

## Psychological Well-Being in Professional Groups

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The primary purpose of the present investigation was to examine the role of professional settings in psychological well-being. The other objective was to investigate the role of gender. Two hundred adults (100 males and 100 females) from five different professions were randomly sampled. The professions included executives, teachers, administrators, doctors and engineers. The study involved 2 (gender) x 5 (profession) factorial design where five professions were crossed with gender. The dependent measures included overall life satisfaction, satisfaction with general area of life functioning, positive affect experience, and negative affect experience. All these variables were measured with the help of a standardized instrument: Life Orientation Questionnaire (LOQ). The questionnaire measured the participants' overall and domain-specific satisfaction. The analysis indicated that women are as happy as men are. In the context of group comparison, it was shown that doctors and teachers experience maximum happiness whereas administrators experience the least. Engineers and executives were placed in the intermediate positions. The findings were explained in light of profession specific role demands and expectations. The major implications of the study were outlined.

**Keywords:** Subjective well-being, happiness, life satisfaction, professional groups

Psychological wellbeing deals with people's feelings about everyday experiences in life activities. Such feeling may range from negative mental states or psychological strains such as anxiety, depression, frustration, emotional exhaustion, unhappiness, dissatisfaction) to a state which has been identified as positive mental health (Jahoda, 1958, Warr, 1978) Sell and Nagpal (1992) observe that all indicators of psychological well-being have objective and subjective components. The objective components relate to concerns that are generally known by the term "standard of living". However, individual satisfaction or happiness with objective reality depends not only on the access to goods and services that are available to the community, but also on his expectations and perceived reality. It is the subjective component which links the concept of life to subjective well being.

Subjective well-being refers to what people think and how they feel about their lives in positive ways. People experience subjective well-being (SWB) when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they experience many pleasures and few pains and when they are satisfied with their lives.

Many philosophers and social scientists have concerned themselves with defining happiness or well-being. Definitions of well-being and happiness can be grouped into three categories. First, well-being has been defined by external criteria such as virtue or holiness. In normative definitions, happiness is not thought of as a subjective state, but rather as possessing some desirable quality. Aristotle wrote that eudaemonia is gained mainly by leading a virtuous life, he did not mean that virtue leads to feelings of joy.

Rather, Aristotle (1984) was prescribing virtue as the normative standard against which people's lives can be judged. A related meaning of happiness given by Tatariewicz (1976) is success, which must be defined relative to some standard.

Second, social scientists have focused on the question of what leads people to evaluate their lives in positive terms. This definition of subjective well-being has come to be labeled life satisfaction and relies on the standards of the respondents to determine what is good in life. Shin and Johnson (1978) have defined this form of happiness- as "a global assessment of a person's quality of life according to his own chosen criteria" (p.478). Andrews and Withey (1976) found that over 99% of their respondents had previously made such an assessment of their lives. Chekola (1975) defined happiness as the harmonious satisfaction of one's desires and goals.

A third meaning of happiness comes closest to the way the term is used in everyday discourse as denoting a preponderance of positive affect over negative affect (Bradburn, 1969). The definition of subjective well-being thus stresses pleasant emotional experience.

The area of subjective well-being has three hallmarks. First, it is subjective. According to Campbell (1976), it resides within the experience of the individual. Second, subjective well-being includes positive measures. It is not just the absence of negative factors. Third, the subjective well-being measures typically include a global assessment of all aspects of a person's life. Although affect or satisfaction within a certain domain may be assessed, the emphasis is usually placed on an integrated judgment of the person's life.

