

Psychological Well-Being and Social Intelligence among Advocate and Doctor



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Abstract

The main purpose of this research was to find out psychological well-being and social intelligence among advocate and doctor. The Participate involved 40 advocates and 40 doctors. The psychological well-being scale (Suda Bhogle, 1995) and social intelligence (S. Mathur, 2007) in English language Gujarati translated by Jogsan Y. A. (2013). Data was analyzed by χ^2 (Chi square) Results revealed that significant difference in psychological well-being and social intelligence among advocates and doctors. The co-relation between psychological well-being and social intelligence in 0.71 which was positive remarkable correlation finding study suggested psychological well-being strongly connected with social intelligence.

Keywords: Psychological Well-Being and Social Intelligence.

Introduction

Psychological well-being is about or lives going well. It is combination of good feeling and happiness. Psychological well-being connected with happiness if people. Psychological well-being good their emotion, satisfaction relationship good psychological well-being is usually conceptualized some combination of positive states such a happiness and functioning with optimal effectiveness in individual and social life (Deci & Ryan, 2008). Huppert' s (2009) review also claim' s the consequences of psychological well-being include better health, mediated possibly by brain patterns neurochemical effects and genetic factors. (Joshi, N. N. 2010) found significant difference among means of psychological well-being based on sex variable. Chida, Y. & Stepto, A. (2008) found positive psychological well-being have favorable effect on survival in both healthy and diseased populations. Thorndike (1920) who defined social intelligence as the ability to understand and manage men and women, boys and girls to act wisely in human relations social intelligence is the degree of ease and effectiveness displayed by a person in social relationship (M. Goldenson Robert,1984). Nicholas humaphrey (1976) classifies social intelligence or the richness of our qualitative life, rather than our quantitative intelligence that truly makes humans what they are Rose Honey will (2014) views social intelligence as an aggregated measure of self and social awareness, evolved social beliefs and attitudes and a capacity and appetite to manage complex social change. Albert (2004) his model proposed five parts of social intelligence social awareness, presence, authenticity, clarity and empathy. Golmen Denial (2006), given social intelligence model he organized social intelligence in to two broad categories, social awareness and social facility, social awareness, includes what a person senses about others and social facility includes what a person to does with that awareness.

Review of Literature

Levania, S. and Singh, R.(2014) found that significant differences between the social intelligence of male and female college students. Belma, D & Jasna, D. (2013) found that impact of social networks on the development of positive social intelligence.

Objectives of the Study

1. To measure psychological well-being between male and female.
2. To measure psychological well-being between advocate and doctor.
3. To measure social intelligence between male and female.
4. To measure social intelligence between advocate and doctor.
5. To measure correlation between psychological well-being and social intelligence.

Hypothesis

The main objectives of study were under:

1. There will be no significant difference between male and female in psychological well-being.

2. There will no significant difference between advocate and doctor in psychological well-being.
3. There will be no significant difference between male and female in social intelligence.
4. There will be no significant difference between advocate and doctor in social intelligence.
5. There will be no correlation between psychological well-being and social intelligence.

Method

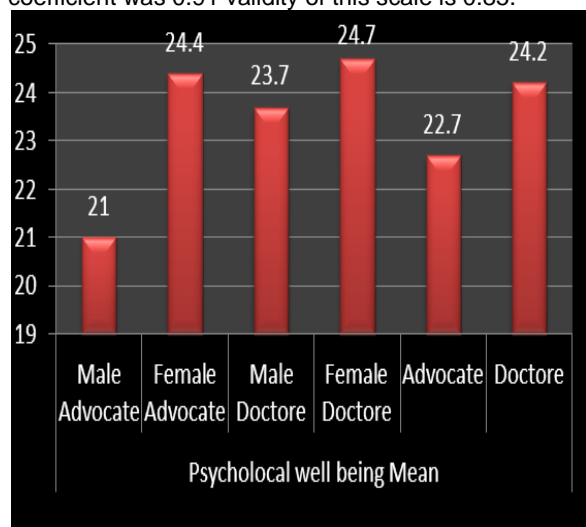
Participants

In the study total 80 sample were taken out of 80, 20 female advocate, 20 female doctor, 20 male advocate and 20 male doctor.

Instruments

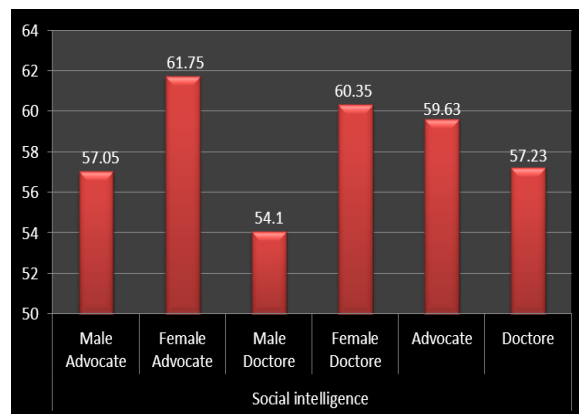
Psychological Well-Being Scale

It is development by Sudah Bhogle (1995) in English language which is translated in Gujarati by (Suvera, 2002) 28 sentences are in this scale, the sentence No. 4, 5, 6, 10, 12, 14, 15, 16 and 21 are negative while others are positive. It is measured psychological well-being. This scale has test-retest reliability coefficient of 0.72 and internal consistency reliability coefficient are 0.70. This scale two point scale In Gujarati translation test-retest reliability coefficient was 0.91 validity of this scale is 0.85.



