CHAPTER II

OBJECTIVES AND METHODOLOGY

INTRODUCTION

Though research in ‘Well-being’ began in mid 1980’s, till now there has been no consensus among researchers on how well-being should be defined. Most of the researchers focused on dimensions of well-being, rather than on specific definition of well-being. Diener & Suh

Figure 2.1: Hedey & Wearing’s (1991) Stocks and flows framework

(1996), in their study on well-being in 1997 described that subjective well-being consists of three interrelated components: life satisfaction, pleasant affect, and unpleasant affect. Affect refers to pleasant and unpleasant moods and emotions, whereas life satisfaction refers to a cognitive sense of satisfaction with life.

According to Seligman (2002b), the elements like Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA) constitute well-being. He claimed that these elements are a set of building blocks for a flourishing life. Herzlich (1973), in her research emphasized that individuals saw equilibrium not only as a norm but also as a state that they would like to attain or keep. She found that the word well-being expresses a whole area of individual experience. It serves, in a way as a distillation of the language of health.

She went further to explain what equilibrium is, in terms of health. Equilibrium comprises the following themes: physical well-being, plenty of physical resources; absence of fatigue; psychological well-being and evenness of temper; freedom of movement and effectiveness in action; good relations with other people. According to Herzlich, the achievement of equilibrium is a rare phenomenon.

Headey and Wearing’s (1991) conducted research to understand how people cope with change and how their levels of well-being are affected. They proposed that a change in well-being occurs only when, due to external forces, a person deviates from his or her equilibrium pattern of events. Consequently, Headey and Wearing proposed a definition of well-being in which well-being is shown as depending on prior equilibrium levels of well-being and of life events, and also on recent events. This reflects their framework for analyzing subjective well-being (SWB), which considers the relationship between stocks and flows: (Refer Figure 2.1).
Headey and Wearing proposed that differences between individuals in terms of SWB are due to ‘stable stocks’ (stable personal characteristics). As a result of stable stocks, each person has a level of subjective well-being which represents his/her own normal ‘equilibrium level’. Stocks are drawn upon to deal with specific life experiences (‘flows’) so that satisfaction is enhanced and distress is diminished (Refer figure 2.2). Consequently, it is more appropriate to regard subjective well-being as a fluctuating state rather than a stable trait. Suh and colleagues (1996) tested the dynamic equilibrium theory by tracking 222 psychology students (aged 20–21) during a transition period of their life.

(which was their college graduation) and examined the effect of this life event on their SWB and the time it took these participants to adjust (to return to their state of equilibrium). Their findings supported the dynamic equilibrium model by demonstrating that only recent life events influence SWB and that the impact of magnitude drops quickly afterward. Consequently, in trying to define well-being, it is justified to consider the state of equilibrium as central theme.

Figure 2.3: Definition of Well-being


Cummins (2010), replaced the term ‘equilibrium’ with ‘homeostasis’; and the term ‘life events’ with the term ‘challenge’. His study focused on the strength of a challenge and how this affects the level of SWB. The emphasis of his model is the role of homeostasis in defending the set point of SWB. It demonstrates different phases denoted by the letters ‘a’ to ‘c’. a) When an individual experiences no challenge, SWB stays at the set-point. b) When an individual experiences mild challenge, the level of SWB will vary slightly within the set-point range c) Phase b signifies where SWB is prevented from decreasing below the set point, due to the strong homeostatic defense. Phase c signifies a situation where the challenge is too strong for homeostasis to manage. SWB would now fall sharply. Consequently, it would seem appropriate that any definition of well-being centers on a state of equilibrium or balance that can be affected by life events or challenges.
Rachel Dodge criticizes that all the above studies give dimensions and not the definition of well-being. So he gave a new definition based on the above research studies as follows – “Well-being is the balance point between an individual’s resource pool and the challenges faced.” It can be represented by a see-saw where the left side carries resources (physical, social and psychological resources) and right side carries challenges (physical, social and psychological challenges) and the middle is the point of well-being (Refer Figure 2.3). The see-saw represents the drive of an individual to return to a set-point for well-being as well as the individual’s need for equilibrium or homeostasis (Herzlich, 1973; Cummins, 2010). The stocks and flows of Headey and Wearing (1992) have been replaced by the resources and challenges and are the elements that can affect the individual’s equilibrium; tilting the see-saw from side to side. This works just as Kloep, Hendry and Saunders (2009) described: Each time an individual meets a challenge, the system of challenges and resources comes into a state of imbalance, as the individual is forced to adapt his or her resources to meet this particular challenge. In essence, stable well-being is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their well-being, and vice-versa.

Need of the study

Different countries have different systems for delivering health care to their citizens. The health care budget in most of the countries is typically the largest expense item and the largest share of this budget is devoted to salaries of employees. Nurses comprise the largest employee group in the health care sector. Nurses also make a significant contribution to levels of patient satisfaction and quality of care.

Nurses play an important role in the delivery of health care. However, there is growing evidence that nurses in several countries have become increasingly dissatisfied with their work experiences resulting in lower morale, increased turnover, and a more negative image of the nursing profession in the views of potential nursing students. Many countries,
including developed as well as developing countries have reported a nursing shortage. In
developing countries, the situation is getting worse, with more developed countries
attempting to attract nurses from developing countries. The migration of nurses from
developing countries in search of greener pastures is reducing the level of already depleting
nursing staff in these countries. This situation is adversely effected by financial constraints
currently being imposed in many countries that require health care systems to do more with
less. The shortage of nurses is thus a widespread problem. High dissatisfaction of nurses is
being observed in private, Government as well as autonomous hospitals. Unless and until
hospitals make an effort to identify reasons for dissatisfaction and take early measures to
restore confidence of employees, the situation will become worse. Therefore the present
research study has been devoted to the well-being of nurses.

**Scope of the study**

The study is primarily confined to understanding the psychological well-being of nurses in
Government, private and autonomous hospitals in Hyderabad and Delhi. The first
interaction of any patient in a hospital is with the Nurses who offer a range of services
including first aid to injured patients, administering right quantity of medicine at the right
time to in-patients, noting down important readings about their biostatistics, tracking
changes and reporting to the concerned doctor, etc. Nurses are front line employees in
hospitals and play a key role in the success of their organizations. Hence they were selected
as the focus of this study.
Objectives of the Study

- To examine the influence of Demographic variables (gender, age, marital status, qualification, work experience, designation, number of promotions, type of hospital, type of department, clientele, shift timings, nature of job, willingness to continue, valued job aspect, grievance channel and city) on PWB of nurses.
- To compare the psychological well-being of nurses in government, autonomous and private hospitals in Hyderabad (Capital city of Telangana State)
- To compare the psychological well-being of nurses in government, autonomous and private hospitals in Delhi (Capital city of India)
- To compare the psychological well-being of nurses in government, autonomous and private hospitals in Hyderabad and the psychological well-being of nurses in government, autonomous and private hospitals in Delhi
- To study the impact of Commitment to Nursing profession, Leadership Style of Supervisors, Work place engagement, and Assertiveness on Psychological well-being of Nurses.
- To study the relation between Psychological well-being of Nurses and their Job Satisfaction

Research Design and Methodology

The present research study is exploratory in nature. It aims at discovering the existence of differences in psychological well-being of nursing personnel, the reasons for differences and how psychological well-being is associated with job satisfaction of nurses. Research Methodology involves assumption of appropriate hypotheses, section of sample, determining the size of sample and choosing appropriate statistical tools for testing the hypothesis.
Hypothesis

The following are the hypotheses assumed for the accomplishment of above objectives:

Hypothesis 1

H₀: There is no significant difference in psychological well-being of nurses in government hospital (Gandhi hospital) and private hospital (Kamineni hospital) in Hyderabad.

Hypothesis 2

H₀: There is no significant difference in psychological well-being of nurses in government hospital (Gandhi hospital) and autonomous hospital (NIIMS) in Hyderabad.

Hypothesis 3

H₀: There is no significant difference in psychological well-being of nurses in autonomous hospital (NIIMS) and private hospital (Kamineni hospital) in Hyderabad.

Hypothesis 4

H₀: There is no significant difference in psychological well-being of nurses in government hospital (Lok Nayak hospital) and private hospital (Max hospital) in Delhi.

Hypothesis 5

H₀: There is no significant difference in psychological well-being of nurses in government hospital (Lok Nayak hospital) and autonomous hospital (AIIMS) in Delhi.
Hypothesis 6

H0: There is no significant difference in psychological well-being of nurses in autonomous hospital (AIIMS) and private hospital (Max hospital) in Delhi

Hypothesis 7

H0: There is no significant difference in psychological well-being of nurses in government hospital (Lok Nayak hospital) at Delhi and government hospital (Gandhi hospital) at Hyderabad

Hypothesis 8

H0: There is no significant difference in psychological well-being of nurses in Autonomous hospital (AIIMS) at Delhi and autonomous hospital (NIIMS) at Hyderabad

Hypothesis 9

H0: There is no significant difference in psychological well-being of nurses in private hospital (Max hospital) at Delhi and private hospital (Kamineni hospital) at Hyderabad

Hypothesis 10

H0: There is no significant difference in psychological well-being of nurses in city of Hyderabad (in government, autonomous and private hospitals) and psychological well-being of nurses in city of Delhi (in government, autonomous and private hospitals.)

Hypothesis 11

H0: psychological well-being of nurses is influenced by leadership style of their supervisor

Hypothesis 12
Hypothesis 13

H0: Psychological well-being of nurses is influenced by work place engagement

Hypothesis 14

H0: Psychological well-being of nurses is influenced by their Assertiveness

Hypothesis 15

H0: Psychological well-being of nurses is influenced by demographic factors like age, gender, experience, designation, no. of promotions, contract job, marital status, type of department and shift timings

Hypothesis 16

H0: Psychological well-being of nurses is influenced by the type of hospital in which they are working

Hypothesis 17

H0: Job satisfaction of nurses is influenced by their Psychological well-being
Limitations of the Study

The present study has following limitations which need to be considered while interpreting the results and making generalizations of the findings.

The cross-sectional design used in the study provides only tests of association and not of causal relationships.

The study depended on self-reports as the source of quantitative data. Although the use of self-report surveys is a common practice in social sciences, this measuring instrument has raised concerns as a method for collecting data on independent as well as dependent variables.

However, researchers have concluded that common method variance does not invalidate the research findings. Further, necessary precautions have been taken in order to reduce the potential risks. These include guaranteeing anonymity to the respondents and emphasizing that there was no right or wrong answer to the questions.

The sample size selected is 1477 nurses. It may or may not be representative of more than 15 lakh nurses working in various hospitals across India. The number of hospitals selected is two hospitals in each of the sectors – Public, Private and Autonomous Hospitals. The number of hospitals selected may not be sufficient to have an extensive and in-depth study of nurses in health care sector. The study was confined to the geographical areas of city of Hyderabad in Telangana state and city of Delhi. Therefore, its results may not be necessary applicable to the entire Indian health care industry. However, Hyderabad and Delhi are the places where even patients from across the world are coming for treatment as a part of medical tourism.

