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A STUDY ON SOCIAL SUPPORT AND MENTAL HEALTH OF EMPLOYEES

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Abstract:- The aim of the present study is to examine the Influence of Social Support on Mental Health of Employees selected from Gulbarga District. The Sample consists of 200 (of different occupations and gender) employees. The sample was administered with Social support questionnaire and Mental Health Inventory. And the data were subjected the t-test. The results revealed that social support produces differences in mental health of employees and there is a significant difference in Mental Health between the male and female sample.

Keywords: Social Support, Mental Health, human relationships.

INTRODUCTION

Social support is a concept that is generally understood in an intuitive sense, as the help from other people in a difficult life situation. One of the first definitions was put forward by (Cobb, 1976). He defined social support as 'the individual belief that one cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations'.

Social Support is one of the most important factors in predicting the physical health and well-being of everyone, ranging from childhood through older. The absence of social support shows some disadvantage among the impacted individuals. In most cases, it can predict the deterioration of physical and mental health among the victims.

The Oxford dictionary defines support, in part, as to keep from falling or giving way, give courage, confidence, or power of endurance to apply with necessities. What presumably social support from the border concept is that it necessarily involves the presence and products of stable human relationships.

The initial social support given is also a determining factor in successfully overcoming life stress. The presence of social support significantly predicts the individual's ability to cope with stress. Knowing that they are valued by others is an important psychological factor in helping them to forger the negative aspects of their thinking more positively about their environment. Social support not only helps to improve a person's well-being, it affects the immune system as well.

According to WHO (1974), "Health is not merely the absence of disease, but a state of complete physical, mental, spiritual and social well being. This definition seems to equate health with all round well being. It highlights health as a positive goal rather than just a neutral state of 'no disease' and indicates that this is to be achieved by personal and social change as well as by medical advance. As a definition, it contains almost as many new problems as it tries to solve. Its idealistic, even utopian nature has been commented upon by critics (Seedhouse, 1986). In a similar way to the absence of disease' approach, the apparent simplicity of the WHO definition conceals a range of assumptions about what health should be. Freedom from disease is not health; real health is viewed as the transformation of 'no disease type health into all round well being. Health becomes a personal struggle and a goal to be worked towards on a community national and global level. These sense of health as action and adoption is captured in the WHO Working Group Report (1984) on health promotion, which conceptualized health as the extent to which an individual or group is able on the one hand, to realize aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities WHO (1984).

Health is multi factorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. It is a truism to say that what man is and to what diseases he may fall victim depends on a combination of two sets of factors: his genetic factors and the environmental factors to which he is exposed. These factors interact and these interactions may be health promoting or deleterious. Thus, concept of the health of individuals and whole communities may be considered to be the result of many interactions like heredity, environment, lifestyle, socio-economic conditions, health and family welfare services etc..

The physical and mental traits of every human being are to some extent determined by the nature of his genes at the moment of conception. From the genetic stand point, health may be defined as that "state of the individual which is based upon the absence from the genetic constitution of such genes as correspond to characters that takes the form of serious defect and derangement and to the absence of any aberration in respect of the total amount of chromosome material in the cerotype or stated in positive terms, from the presence in the genetic constitution of the genes that correspond to the normal characterization and to the presence of a normal cerotype".

Health requires the promotion of healthy lifestyle. In the last 20 years, a considerable body of evidence has accumulated which indicates that there is an association between health and lifestyle of individuals. Many current day health problems especially in the developed countries are associated with lifestyle changes. In developing countries, like India, where traditional lifestyle still persist, risk of illness and death are connected with lack of sanitation, poor nutrition, personal hygiene, elementary human habits, customs and cultural patterns.

Mental health is the balance between all aspects of life social, physical and spiritual and emotional. It impacts on how we manage our surrounding and make choice in our lives clearly it is an integral part of overall health.

It is a state of emotional and psychological well being in which an individual is able to use his or her cognitive and emotional capabilities. Functioning in society and meet the ordinary demands of everyday life. Mental health refers to a person's overall emotional and psychological conditions. Mental health is for more than the obscene of mental illness and has to do with many aspects of our lives like, how we feel about ourselves, how we feel about others and how we are able to meet the demands of life.

According to Medicare (2005) guidance, "only a qualified occupational therapist has the knowledge, training and experience required to evaluate and as necessary, reevaluate a patient's level of function, determine whether an occupational therapy program could reasonably be expected to improve, restore, or compensate for lost function, and where appropriate, recommend to the physician a plan of treatment."

