

**Positive Psychological Capital and Mental Health: A Comparative Study
of Working and Non-working Married Women**

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Abstract: Psychological capital (PsyCap) is a positive psychological resource characterized by four capabilities namely, Hope, Self-efficacy, Resiliency and Optimism. Mental health refers to an individual's thoughts, behaviours that enable them to function effectively in a society. The present study attempts to explore the nature of Positive PsyCap and mental health among married working and non-working women. 205 married (at least for 5 years) women aged between 27-49 years, were randomly selected from Kolkata district. For working women category, married women with at least 5 years of working experience were selected for the present study. The findings of the study indicated the following:

1. Working women report significantly higher level of hope, self-efficacy and optimism than non-working married women.
2. The working women display higher emotional, social and psychological well-being than their non-working counterparts.
3. There is a significant positive relationship between four dimensions of Positive PsyCap i.e. resiliency, self-efficacy, hope and optimism and emotional, Psychological well-being for total group and working women.
4. Two dimensions of PsyCap namely, hope and resilience are found to be the predictors of emotional and psychological well-being.

Keywords: Hope, mental health, optimism, resiliency, self-efficacy.

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INTRODUCTION

Status of women in the society has been changing radically due to multiple factors such as urbanization, industrialization, globalization, increased level of education, awareness of rights, and media influence. The number of women entering into the workforce has been increased by leaps and bounds. Of late, women prefer to engage themselves in some kind of work even after marriage. Thus carrying out duties and responsibilities both at home and workplace overstrains a married working woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger and other social and emotional distress. All of these problems can interactively affect the mental health of working women and more so in married working women because the attitude of family members towards women especially married women has remained the same, as even today taking care of the family and children is considered as primary responsibility of women. Keyes (2002) defines mental health as "a syndrome of symptoms of positive feelings and positive functioning in life". Keyes, Shmotkin, and Ryff (2002) describe three dimensions of subjective well-being that accounts for mental health. These three dimensions are (i) Emotional Well-Being; (ii) Psychological well-being; and (iii) Social well-being. Emotional well-being reflects the degree to which an individual reports the experience of positive and negative affect (Keyes, 2002). Keyes (1998) states that, "individuals are socially healthy when they view social life as meaningful and understandable, when they see society as possessing potential for growth, and when they feel they belong to their communities, are able to accept all parts of society, and when they see their lives as contributing to society". Psychological well-being will occur when an individual finds meaning and purpose in life, accepts oneself, seeks personality development and establishes potential relationships with others (Ryff & Keyes, 1995). It is also referred as *Eudemonic well-being* (Ryan & Deci, 2001).



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Positive psychological capital (PsyCap) can potentially affect mental health by understanding the psychological resources that individuals may use to overcome obstacles and setbacks in their life. Luthans, Youssef, and Avolio (2007) defines PsyCap as a positive psychological strength or resource “characterized by (a) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (b) making a positive attribution (optimism) about succeeding now and in the future; (c) persevering toward goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (d) when beset by problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success”.

Studies have shown that working women have poor mental health and higher level of stress compared to nonworking women (Dudhatra & Jogsan, 2012). Singh and Mansi (2009) positive relationship between PsyCap and well-being, specifically nthe psychological well-being. Positive psychological capital fosters a powerful and productive life, helps to build strengths in life, and thereby enhancing mental health of an individual (Mather, 2010). Hope was found to be a better predictor of mental health and regardless of gender, the component of hope-agency could explain significant portion of variability in mental health in comparison to pathways (Venning, Kettler, Zajac, Wilson, & Elliott, 2011). Focusing on positive strengths, such as hope, is considered by Venning et al. (2011) as a crucial module in the advancement of mental health of young adults globally. Lyubomirsky (2008) reported that happy people were found to have better physical, as well as mental health outcomes and behaviour especially, higher levels of resilience, optimism, social support, spirituality, and gratitude. Siu-kaucheng and Stephen (2000) suggested that increasing self-efficacy is associated with improving mental health.

Married working women may be prone to depression because they bear the double burden of housework and a job outside the home. Because they have to work in two environments, one is the home environment and the other one is the job environment. Both vastly vary from one another. All of these problems can interactively affect the mental well-being of working women and more so in married working women. The mental health may be enhanced with the help of higher levels of Positive PsyCap. To the best of author’s knowledge, data on Positive PsyCap among married working women in India especially in Kolkata is limited. In this context, the present study has been undertaken to assess the effect of Positive PsyCap on mental health of married working and non-working women belonging to Kolkata district.

OBJECTIVES OF THE STUDY

The objectives of the present study are to determine the following:

1. *The difference between working and non-working women in terms of hope, self-efficacy, optimism and resiliency.*
2. *The nature of perceived mental health by married working and non-working women.*
3. *The relationship between mental health and Positive PsyCap.*

METHOD

Participants: The sample of 205 married women (119 working and 86 non-working) were selected from Kolkata district of West Bengal for this quantitative, cross-sectional study. The age range of participants varied from 27-49 years with a mean age of 35.03 years (SD=2.02). Women married for at least 5 years and with minimum of 5 years working experience were selected for this study. A stratified random sampling method was used to divide married women into two strata i.e. working and non-working. Simple random sampling without replacement (SRSWOR) method was used for selecting women from each stratum (working and non-working). Participants were from middle-socio economic status to high socio-economic status.

