

A STUDY OF WORKING PROFESSIONALS' MENTAL HEALTH IN RELATION TO PERSONALITY AT WORKPLACE

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ABSTRACT

In recent years, the influences of psycho-social factors on workplace behaviour have been found to have deeper managerial implication and such studies are gaining due attention. However, while studying the key role of psycho-social factors at occupational settings, it has been reiterated to examine employees' mental health in relation to their personality. Working on these lines, the present study examined the working professionals' (n= 150) personality, mental health level, and the relationship between the two constructs. The results indicate that there is a significant relationship of few personality traits with mental health. Additionally, the findings also point out that working professionals with higher mental health significantly differ from those with lower mental health on some personality factors. On the basis of these findings, crucial implications were drawn and suggestions and recommendations were made to consider those "workplace personality attributes", which actively contribute to employees' mental health (psychological well-being), in their selection, appraisal, training and development. Moreover, it highlights important future directions for further theory, research, and practice regarding health and well-being from an organizational perspective and calls for providing better mental health care services at the workplace.

INTRODUCTION

Recent developments in information technology and communication have significantly changed human lifestyles. They have literally wiped out the boundaries between the nations and converted the world into a global village. "Human Being" as an active bio- psycho- social unit is absorbing and responding to these changes and thus showing varied adaptive patterns. The information revolution is creating a new type of social order where the psyche of concerned population will show decisively new set of behavioural patterns (Jain, 2003). As people in the contemporary world of today are facing an increasing number of chronic psychosocial and other stressors that impinge on their overall well-being and quality of life, the psycho- social implications of these advancements particularly at workplace need an in-depth study. Healthy workplace and healthy workforce clearly benefit a nation's economy. Health and wellbeing of employees significantly impact the economics and morale (performance) of an

organisation (Danna & Griffin, 1999), and employment and performance at work (Honey, 2003). Job performance could be predicted from the knowledge of Indian workers' scores on a mental health inventory (Khurana & Singh, 1990). Indeed, Faragher, Cass and Cooper (2005) found in a meta-analysis, that both mental and physical well-being were related to job satisfaction. More recently, Hanebuth, Meinel and Fischer (2006) found that all reasons for absenteeism at work were related to increased perceptions of exhaustion and decreased health-quality of life (p.36). The implication is that health impacts absenteeism which in turn impacts workplace efficiency and effectiveness. In some sense it can be concluded that performance and mental health (psychological well-being) are related. So, if correlates of mental health at workplace can be identified among personal attitudes and attributes, increased efficiencies and considerable savings might occur for organisations in their selection, placement and development of staff.

Over the last two decades, attention given to

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individual differences variables, especially personality attributes, in a variety of human resources management applications has increased considerably. The five-factor model (FFM) of personality (Goldberg, 1990; Costa & McCrae, 1995) has stimulated a large body of both empirical and theoretical work and provided a respectable framework to explore the role of personality characteristics in work performance and behavior. Recent literature suggests that personality predicts job performance and that validities of certain personality constructs, such as conscientiousness and integrity, generalize across situations (Hough, Eaton, Dunnette, Kamp & McCloy, 1990; Barrick & Mount, 1991; Ones, Viswesvaran & Schmidt, 1993; Hogan, Hogan & Roberts, 1996; Borman, Hanson & Hedge, 1997; Salgado, 1997). In a meta-analysis of 15 meta-analytic studies, Barrick, Mount and Judge (2001) found that among the Big Five traits, conscientiousness and emotional stability were valid predictors of performance in all occupations, whereas the other three traits predicted success in specific occupations. Similarly, Robins (2005) stated that personality traits have a strong genetic foundation, are stable over time, and predict important societal outcomes, including health and occupational success. If job satisfaction and performance are influenced by one's personality, work values and goals, it could be speculated that health and well being, particularly mental health, can be influenced also by one's personality, work values and goals.

