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General health, psychological and social wellbeing: The role of personal and occupational factors

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Abstract

Introduction: The current study aims to investigate the relationship between personal and career factors with general health, mental health and social health.

Materials and methods: all university faculty member professors of Azad University of Bojnourd were selected as the research sample. Researcher made questionnaire of personal information (age, sex, marital status, and degree) and career information (teaching grade, employment statue, and distance from settlement) and general health questionnaire, mental and social wellbeing questionnaire were employed for variable assessment. Structural educational modeling was used for data analysis.

Results: Descriptive statistic reveals that participants have acceptable score in three research variables. SEM results show that all direct pathways are significant. Continuous teacher instruction, high decision making skills, having a high and prestigious position and high practical skill for coping with difficulties let them to have high scores in general, mental and social health.

Conclusion: Results from the present study support the view that positive mental health is more than the absence of negative mental health and is associated with indicators of higher levels of social well-being, positive health behaviors and improved health and social functioning.

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1. Introduction

Since most of the research in the domain of human mental health has been done discovering aspects associated with psychological, social and mental well-being in academic workplaces, the main purpose of this study is to investigate the relationship between personal and career factors with general, mental and social health (WHO, 2002). Since psychological, social and mental health is not only seen as the absence of mental illness, the World Health Organization (WHO) has a greater focus on it as a positive state. This positive state is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life especially in working places (WHO, 2005). This positive approach (mental health seen from a positive perspective) indicates mental health to consist of three core components: emotional well-being, psychological well-being and social well-being. This perspective on well-being is built on two traditions: the hedonic tradition and the eudemonic tradition (Ryan and Deci, 2001). In addressing the burden of mental disorder, it is recognized that treatment approaches alone are not sufficient and that a more comprehensive population-level approach is required, which includes promotion, prevention, specialist treatment and rehabilitation (WHO, 2002, 2003). The World Health Organization's Mental Health Declaration and Action Plan (WHO, 2005) for Europe, the European Commission's Green Paper on 'Towards a strategy on mental health for the European Union' and the UK Foresight project have all highlighted that the social and economic prosperity of Europe will depend on improving population mental health and well-being.

Studies by Keyes (2002, 2005) and Huppert and Whittington (2003) present empirical support for the independence of positive and negative mental health and report that mental health and mental disorders are not opposite ends of a single continuum but rather constitute distinct, though correlated, axes.

Thus the absence of mental disorder does not equal the presence of mental health and individuals without a mental disorder may experience varying degrees of positive mental health and well-being. This, combined with the growing evidence on the relationship between physical and mental health (Prince et al., 2007), underscores the need for national health surveys to include both positive and negative mental, social well-being and physical health indicators in order to obtain a more comprehensive picture of the different dimensions of population health. This paper reports on the 2007 Survey of Lifestyle, Attitudes and Nutrition a national adult population survey in Ireland (Morgan et al., 2008; Barry et al., 2009), which includes a number of dimensions of mental health, both positive and negative mental health, and social well-being as part of the core suite of health survey measures. To ensure comparability, the recommended mental health indicators for Europe, developed by the STAKES Mindful Project (Lavikainen et al., 2006), were employed.

The inclusion of these components in one comprehensive health survey permits the exploration of the relationships between the mental, physical and social dimensions of health and wellbeing combined with personal and occupational factors in a sample of high educated people like university lecturers (Dalgard et al., 2006). This paper examines the levels of positive and negative mental health in the survey sample of Azad university lecturers of Bojnourd University and explores the relationship of the positive and negative dimensions of mental health to personal and occupational factors, indicators of social well-being and physical health.

