

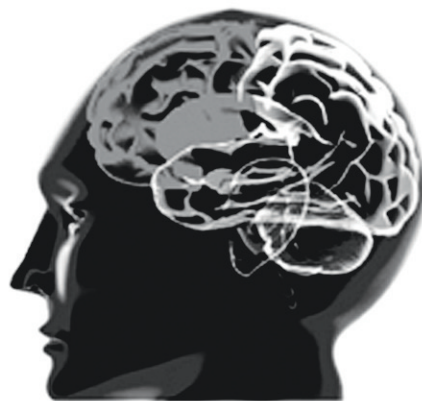
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CONTENTS

S. No.	Title of the Paper	Page No.
1.	Academic procrastination and self-regulation among the undergraduate students Bommareddy, S., Ravula, S., Jain, R.	1-10
2.	Attitude level of secondary and higher secondary students Deesis Aryal	11-18
3.	The effectiveness of Fordyce's happiness training on the psychological well-being and life quality of single Iranian women living in Dubai Fariba Ghaffari, Supervisor: Dr. Majid Saffarinia	19-25
4.	Resilience, coping styles and quality of life of doctors during Covid - 19 pandemic in India: a comparative study Shradha Bhair & Dr. Akash Mahato	26-33
5.	Psychological Counselling need among secondary and higher secondary students Deesis Aryal	34-38
6.	Demographic variables impact on sleep among undergraduate women in Hyderabad Genevive Angela David	39-44
7.	Relationship between emotional intelligence, pressure management and demographic variables K.Vanamma & K. Chandraiah	45-48
8.	Development and standardization of brief adolescent- parent relationship scale (BAPRS) Dr. Poonam Sharma,	49-58
9.	Distress disclosure and psychological well-being among undergraduate college students during covid-19: a correlational study Roshini sneha. S, Deepika Nambiar	59-66
10.	Gandhiji and environmental ethics Dr. M. Chandraiah,	67-70

ACADEMIC PROCRASTINATION AND SELF-REGULATION AMONG THE UNDERGRADUATE STUDENTS

Bommareddy, S*., Ravula, S.., Jain, R.*****

ABSTRACT

Background: Undergraduate students are expected to face demands of academic and environmental changes. This group is vulnerable to adopt maladaptive methods to overcome temporarily and regulate themselves in this period of transition. **Purpose:** Purpose of the study was to examine the relationship between Academic Procrastination and Self-Regulation among 2nd and 4th year undergraduate students pursuing traditional fields of engineering, medicine and the contemporary field of design/ fine arts. Sample the current study was conducted on a sample of 430, 2nd and 4th year undergraduate students pursuing engineering, medicine and design/ fine arts. The Academic Procrastination Scale (McCloskey, 2011) was administered to measure academic procrastination levels. The Self-Regulation Questionnaire (Miller & Brown, 1999) was administered to assess various self-regulatory processes through self-report. **Findings:** Results of the t-test showed no significant difference in the levels among the total sample of undergraduates between men and women. Results of ANOVA showed a significant difference in the levels among the total sample of undergraduates based on the streams. There is also a significant difference in the levels of the variables among the 4th year students and also present in 2nd year students based on streams. Correlational analysis showed a significant negative relationship between Academic Procrastination and Self-Regulation.

Keywords: Academic Procrastination, Self-Regulation, Undergraduate students.

Introduction

The pursuit of higher education is a time of transition marked by a set of unexpected socio-cultural and environmental challenges. The fields of engineering design/ fine arts and medicine have become mainstream and every 5th student is pursuing one of these courses in under graduation. With exceeding demands to excel in academics, this age group is vulnerable to academic stress and may be forced to adopt maladaptive coping strategies to deal with these demands and procrastinate to complete the work assigned. In this setting of education, competitiveness prevails. Students have to face and excel in several academic and environmental challenges, of various intensities, as they progress from the 1st year to the final year. Students take deliberate control of their thoughts and actions to achieve goals and respond to environmental de-

mands, which is described as self-regulation (Schunk & Zimmerman, 1998). The academic value of the students in the first semester will be higher than the academic value in the last semester which is influenced by the habit of procrastinating academic tasks. If the tasks are delayed, it affects the academic value of the student (Mustika, 2017). A study by Reddy (2018) concluded that there is a streamwise difference in stress, levels of procrastination and self-regulation due to academics. The levels also vary due to differences within the streams and also different years of the same stream.

Procrastination is derived from the word 'procrastinate', where pro means the forward movement and 'crastinus' means belonging to tomorrow. According to Sirin (2011), procrastination has been typically defined as a trait or behavioural disposition to postpone or delay performing a task

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or making decisions. Balkis (2013) defines academic procrastination, a form of situational procrastination, as a pervasive and potentially maladaptive behaviour for many college students resulting in feelings of psychological distress. Janssen and Jill (2015) have proposed three criteria for a behaviour to be classified as academic procrastination which are counterproductive, needless and delaying. Rozental and Carlbring, (2014) found that procrastination is "to voluntarily delay an intended course of action despite expecting to be worse off for the delay". More often than not, students try to delay their work either due to lack of interest, lack of proper guidance or complete ignorance of the notion of the importance of completing it on time. According to a study by Balkis (2013), twenty-three percent of students reported that they procrastinate on academic tasks and over seventy percent of university students admit that they procrastinate regularly. This study also indicated that procrastination is related to higher stress, less effort on the task, and poor academic performance. A study by Mustika (2017), has said that the consequences of procrastination of duties become dormant, even when it is settled, it will not be maximized. This condition is what causes many students, especially in the last semester to often postpone work, until the last minute. They tend to wait for the right time and the right mood. This delay also results in losing out on several opportunities.

According to Zimmerman (2001), self-regulation is referred to as the self-directive process through which learners transform their mental abilities into task-related skills. Self-regulation is an innate part of the socialisation process and it is also seen as an intrapersonal process of the individual by controlling actions, thoughts, opinions, tenacities and goal-directed behaviour. According to Bandura

(2008), self-regulation refers to the ability to use one's knowledge of appropriate behaviour and use that ability to achieve goals. According to Zimmerman (2000), self-regulation refers to self-generated thoughts, feelings, and actions that are planned and systematically adapted to affect one's motivation and learning. Self-regulation is the way individuals intentionally try to control their minds and action to achieve goals and respond depending on the demands surrounding their environment. Self-regulation is the process of continuously monitoring progress towards a goal, checking outcomes, and redirecting unsuccessful efforts (Berk, 2003). For students to be self-regulated they need to be aware of their thought process and be motivated to actively participate in their learning process (Zimmerman, 2001). According to Spates and Kanfer (1977), self-regulation consists of three related sets of activities: (a) self-monitoring, (b) self-evaluation and (c) self-reactions. Miller and Brown (1991) formulated a seven-step model of self-regulation. In this model, behavioural self-regulation may falter because of failure or deficits in any of these seven steps: (1). Receiving relevant information; (2). Evaluating the information and comparing it to norms; (3). Triggering change; (4). Searching for options; (5). Formulating a plan; (6). Implementing the plan; (7). Assessing the plan's effectiveness. Baumeister (2001) says that effective self-regulation will be dependent on three ingredients; first, the individual must have clear and disagreeing standards; second, the individual should keep track of behaviour; third, the individual must have the wherewithal to produce the necessary changes in oneself, which may include willpower or knowledge of effective strategies. If there is any conflict, and one is unable to resolve it, it may lead to disturbance in regulating one's self.

There are many ways and means for an undergraduate to feel pressurized by academic and environmental demands. Generally, students escape from these pressures by delaying day to day efforts regularly. This delay can unknowingly become a habit in the form of unconscious incompetence. This study aims to gain an insight into traditional fields of medicine and engineering, and the contemporary field of design, to understand how the various parameters of academic procrastination and self-regulation vary with the year of study and field of study among undergraduate students.

Hypothesis

- H1: There is no difference in the levels of academic procrastination and self-regulation in undergraduate students based on gender, branch and the year of study?
- H2: There is no difference in the levels of academic procrastination and self-regulation in 2nd year undergraduate students and in 4th year undergraduate students pursuing Design, Engineering and Medicine?
- H3: There is no relationship between academic procrastination and self-regulation in undergraduate students pursuing design, engineering and medicine?
- H4: There is no relationship between academic procrastination and self-regulation in undergraduate students pursuing design/ fine arts?
- H5: There is no relationship between academic procrastination and self-regulation in undergraduate students pursuing engineering?
- H6: There is no relationship between academic procrastination and self-regulation in undergraduate students pursuing medicine?

Method

Sample: The present study is a quantitative study with a non-experimental comparative design and between-groups design. The sample consists of 430 undergraduate students from 3 different fields of study - namely 141 Design/ Fine Arts Students i.e., 71 of 2nd year students and 70 of 4th year students, 140 of Engineering Students i.e., 70 of 2nd year students and 70 of 4th year students and 149 of Medical Students i.e. 79 of 2nd year students and 70 of 4th year students. Data collection is done by using stratified random sampling techniques.

Instruments

The Self-Regulation Questionnaire (SRQ): This instrument consists of 63 items, formulated by Miller and Brown & Lawendowski (1999). Items were developed to mark each of the seven subprocesses of the Miller and Brown (1991) model, forming seven rationally-derived subscales of the SRQ. The following items follow reverse scoring.

'2, 3, 4, 5, 6, 8, 10, 12, 13, 15, 119, 20, 21, 24, 26, 29, 31, 33, 37, 40, 43, 45, 50, 55, 62, 63'.

The following are ranges for interpreting SRQ total scores with the 63-item scale:

- 239 High (intact) self-regulation capacity (top quartile)
- 214-238 Intermediate (moderate) self-regulation capacity (middle quartiles)
- 213 Low (impaired) self-regulation capacity (bottom quartile). Cronbach alpha of the Self-Regulation Questionnaire (SRQ) is .91

Academic Procrastination Scale (APS): Developed by McCloskey, J (2011), consists of 25 items. The items were based on six different characteristics of procrastinators: Psychological belief about abilities, distractions of attention, social factors, time management skills,

personal initiative, and laziness. The questionnaire has reversed scoring items that are '1, 8, 12, 14, and 25'. The internal consistency reliability (Cronbach's alpha) is $\alpha = .94$

Results

Table 1 shows the difference in the levels of self-regulation (subscales), academic procrastination based on gender.

	Men Mean (SD)	Women Mean (SD)	t-value
Receiving	29.47 (4.81)	30.88 (4.87)	3.02
Evaluating	28.09 (4.25)	28.76 (4.15)	1.64
Triggering	28.64 (3.66)	29.97 (3.64)	3.78
Searching	32.09 (4.82)	32.96 (4.91)	1.85
Planning	27.98 (4.62)	28.74 (5.06)	1.61
Implementing	27.87 (5.17)	28.56 (5.48)	1.29
Assessing	29.49 (4.09)	30.23 (4.16)	1.87
Self-regulation	203.63 (18.52)	210.07 (20.13)	3.45
Academic procrastination	79.54 (14.13)	75.48 (16.02)	2.78

Table 1 shows no significant difference in the levels of self-regulation (subscales), academic procrastination between men and women among the undergraduates of contemporary study field design/ fine arts and traditional study fields of medicine, engineering accepting the hypothesis.

Table 2 shows the difference in the levels of Academic Procrastination, Self-Regulation (subscales) based on the year of study

	2nd year Mean (SD)	4th year Mean (SD)	t-value
Receiving	30.34 (4.86)	30.01 (4.92)	.69
Evaluating	28.92 (3.89)	27.91 (4.47)	2.48
Triggering	29.70 (3.89)	28.90 (3.47)	2.27**
Searching	32.80 (5.01)	32.24 (4.73)	1.19
Planning	27.89 (5.14)	28.86 (4.49)	2.08
Implementing	27.75 (5.47)	28.67 (5.15)	1.78
Assessing	29.77 (4.15)	29.95 (4.14)	.44
Self-regulation	207.18 (19.83)	206.54 (19.37)	.33
Academic procrastination	77.21 (15.45)	77.80 (15.03)	.40

** $p < 0.05$ level

Table 2 shows that there is only a significant difference in the levels of triggering (subscale of self-regulation) based on the year of study i.e., 2nd year and 4th year.

Table 3 shows the difference in the levels of Academic Procrastination, Self-Regulation (subscales) based on Branches i.e., Medicine, Design/ Fine Arts and Engineering.

	F
Receiving	2.87**
Evaluating	.02
Triggering	1.57
Searching	2.59
Planning	.31
Implementing	3.13**
Assessing	3.41**
Self Regulation	2.39
Academic Procrastination	2.88**

** $p < 0.05$ level

Table 3 shows a significant difference in the levels of receiving, implementing, assessing (subscales of self-regulation) and academic procrastination based on branches i.e., Medicine, Design/ Fine Arts and Engineering.

Table 4 showing the difference in the levels of Academic Procrastination, Self-Regulation (subscales) based on Branch i.e., Medicine, Design/ Fine Arts and Engineering for 2nd and 4th year students.

Dimensions	2 nd Year	4 th Year
Receiving	.29	3.63*
Evaluating	.09	.025
Triggering	.30	2.06
Searching	.17	4.11*
Planning	.09	.33
Implementing	.62	3.65*
Assessing	.41	4.46*
Self Regulation	.12	3.67*
Academic Procrastination	1.85	1.39

** p < 0.05 level

Table 4 shows that there is no streamwise difference in the levels of academic procrastination & self-regulation in 2nd year students. But there are significant differences in the levels of self-reflection subscales: receiving, searching, implementing, assessing and self-regulation, among the 4th year students based on branches.

Table 5 shows the correlation between Academic Procrastination, self-regulation (subscales) in undergraduate students pursuing Medicine, Design/ Fine Arts and Engineering

Dimensions	Receiving	Evaluating	Triggering	Searching	Planning	Implementing	Assessing	Self Regulation	Academic Procrastination
Receiving	1	-.074	.352**	.384**	.457**	.540**	.436**	.749**	-.473**
Evaluating		1	-.031	.145**	-.267**	-.227**	.097*	.119*	.117*
Triggering			1	.327**	.298**	.230**	.226**	.536**	-.201**
Searching				1	.311**	.383**	.492**	.724**	-.200**
Planning					1	.574**	.277**	.653**	-.433**
Implementing						1	.416**	.727**	-.559**
Assessing							1	.688**	-.277**
Self Regulation								1	-.499**
Academic Procrastination									1

** p < 0.01 level; * p < 0.05 level

Table 5 shows the significant negative correlation between academic procrastination and self-regulation and subscales of self-regulations i.e., receiving, triggering, searching, planning, implementing and assessing and a positive correlation with evaluating (subscale of self-regulation).

Table 6 shows the correlation between Academic Procrastination & self-regulation (subscales) in undergraduate students pursuing Design/ Fine Arts.

	Receiving	Evaluating	Triggering	Searching	Planning	Implementing	Assessing	Self Regulation	Academic Procrastination
Receiving	1	0.133	.238**	.221**	0.133	.345**	.233**	.608**	-.372**
Evaluating		1	0.085	.200*	-.187*	-.167*	0.155	.288**	0.039
Triggering			1	.359**	0.083	0.083	0.155	.501**	-.040
Searching				1	.249**	.240**	.302**	.674**	-.057
Planning					1	.463**	0.152	.536**	-.306**
Implementing						1	.250**	.618**	-.477**
Assessing							1	.569**	-.263**
Self Regulation								1	-.403**
Academic Procrastination									1

** p< 0.01 level; * p< 0.05 level

Table 6 revealed a negative correlation between self-regulation and academic procrastination. Academic procrastination is negatively correlated to receiving, implementing, assessing, and planning. As the levels of academic procrastination levels are high receiving, implementing, assessing, and planning are low. Evaluating is negatively correlated to planning and implementing and positively correlated to self-regulation.

Table 7 shows the correlation between Academic Procrastination & self-regulation (subscales) in undergraduate students pursuing Engineering.

	Receiving	Evaluating	Triggering	Searching	Planning	Implementing	Assessing	Self Regulation	Academic Procrastination
Receiving	1	-.348**	.405**	.408**	.633**	.688**	.473**	.773**	-.451**
Evaluating		1	-.146	0.06	-.329**	-.368**	0.025	-.049	.232**
Triggering			1	.299**	.396**	.299**	.273**	.546**	-.193*
Searching				1	.339**	.456**	.614**	.755**	-.228**
Planning					1	.681**	.326**	.719**	-.493**
Implementing						1	.474**	.781**	-.581**
Assessing							1	.744**	-.198*
Self Regulation								1	-.462**
Academic Procrastination									1

** p< 0.01 level; * p< 0.05 level

Table 7 revealed that there is a positive correlation between Academic Procrastination and evaluating. Academic Procrastination is negatively correlated to receiving, triggering, searching, implementing, assessing and self-regulation. If the levels of procrastination are high, receiving, triggering, searching, implementing, assessing, & self-regulation levels are low. Self-regulation is negatively correlated to academic procrastination and positively correlated to receiving, triggering, assessing, planning, implementing and searching.