Well, during the past four decades, extensive studies have been carried out to uncover the potential effects of personality and other psycho-social factors on health and vice versa. The most significantly studied and scientifically proved relationship is between personality (Type- A) and coronary heart diseases (Friedman & Rosenman, 1974; Friedman & Booth-Kewley, 1988). People with high self-esteem experience better general mental health (Sharma, Sharma & Yadava, 2004), neuroticism is significantly associated with risk of death (Nakaya, Hansen, Schapiro, Eplov, Saito-Nakaya, Uchitomi & Johansen, 2006), aggression and impulsivity are higher among those who attempted suicide (Carballo, Oquendo, Giner, Zalsman, Roche & Sher, 2006), the existence of a generic "disease-prone" personality that involves depression, anger/ hostility, anxiety, and possibly other aspects of personality (Friedman & Booth-Kewley, 1988), extraversion and conscientiousness are

related to physical health (Goodwin & Engstrom, 2002; Roberts & Bogg, 2004), conscientiousness is the strongest personality predictor of longevity (Martin & Friedman, 2000), subjective health is associated with both perceived and actual increases in conscientiousness, with actual increases in extraversion and decreases in neuroticism (Robins, Nofle, Trzesniewski & Roberts, 2005), individuals with a "fighting spirit" survive longer even with cancer than those who feel helpless or less optimistic about their chances of survival (Greer, Morris & Pettingale, 1994) and there has been found a robust association between social contact, health and well-being (House, Landis & Umberson, 1988). Review of literature reveals that mental health has been rarely studied in relation with the personality construct for working professionals.

Personality is simply what makes people act, feel, and think different from one another (see Zuckerman, 1995). Psychological health, on the other hand, refers to the extent to which an individual is functioning, feeling, and thinking within the "expected" ranges. Certain personality characteristics seem to create a "dispositional tendency" or "dispositional shield" for specific mental health-related risks. As the line between personality attributes and psychological well-being (mental health) is not always clear, it is interesting to explore the nature of the relationships between the two from a theoretical standpoint which has important theoretical and practical implications for all occupational practices.

MENTAL HEALTH

Healthy workplace and healthy workforce clearly benefit a nation's economy. Moreover, health and wellbeing of employees significantly impact the economics and morale (performance) of an organisation (Danna & Griffin, 1999), and employment and performance at work (Honey, 2003). In such scenario, the study of mental health becomes very significant. Basically, mental health is central to building a healthy, inclusive, and productive society (WHO, 2005) and is basic to positive health and well-being (Singh, 2003). Annual Report of World Federation of Mental Health (1950) conceived mental health as "not merely the absence of mental disorder but as a state in which the individual lives harmoniously with himself and others, adapting to and participating in an ever-changing social setting and with the sense that he/ she is achieving self-

realization through satisfaction of his basic needs." Since its inception, WHO has included mental well-being or mental health in the definition of health. The most acceptable definition of health given by WHO (1978) and WHO (2001a, p.1) state 'health' as the state of complete physical, mental, social and spiritual well-being, and not merely an absence of disease or infirmity". Basically it is a definition of positive health which goes beyond the mere absence of a disease with the focus being on maintaining good health, rather than on the treatment of different diseases. Here, it reflects a departure from the medical model. This also makes health a multidimensional concept with four dimensions i.e. physical, mental, social, and spiritual. Moreover, from this definition, three ideas central to the improvement of health follow: (i) mental health is an integral part of health, (ii) mental health is more than the absence of mental illness, and (iii) mental health is intimately concerned with physical health and behaviour. Without restricting its interpretation across cultures, WHO (2001b, p.1) has recently proposed mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001b, p.1). The mental health practitioners across the globe consider the concept of positive mental health and refer it to the individual having a positive sense of well-being, resources such as self-esteem, optimism, sense of mastery and coherence, satisfying personal relationships and resilience or the ability to cope with adversities. These qualities enhance the person's capacity to make a meaningful contribution to their family, community and society (Lavikainen, Lahtinen & Lehtinen, 2000).