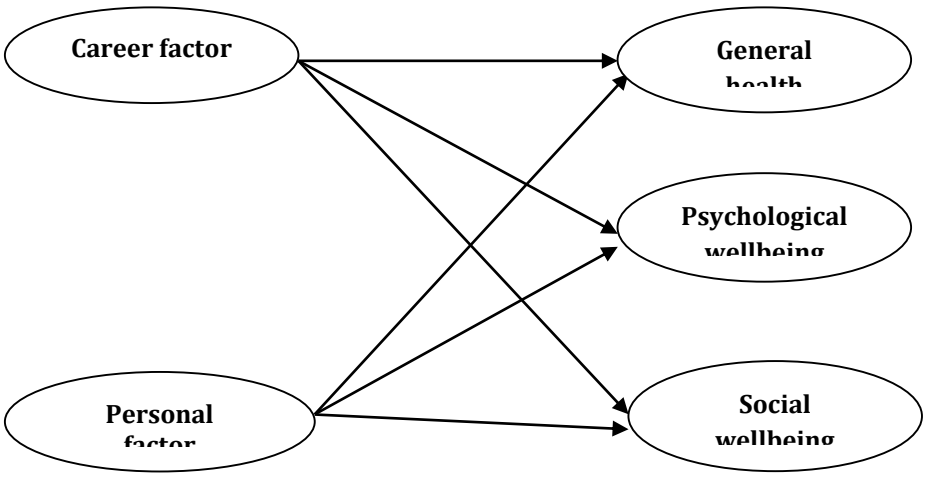

Figure1. Path analysis model for career and personal factors, general health, psychological and social well-being

2. Method

2.1 Participants

The statistical population of the study included all faculty members of Azad University of Bojnourd. The research sample included 130 people (23 females, 97 males), selected without sampling.

2.2. Measurement

To assess general health, general health questionnaire (koldberg and Blackwell, 1970) was used. The questionnaire uses the Likert-scale ranging from "very seldom or never" to "very often or always". Cronbach alpha coefficient was reported to be 0.95 by Amos (1985) and 0.94 by Smith (1987). According to Amos (1985) and Smith (1987), criterion validity was used to determine its validity. Therefore, it seems that the questionnaire can be a valid measure to predict general health to investigate the reliability the Cronbach alpha (0.85) was employed.

To measure mental wellbeing, Ryff Questionnaire (1989) was used. It has six factors and has 19 questions altogether, based on Likert-scale ranging from "I strongly disagree" to "I totally agree". To determine the validity of the questionnaire, content and construct validity were used. Rife calculated the internal consistency of sub-tests to determine the reliability of the measure using Cronbach alpha coefficient. Before the final administration of the questionnaire, a pilot administration was carried out among 30 pre-university students. The resulting Cronbach alpha was calculated to be almost approximately almost 0.76. The final administration, with a sample of 400, gave an index of 0.61. In this study for investigate the reliability of the instrument the Cronbach alpha was employed.

To measure social wellbeing, Keyes Questionnaire (1998) was used. It has five factors and has 15 questions altogether, based on Likert-scale ranging from "I strongly disagree" to "I totally agree". To determine the validity of the questionnaire, content and construct validity were used. Rife calculated the internal consistency of sub-tests to determine the reliability of the measure using Cronbach alpha coefficient. Before the final administration of the questionnaire, a pilot administration was carried out among 30 pre-university students. The resulting Cronbach alpha was calculated to be almost approximately almost 0.86. The final administration, with a sample of 400, gave an index of 0.77.

3. Results

Descriptive statistics indices (mean, standard deviation**,** minimum, maximum) have been shown in table 1. Mean and standard deviation show that there is a good distribution in scores.

Table1. Descriptive statistics indices of research variable

Participants document	frequency	percent	Mean	Minimum	Maximum
M.A	90	76.6	30	25	52
PhD	22	19	38	29	54
Professional doctorate	1	1.32	41	41	41
Post doc	1	1.32	49	49	49