Numerous scales have been designed to measure both the affective and cognitive satisfaction components of well-being. Several of the most frequently used measures are single-item survey questions. Single-item

scales have been criticized on a number of grounds (McKinnell, 1974). With reliance on a single item, the variance due to the specific wording of the item cannot be averaged out. Because it is impossible to obtain estimates of internal consistency, usually the only estimate of reliability for these scales is temporal reliability, in which it is difficult to separate true change from measurement error. Single item scales tend to be less reliable over time than multi-item scales. The single-item scales do not offer a finely differentiated view of a person's subjective well-being. In other words, the other shortcoming of the single item measures is their inability to assess separately the various dimensions of well-being. The validity and reliability of these scales suggest that they are adequate if a very brief measure of global well-being is required.

Several *multi-item scales* have emerged that are designed specifically for older respondents. Examples are *geriatric subjective well-being scales*. The scales tend to be unsuitable for young and middle-aged respondents, because many of the items on these scales make specific reference to age and time of life. Another characteristic of the *geriatric scale* is that well-being factors are included that are not, strictly speaking, measures of subjective well-being. The multi-item scales designed for general use are known as *general scales*. When more time is available, multiple-item scales of well-being can be used that measure the separate components of well-being.

In the 1960s, Bradburn (1969) developed a scale to measure emotional well-being known as *Affect Balance Scale* (ABS). Bradburn proposed that happiness is composed of two separable components: positive affect and negative affect. Bradburn hypothesized that happiness is really a global judgment people make by comparing their negative affect with their positive affect. Thus his Affect Balance Scale (ABC) score is

derived by subtracting the sum of scores on negative items from the sum of scores on positive ones.

Several scales are available for measuring the separate components of frequency and intensity. *Fordyce Happiness Measure* indicates that this scale is quite similar to Andrew and Withey's (1976) D-T scale (Delighted-Terrible scale) and reflects both cognitive satisfaction and affective content. The second dimension of affective well-being-intensity can be measured by the Affect Intensity Measure (AIM) created by Larsen (1983).

The analysis and integration of the pertinent literature provide some conceptual leads. It is shown that the scientific advances have been made in certain areas, while there are research gaps in other areas. The operationalization of the construct of happiness is a matter of fundamental concern. Although overall life satisfaction and frequency of positive and negative affects have been greatly implicated in the definition of happiness, the exact nature of relationships has to be identified. Consequently a major objective of the study concerns the operationalization aspect.

Furthermore, the element of subjective perception has been emphasized in the context of happiness. The present study is focused on the subjective component across professional groups. It is viewed that different professional groups undergo different forms of work socialization. Their work settings, reward systems, colleagues, and bosses place different kinds of demands on their response systems. For instance, the nature of experience encountered by doctors is qualitatively different from the experience faced by administrators. Such possibilities of difference in experience may induce varied type of cognitive and affective states in professional groups. Accordingly, the comparison of groups with respect to

satisfaction in several domains of life is likely to generate valuable information. In addition, it is considered essential to compare groups on positive and negative affect experience. It is postulated that the differences with respect to affect experience would provide helpful insights regarding the process of happiness.

## Method

### Sample:

In order to sample potential participants, the respective work places were initially identified in coastal districts of the State of Orissa. For example, major hospitals were identified and an equal number of male and female doctors were randomly sampled from these hospitals. There were 100 males and 100 females. Within each gender category, equal number of participants from five different professions were sampled and their age ranged from 35 years to 45 years (Mean=37.87, SD=5.3).

### Measures:

The happiness measure labeled Life Orientation Questionnaire (LOQ) is designed specifically to measure people's happiness. It is a multipart measure consisting of three parts. The questionnaire has been developed by Sahoo (2005). Its reliability and validity has been found to be satisfactory (Sahoo, 2005).

Part-1 presents ten life satisfaction statements taken from relevant cross-culturally used scale. The statements include items such as "I am pleased with the way I have fulfilled my duties" and "I feel good about my life". Respondents are asked to indicate their agreement/disagreement with each of the statements on a 7-point scale where '1' denotes "strongly disagree" and '7' indicates, "strongly agree". The overall score is computed by summing scores across ten items; scoring is reversed for negatively keyed items.