According to Kamau (1992), a mentally healthy person is one who is free from anxiety and disability symptoms. If the individual can establish relationships with others and cope well with life's demands, then that individual's physical, mental, social and emotional well-being can be said to be complete. He conceptualized mental health under 7ve subscales as: personal wellbeing; anxiety factor; disability symptoms; capacity to establish constructive relationships; and the capacity to cope with the ordinary demands and stress of life. According to the surgeon general's report on mental health (1999), "Mental health is a state of successful performance of mental function, resulting in

productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity" whereas "Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/ or impaired functioning (pp. 4- 5)". Mental health is much more than the absence of mental illness; it is what makes life enjoyable, productive, and fulfilling, and it contributes to social capital and economic development in societies (WHO, 2005). Mathur (2007) stated that there is no single universally acceptable definition of mental health. For a layman, mental health means absence of mental illness or a negation of any mental trouble. Thus, the disturbances of the mind have something to do with the mental illness. But, the concept of mental health goes much beyond the layman's concept. Meaning of mental health does not imply mental health in terms of mental disorders only, nor does it imply that mental health and mental disorders are opposite poles on a single continuum. Absence of mental ill health is not the same as having good mental health. The factors that contribute to positive mental health are manifested in a general feeling of well-being, self confidence, personal competence, satisfaction, happiness and ego-strength. The negative mental health factors could be manifested as mental disorders or symptoms like anxiety, depression, obsession, compulsion, phobias, delusions, or even negative states like anger, hostility, dissatisfaction, fear, inferiority, etc.

PERSONALITY

Over the past 20 years, there is perhaps no area of psychology that has more deeply and broadly influenced organizational behavior than personality psychology. Personality traits and other individual differences, of course, have a long history in organizational behavior. However, prior to 20 years ago, the inclusion of personality traits in organizational research was sufficiently scattershot that little cumulative knowledge was generated. Now personality has shown itself relevant to individual attitudes and behavior as well as the team and organizational functioning seems an incontrovertible statement. Barrick and Mount (2005, p. 361) flatly state: 'Personality traits do matter at work', and indeed, the data appear to support their conclusion (Hogan, 2004). Personality traits are important for a wide range of applications (e.g., in the field of I/O

psychology and predicting problem behavior, see McCrae, 2004). Many studies have shown that job performance, job efficiency and job satisfaction are affected by and related to mental health. Moreover, there are relationships evident between mental health and environmental work characteristics. However, there is little research relating mental health and personality.

The line between psychological well-being and personality attributes is not always clear. According to Russell and Marrero (2000), "[personality] styles mirror the traits that, in extreme forms, are labeled disorder." These authors almost equate personality style with psychological (or mental) health or well-being. However, we believe that although these two constructs are closely associated, at the conceptual level a distinction needs to be made between personality and the overall psychological well-being or mental health of a person. Personality is simply what makes people act, feel, and think differently from one another (Zuckerman, 1995). Psychological health, on the other hand, refers to the extent to which an individual functions, feels, and thinks within the "expected" ranges. Accordingly, while most measures of mental health are aimed at discriminating between clinical and nonclinical samples (or between the so called normal and abnormal), personality measures, which are mostly nonclinical in nature, are descriptive of an individual's patterns of feeling, thinking, and functioning in a particular domain of life (e.g., work, nonwork).

Though the acceptance of personality traits as important predictors of employment outcomes is far from universal, there is scarcely an area of organizational behavior that has not been affected by personality research, sometimes profoundly so. However, whether personality traits correlate to the psychological differentiation of different levels of mental health continuum has rarely been studied. Research in the last two decades has focused on the relationship between mental health and environmental workplace characteristics (Andrea, Bültman, Beurskens, Swaen, Van Schayck, & Kant, 2004; Danna & Griffin, 1999; Sousa-Poza & Sousa-Poza, 2000) but mental health in relation to personality of the workforce has received relatively limited attention. The present study is intended to fill this gap in the literature by investigating whether a significant relationship exists between personality and

mental health (psychological well-being) among the working professionals. Therefore, in the present study, the following hypotheses were developed:

(i) Working professionals with higher mental health significantly differ from working professionals with lower mental health on personality factors.

