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Assessment of Psychological Well – Being: Development of A New Assessment Tool

سنجش بهزیستی روانی: ساخت یک ابزار ارزیابی جدید

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Abstract

To evaluate and examine the structure of psychological well-being in Iranian society, the present research was carried out in three different phases. In the first phase, the current patterns of well-being were studied and its different aspects for a construct structure were extracted. In the second phase, using available questionnaires in the field of well-being and with the help of mental health experts, a new questionnaire was designed. In the third phase, in order to determine the validity and reliability of the questionnaire, it was administered to 400 students. The results of data and factor analysis showed a different construct structure of psychological well-being in the Iranian society; i.e., our results led to the emergence of a new psychological well-being model specifically tailored for the Iranian society.

Keywords: Psychological Well-Being; Construct Structure; Validity and Reliability;

چکیده

به منظور ارزیابی ساختار بهزیستی روانی در جامعه‌ی ایرانی، مطالعه‌ی کنونی در سه مرحله‌ی متفاوت انجام پذیرفت. در مرحله‌ی اول، الگوهای رایج کنونی مورد مطالعه قرار گرفت و ابعاد متفاوت برای یک سازه استخراج گردید. در مرحله‌ی دوم، با استفاده از پرسش‌نامه‌های موجود و مقیاس‌ها در زمینه‌ی بهزیستی روانی و با کمک متخصصین بهداشت روانی، یک پرسش‌نامه‌ی جدیدی ساخته شد. در مرحله‌ی سوم، به منظور تعیین پایایی و روایی این پرسش‌نامه بر روی ۴۰۰ دانشجو اجرا گشت. نتایج تحلیل مواد و عامل حاکی از یک ساختار سازه‌ی متفاوت بهزیستی روانی در جامعه‌ی ایرانی بود. به عبارت دیگر، نتایج این تحقیق منجر به ایجاد یک مدل جدید بهزیستی روانی که بالاخص برای جامعه‌ی ایرانی تنظیم شده است، گردید.

کلیدواژه‌ها: بهزیستی روانی، ساختار سازه، پایایی و روایی؛

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Introduction

Despite the fact that psychologists have traditionally focused on clinical and psychopathological aspects of psychology, we can see the emergence of a new era in psychology with concentration on health and normality which attempts to identify the aspects and structure of the concept of well-being (Ryff & Singer; 1998, Antonofsky; 1993, Strumpfer,1990 ; Wissing, 2000). Psychology in the twentieth century has mainly encompassed issues pertaining to negative emotions (e.g. depression and anxiety) whereas positive emotions (e.g., happiness and well-being) have been mostly ignored. Specifically, mental health and normality is something beyond simply not having any illness; i.e., it contains other qualities such as happiness, mental vitality, self-autonomy and so on.

Although the emphasis of psychology has gradually shifted from a psychopathological point of view to the concept of well-being, yet, this concept is still vague and there is no clear definition available for it. For example, *Bradburn* (1969) believes that well-being is based on happiness and emotional equilibrium, while others tend to focus on other aspects and dimensions of it. Specifically, while *Myers* (1992) believes that well-being is a complex construct and encompasses components such as meaningfulness in life, mental vitality and happiness, others believe it is composed of general satisfaction of life, a sense of cohesiveness, and emotional equilibrium (Wissing, 2000).

Regardless of the definition of well-being, there is some debate among mental health experts as to its components and that what constitutes well-being. Whereas some psychologist consider well-being as an equilibrium between negative and positive emotions and believe that ultimately well-being can be regarded as a general satisfaction from life (Andrews and Withey, 1976), others have adopted an approach which contends that well-being can be considered as the development of characters such as self-acceptance, positive relation with others, environmental mastery, individual maturity, self-autonomy and goal-orientedness which arise from confronting challenges in life. The model that has been developed by *Ryff*, *Keyes* and *Shmotkin*, is based on this explanation.

Despite these discrepancies in defining the state of well-being and its components, when this concept is considered within a cultural context, new problems that are rooted in differences in cultural values from one society to another can emerge. Specifically, different elements of cultures can have great impact on the concept of well-being and, to a large extent, can change the meaning of it which, in turn, can cast doubts upon resemblance of this concept in various cultures. As such, the present study attempts to explore and offer a native model of well-being specifically designed for the Iranian society.

Methodology

In order to determine various aspects and components of well-being in the Iranian society, a research project consisting of several steps was designed. Obtaining valid results requires simultaneous addressing of theoretical aspects as well as field testing of the model.

