Chapter 8
On Measurement Instruments for Fatalism

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ABSTRACT

In this chapter, fatalism is conceptualized as a set of health beliefs that encompass the dimensions of predetermination, luck, and pessimism. It is argued that such fatalistic beliefs can be extended from health issues to organizational context as well. A recently developed fatalism scale is assessed, as well as other existing instruments using three criteria: (a) item content, (b) associations among the items, and (c) associations between the items and external variables. Available empirical evidence shows that the new scale is uni-dimensional, and demonstrates good construct validity as well as scale reliability. Implications for procrastination are discussed.

INTRODUCTION

Recent research has shown an increasing interest in the role of fatalism in health and other type of behaviors, both as an independent and dependent variable (Powe & Finnie, 2003). This interest has been generated by the fact that fatalistic attitudes are correlated with lower intentions to change behavior and with a variety of negative outcomes (Powe & Finnie, 2003). The interest is heightened by the identification of disproportionate fatalism among low income and minority populations who are impacted negatively by health disparities. In a broader sense, fatalism can also occur within organization settings, where individuals are not motivated to make any effort to obtain personal growth, or other desirable outcomes, due to such beliefs. Thus, reducing or eliminating one’s fatalistic beliefs might help increase level of efficacy, motivation, and likelihood of behavior (change).
in various settings. But, before fatalism can be further studied and utilized, a valid and reliable means of measuring the construct is needed.

The goal of this chapter is to assess existing measurement instruments to measure the construct of fatalism and explore its utility in organizational settings. First, existing measurement instruments for fatalism will be reviewed and evaluated. Second, a recently developed scale will be introduced and empirical evidence for its validity and reliability presented. The new scale will also be compared vis-a-vis an existing scale. Implications for communication in organizational settings, on fatalism and procrastination in particular, will be discussed.

Conceptualization of Fatalism

The overwhelming majority of research on fatalism has been in health contexts. Fatalism has been defined in a range of ways from passively denying personal control (Neff & Hoppe, 1993) to the belief that death is inevitable when a serious disease (i.e., cancer) is present (Powe, Daniels, & Finnie, 2005). In existing literature, the nature of fatalism encompasses one, or some combination of the following dimensions: (a) the individual’s perceived lack of (internal) control over external events in his or her life (e.g., Chavez, Hubbell, Mishra, & Valdez, 1997; Davison, Fankel, & Smith, 1992; Kohn & Schooler, 1983; Neff & Hoppe, 1993; Straughan & Seow, 1998; Wade, 1996), (b) notions of fate, luck, destiny and predestination of negative outcomes such as a disease or health condition (e.g., Cohen & Nisbett, 1998; Davison et al., 1992; Straughan & Seow, 1998; Vetter, Lewis, & Charny, 1991), and (c) perceptions of powerlessness, hopelessness, and meaninglessness due to expectations of negative consequences (e.g., Scheier & Bridges, 1995; Powe & Johnson, 1995). Despite the differences, these scholars tend to agree that fatalism is cognitive in nature. Also, this body of literature as a whole suggests that fatalism can be conceptualized as a set of beliefs that encompasses such dimensions as predestination, pessimism, and attribution of one’s life events (health) to luck.

According to Miller and Nicholson (1976), from the content validity perspective, good operationalization should satisfy the following criteria: (a) It should tap or encompass as much of the richness of the conceptual definition as possible; (b) It should allow for standardization of terms through concreteness, i.e., it should say exactly what is observed; (c) It should be replicable; and (d) It should match the concept to a good numerical scale. In addition to content validity, assessment of measurement instruments should be based on internal consistency and external consistency (Hunter & Gerbing, 1982). Existing measurement instruments for fatalism will be assessed according to these criteria.

Evaluation of Existing Measurement Instruments

Quite a few scholars have developed scales to measure fatalism (e.g., Cohen & Nisbett, 1998; Cuellar, Arnold, & Gonzalez, 1995; Egede & Bonadonna, 2003; Kalichman, Kelly, Morgan, & Rompa, 1997; Neff & Hope, 1993; Straughan & Seow, 1998; Wade, 1996). A review of the existing fatalism scales is available in Powe and Finne (2003). The most widely used measurement instrument has been the 15-item Powe Fatalism Inventory (PFI, Powe, 1995). In most of the studies where the PFI was not applied, fatalism was not investigated as the key construct. The majority of the scales used in these studies capture one single dimension in the construct of fatalism, and to our knowledge, none of them has undergone a systematic development through rigid content assessment and psychometric development. In contrast, the PFI captures multiple dimensions and demonstrated good reliabilities. Recently, Shen, Condit and Wright (2009) developed and validated a 20-item new scale for fatalism, which contains with sub-dimensions: predetermination, luck and