(ii) *There will be significant relationship between working professionals' personality traits and mental health.*

METHOD

For this study, quantitative data were collected using psychological tests directly administered to the participants, subjected to quantitative analysis, and discussed in the light of the available literature.

SAMPLE

The sample of the present study consisted of 150 working professionals selected from National Capital Region NCR (i.e. Delhi, Gurgaon, Noida, Faridabad and Ghaziabad) on the basis of non-random purposive sampling method. All the participants (100 males and 50 females) were aged between 25 and 65 ($M= 34.04$, $SD= 10.80$).

MEASURES

The General Health Questionnaire- 12 (GHQ-12): The 12-item GHQ-12 developed by Goldberg and Hillier (1979) and later modified by Goldberg and Williams (1988) is a short screening test for identifying short-term changes in mental health (general psychological strain, inability to cope, distress, depression, social dysfunction, somatic symptoms etc. which are minor and non-psychiatric in nature) wherein the respondents are supposed to indicate the extent to which they experience change in the particular symptom or feeling in question over the past few weeks. It uses a 4-point Likert-type scale (from 0 to 3). The score was used to generate a total score ranging from 0 to 36. The positive items were scored from 0 (always) to 3 (never) and the negative ones from 3 (always) to 0 (never). Lower scores indicate better general and psychological health and vice versa.

16 Personality Factor Test (16 PF Test): The Sixteen Personality Factor Questionnaire (16 PF), an objective test devised and refined by extensive factor-analytic experiments to give the most complete assessment of personality structure in a practical time frame (just over one hour), was used to assess the personality of the subjects. It is one of the most widely used objective personality measurement instruments, used in a variety of settings such as clinics, research,

schools, and industry (Cattell, Eber & Tatsuoka, 1970). The instrument is appropriate for individuals whose educational level is roughly equivalent to, or above, that of the normal high school graduate. The 16 dimensions or traits measure universal and central concepts in personality theory. In addition to the 16 personality factors, the other 6 secondary dimensions are broader traits which get scored from the component primary factors. Description of the 16 primary factors and 6 secondary factors are presented in Table A and Table B respectively.

Cattell's theory of personality has been considered the most comprehensive, insightful, thought provoking and highly researched worldwide. Moreover, the conclusions and recommendations of Mershon and Gorsuch (1998) that "using the largest number of personality factors available will generally be considerably more predictive than using fewer factors", provide a sound basis to consider questionnaires like the one developed by Cattell, Eber and Tatsuoka (1970).

Table A: 16PF Primary Factors

Factor	Low Sten Score Description	High Sten Score Description
A	Cool Reserved, impersonal, detached, aloof	Warm Outgoing, kindly, easy-going, participating, likes people
B	Dull Less intelligence	Bright More intelligence
C	Affected by feelings Emotionally less stable, easily annoyed, changeable	Emotionally stable Mature, faces reality, calm
E	Lower ego-strength Submissive, humble, mild, easily led, docile, accommodating	Higher ego-strength Dominant, assertive, aggressive, stubborn, competitive, bossy
F	Desurgency Sober, restrained, prudent, taciturn, serious	Surgency Spontaneous, heedless, expressive, cheerful, happy-go-lucky, enthusiastic
G	Expedient Disregards rules, self-indulgent	Conscientious Conforming, moralistic, staid, rule-bound
H	Shy Threat-sensitive, timid, hesitant, intimidated	Bold Venturesome, uninhibited, can take stress, socially bold
I	Tough-minded Self-reliant, no-nonsense, rough, realistic	Tender-minded Sensitive, over protected, intuitive, refined, clinging
L	Trusting Accepting conditions, easy to get on with	Suspicious Hard to fool, distrustful, skeptical
M	Practical Concerned with "down to earth" issues, steady	Imaginative Absent-minded, absorbed in thought, impractical

