

# ROLE OF POSITIVE PSYCHOLOGICAL ATTRIBUTES IN HEALTH: AN EMPIRICAL INVESTIGATION

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## ABSTRACT

From the very beginning of civilization, health has been considered very important in overall functioning of people. Positive attitude towards life play a vital role in determining health status and psychological well-being of people. The purpose of this empirical study is to investigate the role of positive psychological attributes in supervisory level employee's health status and at the same time how positivity affects the physical, psychological and social well-being of employees. The present study was conducted on 100 supervisory level employees of manufacturing organization in India. The sample was taken on the basis of convenience sampling method. Tools used for data collection in this study were General Health Questionnaire (Goldberg & Hiller, 1979), Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988), and Resilience & Optimism Scale (Srivastava, 2008). The results reveal that positive psychological attributes like, positive affectivity, resilience and optimism were found to be negatively correlated with ill-Health status. The result of stepwise multiple regression analysis shows that resilience and positive affectivity emerge as significant predictors to influence the health of the supervisory level employees. Psychological well-being and physical health of employees play an important role in the smooth functioning of an organization and Positivity boost it. Thus with a positive frame in mind employees contribute their best and should be in practice for maintaining health.

**Keywords :** Health, Positive affectivity, Resilience, Optimism

## INTRODUCTION

In any organization employees are not just a resource for production but also a major catalytic factor for organizational effectiveness and growth. Subjective aspect of employees such as their attitude, perception, belief system and orientation influence employee's health and well-being but at the same time positive psychological attributes play vital role in influencing employee's health and wellbeing which in turn affects organizational effectiveness and growth.

It is well recognized truth that possessing a good health is very important for all round growth and development. It emphasizes the social and personal resources as well as physical capabilities. Existing literature defined health in various ways; World Health Organization defined health as "a physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (WHO, 2011). Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease

and the good life (Tinetti & Fried, 2004). Most practitioners identified health as the interrelatedness of several factors, physical, mental, and spiritual factors. They emphasized health as good functioning, absence of disease and chronic disease (Julliard, Klimenko & Jacob, 2006). In last few decades, good health has been recognized as something that can be actively achieved by people through a healthy life style.

There are many factors which affect the various domains of health of an individual, the role of positive personal attributes, which determine the behaviour of an individual, need to be studied for understanding one's general health. Positive personal attributes like, resilience is the ability to successfully cope with change or misfortune. 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. It is a psychological phenomenon

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as it is a perception of inner strength that allows for the physical manifestation of that strength i.e., the quick recovery from disruptions in functioning and return to previous level of functioning (Steinhardt & Dolbier, 2008; Carver, 1998).

Watson and his colleagues (Watson & Clark, 1997; Watson, 1988; Watson & Tellegen, 1985) have typically characterized positive affectivity as "one's level of pleasurable engagement with the environment." Positive affectivity has found to be a good predictor of health and better prognosis from illness. It has been generally found that people with high level of positive affectivity had longer life span, fewer pains and symptoms of illness (Cohen & Pressman, 2006). High PA reflects enthusiasm, high energy, concentration, and determination (McIntyre, Watson, Clark, & Cross, 1991). The high energy and engagement, optimism, and social interest characteristic of high PA individuals suggest that they should be more likely to be satisfied with their life.

Optimism is defined as positive outcome expectancies, either of a generalized, dispositional nature or with regard to a specific situation. Both types of optimism have been associated with better psychological adjustment to stressors such as health and academic role transitions (Aspinwall & Taylor, 1992; Scheier & Carver, 1992; Segerstrom, Taylor, Kemeny, & Fahey, 1998; Stanton & Snider, 1993) and also might be associated with better physical health via relationships to the cardiovascular and immune systems (Räikkönen, Matthews, Flory, Owens, & Gump, 1999; Reed, Kemeny, Taylor, Wang, & Visscher, 1994; Segerstrom, 1998). Optimism has been found to be positively correlated with better health and survival and adaptation among patients with chronic disease (Symister & Friend, 2003).

## OBJECTIVES

1. To find out the relationship of positive affectivity and ill-health.
2. To examine the relationship of resilience and ill-health.
3. To examine the relationship of optimism and ill-health.