Measures:

The following measures were used in this study:

Personal Data sheet: Certain personal information about participants included in the sample of research is useful and important for research. Here also, for collecting such important information, personal data sheet was prepared. With the help of this personal data sheet, the information about age, working status and monthly income of family were collected.

Psychological Capital (Luthans et al., 2007): Psychological capital scale was developed by Luthans, Youssef, and Avolio (2007). This scale analyzed four dimensions of Psychological Capital: hope, optimism, self-efficacy and resilience. The scale had 24 items i.e., 6 items of each dimension. This is a 7 point scale and scores on the scale varies from 1= strongly disagree to 7= strongly agree. The score for each dimension varies from 6-42. The higher score on each dimension indicates high on the respective dimensions. The Cronbach’s alpha of four dimensions range from 0.69 to 0.74.

Keyes’ mental health continuum-short form (MHC-SF). Keyes’ Mental Health Continuum-Short Form (MHC-SF; Keyes, 2009) is derived from the MHC-Long Form (MHC-LF; 40 items) and consists of 14 items, wherein the most prototypical items representing each facet of emotional, psychological, and social well-being are compiled. MHC-SF (Keyes, 2009) represents mental health within three broad domains emotional well-being (items 1-3), social well-being (items 4- 8) and psychological well-being (items 9-14). This is a 6 point scale and scores vary from 1= Never to 6= Everyday. The scores range for emotional well-being, social well-being and psychological well-being are 3-18, 5-30 and 6-36, respectively. The higher score on each dimension indicates high on the respective dimensions. The Cronbach’s alpha of three dimensions range are 0.72, 0.74 and 0.68, respectively.

RESULTS

The primary purpose of this cross-sectional study was to explore the nature of Positive PsyCap and mental health among married working and non-working women and the relationship between Positive PsyCap and mental health.

Means and standard deviations (SD) of the main study variables (separately for working and non-working) were calculated. Additionally, Independent sample t tests were calculated in order to determine whether working and non-working married women differ with respect to their different dimensions of Positive PsyCap. The result indicates that working women report significantly higher level of hope, self-efficacy and optimism than their non-working counterparts [Hope: $t(203) = 6.01, p < 0.01$; Self-efficacy: $t(203) = 6.34, p < 0.01$ and Optimism: $t(203) = 7.65, p < 0.01$].

The working and non-working married women also differ significantly with respect their mental health status [Emotional well-being: $t(203) = 7.54, p < 0.01$; Social well-being: $t(203) = 5.42, p < 0.01$ and Psychological well-being: $t(203) = 6.05, p < 0.01$]. The working married women display higher emotional, social and psychological well-being than their non-working counterparts.

Bivariate correlations were also conducted between Dimensions of Positive PsyCap and Mental health and the results are presented in Table 1.

Table 1: Correlation of coefficient between Dimensions of Positive PsyCap and Mental health

Positive PsyCap \ Mental Health	Emotional Well-being			Social Well-being			Psychological Well-being		
	Total (N=205)	Working (N=119)	Non-working (N=86)	Total (N=205)	Working (N=119)	Non-working (N=86)	Total (N=205)	Working (N=119)	Non-working (N=86)
Hope	0.42**	0.43**	0.19	0.13	0.39**	0.10	0.49**	0.56**	0.36**
Self-efficacy	0.34**	0.41**	0.21	0.10	0.17	0.09	0.43**	0.49**	0.26*
Resiliency	0.35**	0.42**	0.20	0.12	0.35**	0.10	0.41**	0.48**	0.11
Optimism	0.36**	0.39**	0.11	0.13	0.16	0.11	0.40**	0.47**	0.15

Note: ** significant at 0.01 level, * significant at 0.05 level

Table 1 depicts that four dimensions of Positive PsyCap are significantly and positively related to emotional and psychological well-being of total sample and working women. The similar trend is seen in case of non-working women but none of the values is found to be significant except the relationship between hope, self-efficacy and psychological well-being. The relationship between social well-being and Positive PsyCap is also found to be positive but none of the values is found to be significant except the relationship between social well being and hope, resiliency dimensions of Positive PsyCap of working women. The present study suggests that all dimensions of Positive PsyCap enhance the individual’s well-being especially, psychological and emotional well-being. Positive PsyCap acts as an empowering tool that provides individuals with requisite mental strength to one’s mental health.

In order to determine the most significant predictor of mental health, multiple regression analyses were conducted with all four dimensions of psychological capital as predictors. The results are presented in Table 2.

Table 2: The regression analysis of Positive PsyCap and mental health

Model	Criterion	Predictors	R ²	B	Std Error
1	Emotional well-being	Hope	0.27	0.46**	0.17
2	Psychological well-being	Hope Resilience	0.37	0.42**	0.15

Note: ** significant at 0.01 level

Findings indicate that, in model 1, hope is the significant predictor of emotional well-being and in model 2, hope and resilience have significant predictive effect on psychological well-being. In model 1, Hope explains 27% variation in emotional well-being and in model 2, hope together with resilience explain 37% variation in psychological well-being.

