1.1 Health care and Physicians

In today’s world the health concern of the people is very high. The health is very essential for the psychological and physiological well being. In the present social scenario, the health problem among the people has been increasing day by day, in such circumstances hospitals are the most significant social institutions that are primarily concerned with health. Though they are ably aided in their efforts by nurses, therapists, and a host of other qualified healthcare professionals, physicians remain at the center of the healthcare system. It is primarily physicians who diagnose patients, admit them to the hospital, order tests, perform procedures, and supervise treatments. Physicians typically are the first people we see coming into the world and among the last we see leaving it. The physicians and their services play a vital role in the world’s health. Physicians must continuously respond to the needs of patients and families and expend their own emotional resources to provide care and caring to others. Medical encounters are often stressful and the physician must reach deep within him-or herself to give to those unable to give back or express gratitude. Patient and societal expectations demand certainty from the medical profession, while medical knowledge includes limitations and uncertainties. Physician’s everyday is called on to cope and adapt with stresses characteristics of their role. The health care client is in danger of receiving, at best, poor quality care and life threatening care from the physicians who holding negative Job attitudes and low level of Psychological well-being. It is therefore very important for physicians to understand the concept of Job attitudes and other Psychological traits which contribute to the work related behaviours.

Physicians who manage to survive their training years find their expectations often do not conform to reality. Many arrive at this point with their sense of self-worth completely tied to their productivity. Rapidly increasing medical knowledge
and technology make it difficult to keep up to date and there is an increasing pressure to focus on the disease rather than the patient. Many physicians are now challenged by patients, nurses, administrators and government agencies to explain and defend their job. Physicians are daily confronted with death and are thus focused to deal with the issue of their own mortality and the purpose and meaning of life. Many unfortunately begin to view death and disease as well as life in general as a battle. Some see battle already lost and develop a sense of hopelessness and powerlessness. Physicians trying to cope with demands of their practice by working harder and longer may experience severe inefficiency, lack of Resilience, psychological impairment, and poor patient care. It is often difficult for physicians to express they are having trouble in coping with stress. This frequently stems from sense of entitlement Physicians own expectations are often their greatest source of psychological and job related distress.

There have been numerous changes in the health care system, including cost-containment efforts, the increased growth of managed care, and shortages of many health professionals etc., It is important to assess the impact of these changes are having on the quality of health care delivery and the way various health professionals view their jobs. Physicians and allied health professionals who responded to a survey reported that there have been many more negative than positive changes in the health care system, including less job security, efficiency, and time available to spend with individual patients and increases in workload, paperwork, and control of health care by insurance companies etc.,

1.2 Background of the Study

One dimension of inequality between social groups, as defined by socio-economic status, age, gender and increasingly ethnicity, is the experience of ill health and access to health services (Ahmad & Bradby, 2008). A number of stressors are
associated with the health and helping professions, including time pressures, workload, having multiple roles, and emotional issues (Lambert et al., 2004; Lim, Hepworth, & Bogossian, 2011). Frequent environmental stress associated with human pain and distress in the workplace can impact on the physical and mental wellbeing of health professionals and result in burnout and, in some cases, traumatic stress-like symptoms (Stamm, 2010). These negative stress outcomes can impact not only on the wellbeing of health professionals, but also on their ability to care effectively for others (Barnett, Baker, Elman, & Schoener, 2007). It is therefore imperative that a preventive approach is adopted. Developing and fostering resilient environments and individuals within the health profession is emerging as a way to reduce negative, and increase positive, outcomes of stress in health professionals.

Health care is a stressful profession and takes its toll at physical, emotional, and mental levels. To effectively care for other people you must take good care of yourself. Medical service involves taking care of other peoples' lives and mistakes or errors could be costly and sometimes irreversible. It is thus expected that the medical doctor and other staffs themselves must be in a perfect state of mind devoid of morbid worries and anxieties. This is however not usually the case because the doctor apart from being affected by the same variables that impose stress on the general population, is also prone to stress because of the peculiarities of his work situation and the expectation of the society at large.

Stable, healthy, and resilient physicians are better equipped for the emotionally and physically demanding tasks of providing care, comfort and hope to patients. Notably, doctors who are proactive about their health more regularly discuss health promotion with patients. We posit that good mental health is necessary for the development and maintenance of those gratifying qualities of medical professionalism. The studies among doctors disclose many facts and work as an
alarming system. For example, low level of satisfaction (dissatisfaction) from job may cause high level of stress, which could eventually be detrimental to physical/mental health and quality of life. Hence, dissatisfaction from job may lead to increase in conflict, absenteeism, low patient care rate and reduction in quality and quantity of work. Physician’s job satisfaction is interrelated to patient satisfaction, patient compliance, and continuity of care. Studies also reveal that dissatisfaction induces lower productivity and increased turnover, which eventually raises costs of the medical services. Developing and fostering resilient environments and individuals within the health profession is emerging as a way to reduce negative, and increase positive, outcomes of stress in health professionals. The present study examined whether there are differences in Job attitudes in relation to their Resilience, Psychological Well-being among physicians working in private hospitals and government hospitals.

In health care; there is little empirical evidence about provider evidences on Job attitudes and Psychological wellbeing. In reviewing the literature, there are not many evidences that connect Resilience with Psychological well-being and Job attitudes whereas some researchers have found direct relationships between Psychological wellbeing and Resilience, Resilience and Job attitude in other fields. Anyway, the mediating effect of Psychological Well-being and Resilience on Job attitude has not been examined in previous researches. Hence the researcher decided to study the influence Psychological Well-being and Resilience on Job attitude of doctors working in Government and Private hospital.

1.3 Job Attitudes

In today’s rapidly changing corporate environment, organizations from all around the world want to use maximum potential of their human resources to stay ahead of the fierce competition and survive in the middle of the quest. Great
organizations are built on the inherent value of their human resources as motivated and committed employees almost always allow an organization to grow faster than similar competitive organizations. Job attitudes are extensively studied by the organizational Psychologists largely, because they are related to a number of outcomes that are important for both theoretical and practical reasons. “Job Attitude is a learned predisposition towards aspects of our work environment. They are positively or negatively directed towards certain people, service or institutions”. Though an individual has numerous attitudes, but organizational behavior focuses on only job related attitudes. Job satisfaction, job involvement and organizational commitment are considered to be important job related attitudes. Well motivated and committed workforce feels that organization value them and they are playing an essential role within their organization which significantly enhance both employees’ as well as organizational performance (Shore, & Martin, 1989; Meyer, Paunonen, Gellaty, Goffin, & Jackson, 1989). Employee satisfaction, involvement and commitment are very important for an organization’s success. Satisfied and committed employees with high levels of job involvement are considered as an important asset to an organization and keeping the employee satisfaction, commitment and job involvement up is always rewarding to a business as motivated and committed employees are more productive and higher productivity usually results in higher profits (Denton, 1987).

