantly better than competing models. The subscales showed reasonable internal reliability, convergent validity analyses revealed expected relationships and the subscales were also shown to have reasonable consistency over a six week period. As a whole, these analyses indicated that, while improvements could be made to the measure, it was of sufficient quality to be used in the present study.

The present study considered hypotheses concerning the role of sense of control (from the five distinct 'means' and overall) in the relationship between SES (education, household income and community deprivation) and health (self-reported). The sample of 580 was

drawn from the New Zealand Electoral Role and completed a mail questionnaire. Analyses were performed using multiple regression. All three indicators of SES were associated with health at the bivariate level, while only household income was independently associated once age was controlled and all three indicators were considered together. All indicators of SES were associated with an overall sense of control at the bivariate level. However, only level of educational attainment and level of household income were associated once age was controlled and all three indicators were considered together. Indicators of SES were positively associated with a sense of control through 'ability', 'family', 'luck', and 'money'. However the relationship between SES and sense of control was not as simple as anticipated with different indicators of SES being associated with a sense of control through different 'means'. Level of educational attainment was independently associated with a sense of control through 'ability' and 'luck' while level of household income was independently associated with a sense of control through 'family' and 'money'. The direction of all relationships were in the hypothesised direction and some were in the opposite direction from that found using different measures of control beliefs, which is consistent with what was expected based on the multidimensional sense of control approach. A greater overall sense of control was positively associated with health while only a sense of control through 'luck' and 'money' were independently associated with health once age was controlled. Mediation analyses showed that both an overall sense of control and a sense of control through 'money' partially mediated the relationship between level of household income and health. This supported the suggestion by some authors that psychosocial factors will help explain the relationship between SES and health.

This thesis has made a number of important contributions to understanding in these areas. It has confirmed that capacity beliefs and strategy beliefs are different and so should be measured separately. It has also shown that beliefs about different 'means' of control differ and so these also should be measured separately. The hypothesis testing analyses showed that different indicators of SES are related to a sense of control from different 'means'. These analyses also showed that an overall sense of control and a sense of control from 'money' mediated the relationship between household income and health. These issues are discussed in regard to the need for further research in these areas.

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