Further, an attempt has been made to include respondents from a wide array of hospitals and departments for providing representativeness to the sample and for enhancing the generalizability of results.
Selection of sample

Statistical technique is adopted for determining the sample size. For this research study, the target population size is small and finite. The population consists of nurses working in the government, autonomous and private hospitals in Hyderabad and Delhi cities.

Sampling technique:

Simple Random Sampling

Methodology to determine sample size (n) from a small, finite population (N) is:

$$\frac{n}{m} = \frac{m}{1 + \frac{m - 1}{N}}$$

where m is defined as the sample size necessary for estimating the proportion p for a large population, that is, when a correction for the population being small and finite is not made and calculated as $m = \left\{ z_{\alpha/2}^2 p^\alpha (1-p^\alpha) \right\} / \varepsilon^2$  

where

N = size of population

n = size of sample

p = proportion of population

\( \varepsilon \) = error
The following table (Table 2.1) shows the sample size of nurses selected in different hospitals:

**Table 2.1**
Sample Size of Nursing Personnel in Select Hospitals

<table>
<thead>
<tr>
<th>Sno</th>
<th>Hospital Name</th>
<th>City</th>
<th>Category</th>
<th>Population Size (Total no. of nurses working) (N)</th>
<th>Confidence Level</th>
<th>Sample Size (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AIIMS</td>
<td>Delhi</td>
<td>Quasi</td>
<td>1810</td>
<td>95%</td>
<td>505</td>
</tr>
<tr>
<td>2</td>
<td>LokNayak Jai Prakash Narayan Hospital (LNJP)</td>
<td>Delhi</td>
<td>Government</td>
<td>715</td>
<td>95%</td>
<td>199</td>
</tr>
<tr>
<td>3</td>
<td>Max Healthcare, Saket</td>
<td>Private</td>
<td>Private</td>
<td>255</td>
<td>As the population size is less than 500, hence 50% portion should be sampled for the study</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>832</td>
</tr>
<tr>
<td>4</td>
<td>NIMS</td>
<td>Quasi</td>
<td>Government</td>
<td>473</td>
<td>As the population size is less than 500, hence 50% portion should be sampled for the study</td>
<td>236</td>
</tr>
<tr>
<td>5</td>
<td>Gandhi Hospital</td>
<td>Hyderabad</td>
<td>Government</td>
<td>465</td>
<td></td>
<td>233</td>
</tr>
<tr>
<td>6</td>
<td>Kamineni Hospital, L B Nagar</td>
<td>Private</td>
<td>Private</td>
<td>352</td>
<td></td>
<td>176</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>645</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1477</td>
</tr>
</tbody>
</table>

Total sample size for the study: 1477
Data Collection Procedure

Both Qualitative and quantitative methods were used to collect data required for the study. The specific methods used were survey, observation and semi-structured interviews. The quantitative data was collected from 1477 respondents using pre-tested and structured questionnaire. In Hyderabad, 236 nurses from autonomous hospital, 233 from government hospital and 176 from private hospital filled the questionnaire. That was a total of 645 respondents from Hyderabad. In Delhi, 505 nurses from autonomous hospital, 199 from government hospital and 128 from private hospital responded to the questionnaire. That was a total of 832 respondents from Delhi. This was complemented with qualitative data collected through semi-structured interviews with nurses.

Collection of Data

2400 questionnaires were distributed to nurses in various hospitals. 1502 questionnaires were received from respondents. After discarding incomplete questionnaires 1477 filled questionnaires were qualified to be included in data analysis. The response rate was 61.54%. Out of 1477 respondents, 1413 were female and 64 were male nurses. 95% of the respondents were female nurses. Only 5% of the respondents were male nurses. The nurses were divided into 4 age groups. 188, 300, 725, 214 and 50 nurses were in the age group of 20-29 years, 30-39 years, 40-49 years and above 50 years respectively. Thus the percentage of nurses in 20-29, 30-39, 40-49 and 50 and above years age groups are 12.72%, 20.31%, 49.08%, 14.49% and 3.38% respectively. 156 (10.56%) nurses had qualification of ANH, 737 (49.9%) had qualification of GNH, 486 (32.9%) were qualified in BSc Nursing, 46 (3.11%) were qualified in BSc Nursing Post certificate program and 52 (3.52%) nurses had qualification of MSc Nursing. 432 (29.2%) nurses were working in government hospitals, 741 (50.16%) nurses were working in Autonomus hospitals and 304 (20.58%) nurses were working in Private hospitals. 233 (15.77%) nurses were working in Gandhi government hospital. 236 (15.97%) nurses were working in NIIMS, 176 (11.91%) nurses were working in Kamineni, 199 (13.47%) nurses were working in LNJP, 505 (34.19%) nurses were working in AIIMs and 128 (8.66%) nurses were working in Max Hospitals.
Statistical Analysis and Methodology

The quantitative data was analyzed using the statistical package for the social sciences (SPSS) version 18. The analysis of socio-demographical variables was done using a One-Way ANOVA. A t-test was conducted for the demographic variables consisting of only two subcategories. A Tukey post hoc test was conducted to analyze which groups differed significantly from each other. Structural Equation Model was used to study the impact of variables like assertiveness of nurses, commitment to nursing profession, leadership style and work place engagement on psychological well-being and impact of psychological well-being on job satisfaction of nurses.

Questionnaire

A Questionnaire consisting of 137 questions was used to obtain perceptions of nurses on various aspects like psychological well-being, Commitment to Nursing Profession, Leadership Style of Supervisor, Workplace Engagement, Assertiveness and Job Satisfaction. Ryff’s Psychological Well-being Scale consisting of 42 Questions was administered to nurses for measuring their level of psychological well-being. In this standard questionnaire, questions are grouped under six dimensions including Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self-Acceptance. Commitment to Nursing Profession was measured using questionnaire consisting of 16 questions grouped under 3 dimensions – Affective Professional Commitment, Continuance Professional Commitment and Normative Professional Commitment. Perception of nurses on Leadership Style of Supervisor was assessed using a leadership questionnaire consisting of 18 questions. The perception of nurses on Work Place Engagement was assessed using workplace engagement questionnaire consisting of 12 questions. Assertiveness of nurses was assessed using a set of 28 questions. Job satisfaction was measured using a set of 20 questions. Apart from these questions, the questionnaire included questions regarding demographic details of nurses. Also, the questionnaire includes open ended questions to know the opinions and
suggestions of nurses regarding measures to be adopted by hospital management to enhance psychological well-being of nurses.

REVIEW OF LITERATURE

Nursing has been identified as a stressful occupation. Hence, sources of job stress and levels of job satisfaction in this profession were extensively investigated. However, studies addressing issues of nurses’ mental health are scarce. A survey of literature has been done on research studies conducted by various researchers on the subject of psychological well-being in the past and the studies to analyze sample size and statistical techniques.

Research studies on psychological well-being

According to Diener, psychological well-being has three defining characteristics. Psychological well-being is a phenomenological event, i.e, people are happy when they believe themselves to be so. Psychologically well people are more prone to experience positive emotions and less prone to experience negative emotions. Well-being refers to one’s life as a whole. It is generally believed that happy workers are more productive than unhappy workers. Thomas Wright and Russel Cropanzano conducted two studies to simultaneously examine the relative contribution of psychological well-being and job satisfaction to job performance. The study 1 was conducted for human services workers. The study 2 was conducted for juvenile probation officers. In the studies, it was found that psychological well-being and not job satisfaction was predictive of job performance. In study 1, 47 participants completed measures of psychological well-being and a composite measure of job satisfaction. Supervisory ratings of employee performance on job were obtained. There was a response rate of 100%. The college-educated, human services workers provided face-to-face direct care, service and supervision to clients assigned to them. All respondents were employed in the same department, performed the same job duties. Most of the participants were male and had a mean age of 39 years and had an average experience of 10.8 years. The study used the eight-item index of psychological well-being developed by Berkman. The Berkman scale includes questions like how often
did the respondents feel lonely or remote from other people, how often did they feel depressed or unhappy, how often did they feel bored, how often did they feel restless that they could not sit in a chair, how often did they feel vaguely uneasy without knowing why, how often did they feel excited or interested in something how often did they feel having accomplished something and how often did they feel being on top of the world. The coefficient of alpha was 0.72. Job performance was rated using supervisory ratings. Employees were rated using a 5 point scale ranging from poor to excellent. Job satisfaction was measured by using dimensions like degree of satisfaction with work itself, degree of satisfaction with co-workers, and degree of satisfaction with supervision. The coefficient of alpha obtained in study 1 was 0.63. Two separate hierarchical regression analyses were performed to assess the impact of well-being on performance above and beyond job satisfaction and control variables and impact of job satisfaction on performance above and beyond well-being. In the first analysis, the composite performance was regressed on well-being, composite job satisfaction and control variables. The analysis revealed that well-being accounted for significant proportion of variance in job performance. In the second analysis, the composite performance was regressed on composite job satisfaction, well-being and control variables. The analysis revealed that job satisfaction did not account for significant proportion of variance in job performance.

Cohen and Lemay (2007) have convincingly described the possible mechanisms of positive effects of social support. Response categories were on a five point scale ranging from “Strongly agree” to “Strongly disagree”. Both dimensions were measured with positively and negatively worded items, with reverse coding so that higher scores indicated higher levels of psychological well-being. The score for EM item stating “I’m good at managing my daily responsibilities” is taken for further analysis. The score for PR item stating “I feel lonely because I have few close friends” is reverse coded before computations. The value of combining these concepts into one scale was explored by summing the scores of the three measures and conducting a factor analysis of the resultant 16 items. It is referred to as an Overall well-being scale. Variables positively associated with psychological well-being were negatively associated with psychological distress and vice versa. For example low psychological well-being and high psychological distress were
associated with being the only adult in the household, speaking a language other than English at home, being divorced or separated, having no educational qualifications beyond secondary school, being unable to work, having a low income, renting one’s accommodation, and receiving a pension. The measure of well-being shows psychometric promise for community surveys. Psychological well-being is not exactly the opposite end of the continuum to psychological distress. However, a debate is needed about whether research participants need to be asked questions about both Psychological well-being and psychological distress.

Daniels and Harris (2000) made efforts to review various studies conducted on the impact of psychological well-being and work stressors on work performance. The paper gives various definitions of work performance, psychological well-being and job stressors. Broadly there are two approaches to researching relationship between psychological well-being and performance. One approach is to examine the direct role of psychological well-being in work performance. The studies that adopt this approach examine job satisfaction, an attitudinal indicator of work-related well-being, and affective well-being, the more frequent experience of positive affective states than negative affective states such as anxiety, depression, anger, boredom and fatigue. The other approach is to examine performance as a consequence of job conditions or job stressors that are associated with poor well-being like low work autonomy, too many job demands, role ambiguity, role conflict, lack of social contact and support from colleagues. The researchers concluded that most of the studies have produced the strongest evidence of link between well-being and performance. However, the number of studies is limited. Hence, further research is clearly needed to arrive at a firm conclusion. The studies should attempt to investigate the extent to which job satisfaction mediates the relationship between job and organizational characteristics and performance, in order to identify suitable interventions to enhance both well-being and performance.