In a service organization such as hospitals employees who are highly satisfied and committed to the organization provide excellent quality of caring to the patients and keeping the patients happy and satisfied always. The level of doctor’s satisfaction, commitment and job involvement could be gauged by the volume of doctors’ turn over during a certain period of time. Physicians with high job involvement are more focused towards their jobs (Hackett, Lapierre & Hausdorf,
likely to have less turnover and leaving intentions (Blau, 1986; Blau, & Boal, 1987; Meyer, Allen & Smith, 1993) and are more motivated to stay with the institution. They grow in expertise and thus become even more valuable to their employer and the institution. Importance of job satisfaction, commitment and job involvement in the workplace is obvious as well motivated and committed doctors with high levels of job involvement affect both their own as well as institutional outcomes (Lawler, 1986). Doctors with high levels of commitment and job involvement go on work in time and are usually more motivated to put extra efforts, on the other hand, doctors having minor level of job attitudes are least motivated and have more excuses such as illness or transportation problems etc. as compared to highly committed doctors (Blau, 1986; Blau, & Boal, 1987). Doctor’s commitment is considered to be a very important factor since it ameliorates a friendly atmosphere within an organization, making the entire workforce enthusiastically work together in order to achieve individual doctors as well as organizational goals (Col, 2004). In such a way, it is truly right to speak about the commitment as an excellent uniting factor that enhances the work effectiveness of doctors and, therefore, leads to positive and long lasting institutional outcomes not only through higher motivation and job involvement of doctors (Meyer, Paunonen, Gellaty, Goffin, & Jackson, 1989) but also through creation of a positive and cooperative atmosphere within an organization and uniting of motivated and committed workforce in their work for the improvement of overall functioning of an organization.

1.3.1 Job Involvement

Job involvement is defined as the merging of a person’s ego identity with his or her job. This definition follows that of Gurin, Veroff, & Feld (1960), who spoke of the extent to which individuals seek some expression and actualization of the self in
their work, and that of Lodahl & Kejner (1965), who defined job involvement in the terms of the degree to which people are identified psychologically with their work and the importance of the work in the individuals self image. This concept of job involvement has been the mainspring energizing the symbiotic relationship between job involvement, performance, and the quality of working life, because the individuals who have their ego development tied in to the job have a higher stake in performing well and there is often a strong desire to satisfy the need for ego identity and development in their jobs.

Paullay, Alliger & Stone-Romero (1994) defined the job involvement as “The degree to which one is cognitively preoccupied with, engaged in, and concerned with one’s present job”. It is one of the key factors of employee’s empowerment and employee’s participation in decision making. Involvement in decision-making and other related matters of one’s job can enhance the performance of employee. It also creates the sense of ownership in employees who are involved in decisions regarding their job and its related activities. According to Ongori (2007), job involvement characterizes the degree to which employees are engaged in or preoccupied with their jobs and the degree to which an individual recognizes with his job. It is also described as the degree to which a job is recognized to be the significant factor in fulfilling one or another need of an employee. Involvement also shows that importance of work is the self image of a worker. Thus involvement is basically persuaded by the reading of an employee about his personal picture of life. And then by the organizational qualities and job attributes (Moynihan & Pandey, 2007). This implies that job involvement is that organizational attitude which tells that how much an employee psychologically identifies with the employer organization and how much one believes that his work is important and enlarges his self-respect.
The connection between work and the individual’s inner world is complex and profound, going well beyond the value of work as a source of income. Among other things, work constitutes part of the individual’s self-image, and hence job involvement is an important means for satisfying deep-seated needs and enabling self-expression. Indeed, Lodahl & Kejner (1965) defined job involvement as the degree of the employee’s personal involvement in his or her job on the psychological level, and distinguished between job involvement and occupational involvement. However, this characterization led to confusion between psychological identification and the employee’s need to invest in his or her job in order to obtain self-esteem. Kanungo (1982) therefore redefined the concept, combining work and job, and maintaining that job involvement is the state of mental or psychological identification with a specific job which depends on both the importance of one’s needs (intrinsic and extrinsic), and the perception of work as satisfying those needs. As the concept and resulting measure he developed are more inclusive and reliable than those developed by Lodahl & Kejner (1965) they were employed in the current study. Researchers contend that job involvement is largely affected by the employee’s personality traits and values, and less by organizational factors (Rabinowitz & Hall, 1977). Riketta & Van Dick (2009) suggests that job involvement contains two overlapping measures: psychological identification with the job, and the level at which work plays a central role in the individual’s life and identity. In other words, job involvement is the degree to which the job situation is *central* to the person and his/her identity (Brown, 1996; Kanungo, 1982; Lodahl & Kejner, 1965).
1.3.1.2 Outcomes of Job involvement

Job involvement refers to the degree to which people are identified psychologically with their jobs. High job involvement is a desirable feature. People with high job involvement have a higher job satisfaction, show a positive attitude at work and express high commitment to their organization and colleagues. Such people rarely think about quitting their job, and they are expected to work for their organization for many years. Job involvement is an important variable which helps to increase the effectiveness of organization, so that the higher the level of employees' job involvement in an organization, the more effective this organization would be. Brown (1996) has linked job involvement to the achievement motivation. He has described employees with high job involvement as the goal-oriented people. However, those employees with low job involvement are characterized by an intense fear of failure. Job involvement is defined as a measure of the extent to which employees are engaged in their jobs. If the employees have the authority of decision-making, responsibility and the speed of work, their job involvement would be increased. Job characteristics such as variety, autonomy, task identity, feedback can result in job involvement. Job involvement can provide information leading to a better use of human resources, because it results in the employees to search for the meaning of their jobs. To increase the employees' job involvement, a comprehensive and realistic approach should be taken with respect to its predictors.

1.3.1.3 Significance of Job involvement

Job involvement has been divided into two separate approaches. First approach is viewed as an individual difference variable where job involvement is believed to occur when the possession of specific needs, values or personal
characteristics affect individuals to become more or less involved in their jobs. The second approach considers job involvement as a reaction to particular work situation distinctiveness (Ekmekci, 2011). According to (Khan et al., 2011) Job involvement, job commitment, and employee job performance are amongst the most studied areas in organizational behavior and human resource management research. Further they added that job involvement has been one of the most useful tools used for increasing employee productivity by improving employee involvement and commitment and satisfaction. On the other hand, job involvement is related to employees perception that how the job takes place in individual life. As much as an individual is positively influenced by his job, the readiness and accomplishment will automatically increase (Ekmekci, 2011). This means that it also creates the meaning of ownership within employees who are involved in decisions concerning their job and its related activities. Research has proved the importance of job involvement with employee commitment. This clearly reveals that those organizations that have job involvement culture, their employees are more committed with organization than those organizations who do not involve their employees (Khan et al., 2011).

Since a person spends a large segment of time at job and the job of person truthfully affects the feature of Job involvement can be considered as one of the significant factors which has vital role over organization’s general performance (Ekmekçi, 2011). Research has shown the significance of job involvement with employee commitment signifying that those organizations that have job involvement culture, their employees are more committed with organization than those organizations who do not involve their employees and organizational commitment can be increased through keeping the employees occupied in their jobs (Khan et al., 2011). Organizational commitments, Job satisfaction and Job involvements’ role over
organizational performance is being conversed within last 30 years. Today, the view of organizational commitment, job satisfaction and job involvement are even more significant since they are considered as the driving forces behind an organization’s overall performance. Organizational commitment, Job satisfaction and Job involvement are independent variables which differ from one culture to other culture an individual is positively affected by his job, the readiness and working will automatically increase (Ekmekci, 2011). Williams & Sandler (1995) are also of the view that involvement and commitment are unified or parts of each other.

1.3.2 Organizational Commitment

Although Job satisfaction has received the most attention of all other work attitudes, organizational commitment has become increasingly recognized in the organizational behavior studies. Researchers argue that, in addition to the feeling of satisfaction or dissatisfaction towards the job, employees may develop a feeling of attachment or commitment toward the organization in which they are employed. Job satisfaction is mainly concerned with the employee’s attitudes toward the job whereas the organizational commitments are mainly concerned with the employee’s attitudes towards the organization.