Factor	Low Sten Score Description	High Sten Score Description
N	Alertness Forthright, unpretentious, open, genuine but socially clumsy	Shrewdness Astute, polished, socially aware, diplomatic, calculating
O	Self-assured Placid, secure, feels free of guilt, untroubled, self-satisfied, serene	Apprehensive Self-blaming, guilt-prone, insecure, worrying, troubled, guilt proneness
Q1	Conservative Respecting traditional ideas, conservatism of temperament	Experimenting Liberal, critical, open to change, free thinking, radicalism
Q2	Group-oriented A joiner and sound follower, listens to others	Self-sufficient Resourceful, prefers own decisions
Q3	Undisciplined, Self-conflict Lax, careless of social rules, follows own urges	Controlled, Socially Precise Following self-image, exacting will power, compulsive
Q4	Relaxed Tranquil, torpid, composed, has low drive, unfrustrated	Tense Frustrated, overwrought, has light drive

Table B: Second- order Factors

Factor	Low Sten Score Description	High Sten Score Description
Extroversion	A person tends to be shy and inhibited in social contacts	A socially outgoing uninhibited person good at maintainin interpersonal contacts
Anxiety	Individuals whose lives are generally satisfying and who are able to achieve those things that seem to them to be important	Individuals who are dissatisfied with the degree to which they are able to meet the demands of life and to achieve what they desire
Tough Poise	People who are strongly influenced by their emotions	People who are influenced by facts more than feelings
Independence	People who are dependent and passive	People who are aggressive, independent, who show considerable initiative
Superego/ control	People who typically do not act according to others' values or out of a sense of duty, they tend to be nonconformists	People who have internalized the rules of the society in which they function
Leadership	People who are not good at asserting themselves and who tend to shy away from conflict	People who are sociable, relaxed, assertive, and self-assured

PROCEDURE

For studying the relationship between personality and psychological well-being (i.e. mental health), each participant was given a test battery

which included the 16 Personality Factor Test (16 PF Test) and 12- item General Health Questionnaire (GHQ- 12). The questionnaires in the test battery, which are self-reported measures, were presented in

a counter balanced order using a Latin- square design in order to control for any systematic variables, such as fatigue and carry- over effects. Moreover, it was ensured that 150 working professionals who were considered in the study as subjects had not experienced any critical life change during the preceding two months in order to ensure that any particular life incident(s) do not undesirably affect their psychological health. The respondents were assured of confidentiality of their responses so that they could provide free, frank and sincere information. After scoring each test, the results were entered into SPSS, analysed and discussed in the context of available literature.

RESULTS & DISCUSSION

The present study was carried out to examine significant differences, if any, between working professions' personality and mental health status. As revealed through preliminary administration of the test, mental health scores were found continuous. On account of this, median split was used to create a dichotomous variable yielding two mental health groups ("higher mental health" and "lower mental health"). Despite its basic flaws, the median split provided a dichotomous variable without the loss of participants and provided a more conservative result. So data for these two mental health groups were further analysed to see differences between them on various personality factors (see Table 1).

Table 1: Mean, SD and Tests of Equality of Group Means for 16 Primary Personality Factors and 6 Secondary Personality Factors