Brown and Ryan conducted research on relation between mindfulness and psychological well-being. Mindfulness is an attribute of consciousness that promotes psychological well-
being in individuals. This research provides theoretical as well as empirical examination of the role of mindfulness in psychological well-being. The paper describes the development of Mindful Attention Awareness Scale (MAAS) and its application in measuring psychological well-being of individuals. MAAS analyzes the psychometric status of individuals. The researchers conducted Correlational, quasi-experimental, and laboratory studies and demonstrated that the MAAS measures a unique quality of consciousness. Consciousness is related to a variety of well-being constructs, that differentiates mindfulness practitioners from others. Consciousness is associated with enhanced self-awareness. The researchers conducted an experience-sampling study. It showed that both dispositional and state mindfulness predict self-regulated behavior and positive emotional states. Finally, they conducted a clinical intervention study with cancer patients. The study demonstrated that increases in mindfulness over time relate to decline in mood disturbance and stress.

Arnold, Turner, Barling, Kelloway, and Mckee (2007)\textsuperscript{12}, conducted two studies that investigated the relationship between transformational leadership and psychological well-being. In the first study, they examined a sample of about 320 health care workers. They observed in this study that the perceptions of meaningful work partially mediated the relationship between transformational leadership and psychological well-being. In second study, they examined how the meaning that employees ascribed to their work fully mediated the relationship between transformational leadership and psychological well-being, after controlling for humanistic work beliefs. The researchers conducted a confirmatory factor analysis hypothesizing four correlated factors representing the variables tested (i.e., transformational leadership, meaningful work, psychological well-being, and humanistic work values). Controlling for age, time with the supervisor, occupational group, and humanistic work values, psychological well-being was predicted by meaningful work, which in turn was predicted by transformational leadership. In terms of control variables, age was not significantly related to either meaningful work or psychological well-being; years with the supervisor was not related to meaningful work, but was positively related to psychological well-being; occupational status was positively related to meaningful work and negatively related to psychological well-being and humanistic work values were not related to meaningful work, but were positively related to
psychological well-being. The overall model explained 31% of the variance in meaningful work and 41% of the variance in psychological well-being. Overall, these results support and add to the range of positive mental health effects associated with transformational leadership and are suggestive of interventions that organizations can implement to improve well-being of workers.

Patrick A Tyler (1994)\textsuperscript{13}, in his study examined occupational stress in various areas of nursing like theatres, oncology and elective surgery. A sample of 60 nurses from one large hospital completed questionnaires on sources and levels of stress, psychological well-being and ways of coping. Interviews were conducted with the nurses to obtain more information on various aspects. The results indicated that the amount of stress experienced was similar across all four departments though the sources of stress were different. Theatre nurses experienced less stress through patients' death and dying. Other factors which influenced both the level and sources of stress included post-qualification training, number of children and partnership-status. Nurses with post-qualification training perceived higher levels of stress. Social support was found to influence psychological well-being. Nurses who were living with a partner or were married experienced fewer stress symptoms than those with no partner. The nurses with two children experienced significantly less stress through dealing with patients and relatives. Reactions to stress elicited a range of adaptive and maladaptive coping styles. This study recommends sending nurses on management and administration courses and stress-management programs.

Some of the major sources of stress in nurses include dying patients, conflict with doctors, conflict with other nurses, lack of support, inadequate preparation, work load, shift work and uncertainty over treatment. Mostafa Ahmed Arafa (2003)\textsuperscript{14}, in his work aimed to assess psychological well-being of nurses in different job settings in Alexandria and to identify socio-demographic, psychosocial and workplace predictors. A total sample of about 400 nurses working in five different health organizations in Alexandria were selected to represent nurses. A self-administered questionnaire was used to collect sociodemographic, occupational and health data, and the Standardized Arabic Version of General Health questionnaire, Job Descriptive Index and Social Support Scale were also used. Results
revealed that 21.67% of nurses recorded moderate to severe psychological symptoms. Logistic regression analysis revealed that fewer years of experience, negative family and friend support, and negative total work satisfaction were significant predictors of psychological ill health among nurses. The research emphasized the importance of both job satisfaction and social support in ensuring psychological well-being of nurses. On-the-job training of nurses to equip them with advanced knowledge and skills, is of paramount importance in helping nurses to cope with stress at work. The researchers suggested that social support and the psychosocial work climate should be improved in health organizations.

Ronald J Burke (2010)\(^{15}\) in his study examined relationships between hospital restructuring and downsizing stressors, work-family and family-work conflict, job and family satisfaction and psychological well-being. Data were collected from 686 nurses using anonymous questionnaires. A majority of the nurses were women. Two research models hypothesizing both direct and indirect effects among these variables were tested using LISREL. Considerable support was found for these models. Restructuring and downsizing stressors had significant relationship with work-family conflict but not family-work conflict. Work-family conflict and family-work conflict, in turn, had significant relationship with psychological health. These results indicate that those responsible for the implementation of organizational restructuring and downsizing must be sensitive to the larger family and community effects of these initiatives. Fortunately, a growing body of literature on best practice provides considerable guidance on how to more effectively plan and manage these transitions.

The Job Demand-Control (JDC) model (Karasek, 1979) and the Job Demand-Control-Support (JDCS) model (Johnson, and Hall, 1988) have dominated research on occupational stress in the last three decades. Doef and Maes (1999)\(^ {16}\), in their research focused on the JDC(S) model in relation to psychological well-being. They covered research from 63 samples, published in the period 1979-1997. In the review, a distinction is drawn between two different hypotheses prevailing in research on the models – Strain hypothesis and Buffer hypothesis. According to the strain hypothesis of the JDC model, employees working in a high-strain job (high demands-low control) experience the lowest well-being.
The buffer hypothesis states that control can moderate the negative effects of high demands on well-being. Translating these hypotheses to the expanded JDCA model, the iso-strain hypothesis predicts the most negative outcomes among workers in an iso-strain job (high demands-low control-low social support/isolation), whereas the buffer hypothesis states that social support can moderate the negative impact of high strain on well-being. Although the literature gives considerable support for the strain and iso-strain hypotheses, support for the moderating influence of job control and social support is less consistent. The conceptualization of demands and control is a key factor in discriminating supportive from nonsupportive studies. The aspects of job control that correspond to the specific demands of a given job moderate the impact of high demand on well-being. Furthermore, certain subpopulations appear to be more vulnerable to high (iso)strain, whereas others benefit more from high control.

Ronald J Burke and Esther R Greenglass (1999) conducted a study that examined work and family conflict, spouse support, and nursing staff well-being during a time of hospital restructuring and downsizing. Data were collected from 686 hospital-based nurses, the vast majority (97%) women. Nurses reported significantly greater work–family conflict than family–work conflict. Personal demographic but not downsizing and restructuring variables predicted family–work conflict; downsizing and restructuring variables but not personal demographics predicted work–family conflict. Spouse support had no effect on work–family conflict but reduced family–work conflict. Both work–family conflict and family–work conflict were associated with less work satisfaction and greater psychological distress. The research suggests that the top management of health institutions designing organizational restructuring and downsizing programs must be sensitive to the larger family and community effects of these initiatives. There are many research studies suggesting best practices for effective planning and implementation of major transitions.

Jonge, J D (2001) in his article described a two-wave panel study which was carried out to examine reciprocal relationships between job characteristics and work-related psychological well-being. Hypotheses were tested in a sample of 261 health care professionals using structural equation modelling (LISREL 8). Controlling for gender, age,
and negative affectivity, the results primarily supported the hypothesis that job characteristics influence psychological well-being. More specifically, job satisfaction was determined by job demands and workplace social support, respectively. Furthermore, there was also some preliminary but weak evidence for reversed cross-lagged effects i.e., job characteristics are influenced by psychological well-being. This is because emotional exhaustion seemed to be the causal dominant factor with respect to job demands. This study builds on earlier cross-sectional and longitudinal findings by eliminating perplexing factors and diminishing methodological deficiencies. Empirical support for the influence of job characteristics on psychological well-being affirms what several theoretical models in the past have postulated.

Tetrick and LaRocco (1987)\textsuperscript{19} in their study offered a preliminary test of a model proposed by Sutton and Kahn (1986). In the model, it is assumed that the ability to understand, predict, and control events in the work environment can reduce the potential adverse effects generally associated with certain work conditions. Using a sample of physicians, dentists, and nurses totaling 206 from a large naval medical hospital, the study examined the moderating effects of understandable, predictable, and controllable work situations on the relationship between perceived role stress, satisfaction, and psychological well-being. Understanding and control were found to have moderating effects on the relationship between perceived stress and satisfaction. Understanding, prediction, and control were found to have direct relationship with perceived stress, but only control had a significant direct relationship with satisfaction. None of these variables were found to have significant direct relationship with psychological well-being.

According to Ryan and Deci (2000)\textsuperscript{20}, human beings can be proactive and engaged or, alternatively, passive and alienated, largely as a function of the social conditions in which they develop and function. Accordingly, research guided by self-determination theory has focused on the social-contextual conditions that facilitate versus forestall the natural processes of self-motivation and healthy psychological development. Specifically, factors have been examined that enhance versus undermine intrinsic motivation, self-regulation, and well-being. The findings have led to the postulate of three innate psychological needs—competence, autonomy, and relatedness—which when satisfied yield enhanced
self-motivation and mental health and when thwarted lead to diminished motivation and well-being. Also considered is the significance of these psychological needs and processes within domains such as health care, education, work, sport, religion, and psychotherapy.

Dieter Zapf (2002)\textsuperscript{21}, in his study examined the effect of emotion work on well-being. It starts with a definition of what emotional labor or emotion work is. Aspects of emotion work, such as automatic emotion regulation, surface acting, and deep acting, are discussed from an action theory point of view. Empirical studies so far show that emotion work has both positive and negative effects on health. Negative effects were found for emotional dissonance. Concepts related to the frequency of emotion expression and the requirement to be sensitive to the emotions of others had both positive and negative effects. Control and social support moderate relations between emotion work variables and burnout and job satisfaction. Moreover, there is empirical evidence that the co-occurrence of emotion work and organizational problems leads to high levels of burnout.