Social Intelligence Scale

To check the social intelligence of subject here social intelligence scale development by Dr. S. Mathur (2007) in English language and translated into Gujarati by Dr. Yogesh a. Jogsan (2013). This scale has total 50 sentences which measured social intelligence. In which sentence No. 1, 4, 6, 8, 10, 13, 14, 15, 16, 18, 20, 22, 24, 26, 28, 29, 33, 37, 39, 41, 42, 44, 45, and 47 and other are measure low social intelligence. This is three point scales here is yes, uncertain and no option were given scores 2, 1, 0 and low social intelligence yes, uncertain and no option were given scores 0, 1, 2 Reliability of present scale has checked by test retest method that has 0.87. Validity of this scale has established 0.78 by N. K. Chand and Usha Ganesh.



Procedure

In this study purposive sampling used initial meeting with the participants was made at different Rajkot (Gujarat). They were informed about the purpose of the study upon initial meeting each participant was also explained the nature of the study. Participants were informed about the confidentiality regarding information collected from them. A time for data collation was set up that was conducive for the participants before administering the scale, the purpose of the study was again explained to the participants. A good rapport was build with the participant for getting correct responses some necessary instruction and guidelines were provided to them properly filling the scale. After this the scale was provided to them and they were requested to fill up the scale as per the instructions given in the scale. After completion of the scale participants returned the scale and they were thanked for their participation and co-operation.

Research Design

The aim of present research was to a study of psychological well being advocate and doctor for there total 80 persons were taken as participate selection for sample purposive method was used. The distribution of the sample Persons on the basis of sex and occupation has been presented in table: A

Table-A Descriptive 2 x 2 contingency Data Table

Variables	Advocate	Doctor	Total
Male	20	20	40
Female	20	20	40
	40	40	80

In the study 80 persons were taken out of 80 sample, 20 male advocate, 20 male doctor, 20 female advocate and 20 female doctor, to check the difference between groups χ^2 -chi-squire (Non parametric) was used. The procedure used to test the significance of contingency table is similar to all other hypothesis tests. That is, a statistic is computed and compared to a model of what world would look like if the experiment was repeated an infinite number of times when there were no effects. In this case the statistic commuted is called the chi-squire statistic. This will be discussed first followed by discus on of its theoretical. The result and discussion of present research is as under.

Result and Discussion

The present study attempted to asses the psychological well-being among advocate and doctor,

80 persons for which the data was divided into four group i.e. 20 male advocate, 20 female doctor, 20 male advocate and 20 female doctor, purposive selected from Rajkot (Gujarat) the X²- chi-square was applied for the purpose of statically interpretation to test the significance of difference between means. Results and discussion for the study are as fellows.

Table 2
Showing the Mean and x² of Psychological Well-Being

Variables	Advocate	Doctor	N	x ²	Sig
Male	21.00	23.70	40	44.00	0.01
Female	24.40	24.70	40		

Sig. Level = 0.01= 6.63
0.05=3.86

Table 3
Showing the Difference between Mean of Psychological Well-Being

S. No.	Groups	Mean Differences
1	Male Advocate Vs female Advocate	3.4
2	Male Advocate Vs Male Doctor	2.7
3.	Male Advocate Vs female Doctor	3.7
4.	Female Advocate Vs Male Advocate	0.7
5.	Female Advocate Vs Female Doctor	0.3
6.	Male Doctor Vs Female Doctor	1

Result Table 3(A)
Showing the Mean of Advocate and Doctor on Psychological Well-Being

Variables	Mean	N
Advocate	22.7	40
Doctor	24.2	40

In the table-2 psychological well-being mean of male advocate received 21.00, female advocate received 24.40, male doctor received 23.70 and female doctor received 24.70. Here x² is 44.00 which is significant at 0.01 level, this study supported Joshi N. N. (2010). She has found significant difference means of psychological well-being based on sex variable.

The difference in mean male advocate and female advocate is 3.4, male advocate and male doctor is 2.70, male advocate and female doctor is 3.7, female advocate and male doctor 0.70, female advocate and female doctor 1.4 and male doctor and female doctor 0.3 X² is 44.00 which is significant. So overall psychological well-being has significance difference in groups, so first and second hypothesis was rejected. It means there is impact sex and occupation on psychological well-being female advocate and female doctor has better psychological well-being as compare male advocate and doctor according table - 2 and 3. In psychological well-being advocate mean received 22.7 and doctor received 24.2. So here we can say overall doctors psychological well-being good as compare advocate (tabel-3(A)).