Personality Factor's Name	Mean		Standard Deviation		t- value
	Higher Mental Health	Lower Mental Health	Higher Mental Health	Lower Mental Health	
Primary Factors (16)					
Warmth (A)	8.25	6.49	1.80	1.75	3.99*
Intelligence (B)	7.49	7.14	1.76	1.92	1.27
Emotional Stability (C)	9.14	6.37	1.52	1.69	8.42*
Assertiveness (E)	6.49	7.24	2.53	2.20	0.12
Surgency (F)	8.52	7.14	1.82	2.35	6.63*
Conscientiousness (G)	7.24	7.18	1.60	2.08	1.06
Social Boldness (H)	9.24	7.85	2.01	1.82	4.09*
Tender- Mindedness (I)	3.36	3.24	2.40	2.28	0.09
Suspiciousness (L)	4.29	4.36	1.68	1.75	0.26
Imaginativeness (M)	5.26	4.98	1.71	2.03	0.03
Shrewdness (N)	7.14	7.06	1.82	1.80	1.49
Guilt Proneness (O)	2.39	5.29	1.98	2.14	4.78*
Radicalism (Q1)	6.42	6.24	1.86	1.82	0.46
Self- Sufficiency (Q2)	7.08	6.85	2.33	1.89	0.09
Social- Precision (Q3)	8.78	6.42	2.30	1.59	5.14*
Tension (Q4)	2.19	6.76	2.21	1.78	8.79*

Personality Factor's Name	Mean		Standard Deviation		t- value
	Higher Mental Health	Lower Mental Health	Higher Mental Health	Lower Mental Health	
Secondary Factors (6)					
Extroversion (shy/ outgoing)	6.96	5.24	1.84	2.11	3.84*
Anxiety (satisfied/ anxious)	3.04	6.42	1.96	1.66	4.65*
Tough Poise (emotional/ tough)	5.68	5.55	1.58	2.14	0.08
Independence (dependent/ aggressive)	6.29	6.17	1.76	1.84	1.03
Superego/ Control (non-conformist/ conformist)	5.98	5.62	2.51	1.98	0.07
Leadership (Follower/ Leader)	8.24	7.10	1.50	1.27	3.27*

* $p < 0.05$; ** $p < 0.01$

The above table depicts the mean, SD and t-values for each personality factor when predicting higher mental health and lower mental health. It shows that mental health status significantly differed on ten of the 22 personality factors. Looking at the details of findings reveal that higher mental health group had significantly higher mean score than lower mental health group on 7 personality dimensions viz. warmth (A), emotional stability (C), surgency (F), social boldness (H), social-precision (Q3), extroversion, and leadership. Moreover, lower mental health group had significantly higher mean score than higher mental health group on 3 personality factors viz. guilt-proneness (O), tension (Q4) and anxiety. These results point out that people with higher mental health levels are outgoing, kind, easy-going, and participative (warmth); mature and calm (emotionally stable); spontaneous, heedless, expressive, cheerful and enthusiastic (surgency); socially bold, venturesome and uninhibited (social boldness); controlled, conscious about social rules, have high strength of self-sentiment (social precision); socially outgoing, inhibited person with high interpersonal skills (extroversion); and sociable, relaxed, assertive and self-assured (leadership). On the other hand, people with lower mental health levels are more apprehensive, insecure, troubled, worrying, self-blaming (guilt proneness); tense, frustrated and

have high drive over wrought (tension); and are dissatisfied with the degree to which they are able to meet the demands of life and to achieve what they desire (anxiety).

Existing literature provides evidence for the power of personality attributes (both in the form of latent traits and as individual dimensions) in predicting mental health (e.g., Trull & Sher, 1994; Ball, Tennen, Poling, Kranzler, & Rounsaville, 1997; DeNeve & Cooper, 1998; Siegler & Brummett, 2000; Sumer, Bilgic, Sumer, & Erol, 2005). Schmutte and Ryff (1997) found openness to be related to some dimensions of psychological well-being. Using Keyes' comprehensive model of mental health, Joshanloo and Nosratabadi (2009) investigated the discriminatory power of Big Five personality traits in discriminating among the different levels of mental health continuum (flourishing, moderately mentally healthy, and languishing) using an Iranian university student sample and found four of the Big five personality traits (extraversion, neuroticism, conscientiousness, and agreeableness) successful in discriminating among three levels of mental health continuum while openness failed to play any significant part.