## RESEARCH METHODOLOGY

### *Hypotheses*

1. Positive affectivity would be negatively correlated with ill-health.

2. Resilience would be negatively correlated with ill-health.
3. Optimism would be negatively correlated with ill-health.

### *Sample*

The present study was conducted on 100 supervisory level employees of manufacturing organization in India. The age range of a sample was from 24 to 62 years. The sample was taken on the basis of convenience sampling method.

### *Measures*

1. **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 subscale varies around 0.82, and mean of inter-item correlation was found to be 0.92. Validity of the scale was established by carrying out principal component analysis with varimax rotation and a forced from test or solution.
2. **Resilience & Optimism Scale (Srivastava, 2008):** A 5-point rating scale was 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 process of standardization of the scale is in progress.
3. **Positive and Negative Affect Scale (Watson, Clark, Tellegen, 1988):** The scale contains two 10-items mood scales that comprise the Positive and Negative Affect Schedule. The respondents are advised to rate on 5-point scale the extent to which they experience each mood state. For the present study only positive affect schedule will be used. The reliability of the scale was found to be high ranging from 0.86 to 0.90 for Positive Affects and from 0.84 to 0.87 Negative Affect. The validity indicates that both dimensions of the scale are highly correlated

with their corresponding regression-based scores in each solution with convergent correlation ranging from 0.89 to 0.95, whereas the discriminant correlations are quite low, ranging from -0.02 to 0.18.

## RESULTS

The obtained data were statistically analyzed in accordance with objective of the study and to have the answer the questions of present study. In order to examine the relationship of positive psychological attributes and health state a descriptive statistics and correlational analysis has been done which is shown below the table 1 and 2.

**Table 1** Descriptive statistics of Positive Psychological Attributes, ill-Health and its dimensions.

Variables	N	Mean	SD
Ill-health	100	45.09	11.97
Somatic symptoms	85	11.81	3.61
Anxiety/insomnia	91	11.51	4.18
Social dysfunction	97	13.19	2.92
Severe depression	85	9.41	4.02
Positive Affectivity	100	32.35	5.69
Resilience	100	40.25	6.72
Optimism	100	49.49	7.10

**Table 2** Coefficient of correlation of Positive Psychological Attributes, ill-Health and its dimensions.

Psychological Attributes	Ill-Health	Somatic symptoms	Anxiety/insomnia	Social dysfunction	Severe depression
Positive Affectivity	-.290**	-.342**	-.189	-.220*	-.280**
Resilience	-.400**	-.248*	-.359**	-.298**	-.438**
Optimism	-.343**	-.245*	-.303**	-.285**	-.373**

\* $p < .05$ \*\*  $p < .01$

The result reveals that all most all positive physiological attributes are significantly and negatively correlated with the ill-health and its dimensions also. Positive affectivity is negatively correlated with the ill-health ( $r = -.290$ ,  $p < .01$ ) and its dimensions like, somatic symptoms ( $r = -.342$ ,  $p < .01$ ), anxiety or insomnia ( $r = -.189$  it was not found significant), social dysfunction ( $r = -.220$ ,  $p < .05$ ), severe depression ( $r = -.280$ ,  $p < .01$ ) and the correlation between resilience and ill health was  $r = -.400$ ,  $p < .01$  and its dimensions like, somatic symptoms

( $r = -.248$ ,  $p < .05$ ), anxiety or insomnia ( $r = -.359$ ,  $p < .01$ ), social dysfunction ( $r = -.298$ ,  $p < .01$ ), severe depression ( $r = -.438$ ,  $p < .01$ ) and correlation between optimism and ill health was  $r = -.343$ ,  $p < .01$  and its dimensions like, somatic symptoms ( $r = -.254$ ,  $p < .05$ ), anxiety or insomnia ( $r = -.303$ ,  $p < .01$ ), social dysfunction ( $r = -.285$ ,  $p < .01$ ), severe depression ( $r = -.373$ ,  $p < .01$ ) also.