Table2. Descriptive statistics indices of research variable

Variables	Deviation	Mean	Maximum	Minimum	N
Mental health	3.28	19.09	21	3	130
Physical health	3.09	4.91	12	1	130
Anxiety	4.09	6.02	13	2	130
Social disorder	5.02	7.08	13	2	130
Depression	3.63	7.36	18	1	130
Psychological wellbeing	11.75	92.91	122	28	130
Personal Growth	6.04	8.21	18	4	130
Environmental Mastery	5.55	61.32	19	3	130
Autonomy	4.53	14.32	20	5	130
Positive relations with others	6.02	14.10	19	4	130
Purpose Life	7.52.	17.12	19	5	130
Self-acceptance	4.13	14.76	18	6	130
Social well being	10.15	84.85	112	19	130
Social integration	5.04	14.02	18	5	130
Social acceptance	6.04	17.12	19	4	130
Social contribution	4. 53	13.32	20	5	130
Social actualization	4.21	11.19	19	6	130
Social coherence	6.55	1110	18	5	130

Table3. Correlation matrix of research variables

	1	2	3	4	5
1-Career variables	-				
2-Personal factor	0.58**	-			
3-Mental health	0.51**	0.62 **	-		
4-Physiological wellbeing	0.49**	0.59**	-0.81**	-	
5-Social wellbeing	0.52**	0.66**	-0.78**	0.62**	-

The correlation matrix in Table3 shows that there is a significant relationship between Career variables, Personal factor, mental health, Physiological wellbeing and Social wellbeing. Since the aim of the study has been to investigate the predictive role of mental health and mental wellbeing and determine the degree of the direct and indirect effect of these variables on social wellbeing, path analysis has been employed. Based on correlations, of the variables of mental health, consideration, coordination, and skill and of the variables of mental health, incremental and inherent were chosen for path analysis. The model shows that career factors predict 0.36, 0.23, and 0.17 percent of general health, Psychological wellbeing and social wellbeing showed in turn. Also the model shows that personal factors predict 0.26, 0.19, and 0.11

percent of general health, Psychological wellbeing and social wellbeing showed respectively.

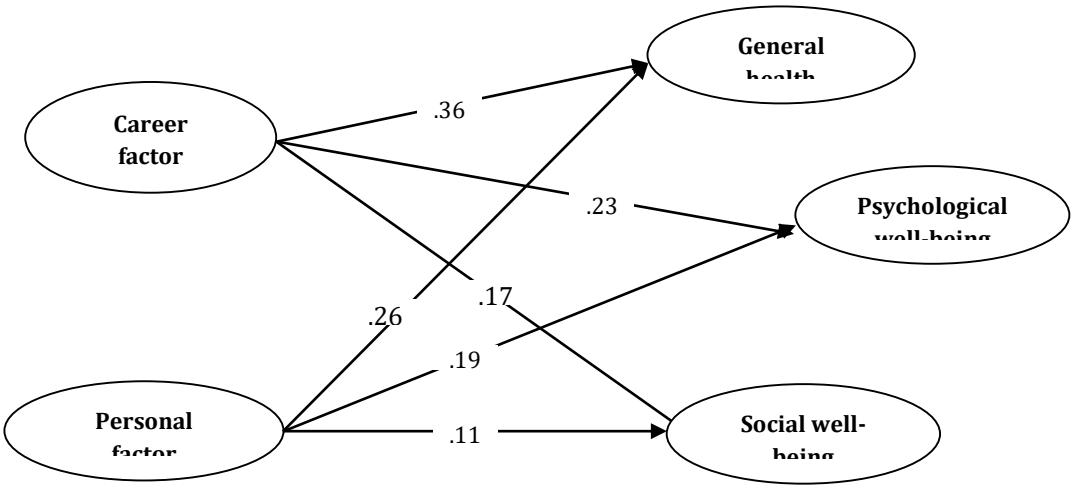

Figure 2. Path analysis model for career and personal factors, general health, psychological and social well-being Not. All of effects are significant at 0.05