As per the second objective, in order to see the relationship between working professionals' personality and psychological well-being (i.e. mental health, as defined in this study), the product moment

correlations were carried out between 22 personality traits scores and mental health scores of working professionals (see Table 2 given below).

Table 2: Product- moment correlations between 22 personality traits and general mental health

Personality Factors	GHQ
Primary Factors (16)	
Warmth (A)	- 0.26**
Intelligence (B)	- 0.09
Emotional Stability (C)	- 0.16 **
Assertiveness (E)	0.08
Surgency (F)	- 0.14*
Conscientiousness (G)	- 0.10
Social Boldness (H)	- 0.18**
Tender- Mindedness (I)	0.06
Suspiciousness (L)	0.24**
Imaginativeness (M)	0.23**
Shrewdness (N)	0.06
Guilt Proneness (O)	0.21**
Radicalism (Q1)	- 0.17**
Self- Sufficiency (Q2)	0.10
Social- Precision (Q3)	- 0.08
Tension (Q4)	0.28**
Secondary Factors (6)	
Extroversion (shy/ outgoing)	- 0.27**
Anxiety (satisfied/ anxious)	0.32**
Tough Poise (emotional/ tough)	- 0.04
Independence (dependent/ aggressive)	0.09
Superego/ Control (non-conformist/ conformist)	0.06
Leadership (Follower/ Leader)	0.09

* $p < 0.05$; ** $p < 0.01$

As evident from the above table, personality factors- warmth (A), emotional stability (C), surgency (F), social boldness (H), radicalism (Q1), and

secondary personality factor- extroversion are negatively correlated with psychological distress. On the other hand, suspiciousness (L), imaginativeness (M), guilt proneness (O), tension (Q4), and secondary personality factor- anxiety are positively correlated with psychological distress. Rest eleven personality traits had no significant correlation with psychological strain and distress. These findings provide a general sketch of a person who does/ doesn't suffer from general mental health problems of non- psychiatric nature. So it reveals that a person who is outgoing, easy going, calm, venturesome, good- natured, soft hearted, ready to co- operate, emotionally expressive, attentive to people, emotionally mature, stable, adaptable, realistic about life, capable in maintaining solid group morale, active, cheerful, frank, talkative, expressive, sociable, carefree, bold, spontaneous, ready to try new things, abundant in emotional response, and extrovert experiences better psychological health and copes well with psychological distress. On the other hand, people who are dependent, impractical, mistrusting, doubtful, involved in their own ego, self- opinionated, interested in internal (mental) life, imaginative, unconcerned over day to day matters, worrier, moody, full of foreboding and brooding, excitable, tense, restless, lagging behind in group leadership, unity and orderliness suffer from psychological distress and non- psychiatric disorders.

This sketch of the person being socially outgoing and emotionally stable as experiencing better mental health is in consonance with the findings of Cheng and Furnham (2001) who found that the personality traits of extraversion and neuroticism accounted for more of the variance in predicting happiness and mental health, and an extravert and sociable person gets adequate social support which further adds to his/ her well- being. Perceived inadequacies in social contacts and practical obstacles to social relationships lead one to be isolated and alienated and further leading to great risks for depression (e.g., Michelsen & Bildt, 2003). In a series of studies, Van der Zee and colleagues (Van der Zee & Van Oudenhoven, 2000, 2001; Van der Zee, Zaal & Piekstra, 2003; Van Oudenhoven, Mol & Van der Zee, 2003) found significant positive correlation of psychological health with open-mindedness and emotional stability. As noted by Lee-Baggley, Preece and DeLongis (2005), personality influences every component of the stress and coping process, from

stress proneness and cognitive appraisal of stressors to coping and health. Findings suggest that neurotic individuals perceive greater amounts of stress regardless of actual workload (Conard & Matthews, 2008), feel more threatened by stressful events (Gallagher, 1990), and use maladaptive coping strategies in stressful situations (David & Suls, 1999), while extraverts tend to exhibit opposite patterns (Gallagher, 1990; David & Suls, 1999; Conard & Matthews, 2008). As evident from the present findings, neuroticism positively relates to poor mental health, which has been found to be a consistent and important predictor of the onset of depressive symptoms in later life (Steunenberb, Beekman, Deeg & Kerkhof, 2006). Higher extraversion and lower neuroticism are associated with reduced risk of mortality in old age (Wilson, Krueger, Gu, Bienias, Mendes, Leon & Evans, 2005).