As with other topics in organizational behavior, a wide variety of definitions and measures of organizational commitments exist. At a very general level, organizational commitment can be thought of as the extent to which employees are dedicated to their employing organization and are willingness to work and how long they will maintain membership. As an attitude, organizational commitment is most often defined as a strong desire to remain a member of a particular organization; a willingness to exert high level of effort on behalf of the organization, and a definite
belief in, and acceptance of the values and goals of the organization. In other words, this is an attitude reflecting employee’s loyalty to their organizations and is an ongoing process through which organizational participants express their concern for the organization and its rules and well being. Meyer and Allen (1991) further refined the definition of organizational commitment by pointing out that there can be multiple bases of commitment, that is, employees may be committed for different reasons, and these reasons constitute unique forms of commitment. They proposed a three component model of commitment consisting of affective, continuance, and normative commitment. Affective Commitment reflects the extent to which employees identify with the organization and feel a genuine sense of loyalty toward it. In contrast, continuance commitment is based on employee’s perception of the relative investments they have made in the organization, and the relative costs associated with seeking membership in another organization. Normative Commitment is based on an employee’s feeling of obligation to the organization, where in remaining member is the morally right thing to do. (Jex, 2006)

In addition to having multiple bases, employees’ commitment may be focused at different levels within the organization and may even be directed to outside groups. For example, an employee may feel a sense of commitment toward his or her organization as a whole, the primary work group to which he or she belongs, and perhaps the leader of this group. Many employees in organizations also feel sense of commitment toward the profession to which they belong. This, in turn, contributes to organizational commitment. This reflects the fact that for employees in most of the organizations, commitment is a multidimensional and a complex construct. Thus, if one was to come up to an employee and ask “How committed are you”? the employee would most likely have a multiple answers.
Two different approaches have been taken in defining organizational commitment (Steers & Porter, 1983). In the first approach, organizational commitment is referred to as a behavior, while in the second approach, organizational commitment is referred to as an attitude. In the behavioral approach, the individual is viewed as committed to an organization if he/she is bound by past actions of "sunk costs" (fringe benefits, salary as a function of age or tenure). Thus, an individual becomes "committed" to an organization because it has become too costly for his/her to leave. In this approach, organizational commitment is depicted as more calculative in nature (Etzioni, 1961). In contrast, in the attitudinal approach, organizational commitment is viewed as a more positive individual orientation toward the organization; here, organizational commitment is defined as a state in which an employee identifies with a particular organization and its goals, and he/she wishes to maintain membership in the organization in order to facilitate its goals.

1.3.2.1 Determinants of Organizational commitment

The determinants of the organizational commitment are not an easy task to uncover. However most of the researchers have approached this by examining the development of each of the 3 bases of commitment proposed by Myer and Allen (1991). If consider affective commitment is considered, a logical supposition might be that employees will tend to develop this kind of commitment if they perceive that the organization is being supportive and or treating them in fair manner.

In fact, researcher has shown that affective commitment is positively related to Variables such as perceived organizational support (POS), procedural justice, job scope, decision making, job autonomy, and perceived competency. Another factor that may impact the development of affective commitment is whether the organization is seen as a source of rewarding outcomes.
Compared to affective commitment, the development of continuance commitment is much straighter forward. Mostly explanations of continuance commitment rely on Becker’s (1960) notion of “side bets” as a mechanism committing one to a course of action. For example, a person has wagered a bet that he/she would lose 20 pounds over six months; this would commit the person to the course of action. When this concept is applied to the work place, we can see very clearly that, employees accumulate a number of “side bets” that commit them to their current employer in the course of time. Another proposed determinant of continuance commitment is the extent to which employees perceive other variables alternatives to the present employer. As might one guess, continuance commitment will tend to be higher among the employees who perceive few alternatives to the present employer.

Compared to affective and continuance forms of commitment much less is known about the development of normative commitment. According to Myer & Allen (1991), personal characteristics and the nature of an employee’s transactions with the organization may impact the development of normative commitment. Perhaps, the most powerful determinant of normative commitment is ultimately the manner in which an organization treats its employees.

1.3.2.2 Outcomes of Organizational commitment

As in the case of Job Satisfaction there are mixed outcomes of Organizational Commitment. Both early and recent researches suggest a positive relationship between Organizational Commitment and desirable outcomes such as performance, turnover, absenteeism, Job involvement, occupational commitment and stress. Yet, as with Job Satisfaction there are some studies that do not show strong or any relationship between Organizational Commitment and the desirable outcomes.
However, most researchers would agree that the organizational commitment is somewhat better predictor of outcome variables than Job Satisfaction.

Commitment research also has a number of practical applications. Organization may impact employee’s feelings of commitment during the socialization process, as well as through other human resources management policies. In general human resources management practices that convey a high level of organizational support while it tends to be associated with high levels of affective and normative commitment. Practices that increase employees’ “sunk costs” tend to engender feeling of continuance commitment. Organizations are typically best served by achieving some balance among affective, continuance and normative commitment among their employees.

A strong relationship between job satisfaction and organizational commitment has been found over the years; even though there are always many employees satisfied with their job but not committed to the organization they work (Luthans, 2002)

1.3.3 Job Satisfaction

Job satisfaction may be the one of the most interesting tiled of organizational behavior and the practice of human resource management. Locke gives a comprehensive definition of job satisfaction as involving cognitive, affective and evaluative reactions or attitudes and states. It is “a pleasurable or positive emotional state resulting from the job.

Every day experiences suggest that humans are evaluative creatures. In the work place, this propensity for evaluation leads employees to develop a feeling of satisfaction or dissatisfaction towards the job which they perform. These feeling of
satisfaction or dissatisfaction towards the job have important consequences on both individual employee and the organization as a whole. So recently, the job satisfaction becomes one of the most heavily studied topics in organizational and industrial psychology. (Jex, 2006).

Luthans, (2005) defines job satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience”. Job satisfaction is a result of employees’ perception of how much their job is important. Job satisfaction is generally defined as the amount of overall positive attitude that individuals have towards their job. In simple terms, the job satisfaction refers to the extent to which people like their job. The term satisfaction firstly introduced by Happock in 1935, According to him job satisfaction is a combination of psychological and environmental circumstances which would make a person bluntly say “I am satisfied with jobs” (Singh & Warrior, 1994).

Job satisfaction is basically up to an individual matter. Job satisfaction is the result of various attitudes that an employee holds towards his job. These attitudes are concerned with such factors as age, health, wages, supervision, and steadiness of employment, condition of work and advancement opportunities. Further, they are also concerned with his family relationship, social status, political or purely social status. Ultimately all these factors contribute to job satisfaction.

In retrospect, three major schools of thought or historical trends can be identified concerning the factors that are believed to be most conductive to employees’ job satisfaction. The physical economic school emphasized the role of the physical arrangement of the work, physical work in condition and pay. Its major proponents were Taylor and the British Industrial health research board and most of the American researchers of the 1920’s. The social school, beginning in the 1930’s,
emphasized the role of the good supervision, cohesive work group and friendly employee management relations. The contemporary school emphasizes the attainment of satisfaction through growth in skill; efficacy and responsibility that world may require one to do mentally challenging work successfully.

Theory and research suggest that there are four main factors which contribute to job satisfaction. The first factor is the level of desired outcomes which people receive. Secondly, when people get desired outcomes unexpectedly, they are more satisfied than they would be, if they had expected the rewards. Thirdly, people’s concern that whether their reward is equitable. If their level of compensation is far above or far below what they perceive to be equitable, they will be dissatisfied. Finally, people differ in the account of the certain outcomes which they desire. This seems to be especially so in regard to freedom and autonomy of the job. (Gilmer &Deci 1977).