It is generally agreed that some features of shift systems can influence the extent of well-being and health problems experienced by the workers involved. Extended working days (9-12 h) have been found to aggravate some problems associated with shiftwork, especially when the work is mentally and emotionally demanding. The aim of the study conducted by Irena (1996)\textsuperscript{22} was to compare measures of health, sleep, psychological and social well-being, job satisfaction and burnout of ICU nurses on 12-h and 8-h shifts. The groups of subjects were matched for age, length of shift work experience, marital status and number of hours worked. The 12-h shift nurses, when compared to their 8-h shift colleagues, experienced more chronic fatigue, cognitive anxiety, sleep disturbance and emotional exhaustion. Job satisfaction seems to be independent of the shift duration. The nurses on 12-h shifts reported less social and domestic disruption than those on 8-h shifts. The 12-h shift nurses showed worse indices of health, well-being and burnout than the 8-h shift nurses. It is suggested that this may be associated with their longer daily exposure to the stress of work. The increased number of rest days of 12-h shift nurses seems to be insufficient to dissipate the adverse health and well-being effects that built up over their longer shifts.
A study conducted by Dr. Ayyob Al-Swalhah (2013) emphasized the relationship between job stress and job performance. The study was conducted by distributing questionnaires to 95 employees in a hospital. The hypotheses included “There is statistically significant relationship between the internal work stress (role conflict, physical working conditions, job security) and job performance among workers in Al Israa hospital.” and “There is statistically significant relationship between the external work stress (political, social, and cultural) and job performance among workers in Al Israa hospital.” The researcher used several statistical methods in testing these hypotheses, including the percentages, frequencies, and Spearman correlation coefficient. The study showed that there is a statistically significant relation between performance and job security but the relation was insignificant in the case of role conflict and physical working conditions. The study also showed that a significant statistical relationship existed between external work stress and performance in the area of cultural pressure, but not in the areas of social and political pressures. The researcher recommended that proper training of the employees is necessary to help them to manage the job stress and avoid burnout.

There are very few studies examining the happy personality in terms of consistency over long periods. The study conducted by Ed Diener and Martin Seligman (2002) is one of those very few studies. These researchers compared the upper 10% of consistently very happy people with average and very unhappy people. The study concluded that people who consistently scored high on subjective well-being measures have close social networks, are engaged in meaningful activities that create a sense of flow in the person’s life, and have a positive explanatory style, which enables the person to see potentially negative life situations or outcomes as temporary. Compared to the less happy groups, these very happy people tended to be more extroverted, could recall more positive than negative memories, virtually never thought about suicide, and reported more positive than negative emotions on a daily basis.

Roger (1984) identified that burnout is more commonly found in the occupations where the person has to deal broadly with the customer while on the job such as accountants,
service providers, lawyers, nurses, teachers, managers, police officers, doctors and social workers. The burnout syndrome forces the individual to become more rigid, low performer and less idealistic (Savicki & Cooley, 1983)\(^{26}\). Demir et al., (2003)\(^ {27}\) identified the factors that influenced job burnout levels in the professional and personal life of nurses working in the state hospital in a city and the university. Results emphasized that work experience, higher status and higher education level minimized job burnout but maximized during night shift. Moreover, nurses who are not satisfied with work and are having problem with their fellow team members experienced higher levels of job burnout.

The study conducted by Dr. Nasser Saad Al-Kahtani (2013)\(^ {28}\) sought to investigate the impact of certain demographical variables such as position in the current job, age, experience and marital status on job burnout among banking employees in Saudi Arabia. Four null hypotheses were formulated. The sample consisted of 274 employees working in different banks located in Riyadh, the capital of Kingdom of Saudi Arabia selected randomly from various banks. Job Burnout Inventory developed by Maslach and Jackson (1981)\(^ {29}\) and biographical information blank were distributed to the bank employees. The collected data was analyzed by means of T-test because of the nature of the study. The foremost findings of the present study identified that: (i) The subordinate staff, married and highly experienced group of employees reflects higher degree of job burnout and (ii) The younger and older bank employees were found to differ significantly in terms of job burnout. It was suggested that proper guidance, counseling and timely training are required to sensitize the banking employees to minimize the level of job burnout to maximize the performance.

Neeta Sharma K\(^ {30}\), Karunanidhi S. and Chitra T. conducted a study on retired employees. The study aimed at investigating the influence of psychosocial factors, leisure time activities, family structure, and length of retirement on the psychological well-being of retirees. Retirement is a significant phase in one’s life. It often becomes a source of stress in individuals as they suddenly find themselves switching to idle life from busy life. The study used simple random sampling method. The total sample comprised of 200 male retirees with good health status living in home environment whose age ranged from 60-73
years and annual income ranged from Rs. 70,000 to Rs. 1,50,000. The respondents’
duration of retirement was from one and a half years to fifteen years. The psychosocial
variables studied were attitude towards old age, retirement specific self-esteem, rigidity,
goal directedness, social support, household decision making, and life regrets. The personal
data sheet collected demographic data details including family structure, length of
retirement, and leisure time. Data were collected by the researcher using standardized
scales. Data were analyzed using multiple regression, partial correlation and discriminant
analysis. The results indicated that retirement specific self-esteem, dispositional rigidity,
goal-directedness, social support (reliable alliance and reassurance of worth), regretfulness,
leisure time activities, and family structure were the significant predictors of psychological
well-being of retirees. The selected variables put together explained 93% of variance in the
psychological well-being of retirees. Discriminant analysis revealed that the retirees with
low and high psychological wellbeing found to differ in attitude towards aging, goal
directedness, retirement specific self-esteem, dispositional rigidity, perceived social
support, household decision making, regretfulness, and leisure time activities. The
researchers suggested that counseling employees before retirement enhances their
psychological well-being.

Professional commitment to the consumers who are served by the organization has a
negative relationship to turnover (Blankertz and Robinson 1997). Individuals who
experience a conflict between their professional values and those of the organization are
more likely to quit, while those who find a good fit between their needs and values and the
organizational culture tend to stay longer (Vandenbergh 1999). Hina Shahaband and
Bakhtiar Ali (2013) conducted a study that empirically investigated various stressors
leading to job stress that effect teachers in higher educational system of Pakistan. A sample
of 166 higher educational faculty members of 17 public and private universities listed
under federal region with Higher Education Commission of Pakistan were given
questionnaires. Four determinants which are role conflict, role ambiguity, home-work
interface and work overload as predictors of job stress were identified and studied. Role
ambiguity showed insignificant relation with job stress. Structural equation modeling
(SEM) path analysis was used for exploring the causal path relationship. The study
revealed negative relation between job stress and job satisfaction but positive relation between job stress and burnout. The study also found that professional commitment has a moderating effect on burnout that weakens the highly negative relationship between job satisfaction and burnout. This study is different from most of the earlier studies which focused more on organizational commitment.

A study was conducted by Pooja Purang (2011) in a multi-national organization operating in India in the service sector. The sample size was 71 employees. The study sought to test the mediating role of perceived organisational support on employee job satisfaction and commitment to the organization. For this various hypotheses were formed that included “The higher the employees' distributive justice perceptions, and procedural justice perceptions, the higher their affective commitment will be.” and “The higher the employees' perception of distributive justice and procedural justice, the higher their perceived organisational support will be.” The Neihoff and Moorman (1993) scale was used to measure distributive and procedural justices. The scale had five items for distributive justice and six items for procedural justice on a seven-point rating scale. For perceived organisational support, the sixteen item scale by Eisenberger et al. (1986) was used. The scale has a seven-point rating scale, and Cronbach's alpha was .92. For organisational commitment, the affective commitment scale by Meyer, Allen, and Smith (1993) was used. It is a six-item scale with a seven-point rating scale. The alpha coefficient of the affective commitment scale was .91. Apart from mean, standard deviation, correlation analysis and regression analysis, Sobel test, Aroian test and Goodman test were conducted to test the mediating role of organizational support. The study concluded that perceived organizational support fully mediates the relationship between distributive justice and affective commitment while partially mediating the relationship between procedural justice and affective commitment.

The study conducted by Sumaira Naz (2013) sought to discover the relationship between employee performance rating and job satisfaction; personality traits and job satisfaction among Banks employees. Also the study explored the impact of age, gender salary, marital
status, and education differences on job satisfaction. Data were collected from 500 employees of five major banks of Pakistan (Allaied Bank, Alfalah Bank, Al-Habeeb Bank, Al-Islamic Bank, and National Bank), taking annual progress reports, personal information sheets, and scores on Job Satisfaction Scale (Macdonald & MacIntyre\textsuperscript{34}, 1997) and Ten Item Personality Inventory (Rentfrow, Gosling & Swann\textsuperscript{35}, 2003) of the employees. Three statistical methods including alpha reliability coefficients, Pearson Product Moment correlation coefficients, and t-test were used. The results of the study were: Rating on annual progress reports has significant positive correlation with job satisfaction; Neuroticism has significant negative while extroversion, openness, agreeableness, and conscientiousness have significant positive correlation with job satisfaction; age, education, salary, and marital status have significant positive correlation with job satisfaction; and women are more satisfied with their jobs than men.

The health of an organization depends on the job satisfaction of its employees. Therefore, Hailemariam Gebremichael (2013)\textsuperscript{36} initiated a research study that investigated the relationship between job satisfaction and organizational commitment in terms of academic and supportive staff at Wolaita Sodo University. Job satisfaction has been defined as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences (1976).\textsuperscript{37}”. Organizational commitment is defined as “the relative strength of an individual’s identification with and involvement in a particular organization (1982).\textsuperscript{38}”. Organizational commitment is commonly characterized by three factors: (1) Identifying with an organization and its goal and values (identification); (2) A strong desire to maintain investment with the organization (loyalty); and (3) Willingness to work extra hard on behalf of the organization (involvement). For the sake of achieving the objectives of this study, information was gathered from a sample of 87 academic staff and 45 supportive staff. These respondents were selected using stratified sampling technique. A demographic questionnaire, the Minnesota satisfaction Questionnaire (MSQ), and the Organizational Commitment Questionnaire (OCQ) were administered to the respondents and the data collected were analyzed by Statistical analysis such as Pearson's Product Moment Correlation Coefficient, Independent T- test and multiple regression analysis. The results of this study indicate that there exists a weak, but significant, positive relationship between
job satisfaction and organizational commitment in both academic and supportive staff. Furthermore, the independent T-test showed that, there is no statistically significant difference in the job satisfaction and organizational commitment between academic staff and support staff at Wolaita Sodo University. Moreover, the dimensions of job (work itself, responsibility, recognition for work well done, advancement, achievement, working conditions, supervision, relations with co-workers, pay, company policy and administration) may significantly explain 98% and 93.4% of the variance in job satisfaction in academic staff and supportive staff respectively at Wolaita Sodo University.