Table 8 shows the correlation between Academic Procrastination & Self-Regulation (subscales) in undergraduate students pursuing Medicine.

	Receiving	Evaluating	Triggering	Searching	Planning	Implementing	Assessing	Self Regulation	Academic Procrastination
Receiving	1	0.044	.401**	.500**	.553**	.543**	.558**	.818**	-.563**
Evaluating		1	-.027	.213**	-.274**	-.126	0.136	.179*	0.078
Triggering			1	.367**	.414**	.312**	.267**	.582**	-.366**
Searching				1	.349**	.395**	.480**	.732**	-.315**
Planning					1	.571**	.349**	.690**	-.497**
Implementing						1	.464**	.741**	-.617**
Assessing							1	.714**	-.380**
Self Regulation								1	-.613**
Academic Procrastination									1

** p< 0.01 level; * p< 0.05 level

Table 8 indicates a significant negative correlation between academic procrastination and receiving, triggering, searching, implementing, assessing and self-regulation. Self-regulation is positively correlated to receiving, triggering, searching, implementing, assessing and planning.

Discussion

Academic Procrastination is the postponement of academic goals to the point where optimal performance becomes highly unlikely, resulting in a state of psychological distress (Jiao, 2011). According to Zimmerman (2008), "self-regulation refers to the way individuals make use of internal and external cues to determine when to initiate, when to maintain, and when to terminate their goal-directed behaviours. It is regarded as self-generated thoughts, feelings, and behaviours that are oriented toward the attainment of personal objectives."

In the present study H1 is addressed in Table1, Table 2, Table 3 that there is no significant difference in the levels of academic procrastination and self-regulation in undergraduate students based on gender, there is significance in the difference in the levels of three out of seven subscales of self-regulation - receiving, implementing, assessing and there is a significant difference in the levels of academic procrastination among the students pursuing medicine, engineering and design/ fine arts. There is a significant differ-

ence in levels of one of the seven subscales of self-regulation - triggering among the students pursuing medicine, engineering and design/ fine arts based on year of study. H2 a) there is no significant difference in the levels of the 2nd year undergraduate students studying Design/ fine arts, Medicine and Engineering. Whereas H2 b). There is a significant difference in levels of four out of seven subscales in self-regulation - receiving, searching, implementing, assessing and self-regulation among the students of 4th year undergraduate students pursuing design, medicine and engineering (ref. Table 4).

According to Burka and Yuan (1983), self-regulation is one of the elements that might lead to procrastination behaviour. Based on the calculation of correlation r Product Moment, it is known that there is a negative relationship between self-regulation with academic procrastination of the undergraduate students ($r_{xy} = -0.499$ with $p = 0.000$; $p < 0.005$) this rejects the H3. This says that the lesser the self-control, the more academic procrastination there is. On the other hand, if self-control is good, academic procrastination is reduced.

This study follows the same trend in the relationship between academic procrastination and self-regulation in the students of design/fine arts, medicine and engineering. Hypothesis 4 is rejected in Table 6, there is a negative correlation between academic procrastination and self-regulation in the students of the contemporary field of Design/ Fine arts. Hypothesis 5 is also rejected in Table 7, there is a negative correlation between academic procrastination and self-regulation in the students of the traditional field of engineering. Hypothesis 6 is also rejected as shown in Table 8, there is a negative correlation between academic procrastination and self-regulation in the students of the tra-

ditional field of medicine.

The present study results replicated study results of Mustika (2017) that there is a significant negative relationship between self-regulation with procrastination behaviour of final project completion at, Medan Area University in 2012, the higher self-regulation then procrastination behaviour of final work completion will be low and the lower self-regulation hence procrastination behaviour of workmanship will be higher.

Limitations

The limitation of this study was that the sample was taken only from government universities/ colleges. The chosen universities/colleges are from the metropolitan city of Hyderabad, India. A larger sample from other states govt. universities/ colleges could be taken. Different branches within the 3 disciplines were not taken into consideration. The results of this study cannot be applied to the whole population due to the dynamic nature of the participants and their environmental and academic demands vary from university curriculum and also the socio-cultural demands vary among the states. There is also a limitation of the inability to generalize the results due to geographical barriers.

Conclusion

The purpose of this study was to explore if there was a relationship between Academic Procrastination and Self-Regulation. Pearson's Product Moment Correlation was used to find out if there was any relationship between the variables. The results showed that there is a significant relationship between academic procrastination and self-regulation among 2nd and 4th year students of Medicine, Engineering and design/ fine arts. Academic procrastination is negatively correlated to self-regulation. If the levels of academic

procrastination are high, self-regulation is low. There is a significant stream wise difference in the levels of the variables among the 4th year students, which is also present in 2nd year students. The results of this study will help to understand the significance of academic procrastination and unavoidable academic demands among students and how the student is regulating to overcome demands. This study can help design interventions for psychological wellbeing and raise awareness about effective coping strategies/ methods to overcome academic and environmental obstacles and effectively regulate themselves to excel in academic life. This is the first study to investigate the relationship between academic procrastination and self-regulation in traditional and contemporary fields of study in Indian students.

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ATTITUDE LEVEL OF SECONDARY AND HIGHER SECONDARY STUDENTS

Deesis Aryal

ABSTRACT

Background: Attitude can be conceptualized as perception or affect that indicate whether a person likes or dislikes something (Havelka 2003; Simpson et al. 1994). Schools and college's vision is to provide quality education to the students and developing a positive attitude. It is important to know the level of student's attitude. When the students have an unfavorable attitude, it results negative feelings, unworthiness and different psychological problems. **Sample:** Sample consisted of 240 students. Results revealed that majority of the respondent have favorable attitude towards country, discipline, life and humanity, religion and unfavorable attitude towards teacher and parents. **Results:** A correlation study showed a positive and significant highly co-relation between teacher and parents with discipline, discipline with life and humanity and country, life and humanity with country and country with religion.

Keywords: Secondary and Higher secondary students, Attitude

Introduction

Attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related (Allport, 1935). It is also an evaluative reaction towards a stimulus, because it influence on how we judge people (Passer and Smith, 2001). The importance of students' attitude within the classroom should be of concern, particularly if these evaluative reaction is exerting a negative influence.

Attitude is often used as an umbrella expression covering such concepts as preferences, feelings, emotions, beliefs, expectations, judgments, appraisals, values, principles, opinions, and intentions (Jain 2014). It can be conceptualized as perception or affect that indicate whether a person likes or dislikes something (Havelka 2003; Simpson et al. 1994). This perception can be attached to almost anything, including people, social groups, physical objects, behaviors, and even abstract concepts (Baumeister and Finkel, 2010). Some attitudes are quite stable and resistant to change, whereas others may be unstable and show considerable variability depending on the situation (Jain 2014). We may hold some attitudes with

great certainty, while our attitudes toward other objects or issues may be relatively unclear or uncertain (Baron and Branscombe, 2011). Our attitudes are shaped by the attitudes passed on by our culture, especially by parents, friends, and other agents of socialization, such as schools and television (Bordens and Herowitz, 2008).

Student develops attitudes toward many topics and objects by exposure to advertising, acting positively or negatively toward different kinds of objects or issues (Baron and Branscombe, 2011). Movies and T.V programs can influence directly and change their positive attitude to undesirable attitudes and behavior. An attitude is an emotional predisposition for a person to act in some way toward another person, object or idea. Students are acquiring attitudes and values within their classroom rather than in their homes. Attitudes, is also described as the evaluative judgments, with some degree of favor or disfavor, about a given entity, object or event (Crano and Prislin 2006; Eagly and Chaiken 1992).

Attitude cannot itself be directly observed. It is a complex mental state involving beliefs and feelings (Khurshid, Gardezi & Noureen 2014). Beliefs deter-

mine a person's attitude (Bodur et al. 2000; Havelka 2003). Having certain beliefs about the teacher and parents, discipline, life and humanity, country and religion, forms an attitude towards it, which can particular lead to a particular behavior. Student's attitudes are significant. Student's hostile attitude may be due to pressures from parents, siblings, and peers, to unpleasant experiences with the teacher, to dislike of the subject teacher teaches or the way the teacher teaches (Hurlock, 2004). When the students have unfavorable attitude, later in their life that impacts their thought and behavior.

Studies on attitude helps psychologist, parents, teachers, administrator and others to learn about attitude, its consequences, and its necessity. Most of the school and college in Nepal's vision is to provide quality education to the students and developing a positive attitude. This study helps to find out the attitude of students towards teachers and parents, discipline, life and humanity, country and religion, using Sodhi's Attitude Scale (SAS-ST). This scale is a valid and reliable tools and have been extensively used in studying attitude (Dhanda and Singh, 2008; Puju, Bhat and Nadeem, 2012; Bansla, 2015; Marwaha, 2015).

Methodology

Participants

The sample constituted of 240 students (144 boys and 96 girls) within the age range of 14-19 years, studying in grade eleven (74), ten (90), nine (53) and eight (23) in different schools and colleges of Simara, Bara district. This study is designed in a descriptive cross-sectional quantitative way. Purposive sampling techniques was used.

Measurements

This attitude scale also known as SAS was developed by Dr. T. S. Sodhi's. SAS was first published in 1947, revised and new norms were prepared in 1983. The test consists of 71 questions and it measures attitude in 5 different areas - Teacher and parents, discipline, life and humanity, country and religion. In the study of current study, the alpha coefficient was found to be 0.725.

Procedure

A survey was conducted to collect all the necessary information regarding schools and college through Principal. The data was collected by the researcher. Uniform instruction was given to the subjects. Informed consent was taken from Principal as well as students with the assurance of maintaining confidentiality of the responses. Statistical Techniques: Data received were subjected to proper statistical analysis using SPSS. Correlation analysis was used to understand the relationship between the variables and t-test was used to understand the mean difference between the variables.

Results

Appropriate statistical analysis have been carried out and the findings were presented in the following tables.

Table 1 | Shows the attitude of students towards teacher and parents, discipline, life and humanity, country and religion (N=240).

Name of the Area	Level of attitude	No. of respondent	Mean	Standard Deviation (S.D)	Coefficient of Variation (C.V)
Attitude toward Teacher and Parents	Favorable	96 (40%)	6.47	2.276	12.423
	Unfavorable	144 (60%)	1.24	2.509	
Attitude toward Discipline	Favorable	146 (60.8%)	5.13	1.637	8.597
	Unfavorable	94 (39.2%)	0.41	2.060	
Attitude toward Life and Humanity	Favorable	141 (58.8%)	8.26	2.660	22.823
	Unfavorable	99 (41.3%)	0.55	3.205	
Attitude toward Country	Favorable	170 (70.8%)	6.89	1.891	8.301
	Unfavorable	70 (29.2%)	2.10	1.866	
Attitude toward Religion	Favorable	137 (57.1%)	9.55	3.245	33.655
	Unfavorable	103 (42.9%)	0.50	4.194	

Table 1 shows highest number of student (144) having an unfavorable attitude and 96 towards having favorable attitude towards their teacher and parents. Although coefficient of variation (12.423) was low yet it was sufficient in providing the variation for statistical calculations. Majority of the students (146) had a favorable attitude towards discipline and 96 students have unfavorable attitude towards discipline. The highest number of students (141) followed by 99 students having unfavorable attitude towards life and humanity. Coefficient of variability (22.823) was considerably high which supported the view that sufficient amount of variability existed among categories. It is also evident that 70.8% (170) had a favorable attitude towards country and 29.2% (70) had unfavorable attitude towards country. Results regarding attitudes of students towards religion showed that 57.1 % (137) students belonged to favorable categories and 42.9% (103) towards unfavorable category.

Table 2 Shows the Relationship among attitudes of students towards teachers and parents, discipline, life and humanity, country, religion (N=240)

	Teacher and Parents	Discipline	Life and Humanity	Country	Religion
Teacher and Parents	1	.167**	.045	.056	.031
Discipline	----	1	.177**	.199**	.098
Life and Humanity	----	----	1	.226**	.077
Country	----	----	----	1	.240**
Religion	----	----	----	----	1

$p < 0.05^*$, $p < 0.01^{**}$

In Table 2, the relationships among attitudes of students towards teacher and parents, discipline, life and humanity, country and religion are highlighted. There is a positive and significant highly co-relation between teacher and parents with discipline, discipline with life and humanity and country, life and humanity with country and country with religion. However, there is a non-significant correlation between teacher and parents with country and religion, discipline with religion and life and humanity with religion.

Table 3 Shows the Means, standard deviations, mean differences and t-values for attitude of boys and girls (N=240)

Name of the area	Sex	Mean	S.D	Mean Difference	T Value	P Value
Attitude towards teacher and parents	Boys	2.70	3.755	-1.569	-	0.001
	Girls	4.27	2.922		3.456**	
Attitude towards discipline	Boys	3.09	3.1444	-.483	-1.251	0.212
	Girls	3.57	2.570			
Attitude towards life and humanity	Boys	5.01	5.010	-.153	-.242	0.809
	Girls	5.17	4.429			
Attitude towards country	Boys	5.61	3.004	.288	.758	0.449
	Girls	5.32	2.693			
Attitude towards religion	Boys	6.16	5.536	1.243	1.632	0.104
	Girls	4.92	6.131			

$p < 0.05^*$, $p < 0.01^{**}$

The Table 3 shows the means, standard deviation, mean differences, t-value and the p-value of student's attitude. Girls have more favorable attitude towards the teacher and parents in comparing with boys mean () i.e. 4.27 and 2.70. The mean difference is 1.569. The t-value is 3.456 and p-value is 0.001. The p-value is less than 0.01. There is a significance difference. However, there was no significance difference in attitude of boys and girls towards discipline, life and humanity, country and religion.

Table 4 Shows the Means, standard deviations, mean differences and t-values for attitude of ten and eleven grade (N=240)

Name of the area	Grade	Mean	S.D	Mean Difference	T Value	P Value
Attitude towards teacher and parents	Ten	4.18	3.442	0.87	.161	.872
	Eleven	4.09	3.417			
Attitude towards discipline	Ten	2.86	3.369	-.313	-.695	.488
	Eleven	3.18	2.382			
Attitude towards life and humanity	Ten	3.18	4.804	-2.424	-	.001
	Eleven	5.60	4.279		3.416**	
Attitude towards country	Ten	5.36	2.908	-.224	-.518	.605
	Eleven	5.59	2.622			
Attitude towards religion	Ten	6.78	5.024	2.662	3.022**	.003
	Eleven	4.12	6.052			

$p < 0.05^*$, $p < 0.01^{**}$

Students after completing Secondary Education Examination (Grade 10) enter into Higher Secondary Education Board (HSEB). During this transition, the students choose best college, becomes happy for overcoming an Iron Gate and a new needs and desires emerges. Attitude is one factor which may influence the academic achievement (Das et.al, 2014). Therefore, the attitude of students of grade ten and eleven is crucial to know.

Table 4 shows the means, standard deviation, mean differences and t-values for attitude of ten and eleven grade students. Students of grade eleven were found to have more favorable attitude towards life and humanity while comparing with ten class students. There was a significance difference in attitude level between eleven and ten grade students. The eleven students have mean of 5.60, whereas ten students have mean of 3.18. The difference in mean was 2.124. The standard deviation was found to be 4.279 and 4.804. The t-value and p-value was 3.416 and 0.001 respectively.

Similarly, grade ten students had more favorable attitude towards religion in comparison with eleven students. The p-value was 0.003, which is less than 0.05, which indicates that there is a significance difference. It is also clear that the mean scores of grade ten students were higher than grade eleven students. There was no significance difference in attitude of grade ten and eleven students towards teacher and parents, discipline and country.

Discussion

The present study found that 60% had an unfavorable attitude towards their teacher and parents, whereas remaining 40% had favorable attitude. Most of the education settings in Nepal, have a vision to provide quality education to the students

and develop a positive attitude, it is therefore essential to have a positive attitude towards teacher and parents, because both group share common goals for students' education, sociability and personality (Anastasiou). Bansla (2015) reported that 48 % students think that the teachers are now not gurus now they are money makers, yet they respect them and 39% students don't think that they should happily marry with the person selected by their parents. They respect their parents and teachers but they want to take their own decision for their career and life.