Occupational therapists work with the mental health population throughout the life span and across many treatment settings where mental health services and psychiatric rehabilitation are provided (AOTA, 2009). Just as with other clients, the OT facilitates maximum independence in activities of daily living (dressing, grooming, etc.) and instrumental activities of daily living (medication management, grocery shopping, etc.).

Mental health implies freedom from internal conflict, no consistent tendency to condemn or pity one self, a good capacity to adjust to situation and people, sensitivity to the emotional needs of others, capacity to deal with other individuals with consideration and courtesy and good control over one's own emotions without constantly giving into strong feelings of fear, jealousy anger and guilt. Thus mental health is believed to differ from one to another, and from one occupation to another. It is in this context, the present study attempts to study the mental health of employees working in different professions.

STATEMENT OF THE PROBLEM:

To study the mental health of employees belonging to two groups of social support.

OBJECTIVES:

1. To study the mental health of employees belonging to two groups of social support.
2. To examine the gender differences in mental health of the sample groups.

HYPOTHESES:

1. There is a significant difference in mental health between the employees of two groups of social support.
2. There is a significant gender difference in mental health of the sample sub groups.

SAMPLE:

The sample of the study consists of 200 employees of different professions drawn randomly from Gulbarga District. The respondents were administered social support scale to determine the level of social support. Subsequently sample was grouped into high and low social support groups on which mental health inventory was administered to determine the status. Thus the sample was matched for social support and gender.

TOOLS:

1. Personal Data Schedule: This data schedule includes sample name, occupation and gender.
2. PGI Social Support Questionnaire:

The scale is constructed and standardized by Dr. Ritu Nehera, Dr. Parmanad Kulhara and Dr. Santosh K. Verma (1998). The scale consists of 18 statements. For each statement the response is given in four forms i.e., Extremely, Quite a bit, A little bit, and Not at all.

Scoring: Scoring pattern (of 4 to most agree to 1 to least agreed response) was attained. Thus, higher the score better is the perceived social support.

The reliability of the inventory has been found to be 0.64 which is significant.

3. MENTAL HEALTH INVENTORY:

This inventory is developed by Jagdish and Srivastava (1988) which is consisting of 56 items distributed along 6 dimensions. They are PSE, POR, IOP, AUT, GOA, EM and TMH, and 4 response categories -always, often, rarely and never. The scoring is done with the help of scoring key. The higher score indicate the higher mental health and vice versa. The reliability of the inventory has been found to be 0.75 which is significant.

3. RESULT AND DISCUSSION:

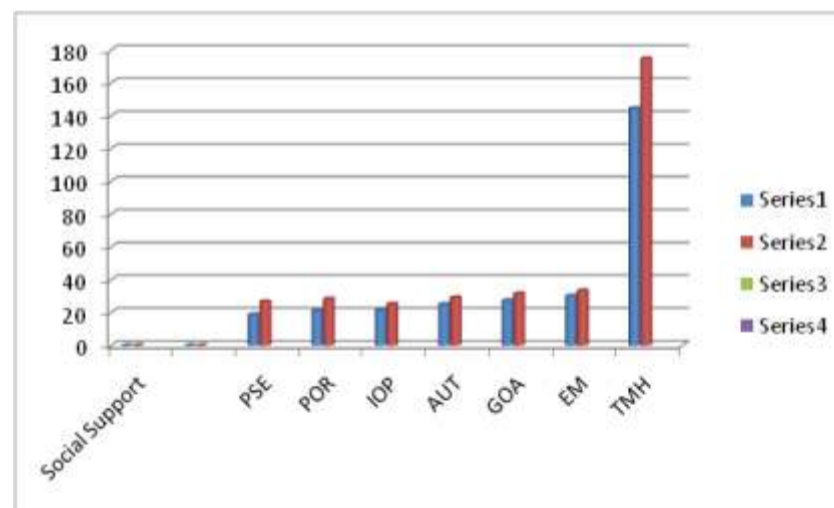
The major objective of the present study has been to examine the mental health of employees belonging to two groups of social support. The sample was administered with social support scale and mental health inventory, and data were subjected to t-test. Results are given in tables.