D’Addio (2006) in his study sought to explore the job satisfaction levels of employees and the factors influencing job satisfaction. He assumed that Job satisfaction (JS) is a positive transformation of an underlying concept called well-being: if $JS_t > JS_s$ then it is $W > W (t ≠ s)$. There are two types of factors - time-invariant ($\nu$), and time-varying unobserved factors ($\epsilon$) that influence well-being. While the former are related to observed factors, the latter are latent factors. Time-varying variables include age, holding a temporary job, having a "newborn child", working part-time, etc. Time-invariant variables include personality traits. The main novel feature of this paper is that it uses an ordered logit model with fixed effects and individual specific thresholds to panel data and fixed effects ordered logit estimator proposed by Ferrer-i-Carbonel and Frijters in 2004 for estimating job satisfaction. For comparison purposes and testing robustness the estimator proposed by Das and Van Soest (1999) in 1999 is used. The data used in this paper is extracted from the European Community Household Panel. The European Community Household Panel (ECHP) is a panel survey of 15 European countries from 1994 to 2001, covering a wide range of topics like income, health, education, housing, demographics and employment characteristics. ECHP is followed by EU Survey of Income and Living Conditions (EU-SILC). The data are collected annually on several issues regarding family structure, family and family members’ incomes and employment. The job satisfaction questions in the ECHP ask the individuals to give an integer response on a scale from 1 to 6 which best describes how satisfied or dissatisfied they are with specific job facets: wages, job security, type of work, working hours, working time, working conditions and commuting time. In addition they are asked about the overall satisfaction in their main job or activity. The reported “overall” job satisfaction is likely not to be merely the average of
the already reported satisfaction levels for the different aspects of jobs, but may be capturing some additional aspects of the jobs held or reflecting the differences in the weights each employee attaches to the individual job facets. By selecting only people employed in the survey year, we can see their reported satisfaction level as an overall evaluation of the satisfaction in multiple job spheres. A response of 1 represents the lowest and 6 the highest. Moreover, poor macroeconomic conditions, as measured by the unemployment rate, have a negative effect on employees’ satisfaction. The main differences between the genders are found with respect to the influence of the individual’s own wage, holding a temporary job and working in the public sector. This suggests that different factors are important determinants of men’s and women’s reported satisfaction. In particular it seems that while, especially for women, monetary factors matter less. Working conditions and (at least to a certain extent) a higher degree of flexibility carry a larger weight in the job preferences of female employees. The age of the employee is consistently negatively related to job satisfaction in models allowing for the baseline satisfaction to differ between individuals. Female public sector employees are more satisfied with their jobs than their colleagues in the private sector. When unemployment rates are low, employee job satisfaction rates are also low. This could be because employers tend to invest less in various aspects of job quality as jobs are scarce. More educated employees also experience lower job satisfaction. Being employed on a temporary contract and a higher number of nights spent in hospital both obtained negative and significant coefficients for male employees. The first observation indicates that temporary, fixed-term contract jobs are considered as bad. The second variable is a proxy for health status which is plausibly negatively related to job satisfaction as individuals in a good physical and psychic condition are likely to be able to earn more, to feel relatively more certain of their continued employment, to be more able to choose and carry out the type of work they like, and to have less difficulties with the number of working hours, placement of working hours or with working conditions.

Burnout, a chronic, pervasive problem, is a major contributor to poor employee morale and subsequent turnover. At the same time, there is evidence that psychological and emotional support from family and friends outside of the work environment can serve as buffer
against the harmful effects of job stress and can generally reduce turnover. In an analytical study conducted by Michàl, Barak, Nissly and Levin (2001), demographics, professional perceptions, and organizational conditions were considered as three main antecedents to turnover intentions among employees. Under demographics, personal and work related conditions were studied. The parameters included age, gender, locus of control measured with Rotter’s Introversion-Extroversion Scale; Rotter (1966), and life satisfaction (measured on a three-item scale developed by Bachman et al. (1967) to assess one’s general affective state in life; and work-related characteristics, including items such as education, income, and job tenure. For professional perceptions, the parameters like burnout, value conflict and job satisfaction, organizational commitment and professional commitment were studied. For studying organizational conditions, the parameters like stress, social support and fairness of management practices were included and physical conditions were also studied.

The results suggested that the best predictors of intention to quit (based on degree of association) are organizational commitment, professional commitment, burnout, and job satisfaction. The strongest single predictor of actual turnover is intention to leave, followed by employment alternatives, job satisfaction, and burnout. More specifically, employees who lack organizational and professional commitment, who are unhappy with their jobs, and who experience excessive burnout and stress but not enough social support are likely to contemplate leaving the organization. In addition to being unhappy with their jobs, lacking in organizational commitment, and feeling burnout, stress, and lack of social support, employees who have actually left their jobs contemplated quitting their jobs prior to doing it, were unhappy with management practices, and had alternative employment options.

Nicole Renee Baptiste, (2008) in his paper sought to examine the effects of HRM practices on employee well-being and performance. This paper builds on existing work within HRM and provides a framework for establishing the linkage between HRM practices, employee well-being at work and performance in the public sector. Data were collected from local government organisation employees. The data analysis revealed that employee friendly HRM practices adopted have a significant positive impact on employee
well-being at work. Also, management relationship behaviour in the form of support and trust promoted employee well-being at work amongst workers. The study observed that the promotion of well-being at work is less from the expensive HRM practices but more from line management leadership and relationships. Hence small organizations need not worry that they cannot adopt expensive high performance HR practices. They can benefit by complementing conventional methods of improving employee attitudes and productivity with change in management attitude toward employee relationships. This can enhance organisational efficiency and productivity.

Jan de Jonge and his team (2000)\(^4\) investigated the effects of the Job Demand-Control (JD-C) Model and the Effort-Reward Imbalance (ERI) Model on employee well-being. They selected a large representative sample of 11,636 male and female Dutch employees and conducted a cross-sectional survey. Logistic regression analyses were used to analyze data. When job sector, demographic characteristics like level of education and status are controlled, employees who experienced high job demands (psychological as well as physical) and low job control had higher risks of emotional exhaustion, psychosomatic and physical health disorders and job dissatisfaction (risk ranged from 2.89 to 10.94). In employees reporting both high (psychological and physical) efforts and low rewards in terms of salary, job security and work support the risk was even higher (3.23 to 15.43). Employees who were overcommitted to jobs had much higher risk (3.57–20.81) of poor well-being due to a high effort — low reward mismatch than their less committed counterparts (3.01–12.71). Finally, high efforts and low rewards was stronger predictor of poor well-being than low job control. The study concluded that independent cumulative effects of both the JD-C Model and the ERI Model on employee well-being are not significantly different in men and women as well as in young and old people. It is employees who exert high efforts but receive low rewards, and who exhibit high levels of work commitment but without any return from the organization experience high risks of poor well-being.
Karin T. Kirchhoff and Jennifer A. Kowalkowski (2010) studied practices for withdrawal of life support in intensive care units. They were motivated to carry out the study because they observed that most publications on this topic were focusing on physicians though it is the nurses who are present 90% of the time at the bedside of the patients undergoing withdrawal of life support more often than any other member of the health care team. The objective was to identify the type of training, guidance, and support related to withdrawal of life support received by nurses in ICUs in the United States, examine how the nurses participated, and observe how the withdrawal of life support occurred. The researchers distributed questionnaire about withdrawal of life support to 1000 randomly selected members of the American Association of Critical-Care Nurses. They received responses from 48.4% of the nurses surveyed. Only 15.5% of respondents’ receive formal training on withdrawal of life support and No work site orientation was provided for 63.1% of respondents. 63.8% of nurses reported their actions during withdrawal were most often guided by individual physician’s orders. 20% reported their actions were guided by standardized care plans and (11.8%) reported that their actions were guided by standing orders. Nurses rated the importance of emotional support during and after the withdrawal of life support very highly, but they did not believe they were receiving that level of support. 87.5% of the respondents participated in family conferences where withdrawal of life support was discussed. After physicians, nurses were most influential concerning administration of palliative medications. About 32.3% - 58.4% of the time patients’ families were present during withdrawal procedures. The study concluded that to improve their practice, intensive care nurses should receive formal training on withdrawal of life support, and institutions should develop best practices that support nurses in providing the highest quality care for patients undergoing this procedure.

Kuei-Yun Lu et al (2002) investigated the relationships among turnover intentions, professional commitment, and job satisfaction of registered nurses. A structured questionnaire, including the Professional Commitment Scale, job satisfaction, turnover intentions, and demographic data, was distributed to 2,550 registered nurses. A total of 2,197 female nurses completed the questionnaires with an 86.2 per cent response rate. The mean age was 28.56 years. Seventy-two per cent of respondents had graduated with an
associate's degree and 59 per cent were unmarried. There was a positive correlation between job satisfaction and professional commitment, intention to leave the organization, and between intention to leave the profession. The negative correlation was significant between professional commitment and turnover intentions, and between job satisfaction and turnover intentions. The discriminant analysis showed that 38.4 per cent of job satisfaction was correctly classified in predicting intention to leave the organization, and 30.5 per cent in predicting the intention to leave the profession. Thirty per cent of professional commitment was correctly classified in predicting intention to leave the organization, and 39.7 per cent in predicting the intention to leave the profession. The study suggests that there were different moderators that affect different turnover intentions of staff nurses.

Lee, Carswell & Allen (2000)\textsuperscript{48} held that professional commitment may be defined as an employee’s affective attachment to his/her profession with respect to the person’s belief in and acceptance of the values of one’s occupation or in line with work and a willingness to maintain membership in that profession. Honyenuga and Adzoyi (2012)\textsuperscript{49} sought to examine what stimulates and sustains professional commitment of nurses.

A quantitative approach was adopted using a validated questionnaire developed by Blau (1989)\textsuperscript{50} and modified by Reilly & Orsak (1991)\textsuperscript{51} to fit the nursing profession. A Kruskal Wallis test was used to analyse the data. The findings revealed a high commitment rate to the nursing profession in Ghana. About 68\% are committed irrespective of the amount of money they earn from the profession. About 5\% are also committed to both the profession and organisation because of money. They appear to be committed to the nursing profession because they think it pays them better and should they have another opportunity that pays better, they would go for it. Nearly 20\% are not committed at all to the profession or the organisation; they may leave sooner or later to their preferred vocation or profession. That is, a significant number of nurses are not committed to the profession at all. This poses managerial and theoretical implications.
Although the dimensions are closely related in Ryff’s six factor model they are not the same. Ryff and Singer’s (2006) studies showed that there are wide variety of patterns in personality traits across the six dimensions. Dierendonck and Diaz (2007) in their study found that Ryff’s six factor model is applicable across different cultures like Chinese and Swedish. The factorial validiry of the shortened version of Ryff’s Scale produced better results than many earlier. The internal consistencies (Cronbach’s alpha) of the six well-being dimensions were estimated. All the scales showed good reliability scores, that is .71, .79, .78, .68,.82, .71 for Autonomy, Self-acceptance, Positive relations with others, Environmental mastery, Purpose in Life and Personal growth, respectively. All item correlations were above 0.3. By removing one question from the personal growth section, the internal consistency improved from 0.68 to 0.71.

Eriksen (2006) in his study attempted to identify work factors that predict the level of psychological distress in nurses' aides. He took a sample of 5076 Norwegian nurses' aides. Psychological distress was assessed using a shortened version of the Hopkins Symptom Checklist. It consists of five questions that include feeling fearful; feeling hopeless about the future; nervousness or shakiness inside; feeling blue; worrying too much about things. Psychological, social, and organizational work factors were measured with questions from the General Nordic Questionnaire for Psychological and Social factors at Work. Effects of work factors on the level of psychological distress were examined with multivariate, linear regression models. The study suggested that work factors contribute less to psychological distress in nurses. Exposure to role conflicts and threats and violence at work contribute more to psychological distress. It is important that protective measures against violent patients are implemented, and that occupational health officers offer victims of violence appropriate support or therapy. It is also important that health service organizations focus on reducing role conflicts and that leader listens to and considers the views of the staff. More training may increase nurses' aides' capability to handle conflicting situations, and could be a way to alleviate adverse effects of role conflicts.