There are three important dimensions to job satisfaction. First, it is an emotional response to a job situation. As such, it can’t be seen, but it can only be inferred. Second, it is often determined by how well outcomes meet or exceed expectation. Third, job satisfaction represents several related attitudes.

1.3.3.1 Causes of Job satisfaction

There are six major organizational factors which contribute to an employee’s attitude towards his or her job: pay, opportunities for promotion, the nature of work, policies of the organization, working conditions and personal factors.

Wages: Wages play a significant role in influencing job satisfaction. This is because of two reasons. First, money is an important instrument in fulfilling one’s needs; and second, employees often see pay as a reflection of management’s concern for them.
**Promotions:** Promotional opportunities affect job satisfaction considerably. The desire for promotion is generally strong among employees, as it involves change in job content, pay, responsibility, independence, status and the like. An average employee in a typical government organization can hope to get two or three promotions in his entire service, though chances of promotion are better in the private sector.

**Nature of work:** Most employees crave intellectual challenges in jobs. They tend to prefer being given opportunities to use their skills and abilities and being offered a variety of tasks, freedom, and feedback on how well they are doing. These characteristics make jobs mentally challenging. Jobs that have too little challenge create boredom. But too much challenge creates frustration and a feeling of failure. Under conditions of moderate challenge, employees get pleasure and satisfaction.

**Organizational policies and procedures:** Organizational policies include the basis for effecting promotions (seniority versus merit), transfer of people, foreign assignments, lay-off and retrenchment, appraisal and reward systems, motivational methods, skill based versus job based pay, and the like.

**Working Conditions:** Working conditions that are compatible with an employee’s physical comfort and that facilitate doing a good job contribute to job satisfaction. Temperature, humidity, ventilation, lighting and noise, hours of work, cleanliness of the work place, and adequate tools and equipment are the features which affect job satisfaction.

**Personal factors:** Personal attributes of the individual employee play a very important role as to whether they are happy at the job or not. People who generally hold negative attitudes are always dissatisfied with their job. It doesn’t matter even if
the job is good. Age, seniority and tenure also have considerable influence on job satisfaction. It is expected that, as people grow older, they seem to be more satisfied. Likewise people with tenure are expected to be highly satisfied with their job. Some of the personality traits such as self-esteem, maturity, self assurance, decisiveness and responsibility are directly related to the job satisfaction. (Aswathappa, 2010)

1.3.3.2 Outcomes of Job satisfaction

Job satisfaction has a variety of effects. These effects may be seen commonly in the context of productivity, performance, absenteeism and turnover.

Satisfaction and productivity

This “satisfaction-performance controversy” has raged over the years. Although most people assume a positive relationship, the preponderance of research evidence indicates that there is no strong linkage between satisfaction and productivity.

Satisfaction and turnover

Unlike the linkage between satisfaction and productivity, research has uncovered a moderate relationship between satisfaction and turnover. High job satisfaction will not always keep turnover low, but it does seem to help. In other words, if there is no considerable job satisfaction, there is likely to be a high turnover.

Satisfaction and absenteeism

Research has pretty well demonstrated an inverse relationship between satisfaction and absenteeism. When satisfaction is high, absenteeism tends to be low, when satisfaction is low, absenteeism tends to be high.

Highly satisfied employees learn job related tasks more easily and quickly and they commit fewer mistakes. They have fewer grievances about the job and
management. The degree of Job satisfaction affects an individual’s physical and mental health. Since job satisfaction is a type of mental feeling, its favorableness or unfavourableness affects the individual psychologically. This ultimately turns to affect physical health as well. For example, Lawler has pointed that drug abuse, alcoholism, and problem in mental and physical health may result from psychologically harmful job. (Luthans, 2005)

The overall discussion shows the assertions of the most organizational researchers as well as practicing managers would argue that job satisfaction is important to an organization. Some critics have argued, however, that this is pure conjecture because there we don’t know so much about the positive effects of satisfaction. On the other hand, when job satisfaction is low, there seem to be negative effects on the organization that have been documented. Seen from this perspective, job satisfaction is of value to the effectiveness of organization. More importantly, it deserves to be studied and applied in the field of organizational behavior.

According to Morrow (1983), job involvement and organizational commitment and Job satisfaction are related, but distinct, types of work attitudes because of their different referents. For employees with a high level of job involvement, the job is important to one's self-image (Kanungo, 1982). These individuals identify with and care about their jobs. Employees with a high level of organizational commitment and Job satisfaction feel positively about the organizations they work for and they feel happy about their personal and occupational life. They identify with a particular organization and wish to maintain membership in it (Porter, Crampon, & Smith, 1976). Workers with high levels of both job involvement and commitment should be the most motivated because they are attracted by both the job and the organization. As such, job involvement and organizational
commitment may function as interactive "orientations.” For example, the job itself can help an individual meet his/her intrinsic growth needs (Kanungo, 1982); while the organization can help an individual meet his/her social and other extrinsic reward needs (Angle & Perry, 1983; Sheldon, 1971). Also, based on past empirical research, it seems that job involvement, job satisfaction and organizational commitment complement one another as predictors of turnover and absenteeism.

Considering the importance of physicians in the success of a hospital, the current research study was conducted in government and Private hospitals in Kerala and attempts to find the association among three important job attitude of employees i.e. Job satisfaction, job commitment and job involvement which are considered to be most important factors for enhancing employees’ as well as organizational performance.

1.4 Psychological Well-being

Well-being is a broad term capturing the importance of both psychological and physical exploration and health in one’s life. The concept of well-being can be used to understand happiness, an individual’s outlook on life, and life satisfaction. The definition and description of well-being is grounded in two distinct paradigms; the first is hedonism, “the view that well-being consists of pleasure or happiness,” and the second is eudemonism, grounded in the idea that “well-being consists of fulfilling or realizing one’s true nature”. Understanding well-being in employees reveals more about their work experience, including how they are impacted by the different aspects in the organization. Psychological Well-being is related to the quality of work life to life satisfaction. In addition, well-being can be related to self-esteem, work motivation, job attitudes, work personality, coping of work stress and mood including positive effects such as happiness, vigour, and morale, and negative affects such as
anxiety and depression. So the Psychological Well-being playing a vital role in occupational life and family life. Hence the researches and studies regarding this may positively enhance the total life aspects of individual employees. The concept of “Psychological Well-being” acquired more importance in the field of Psychology over the last decade and in recent years Psychological Well-being is the focus of intense research attention (Diener & Diener, 1995).

Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one’s life that is when a person gives conscious evaluative judgments about one’s satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person’s ability to function in his or her daily life.
The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence, and affection. The concept of functioning effectively (in a psychological sense) involves the development of one’s potential, having some control over one’s life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships.

Recent years have witnessed an exhilarating shift in the research literature from an emphasis on disorder and dysfunction to a focus on well-being and positive mental health. This paradigm shift has been especially prominent in current psychological research (Ryff & Singer, 1998; Seligman, 1991). But it has also captured the attention of epidemiologists, social scientists, economists, and policy makers. This positive perspective is also enshrined in the constitution of the World Health Organization, where health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). More recently, the WHO has defined positive mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001). This recent flowering of research on mental well-being has come about for a number of reasons, chief amongst them being:

1. The recognition that, since well-being is more than the absence of ill-being, it needs to be studied in its own right.
2. The need to distinguish between these approaches to improving psychological well-being: (a) treating disorder when it is present; (b) preventing disorder from occurring; and (c) enhancing well-being (i.e. increasing flourishing).
3. Evidence that many of the drivers of well-being are not the same as the drivers of ill-being.