To assess a model of well-being in the Iranian society, a comprehensive literature review was performed and all aspects and concepts pertaining to this field were collected. According to this finding well-being is consisted of several

components; namely, life satisfaction, happiness, positive relationship with others, self-acceptance, spirituality, meaningfulness, adjustment and mastery of environment, self-autonomy, optimism and goal-oriented ness. Consequently a questionnaire was prepared and distributed among students in order to obtain their views regarding the meaning of all the components. It should be noted that these items were prepared based on a 5-point *Likert* questionnaire (Fully agree to Fully disagree). The obtained results and the components of this questionnaire were then analyzed by mental health experts who, then, led to the preparation of the preliminary and experimental draft of the questionnaire. This questionnaire was administered for a second time in order to eliminate inappropriate, vague and invalid items and, as such, the final questionnaire was constructed. The present article reports the final stage of administering the questionnaire.

As such, in order to assess the components of a well-being model in the Iranian society, the following steps were performed:

1. Reviewing the existing literature and theories regarding psychological well-being;

2. Reviewing the existing tools of assessment (tests) regarding psychological well-being and evaluating their aspects and components;

3. Reviewing the viewpoint of an Iranian sample regarding the concept of psychological well-being and analyzing its components;

4. Categorizing the obtained components from samples and preparing a preliminary draft for evaluation of the new samples' agreeableness with the components;

5. Evaluation of theoretical aspects of psychological well-being and extracting relevant theoretical components in Iranian sample;

6. Combining the extracted components from the samples with the theoretical components constituting the basis of the model;

7. Drafting and preparing preliminary form of the questionnaire;

8. Preliminary administration of the questionnaire and evaluating its items;

9. Re administration of the questionnaire to the new sample for the purpose of becoming familiar with the questionnaire and research sample prior to final administration of the questionnaire.

10. Correcting and Changing of items and compiling final questionnaire as well as evaluating its validity and reliability;

11. Final administration of the questionnaire and analyzing its results.

Subjects

Five hundred thirty eight university students, Male (56.31%) and Female (43.69%) students, were randomly selected in 3 phases from universities in Tehran.

Phase I. In order to identify and eliminate vague or problematic items, the preliminary format of the questionnaire was administered to 38 subjects (20 male and 18 female).

Phase II. In order to grasp a better understanding of the questionnaire and obtaining certain items for performing the final questionnaire administration, the preliminary form of the questionnaire was administered to 100 students (50 males and 50 females).

Phase III. In order to normalize the questionnaire and determine its validity and reliability, in this phase, the questionnaire was administered to 400 students (233 males and 167 female students).

Final phase of administration of the questionnaire was carried out to determine its validity and reliability as well as its normalization. To do this, a multi-stage cluster sampling was used. Using this method enabled us to select a sample from the society and determine the accuracy of the questionnaire. Given that in the final phase the sample units were spread throughout the society, multi-stage cluster sampling method had a high accuracy.

As such, this sampling method includes the following steps:

1. Identifying universities in Tehran;

2. Selecting 4 universities in a random manner;

3. Following the selection of 4 universities, a list of their departments was prepared from each of which 2 faculties were randomly drawn (a total of 8 faculties);

4. After selecting the students from each faculty, the sample was randomly selected.

Findings

Subsequent to the review of the existing literature and tests, a preliminary model for well-being; specifically designed for Iranian society, was constructed. Such model took into account all the concepts and proposed constructs existing in the literature which were compatible with the Iranian society. They are as follows:

Psychological well-being
- Individual Maturity
- Life Satisfaction
- Positive Relational with Others
- Self - Acceptance
- Meaning fullness
- Adjustment and Mastery Environment
- Spirituality
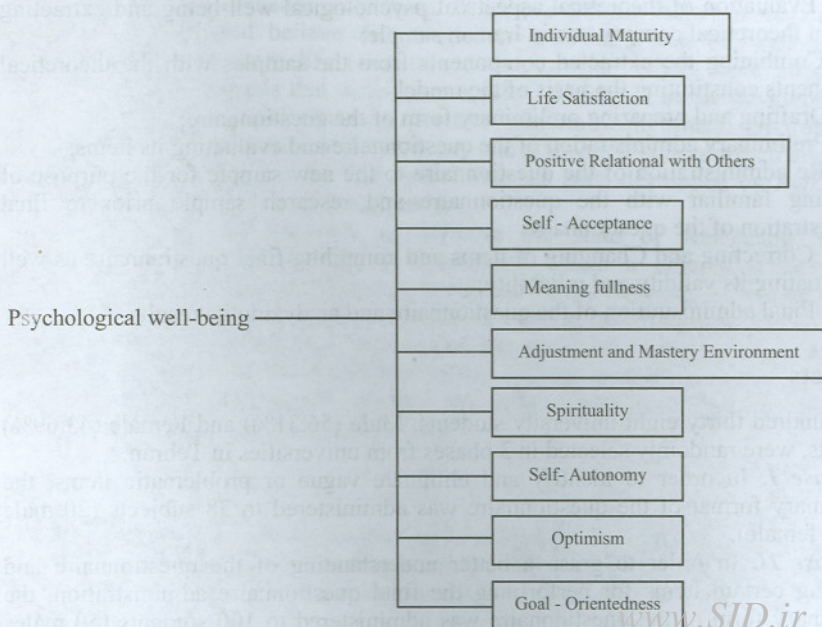- Self- Autonomy
- Optimism
- Goal - Orientedness