Studies reveal that student ratings of teachers as good or poor are based more on the teachers' interest in and treatment of the students than on teaching techniques (Khurshid et al., 2014). Also, the teachers and parent's attitude towards those who are dull is usually one of scorn and annoyance. This results unfavorable attitude towards teacher (Hurlock, 2004). If the student has a hostile attitude toward the teacher and parents, it will be reflected in his interactions with them. Student's hostile attitude may be due to pressures from parents, siblings, and peers, to unpleasant experiences with the teacher, to dislike of the subject teacher teaches or the way the teacher teaches (Hurlock, 2004).

Girls have more favorable attitude towards the teacher and parents in comparing with boys mean i.e. 4.27 and 2.70. It is because, girls found safe to act upon the advice of teachers and parents in all manners.

Discipline is considered as one of the most significant areas of child behavioral development (Damon, Lerner & Eisenberg, 2006). Majority of the students 60.8% (146) had a favorable attitude towards discipline and 39.2 % (96) students have unfavorable attitude towards discipline. This study is consistent with the study of Dhanda and Singh (2008), which

showed that adolescents attitude towards discipline was favorable. CWIN (2009) reports that among total 5249 cases of child abuse, 112 cases were of corporal punishment. Corporal punishment, as a means of discipline, is often taken for granted as an excuse to enforce obedience (Mishra et al, 2010). Harsh discipline hampers children's motivation and ability to learn to leave them in a vicious circle of low achievement, repetition, rejection and ultimate withdrawal from the educational process (UNICEF, 1994). Adolescent complaints about the restrictions school places on him, homework he must do and the external pressures (Hurlock, 2004). These strict rules and regulation, increases unfavorable attitude in the student's life, therefore on contrary, effective disciplinary teaching strategies must be used (Dhanda and Singh, 2008).

Attitudes are organized through experience, they are presumably formed through learning from a variety of experiences and influences (Bordens and Herowitz, 2008). In the present study, the highest number of students i.e. 58.8 % (141) followed by 41.3 % (99) students had unfavorable attitude towards life and humanity. Students are influenced by teachers, media, friends and acquaintances. Eventually, the learned attitudes are stable for a longer time. Much learning of attitudes goes on in school, churches, and elsewhere (Baron and Byrne, 1988). Therefore what the students are learning, like, the ability to love and have compassion, be creative and developing a positive attitude towards the role students is expected to play, regarding life and humanity is vital. Whatever we put into it is reflected in what comes out. (Harrell, 2016).

Students of grade eleven were found to have more favorable attitude towards life and humanity while comparing

with ten class students. This could be because grade eleven students are more experienced than ten grade students towards life and humanity.

Nepal is a multi-ethnic, multi-lingual and multi-cultural country. There are more than 100 cast/ethnic group in Nepal. The attitudes of members of the social group toward a person mold his self-attitudes, the person who experiences favorable social attitudes can be expected to be self-acceptant (Hurlock, 2004). In one hand because of a weak economy with jobs and agricultural hardships in rugged terrains have forced many young Nepalese to migrate primarily to India, the Middle East, Europe, the US, Canada and Australia, whereas in other hand World Bank figures indicate that extreme poverty has decreased from almost 70 percent to 25 percent in the last 15 years in Nepal has created both unfavorable and favorable level of attitude towards the country (Gajurel, 2014). It is evident from the Table 2 that 70.8% (170) had a favorable attitude towards country and 29.2% (70) had unfavorable attitude towards country.

A study done by Intage Research Inc, 2013, shows that the highest percentage giving "I am proud of being a citizen of my country" was found in the U.S.A. (76.2%). This was followed by Japanese (70.4%), Sweden (75.0%), the U.K. (72.7%), France (69.0%), Germany (66.2%), and Korea (59.9%). However, in the present study 75.8% of Nepalese student answered "I am not ashamed of being a Nepali".

Out of 240 students, 199 students (82.9%) belonged to Hinduism, 4.6% were Buddhist and Christian and 7.9 % were Islam respectively. This study found 57.1 % (137) students had a favorable attitude and 42.9% (103) had an unfavorable attitude towards religion. Similarly, grade ten students had more favorable attitude to-

wards religion in comparison with eleven students.

Conclusion

The study has given the clear information about the level of attitude of secondary and higher secondary students towards teacher and parents, discipline, life and humanity, country and religion. In regard to highest level of attitude, 70.8% was observed for attitude of students towards country followed by discipline (60.8%), life and humanity (58.8%) and religion (57.1%). In contrast, 60 % had an unfavorable attitude towards their teacher and parents. There is a positive and significant highly co-relation between teacher and parents with discipline, discipline with life and humanity and country, life and humanity with country and country with religion.

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THE EFFECTIVENESS OF FORDYCE'S HAPPINESS TRAINING ON THE PSYCHOLOGICAL WELL-BEING AND LIFE QUALITY OF SINGLE IRANIAN WOMEN LIVING IN DUBAI

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ABSTRACT

The main objective of this study was to investigate the effectiveness of Fordyce's happiness training on the psychological well-being and life quality of single Iranian women living in Dubai. The statistical population of this study included all single women covered by Children's Foundation in Dubai. It should be noted that by the end of 2010, the population of Iranian residents is estimated to be about 400,000 people, and the population of single Iranian women is 75. The statistical sample of this study was 30 single Iranian women living in Dubai who were randomly and simply selected and placed in two experimental and control groups. The methods used in this study were the World Health Organization Life Quality Questionnaire and the Ryff's Psychological Well-being Questionnaire. To analyze the data, multiple covariance analysis method was used with SPSS22 software package. The results of multiple covariance analysis showed that happiness training for single women had an effect on improving their life quality and psychological well-being by 0.97 ($p < 0.05$). Based on the findings, Fordyce's happiness training can be used to improve the life quality and psychological well-being of single women in consulting centers and psychological services.

Keywords: happiness, Fordyce, psychological well-being, life quality, single women

The Effectiveness of Fordyce's Happiness Training on the Psychological Well-being and Life quality of Single Iranian Women Living in Dubai

Happiness and exhilaration is one of the most important psychological needs of mankind, and has a major impact on personality development and mental health. Happiness is the one of human emotions. Human emotions vary from a wide range of severe sadness to intense happiness, and in fact, there are two types of emotions, pleasant and unpleasant emotions (Liu, Floud, Pirie et al., 2016). Until recently, in psychology, human negative emotions such as depression, sadness, nervousness, indignation, and anxiety have mainly been studied, but in recent years, happiness studies have been greatly increased. According to Argyle et al. (1990), happiness has three essential components: "positive excitement", "life satisfaction," and "lack of negative emotions", including depression and anxiety. They found

that positive relationships with others, purposefulness of life, personality development, loving others and life, are components of happiness. Argyle argues that happiness is a personality trait and considered it to be equivalent to "Stabic Extroversion" in Ising's theory (Argyle and Lu, 1990).

Diener, Suh, Lucas et al. (1999), believe that married people feel happier than those who have never been married or divorced or have lost their spouse. In addition, people who are not yet married but live with their favorite partner, are much happier than those who live alone (Diener, 1989). But in the present society, a number of women are single because of their husband's death, being divorced or imprisoned, and they feel helpless because of social and economic pressures, and in spite of governmental and non-governmental financial support, they often have a limited and painful life. Single women are often faced with harmful factors such

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as cultural discrimination, lack of proper job opportunities, low literacy, and lack of sustainable income which make them feel as though they are incapable in parenting and controlling their families which cause various problems in their life (Liu, Esteve, & Treviño, 2017). The negative features of these women's life cause a lack of happiness, a decrease in life quality and their psychological well-being.

The nature and structure of well-being is an issue that has long been considered by philosophers and scholars of various scientific disciplines, and has recently been at the center of the attention of positive psychology, the scientific study of optimal human functions (Linley et al., 2009). The concept of psychological well-being is used as the word "health", a general mental concept in psychological researches. Increasing the capacity of positive states and decreasing negative states are defined as optimal well-being. Well-being can be divided into two parts: Subjective Well-being and Psychological-Subjective Well-being, which has two emotional and cognitive components. The emotional component is the balance between positive and negative affections; the cognitive component is judgment about the satisfaction of a person's life (Vitterso, 2011).

Research evidence suggests that people who are happy with their life and experience positive excitements have a high level of psychological well-being. Psychological well-being is defined as an encounter with ontological challenges and an attempt to personal growth, and identified with the six-component Ryff's model. Ryff considers psychological well-being to be an attempt for perfection in realizing the real potential of a person (Ryff, 1989). The dimensions of psychological well-being include self-acceptance (the ability to see and accept their weaknesses

and strengths), positive relationships with others (having close and valuable relationship with important people of life), autonomy (the ability and strength to follow demands and act on the basis of personal principles, even if opposed to customs and social demands), purposeful life (having goals that makes one's life meaningful), personal growth (in this sense, that the potential talents and abilities of the individual will be de facto throughout time and life), and domination to environment (the ability of regulating and managing life's affairs, especially the daily life issues) (Breitbart, Rosenfeld, Pessin et al., 2015). Psychological well-being has a positive impact on life quality (Uysal, Sirgy, Woo et al., 2016). Life quality is a general concept, defined as the individual's satisfaction with life and the circumferential environment, and includes needs, demands, lifestyle preferences and other tangible and intangible factors that affect the comprehensive well-being of individuals (Bisegger, Cloetta, Von Rueden, Abel, 2005). According to the definition of the World Health Organization, life quality is the perception that individuals have about the situation in their lives, cultural background and value system in which they live. Perceptions that relate to their goals, expectations, standards and their interests (Frisch, 2014). According to Calman (1984), life quality is the expansion of hope and wishes that come from the experiences of life. Life quality involves physical, psychological and social dimensions that are limited to the experiences, beliefs, expectations and perceptions of the individual (Heesch, van Gellecum, Burton et al., 2015).

Since single women have a limited and difficult life and often have the responsibility of parenting alone, and on the other hand, the health of the mother affects the child's health, it seems essen-

tial to help these mothers. In this research, inspired by Fordyce's method, a training method was used to make these single women happy, the Fordyce-Dubai Happiness Program, in which twelve cognitive behavioral techniques were taught as follows: 1. Expressing emotions, 2. Increasing optimism and positive thinking, 3. Increasing physical activity, 4. Increasing social relationships, 5. Increasing sincerity, 6. Increasing creativity, 7. Decreasing expectations, 8. Being themselves, 9. Planning and organizing, 10. Living in the present, 11. Avoiding disturbing thoughts, 12. Giving priority to happiness. Therefore, considering the issues discussed in this study, the effect of happiness training on improving the life quality and psychological well-being of single women in Dubai was studied.

Method

Sample: The research method in this experimental study was pre-test and post-test with a control group. The statistical population of this study included all single women covered by the Children's Foundation in Dubai. It should be noted that by the end of 2010, the population of Iranian residents is estimated to be about 400,000 people, and the population of single Iranian women is 75. The statistical sample of this study was 30 single Iranian women living in Dubai who were randomly and simply selected and placed in two experimental and control groups. The subjects' age range was between 20 and 49 years old. The pre-test was performed before the start of the training sessions. The subjects of experimental group had 7 happiness training sessions based on the Fordyce's protocol. Post-test was performed after training sessions and the results were analyzed using covariance analysis in SPSS22 software environment.

The research tools:

World Health Organization Life Quality Questionnaire with 26 Questions (WHOQOL-BREF): The World Health Organization commissioned a group to create a questionnaire for coherence in research and life quality assessment. The result was a questionnaire of life quality with 100 questions (WHOQOL-100). A few years later, a short form was provided for easier use of this questionnaire. World Health Organization Life quality Questionnaire with 26 questions (WHOQOL-BREF) is a questionnaire with 26 questions that measures the overall and general quality of a person's life. This scale was developed by a group of experts of the World Health Organization in 1996, by modification of the items of the 100 question form of this questionnaire. The questionnaire has 4 subscales and a general score, and questions are scored from 1 to 5. These subscales include: physical health (3-4-10-15-16-17-18), mental health (5-6-7-11-19-26), social relationships (20-21-22), health of circumferential environment (8-9-12-13-14-23-25) and a general score. Initially, a raw score is obtained for each subscale, which must be converted to a standard score between 0 and 100 through a formula. A higher score indicates a higher life quality. The reliability of the retest test for the subscales was as follows: physical health 0.77, mental health 0.77, social relationships 0.75, and health of circumferential environment 0.84. Internal consistency was also obtained using Cronbach's Alpha for physical health (0.71), mental health (0.72), social relationships (0.53) and health of circumferential environment (0.79) (Snell, Siegert, Surgenor et al., 2016).

Ryff's Psychological Well-being Questionnaire: This short version (18 questions) of Ryff's psychological well-being scale was designed in the year 1989

and revised in 2002. This version consists of 6 factors. Questions 9, 12 and 18 assess the independence factor; questions 1, 4 and 6 assess the factor of environmental dominance; questions 7, 15 and 17 assess the factor of personal growth; questions 3, 11 and 13 assess the factor of positive relationship with others; questions 5, 14 and 16 assess the factor of purposefulness in life, and questions 2, 8, and 10 assess self-acceptance. The total score of these 6 factors is calculated as the total score of psychological well-being. This is a self-test instrument that is answered in a 6-degree continuum, from "completely agree with" until "completely disagree with" (1-6), with a higher score indicating better psychological well-being. Of all the questions, 10 questions are scored directly and 8 questions are scored in reverse order. The correlation of the short version of the Ryff's psychological well-being scale with the main scale ranged from 0.7 to 0.89 (Chan, Chan, & Sun, 2017).

Results

The sample consisted of 30 single Iranian women who were placed in two experimental and control groups. The age range of the subjects was between 20 and 49 years old. Their education level ranges from illiterate to associate's degree, and the number of children ranges from no children to 5 children, and the type of being single ranges from divorced-abandoned widow to husband in prison.

Table 1: Shows the Average, standard deviations of scores of life quality and psychological well-being and its subscales

Index	Group Membership	Pre-test		Pre-test	
		Average	Standard Deviation	Average	Standard Deviation
Physical Health	Experiment	22.13	3.02	24	2.77
	Control	21	3	20.80	3.02
Mental Health	Experiment	18.20	3.60	19.40	3.39
	Control	18.60	3.18	18.46	3.18
Social Relationships	Experiment	8.20	1.97	8.80	1.56
	Control	9.06	1.62	9	19.69
Health of Circumferential Environment	Experiment	20.60	4.61	22.93	3.76
	Control	20.66	3.94	20.73	3.93
Total Score of Life Quality	Experiment	69.13	5.51	75.13	4.88
	Control	69.33	7.08	69	7.26
Independence	Experiment	10.73	3.23	11.80	2.80
	Control	11.60	2.35	11.46	2.26
Domination to Environment	Experiment	10.40	2.55	11.26	2.40
	Control	10.26	3.05	10.13	3.18
Personal Growth	Experiment	10.66	2.66	11.33	2.55
	Control	11.26	3.59	11.33	3.57
Positive Relationship with others	Experiment	9.93	3.01	11	2.32
	Control	10.53	3.75	10.40	3.73
Purposefulness in Life	Experiment	10.20	2.007	11.06	2.18
	Control	10.33	2.63	10.40	2.64
Self-acceptance	Experiment	9.53	2.79	10.20	2.62
	Control	9.33	2.28	9.53	1.88
Total Score of Psychological Well-being	Experiment	61.46	6.79	66.66	5.70
	Control	63.33	9.52	63.26	9.32

Table 1 presents the average and standard deviation of scores of life quality and psychological well-being and its subscales. According to the table results, the scores of life quality and psychological well-being in the experimental group increased in the post-test phase and in most of the components, the average scores of the experimental group were greater than the average scores of the control group.

For assessing the effectiveness of Fordyce's Happiness Training on life quality and psychological well-being, multiple covariance analysis was used.

Table 2: Shows the Results of multiple covariance analysis of variables of life quality and psychological well-being

Effect		Value	F	Hypothesis df	Sig	Partial Eta Squared	Observed Power
Group	Pillai's Trace	0.97	37.04	10	0.001	0.97	1.00
	Wilks' Lambda	0.024	37.04	10	0.001	0.97	1.00
	Hotelling's Trace	41.16	37.04	10	0.001	0.97	1.00
	Roy's Largest Root	41.16	37.04	10	0.001	0.97	1.00

The results of multiple covariance analysis showed that effectiveness of happiness training of single women on increasing their life quality and their psychological well-being was as high as 0.97 and sample size was also adequate. The value of the efficacy of this method on each of the variables is shown in Table 3.