Part-2 measures domain-specific happiness. Seven such domains are

represented; these include education, social relation, self in general, work, recreation, finance, and family. Respondents are required to indicate their level of satisfaction on a 7-point scale with respect to each domain. The scale indicates '1' for "terrible" and '7' for "delightful".

Part-3 measures the intensity of feelings. Twenty-four affect-denoting (12 positive and 12 negative) adjectives are presented. The positive items include cheerful and joyful whereas negative items include sad and lonely. Subjects are asked to indicate the frequency with which they have been experiencing each of these during last two months. The rating scale ranges from 1 to 5 where "1" denotes "never" and "5" indicates "almost always". Positive affect score is

computed by summing ratings across positive items and negative affect score is similarly computed. The balance score is indicative of person's happiness/ unhappiness feelings state.

Part-4 seeks information relating to their sociodemographic features such as sex, age, occupation, education and residence.

### Results and Discussion

The overall pattern of result suggests human happiness is not gender-linked. Men and women have same probability of experiencing happiness. Findings of the present study reveal there is no gender difference with respect to satisfactions in specific areas of education, social relation, self, recreation, work and family.

**Table-1: Mean and SD of overall Life Satisfaction Scores**

Group	Males		Females		Combined	
	Mean	SD	Mean	SD	Mean	SD
Executive	52.30	9.51	49.40	6.05	50.85	8.00
Teachers	47.30	6.51	48.70	7.66	48.00	7.05
Administrators	52.15	7.99	52.30	6.15	52.23	7.04
Doctors	48.85	7.48	50.80	5.66	48.33	7.01
Engineers	53.30	6.84	48.80	7.78	51.05	7.85
All	50.18	8.16	50.00	6.72		

There is gender difference only on satisfaction in the domain of finance.  $F(1,2)=6.46, p < 0.05$ . The examination of mean scores reveals that females report greater satisfaction in the area of finance than do males ( $M = 4.86$  and  $4.48$ , respectively). However by and large, males indicate as much psychological well-being as do females (see Table 1) That is in conformity with previous findings (Sahoo, 2004). More importantly, there is no. gender difference with respect to overall life satisfaction, positive affect experience and negative affect experience. It may be indicated that life satisfaction, positive affect experience and negative affect experience constitute the main indicators of happiness. Thus, there is no gender difference on human happiness.

The study considers professional setting as a 'mini-culture. It is believed that profession has its own norms, expectations and corresponding value systems. Accordingly the happiness in different professional areas may be expressed differently. The analysis of variance shows significant setting effect,  $F(4, 190)=2.58, p<0.05$ . The multiple comparison of professional groups reveals a number of salient features. Doctors and teachers show greater overall life satisfaction than other groups. The analysis of variance does not indicate significant setting differences with respect to satisfaction in areas of education, recreation, work, finance and family. However, there is significant differences with respect to satisfaction in areas of social relation and self in general,  $F(4, 190)=7.57, P<0.01$  and  $E(4, 190)=4.27, p<0.01$ , respectively.

**Table-2: Domain Specific Mean Satisfaction Scores**

Domains	Groups					
	Executives	Teachers	Administrators	Doctors	Engineers	All
Education						
Male	5.55	5.55	4.95	5.10	5.15	5.26
Female	5.25	5.25	5.35	5.60	5.70	5.43
Combined	5.40	5.40	5.15	5.35	5.42	
Social Relation						
Male	5.55	5.40	5.95	4.65	5.70	5.45
Female	5.60	5.40	5.90	5.40	5.75	5.61
Combined	5.58	5.40	5.93	5.03	5.73	
Self in General						
Male	5.80	5.40	5.75	5.10	5.80	5.75
Female	5.25	5.55	5.50	5.20	5.75	5.45
Combined	5.53	5.48	5.63	5.15	5.78	
Recreation						
Male	5.55	5.15	5.80	5.25	5.45	5.44
Female	5.40	5.50	5.65	5.40	5.80	5.55
Combined	5.47	5.33	5.73	5.32	5.63	
Work						
Male	5.15	5.05	5.05	4.70	5.45	5.08
Female	5.05	5.15	5.35	5.15	5.50	5.24
Combined	5.10	5.10	5.20	4.93	5.48	
Finance						
Male	4.70	4.45	4.25	4.10	4.90	4.48
Female	4.90	4.75	4.45	5.20	5.00	4.86
Combined	4.80	4.60	4.35	4.65	4.95	
Family						
Male	6.00	5.85	5.75	5.90	5.85	5.87
Female	5.55	5.80	5.90	5.90	5.75	5.78
Combined	5.78	5.83	5.82	5.90	5.80	

