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## **EFFECT OF RESILIENCE ON ILL-HEALTH STATUS AND SUBJECTIVE WELL-BEING**

**Shashi Prabha Kashyap<sup>1</sup> and Sandeep Kumar<sup>2</sup>**

### **ABSTRACT**

The present study is an attempt to study the role of resilience in the relationship between ill-health status and subjective well-being among supervisors. The sample comprised of 250 supervisory level employees of manufacturing organizations in India. The sample was selected using convenience sampling method. The Resilience & Optimism Scale (Srivastava, 2008) was used to measure resilience, General Health Questionnaire (Goldberg & Hiller, 1979), and Satisfaction with Life Scale (Diener, Robert, Emmons, Larsen, & Griffin, 1985) were used to measure ill-health status and subjective well-being. The study tried to assess the impact of resilience on ill-health status and subjective well-being of supervisors and the data was statistically analyzed by using t-test. The findings of the study revealed that there was a significant difference in ill-health status and subjective well-being of supervisors with regard to resilience. Implication of this present study is that, the participants high on the attribute of resilience exhibited significantly fewer symptoms of physical and psychological ill-health and reported experiencing greater subjective well-being as compared to those having low resilience.

All the abstracts should contain: background, aim/purpose, method, results/findings, and conclusions.

**Keywords:** Physical ill health, psychological ill-health, resilience, subjective well-being.

### **Introduction**

The roles and responsibilities of supervisors have attained new definitions and wider perspectives due to the deep impact of technological changes, modernization and globalization all over the world. In this era, supervisors who have attempted to translate their capabilities and resources to actual accomplishment have entered the world of work force rapidly. Despite the redefinition of their roles, supervisory level employees in India are besieged by a number of problems due to demands and responsibilities at workplace, which, at times, may lead to their being overburdened. Thereby, when exposed to a combination of stresses caused due to their responsibilities along with those experienced at workplace, they are likely to experience a negative effect on their physical and psychological well-being resulting in ill-health.

In classical Indian tradition, health is considered as a state of delight or a feeling of physical, mental and spiritual wellbeing (Dalal, 2005; Verma, 1998). This Indian perspective is closer to the WHO definition of health; provides an ideal state of human functioning and conceptualizes health as a state of mind which is peaceful, serene, and free from conflicts and desires and is also defined as people's his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 1998). The concept of mental health includes subjective well-being, perceived self-efficiency, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential. Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder (Homes, 2020).

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In general, we can say that health refers how effectively and successfully a person functions, feels is capable and competent, and able to handle normal levels of stress, maintains satisfying relationships and leads an independent life, and is able to recover from difficult situations. These are the characteristics of good health and a person's good health reflects good life. Good life has a key component of happiness and well-being. Well-being is a global judgment about one's good life. It includes experience of joy, contentment, positive mood, a sense that life is good, meaningful, and worthwhile.

Today, as researchers and other behavior scientists study these two overlapping concepts, like happiness and well-being. One is subjective view and the other a more perspective view (Kesebir & Diener, 2008). The first and most prevalent view among psychologists, the subjective view is that happiness is defined as subjective well-being (Diener, 1984). Subjective well-being assumes that an essential ingredient of the good life is that the person his/herself likes their life. Subjective well-being is defined as a person's cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events as well as cognitive judgments of satisfaction and fulfillment. According to Kesebir and Diener (2008), subjective well-being concerns peoples' self-reported assessment of their own well-being. It consists the components include life satisfaction (global judgments of one's life like, satisfaction with one's work, health, relations, etc.), positive affect (prevalence of positive emotions and moods), and low levels of negative affect (prevalence of unpleasant emotions and moods).

Thus, subjective well-being is a broad concept that includes experiencing pleasant emotions, low level of negative moods, and high life satisfaction. The positive experiences embodied in high subjective well-being are a core concept of positive psychology because they make life rewarding.