Table 3: Show The results of covariance analysis in the experimental and control groups after the controlling of the pre-test scores

	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared	Observed Power
Life Quality	Physical Health	32.03	1	32.03	72.60	0.001	0.80	1
	Mental Health	12.39	1	12.39	169.98	0.001	0.90	1
	Social Relationships	1.90	1	1.90	9.71	0.007	0.33	0.81
	Health of Circumferential Environment	32.21	1	32.21	28.19	0.001	0.61	0.99
Psychological Well-being	Independence	5.55	1	5.55	14.57	0.001	0.44	0.95
	Domination to Environment	2.99	1	2.99	9.22	0.007	0.33	0.81
	Personal Growth	1.32	1	1.32	3.94	0.063	0.18	0.46
	Positive Relationship with others	8.83	1	8.83	15.36	0.001	0.46	0.95
	Purposefulness in Life	6.18	1	6.18	18.40	0.001	0.50	0.98
	Self-acceptance	1.31	1	1.31	3.71	0.070	0.17	0.44

The results showed that Fordyce's happiness training had an impact on the increase of most components of life quality and psychological well-being ($p < 0.05$), and this training did not have a significant effect only on the improvement of personal growth and self-acceptance components ($p > 0.05$).

Discussion

The result of the covariance analysis test showed that Fordyce's happiness training had a significant effect on life quality and psychological well-being of single women ($p < 0.05$). Single women that have a combination of formal and informal duties, legal or customary in relation to work at home, and are forced to work outside the home to make money for themselves and their families, face more than before the risk of entering a cycle of poverty and powerlessness. Long hours of work in hard and sometimes harmful jobs, with unequal earnings compared to men who are in the same jobs, suffering from physical and psychological illnesses, loss of supervisory and educational capability in relation to children and possibly followed by unexpected incidents imposing heavy financial burdens on such families cause serious disturbances in routine life trends. Hence, the life quality and psychological well-being of these women are affected (Golombok, Zadeh, Imrie et al., 2016).

Because of happiness training and having logical thinking, Fordyce's happiness training teaches people to identify their problems and find strategies to cope with these problems. This educational method leads to increased self-esteem and psychological sufficiency and life quality in women. On the other hand, happiness training in women leads to increased happiness, and in the eyes of people, bitter experiences are considered as significant

and valuable experiences. Hence, the pressure from the problems of everyday life is diminished for them.

Also, the presence of an open and judgment-free space in educational sessions helps people express their feelings and describe their painful experiences. In this regard, strategies for coping with stress are identified with the help of group members and therapists. Giving priority to happiness and addressing the physical condition and planning for receiving social support, identifying methods of proper relationships with others, and using social and family support resources have empowered these women to face their problems, and this increases their life quality, and increasing the life quality also results in psychological well-being and mental health (Gostoli, Roncuzzi, Urbinati, & Rafanelli, 2017). Henceforth, Fordyce's happiness training has a significant effect on increasing the psychological well-being and life quality of single women.

The results of this study are extensible to societies like single women covered by the Children's Foundation, and extension to single women covered by the UAE government or other charity associations or self-governing women, should be performed with discretion. Therefore, it is suggested that this study be conducted on a wider sample of single women throughout the United Arab Emirates covered by government or other charity associations and be studied to determine whether there is any difference in terms of happiness between these groups. This also increases the power of the extensibility of the results. It is also suggested that increased flexibility should be considered in intervention programs to increase the happiness of individuals. This leads to a cognitive enhancement of happiness based on this personality trait.

Funding and Conflicts of Interest

The research was funded by the author herself. There are no conflicts of interest.

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RESILIENCE, COPING STYLES AND QUALITY OF LIFE OF DOCTORS DURING COVID -19 PANDEMIC IN INDIA: A COMPARATIVE STUDY

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ABSTRACT

Background: The COVID-19 pandemic has caused an unpredictable strain on frontline healthcare workers worldwide, included among them are also doctors. Exposure to COVID-19 patients especially among healthcare staff working in emergency services and intensive care units results in impacting their mental health. Thus, it is important that mental health of healthcare workers is protected during the COVID-19 pandemic. **Objective:** Thus, the purpose of the study is to identify the level of resilience, major coping styles and quality of life of doctors on COVID duty. **Sample:** Participants chosen for the study were 60 doctors assigned with COVID duty (in ICU= 30 and in OPD =30). **Tools:** Brief COPE was used to identify coping styles, Brief resilience scale, to identify the level of resilience and The World Health Organization Quality Of Life - BREF for assessing quality of life. **Results:** Findings suggest that there was difference in resilience and quality of life between the two study groups, but not between coping styles between the two groups. Therefore, the study concluded that resilience, coping styles and quality of life is impacted among doctors who closely deal with patients infected by corona virus.

Keywords: Resilience, Coping , Quality of life, Doctors , COVID-19

INTRODUCTION

The novel corona virus 2019 (COVID-19) is spreading all over the world, causing mental health problems. The World health organization has declared COVID-19 as a public health emergency of international concern. (Wilder.S, 2020). Pandemic outbreaks have led to an increasing demand for healthcare workers. The Constant rise in cases, rise in the rate of deaths, lack of any specific medicine , media coverage, massive workload, limited personal protective equipment, all can contribute to the mental burden of the health care staff (Lai J, Ma .S , et.al , 2019). In these situations, it is expected from health care workers to work long hours while they are under overwhelming pressure. They are at very high risk of being infected when treating patients during this era of the pandemic.

Literature has revealed that health workers directly dealing with the diagnosis, treatment, and care of patients with COVID-19 are at risk of developing mental health symptoms (Rajkumar.R, 2020). Similar findings were reported among health care workers in previous studies during the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak (Bai Y, Lin C-C et.al, 2004). Various studies during the pandemic have been conducted taking into consideration all frontline health care workers as a whole. Very few studies focus on understanding the impact of covid-19 duty on mental health of doctors in particular.

Various studies from in India and other parts of the world have pointed out the high prevalence of psychological distress and morbidity among doctors, especially those involved in 'frontline' COVID-19 healthcare (Fiest K.M., Parsons Leigh

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J.,et.al , 2021) Focus on understanding the role of positive psychology aspects like resilience along with specific coping behavior of doctors during this extremely difficult period of their professional life has been in dearth .

Thus, it becomes important to understand how resilience and quality of life of frontline doctors has been influenced due to duty in close physical proximity with COVID infected patients. A light on coping behavior can help aiding future interventions for working with doctors whose mental health has been impacted due to the pandemic. Hence, The the purpose of the study is to identify the level of resilience, major coping styles and quality of life of doctors on COVID duty and to compare between the doctors seeing COVID infected patients in intensive care units(ICU) with those in outpatient department(OPD).

In addition to the risk factors, the protective factors were also identified and listed. Resilience, active coping skills, exercise, social support, self efficacy, stable income are accounted as a protective shield against the effects of the COVID-19. Several seminal studies underscored the term of resilience defined as the ability to remain healthy in the presence of stress and adversity. The literature has suggested that higher level of resilience was associated with better mental health, higher wellbeing and greater preventative effects on developing mental health disorders. Thus, research conducted during the outbreak undertakes to show how to increase resilience skills among the population.

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dertakes to show how to increase resilience skills among the population . They gave some recommendations in terms of personal

METHODS

Participants

Data was collected from August 10 to August 23, 2021. Participants are the Doctors working in the management of COVID-19 , in both public and private health facilities in India. A total of 60 responses were received out of which 30 were doctors seeing patients infected with corona virus in Intensive care unit (ICU) and 30 in outpatient department (OPD) The present study compared the resilience level, coping styles and quality of life among doctors on COVID duty in ICU and in OPD setting, with the hypothesis that there will be a significant difference in the three variables among both groups of participants. The results from analysis of socio demographic data revealed that the present sample consisted of 48.3% males and 51 % females.

Procedure

Standardized questionnaires on online Google forms were used to collect data Participants were briefed about the aim of the study and all ethical guidelines were followed. The inclusion criteria were doctors working or worked with COVID infected patients during the pandemic either in ICU or OPD setting in India. Participants were excluded if they were on leave or not participated in the treatment of Covid-19 patients.

Variables

The variables in the study included:

1. Resilience: Is the process of adapting to adversities, trauma or significant sources of stress. Resilience involves "bouncing back" from these difficult experiences and involves personal growth

(Palmiter D, 2002)

2. Coping strategies: Coping strategies are behavioral and psychological efforts that people use to master, reduce, or minimize stressful events. Two general coping strategies which are used are: problem-solving strategies, which are efforts to do something active to alleviate stressful circumstances, whereas emotion-focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events ((Folkman & Lazarus, 1980)

3. Quality Of Life :

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture, the value systems in which they stay and in relation to their goals, expectations, standards and concerns.

Tools :

1. Resilience was measured by using the Brief Resilience Scale (BRS). The scale consists of 6 items measured on 5 point scale. The scores classify resilience into 3 levels - high, normal and low. (Smith.B, Dalen.J, et.al., 2008) The scale has been widely used in social science research and possesses internal consistency reliability of 0.64.
2. Coping styles were assessed using Brief COPE (Carver.S.) The Brief COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale can determine someone's primary coping styles with scores on the following three subscale:

Problem-Focussed Coping (active coping, informational support, positive reframing, planning) Emotion-Focussed Coping (emotional support, venting,

humor, acceptance, religion, self blame) Avoidant Coping (self distraction, denial, substance use, behavioral disengagement. The scale has good reliability and validity for each domain.

3. Quality Of Life was measured by using. The World Health Organization Quality Of Life - BREF (WHO-QOL), developed by WHO and abbreviated from WHO-QOL 100. The scale assess quality of life under 4 domains - physical health, psychological health, environmental and social relationship.

Data Analysis and statistical technique:

Statistical analysis was done using the Statistical Package for Social Sciences (SPSS) for Windows, version 20 (SPSS Inc., Chicago, Ill., USA). Descriptive statistics were calculated for socio demographic variables in terms of frequency and percentage. The comparison between the two groups was done using, Pearson Chi square test for resilience scores, Pearson Chi-square test for coping styles, and Independent sample t-test for comparing means of the 4 domains of quality of life among both groups. The level of statistical significance for the present study was fixed at $P < 0.05$.

RESULTS

The study population comprised of 39 (65%) men and (35%) women. The Mean age was 20.88 years. The sample included 30 doctors on COVID duty in ICU setup and 30 doctors on COVID duty in OPD setting. The sample consisted of doctors from various specializations including psychiatry, pediatrics, homeopathy, surgeon, cardiology, critical care medicine, emergency medicine, oncology, general medicine and gynecology.

Table I: Socio Demographic Details

GENDER	Frequency	Percent
Male	29	48.3
Female	31	51.7
YEARS OF EXPERIENCE (IN YEARS)	Frequency	Percent
1-5	21	33.3
6-10	12	19
11-20	14	22.2
>20	13	20.6
SPECIALISATION	Frequency	Percent
Psychiatry	5	7.9
medical oncology	9	14.3
Homeopathy	4	6.3
critical care medicine	14	22.2
community medicine	4	6.3
Gynecology	13	20.6
Surgeon	3	4.8
Pediatrician	4	6.3
General medicine	4	6.3
Total	60	100

From Table 1 revealed the gender, years of experience and specialization. Sample consists of 60 (29 males and 31 females). Highest percentage of the sample had experience between 1-5 years and a diverse representation of specializations of doctors.

Table 2 Shows the Comparison Of Resilience Scores Between the two groups

RESILIENCE			SEEN COVID PATIENTS IN		Total
			OPD	ICU	
RESILIENCE SCORE	Low	Count	2	22	24
		Expected Count	12.0	12.0	24.0
	Normal	Count	17	6	23
		Expected Count	11.5	11.5	23.0
	High	Count	11	2	13
		Expected Count	6.5	6.5	13.0
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0
Pearson Chi- square			Df	Sig	
28.158			2	0.001**	

Table 2 shows the difference in the scores of resilience. There is a significant difference in mean scores of resilience among the two groups. It is observed from the above table that the resilience is divided into three levels viz., low, normal and high. Here, in each level, count, expected count is recorded and presented in the above table. Further, the data were subjected to a Pearson Chi-square and the Chi-square of 28.158 is found to be significant at 0.001 level.

Table 3 Shows the Comparison Of Coping Styles Between The Two Groups

COPING STYLES			SEEN COVID PATIENTS IN		Total
			OPD	ICU	
COPING STYLE	Problem focused	Count	18	11	29
		Expected Count	14.5	14.5	29.0
	Emotion focused	Count	8	11	19
		Expected Count	9.5	9.5	19.0
	Avoidant coping	Count	4	8	12
		Expected Count	6.0	6.0	12.0
			.8	.8	
Total		Count	30	30	60
		Expected Count	30.0	30.0	60.0

Table 4 show the DF Significant level and Chi-square for the 2 groups

Pearson Chi-square	Df	Sig
3.497	2	.174

Table 3 indicates no significant difference in coping styles used by the two study groups. Table 3 reveals regarding coping styles used by the Doctors worked with covid-19 patients. The dimensions of coping styles are problem focused, emotion focused and avoidant coping. For each dimension count and expected count has been recorded and presented in table 3. The Chi-square of 3.497 is found to be significant at 0.17 level.

Table 5 Shows the Difference Between Quality Of life Scores Across 4 Domains Among Both Groups

DOMAIN	OPD		ICU			
	MEAN	STD. DEV	MEAN	STD. DEV	t-VALUE	p-VALUE
Physical health	23.20	5.229	20.10	6.702	1.997	0.05*
Psychological health	19.37	5.262	17.57	4.925	1.368	.03*
Social Relationships	10.17	2.614	9.23	2.487	1.417	.162
Environment	28.60	4.861	28.10	4.506	.413	.681

*significant at 0.05

Table 4 shows that there is a significant difference in the mean scores of physical and psychological health of both the groups. As per as 't' values are concern the mean difference between Doctors OPD and ICU is significant at 0.05 level with regard to their physical health and is found to be significant at 0.3 level with regard to psychological health.

DISCUSSION

In the study, the resilience scores were significantly difference among the two groups. The ICU group had low level of resilience, whereas, the OPD group had higher scores in terms of resilience. Literature has revealed that overall resilience of health care workers engaged with patients in intensive care units and emergency wards is affected in a negative way (Barua, L., Zaman, M. S., et.al, 2021) . Increased exposure to patients infected by corona virus , especially in close physical proximity with them impacts the ease and ability to bounce back from stressful situations (George, C. E., Inbaraj, L. R., et.al , 2019) . Findings of the present study are in line with existing literature .Indicating that impact on resilience is greater among doctors seeing COVID patients in ICU setting as compared to OPD setting. This could be due to factors like increased physical proximity, increased duty hours, adhering to immediate needs of patients, among others.

No significant difference was observed among variables like coping styles have been observed for the following sample. However, analysis of scores reveal that mean scores of problem solving coping (active coping , informational support ,positive reframing, planning) is higher in OPD groups , Whereas , emotion focused coping scores and avoidant coping (self distraction , denial , substance use , behavioral disengagement) are

higher in ICU group (emotional support , venting , humor , acceptance , religion , self blame). As compared to findings in the western literature (Liu S, Yang L, Zhang C, Lancet Psychiatry. 2020) which showed emotion focused coping style among health care workers in COVID -19 pandemic , the present sample showed utilization of problem solving strategies as well. Literature has shown that emotion focused coping , followed by problem focused coping is beneficial for dealing with adverse situations in life (Altmayer, V., Weiss, N., Cao, A., et.al , 2021) since, the present ICU group tends to use emotion focused strategy more , it can serve beneficial in the long run to deal with stress.

The variable of quality of life revealed that there is a significant difference exist in terms of physical and psychological health among both groups. The ICU group showed poor quality of life in these two domains as compared to OPD group. Which can be understood from the nature of the job and closely dealing with covid infected patients , during emergency cases. Literature also indicates high rates of anxiety and depression along with physical illness among frontline workers in emergence units (Li, W., Yuan, P., Sun, J., Xu , et.al.,2021) which can be useful to explain low quality of life in these domains, for the present sample.

CONCLUSION

The study concluded that COVID-19 pandemic has impacted the overall resilience and quality of life of doctors, especially those who are working in ICU setting seeing COVID infected patients. The present sample as a whole using problem focused coping predominantly, followed by emotion focused coping. However, differences in coping styles have been observed in both the groups. The

present study helped in understanding how COVID -19 pandemic has impacted various aspects of mental health of doctors. This would further help in planning appropriate interventions by boosting healthy coping mechanisms and building resilience via suitable interventions. There are some limitations of the present study. First, Sample size is small, hence making it difficult to generalize the findings. Second, No other frontline health professionals, apart from doctors were included in the study.

IMPLICATIONS

Future research could focus on A larger sample in terms of size and diversity i.e., including more frontline workers (eg : nurses, ward staff ,etc.) can be used for better generalizability of findings. The long term impact on quality of life , resilience similar variables can be studied . Lastly , Identifying the specific coping strategy predominant among the sample can be useful to further identify and target the same, for building better resilience and hence, improve overall quality of life of frontline health care workers through interventions. The study had no conflict of interest and ethical guidelines were followed throughout.