Figure 1- The main components of Well-being

One of the main questions here is that whether the characteristics of this model are compatible with Iranian society or not. Answering this question requires the performance of a psychometric analysis of the model. To determine the compatibility of this model within the Iranian society; first, a number of items were designed for the components. Then, as described in the methodology section, these items were evaluated in several phases. In the final phase, these items (77) were revised and administered to a sample. Using a factor analysis, the items of the questionnaire were evaluated and the basic structure of the questionnaire was identified. In order to explain that the psychological well-being questionnaire is saturated with several factors; three main indices; namely Eigentsvalue, the ratio of variance explained by each factor and the plot of Eigentsvalue reflected by scree plot, were taken into consideration.

Results of Factor Analysis

Table 1 illustrates the size of *Kaiser- Mayer-Olkin's* (KMO) measure of sampling and the result of *Bartlett's* test of sphericity for the purpose of sample adequacy validity of factor analysis.

Table1- *Kaiser - Meyer-Olkin* Measure of Sampling Adequacy (KMO)
and *Bartlett's* Test of Sphericity

Sampling Adequacy	Test (KMO)	0.902
Bartlett's Test of Sphericity	Square X	13736/342
	Degrees of Freedom	2926
	Significance Load	0/000

As shown, the value of KMO is 0.902 and Bartlett's test of sphericity is significant. As such, in addition to the sufficient of sample size, the administration of factor analysis based on a matrix correlation was justifiable.

The first statistical indices which were obtained by using principal components method indicated that from 77 questions of the test, 18 factors had Eigentsvalue above 1 and that these 18 factors, in total, explained 61.95 percent of the entire test's variance. Also, the scree plot data shows that the share of factors 1 through 9 is separate from others and the share of factors 1 through 6 is more conspicuous.

In the following phases, the factor analysis was proceeded with 6 factors. Ultimately, in order to obtain a simple structure from oblimin rotation, the extracted factors were transferred to new axes and items and factors were evaluated. Obtaining significant results necessitated the consideration of coefficients above 0.25 in defining factors. The results are shown in Table 2.

Table 2- Factorial weight of psychological well-being items after Oblimin rotation

Factor	Question number	Factor Load	Factor	Question number	Factor Load
	3	-0.72		23	0.37
	8	-0.74		12	0.42
	27	-0.73		4	0.37
	16	-0.41		22	0.36
	14	-0.47		19	0.66
	39	-0.50		34	0.38
	42	-0.59		45	0.46
	46	-0.82	spirituality	49	0.40
	63	-0.77		55	0.53
	32	-0.79		57	0.54
Life satisfaction	50	-0.56		61	0.39
	76	-0.70		60	0.39
	56	-0.43		62	0.41
	31	0.54		68	0.40
	30	0.54		33	0.55
	38	0.33		73	0.59
	52	0.36		29	0.59
	17	0.31		65	0.54
	36	0.38	Individual Maturity	25	0.48
	2	0.58		13	0.65
	26	0.57		59	0.45
	43	0.56		28	0.31
	18	0.55		48	0.31
	70	0.50		11	0.64
	44	0.48		24	0.30
	53	0.45		1	0.34
	66	0.56		20	0.41
	77	0.42		37	0.57
Happiness and Optimism	15	0.37		58	0.36
	35	0.38	Self Autonomy	47	0.36
	51	0.39		71	0.54
	6	0.37		74	0.52
	67	0.66		64	0.54
	54	0.37			
	72	0.32			
	75	0.54			

Factor	Question number	Factor load
	41	0.57
	5	0.32
Positive Relation with Others	7	0.72
	10	0.29
	9	0.68
	64	0.41
	21	0.68
	20	0.69

According to the results, well-being's construct has 6 main components: Life Satisfaction; Spirituality; Happiness and Optimism; Maturity; Positive Relations with Others and Self-Autonomy. Based on the results of Table 2, some items contained negative factor loads because they statements, themselves, had negative implications. Also, in order to determine the reliability of the results, Cronbach's alpha to study of internal consistency and test retest methods to study of stability were used. These results are illustrated in Table 3.