Pikhart Hynek (2004) conducted a study on the effect of psychosocial factors at work on mental health outcomes. Most of the earlier studies focused on a range of health outcomes but not on mental health outcomes. The study explored the relationship between
psychosocial factors at work and depression in three countries of Central and Eastern Europe. The data was collected from a cross-sectional study of working men (n=645) and women (n=523) aged 45–64 years, randomly selected from population registers in Novosibirsk (Russia), Krakow (Poland) and Karvina-Havirov (Czech Republic). The questionnaire included questions on the effort and reward at work, job control, the full CES-D scale of depression, and a range of other characteristics. Linear regression was used to estimate the association between depression score and work characteristics: the logarithm of the effort–reward ratio and continuous job control score. The means of the depression score were 10.5 for men and 14.2 for women. After controlling for age, sex and country, effort-reward ratio (logarithmically transformed) was strongly related to depression score; a 1 SD increase in the log transformed effort-reward ratio was associated with an increase in the depression of 2.0 points (95% CI 1.5; 2.4), and further adjustment did not materially change the effect. Job control was inversely associated with depression score in Poland and the Czech Republic (not in Russia) but the association was largely eliminated by controlling for socioeconomic characteristics. This study suggests that the effort–reward imbalance at work is related to prevalence of depression in these central and eastern European populations.

Brown and Ryan (2003) believed that Mindfulness is an element of consciousness that promotes well-being. Their research provided a theoretical and empirical examination of the role of mindfulness in psychological well-being. They described the development and psychometric properties of the dispositional Mindful Attention Awareness Scale (MAAS). The researchers used correlational, quasi-experimental, and laboratory studies to show that the MAAS measures a unique quality of consciousness that is related to a variety of well-being constructs. The study showed that mindfulness practitioners can be clearly differentiated from others and what differentiates them is the level of enhanced self-awareness. They conducted experience-sampling study which showed that both dispositional and state mindfulness predict self-regulated behavior and positive emotional states. The researchers administered clinical intervention study with cancer patients which demonstrated that increases in mindfulness over time relates to declines in mood disturbance and stress.
A study by Chiara Ruini et al (2014)\textsuperscript{57} organized a group intervention consisting of 7 sessions for 21 women who reported adjustment disorder. The researchers selected the sample by including women who responded to an advertisement by an Italian non-profit organization offering psychological support to women experiencing various kinds of stress and difficulties in life (prolonged unemployment, or work-related stress and burn-out, separation or divorce, etc.). The criteria for inclusion in sample were women diagnosed with adjustment disorder following various stressful life events. Each session in the intervention consisted of an introduction to a number of themes that frequently appear in fairy tales as well as references to the social uses of narratives, followed by a discussion with the participants. In two concluding workshops, participants were asked to work as a group to write their own original fairy tale. Assessment was done before and after intervention using the Ryff Psychological Well-being Scale, the Kellner Symptom Questionnaire and 2 subscales of the Posttraumatic Growth Inventory (PTGI-Appreciation of Life and personal strengths). A general Linear model (GLM) with intervention as subject factor was used to compare pre and post-treatment scores for all scales. Effect sizes were calculated using partial eta squares. Statistical Package for the Social Sciences (SPSS) Windows Software Version 19.0 was used for analysis and interpretation. Qualitative data was also collected from participants through interviews. Participants were asked to report the major benefits perceived as a result of the intervention, as well as its main negative aspects. Participants’ answers were recorded and analyzed using an open coding procedure (Strauss and Corbin (1990). Multivariate test showed a significant effect of intervention (F(12, 9) =8.406, p= 0.002, partial Eta squared=0.918). At the end of the intervention participants reported an increased personal growth and self-acceptance (PWB), together with decreased levels of anxiety (SQ). Participants perceived that the main benefits from intervention were: improved awareness of personal strengths; improved acceptance of difficulties and stressors as part of human life; increased goals in life; new meaning in daily life; new friends, sharing common experiences and stressors; increased awareness of common cultural background. Similarly, the two PTGI subscales of Appreciation of Life and Personal Strengths significantly increased after intervention, with large effect size values.
It is universal truth that people want to be happy. Therefore researchers sought to develop interventions that help people become happier. Linley P A et al (2014) in his study tried to find the effect of everyday activities on psychological well-being of people. He conducted two studies - study 1 and study 2. Participants in the study included 89 undergraduate students from a UK University, of whom 13 were male and 76 were female. The mean age of participants was 20.05 years, SD was 0.10 years and a range of 19–23 years. The study was conducted for four days. During the first two days participants recorded levels of positive and negative affect using the 10-item version of the Positive and Negative Affect Scale (PANAS) twice a day. During the next two days participants were instructed to write about the three things for which they were grateful whilst consuming an ice cream. Then they were asked to fill the PANAS. The positive affect and negative affect scores collected on the third and fourth day of the study following the activity were analyzed using a two-way analysis of covariance (ANCOVA) with Day and Time-of-Day as within-subjects factors and the pre-study score as covariate. The effect of the activity was obtained by comparing the overall means on the first two days of the study with the overall means on the latter two days of the study. In Study 2, 4 groups were selected. It used a randomized controlled design with four parallel groups. Group 1 was administered the same gratefulness activity as described in the first study (writing about three things for which they were grateful), group 2 consumed an ice cream, group 3 completed the gratefulness activity while consuming an ice cream, and group 4 completed a neutral writing task. The neutral writing task involved writing about that day’s weather. It served as a naturalistic control activity, given that the weather is a frequent topic of conversation among people. All groups were administered 20-item version of the PANAS. Participants also completed the GQ-6 (2002) to assess any changes in their gratitude level as a result of the activities. The data were analyzed using 2-way and 3-way analyses of covariance (ANCOVA). The data on positive affect and negative affect scores was analyzed using a 3-way ANCOVA with Day as a within-subjects factor, ice cream and gratefulness activity as between-subjects factors. The postive and negative affect scores collected before the activity on the two study days were used as a covariate to control for pre-activity levels of positive affect and negative affect. The data collected on last day of study was analyzed using a 2-way ANCOVA with ice cream and gratefulness activity as between-subjects
factors and the corresponding baseline measure collected on day one as the covariate. For each experimental group, researchers found that positive affect increased. However there was no additive effect for combining the gratefulness activity with eating ice cream. Thus, the study concluded that narration of stories or narrative strategies help distressed women address their emotional distress and enhance their personal growth.

The health and viability of an organization is critical for survival in this competitive global environment. For organizations to be able to remain sustainable, promoting the well-being of employees is a prerequisite. Instead of being viewed as “costs,” occupational health and well-being measures are increasingly considered as sound investment in employees who yield direct economic benefits to the organization. Well-being in the workplace is thus steadily rising up in the business agenda with a clear evidence of an increasing level of interest. For example, in the UK, the Chartered Institute of Personnel and Development (CIPD) reported a very large increase from 26 to 42% over a one-year period, in the number of employers with an employee well-being strategy (CIPD 2007)\textsuperscript{60}. In addition to indications of heightened interest within organizations, there is also significant interest at the level of the national governments. For example, a number of UK government-sponsored working groups and reports have focused on well-being, including the Foresight Report on Mental Capital and Well-being.

Danna and Griffin\textsuperscript{61} have in their study sought to find out the reasons for employee well-being gaining significance in organizational research. An individual spends one third of his lifetime in the workplace. Therefore, the work environment plays a very significant role in the overall employee well-being. Also, workplace experiences spill over into non-work life of an individual. The overlap between non-work and work has been a popular research area, as a person’s work and personal lives are interrelated and intertwined domains having reciprocal effects on each other. Experiences from one life domain therefore have corresponding influence on the experiences in other life domains.

According to Quick, Nelson & Hurrell\textsuperscript{62}, well-being is also important because of its consequences which can potentially impact both employees and organizations in a significant manner. Organizational theorists have recognized the extensive costs, in both human and financial terms, attributable to dysfunctional psychological well-being of
employees. For instance, depression, loss of self-esteem, hypertension, alcoholism, and substance abuse have all been shown to be related to work-related dysfunctional psychological well-being. Extensive evidence indicates that poor well-being is related to costs associated with illness, healthcare, absenteeism, diminished overall contribution to the organization turnover and reduced overall contribution to the organization turnover and reduced discretionary effort. Other potential threats of poor well-being include increase in workplace aggression, workplace violence and various other forms of dysfunctional behavior.

Kopelman, Grief and Guzzo\textsuperscript{63} found that well-being enhances employee productivity. These researchers proposed a model of organizational functioning. The proposal holds that HRM practices designed to improve productivity also influence one or more dimensions of work climate. Changes in pay and promotion policies by an organization alter employee perceptions of reward orientation and of equity and fairness. Also, introduction of training and development programs has a positive influence on employee perception of task support. Work climate influences the cognitive and affective states of employees in the workplace, especially, work motivation and job satisfaction. All these factors contribute to psychological well-being of an individual. Well-being helps shape individual behaviours like better job performance and citizenship, which in turn positively effect organizational productivity and performance.

Robertson & Cooper\textsuperscript{64} in their research studied the sustainability of employee engagement with respect to employee well-being. It presented the reviews of past research studies that emphasized the benefits of both employee engagement and employee well-being. The study found that most current perspectives on employee engagement reflect a narrow, commitment-based view of engagement. They focus too heavily on benefits to organizations. A broader concept of employee engagement emphasized as “full engagement” is presented in the study. It helps management achieve sustainable benefits for individuals and organizations. The study also came out with a model for improving full engagement in organizations. The uniqueness of this research lies in integration of well-being and commitment-based engagement into concept of full engagement. The researchers encourage future researchers to explore further links between employee engagement and well-being.
Happiness is one of the most important goals of human beings. This led researchers to explore the source of individual happiness. Matsunga and his associates found that a gene called 5HTTLPR (serotonin transporter gene-linked polymorphic region) is responsible for subjective well-being or happiness in individuals. Polymorphism is the occurrence of more than one form in the same population of a species. The polymorphism in 5HTT occurs in two variations in humans: A short ("s") and a long ("l"). Individuals with long polymorphisms (L-allele carriers) have been found to exhibit significantly higher levels of life satisfaction compared to individuals with short polymorphisms (S-allele carriers). This was reported by De Neve in his study in 2011. S-allele carriers are found to be more sensitive to negative emotional stimuli and have a higher vulnerability for depression and anxiety-related disorders compared to L-allele carriers. People from South Korea and Japan are found to have below average levels of happiness and life satisfaction compared to other countries. The people from the USA are found to have average levels of happiness and life satisfaction. For this study, 92 healthy participants were selected and administered the Japanese version of the Subjective Happiness Scale (JSHS). It measures subjective happiness of individuals. Blood samples of participants were tested to check their genotype. It was found that the frequency of individuals with S-allele carriers was highest in the lowest subjective happiness category. Since S-allele carriers are more prone to depression, L-allele carriers evaluate their lives more positively. There is significantly lower level of L-allele carriers in Japan compared to the USA. This explains the below average level of happiness and life satisfaction reported in the Japanese population. Thus, in their study, the researchers are able to establish the association between 5HTTLPR and happiness in Japanese adults. Hence, the geographical heterogeneity of subjective well-being or happiness is partly explained by variations in 5HTTLPR.