Emmy Werner (1982) was one of the early scientists to use the term resilience in the 1970s and the concept of resilience was first used by child psychiatrist Michel Rutter. Resilient individuals regain their balance and keep going, despite adversity and misfortune. They find meaning amidst confusion and tumult. Resilient persons are self-confident and understand their own strengths and abilities. They do not feel a pressure to conform but take pleasure in being unique and will 'go it alone' if necessary. Resilient individuals have confidence in their ability to persevere because they have done so before and anticipate rather than fear change and challenges. Being resilient does not mean that an individual will 'bounce back' and return to the same position after experiencing difficulties, but it does mean that equilibrium will be re-established. Resilience is also defined as successful adaptation in response to adversity (Zautra, Hall, & Murray, 2010).

Resilience involves individual variations in response to risk in the way that poor outcomes are reduced or good outcomes are enhanced (Rutter, 1987). Resilience has been defined as the ability of a person to recover, re-bound, bounce-back, adjust or even thrive following misfortune, change or adversity (Garcia-Dia et al., 2013) and is widely acknowledged to be a complex, dynamic and multi-dimensional phenomenon (Waugh and Koster, 2014). An important issue in the health-resilience literature is its protective nature, which helps individuals to cope with adversity. Resilience plays the important role of a protective factor, protecting the individual's psychological being and increasing positive changes when coping with stressful situations (Dolbier, Jaggars, & Steinhardt, 2010; Kinman & Grant, 2011). It seeks to promote and maintain health and prevent illness (Muller, 2009).

### **Objective of the study**

The main purpose of the present study was to examine the effect of resilience on ill-health and subjective well-being of the industrial supervisors.

### **Hypothesis of the study**

It was hypothesized that high resilience would be positively associated with good health and subjective well-being.

### **Method**

#### **Participants**

Present investigation was conducted on 250 supervisory level employees of manufacturing organization in India. Participant's age ranged between 24 to 62 years with the mean age of 47 years ( $M=47.61$ ,  $SD=8.28$ ). The sample was selected using convenience sampling method.

#### **Measures**

The following psychometric measures along with a personal data schedule which recorded the information regarding age, sex, marital status was administered on the sample.

1. The health scores were measured using General Health Questionnaire-28 (Goldberg & Hiller, 1979). The scale measures the psychological aspect of quality of life. The scale comprises 28 items, to be rated on 4-point scale, relating to dimensions of ill-health, namely somatic symptoms of ill-health, anxiety/insomnia, social dysfunction, and severe depression. High score on the scale indicates poor health. The inter-correlations between the four subscales ranged from 0.40 to 0.62, with a mean value of 0.52. The reliability of the sub-scale varies around 0.82, and mean of inter-item correlation was found to be 0.92. The validity of the scale was established by carrying out principal component analysis with varimax rotation and a forced from test or solution.

2. To measure subjective well-being of the employees the Satisfaction with Life Scale (SWLS) (Diener, Robert, Emmons, Larsen, & Griffin, 1985) was used. It is a short 5 item instrument to be rated on 7-point scale designed to measure global cognitive judgments of satisfaction with one's life. The scale usually requires only about one minute of a respondent's time. Retest reliability of the scale was found to be 0.82, and coefficient alpha was 0.87. The inter-item correlation matrix was factor analyzed, using principal axis factor analysis. The number of factors to be extracted was determined by an inspection of the scree plot of Eigen values. Using these criteria, a single factor emerged accounting for 66% of the variance. Normative data presented for the scale show good convergent validity with other scales and with other types of assessment of subjective well-being. Life satisfaction assessed by SWLS shows a degree of temporal stability (i.e. 0.54 for 4 years). The scale shows discriminant validity from emotional well-being measures.
3. The resilience scores were measured using Resilience & Optimism Scale (Srivastava, 2008). It is a 5-point rating scale developed by Srivastava (2008) to assess the extent of resilience and optimism. The scale comprises 21 items (17 true-keyed and 4 false-keyed) relating to two psychological characteristics or traits, i.e. resilience and optimism. Resilience and optimism constitute two sub-scales. The reliability index as obtained by split-half (odd- even) method and Cronbach's alpha-coefficient for the scale as a whole were found to be .869 and .835, respectively. Items related to resilience were used in this study.

Besides collecting data with above mentioned scale, information regarding the participant's age, sex, education, marital status and work experiences were also obtained.