Doctors and teachers also indicate greater satisfaction in specific domains of self and social relation (Table 2).

In the context of affect experience, an interesting pattern is indicated. With respect to the experience of positive and negative affect separately considered, there is significant difference neither for gender nor for

setting. But analysis of variance performed on differential affect, there is significant gender difference,  $F(1, 190)=4.51$ ,  $p<0.05$ . As shown by Table 3, females indicate greater differential affect (positive affect experience minus negative affect experience) than do males ( $M=5.31$  and  $4.16$ , respectively). That is in the predicted direction.

**Table 3: Mean Affect Experience Scores**

Domains	Groups					All
	Executives	Teachers	Administrators	Doctors	Engineers	
Positive affect						
Male	44.65	44.45	46.40	44.65	47.20	45.47
Female	44.90	46.70	45.95	44.65	47.65	45.97
Combined	44.77	45.57	46.17	44.65	47.73	45.72
Negative Affect						
Male	44.15	42.90	44.95	44.40	45.05	44.29
Female	41.60	41.75	44.10	43.25	45.70	43.28
Combined	42.88	42.33	44.53	43.83	45.37	45.78
Differential affect						
Male	4.90	4.75	3.35	2.05	5.75	4.16
Female	6.20	7.65	3.25	4.20	5.25	5.31
Combined	5.55	6.20	3.30	3.13	5.50	4.74

There is also significant effect for setting,  $F(4, 190)=5.49$ ,  $p<0.01$ . As shown by Table 3, doctors and teachers report a greater amount of relative positive affects (positive affect experience minus negative affect experience) than do other groups. Taken together, doctors and teachers reveal greater amount of happiness compared with other groups. This finding is conceivable in light of the nature of activities associated with these two professional groups.

The overall pattern of results suggests that administrators experience happiness in the least. They not only indicate less amount of overall life satisfaction, they also reveal less satisfaction than other groups with respect to life domains such as self and social relation. The relative lack of happiness of administrators can be explained in terms of the stress and strain, which surround administrator's work-place.

By and large, engineers and executives report intermediate level of happiness. In a few cases, they have been placed in between doctors! teachers and administrators. The findings regarding the status of engineers and executives suggest situations of mixed outcomes. Perhaps these two categories of professionals experience both advantage and

disadvantage. It is plausible that engineers and executives have the advantage of economic affluence and power positions. At the same time, they experience the disadvantage of power pressure from the top. It is shown that they occupy intermediate positions in the context of psychological well-being.

The findings of the present study offer both theoretical as well as applied implication. Theoretically it has been shown that happiness is a process that includes a number of conditions. Although the overall life satisfaction, positive affect experience and absence of negative affect experience constitute the crux of human happiness, the element of satisfaction with various life functioning domains is also important.

The observation supports the phenomenon of self-consistency in the area of human happiness. It implies that an individual who is happy in one area of life is likely to be happy in another area as well. Thus, the study offers valuable information on the nature of the construct. Since women have been found to be as happy as men are, the information can be used to boost women's empowerment.

As a form of remediation, it is suggested that administrator be given training to enhance their relationship skill and also to develop healthy personal hobbies.

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