Table4. Goodness of fit

NNFI	NFI	CFI	AGFI	GFI	SRMR	RMSEA	Sig	X2/df	df	X2
0.93	0.91	0.93	0.94	0.96	0.61	0.47	0.01	2.15	156	335.63

After calculating the parameters, fitness of the model was measured. Of all statistics fitness of four indices was more important: GFI, AGFI, RMSEA, and chi-square. The most important statistic is chi-square. This statistic measures the difference between observed and measures with df=156, which is significant at p= 0.01. However, since the size of the sample is big, the matrix. The insignificance of this statistic shows the fitness of the model. Chi-Square is 335.63 significance cannot be used to reject the null hypothesis and be generalized to the population. To decrease its dependency on sample size, we discuss other indices and their interpretation. AGFI= 0.94 and GFI= 096, with values close to 1, show the fitness of the model. Considering the residues and errors, the low value of RMSEA= 0.047 show the fitness of the model

4. Discussion

The findings on positive mental health compare favorably with those reported from other European countries (European Opinion Research Group, 2003). The overall mean score of 68 reported in the present study is somewhat greater than the score of 65 reported in an earlier Irish postal survey by Blake et al. (2000) and also greater than a mean of 61 reported for 15 European countries based on the Euro barometer 58.2 survey (European Opinion Research Group, 2003). It should be noted that the current survey was undertaken during the economic boom in Ireland. It is, therefore, open to question whether such high levels of positive mental health would be obtained if repeated in the current recessionary economic climate.

In addition, in view of the methodological differences in sampling and survey administration across studies, caution is advised in making strong inferences about differences in the mean levels reported. However, in keeping with previous findings (Keyes, 2002; Lehtinen et al., 2005), there was evidence of a strong association between high levels of positive mental, general and social factors with personal and career factors, having higher income, higher levels of education and being in paid employment were all found to be strongly predictive of high levels of mental, general and social health.

Higher levels of social and economic support also emerged as being strongly associated with mental, general and social health, when the analysis controlled for other factors. With regard to the

prevalence of probable mental health problems in the population, the figure of 6.4% compares favorably with a value of 10.5% reported in the British Household Panel Survey (Taylor et al., 2005), and the average of 23%reported from a Euro barometer survey of 15 European countries (European Opinion Research Group 2003). Ireland was reported as having 16% of respondents with probable mental health problems in that 2003 Euro barometer survey. The difference in sampling methods used between SLA′ N 2007 and Euro barometer may account for the difference in results.

High levels of personality traits, self-esteem, self-concept and other Personal factors shows to have strong effect on mental, general and social health (Jenkinson et al., 1993). Also those faculty members reporting lower levels of psychological and personality traits and lower income had higher levels of psychological distress and occupational problems.

In keeping with previous findings from the international literature (Prince et al., 2007; Melzer et al., 2004; Kessler, 2007), indicators of social and economic well-being such as loneliness, low levels of social support, lack of community involvement, and lower income levels were all associated with negative mental health in the SLA′ N 2007 survey. While it is not possible to determine the direction of causality in a cross-sectional survey, there is increasing recognition that mental health is both a cause and a consequence of social and economic inequities, i.e. mental health problems both reflect deprivation and contribute to it (Melzer et al., 2004; Friedli, 2009). The WHO Commission on the Social Determinants of Health (WHO, 2008) calls for action on 'the causes of the causes' of poor health in and health behaviors included in the survey.

Some other studies also believe that low Psychological health like Physical health, Anxiety, Social disorder, Depression) are distinguished by a low self-esteem, self-concept and high level of emotional helplessness. Also faculty members with low levels of social health like Physical health, Anxiety, Social disorder and Depression feel insecure, neglected, and unwanted. Their poor social skills keep them isolated from people and social activities. Low scores for depression are often associated with curiosity and extroversion (Taylor et al., 2005).

The study findings support the call for models of population mental health promotion that will intervene at the level of strengthening individuals' social participation, strengthening communities, improving access to community services and removing the structural barriers to mental health through initiatives to reduce economic and social inequities (Foresight Mental Capital and Wellbeing Project, 2008; Friedli, 2009; Barry and Friedli, 2008). Results from the present study also support the view that positive mental health is more than the absence of negative mental health and is associated with indicators of higher levels of social well-being, physical health behaviors, and improved health functioning.

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