### Procedure

To conduct the present study, all the necessary permission for data collection was obtained from the organization. Rapport was established with the employees and the purpose of the study was explained to them. The questionnaire was distributed to 300 supervisors who were contacted personally and requested to respond on the above-mentioned measures. They were asked to read carefully the instructions given in the questionnaires. Participants were allowed to take their own time to complete the questionnaire. All above mentioned psychometric tools were simultaneously administered to the selected participants. 263 supervisors returned the filled in

questionnaires out of which 250 were completely filled in and were used for the final analysis. Scoring for all the above mentioned questionnaires were done as instructed in their manuals and data files were prepared for analysis.

### Results

The obtained data was statistically analyzed as per the objective of the study. To test that participants scoring high (i.e. above Mdn.) and low (i.e. below Mdn.) on the measure of resilience significantly differ in their health status, t-test was applied. The obtained results are recorded in the following Table 1 and Table 2.

**Table 1: Comparison of high and low Resilience groups with regard to their ill-Health status.**

Independent Variable	Level	N	Dependent Variable	Mean	SD	t-ratio
Resilience	High	138	Symptoms of Ill-Health (Physical)	100.667	21.871	6.255**
	Low	112		121.714	31.203	
	High	138	Symptoms of Ill-Health (Psychological)	45.674	11.987	6.303**
	Low	112		55.688	13.089	

High = Above Mdn; Low = Below Mdn; \*\* $p < .01$

High score on measures of health indicates poor or ill Health

The result presented in table 1 indicates that participants who have high tendency of resilience caused a significant difference in their health status. The participants high on the attribute of resilience exhibited significantly ( $p < .01$ ) fewer symptoms of physical ill-health ( $t = 6.255$ ), psychological ill-health ( $t = 6.303$ ).

Independent Variable	Level	N	Dependent Variable	Mean	SD	t-ratio
Resilience	High	138	Subjective Well-Being	25.442	6.162	5.17**
	Low	112		21.241	6.658	

High = Above Mdn; Low = B\*\* $p < .01$

The result presented in table 2 reveals that participants who have high tendency of resilience caused a significant difference in their subjective well-being. The participants high on the attribute of resilience exhibited significantly ( $t = 5.17$ ,  $p < .01$ ) greater subjective well-being as compared to those who low in resilience.

## **Discussion and Conclusion**

The study in general revealed that physical as well as psychological health status of the employees is significantly influenced by their personal attribute, though with different effectiveness. The results of the study indicate that employees possessing the attribute of higher resilience having high satisfaction with life in general manifest relatively fewer symptoms of physical as well as psychological ill-health, and experience higher subjective well-being. Studies have now shown a link between resilience and various health outcomes such as burnout, secondary traumatic stress, depression, and anxiety (Mak et al., 2011; Mealer et al., 2012; McGarry et al., 2013). For example, a study by Mealer et al. (2012) included 744 intensive care nurses working in the United States and found that high resilience was associated with a lower prevalence of burnout, symptoms of anxiety and depression and symptoms of post-traumatic stress disorder. Fredrickson and colleagues (Fredrickson et al., 2005; Tugade et al., 2004) found that high-resilient individuals exhibited faster physiological and emotional recovery from stress. In one study (Tugade et al., 2004) higher trait resilience was linked to quicker cardiovascular recovery following a laboratory stressor. In another study (Fredrickson et al., 2005), higher trait resilience was associated with lower subsequent depressive symptoms.

Therefore, in conclusion it can be said that resilience is the most important defense which employees have against adversity and maintain their good health status with their high resilient attribute. It is important to build and foster resilience to be ready for future challenges, and manages to remain healthy.

## **Suggestions for future researches**

In the present times, the theme of resilience is very important but very little and limited resilience research has been conducted. Very few previous researches have been conducted pre-adolescent and younger children

(Garmezy & Tellegen, 1984; Garmezy, Masten, & Tellegen, 1984; Masten et al., 1988; Werner & Smith, 1982) or with young adults (Rutter & Quinton, 1984; Werner, 1989). The present study was carried out only on the supervisors but in future there is also the need to include employees from other levels of organization as samples.

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