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PSYCHOLOGICAL COUNSELLING NEED AMONG SECONDARY AND HIGHER SECONDARY STUDENTS

Deesis Aryal

ABSTRACT

Background: Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Adolescents are concerned about their educational adjustment and achievement, their career decision, future education, fulfilling financial needs and employment settlements. **Purpose:** This study aimed to assess need of psychological counselling among secondary and higher secondary students. A total of 246 students were selected as sample. Psychology counseling need assessment developed by B. L. Chouhan and Gunjan G. Arora was used. Descriptive statistics and chi-square tests were used for data analysis. **Findings:** The result shows that majority of the students 43.9% felt high need for psychological counselling. There is a very high need of applied psychological counselling for girls.

Key words: Psychological, Counselling, Secondary and Higher Secondary Students

INTRODUCTION

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (American Counseling Association, 2010). Retrospective and prospective research has shown that most adulthood mental disorders begin in childhood and adolescence (Kessler et. al., 2007). The psychological health of any country can be measured through the health of young people (Aryal, 2017). Psychological counselling need assessment must be done early at schools to find out deficits and begin counselling because mentally healthy students are the assets of the 21st century.

Students must accomplish wellness and education. Wellbeing is an appraisal of one's life. This will result in life satisfaction and positive affect (Diener & Chan, 2011). Every student wants to complete their final year. Failures can result low self-esteem. Holding on our failures harms self-esteem (Baron, and Branscombe 2012). Low self-esteem has been linked to depression, aggression, less competency to overcome difficulties and

decreased levels of well-being in adolescence (Stavropoulos et al., 2015).

Students must be able to make a career-related decision. One's career is a major factor of each individual's life story (Zunker, 2006). Adolescent counselling can help fix problems of career issues. A trained counselor focuses on some aspect of client's adjustment, development and decision making needs (Gibson and Mitchell 2003).

The goal of counseling is to help individuals overcome many of their needs and problems (Aryal, 2016). Counselling is an interactive process concerned with assisting people to achieve their goals and functions more effectively (Ivey, et al., 1987). Counselling is habitually misunderstood, resulting often in judgmental and uninformed implementation, and sometimes in incorrect practices. (Jordan et al., 2007), but it is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature (Burks and Steffle, 1979). Thus, the goal directed behavior is

a crucial and the core in all the life stages of students.

Adolescents are concerned about their educational adjustment and achievement, their career decision, future education, fulfilling financial needs and employment settlements (Aryal, 2016). There is an increasing incidence of relational problem (Gibson and Mitchell, 2005), depression and other mental health issues among youth (Cash, 2003). There is a more need of psychological counselling among adolescent girls (Sati and Vig, 2016, Makworo and Olaly, 2014) and in urban refugees (Aryal, 2016). Psychological counseling can address these issues. Thus, this study aimed to study psychological counseling need among secondary and higher secondary students.

Methodology:

Research question:

- To assess needs of psychological counseling among secondary and higher secondary students.

Hypothesis:

- There would be significant need of counseling among secondary and higher secondary students

Participants:

The sample comprises of Nepalese students both males and females within the age range of 14-18 years (Mean=16.32, SD=1.127). The sample was collected of 246 students in total and the students were from 129 government school and 117 private school of Bara district. The sample was randomly selected from different school of Simara, Bara.Nepal.

Tool Used:

The Psychological Counselling Needs scale (PCNS), developed by B. L. Chouhan and Gunjan G. Arora (2009) was used to assess the magnitude of psychological counselling needs among students.

This tool is important instrument to identify and study the problem areas and psychological counselling needs of adolescents and plan support and psychological counselling for them. This scale is a five-point scale. Of the total 25 statements 21 statements are positive and 4 statements are negative. In the present study, the alpha coefficient was found to be 0.722.

Data Analysis

Data was gathered, edited and checked to uphold consistency. Recurrences and lapses of data were corrected beforehand coding and entering them in SPSS. Correlation analysis was used to understand the relationship between the variables and t-test was used to understand the mean difference between the variables.

Results and Discussion

Table 1 shows that the majority of the students 108 (43.9%) felt high need for psychological counselling followed by low need 89 (36.2%), and an average need 49 (19.9%).

Table 1 Show the overall psychological counselling needs of students (N=246)

Psychological Counselling Needs	Frequency (%)
Low	89 (36.2%)
Average	49 (19.9%)
High	108 (43.9%)

From Table no. 2 it is evident that 25.20 % of boys had a low need for psychological counselling while 10.98% of girls showed low need for psychological counselling. Similarly, 8.94% of boys and 10.98% of girls showed an average level of psychological counseling need. However, the high psychological counselling need was found to be among girls (64%) as compared with boys (44%). The mean±SD score of girls (84.59±11.11) was

found to be higher than the mean \pm SD score of boys (78.28 \pm 12.81), indicating a significant difference between mean scores of girls and boys. The t-value is 4.111 and p-value is 0.000. The percentile P₈₁ (Score mean 84.59) indicates 'very high' psychological counselling need for girls and percentile P₄₁₋₆₀ (Score mean 78.28) indicates 'average' psychological counselling need for boys. This study is consistent with the study of Sati and Vig, 2016; Sahaya and Chamundeswari, 2013; Omar, 2010 and Makworo and Olaly, 2014, which reported that the psychological counselling needs of girls were significantly higher than boys. One of the reason for girls not expressing and communicating effectively as boys is due to the gender issues in the patriarchal societies, where boys and men have a higher status than girls and women. Also, girls in Nepal tend to communicate their femininity through expressions of fearfulness or the avoidance of feared objects or situations, and remaining quiet. Conversely, boys are expected to be masculine by confronting fearful situations and limiting their expressions of emotions. (Langer et al., 2019).

Table 2 Shows the counseling need, mean, SDs and 't' values for the scores obtained by boys and girls (N=246)

Variables	Counselling Need f (%)	Mean \pm SD	Percentile	Mean Difference	t-value	P value
Boys (n=228)	Low 62 (25.20%) Average 22 (8.94%) High 44 (17.89%)	(78.28 \pm 12.81)	P ₄₁₋₆₀ (Average)	6.311	4.111 **	0.000
Girls (n=118)	Low 27 (10.98%) Average 27 (10.98%) High 64 (26.02%)	(84.59 \pm 11.11)	P ₈₁ (Very High)			

P<0.01**

Table 3 shows that the majority of the government students 62 (25.20%) felt high need for psychological counselling followed by average need 34 (13.82%), and a low need 34 (13.82%). Similarly, the majority of the private students 55 (25.36%) felt low need for psychological counselling followed by high need 46 (18.70%), and an average need 15 (6.10%). There is a need of school counselor and provision for a psychological services. The mean \pm SD score of government school students (82.72 \pm 11.46) was found to be higher than the mean \pm SD score of a private school students (79.72 \pm 13.27). This score is not statistically significant (p=0.058) at 5% level of significant. The percentile P₆₁₋₈₀ (Score mean 82.72) indicates 'high' psychological counselling need for government school students and percentile P₄₁₋₆₀ (Score mean 79.72) indicates 'average' psychological counselling need for private school students. This maybe because private school has taken mild initiative for guidance and counseling. At present, there is no any such a facility or provision of counseling services in the schools of Bara district. On the basis of availability human resource of the concerned field a provision should be made to appoint in school to develop proper counseling service (Shah, 2014).

Table 3 shows the counselling needs, mean, SDs, percentiles scores and 't' values for the scores obtained by government and private school students (N=246)

	Counselling Need f (%)	Mean±SD	Percentile	Mean Difference	t- value	P value
Government School (n=130, 52.8%)	Low 34 (13.82%) Average 34 (13.82%) High 62 (25.20%)	(82.72±11.46)	P ₆₁₋₈₀ (High)	2.998	1.901	0.058
Private School (n=116, 47.2%)	Low 55 (22.36%) Average 15 (6.10%) High 46 (18.70%)	(79.72±13.27)	P ₄₁₋₆₀ (Average)			

Conclusion

The overall adolescent i.e. 43.9 % had a high need for psychological counselling. This indicates that the psychological services must be a must. The concept of school counseling was in the policy recommendation in "The National Education System Plan for 1971- 76" but which is yet to be applied in practice (Shah, 2014). There are some steps taken, but still not as effective as hoped. There is a 'very high' need of psychological counselling for girls. A good psychological services for girls starts early at home, maintains throughout the seasons by nation and ends in a home, therefore there should be a favorable environment for girls for a counselling. Also, the counseling service in Nepalese schools must be enforced by ministry/department of education.

Limitations:

This research cannot be generalized in general population because sampling population of the study was limited to only small population of Simara, Bara district. There is a need to carry forward the research with a larger sample.

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DEMOGRAPHIC VARIABLES IMPACT ON SLEEP AMONG UNDERGRADUATE WOMEN IN HYDERABAD

Genevive Angela David

ABSTRACT

Background: As the pandemic continued to unfold itself globally and in our communities, it was not just the medical condition, but it affected the population in social, emotional and psychological aspects too. This affected every one of us, bringing in a lot of change among the undergraduate women as it not only affected academics but overall personality (WHO, 2020). This was a quantitative study with a purpose of understanding Demographic variables and its association with Sleep among undergraduate women in Hyderabad. **Sample:** The sample size was 100 and the data was collected from women's colleges of Hyderabad with simple random technique. It was a self administered questionnaire measured with Likert Scale a standardized tool comprising of Demographic variables with GHQ-28 that measured 4 dimensions of General Health. The focus was on Sleep. The results showed high level of sleep in the age group of 21 & above, who are unmarried graduate women belonging to BA & BSC streams of education and those from the Backward as well as belonging to the others as per the study. The results also show that there is no association of Sleep and the following demographic variables such as age, marital status, education and social status

Key terms: Undergraduate women, Sleep General Health

Introduction

Sleep provides reparative and restorative bodily functions. The subjective quality of sleep among various populations have become a focus of research in recent times. Research done at Nigerian University among medical students on prevalence and Correlates of poor sleep quality has observed that a sizeable population of students experience poor quality of sleep. Among medical students, sleep quality is poorer still and it impairs academic performance and is associated with increased risk of psychological morbidity and burn-out.

Covid 19 has affected more than 4.5 million peoples worldwide (WHO, 2020), this new pandemic was fearful and stressful for everyone due to the mortality rate and associated factors like economic instability, unemployment, stress, anxiety and insecurity. As the pandemic continued to unfold itself globally and in our communities, it was not just the medical condition, but it affected the population in social, emotional and psychological aspects too. This affected every one of us, bringing in a lot of change among the undergraduate women as it not only af-

ected academics but overall personality (WHO, 2020).

Globally we found strict precautions were taken in an attempt to control the spread. There was a switch to virtual learning, closing public places, and ban on travel. There was emphasis on quarantine. The Centers for Disease Control and Prevention (CDC) defined "quarantine as separating and restricting the movement of people who were infected with the disease. (CDC Report 2020). Being in quarantine and with imposition of lockdown took a toll on everyone. Students experienced fear, sadness, numbness, insomnia, confusion, anger, post-traumatic stress symptoms, depression, low mood and emotional disturbance. The study shows being anxious, overwhelmed, tired and depressed are the most frequently reported feelings in the time of lockdown. Some students who found the campus homelike struggled with loneliness and isolation due to the disconnections from friends and partners. In addition to this the student also felt uncertain and sudden disruption of the semester and their activities, thus delaying graduation. (Zhai and Du, 2020)

In the above mentioned context sleep is an emerging problem among young adolescents, with majority of youth spending too much of screen time, playing games, chatting with friends, and dating on various apps; with increase in social media engagements and due to online classes(context of Covid19) wherein too much usage of mobile and tabs has interfered in sleeping patterns. As we know that sleep is an important physiological process for humans and that sleep deprivation can cause serious health problems. The transition from school to college with too much of freedom, especially in the urban areas where both parents work, hence a reduced supervision, with new social opportunities and other extracurricular activities have resulted in irregular sleep schedules and higher risk of sleep deprivation. According to research studies sleep quality and duration are generally known to vary by sex and age, though findings are in consistent across studies. In some studies female students have been identified as having higher risk of poor sleep quality.

Some studies correlates anxiety and depressive symptoms commonly reported among university students. There are also psychiatric morbidities reported to be the academic pressure and psycho social concerns. The current high prevalence of sleep and demographic variables among the women students, particularly among undergraduate students, during the pandemic is important. The study will focus on the following demographic variables like Age, Locality, Education and Social status in relationship to the sleep levels of mild, moderate and severe amidst the pandemic. This study was done in the Hyderabad to help identify factors influencing poor sleep.

Objectives :

To find association between Demographic variables and insomnia levels among undergraduate women

Hypothesis:

There will be significant association between Demographic variables and Insomnia levels among undergraduate women

Research Methodology

The sample taken for this study was 100 undergraduate women from Hyderabad District of Telengana State. The study focused only on women who are in different streams of Education like BA, BCom & BSC from belonging to Ist, IInd and IIIrd year of their graduation.

This was a quantitative study with simple random technique and the tool used was a self administered Questionnaire with Demographic variables and General Health Questionnaire-28 (GHQ28) that measures 4 dimensions of health. The focus was on how demographic variables influence insomnia using Likert Scale to measure the above among the undergraduate women in Hyderabad.

Results and Analysis

An appropriate statistical analyses have been carried out and findings were presented in the following tables.

Table 1 Shows the mean, Chi-square ‘t’ values on the score on the sleep in relation to age

Age		Sleep Level				Total	chi square	df	P-value	table value	Inference
		Mean	LOW	MODERATE	HIGH						
Below 18	F	4.6667	5	1	0	6	3.0279	4	0.553	9.488	NS
	%		83.3%	16.7%	0.0%	100.0%					
19 -21	F	6.6941	50	26	9	85					
	%		58.8%	30.6%	10.6%	100.0%					
21 & Above	F	8.6667	4	3	2	9					
	%		44.4%	33.3%	22.2%	100.0%					
Total	F	6.7500	59	30	11	100					
	%		59.0%	30.0%	11.0%	100.0%					

Table 1 Reveals that the undergraduate below 18years have low levels of sleep (5)83.3%, moderate level (1)16.7% and (0)0.0% as high. Similarly undergraduate with age group of 19-21 years have low levels of sleep (50)58.89%, moderate as (26)30.6% and high as (9)10.6%. where as those in the age group of 21 years and above the low level of sleep is (4)44.4%, moderate as (3)33.3% and high is (2) 22.2%. On the whole there is high level of sleep in the age group of 21 & above as per the study.

Chi square table that calculated value is 3.0279, df =4 and $p=0.553>0.05$. Chi square table value at 5% level of significance with 4 degrees of freedom is 9.488. Here chi square calculated value is less than table value hence accepts the null hypothesis and concludes that there is no association between age and Sleep Level.

Table 2 Shows the mean, Chi-square ‘t’ values on the score on the sleep in relation to marital status.

Locality		Sleep Level				Total	chi square	df	P-value	table value	Inference
		Mean	LOW	MODERATE	HIGH						
Married	F	6.6923	25	10	4	39	0.719	2	0.697	5.991	NS
	%		64.1%	25.6%	10.3%	100.0%					
Unmarried	F	6.7869	34	20	7	61					
	%		55.7%	32.8%	11.5%	100.0%					
Total	F	6.7500	59	30	11	100					
	%		59.0%	30.0%	11.0%	100.0%					

Table 2 shows that the undergraduate who have married have low levels of sleep (25)64.1, moderate level (10)25.6% and (4)10.3% as high. Similarly those un married undergraduates have low levels of sleep (34)55.7%, moderate as (29)32.8% and high as (7)11.5%.. On the whole there is high level of sleep among unmarried undergraduate women as per the study

Chi square value is 0.719, df =2 and $p=0.697>0.05$. Chi square table value at 5% level of significance with 4 degrees of freedom is 5.991. Here chi square calculated value is less than table value hence accepts the null hypothesis and concludes that there is no association between marital status and Sleep Level.

Table 3 Shows the mean, Chi-square ‘t’ values on the score on the sleep in relation to Education

Education		Sleep Level				Total	Chi Square	df	P-value	table value	Inference
		Mean	LOW	MODERATE	HIGH						
B A	F	8.4815	11	12	4	27	5.815	4	0.213	9.488	NS
	%		40.7%	44.4%	14.8%	100.0%					
B.Com	F	6.3590	25	11	3	39					
	%		64.1%	28.2%	7.7%	100.0%					
B.Sc	F	5.8235	23	7	4	34					
	%		67.6%	20.6%	11.8%	100.0%					
Total	F	6.7500	59	30	11	100					
	%		59.0%	30.0%	11.0%	100.0%					

Table 3 shows that the undergraduate with Arts (BA) have low levels of sleep (11)40.7%, moderate level (12)44.4% and (4)14.8% as high. Similarly undergraduate Commerce background (BCom) have low levels of sleep (25)64.1%, moderate as (11)28.2% and high as (3)7.7%. where as those from Science background (BSC) the low level of sleep is (23)67.6%, moderate as (7)20.6% and high is (4) 11.8%. On the whole there is high level of sleep among BA & BSC undergraduate women.