Ed Diener and his fellow researchers organized a research study to verify whether there are any marked variations across nations in subjective well-being (SWB) of people. For the study, the students of various countries like Japan, China, South Korea and the USA were selected and given a questionnaire to assess their SWB status. In Pacific Rim countries like Japan, China, and South Korea it was observed that there were low levels of SWB. In the U.S.A. there were higher levels of SWB. The researchers attempted to explore the reasons
for variations. It is possible that the differences are entirely due to true variation in SWB of people. It is also possible that the differences could be due to dependence of research on self-reported measurement of SWB. There are variations across nations in culture regarding whether it is desirable to say one is happy. In some nations it is not desirable. The differences are also due to government regulation. The differences are also due to income per person. In Asian countries, people express dissatisfaction in some areas like education and self freely but do not express freely regarding social relationships. Artifacts have not been major source of lower SWB. SWB is given significance in countries like Japan and S. Korea, but not given much importance in China. However, the explanations for this diversity have not been fully explored and offers scope for further research.

The studies to analyze sample size and statistical techniques

Dr. Ayyuob Al-Swalhah\(^6^8\) conducted a study to identify the relationship between work stress and job performance among workers in Al-israa hospital. The hypotheses employed in the study included: There is statistically significant relationship between the internal work stresses (job security) and job performance among workers in Al Israa hospital. There is statistically significant relationship between the external work stress factors (political, social, and cultural pressures) and job performance among workers in Al Israa hospital. The data was collected from 95 employees. For data analysis, the statistical methods like descriptive statistics and Spearman’s correlation were used.

According to a study conducted by Fariba Tabe Bordbar\(^6^9\) in 2011 on psychological well-being, 500 students from Payam-e-Noor University of Shiraz were asked to complete the psychological well-being questionnaire. The result of study revealed: psychological well-being related positively to academic performance. ANOVA analyzed that it differs in sex, course study and marital status. There are significant differences in self esteem, positive relation and environmental mastery with psychology well-being.

Neeta Sharma (2015)\(^7^0\) conducted a study on retired employees. The study aimed at investigating the influence of psychosocial factors, leisure time activities, family structure, and length of retirement on the psychological well-being of retirees. Retirement is a
significant phase in one’s life. It often becomes a source of stress in individuals as they suddenly find themselves switching to idle life from busy life. The study used simple random sampling method. The total sample comprised of 200 male retirees with good health status living in home environment whose age ranged from 60-73 years and annual income ranged from Rs. 70,000 to Rs. 1,50,000. The respondents’ duration of retirement was from one and a half years to fifteen years. The psychosocial variables studied were attitude towards old age, retirement specific self-esteem, rigidity, goal directedness, social support, household decision making, and life regrets. The personal data sheet collected demographic details including family structure, length of retirement, and leisure time. Data were collected by the researcher using standardized scales. Data were analyzed using multiple regression, partial correlation and discriminant analysis. The results indicated that retirement specific self-esteem, dispositional rigidity, goal-directedness, social support (reliable alliance and reassurance of worth), regretfulness, leisure time activities, and family structure were the significant predictors of psychological well-being of retirees. The selected variables put together explained 93% of variance in the psychological well-being of retirees. Discriminant analysis revealed that the retirees with low and high psychological wellbeing found to differ in attitude towards aging, goal directedness, retirement specific self-esteem, dispositional rigidity, perceived social support, household decision making, regretfulness, and leisure time activities. The researchers suggested that counseling employees before retirement enhances their psychological well-being.

Hailemariam Gebremichael71 initiated a research study that investigated the relationship between job satisfaction and organizational commitment in terms of academic and supportive staff at Wolaita Sodo University. Job satisfaction has been defined as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences72”. Organizational commitment is defined as “the relative strength of an individual’s identification with and involvement in a particular organization73”. Organizational commitment is commonly characterized by three factors: (1) Identifying with an organization and its goal and values (identification); (2) A strong desire to maintain investment with the organization (loyalty); and (3) Willingness to work extra hard on behalf of the organization (involvement). For the sake of achieving the objectives of this study, information was gathered from a sample of 87 academic staff and 45 supportive
staff. These respondents were selected using stratified sampling technique. A demographic questionnaire, the Minnesota satisfaction Questionnaire (MSQ), and the Organizational Commitment Questionnaire (OCQ) were administered to the respondents and the data collected were analyzed by Statistical analysis such as Pearson's Product Moment Correlation Coefficient, Independent T-test and multiple regression analysis. The results of this study indicate that there exists a weak, but significant, positive relationship between job satisfaction and organizational commitment in both academic and supportive staff. Furthermore, the independent T-test showed that there is no statistically significant difference in the job satisfaction and organizational commitment between academic staff and support staff at Wolaita Sodo University.

In a study conducted by Madhav Goyal et al on meditation programs for well-being, 41 trials were conducted with 2,993 participants. The trial period ranged from 4 weeks to 9 years in duration. To assess the direction and magnitude of reported effects of the interventions, the researchers calculated the relative difference between groups in how each outcome measure changed from baseline. They conducted meta-analysis using standardized mean differences to obtain aggregate estimates of effects with 95-percent confidence intervals (CIs). They analyzed efficacy trials separately from comparative effectiveness trials. One of the key questions in this study was - What are the efficacy and harms of meditation programs on negative affect (e.g., anxiety, stress) and positive affect (e.g., well-being) among those with a clinical condition (medical or psychiatric)? For finding answer to this question, 32 trials were conducted including four evaluating transcendental meditation (TM) that focuses on concentration, two evaluating mantra meditation, and 26 evaluating mindfulness meditation. In general, no evidence was found to prove that mantra meditation programs improve psychological stress and well-being. However, the study showed that mindfulness meditation programs improved multiple dimensions of negative effect, including anxiety, depression, and perceived stress/general distress, and the mental-health component of quality of life with a low to moderate strength of evidence when compared to a nonspecific active control. While meditation programs generally seek to improve the positive dimensions of health (Well-being and positive mood), the available evidence from a very small number of studies did not show any effects on positive affect or well-being. Both analytical methods, the difference-in-change estimates (which accounted
for baseline differences between groups) and the meta-analyses (which only compared end-line differences), showed consistent but small effects for anxiety, depression and stress.

Australia and New Zealand have both accepted refugees for many years and have dedicated but distinctly different settlement policies for them. A study by Sulaiman-Hill\textsuperscript{75} attempted to compare the resettlement of two discrete refugee groups - Afghans and Kurds resettled and living in Christchurch or Perth, by assessing their health and subjective well-being (SWB). A sample of 193 refugees was selected for the study. The refugees lived in Christchurch (n = 98) and Perth (n = 95). In the selected sample, 47% of the people were Afghan and 53% Kurdish; 48% of the sample was female. Participants’ ages ranged from 18-70 years, with time since resettlement ranging from several months to 20 years. However, a major challenge involved the selection of standardised, validated instruments in appropriate languages to measure the outcomes of interest with these ethnic groups, the study describes the instrument selection criteria, taking into consideration language requirements and a review of previous instruments used with refugees and groups from Afghanistan of the Middle East region. The three instruments eventually used were Kessler-10 Psychological Distress Scale (K-10) General Perceived Self-Efficacy Scale (GPSE) and Personal Well-Being Index (PWI). The Kessler-10 scale is a population screening tool for psychological distress and has been used in New Zealand and Australian National Health and state surveys. The K-10 consists of ten questions designed to measure psychological distress over the previous four weeks, scored with five response categories on a Likert scale. The sum of all ten items gives a total score with a range from 10 to 50. The GPSE aims to assess an individual’s general sense of self-efficacy, reflecting their ability to cope with daily hassles and flexibility to adapt after experiencing stressful life events. It correlates positively with self-esteem and optimism and negatively with anxiety, depression and physical symptoms. Efficacy beliefs control levels of motivation and perseverance, resilience to adverse situations, and they impact on an individual’s vulnerability to stress and depression, as well as influencing life choices. The scale consists of ten questions in which respondents rate how well each statement describes their approach to problem situations on a four point Likert scale. A sum score, with a range from 10 to 40 points, can be calculated by adding all responses, or alternatively a mean score may be used. Higher scores represent higher perceived self efficacy. If there are more than
three missing values, scores are not calculated. The scale is available in 30 languages which also provides links to comparative data sets. For another measure - Personal Well-Being Index (PWI), the Australian Unity Well-Being Index (Personal Well-Being Index) was selected to measure subjective well-being, through eight domains representing the first level deconstruction of the global question ‘How satisfied are you with your life as a whole?’ Domains comprise standard of living, health, life achievement, personal relationships, and personal safety, feeling part of the community, future security and spirituality/religion. The optional religion/spirituality domain was also included as this is an important component of subjective well-being for groups from the Middle East. Questions were scored using an 11-point Likert scale with the anchors 0 ‘Completely dissatisfied’ and 10 ‘Completely satisfied’. The domains can be analysed as separate variables, or aggregated to give an average percentage score representing subjective well-being, with higher values representing greater satisfaction. Quantitative data was analysed using SPSS 12. Frequency distributions for each language version by demographic variables and baseline descriptive statistics were calculated for each instrument. Kruskal-Wallis and Mann-Whitney U tests were performed to assess differences between groups of variables. Significant results from the Kruskal-Wallis test were further analysed by pairwise comparison using the Mann-Whitney test and the Bonferroni correction to determine significance level. Cronbach’s alpha was calculated to assess reliability of the instrument. Statistically significant differences in mean scores were noted by gender for each instrument, by refugee group for the PWI and between language versions for K-10 and GPSE.

According to Jennifer Crocker\textsuperscript{76}, a total of 91 Black, 96 White, and 35 Asian college students were given the Collective Self-Esteem Scale (CSES) questionnaire. Also, they were administered questionnaires for psychological well-being (personal self-esteem, life satisfaction, depression, and hopelessness). Correlation analysis was performed to find out the correlation between the Public and Private Sub-scales of the CSES. It was near zero for Blacks, moderate for Whites, and strong for Asians. The membership and private subscales of the general CSES were related to psychological well-being, even when the effects of personal self-esteem on well-being were partialed out. When the three groups were examined separately, the relation of CSE to well-being with personal self-esteem partialed
out was nonsignificant for Whites, small for Blacks, and moderate to strong for Asians. General and race-specific CSE were correlated for all three groups. The correlations were strongest for Asians. Ramifications for symbolic interactionist views of the self-concept, for formulations of mental health, and for methodological issues concerning the CSES are discussed.