Table – 1: Mean, SDs and t-values of Mental health in two levels of Social support (N=200)

Social Support		PSE	POR	IOP	AUT	GOA	EM	TMH
Low	Mean	18.89	21.15	21.59	25.16	27.48	30.21	144.48
	SD	2.8	3.6	3.12	3.65	3.71	2.92	19.8
High	Mean	26.81	28.4	25.3	29.2	31.63	33.46	174.8
	SD	2.9	3.1	3.66	3.4	3.6	3.54	20.2
t-value		19.31**	15.42**	7.72**	8.32**	8.05**	7.22**	10.75**

** Significant at 0.01 level

Graph-1 A. Mental health(Dimension wise) in two Groups of Social support



Graph-1 B. Total mental Health in Two Groups of Social Support

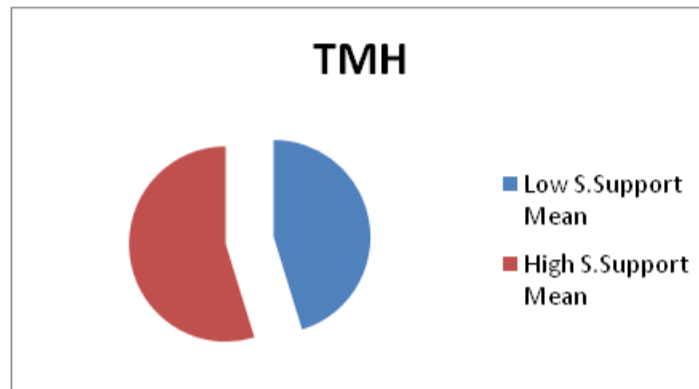


Table -1 gives the scores which indicate that employees with low social support have lower total mental health (144.48) as low social supports brings disturbance and lack of concentration in work and thus mental health scores appear to be low. But employees with high social support have significantly higher total mental health (174.8). The t-value of 10.75 which is significant speaks that there is a significant difference between high social support and low social support groups with regard to total mental health. In the other dimensions like PSE, POR, IOP, AUT, GOA and EM there is a significant difference in mental health between the two groups of social support as t-values are all significant in these dimensions. Thus high social support increases the mental health of the sample. Graph-1A & B highlight the same things.

**Table No.2
Showing Means, SDs and t-values of Mental Health of male and Female sample (N=200)**

Gender		PSE	POR	IOP	AUT	GOA	EM	TMH
Male	Mean	29.14	25.4	31.45	20.16	31.9	29.67	167.72
	SD	3.05	3.4	4.11	3.22	3.74	4.01	21.53
Female	Mean	23.19	27.18	27.6	26.72	25.6	31.83	162.22
	SD	3.76	3.69	4.01	4.6	4.11	3.9	24.07
t-value		2.80**	3.41**	6.75**	11.71**	11.45**	4.11**	1.71

** Significant at 0.01 level

Graph-2. Mental Health of Male and Female sample

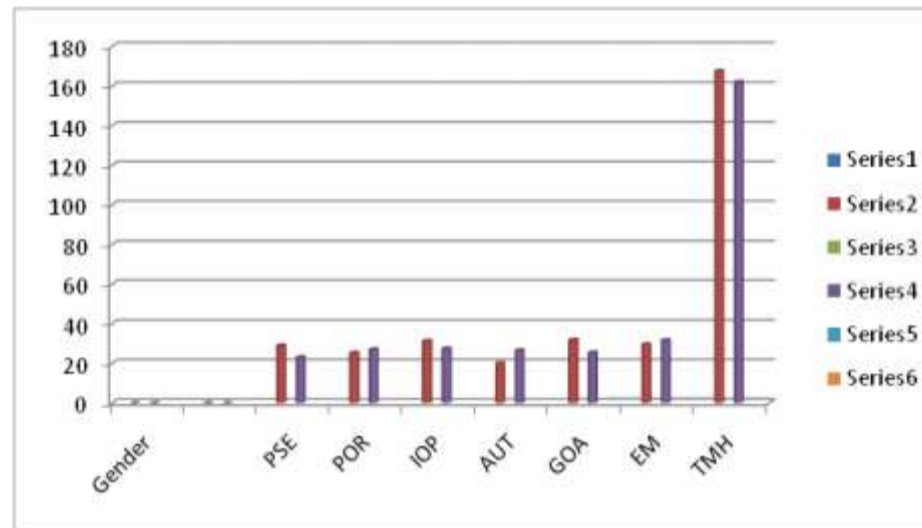


Table-2 clearly reveals that males have better total mental health (167.72) while females have lower mental health (162.22). The male sample has higher scores than female sample. The t-value is 1.71 which is not significant. This reveals that there is no significant difference between male and female sample with regard to total mental health. However, males have significantly higher mental health in the dimensions of PSE, IOP, and GOA while females have significantly higher mental health in the remaining areas, as the t-values on these dimensions are significant. Hence, the results clearly speak of significance of gender differences in all dimensions mental health. Graph -2 depict the same things.

CONCLUSIONS:

1. There is a significant effect of Social support on mental health of employees: high social support employees have displayed higher mental health than the low social support employees.
2. There is a significant gender difference in mental health.

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