Chi-square value is 5.815, df =4 and $p=0.213>0.05$. Chi square table value at 5% level of significance with 4 degrees of freedom is 9.488. Here chi square calculated value is less than table value hence accepts the null hypothesis and concludes that there is no association between education and Sleep Level.

Table 4 Shows the mean, Chi-square ‘t’ values on the score on the sleep in relation to Social status

Social status		Sleep Level				Total	Chi square	df	P-value	table value	Inference
		Mean	LOW	MODERATE	HIGH						
Schedule caste	F	3.8750	6	2	0	8	2.468	6	0.872	12.592	NS
	%		75.0%	25.0%	0.0%	100.0%					
Schedule Tribes	F	6.0000	1	0	0	1					
	%		100.0%	0.0%	0.0%	100.0%					
Backward class	F	7.3696	27	13	6	46					
	%		58.7%	28.3%	13.0%	100.0%					
Others.	F	6.6444	25	15	5	45					
	%		55.6%	33.3%	11.1%	100.0%					
Total	F	6.7500	59	30	11	100					
	%		59.0%	30.0%	11.0%	100.0%					

Table 4 shows that the undergraduate belonging to Schedule caste have low levels of sleep (6)75.0%, moderate level (2) 25% and (0)0.0% as high. Similarly those belonging to Schedule Tribes have low levels of sleep (1)100.0%, moderate and high are as (0)0.0%. Those belonging to the Backward class have low level of sleep (27)58.7%, moderate as (13)28.3% and high as (6)13.0%. Whereas among the others there is low level of sleep (25)55.6%, moderate as (15)33.3% and high is (5)11.5%. On the whole there is high level of sleep among Backward class as well as those belonging to Others.

Chi square table that calculated value is 2.468, $df = 6$ and $p = 0.872 > 0.05$. Chi square table value at 5% level of significance with 6 degrees of freedom is 12.592. Here chi square calculated value is less than table value hence accepts the null hypothesis and concludes that there is no association between social status and Sleep Level.

Conclusion

On the whole there is high level of sleep in the age group of 21 & above, who are unmarried graduate women belonging to BA & BSC streams of education and those from the Backward as well as belonging to the others as per the study. The results also show that there is no association of Sleep and the following demographic variables such as age, marital status, education and social status.

Limitation & Scope of further Research

This study focused only on undergraduate women, there is a scope to add those studying intermediate and post graduate students. The study is limited to simple random technique; there are possibilities to use the other methods. This is limited only to city of Hyderabad; other districts could be added for further research.

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RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE, PRESSURE MANAGEMENT AND DEMOGRAPHIC VARIABLES

K.Vanamma¹ and K. Chandraiah²

ABSTRACT

Background: emotions have transformed from being primarily considered distracting elements of cognitive process to being perceived as essential experience of human being offering constructive information on every day problem solving. Purpose: to examine the relationship between and among variables viz., emotional intelligence, pressure management , type of personality, age , education and job satisfaction. Tools : Pressure Management Indicator and Type A&B Behavior Scale: Developed by "Stephen Williams and Cooper C.L"(1998). Emotional Intelligence Scale: Developed by (Dalip Singh,2001). Results : there is a positive and significant relationship between age and job satisfaction; age and experience which can be considered as age increasing , job satisfaction and continue to work(experience) in the organization. It is also found that experience is significantly correlated to age, experience and job satisfaction. Further, the table also indicates that there is a significant and positive correlation between education and job satisfaction and pressure management. It is also found that Job satisfaction is positively and significantly correlated to age experience, education and personality.

Key words: emotional intelligence pressure management personality type teachers

Emotion is fundamental and indivisible element in the context of work life. Since the appraisal of emotions is intricate they have mostly been neglected in organizational literature. Emergence of the notion of intelligence (EI) offers a fresh outlook into the study of emotions. In which emotions have transformed from being primarily considered distracting elements of cognitive process to being perceived as essential experience of human being offering constructive information on every day problem solving. From this perspective the intelligence use of emotion is considered crucial for one 's psychological adaptation (Mayer and Salovey, 1990) in recent years the concept of emotional intelligence (EI) has engrossed enormous extent of inquisitiveness from academicians, researchers and mental health practitioners. Now -a-days EI has become the product of both popular and scientific literature. Though EI comparatively a novel and potential area of psychological research, it has grasped the attention encompasses." Daniel Goleman also developed a framework of five elements that define

EI, namely, self -awareness, self - regulation, motivation, empathy and social skills. Excessive occupational stress can lead emotional and physical disorders that began to impact personal as well as professional lives. A 1992 UN (United Nations) report labeled job stress as the 20th century disease subsequently the WHO (World Health Organization) has endorsed that occupational stress had become a "Worldwide Epidemic" similarly United Nations International Labor Organization has defined occupational stress as Global Epidemic. Occupational stress refers to the response people may have when presented with work disability. Occupational stress refers to the response people may have when presented with work demands and pressure that are not matched to their ability to cope (Leka, Griffiths and Cox,2004).Syriacou and Sutcliffe (1978) defined occupational stress as the experience of unpleasant emotions, such as tension, anger, frustration, anxiety, and depression. The entangled association between occupational stress and emotion has also been proposed to play a role in the

stress -outcomes relationship. Self management of emotions and appropriate appraisal of others emotions occupy a pivotal role in managing work stress. Especially in the teaching profession, Chan(2006), found that some components of EI, such as emotional appraisal and positive regulation of emotions, prevent emotional exhaustion that often leads to depersonalization and a low sense of personal accomplishment.

Methodology

Procedure

The data were collected in two stages in the first stage all the correspondents were made with the principals of professional and non-professional colleges with written request to meet the teachers of colleges and explained the purpose of research then after taking prior permission from the principles, the researcher had meet all the faculty members both male and female working in rural and urban areas.

Sample

The sample for the present study was originally planned was 400 teachers both professional B.Tech/M.tech, B.ed/M.ed, BBA/MBA, BCA/MCA and non-professional B.A/B.com,M,A/ M.com/M.sc] college teachers. Out of 400 sample, 200 hundred from professional college teachers and 200 hundred for non-professional college teachers participated in the study.

The following tools were used for the present study:

1. Pressure Management Indicator: The PMI was developed from the OSI, the world's first integrated occupational stress questionnaire.
2. Type A&B Behavior Scale: Developed by "Stephen Williams and Cooper C.L"(1998).
3. Emotional Intelligence Scale: Developed by (Dalip Singh,2001) E.I emerged as a major psychological construct in the early 1990s

Table-1 shows the correlation coefficients between psychological and demographic variables

Variables	Age	Experience	education	Job Satisfaction	Personality	Emotional Intelligence	Pressure Management
Age	—	.766(**)	-0.072	0.604(**)	0.064	0.18	0.025
Experience	0.766(**)	—	-0.106(*)	0.687(**)	0.111(*)	0.21	0.084
Education	-0.072	.106(*)	—	.214(**)	-0.094	0.16	-.158(**)
Job Satisfaction	0.604(**)	.687(**)	.214(**)	—	0.18(**)	0.075	-0.061
Personality	0.064	.111(*)	-0.094	-0.094	—	0.162(**)	.601(**)
Emotional Intelligence	0.003	-0.054	-0.055	0.075	-.162(**)	—	-.108(*)
Pressure Management	0.025	0.084	.158(**)	-0.061	.601(**)	-.108(*)	—
** Correlation is significant at the 0.01 level (2-tailed).							
* Correlation is significant at the 0.05 level (2-tailed).							

The above table reveals that there is a positive and significant relationship between age and job satisfaction; age and experience which can be considered as age increasing, job satisfaction and continue to work(experience) in the organization. It is also found that experience is significantly correlated to age, experience and job satisfaction. Further, the table also indicates that there is a significant and positive correlation between education and job satisfaction and pressure management. It is also found that Job satisfaction is positively and significantly correlated to age experience, education and personality. That shows that as job satisfaction increases with age, experience and education. Personality is positively and significantly related to experience, emotional intelligence and pressure management. The study also reveals that emotional intelligence is significantly and positively related to personality and pressure management. Finally, the above table indicates that pressure management is significantly related to education, personality and emotional intelligence. Studies in the literature also support the findings of the study. For example as workers age, their physical and mental abilities tend to decline, and, accordingly, the occurrence of accidents and diseases within workers increases as they age4). Therefore, work ability evaluations and the systematic management of elderly workers are necessary. The term work ability has been used since the 1980s, beginning with several research and praxis-oriented projects completed in Finland. The basis for measuring work ability was also established in the early 1980s in a follow-up study of ageing municipal employees (Kim & Kim, 2008; Ilmarinen, Tuomi and Eskelinen, 1981)

Job satisfaction generally increases with age, according to the survey. For example, 84 percent of survey respondents

18 to 29 reported being satisfied with their jobs. It was primarily explained by Salovey et al. (1990) who expressed that emotional intelligence is a competency to possess emotional knowledge, to perceive and control emotions well, and to stimulate intellectual and emotional growth. Afterward, the authors presented a revised and comprehensive description of emotional intelligence as the capability to observe feelings, coordinate feelings to encourage thoughts, and understand and control feelings to stimulate self-improvement (Mayer and Salovey, 1997). Mayer et al. (1990) were familiar with their incredible contribution to the rise of emotional intelligence.

Conclusions : there is a positive and significant relationship between age and job satisfaction; age and experience which can be considered as age increasing, job satisfaction and continue to work(experience) in the organization. It is also found that experience is significantly correlated to age, experience and job satisfaction. Further, the table also indicates that there is a significant and positive correlation between education and job satisfaction and pressure management. It is also found that Job satisfaction is positively and significantly correlated to age experience, education and personality.

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DEVELOPMENT AND STANDARDIZATION OF BRIEF ADOLESCENT- PARENT RELATIONSHIP SCALE (BAPRS)

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Abstract: The Brief Adolescent- Parent Relationship Scale (BAPRS) is an instrument developed to assess parents' views of their relationship with their adolescent and vice-versa. The instrument consists of 25 items with an adolescent (13 to 16 years) form of 13 items and parent's form of 12 items. The item development was limited to content that would be appropriate for adolescents in this age range. It is rated on a five point Likert scale. BAPRS can be used in educational settings and by all practitioners involved in adolescents' assessment. Cronbach's coefficient alpha was used to calculate internal consistency reliability estimates for the self-efficacy 0.831 for adolescents and 0.895 for parents, constituting an acceptable to excellent level of reliability. Guttman Split-Half Coefficient reliability of 0.826 for adolescents and 0.906 for parents has been reported. Collected data was divided into two halves (on odd even basis). After two weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second test was found to be 0.831 for adolescents and 0.895 for parents which is significant at 0.01 level. The construct validity of the scale is high.

Key Words: Adolescent, Parent, Adolescent- Parent Relationship Scale

Introduction

The relationship between a parent and their child is critical to the development and wellbeing of children and adolescents. Adolescents who experience parental relationships low in warmth and support and high in negativity and criticism are at greater risk for poor health, behavioral, social and emotional outcomes (Fanti et al., 2008; Miranda et al., 2016). Further, research has demonstrated the central role of the parent-adolescent relationship for adolescents across diverse ethnic and cultural groups (Viner et al., 2012) and during the transition into adulthood (Hair et al., 2008).

Less attention has been directed towards identifying the relationship behaviors of parents that are associated with and may promote the skills and characteristics associated with positive development in adolescents. This is partly due to a lack of good measures. Primarily cross-sectional

research suggests that strong parent-adolescent bonds are associated with adolescent wellbeing and self-esteem (Boutelle et al., 2009), social competence (Laible & Carlo, 2004), self-regulation (Moilanen et al., 2010) and career decision-making skills (Nawaz & Gilani, 2011). These relationships may also be bidirectional or reciprocal such that better adolescent behaviour and skills lead to improved parent-adolescent relationships. For example, a parent may find raising a psychologically well adjusted "easy" teen less stressful and more enjoyable leading to better parent-adolescent relations. There is also building evidence from both concurrent and longitudinal studies suggesting that high quality parent-adolescent relationships continue to be important into emerging adulthood, being associated with wellbeing, life satisfaction and self-esteem (Kumar & Mattanah, 2016; Nelson & Padilla-Walker, 2013; Steele & McKinney, 2019), better functioning in personal rela-

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tionships (Kumar & Mattanah, 2016) and better adjustment to working life (Buhl, 2007).

Due to the long-lasting influence of the parent-adolescent relationship, there are calls for family-based prevention and intervention programs to focus on building family connectedness and strong parent-adolescent relationships, alongside common goals of improving parenting skills and capacity (Viner et al., 2012). It is necessary for research and practice to focus on factors in the parent-adolescent relationship that may facilitate the development of the skills and characteristics that enable adolescents to thrive, such as connectedness between parents and their adolescents and involvement of parents in their adolescent's lives; and factors that impede or are linked to poor adolescent outcomes, such as hostility or rejection, and to examine the nature and direction of these relationships. However, few reliable and valid measures exist that assess these critical intervention targets.

Many have known the adolescence with the period of storm and pressure, they know it with its contrasts and conflicts; adolescents are supportive by means of formation of their identity as well as cognitive and emotional changes due to physiologic changes. However, the parents make relationship with adolescent as the way in past. This situation is followed by the conflicts called with inherent property of adolescence by mistake, while these conflicts are not just the inherent property of adolescence but also what appeared due to cognitive, emotional and physiological change at adolescent. Therefore, the present paper has made an attempt to examine the parent-adolescent relationship from a different perspective for the purpose of making the scale "parent-adolescent relationship". Since the relationship is a phenomenon belonged to two persons

(parent and adolescent) is the analysis unit, parent and adolescent can be considered as the observation unit. In the present research, with regard to the limitations of the research, the adolescent was considered as the observation unit, i.e. data were collected from both the adolescents and parents for analysis of parent-adolescent relationship. It takes into account that the parent-adolescent relationship can be studied by both parent and adolescent, i.e. the parent might evaluate their relationship with adolescent proper, but the adolescent does not have such understanding from the relationship. Therefore this scale can help to evaluate understanding of adolescent and parent from the relationship and compare them with each other. As result, the best state is to consider both sex effects and role effects of parent. To sum up, since the present research has been conducted just in one of the state of India, the researchers are suggested to conduct this research in other regions of India.

Rationale of the Study

This paper describe the development and validation of a new measure of the parent-adolescent relationship, the Brief Adolescent- Parent Relationship Scale (BAPRS). The aim of this process was to develop a measure that: a) assessed both parent and adolescent perspectives with appropriate invariance established; b) is brief and easy to administer; c) has strong psychometric properties including reliability, validity and change sensitivity, and d) can be used in both research and clinical settings.

Method

Measures & Scoring

Structure of the measure: The Brief Adolescent- Parent Relationship Scale (BAPRS) is an instrument developed to assess parents' views of their relationship

with their adolescent and vice-versa. The instrument consists of 25 items with an adolescent (13 to 16 years) form of 13 items and parent's form of 12 items. The item development was limited to content that would be appropriate for adolescents in this age range. It is rated on a five point Likert scale.

Scoring & Interpretation: For the Brief parents self-efficacy scale, each item is worded positively and rated on a 5-point scale anchored with the terms as Never = 1, Seldom = 2, Sometimes = 3, Often = 4, Always = 5. A total score is then calculated by summing all five items, and ranges from 12 to 60 for parents form and 13 to 65 for adolescent form. Higher scores indicate higher levels of relationship between parents and adolescents.

Sample

Parents' form- A total of 40 parents of the adolescents of both genders within the age range of 13 to 16 years, studying in classes 7th, 8th, 9th and 10th standard from Pune participated in the study. The sample of the study was collected through the method of purposive and convenience.

Adolescents' form- A total of 100 adolescents of both genders within the age

range of 13 to 16 years, studying in classes 7th, 8th, 9th and 10th standard from Pune participated in the study. The sample of the study was collected through the method of purposive and convenience.

Administration

The questionnaire takes between five and ten minutes to administer and can be administered by a range of professionals with or without clinical expertise, including social workers, family and community workers. Attention should be made to how the questionnaire is introduced and explained to parents and adolescents to avoid feelings of judgement or shame.

Reliability

Parents' form-

Cronbach's coefficient alpha was used to calculate internal consistency reliability estimates for the self-efficacy 0.831, constituting an acceptable to excellent level of reliability. Guttman Split-Half Coefficient reliability of 0.826 has been reported. Collected data was divided into two halves (on odd even basis). After two weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second test was found to be 0.831 which is significant at 0.01 level.