4. The strong possibility that, by increasing flourishing in the population, we might do more to reduce common mental and behavioral problems than by focusing exclusively on the treatment and prevention of disorder.

1.4.1 Ryff’s Six dimension model of Psychological Well-being

Ryff (1989) developed a multidimensional model of well-being called psychological well-being, which includes 6 dimensions: positive relations with others, environmental mastery, self-acceptance, autonomy, personal growth, and purpose in life. These six dimensions define Ryff's conceptualization of psychological well-being both theoretically and operationally, and they identify what promotes effective mastery of life and emotional and physical health. They are briefly summarized here.

**Self-acceptance:** The most recurrent criterion of well-being evident in the previous perspectives is the individual's sense of self-acceptance. This is defined as a central feature of mental health as well as a characteristic of self-actualization, optimal functioning, and maturity. Life span theories also emphasize acceptance of self and of one's past life. Thus, holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning. **Positive relations with others:** Many of the preceding theories emphasize the importance of warm, trusting interpersonal relations. The ability to love is viewed as a central component of mental health. Self-actualizers are described as having strong feelings of empathy and affection for all human beings and as being capable of greater love, deeper friendship, and more complete identification with others. Warm relating to others is posed as a criterion of maturity. Adult developmental stage theories also emphasize the achievement of close unions with others (Intimacy) and the guidance and direction of
others (generativity). Thus, the importance of positive relations with others is repeatedly stressed in these conceptions of psychological wellbeing. **Autonomy:** There is considerable emphasis in the prior literature on such qualities as self-determination, independence, and the regulation of behavior from within. Self-actualizers, for example, are described as showing autonomous functioning and resistance to enculturation. The fully functioning person is also described as having an internal locus of evaluation, whereby one does not look to others for approval, but evaluates oneself by personal standards. Individuation is seen to involve a deliverance from convention, in which the person no longer clings to the collective fears, beliefs, and laws of the masses. The process of turning inward in the later years is also seen by life span developmentalists to give the person a sense of freedom from the norms governing everyday life. **Environmental mastery:** The individual's ability to choose or create environments suitable to his or her psychic conditions is defined as a characteristic of mental health. Maturity is seen to require participation in a significant sphere of activity outside of self. Life span development is also described as requiring the ability to manipulate and control complex environments. These theories emphasize one's ability to advance in the world and change it creatively through physical or mental activities. Successful aging also emphasizes the extent to which the individual takes advantage of environmental opportunities. These combined perspectives suggest that active participation in and mastery of the environment is important ingredients of an integrated framework of positive psychological functioning. **Purpose in life:** Mental health is defined to include beliefs that give one the feeling there is purpose in and meaning to life. The definition of maturity also emphasizes a clear comprehension of life's purpose, a sense of directedness, and intentionality. The life span developmental theories refer to a variety of changing
purposes or goals in life, such as being productive and creative or achieving emotional integration in later life. Thus, one who functions positively has goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful. **Personal growth:** Optimal psychological functioning requires not only that one achieve the prior characteristics, but also that one continue to develop one's potential, to grow and expand as a person. The need to actualize oneself and realize one's potentialities is central to the clinical perspectives on personal growth. Openness to experience, for example, is a key characteristic of the fully functioning person. Such an individual is continually developing and becoming, rather than achieving a fixed state wherein all problems are solved. Life span theories also give explicit emphasis to continued growth and the confronting of new challenges or tasks at different periods of life. Thus, continued personal growth and self-realization is a prominent theme in the aforementioned theories. It may also be the dimension of well-being that comes closest to Aristotle's notion of eudemonia as described earlier

### 1.4.2 Causes and consequences of Psychological Well-being

**Genetic Factors**

There can be no doubt that an individual’s genotype also has an influence on the development of Psychological well-being and Resilience to stress. Recent research has shown that the short allele variant of the serotonin transporter gene confers vulnerability to depression, but only when there are appropriate environmental triggers, while the long allele variant acts as a resilience or protective factor (Caspi et al., 2003). More recently this gene has been found to affect brain activation in those regions involved in processing emotion. The observed effect on brain function may mediate a genetic susceptibility for mood disorders. While research is advancing
rapidly on genes which confer increased risk of psychological disorders, research is also needed to identify whether there are genes which increase the probability of psychological flourishing.

**Personality**

One of the strongest predictors (drivers) of our usual emotional style is personality, particularly the dimensions of extraversion and neuroticism. Extraversion (sociability) is strongly associated with a positive emotional style, while neuroticism is associated with a negative emotional style (Argyle & Lu, 1990; Diener, Suh, Lucas, & Smith, 1999). Thus, neuroticism appears to drive negative mood and common mental disorders, whereas extraversion drives positive emotional characteristics. Personality is related not only to how we feel but also to how well we function psychologically. Cross-sectional studies have shown strong associations between psychological well-being and both extraversion and neuroticism.

**Demographic Factors**

Demographic characteristics also show some differential effects for wellbeing and ill-being. Women have substantially higher rates of symptoms (or diagnosis) of common mental disorders such as anxiety and depression than men, but the effect of gender is much less clear when it comes to mental well-being. The association between age and mental well-being is also complex, usually find a U-shaped relationship with age: younger and older people tend to have higher well-being scores than the middle aged, although there may be a decline in well-being among the very old (Clark & Oswald, 1994).

Being married is usually associated with higher life satisfaction and lower rates of psychological ill health. But the direction of causation is not clear, since
individuals with high levels of psychological well-being are more likely to get married (Diener, 2000). Some longitudinal studies have found that, while getting married is good for one’s psychological well-being, *being* married may not be (Zimmermann & Easterlin, 2006). Recent studies have shown that one dimension of well-being, autonomy, is higher among women who have been divorced or separated, compared with married or never-married women. There is also evidence, from both the US and the UK, that having children living in the household is not good for women’s happiness and that women have higher psychological well-being if children over the age of 16 have left home.

**Socioeconomic Factors**

Major socioeconomic factors tend to have comparable effects on mental well-being and mental ill-being. In general, there is a social gradient whereby higher levels of income and socioeconomic status are associated with higher levels of well-being and lower rates of disorder (Ryff & Singer, 1998), although this effect diminishes at progressively higher levels of income. Income inequality is associated with both well-being and psychological disorder. Higher national income inequality is linked to a higher prevalence of mental illness (Pickett, James, & Wilkinson, 2006) and lower scores on well-being measures. Unemployment has long been associated with the presence of mental health problems and lower levels of life satisfaction. In many studies, the direction of causality cannot be ascertained, but data from some longitudinal studies demonstrate that people who started out relatively happy became unhappy after they were unemployed. Contextual factors also influence the relationship between unemployment and well-being; where unemployment is normative (that is, in areas of high unemployment) the impact on individuals appears
to be less (Shields & Wheatley Price, 2005), although the social impact may be very serious.

1.4.3 Psychological Well-being leads to better physical health

It has long been known that negative emotions are related to a higher prevalence of disease, but how strong is the evidence for a link between positive mental states and health? Evidence from both longitudinal and experimental studies shows that a positive emotional style has a beneficial effect on physical health and survival. In a famous longitudinal study, the Nun Study, it was discovered that the ageing nuns had all written brief autobiographies when they had entered the convent (generally around age 20), and these autobiographies were categorized according to the number of positive statements they contained. Danner, Snowdon, & Friesen (2001) reported that nuns in the lower half of the distribution of positive statements died on average 9 years sooner than those in the top category of positive statements. This finding is particularly remarkable because, from their early twenties, the lives of the nuns were as similar as human lives can be, so the difference in survival was not related to their lifestyle or circumstances in the intervening period, but to their positive emotions six decades earlier. An important physiological mediator underlying the relationship between positive emotions, health, and survival is likely to be the functioning of the immune system. This has been confirmed in experimental studies, such as those by Cohen and his colleagues.