A study was conducted by Yoichi Chida and Andrew Steptoe [77] on relationship between positive psychological well-being and physical health. They sought to review systematically prospective, observational, cohort studies of the association between positive well-being and mortality using meta-analytic methods. They identified 35 studies (26 articles) investigating mortality in initially healthy populations and 35 studies (28 articles) of disease populations. The meta-analyses showed that positive psychological well-being was associated with reduced mortality in both the healthy population (combined hazard ratio (HR) = 0.82; 95% Confidence Interval (CI) = 0.76–0.89; \( p < .001 \)) and the disease population (combined HR = 0.98; CI = 0.95–1.00; \( p = .030 \)) studies. 2444 healthy and 1397 diseased population studies were considered. The meta-analysis of studies that controlled for negative affect showed that the protective effects of positive psychological well-being were independent of negative affect. Both positive affect (e.g., emotional well-being, positive mood, joy, happiness, vigor, energy) and positive trait-like dispositions (e.g., life satisfaction, hopefulness, optimism, sense of humor) were associated with reduced mortality in healthy population studies. Positive psychological well-being was significantly associated with reduced cardiovascular mortality in healthy population studies, and with reduced death rates in patients with renal failure and with human immunodeficiency virus-infection. Finally, the study concluded that positive psychological well-being has a favorable effect on survival in both healthy and diseased populations.

Also according to Huppert, the consequences of PW include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors. Data in this area are necessarily correlational rather than experimental, but a report highlighting the value of assessing positive emotional states is that by Xu and Roberts [78], using longitudinal data from 1965 to 1993 from the Alameda County Study with sample size \( N = 6856 \). After controlling for age, sex, education, baseline health and social
networks, longevity was predicted by positive emotions but not by negative. The effect held for both younger and older age-groups and was particularly clear for healthy adults. The authors called for more focus on positive emotions as a potential promoting agent for population longevity and health. Boehm et al. (2011) report similarly, based on a 5-year follow-up of 7942 participants in the Whitehall II cohort, an association between psychological well-being and a modest but consistent reduction in risk of incident CHD.

Two studies were conducted by Robert J Vallerand on professional nurses from two cultures - France and Canada. In the first study, data was collected from 100 nurses in France using scales assessing passion for their work, psychological conflict, work satisfaction, and burnout. Structural equation modeling was used to analyse the collected data. The model was supported, even when the number of hours worked per week was controlled. Obsessive passion facilitated the experience of burnout through the psychological conflict it created between work and other life activities. There was also an absence of relationship between obsessive passion and work satisfaction. On the other hand, harmonious passion prevented the experience of conflict and contributed to the experience of work satisfaction. Therefore, it protected the person from experiencing burnout.
These findings were replicated in a second study where data was collected from nurses in the province of Quebec. The study enabled the researcher to predict changes in burnout over a six-month period. The study indicated that harmonious passion protects individuals against psychological ill-being. Conversely, obsessive passion contributes to ill-being through the conflict it creates between the passionate activity and other life activities that help people rejuvenate themselves. For instance, in this particular study, we found that harmonious passion toward one's favorite activity (e.g., playing cards, playing a musical instrument) positively predicted positive indices of psychological well-being but negatively predicted indices of ill-being. Conversely, obsessive passion positively predicted anxiety and depression, was negatively related to life satisfaction, and was unrelated to vitality and meaning in life (Refer figure 2.4). Thus, the promoting and protective functions of harmonious passion were supported while the less than optimal role of obsessive passion was demonstrated.
More than 750 men and women aged between 18 and 90 years were given a questionnaire containing the Passion Scale as well as assessing the passion criteria (i.e., loving and valuing the activity, spending regular time on the activity, and the activity being perceived as a "passion") with respect to an activity that was dear to their heart. Participants also completed scales assessing hedonic (life satisfaction by Diener\cite{diener1985}) well-being and eudaimonic (self-realization by Ryff\cite{ryff1989}) well-being. Using the passion criteria discussed previously, those individuals who were highly passionate (a mean of 5 and more on a 7 point scale on the 4 passion criteria) were segregated from those who were not (below a mean of 5 on the passion criteria). Those who were the respondents with a higher z-score on the harmonious passion than on the obsessive passion subscale were graded as "harmoniously-passionate" from those who were "obsessively-passionate" (those with a higher z-score on the obsessive passion subscale). Then the three groups were compared on the two types of psychological well-being indices. The results showed that being harmoniously passionate for a given activity leads to higher levels of psychological well-being on both hedonic and eudaimonic well-being compared to being obsessively passionate and non-passionate.

G. Hutchinson\cite{hutchinson2006} and his colleagues sought to identify in their research, the variables which best predicted psychological well-being in the Caribbean country, Jamaica. They also wanted to identify the variables associated with feelings of satisfaction with life. Psychological well-being and the degree of satisfaction with life are likely to affect a range of social behaviours and determine uptake of health and social services. It is important to identify the factors that inform these constructs. The researchers conducted interviews with young adults aged 15–50 years as part of a decision-making survey in Jamaica. Information was collected on a range of social, health and demographic variables using CES-D (Centre for Epidemiological Studies of Depression) as a measure of psychological well-being. Satisfaction with life was measured using a Likert scale in response to the question ‘Are you satisfied with your life as a whole?’ Multiple regression analyses were used to determine the predictors of psychological well-being and satisfaction with life. A sample size of 2580 respondents (1601 women and 979 men) was selected. The mean age was 29.7 years (standard deviation 9.2 years). Women had lower levels of psychological well-being.
and satisfaction with life. Independent predictors of lower psychological well-being were having an acute illness, having a chronic illness in women and high religious behaviour in men. Satisfaction with life was predicted by younger age, marital status and employment. Finally, the study concluded that health variables are more important for psychological well-being while social circumstances are more significant for satisfaction with life. There are important gender differences in the mediation of psychological well-being as well as age differences in the variables associated with satisfaction with life.

Psychological Well-being is measured using various instruments. There is no one specific instrument that is accepted as the standard technique for measuring psychological well-being. Helen R Winefield\textsuperscript{83} and his colleagues conducted a study to evaluate reliability and validity of psychological well-being scales, specifically the Diener Satisfaction with Life Scale (SWLS\textsuperscript{84}) and Ryff’s Psychological Well-being scales (Environmental Mastery and Personal Relations). Also, the researchers examined the relationship between psychological well-being and psychological distress. Psychological distress (PD) takes the form of anxiety, sadness, irritability, self-consciousness and emotional vulnerability and is strongly correlated with repeated illness, reduced quality and duration of life, and increased use of health services (Lahey (2009)\textsuperscript{85}). All households in South Australia with a telephone connected were included in the sample. Telephone numbers were selected randomly from the metropolitan and country areas. There were no replacements for non-contactable persons. A sample of 4500 was drawn of which 3325 households were eligible. Some people could not be contacted because of fax/modem connections, automated message or number not connected, non–residential numbers and deceased or otherwise ineligible. From the eligible sample of 3325, interviews were conducted with 1933 persons (58.1\%), nonparticipation being due to refusals, noncontact after 10 attempts, incapacitated, respondent unavailable, foreign language, or interview terminated. Information about sex, age group, the number of adults in the household and the number of children aged under 18 years, metropolitan or rural residence, country of birth and aboriginality, language spoken at home (English or other), marital status, education, work status, gross household income, and own or rented house was collected from respondents. Psychological well-being was measured using the Diener Satisfaction with Life Scale. Two subscales from the
Ryff’s Psychological Well-being Inventory (Ryff 1989) - environmental mastery and positive relations were also administered to respondents. Psychological distress was measured using the 10-item screening scale K10. Internal reliability was determined using Cronbach’s alpha and Pearson correlations determined the direction and strength of the linear association between the scales. Finally, mean scores for each demographic characteristic were determined. Significant differences were assessed using T-tests and one-way ANOVA were used to test for significant differences between groups with all post hoc comparisons conducted using the Scheffe test. With the goal of investigating a potential composite measure of PW, scores from the three PW tests were added and the resultant “Overall well-being” totals were subjected to factor analysis.

The composite measure consisting of the total of scores for the two Ryff scales and the Diener SWLS scale had a similar correlation with the K10 as did the component scales. Significant differences in mean values existed between categories for all demographic characteristics except for sex, age group, area of residence and nativity. Marital status, work status, income and dwelling ownership were all characteristics significantly associated with PWB, SWLS and PD. Variables with high mean scores for distress had low mean scores for well-being and vice versa. However, there were two exceptions to this. There was usually no significant difference in mean score between genders for the PW scales, but female gender was associated with higher scores of PD. Living in a household with one or more children was significantly associated with higher scores for PWB but there were no significant differences in mean scores for PD.

Transformational Leadership is often credited with improved employee engagement and performance. A research conducted by Christine Jacobs and her team at the University of Cologne reaffirmed this fact. They surveyed workers in 6 different IT firms on their manager’s leadership style and performance. For objective data, they used the following four qualities to assess the level of Transformational Leadership within the organization – (i) Employees working to a shared goal, (ii) Employees exhibiting improved performance (iii) Employees considering their leader as role model (iv) Employees perceiving intellectual stimulation.
These qualities were then correlated to a psychological well-being test that measured employee general happiness levels. When taking into account other factors including stress, education and age, the qualities of Transformational Leadership had a “significant” and substantial effect on well-being, and therefore subsequently on performance levels. A number of studies on leadership by researchers like McKee, Nielsen and several others have shown that meaningfulness of work and employee involvement, self-efficacy mediate the relationship between transformational leadership and employee well-being. Trust in leader also mediates the relationship between transformational leadership and employee well-being.

**Research Gap**

The literature review showed that there are not many research studies exploring the impact of geographical area on psychological well-being of employees, especially nurses. Also, there are very few studies observing the impact of type of hospital on psychological well-being of nurses. No study has been conducted so far exploring the impact of the combination of the factors – Commitment to nursing profession, Workplace engagement, Assertiveness of nurses and leadership style of supervisors on psychological well-being of nurses and in turn its impact on job satisfaction. This research gap was identified and chosen as a topic of study.

Also, most of the earlier researches emphasized that job satisfaction leads to psychological well-being. However, in the present study, the following relation has been studied: Leadership style of supervisor, workplace engagement, assertiveness and commitment to profession influence the level of psychological well-being of employee. The psychological well-being of employee influences his/her job satisfaction level.

No comparative studies have been conducted so far on psychological well-being of nurses in three types of hospitals in Hyderabad and Delhi. The present study therefore is distinct and highly relevant in the above context.

**Future Research**

Future researchers can focus on specific aspects of psychological well-being like the specific factors to be included to improve workplace engagement, the extent of
assertiveness required, and their impact on psychological well-being of nurses. Also, future researchers might investigate to explore the best leadership style that would lead to enhanced psychological well-being of nurses. The research can emphasize more on how leaders influence psychological well-being in the workgroup. Also, the researchers may analyze whether there is relationship between emotional intelligence levels of leaders and level of psychological well-being of employees. The future researchers may also study whether commitment to organization or commitment to profession play major role in enhancing psychological well-being and job satisfaction of employees.

The future researchers can also focus on finding ways to improve psychological well-being in the following situations: (a) treating a disorder (low psychological well-being) when it is present (b) preventing disorder from occurring and (c) enhancing well-being (i.e. increasing flourishing).
REFERENCES