Table 1 Show the Cronbach alpha- internal consistency reliability

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.831	.853	12

Table 2 Show the Split half Reliabilit

Reliability Statistics			
Cronbach's Alpha	Part 1	Value	.677
		N of Items	5 ^a
	Part 2	Value	.739
		N of Items	5 ^b
	Total N of Items		12
Correlation Between Forms			.712
Spearman-Brown Coefficient	Equal Length		.832
	Unequal Length		.832
Guttman Split-Half Coefficient			.826
a. The items are: Q1, Q3, Q5, Q7, Q9, Q11			
b. The items are: Q2, Q4, Q6, Q8, Q10, Q12			

Table 3 Shows the Test Retest Reliability

Intra class Correlation Coefficient							
	Intra class Correlation ^b	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.994 ^a	.991	.996	320.912	99	99	.000
Average Measures	.997 ^c	.995	.998	320.912	99	99	.000
Two-way mixed effects model where people effects are random and measures effects are fixed.							
a. The estimator is the same, whether the interaction effect is present or not.							
b. Type A intraclass correlation coefficients using an absolute agreement definition.							
c. This estimate is computed assuming the interaction effect is absent, because it is not estimable otherwise.							

Adolescents' form- Cronbach's coefficient alpha was used to calculate internal consistency reliability estimates for the self-efficacy 0.895, constituting an acceptable to excellent level of reliability. Guttman Split-Half Coefficient reliability of 0.906 has been reported. Collected data was divided into two halves (on odd even basis). After two weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second test was found to be 0.895 which is significant at 0.01 level.

Table 4 Show the Cronbach alpha- internal consistency reliability

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.895	.892	13

Table 5 Show the Split half Reliability

Reliability Statistics			
Cronbach's Alpha	Part 1	Value	.815
		N of Items	5a
	Part 2	Value	.792
		N of Items	5b
	Total N of Items		
Correlation Between Forms			.837
Spearman-Brown Coefficient	Equal Length		.911
	Unequal Length		.911
Guttman Split-Half Coefficient			.906
a. The items are: Q1, Q3, Q5, Q7, Q9, Q11, Q13			
b. The items are: Q2, Q4, Q6, Q8, Q10,Q12			

Table 6 Show the Test Retest Reliability

Intraclass Correlation Coefficient							
	Intraclass Correlation ^b	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.994 ^a	.991	.996	320.912	99	99	.000
Average Measures	.997 ^c	.995	.998	320.912	99	99	.000
Two-way mixed effects model where people effects are random and measures effects are fixed.							
a. The estimator is the same, whether the interaction effect is present or not.							
b. Type A intraclass correlation coefficients using an absolute agreement definition.							
c. This estimate is computed assuming the interaction effect is absent, because it is not estimable otherwise.							

Validity

Item pool- After consulting relevant literature fifteen 30 statements were prepared. The scale was modified in the light of views obtained from language experts, research experts, professors and research scholars of various universities on the basis of their suggestions.

Face validity- Initial screening of items and components was done by experts from the field of Psychology, Education and English language in order to determine the face validity as a result the scale was developed by reducing the number of statements from 30 to 25.

Content validity- After determining the face validity the panel of 4 judges with good experience in their relevant field was prepared to determine the content validity of the scale. These experts were contacted individually. The judges were requested to record their agreement or disagreement on any of the items of the scale. They were also requested to suggest the change in the items which they don't find feasible. The choice for categorization of each item was noted and the frequency of choice was calculated. Then the items on which there was the consensus of four (04) judges and above were retained as such and even if they suggested some change, it was inserted. The number of items retained after this step was 25. Prior to use, the instruments were reviewed by researchers who were familiar with social cognitive theory and the concepts of self-efficacy. Based on their review and assessment of the individual items in the scale, wording changes were made to better reflect the intent of

Table 7 Show the items were retained for the final version of the scales.

Norms for the Scale

Sr. No	Forms	Lower degree of relationship	Moderate degree of relationship	Higher degree of relationship
1	Parents form	Score of 12 to 27 points	Score of 28 to 43 points	Score of 34 to 60 points
2	Adolescents form	Score of 13 to 30 points	Score of 31 to 47 points	Score of 48 to 65 points

Item analysis

Parents' form- For the purpose of item analysis scale was administered on forty (40) parents of adolescents' age ranging from 13 to 16 years. The data was then tabulated and weighed score for each item and each subject was summed. The scores were arranged from lowest to highest for the purpose of determining upper and lower group. The t-values on each item between the upper and lower group were computed for retaining or rejecting the item in the scale with the objective of determining discriminatory power of the item.

Table 8 Show the Inter-Item Correlation Matrix

Inter-Item Correlation Matrix												
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Q1	1.000	.491	.437	.540	.123	.385	.206	.267	.564	.653	.419	.396
Q2	.491	1.000	.450	.379	.164	.351	.128	.219	.227	.502	.346	.287
Q3	.437	.450	1.000	.370	.261	.604	.306	.303	.381	.544	.384	.699
Q4	.540	.379	.370	1.000	.159	.535	.292	.263	.565	.378	.421	.484
Q5	.123	.164	.261	.159	1.000	.205	.471	.160	.392	.263	.275	.150
Q6	.385	.351	.604	.535	.205	1.000	.385	.349	.567	.468	.556	.626
Q7	.206	.128	.306	.292	.471	.385	1.000	.346	.437	.380	.526	.208
Q8	.267	.219	.303	.263	.160	.349	.346	1.000	.466	.235	.445	.503
Q9	.564	.227	.381	.565	.392	.567	.437	.466	1.000	.504	.715	.478
Q10	.653	.502	.544	.378	.263	.468	.380	.235	.504	1.000	.549	.601
Q11	.419	.346	.384	.421	.275	.556	.526	.445	.715	.549	1.000	.338
Q12	.396	.287	.699	.484	.150	.626	.208	.503	.478	.601	.338	1.000

Table 9 Show the Summary Item Statistics

Summary Item Statistics							
	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	4.288	3.525	4.800	1.275	1.362	.137	12
Inter-Item Correlations	.395	.123	.715	.592	5.812	.021	12

Table 10 Show the Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Q1	46.90	41.426	.595	.668	.866
Q2	47.37	41.779	.452	.490	.872
Q3	46.90	41.887	.625	.652	.865
Q4	47.25	39.782	.585	.560	.865
Q5	47.93	40.943	.368	.363	.881
Q6	47.20	37.497	.674	.608	.859
Q7	47.70	38.010	.519	.509	.872
Q8	46.78	42.076	.472	.544	.871
Q9	47.12	37.087	.741	.738	.854
Q10	47.00	38.923	.676	.764	.859
Q11	47.15	38.028	.705	.703	.857
Q12	46.65	42.592	.625	.812	.867

Adolescents' form- For the purpose of item analysis scale was administered on Hundred (100) adolescents' age ranging from 13 to 16 years. The data was then tabulated and weighed score for each item and each subject was summed. The scores were arranged from lowest to highest for the purpose of determining upper and lower group. The t-values on each item between the upper and lower group were computed for retaining or rejecting the item in the scale with the objective of determining discriminatory power of the item.

Table 11 Show the Inter-Item Correlation Matrix

Inter-Item Correlation Matrix													
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
Q1	1.000	.494	.467	.614	.325	.548	.469	.251	.537	.517	-.581	-.170	-.519
Q2	.494	1.000	.651	.601	.429	.610	.480	.196	.447	.528	-.607	-.117	-.341
Q3	.467	.651	1.000	.722	.455	.561	.552	.208	.618	.569	-.668	-.339	-.392
Q4	.614	.601	.722	1.000	.303	.525	.548	.144	.694	.550	-.771	-.230	-.449
Q5	.325	.429	.455	.303	1.000	.448	.429	.132	.312	.512	-.389	-.080	-.167
Q6	.548	.610	.561	.525	.448	1.000	.470	.120	.423	.537	-.651	-.311	-.328
Q7	.469	.480	.552	.548	.429	.470	1.000	.159	.573	.472	-.510	-.192	-.323
Q8	.251	.196	.208	.144	.132	.120	.159	1.000	.394	.246	-.215	-.045	-.460
Q9	.537	.447	.618	.694	.312	.423	.573	.394	1.000	.485	-.650	-.302	-.483
Q10	.517	.528	.569	.550	.512	.537	.472	.246	.485	1.000	-.703	-.214	-.235
Q11	-.581	-.607	-.668	-.771	-.389	-.651	-.510	-.215	-.650	-.703	1.000	.355	.355
Q12	-.170	-.117	-.339	-.230	-.080	-.311	-.192	-.045	-.302	-.214	.355	1.000	.111
Q13	-.519	-.341	-.392	-.449	-.167	-.328	-.323	-.460	-.483	-.235	.355	.111	1.000

Table 12 Show the Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.444	1.590	4.690	3.100	2.950	.650	13
Inter-Item Correlations	.124	-.771	.722	1.493	-.937	.191	13

Table 13 Shows All the Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Q1	40.54	37.140	.590	.547	.600
Q2	40.98	34.282	.683	.570	.573
Q3	41.30	32.859	.692	.679	.562
Q4	40.88	34.329	.661	.764	.576
Q5	41.55	34.836	.536	.382	.593
Q6	41.05	34.614	.585	.575	.586
Q7	41.70	33.626	.634	.460	.574
Q8	40.08	42.074	.222	.352	.649
Q9	41.19	33.630	.589	.648	.580
Q10	41.00	34.505	.647	.597	.578
Q11	42.54	57.988	-.783	.764	.790
Q12	41.25	47.624	-.267	.247	.723
Q13	43.18	50.674	-.502	.454	.734

Table 14 Show the Mean variance Sd and “N” of items

Scale Statistics			
Mean	Variance	Std. Deviation	N of Items
44.77	44.603	6.679	13

Qualitative Interpretation

The Brief Adolescent- Parent Relationship Scale (BAPRS) is an instrument developed to assess parents' views of their relationship with their adolescent and vice-versa. The instrument consists of 25 items with an adolescent (13 to 16 years) form of 13 items and parent's form of 12 items. The item development was limited to content that would be appropriate for adolescents in this age range. It is rated on a five point Likert scale. Each item is worded positively and rated on a 5-point scale anchored with the terms as Never = 1, Seldom = 2, Sometimes = 3, Often = 4, Always = 5. A total score is then calculated by summing all five items, and ranges from 12 to 60 for parents form and 13 to 65 for adolescent form. It can be administered as a self-report questionnaire in a group setting or individually. The time required to complete the assessment ranges from 5 to 10 minutes. It is a practical and user-friendly assessing scale for parents that could be used in a variety of settings. The same form can be used for both parents. Reliability Parents' form- Cronbach's coefficient alpha was used to calculate internal consistency reliability estimates for the self-efficacy 0.831, constituting an acceptable to excellent level of reliability. Guttman Split-Half Coefficient reliability of 0.826 has been reported. Collected data was divided into two halves (on odd even basis). After two weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second test was found to be 0.831 which is significant at 0.01 level. Adolescents' form- Cronbach's

coefficient alpha was used to calculate internal consistency reliability estimates for the self-efficacy 0.895, constituting an acceptable to excellent level of reliability. Guttman Split-Half Coefficient reliability of 0.906 has been reported. Collected data was divided into two halves (on odd even basis). After two weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second test was found to be 0.895 which is significant at 0.01 level. The construct validity of the scale is high

Conclusion

- BAPRS main advantage is that it is very clear and straightforward.
- Since BAPRS is a self-report instrument, it is important to gather other information to validate the responses provided by the parents and the adolescents.
- BAPRS is an instrument suitable for use with cultural communities.
- Given the limited number of evaluation studies for this tool, it would be useful to conduct more research on its validity and reliability.
- Separate forms for adolescents and parents are written at a 5th-grade reading level and in the first person to elicit current thoughts.
- Reliability and scoring are provided separately for adolescents and parents.

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DISTRESS DISCLOSURE AND PSYCHOLOGICAL WELL-BEING AMONG UNDERGRADUATE COLLEGE STUDENTS DURING COVID-19: A CORRELATIONAL STUDY

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ABSTRACT

Background: Distress disclosure, a process of sharing one's negative experiences and feelings with others is an important and adaptive way of regulating one's emotions which helps an individual to deal with stressful situations in their lives. The effect of Covid-19 pandemic was vast spread effecting multiple dimensions of an individual's functioning, the most prevalent one being their social functioning. Lack of human contact made it difficult for individuals to share their worries with others making it difficult for them to deal with their stressors. One of the most effected groups was that of students who due to the pandemic were confined to home environment thereby reducing their channels to deal with distress. **Purpose:** The current study focussed on identifying levels of distress disclosure and psychological wellbeing among undergraduate college students of Bangalore city in the age range of 18- 21 years during COVID-19. Further, the study explored if disclosure of distress had any relationship with students psychological well-being. A sample of 278 college students were selected using the purposive sampling technique. **Sample:** Data was collected through online format using two validated research instruments namely: Distress Disclosure Index and Ryff's Psychological well-being scale. Results showed presence of moderate level of distress disclosure and psychological well- being among students during the current pandemic. **Results:** No significant relationship was found between student's distress disclosure and psychological well- being. However, significant gender difference was observed in these two variables, wherein females had better distress disclosure and psychological well- being compared to males.

Keywords: distress disclosure; psychological well- being, covid 19; pandemic

INTRODUCTION

Due to the rapid spread of corona virus people all over the world were affected by multiple crises situation which led to an increase in their anxiety and stress levels. In order to reduce the spread and impact of COVID19 the lockdown was imposed by the government which impacted the lifestyle and functioning of everyone all over the world. The offline work culture suddenly had to be shifted to online mode, resulting in lesser human interaction and lack of interpersonal contact. This led to an increase in distress levels giving rise to feelings of loneliness, depression, anxiety. Due to the sudden shift in the education system from face- to face classes

to online classes one of the most impacted groups of the current pandemic was that of students. Engagement in college life activities and relationships with peers and teachers is an important ingredient in the growth of an individual. However, due to the pandemic the hope and excitement of having an enjoyable college life, of meeting friends, planning out activities with them, soon became a dream. Students were restricted from going out, spending time with friends, exploring new things which in turn started effecting their well- being across different dimensions. Further, lack of routine, student engagement in college activities resulted in isolation, stress, social media addiction, and lack of physical

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activities thus impacting their overall health and well-being. The uncertainty surrounding the situation was so high that students were left in a puzzling state. Lack of clarity about exams, about future educational plans, lack of job placement opportunities further triggered a psychological imbalance in students leaving their personal and professional milestones left unfulfilled.

Lalit et. al, (2020) conducted a cross-sectional study to identify the prevalence of stress among Indian students during the COVID-19 pandemic. The results showed that during the covid-19 pandemic, students' mental health had to be continually monitored as they were more stressed about their studies and future careers. They also found that female students were more concerned about their academic activities, and the students aged from 18 - 25 years were more vulnerable to the impact of pandemic lockdown. In another study (Yamini Chandra, 2020) it was found that there was a significant difference in fear of academic failure between the offline and online environment among both male and female students. Students were somewhere trying to cope with negative situations raised due to the covid-19 pandemic by using more of distraction and suppression strategies of emotion regulation. Thus, it could be observed that healthy addressal of distress by students was somewhere missing.

When faced with stressful situations one of the most important techniques used by an individual is that of sharing their distressing life situation with others. Distress disclosure as a process involves willingly sharing or confiding one's problematic or negative life situations or experiences, feelings and emotions with others and is considered to be an important strategy for emotion regulation. When people feel upset or unhappy, they are of-

ten seen discussing about it with their close network and this emotional sharing helps them to cope better as it gives them a feeling of being heard and understood. This act of disclosing distressing information thus, helps to confront the stressor by utilizing the support of others. Even literature on distress disclosure indicates that people who tend to talk about their problems and distressing moods with others enjoy greater well-being and have better social functioning in life (Kahn et. al 2012) (Jeffrey et. al, 2020). Studies on self-concealment indicates that "individuals who tend to conceal personally distressing information experience an increased level of intrapersonal and interpersonal stress" (Larson et. al, 2015).