In a recent review of well-designed prospective and experimental studies, Pressman & Cohen (2006) conclude that there is firm evidence for a beneficial effect of positive emotions on physical health and survival, and that this effect may be independent of the level of negative emotion. Indeed, some of the studies cited above
suggest that, in the general population, positive affect (or the lack of it) may exert a more powerful effect on health and physiology than the presence of negative affect. This startling conclusion may have hitherto been obscured by the focus on pathology which has dominated biomedical science. Pathology-oriented research used measures which fail to differentiate between the presence of negative experiences and the absence of positive experiences. There are a number of pathways through which positive emotions can exert their beneficial effects on health. Evidence cited above supports the view that positive mental states can have direct effects on physiological, hormonal, and immune function which, in turn, influences health outcomes. Behavioural and social factors may also mediate the link between positive emotions and health. Happier people tend to have healthier lifestyles (Watson, 1988), more friends, and also more positive interpersonal experiences (Diener et al., 1999). Thus, the health benefits of positive emotional states may not be directly attributable to positive feelings, but to health practices or social factors that are known to have beneficial effects on health and life expectancy. The social factor which has been most studied in relation to health is that of receiving social support—well known to moderate or protect against physical and mental health problems. More recent evidence has identified the powerful role of providing support to others. In a prospective study of hundreds of elderly couples, Brown and her colleagues (Brown, 1996) found that mortality was greatly reduced in individuals who reported providing instrumental or emotional support, compared to those who did not, and this effect remained after adjustment for a host of potential health, behavioral, and socio-demographic confounders.
1.5 Resilience

Resilience has increasingly become a focus of research and clinical interventions in psychology (Block & Kremen, 1996). The ever present nature of stressful events and their effects on health will likely continue to fuel the growing interest in resilience. At workplace, Resilience has been described in terms of mitigating the effects of stress through the use of behaviours that facilitate adaptation and permit individuals to function beyond the norm in spite of significant stress (Tusaie & Dyer, 2004). Luthans et al. (2008) argued that employees who possess personal resources, such as optimism, self-efficacy, self-esteem, resilience and active coping style will assist them to control their work environment and to achieve career success.

Like well-being, frequent and extensive studies concerning the resilience of employees in different organizations are very necessary because in this highly-competitive business milieu, organizations are looking for the methodologies that will turn "good" into "great". To do this, organizations need to work on the resilience of the employees. Resilience generally refers to a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk. Resilience is an individual's ability to generate biological, psychological and social factors to resist, adapt and strengthen it, when faced with an environment of risk, generating individual, social and moral success. Resilience has been shown to be more than just the capacity of individuals to cope well under adversity. Resilience is better understood as the opportunity and capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that may sustain their well-being, and their opportunity and capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways. In the
growing field of positive psychology in work settings, Resilience is highlighted as a strength that can assist people in positive work life and personal life adaptation

1.5.1 What is Resilience?

Recently, the field of mental health has seen a shift in focus from a deficit-oriented approach to a strengths-based approach, which encompasses an interest in the strengths that are associated with healthy adjustment trajectories, such as resilience. In the growing field of positive psychology, Resilience is highlighted as a strength that can assist people in positive life adaptation (Masten & Reed, 2005). Resilience has been broadly defined as the capacity to positively adapt to, or regain levels of functioning after difficult life experiences. Furthermore, it has been proposed that resilience constitutes not just recovery, but growth and strengthening from adversity (Bonanno, 2004). Resilience has also been described as a measure of stress-coping ability (Connor & Davidson, 2003), and Werner’s (1995) conception of resilience emphasized sustained competence under stress. Resilience enquiry originally emerged through research that explored the characteristics of young people living in high-risk situations, such as poverty or abuse, which appeared to thrive in the face of adversity (Garmezy, 1991). Resiliency has been defined in a variety of ways in psychological literature identified. The resilience approach in psychology is considered as the study of what circumstances contribute to successful consequences in the face of adversity. Thus, Resilience could be viewed as the ability to overcome adversity and be successful in spite of exposure to high risk. Resiliency has been also perceived as resourceful adaptation to changing circumstances and environmental contingencies (Block and Block, 1980) identified. Resiliency has also been seen as the capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event (Garmezy, 1991). The positive pole of
individual differences in people's responses to stress and adversity has also etched out in the definitions of resilience (Rutter, 1987). Thus, resiliency is identified as a personal trait of the individual that permits adaptive coping, the ability to survive and sometimes even to thrive, in the face of adverse circumstances.

Richardson and his colleagues (1990) contended that resiliency is “the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event”. While Wolins & Wolins (1993) defined resiliency as the “capacity to bounce back, to withstand hardship, and to repair yourself. Resiliency, or Resilience, is commonly explained and studied in context of a two dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity (Luther & Cicchetti, 2000). While the construct of resilience is examined across various studies and scholarly articles, there is little consensus as to how researchers define adversity, let alone what defines positive adjustment outcomes. Resiliency is also defined as a “positive adaptation…is considered in a demonstration of manifested behavior on social competence or success at meeting any particular tasks at a specific life stage” (Luthar & Cicchetti, 2000).

Most of us are ordinary people. However, every one of us has extraordinary possibilities and strengths. Everyone stumbles and falls from time to time, but each of us has the capability to get back up and carry on. We call this ability to get up and get going resilience. Once we understand how to respond to challenges in life with resilience, downturns are not so overwhelming, defeating, or destructive. Resilient people respond to life’s challenges with courage and emotional stamina, even when they are afraid. Downturns become challenges to face head-on and overcome. Even though we have no control over many events in our life—accidents, natural disasters,
crime, illness, the economy, etc. we can control how we respond to these events, and we can choose to do so with resilience. Does Resilience really matter? Is it really important? After years of research into resilience, and having heard from thousands of individuals about their own resilience, it is becoming increasingly clear that resilience is very important to a person’s health, both mental and physical. Our own research has shown that resilience protects against (and reverses) depression, anxiety, fear, helplessness, and other negative emotions, and thus has the potential to reduce their associated physiological effects.

You can strengthen your Resilience by enhancing your Resilience core, which is made up of the five essential characteristics of resilience:

1. Meaningful life (purpose)
2. Perseverance
3. Self reliance
4. Equanimity
5. Coming home to yourself (existential aloneness)

**1.5.2 Psychological Perspectives of Resilience**

It is an individual's ability to cope with stress and adversity. This coping may result in the individual "bouncing back" to a previous state of normal functioning, or simply not showing negative effects. A third, more controversial form of resilience is sometimes referred to as 'posttraumatic growth' or 'steeling effects' where in the experience adversity leads to better functioning (much like an inoculation gives one the capacity to cope well with future exposure to disease). Resilience is most commonly understood as a process, and not a trait of an individual.
Recently there has also been evidence that resilience can indicate a capacity to resist a sharp decline in functioning even though a person temporarily appears to get worse. A child, for example, may do poorly during critical life transitions (like entering junior high) but experience problems that are less severe than would be expected given the many risks the child faces.