Finally, in order to determine the relative contribution of the various positive psychological attributes in causing variance in health states of

supervisory level employees, stepwise multiple regression analysis was run. The obtained results are depicted in the following table.

**Table 3 Stepwise regression analysis for Positive Affectivity, Resilience, Optimism and ill Health Total.**

Psychological attributes	Beta	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	R <sup>2</sup> change	F
Resilience	-.347	.400	.160	.152	.160	18.685***
Positive Affectivity	-.195	.442	.195	.179	.035	11.758***

\*\*\* $p < .001$

Stepwise regression is the most appropriate path to the prediction equation when one is interested in identifying a subset of patent predictors and eliminating those, which do not provide additional predictions to the predictors already entered. So stepwise regression analysis was applied to the data as the main objective of the study was to obtain the predictors of health of supervisory level employees. The analysis revealed that significant predictors of health status with an overall multiple  $R = .442$ . Resilience being the most prominent predictor of health status as it entered the equations at step one. The  $R$  for this variable equals to .400, while  $F=18.685$ , it is significant at  $p<.001$  probability. The other variable, which entered in the regression equation, is positive affectivity with the entry of this predictor at step two the multiple  $R$  become .442, and  $F=11.758$  it is also significance at  $p<.001$  level respectively. The result of stepwise regression analysis revealed that these two variables are the significant predictor of supervisory level employee's health.

In nutshell the major findings reveal that the employees having high resilience, positive affectivity and optimism maintain better physical as well as psychological health and experience higher degree of subjective and social well-being. Resilience predominantly increases physical as well as psychological health of the supervisory level employees. The above findings enable us to infer that the positive psychological attributes help in resisting to physical as well as psychological health problems and in improving overall health of the supervisory level employees. Among the above mentioned personal attributes positive affectivity are also found a dominant predictor of employee's health.

## DISCUSSION AND CONCLUSION

The present study was an attempt to study the health status of supervisory level employees in relation to positive personality or psychological attributes such as resilience, positive affectivity and optimism. The study in general revealed that physical as well as psychological health states of supervisors are significantly influenced by their various personal attributes and tendencies though with different effectiveness. Positive psychological attributes of the supervisors resist to illnesses and help in maintaining better health. The result of the study indicate that supervisors possessing the attributes of resilience, positive affectivity and optimism having fewer symptom of physical as well as psychological logical ill health and experience higher subjective well-being. The results in general suggest that psychological makeup of the persons plays significant role in determining the state of his physical as well as psychological health also.

The attributes of resilience has been noted to be significantly negatively correlated with physical and psychological ill health. Resilience refers to one's capacity to maintain competent functioning in the face of major life stresses. Kaplan et.al. (1996) defined resilience as a protective factor that resists to life stresses. It is protective in nature and helps individual to cope with adversities. Tendency of resilience protects the person from prolonged psychological and physiological reactions to adversities of life, which are at risk for health strains and diseases.

Optimism has been found to be significantly associated with relatively better physical and psychological well-being of the employees. It is most focused positive psychological construct in current researches relating psychological state to health (Seligman & Csikszentmihalyi, 2000). Optimism is considered as a quite stable component of the

explanatory style adopted by a person in interpreting life events through causal attributions. The tendency of optimizing and expectation of positive outcomes generate psychological strength in the persons, which enhances his coping efficiently and general resistance. The finding of present study is in conformity with earlier research a relationship between optimism and health. Optimism was found to be associated with better mental as well as physical health state (DeMoor et.al. 2006).

Another positive psychological attribute which was also found to be significantly associated with and contributing to physical and psychological health was positive affectivity. Positive affectivity was found to be a predominant predictor of health and better prognosis from illness. It has been reported by the researchers that people with high positive affectivity have longer life span fewer pains and symptoms of illness such as, blood pressure and are less vulnerable to viral diseases (Cohen & Pressman, 2006).