Many previous studies have reported personality trait as correlates of happiness (one symptom of mental health). Furnham and Brewin (1990) reported a positive correlation for scores on happiness with those on extraversion, and negative correlation with those on neuroticism. Similar findings have been reported by Argyle and Lu (1990), Headey and Wearing (1991), Brebner, Donaldson, Kirby and Ward (1995), Furnham and Cheng (1997), Francis, Brown, Lester, and Philipchalk (1998), and Carballo, Oquendo, Giner, Zalsman, Roche and Sher (2006). However, very few have studied such relationships among young working professionals. Workplace health issues being an ever-present phenomenon in organizational contexts assume great significance. Such implications of psychological well-being are evident in few military settings across the world. According to Stricker and Rock (1998) and Sandal, Endresen, Vaernes and Ursin (1999), specific personality characteristics or personality profiles have been shown to be associated with desired/undesired outcomes in the military settings. In general, compared to most civilian jobs, military jobs are demanding both physically and psychologically. Anxiety, sensory overload, sensory deprivation, and exposure to extreme geographies and climatic temperatures, typical of most military jobs (Krueger, 2001), call for individuals with not only physical but also psychological stamina. So, in addition to job-related personality variables, psychological well-being or mental health has been among the individual differences factors considered in the selection/

screening of military personnel (e.g., Magruder, 2000; Holden & Scholtz, 2002; Sumer, Bilgic, Sumer, & Erol, 2005). Similarly, Scholtz (2003) reported that personality factors, such as conscientiousness and neuroticism, significantly correlated with psychological well-being and that both personality measures and psychological well-being had significant relationships with interpersonal and organizational deviance in the Canadian Forces (CF). As childhood personality traits have been reported to predict adult health outcomes (Hampson, Goldberg, Vogt & Dubanoski, 2006), the present findings have their serious implications with respect to the future consequences of the working professionals.

IMPLICATIONS

Especially given the benefits of healthy workplace and healthy workforce over nation's economy and the significant impact of employees' health and well-being on the economics and performance of an organisation, the findings of the present research have considerable managerial implications. Under such scenarios, managers need to consider those "workplace personality attributes", which actively contribute to employees' mental health (psychological well-being), in their selection, appraisal, training and development processes. However, motivated by rising health-care costs and commitment to their staff's health and productivity, many companies are taking matters into their hands (Berry, Adcock & Mirabito, 2012). Considering the long run significant impact of mental health of employees over their performance and productivity, organizations need to devise certain strategies, policies, programmes and activities for employees' well-being at various levels. Here, basically it calls for providing better mental health care services at the workplace. An understanding of the relationship of personality dimensions to various aspects of mental health at workplace may help researchers and practitioners to look for psychological well-being dimensions that are proximal antecedents to motivation, performance in the workplace, and spill-over effects.

CONCLUSION

The present study was an attempt intended to see the relation of personality variables with psychological well-being (i.e. mental health) of working professionals. Basically it draws attention to relationship between the said constructs among

working professionals which however hadn't been studied. The findings of the study are notable in that they are in consonance with the trends identified by management experts and social scientists worldwide regarding the relationship between these two constructs. Moreover, the results reveal that personal characteristics are related to mental health. So, prior attention must be given to selection and development of employees with increased focus on workplace personality attributes which actively contributes to higher level of individual and organizational performance as well as psychological well-being of the employees. In nutshell, these findings call for additional studies that will help explore the nature of relationship between the constructs of interests with different samples by making use of more sound measures.

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