There is also controversy about the indicators of good psychological and social development when resilience is studied across different cultures and contexts. The American Psychological Association’s Task Force on Resilience and Strength in Black Children and Adolescents, for example, notes that there may be special skills that these young people and families have that help them cope, including the ability to resist racial prejudice. Researchers of indigenous health have shown the impact of culture, history, community values, and geographical settings on resilience in indigenous communities. People who cope may also show "hidden resilience" when they don’t conform to society’s expectations for how someone is supposed to behave (in some contexts, aggression may be required to cope, or less emotional engagement may be protective in situations of abuse). In all these instances, Resilience is best understood as a process. It is often mistakenly assumed to be a trait of the individual, an idea more typically referred to as "resiliency". Most research now shows that resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. These processes can be individual coping strategies, or may be helped along by good families, schools, communities, and social policies that make resilience more likely to occur. In this sense "Resilience" occurs when there are cumulative "protective factors". These factors are likely to play a more and more important role the greater the individual’s exposure to cumulative "risk
factors". The phrase "risk and resilience" in this area of study is quite common. Commonly used terms, which are closely related within psychology, are "Psychological Resilience", "Emotional Resilience", "Hardiness", "Resourcefulness", and "Mental toughness". The earlier focus on individual capacity which described as the "invulnerable child" has evolved into a more multilevel ecological perspective and more recently discussed in the work of Michael Ungar (2004). The focus in research has shifted from "protective factors" toward protective "processes"; trying to understand how different factors are involved in both promoting well-being and protecting against risk.

1.5.3 History of research on Resilience

Garmezy (1991) published the first research findings on Resilience. He used epidemiology, which is the study of who gets ill, who doesn't, and why, to uncover the risks and the protective factors that now help define resilience. Garmezy (1991) then created tools to look at systems that support development of resilience.

Werner & Smith (1982) was one of the early scientists to use the term resilience in the 1970s. She studied a cohort of children from Kauai, Hawaii. Kauai was quite poor and many of the children in the study grew up with alcoholic or mentally ill parents. Many of the parents were also out of work. Werner noted that of the children who grew up in these very bad situations, two-thirds exhibited destructive behaviors in their later teen years, such as chronic unemployment, substance abuse, and out-of-wedlock births (in case of teenage girls). However one-third of these youngsters did not exhibit destructive behaviours. Werner called the latter group 'resilient'. Resilient children and their families had traits that made them different from non-resilient children and families.
Resilience emerged as a major theoretical and research topic from the studies of children of schizophrenic mothers in the 1980s. In Masten & Reed (2005) showed that children with a schizophrenic parent may not obtain comforting care giving compared to children with healthy parents, and such situations had an impact on children’s development. However, some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers to make efforts to understand such responses to adversity.

In the onset of the research on resilience, researchers have been devoted to discovering the protective factors that explain people’s adaptation to adverse conditions, such as maltreatment, catastrophic life events, or urban poverty. The focus of empirical work then has been shifted to understand the underlying protective processes. Researchers endeavor to uncover how some factors (e.g. family) may contribute to positive outcomes.

1.5.4 Factors related to Resilience

Several factors are found to modify the negative effects of adverse life situations. Many studies show that the primary factor is to have relationships that provide care and support, create love and trust, and offer encouragement, both within and outside the family. Additional factors are also associated with resilience, like the capacity to make realistic plans, having self-confidence and a positive self image, developing communications skills, and the capacity to manage strong feelings and impulses.

Another protective factor is related to moderating the negative effects of environmental hazards or a stressful situation in order to direct vulnerable individuals to optimistic paths, such as external social support. More specifically, Werner (1995)
distinguished three contexts for protective factors: (1) personal attributes, including outgoing, bright, and positive self-concepts; (2) the family, such as having close bonds with at least one family member or an emotionally stable parent; and (3) the community, like receiving support or counsel from peers.

Besides the above distinction on resilience, research has also been devoted to discovering the individual differences in resilience. Self-esteem, ego-control, and ego-resiliency are related to behavioral adaptation. For example, maltreated children who feel good about themselves may process risk situations differently by attributing different reasons to the environments they experience and, thereby, avoid producing negative internalized self-perceptions. Ego-control is "the threshold or operating characteristics of an individual with regard to the expression or containment" (Block & Block, 1980) of their impulses, feelings, and desires. Ego-Resilience refers to "dynamic capacity to modify his or her model level of ego-control, in either direction, as a function of the demand characteristics of the environmental context" (Block & Block, 1980).

Maltreated children, who experienced some risk factors (e.g., single parenting, limited maternal education, or family unemployment), showed lower Ego-Resilience and intelligence than non maltreated children (Cicchetti et al., 1993). Furthermore, maltreated children are more likely than non maltreated children to demonstrate disruptive-aggressive, withdraw, and internalized behavior problems (Cicchetti et al., 1993). Finally, ego-resiliency, and positive self-esteem were predictors of competent adaptation in the maltreated children (Cicchetti et al., 1993). Demographic information (e.g., gender) and resources (e.g., social support) are also used to predict resilience. Examining people's adaptation after the 9/11 attacks showed women were
associated with less likelihood of resilience than men. Also, individuals who were less involved in affinity groups and organizations showed less resilience.

1.5.5 Expressions of Resilience

Resilience can be described by viewing:

1. Good outcomes despite high-risk status,

2. Constant competence under stress,

3. Recovery from trauma

4. Using challenges for growth that makes future hardships more tolerable.

Resilience describes people who are expected to adapt successfully even though they experience risk factors that ‘stack the odds’ against them experiencing good development. Risk factors are related to poor or negative outcomes. For example, poverty, low socioeconomic status, and mothers with schizophrenia are coupled with lower academic achievement and more emotional or behavioral problems. Risk factors may be cumulative, carrying additive and exponential risks when they co-occur. When these risk factors happen, according to a study conducted on children, resilient children are capable of developing well, without showing behavioral problems. Additionally, they are more active and socially responsive. These positive outcomes are attributed to some protective factors, such as good parenting or positive school experiences.

Resilience is also treated as an effective coping mechanism when people are under stress, such as divorce. In this context, Resilience is relevant with sustained competence exhibited by individuals who experience challenging conditions. Most research built on this perspective focuses on the children’s response to parents’
divorce in terms of gender. Boys show more conduct problems than do girls; girls obtain more support from mothers and are less exposed to family conflict than boys. Although divorce may have some negative impacts on children’s development, it may help children in single households to become more responsible than those in dual-parents households because of helping with chores. Some protective factors attributing to resilient children in single-family, for example, are adults caring for children during or after major stressors (e.g., divorce), or self-efficacy for motivating endeavor at adaptation.

Finally, Resilience can be viewed as the phenomenon of recovery from a prolonged or severe adversity, or from an immediate danger or stress. In this case, Resilience is not related to vulnerability. People who experience acute trauma, for example, may show extreme anxiety, sleep problems, and intrusive thoughts. Over time, these symptoms decrease and recovery is likely. This realm of research shows that age and the supportive qualities of the family influence the condition of recovery. The Buffalo Creek dam disaster, for example, had longer effects on older children than on younger. Additionally, children with supportive families show fewer symptoms (e.g., dreams of personal death) than children from troubled families, as revealed by a study on victims of the 1976 Chowchilla, California bus kidnapping.