Table3- Internal Consistency Coefficient (Cronbach's alpha) and SEM of Psychological Well-being questionnaire

Questionnaires and Sub questionnaires	Cronbach's alpha coefficient	SEM
Psychological wellbeing Questionnaire	0.94	1.63
Life Satisfaction	0.89	0.51
Spirituality	0.90	0.41
Happiness and optimism	0.86	0.55
Maturity	0.62	0.17
Positive relation with others	0.77	0.23
Self – autonomy	0.76	0.26

Internal Consistency: According to the results, the reliability of the psychological well-being questionnaire measured by Cronbach's Alpha was 0.94 and for the subscale of Life Satisfaction; Spirituality; Happiness and Optimism; Maturity; Positive Relations with Others and Self-Autonomy were 0.89, 0.90, 0.86, 0.62, 0.77 and 0.76, respectively.

Test-Retest: the reliability of the questionnaire was also determined by using a test-retest method. As such, the questionnaire was administered to a group of subjects (n=30) at two different times with a 2-week period in between. The results are shown in Table 4.

Table 4- Reliability coefficient of Test-Retest for Questionnaire and Subscale of Psychological Well-being

Questionnaire and Subquestionnaire	Correlation coefficient	First Administration		Second Administration		N
		M	SD	M	SD	
Psychological Well-being questionnaire	0.76	280.15	30.14	278.93	30.08	30
Life satisfaction	0.68	70.22	9.44	71.31	9.71	30
Spirituality	0.67	47.95	8.11	48.27	8.62	30
Happiness and Optimism	0.72	66.71	10.86	66.20	10.35	30
Individual Maturity	0.67	27.20	4.05	26.85	4.30	30
Positive Relation with Others	0.73	28.72	4.51	29.31	4.51	30
Self - Autonomy	0.73	0.72	5.67	37.04	5.93	30

Results and Conclusion

During preliminary review of the literature for determining components of well-being in the Iranian society, 23 components were identified which were almost inclusive of all existing aspects of questionnaires and models. However, in the process of administering the questionnaire (3 different phases) and analyzing the results, only 6 factors were qualified for the final analysis. The selection of these factors was based on the statistical analysis .These factors were: Life Satisfaction; Spirituality; Happiness and Optimism; Maturity; Positive Relations with Others and Self-Autonomy. These factors were to some extent similar to those proposed by *Ryff* and *Keyes* (1995). Specifically, the common factors between this test and that of *Ryff* and *Keyes'* were positive relations with others, individual maturity and self-autonomy whereas the 3 factors of self-acceptance, mastery of the environment and goal-oriented ness did not become a part of this test. In addition to these differences between this questionnaire and that of *Ryff* and *Keyes'* (1995) test, this questionnaire was ultimately prepared with 77 items whereas that of *Ryff* and *Keyes'* test contained 6 factors with 88 items. It is worth mentioning that at the beginning of the study 90 items were proposed for performing this study. However, during the study, these items were reduced to 77.

Although at the beginning of the research and before performing the factor analysis performance, it was thought that components of happiness and optimism, spirituality and meaningfulness, life satisfaction and goal-oriented ness and mastery of environment, self-autonomy and self-acceptance were independent of one another; following the analysis it was discovered that these factors have compounding effects. Therefore, the psychological well-being construct in this research consisted of 6 main factors which are as follows:

1. Life Satisfaction- A feeling of perseverance about the fact that one's personal life is "Good" and goal-oriented and that it is close to its ideals. Also, it is a feeling of capability in controlling and managing complex life's daily demands (Ryff and Keyes, 1995).

2. Spirituality- Spirituality refers to beliefs and actions which relate the individual with a pious, holy and superior entity. Such beliefs and actions help to maintain a personal contact with an almighty and transcendental being which renders meaning to life.

3. Happiness and Optimism- A feeling of satisfaction when all physical, psychological, spiritual and intellectual needs are fulfilled as well as the tendency to adopt the most optimistic viewpoint. Optimism refers to a state of cognitive and affective readiness regarding the viewpoint that good things in life are more important than bad things (Argyl and Hills, 2000).

4. Individual Maturity- Individual maturity refers to constant development and maturity as an individual; welcoming new experiences; the feeling of progress one's in self over time (Ryff & Keyes, 1995).

5. Positive Relation with others- Having interests and high interpersonal bonding. The feeling of empathy, intimacy and strong emotional ties (Ryff & Keyes, 1995).

6. Self-Autonomy- Being self-driven and independent and capable of resisting social pressures which force people into acting or not acting in certain ways (Ryff & Keyes, 1995).

The findings of the present study is indicative of the difference between experiencing the state of well-being in different societies and emphasizes the point that while cultural factors can influence well-being, intercultural and indigenous cultural factors can not be ignored and must be taken into account. As such, our definition of well-being is defined in the following way: "Well-being is a psychological state in which an individual, while having a feeling of self-autonomy and independence, also has a feeling of optimism accompanied by happiness and spiritual belongingness." Furthermore, although studying the concept of well-being within a cultural context is not only useful, but addressing its intercultural aspects can be informative in terms of defining and assessing its various aspects.

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