Students are often found feeling more comfortable sharing their distress with friends and peers compared to family and other authority figures due to the fear of being judged, criticized and negatively evaluated. However, due to the pandemic which restricted their contact with friends they lost this channel of support and were thus forced to suppress their emotional turmoil. This inability to share and talk about their issues with trusted others can be detrimental to their emotional stability. Psychological well-being is compromised when negative emotions are extreme or very long-lasting and interfere with a person's ability to function in daily life. Having adequate psychological well-being is very important for students as it can affect the development of their self-esteem, confidence, resilience, interpersonal relationships. Having good psychological well-being promotes optimism, positive work attitudes, understanding, reaching out to people, maintaining good health, ability to sustain relationships, able to handle the crisis effectively, increasing life satisfaction, encouraging social responsibility, promoting creativity,

fostering learning, and even enhances academic achievement and the ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience in students (Conversano et. al, 2010). Hence, looking at the importance of sharing distress with one's network and the role it plays in promoting well-being the current study attempted to assess the level of distress disclosure and psychological well-being amongst the student population during the pandemic and to see if there is any correlation found between these two variables.

METHODOLOGY

Purposive sampling technique was used to gather data from undergraduate students, studying in private colleges of Bengaluru city. Sample consisted of 278 college students (139 girls and 139 boys) in the age range of 18-21 yrs. (mean age 19.9 yr., SD .83). Online mode of data collection using google form was adopted for the current study. Two validated tools namely: Distress Disclosure Index and Ryff's Psychological well-being scale were used. The google forms were made available from 02/1/2021 till 25/5/2021.

1. Measures:

Distress Disclosure Index - (Kahn, J. H., & Hessling, R. M (2001): It consists of 12 items that are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). There are 6 Reverse score items in this scale (2, 4, 5, 8, 9, 10). Kahn (2012) reported the tool to have an internal consistency ranging from 0.89 to 0.95 with a coefficient alpha of 0.94.

Ryff's Scales of Psychological Well-Being (PWB): This scale developed by Carol Ryff consists of 42 items out of which 21 items are reverse scored (3, 5, 8, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27,

30, 31, 32, 34, 36, 39, 41). It measures six factors namely: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, Self-Acceptance each measured by 7 items. Items are scored on a scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree).

2. Ethical Consideration:

The study followed the ethical guidelines for research on human subjects. Ethical approval for the study was obtained from the Research Ethics Committee of the Post- Graduate Department of Psychology, Bishop Cotton College, Bangalore. The google form consisted of details of the study and the investigator for easy accessibility by the participants. Participants were asked to sign a consent form if they were willing to participate in the study. Anonymity was assured and participants were free to withdraw from the study at any point in time if they wanted to.

3. Sample demographics:

The total sample size was 278 students out of which 139 were males and 139 were females with a mean age of 19.9 yr. and an SD of .83. Out of the total 278 students 87(31.3%) were from the 1st year, 93(33.5%) were from 2nd year and 98(35.3%) were from 3rd year. Distribution along the lines of their educational stream showed that out of the total 278 students, 101(36.3%) were from commerce, 85(30.6%) were from science, and 92(33.1%) were from arts and humanities.

RESULTS AND DISCUSSIONS

The study first analysed the level of distress disclosure in the sample during the current pandemic. The results of the study showed that out of 278 students, 55 students (19.8%) reported a high level of distress disclosure, and 157 students

(56.5%) reported a moderate level of distress disclosure, and 66 students (23.7%) reported a low level of distress disclosure. As seen above somewhere the level of distress disclosure was not very high among college students during COVID-19. There can be a number of factors contributing to this such as lack of face-to-face interaction, unable to meet friends due to lockdown, lack of trust in confiding things, feelings of being judged and criticized by family, not finding supportive relations. An important way to gain help and support from others is to let them know that help is needed in the first place. However, with the current pandemic the students felt isolated and felt an absence of supportive network to vent out their distress.

The study further assessed levels of psychological well-being in the sample and it was found that out of 278 students, 71 students (25.5%) reported a high level of psychological well-being, and 134 students (48.2%) reported a moderate level of psychological well-being, and 73 students (26.3%) reported a low level of psychological well-being. Majority of the students showed a moderate- low level of psychological well-being. Students without support and less than favourable psychological well-being are more likely to engage in negative activities such as increased social media use, binge eating, increased laziness, substance use, sedentary behaviour, sleep disturbances, lack of concentration, academic difficulties. Hence, providing adequate and timely support, help and guidance to students during these stressful times should be of utmost priority for parents and educational institutions.

The study further analysed if there was any significant gender difference in distress disclosure and psychological well-being in the sample. As the data was not normally distributed hence, non- paramet-

ric statistics were used. Mann- Whitney U test results revealed that there was a significant gender difference in these two variables with girls showing better distress disclosure and psychological well- being in comparison to boys.

Table 1: showing Mann- Whitney U test results for gender difference in Distress discloser

Distress discloser	
Mann-Whitney U	7982.500
Wilcoxon W	17712.500
Z	-2.508
Asymp. Sig. (2-tailed)	.012

*Significant at the 0.05 level

Looking at the above table it can be seen that the asymp. sig (2-tailed) value was found to be 0.012 which is found to be less than the level of significance (0.05). Hence, the alternative hypothesis was accepted which stated that there is a significant level of gender difference in the psychological. The mean rank for girls was 151.57 and 127.43 for boys. Difference in social interaction and support utilization in general among boys and girls may be one of the reasons that girls were found to be more likely to express their emotions than boys. Social constructs such as gender roles where it is considered normal for girls to express their emotions whereas boys are taught to suppress their emotions which in turn is portrayed as a strength can also be a reason behind boys feeling less comfortable in disclosing their distress.

Table 2: showing the Mann-Whitney U test results for gender difference in psychological well-being

Psychological Well-Being Scores	
Mann-Whitney U	7888.000
Wilcoxon W	17618.000
Z	-2.645
Asymp. Sig. (2-tailed)	.008*

*Significant at the 0.05 level

Table 2 shows the Mann-Whitney U test results for the gender difference in psychological well-being. Looking at the above table it can be seen that the asymp. sig (2-tailed) value is found to be 0.008 which is found to be less than the level of significance 0.05. Hence, the alternative hypothesis was accepted which stated that there is a significant level of gender difference in psychological well-being in the current sample. The mean rank for girls was 152.25 and for boys it was found to be 126.75. Girls were found to have better psychological well-being during the pandemic in comparison to boys. One of the reasons for this could be that girls tend to take emotional support from their family more compared to boys who on the other hand are better able to express themselves with their friends.

Table 4: showing the Spearman's Correlation results for relationship between distress disclosure and dimensions of psychological well-being among undergraduate college students during COVID-19.

Spearman's Correlation							
	Distress Disclosure	Autonomy	Environmental Mastery	Personal Growth	Positive Relations with Others	Purpose in Life	Self-acceptance
Correlation Coefficient	1.000	-.091	-.004	-.033	.211**	-.045	.044
Sig. (2-tailed)	.	.130	.947	.581	.000	.455	.470

**Correlation is significant at the 0.01 level

Table 3: showing the result for Spearman Correlation for relationship between distress disclosure and psychological well-being among undergraduate college students during COVID -19.

Distress Disclosure total score PWB Total score	
Correlation Coefficient	.046
Sig. (2-tailed)	.449
N	278

Finally, the study analysed if there was any significant relation between student's distress disclosure and psychological well-being during the current pandemic situation. Spearman correlation test was used to analyse the data. Looking at table 3 it can be seen that the Sig. (2-tailed) value is .449 which is found to be more than the alpha value of 0.05, thereby showing that there is no significant relationship between distress disclosure and psychological well-being among undergraduate college students.

Further analysis was carried out to assess the relationship between distress disclosure and dimensions of psychological well-being. Table 4 shows results of correlation analysis between distress disclosure and dimensions of psychological well-being. Out of the 6 dimensions of psychological well-being, the dimension "positive relations with others" was found to have a significant positive relation with distress disclosure. This shows that talking about private feelings and experiences can help deepen interpersonal relations by building confidence, strength, and trust in the relationship and giving meaning to the relation at large.

CONCLUSION

The changes in the social sphere brought by the pandemic were immense. Social distancing left the students isolated when in reality they needed more support to cope with the additional stress of pandemic. Difficulty in seeking help and sharing negative experiences and emotions was commonly experienced by people across the world, especially amongst students. Disclosing distressing feelings, emotions, and stressing thoughts with others leads to an increase in building positive relations with others as it gives a feeling of connectedness and helps in building trust and support. It also enhances cognitive processing of emotions in students. However, the current situation effected students' interpersonal lives making it difficult for them to relate to people and share their stress causing greater emotional issues. The finding of the current study thus, suggests that the college authorities and parents should take efforts to provide students with a secure and comfortable space to feel relaxed to share their issues rather than suppressing them leading to much worse consequences. Colleges can add

some life skill or life coaching classes for the students where they can be psycho-educated about the techniques and ways in which they can deal with negative aspects of their life in a healthier manner. Teachers and parents can work in coordination to help guide the students. Setting up online counselling and organizing awareness workshops with the help of mental health professionals could go a long way in helping student's deal more effectively with stressors. Academic lead (staff members, teachers) should keep session with students at least once a week or month to enable students to vocalize their difficulties and to seek clarification on various issues that they perceive to be difficult. Parents on the other hand need to be more patient and adopt a friendly approach to help students be more willing to disclose their distress.

LIMITATIONS

Due to the current COVID-19 situation the data had to be collected through online mode that raises questions about the authenticity and reliability of some responses which could have affected the results. The sample size was less, purposive sampling technique was used which effects the generalizability of results. As correlational statistics were used, no definitive statements can be made about causality.

CONFLICT OF INTEREST

The authors declare no conflict of interest

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GANDHIJI AND ENVIRONMENTAL ETHICS

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Gandhiji never wrote anything on ecology and environment. But we can find Gandhiji as a man who practiced the principles of environmental ethics in his life. Gandhiji preached and practiced environmental ethics, based on the ethical principles of Indian philosophy. As an ardent opponent of anthropocentric concept of nature, all his writing were concerned with man's attitude. He formulated the seven sins of mankind, which is equally considered as forming his basis of environmentalism. The seven sins are as follows:

- Politics without Ideology
- Business without Morality
- Money without work
- Education without character
- Science without Conscience
- Service without Humanity
- Devotion without Ethics

Gandhiji's environmentalism is mainly based on ethical principles of Ahimsa, Satya, Asteya, Brahmacharya and Aparigraha. Gandhi always advised that if we are to solve the environmental problems, we should have a reorientation towards our ways of life and our environment. This ways of life is influenced by our ways of thinking, thought on philosophy of life. Gandhiji always talked about changing the society by changing the behavior of people. According to him society cannot be get rid of its evils in a single day, before try to change the society, people should change their behaviors, and then this changes will naturally reflect on society. So thinking is primary step for change and this thinking should be in harmony with one's environment. As an en-

vironmentally conscious person, Gandhiji was a strict vegetarian. The reason for his vegetarianism is that plants are the primary producers and as long as we maintain the earth in a good condition vegetarian food will be always available for future generation also. Although Gandhiji was not an environmental philosopher in any sense, nor his wide range of writings says about ecology, he is still considered as fore runner of Indian environmental movement. It is because Gandhiji's name and charisma is attached with numerous social and political reform movements. As a strong critique of Western model of industrialization, he implicitly expressed the need for a holistic relationship between man and his environment. The famous figures of Indian environmental movement whether it be Baba Ampte or Sunderlal Bhauguna Medha Patkar or Vandana Shiva, all have acknowledge that they received inspiration from Gandhiji and Gandhian philosophies.

The most crucial and most important point in Gandhian ethics is that the equalization of ends and means Gandhiji gives equal importance to ends and means and declares that ends and means are convertible terms in his philosophy of life. By Denouncing, Machiavellian principles, Gandhiji were challenging Marxist view that ends justify means. Marxism adopts the view that if the ends are good, concern about means should be banned. According to Gandhiji, this view promotes non-violence and it affects harmonious relation in nature.

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The end in Gandhian ethics is Satyagraha. By Satyagraha, Gandhiji means the attainment of truth which exists in every spatio-temporal manifestations. According to Gandhiji, the way or means to attain this and is ahimsa and when ahimsa is put in practice, it is called Nirahara in Gandhian terms. So Nirahara Satyagraha is practical application of ethical principles in Gandhian philosophy.

According to Gandhiji, the term ahimsa admits the ethical virtues of Indian philosophy. The foundation for Gandhian ecology starts from the five ethical principles of

- Truth - Satya
- Non-violence - Ahimsa
- Aparigraha Non-Stealing
- Asteya Non-Possession
- Celibacy - Brahmancharya

The social aspect of Gandhian ethics is having wider connotations. The Gandhian term society does not include humans alone. But by society Gandhiji implies the harmonious co-existence of every manifestation in this earth. In such a society every being as equal importance and man is only one among the various manifestations of nature. By this, it is clear that Gandhiji attacked the anthropocentrists' claim over nature. Gandhiji never gave undue importance to man. According to Gandhiji in nature every being is equal and strives for perfection.

Gandhian ethics stands for the ecological balance between all species. It speaks that ethical life is possible only when all the members of this earth get opportunities to manifest itself. This means each being's right should be protected along with man. Gandhiji defines dharma as anything which preserves life on earth. In this sense dharma is equated with ahimsa also.

Gandhian concept of religion is worth noticing as it is the best example of ecological balance between all manifestations. Gandhian religion is not concerned with man alone, but peaceful co-existence of all beings in this earth. It is because of this concept that Gandhiji asked to worship cow. For him, cow stands for the silent creatures of God's creation, so for Gandhiji. Religious experience is possible only when man can be able to experience fellow beings with all creatures.

The concept of compassion to all beings and nature conservation is implied in Gandhian ideals. He staunchly criticized the way in which industrialization is being carried out. He feared that industrialization will make all citizens as mere consumers and there will be no place for village products. According to him, all village must be a self-sufficient unit, producing themselves whatever they want in a rational manner. Gandhiji criticized that India is adopting western ways of industrialization without considering the indigenous factors of India and Indian villages. According to him, the overuse and over spread of machine culture will dehumanize the culture of India. The overuse of machine culture will result in mass production by a single individual instead of production by masses. This will result in concentration of wealth in some group which adversely affects the country's growth and widens the gap between rich and poor.

Gandhian social philosophy which is known as Sarvodaya means upliftment of all. It includes every spatio-temporal manifestation. "As distinguished from the utilization ideal, the ideal of Sarvodaya consists in the promotion of the greatest good of all, including animals. Gandhian concept of Sarvodaya firmly believes that by nature all men are good. This has extensions to the non-human world also.

Truth-Satya

For Gandhiji truth is the sovereign principles, which includes numerous other principles. Truth is not only truthfulness in word, but truthfulness in thought also, it is not only the relative truth of our conception, but the Absolute truth, the Eternal Principle, that is God. It is also the voice within that tells us.

Non-Violence-Ahimsa

For Gandhiji, non-violence is a power which can be wielded equally by all-Children young men and women or grown-up people, provided they have a living faith in the God of love and have therefore equal love for all mankind. When non-violence is accepted as the law of life, it must provide the whole being and not be applied to isolated acts. The non-violence is a more and more real fighting against wickedness than recitation whose every nature is to increase wickedness.

Non Stealing - Aparigraha

For Gandhiji we are thieves in a way. If we take anything that we don't need for our own immediate use and keep it, we steal it from some else. It is the fundamental truth of law, without exception, that nature produces enough for our wants from day to day; and if only every body took enough for himself and nothing more, there would be no pauperism in this world there should be no man deifying of starvation. Gandhiji was not a socialist and he does not want to dispossess those who have got possess but he does say that personally those of us who want to see light out of darkness have to follow this role. He does want to dispossess anybody; he should then be departing from the rule of non-violence. If somebody else possess more than others left him. But so far as Gandhiji our life has to be regulated, he dared not possess anything which he does want, in India we have got many millions of people we have to be satisfied with

one meal day, and that meal consisting of a chapatti containing no fat in it and a pinch of salt. You and I have no right anything that we really have until these millions are clothed and fed, this is what exactly Gandhiji means by Non Stealing.

Non-Possession - Asteya

Non-Possession is allied to non-stealing A thing not originally stolen must nevertheless be classified as stolen property if we possess it without needing it. Possession implies provisions for the future. If each retained possession of only what he needed no one would be in want, and all would live in contentment. As it is, the rich are discontented no less than the poor. The poor man would fain become a millionaire and a millionaire a multimillionaire non-possession it to refuse to have what the millions cannot. This ability to refuse will not descend upon us all of a sudden. The first thing is to cultivate the mental attitude that will not have possession of facilities denied to millions and the next immediate thing is to rearrange our lives as fast as possible in accordance with that mentality young India (1925, P. 149).

Celibacy - Brahmacharya

The full and proper meaning of Brahma Charya is search for Brahman. Brahman pervades every being and can therefore be searched by diving into and realizing the inner self. This realization is impossible without complete control of the sense. Brahma charya thus means control in thought, Word and action, of all the senses at all times in all places. It is the way of life which leads us to brahma (God). It includes full control over the power of reproduction. (Young India 5-6-1924, p. 186).

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-X-