1.5.6 Medical profession and Resilience

Nurses and doctors attitudes and behaviours toward patients would significantly affect patients’ perceived service quality and satisfaction. Moreover, the quality of medical care has a strong effect on healthcare organizations’ ability to provide services at the desired professional standard. For that reason, doctors and other medical professionals should perform in favorable attitude in the form of work engagement. Work engagement has been recognized as one of the positive states,
which is considered to be the opposite of burnout based on the emergence of positive psychology – the scientific study of human strength and optimal functioning proposed by Seligman & Csikszentmihalyi (2000). According to Schaufeli et al. (2006), engaged employees have a sense of energetic and effective relation with their job, and more likely to perceive that they are capable of managing their job demands. Moreover, a study by Schaufeli & Van Rhenen (2006) has revealed that engaged employees are more productive as they often experienced positive emotions. To foster high work engagement within the medical workforce, doctors and Medical professionals as boundary-spanners of healthcare institutions need to have greater resilience. Tusaie & Dyer (2004), argued that resilience among Medical professionals is identified as important for them in their day-to-day work. The nature of workplace adversity for Medical professionals requires them to build the inner strengths in the form of resilience, so that they are able to manage with and protect themselves from the effects of workplace adversity. Without this inner strength, Medical professionals may experience negative feelings such as burnout and depression. Moreover, Medical professionals’ occupational settings will always surround with elements of stressful, traumatic situations, and episodes of hardship. Medical professionals with high resilience are believed to be able to combat these adverse affects efficiently, which in turn, will lead to higher work engagement and better service quality. Furthermore, within healthcare organizations, doctors are considered to be intrinsically stressful professionals (Decker, 1997). The nature of their jobs is continuously confronted with sufferings, deaths and patients’ grief, whilst at the same time they have routine tasks to perform. Under such circumstance, psychological capital with regards to “Resilience” may possibly to be one of the important resources that necessary for employees to manage stressful work environment (Lazarus & Folkman, 1984). It
could be argued that medical school selection should focus on finding a broad cohort of capable and stable students with a positive attitude toward their medical career. Students who will cope with their workload, maintain their curiosity and commitment, and have an open mind to try new things, accept failure, learn from it and move on. These attributes are the fundamental basics of resilience and well-being as they are applicable to stable successful doctors. Clearly we should seek medical students who are resilient and mature, as described here, while recognizing that people can be helped to develop in resilience and well-being. We have shown that high resilience is associated with a mature and stable personality profile consistent with these attributes and now summarize them and their relevance to doctors. Person who is highly cooperative and understanding are able to accept and empathies with others’ opinions or behaviours, even if contrary to their own. They don’t lose sight of their own principles but work out a solution to achieve the best outcome for everyone. These positive relationships imply a positive affective style which is highly desirable in doctors and health professionals in general. Resilience has a strong negative correlation with the temperament trait Harm Avoidance which reflects a heritable bias observed as anxiety and pessimistic worry in anticipation of problems. This inverse relationship suggests that persons low in Harm Avoidance is less anxious, more decisive and can confidently communicate with colleagues and patients. These individuals are optimistic, comfortable with accepting a degree of risk and are better at adapting to challenge than individuals who are negative and worry (Simeon et al., 2007).

1.6 Need and Significance

Positive psychology is an emerging field so the scientific and systematic researches and studies are necessary to explore this field to use its principles and
theories in applied level. The application of positive psychology is broaden to reach all areas where the optimum level of human functioning is needed. Researches in positive psychology have produced clear evidence that the application of constructs in positive psychology is very high in occupational settings especially in health care settings.

The present social circumstances the health concern among the people has been increasing day by day and also the diseases and diseased situations. In such circumstances, hospital is the one of the most significant social institution that is primarily concerned with health. There have been numerous changes in the health care system, including cost-containment efforts, the increased growth of managed care, and shortages of many health professionals. It is important to assess the impact of these changes are having on the quality of health care delivery and the way various health professionals view their jobs. Doctors and health professionals who responded to a survey reported that there have been many more negative than positive changes in the health care system, including less job security, efficiency, and time available to spend with individual patients and increases in workload, paperwork, and control of health care by insurance companies. These negative changes in the health care system lead health professionals to report a high level of work-family conflict and other work related attitude problems.

In this highly-competitive 21st century, hospitals are a different world. The technological changes, globalization, competition and uncertain or rapid changes in health related problems made the hospitals to look for the methodologies that will turn "good" into "great". To do this hospitals should be unique intellectual and need to germinate and enhance the positive constructs like hope, optimism, and resilience, well-being etc. because it have been linked to higher job satisfaction, work happiness,
and organizational commitment. Also, positive employee characteristics, such as optimism, kindness, humor, and generosity are expected to relate to higher levels of job performance.

A profession is defined as an occupation with ethical components that is devoted to the promotion of human and social welfare. A profession should be intellectual, scientific, require higher education, self governing, service oriented, and it should provide personal and economic security for its member. Doctors helps to attain this objective by applying scientific knowledge and skills to the services, which includes caring for the sick, promotion and restoration of health and prevention of diseases. The professional health services meet the physical, psychological, spiritual and social needs of human being. The hospitals having many types of staffs but doctors are one of the main contributors among them. The doctors and their services have a vital role in the world’s health. But majority of them faces difficulty such as adjustment problems, occupational stress, low life satisfaction and emotional problems etc.

Doctors in particular need high Psychological Well-being, Resilience and positive Job attitudes because they represent hospital to the public; they interact with the highest number of people with in the hospital. They also have to extend their services to the community.

The health and well being of medical doctors is vital to their longevity and safe practice. The concept of Resilience and Psychological Well-being is recognized as a key component of Job related attitudes and is an important factor in medical training to help doctors learn to cope with challenge, stress, and adversity. Accordingly, the health care environment is likely to be important as an influence on resilience and well-being in medical students and doctors. Whatever promotes the
personal well-being of physicians is likely to enhance their ability and longevity as effective health-care providers in the health care system. The further utility of the close relationship between resilience, well-being and personality may have implications as an adjunct to selection processes, as well as in health promotion and treatment efforts among physicians.

In health care; there is little empirical evidence about provider evidences on Job attitudes and psychological wellbeing. In reviewing the literature, there are not many evidences that connect Job attitudes with Psychological Well-being and Resilience. Whereas some researchers have found direct relationships between Psychological Well-being and Resilience; Resilience and job attitude in other fields. Anyway, the mediating effect of Resilience and Psychological Well-being on Job attitude has not been examined in previous researches. Hence the researcher decided to study the impact of Psychological Well-being and Resilience on Job attitude of doctors working in Government and Private hospital. In Indian context, especially in South Indian scenario such studies are very rare. So an investigation related to the above mentioned variables may positively enhance the knowledge about the medical practitioners.

1.7 Definition of the terms used

Job attitudes: Job Attitude refers to learned predispositions of doctors towards the aspects of hospital environment. They are positively or negatively directed towards certain people, service or institutions”

Resilience: Resilience could be viewed as the ability of the physicians to overcome adversity and be successful in spite of exposure to high risk in the hospital. Resiliency has been also perceived as resourceful adaptation to changing circumstances and environmental contingencies identified in the hospital.
**Psychological Well-being:** Psychological Well-being referred “as physician’s cognitive and affective self evaluations”. The concept of well-being implies more than the mere absence of negatives in physicians life, it is intended to imply a posit

1.8 Objectives

1. The main objective of the study is to explore the impact of Psychological Well-being, Resilience on Job attitudes of Doctors working in Government and Private Hospitals.

2. To know the influence of socio-demographic factors such as as gender, age, educational qualification, type of institution, experience, marital status, order of birth, place of residence, income and specializations on Job attitudes of Doctors working in Government and Private Hospitals.

1.9 Chapterization

The present chapter deals with the meaning and concept of Job attitudes, Psychological Well-being and Resilience. The different theories and models Job attitudes, Psychological well-being and Resilience have been presented in this chapter. The need and significance of the study with objectives has discussed in this chapter.