In conclusion it can be said that individual's or employees having certain positive psychological attributes play a significant role in determining their health state. However, more controlled studies are needed to validate the findings of present study. In present study the effect of coexisting variables on health was not fully controlled. Besides, the control of coexisting variables, longitudinal studies should be made longer and varied samples to further information the effect of psychological attributes on health state in order to make reliable generalizations about the relationship between the two. The present study did not explain how these positive psychological attributes operate to resist to illnesses and improve health, because this study has just demonstrated the relationship between positive psychological attributes and health state. In addition, effective programmers may be conducted to develop health behavior at supervisory level or community level. Performance of this health behavior is also likely to develop some health promoting psychological attributes in the person.

## REFERENCES

- Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology*, 82(1), 102.
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, 54(2), 245-266.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267.
- Cohen, S., & Pressman, S. D. (2006). Positive affect and health. *Current Directions in Psychological Science*, 15(3), 122-125.
- Danner, D. D., Snowdon, D. A., & Friesen, W. V. (2001). Positive emotions in early life and longevity: findings from the nun study. *Journal of Personality and Social Psychology*, 80(5), 804.
- De Moor, M. H. M., Beem, A. L., Stubbe, J. H., Boomsma, D. I., & De Geus, E. J. C. (2006). Regular exercise, anxiety, depression and personality: a population-based study. *Preventive Medicine*, 42(4), 273-279.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9(01), 139-145.
- Julliard, K., Klimenko, E., & Jacob, M. S. (2006). Definitions of health among healthcare providers. *Nursing Science Quarterly*, 19(3), 265-271.
- Kaplan, M. H., Sun, Y. L., Hoey, T., & Grusby, M. J. (1996). Impaired IL-12 responses and enhanced development of Th2 cells in Stat4-deficient mice. *Nature*, 382(6587), 174-177.
- McIntyre, C. W., Watson, D., Clark, L. A., & Cross, S. A. (1991). The effect of induced social interaction on positive and negative affect. *Bulletin of the Psychonomic Society*, 29, 67-70.
- Rääkkönen, K., Matthews, K. A., Flory, J. D., Owens, J. F., & Gump, B. B. (1999). Effects of optimism, pessimism, and trait anxiety on ambulatory blood pressure and mood during everyday life. *Journal of Personality and Social Psychology*, 76(1), 104-113.
- Reed, G. M., Kemeny, M. E., Taylor, S. E., Wang, H. Y. J., & Visscher, B. R. (1994). Realistic acceptance as a predictor of decreased survival time in gay men with AIDS. *Health Psychology*, 13(4), 299-307.
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the Life Orientation Test. *Journal of Personality and*

- Social Psychology, 67(6), 1063.
- Scheier, M. F., & Carver, C. S. (1992). Effects of optimism on psychological and physical well-being: Theoretical overview and empirical update. *Cognitive Therapy and Research*, 16(2), 201-228.
  - Segerstrom, S. C., Taylor, S. E., Kemeny, M. E., & Fahey, J. L. (1998). Optimism is associated with mood, coping, and immune change in response to stress. *Journal of Personality and Social Psychology*, 74(6), 1646.
  - Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14.
  - Stanton, A. L., & Snider, P. R. (1993). Coping with a breast cancer diagnosis: A prospective study. *Health Psychology*, 12(1), 16-23.
  - Steinhardt, M., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health*, 56(4), 445-453.
  - Symister, P., & Friend, R. (2003). The influence of social support and problematic support on optimism and depression in chronic illness: a prospective study evaluating self-esteem as a mediator. *Health Psychology*, 22(2), 123-129.
  - Taylor, S. E., Kemeny, M. E., Aspinwall, L. G., Schneider, S. G., Rodriguez, R., & Herbert, M. (1992). Optimism, coping, psychological distress, and high-risk sexual behavior among men at risk for acquired immunodeficiency syndrome (AIDS). *Journal of Personality and Social Psychology*, 63(3), 460-473.
  - Tinetti, M. E., & Fried, T. (2004). The end of the disease era. *The American Journal of Medicine*, 116(3), 179-185.
  - Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063-1070.
  - Watson, D., & Tellegen, A. (1985). Toward a consensual structure of mood. *Psychological bulletin*, 98(2), 219-235.
  - World Health Organization. (2011). WHO definition of health. Retrieved on 27.07.2014 from <http://www.who.int/about/degfinition/en/print.html>.