DISCUSSION

PsyCap can be understood as an individual’s positive state of development, which is characterized by the four capabilities. These four capabilities are Hope (one’s Will power and the Way), Self-Efficacy (believing in one’s own ability to obtain certain outcomes), Resiliency (bouncing back in difficult situation of life) and Optimism (being realistic and flexible). Positive PsyCap facilitates the mental health of an individual and thereby fosters a meaningful and purposeful life. Married woman has to play multiple roles and if a married woman is a working lady then she has to maintain proper work-life balance and failing to keep work-life balance may lead to conflict, depression and poor mental health.

The present study investigates the relationship between of Positive PsyCap and mental health among married working and non-working women. The study reveals that married working women report significantly higher on all four dimensions of Positive PsyCap than non-working women. The possible explanation for this is that multiple roles played by working women enhance their ability to learn and thereby facilitates self-efficacy, hope and optimism. Social interaction, open access to information and emotional support from colleagues in addition to family members provides working women a sense of well-being, self-efficacy, hope and optimism. A feeling of economic independence, high social status and financial contribution to family also enhance self-efficacy of working women. The results of this study throw light on the difference in the perception of mental health between working and non-working women. Working women are higher on emotional, social and psychological well-being compared to non-working. This result is in partial consonance with the findings of several other researchers who reported higher psychological well-being among working women in comparison to non-working women (Bernard, 1971; Walker & Walker, 1980; Flmmer, 1990; Ozer, 1995; Bandura, 1997; Bryson & Warner-Smith, 1998; Martire, Stephens, & Townsend, 2000; Murray, 2003; Rao, 2003). This may be due to the fact that married working women develop sense of recognition, social support and independence which consequently lead to emotional, social and psychological well-being. Working outside will also provide women a platform to show own capabilities and talents in addition to regular roles played at home and thereby increasing self-confidence and a sense of gratification among working women. This eventually leads to improved emotional, social and psychological well-being.

The result also provides the relationship between Positive PsyCap and mental health. Different dimensions of Positive PsyCap are significantly and positively related to emotional and psychological well-being for total group and working women. For non-working group, hope and self-efficacy are significantly and positively related to Psychological well-being. Couple of findings (Avey, Luthans, Smith, & Palmer, 2010; Singh & Mansi, 2009) that reported positive relationship between PsyCap and well-being, partially corroborate these findings. There exists a significant and positive relationship between social well-being and hope, resiliency dimensions of Positive PsyCap. Regression analyses also reveal that hope and resiliency are the significant predictors of emotional and psychological well-being. This finding is also partially supported by the findings of Venning et al., (2011) which revealed that hope is a strong and significant predictor of mental health. Presence of high levels of hope give rise positive thoughts among individuals that better prepare them to be emotionally competent. High levels of hope and inner resources to overcome challenges in adverse situations of life, prepare people to obtain a promising state of life and thereby facilitating the psychological well-being of an individual.

CONCLUSION

The present study determines the level of different dimensions of Positive PsyCap and mental health of married working and non-working women. The study reveals that married working women show higher level both Positive

PsyCap and mental health compared to non-working women. The study throws light on the positive relationship between PsyCap and mental health. The study also suggests that hope and resiliency are the significant predictors of emotional and psychological well-being.

Despite these findings, there are several limitations of the present study. The first limitation of the study is the sample selection, which is confined to women selected from Kolkata district only. The reliability of the results will be enhanced by covering different districts and varied culture of the country including rural, urban and semi-urban areas. The second limitation is that the study is a cross-sectional in nature, thus preventing researcher to draw causal inferences from the results. Longitudinal study would be helpful in this context. Third limitation is that some relevant variables such as job satisfaction, home condition and support from family members, need to be studied in order to conclude the relationship between Positive PsyCap and mental health, because we need to keep in mind that only engaging in a profession can't facilitate the inner resources such as Positive PsyCap and thereby mental health. Fourth limitation is that this study does not include married women more than 50 years old, which decreases the generalizability of study's findings. Study including women from different age groups may provide some intriguing findings. Last but not the least, responses in the present study are based on self-report. Future research should replicate these findings by using other methodologies (e.g., observations).

In spite of having all these limitations, the present study has a number of implications for Positive PsyCap and mental health of married working and non-working women. Working women can be encouraged to set specific, challenging and manageable professional or personal goals and use means-end analysis (breaking down the ultimate goals down into sub-goals to make it more manageable) to celebrate small successes in order to develop hope and self confidence. Proper and timely feedback at workplace can also increase the self-efficacy of working women. At workplace, interactive and activity-based training programs may also be arranged in order to develop resiliency and optimism among working women. For non-working women, it is the responsibility of family members to find out her potentialities other than routine work in family and encourage her to pursue her dream job. Engaging non-working women in her dream job in addition to her regular household activities will provide them a sense of confidence, hope and optimism.

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