Table 4
Showing the Mean and x² of Social Intelligence

Variables	Advocate	Doctor	N	x ²	Sig
Male	57.05	54.10	40	33.40	0.01
Female	61.75	60.35	40		

Sig. Level = 0.01= 6.63
0.05=3.84

Table 5
Showing the Difference between Mean of Social Intelligence

S. No.	Groups	Mean Differences
1	Male Advocate Vs female Advocate	4.7
2	Male Advocate Vs Male Doctor	2.95
3.	Male Advocate Vs female Doctor	3.3
4.	Female Advocate Vs Male Advocate	7.65
5.	Female Advocate Vs Female Doctor	1.4
6.	Male Doctor Vs Female Doctor	6.25

Table 5(A)
Showing the mean of advocate and doctor on Social Intelligence

Variables	Mean	N
Advocate	59.63	40
Doctor	57.23	40

In the table-4 social intelligence mean of male advocate received 57.05, female advocate received 61.75, male doctor received 54.10 and female doctor received 60.35. Here x² is 33.40 which is significant at 0.01 level. This study supported Lavania S and Sigh, R (2014) they have found significant difference between the social intelligence of male and female college students. Golmen Denial (2006), Thorndike (1920).

The difference in mean male advocate and female advocate 4.7, male advocate and female doctor is 2.95, male advocate and female doctor is 3.3, female advocate and male doctor is 7.65, female advocate and female doctor is 1.4 and male doctor and female doctor is 6.25. X² is 33.40 which is significant at 0.01 level. So we can say social intelligence has significance difference in groups so third and fourth hypothesis was rejected. It means there is impact sex and occupation on social intelligence while female advocate and doctor has better social intelligence as compare male advocate and doctor according table 4 and 5. In social intelligence advocate mean received 59.63 and doctor received 57.23. So here we can say overall advocates social intelligence good as compare doctors (table 5A)

Table 6
Showing Correlation between Psychological Well-Being and Social Intelligence

Variables	Mean	N	r	Sig.
Psychological well-being	23.55	40	0.71	0.01
Social Intelligence	58.31	40		

Sig. Level = 0.01= 0.39
0.05=0.30

According to table-6 result of correlation analysis revealed that is a positive remarkable correlation between psychological well-being and social intelligence (0.71). It means 11 psychological well-being good so social intelligence good also we can say social intelligence positive impact on psychological well-being.

Conclusion

We can conclude by date analysis as follows.

The present study was endeavored to study psychological well-being and social intelligence among advocate and doctor. It can be concluded that female advocate and doctor are good psychological well-being and social intelligence as compare male doctor and advocate there is significant difference advocate male and female, doctor male and female on psychological well-being. In social intelligence significant difference in advocate male and female, doctor male and female. Thorndike (1920) defined social intelligence as the ability to understand and manage men and women boys and girls to act wisely in human relations this also support of this study while in psychological well-being also positive impact on doctor and advocate. Doctor psychological well-being good as compare advocate while advocate social intelligence advocate good as compare doctor.

Recommendation

Psychological well-being is about our lives going well. It connected with good feeling and happiness. Review of literature indicate that positive psychological well-being has a favorable effect on survival in both healthy and diseased population and social intelligence to understand our self and other people. Here a few are strategies that can be incorporated one's curriculum to duly benefit from

1. Develop the relation to other peoples
2. Choose you're self and give your self.
3. Think positive and lives with happy life.
4. Participate in social occultation.
5. Does exercise every day.
6. Control your anger it good for your happiness.

Limitations of the study

This study is not without its limitations, which should be noted. The present investigation was carried out under the following limitations.

1. The study was confined to persons (aged 20-50 year) only so generalization of the result might be unwell here.
2. One most limitation of this study is small sample size or 80 people.
3. This study was conducted in Rajkot City (Gujarat).
4. As the study was for 1-2 months (Nonvember- Decembr) only, time was a limiting factor.
5. The finding result mad in the study may be biased by the incorrect information given by participants.
6. In sample selection for this research purposive method was followed.

Findings of the Study

Female advocate and doctor are good psychological well-being and social intelligence as compare male advocate and doctor also finding

psychological will being strongly connect with social intelligence. Psychological well-being of doctors good and social intelligence of advocate good.

Suggestion for Future Study

1. Endeavour can be executed to analyze more than 80 dated of sample to attain better results.
2. For the collection of information variegated methods except questionnaires can be adopted.
3. Selection of participate can be determinate with the in take of different people from different state and district to ensure their psychological well-being and social intelligence.
4. To crown the fabric of the research work other method of selecting sample can be appropriated.

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