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The Comparison Between Resilience, Responsibility and Subjective Well-Being (SWB) amongst Male and Female Physicians in Ahvaz, Iran

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Abstract: Scientific and technological advances have confronted mankind with an increasing abundance of various issues. Work, education and psychosocial pressures are considered as the issues with which most human beings are often facing at their younger ages or even older and are mixed with their life. Some disciplines and occupations in which there are various stressors, impose more psychological pressures on people. The present study intended to compare resilience, responsibility and subjective well-being between male and female physicians of Golestan hospital in Ahvaz, Iran. A total number 100 physicians (50 males and 50 females) were selected as the sample subjects in this study. This study was a causal-comparative research. For the purpose of the current research, the measurement instruments included Connor-Davidson Resilience Scale, Gouff' Responsibility Scale (RE) and Diener's Satisfaction with Life Scale (SWLS). Multivariate Analysis of Variance (MANOVA) was used for data analysis. The results showed that there was a statistically significant difference in subjective well-being between male and female physicians whereas no significant difference was observed between resilience and responsibility amongst male and female physician; finally, Subjective Well-Being (SWB) was higher in male doctors than females.

Key words: Resilience, responsibility, accountability, Subjective Well-Being (SWB), ages

INTRODUCTION

The study of psychology has tried to shift towards the more positive aspects of human experiences in the current century and is concerned with positive human characteristics, positive trade, organizations' commitments to improve the quality of life as well as prevention of various damages as a result of the sense of futility and worthlessness in life (Selligman and Csikszentmihaly, 2004). Positivist psychologists are willing to help human happiness. They study what the nature of happiness is and how institutions and organizations can contribute to people's happiness. They believe that happiness or satisfaction with life is created as a result of challenges, selection of personal goals and making sense in life. Therefore, factors that make people more adapt to the needs and threats of life are the most fundamental constituents of this approach amongst which resilience has got a special place in the fields of developmental psychology, family psychology and mental health. Hamill defines resilience "competence in the face of adversity." Resilience is not merely the resistance to threatening conditions and damages; rather, it is the individual's ability to establish a bio-psychological balance (Connor and Davidson, 2003).

One who has resilience is remedial and flexible and is able to adapt oneself to environmental changes and immediately return to the recovery state after elimination of stressful factors. Those with low level resilience (on the continuum of high resilience to low resilience) can slightly adapt themselves to new conditions and are slow to recover themselves from stressful conditions to normal and natural conditions. Many researchers have reported a significant negative relationship between resilience and psychological problems; they state that resilience can be used as a mediator between mental health and many other variables; people can overcome and resist to stress, anxiety and factors causing psychological problems by enhancing resilience.

Responsibility is one of the main concepts discussed in positivist psychology and counselling. The theory of reality therapy assumes that psychological disorders are caused by lack of responsibility and that the main goal of many health systems is enabling people to accept freedom and responsibility. Thus, in psychology, responsibility refers to the acceptability, accountability and taking the responsibility of something requested by someone that can be accepted or rejected (Rafatian, 2006). According to Zangorei, responsibility is the sense of commitment to carrying out orders, rules, religious regulations and respecting social norms and standards in

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accordance with religious rules and common sense. In fact, responsibility is the duties or tasks delegated to individuals and accountability is accomplishing the assigned tasks efficiently.

Subjective well-being or satisfaction with life is a field of positivist psychology aiming at studying people's cognitive and emotional assessment of their life. Subjective well-being and happiness is one of the components of people's positive attitudes to the world where they live (Huebner *et al*., 2001); this factor as one of the most vital components of human psychological needs and mental health, has always obsessed the human mind due to its major impact on the formation of human personality and human life. Subjective well-being includes individual's cognitive values of their life and refers to the satisfaction and acceptance of life conditions and in general, fulfilment of personal needs and desires which lead to mental and physical health; it is the internal assessment of the quality of a person's life (Diener *et al*., 1999).

Several research has been done about the aforementioned subject matters which are discussed hereunder. Goody studied the role of resilience on teachers' efficiency in a four year research; the results showed that resilience was effective in managing teachers' work and life. Segerstrom and Miller (2004) found that stress and unpleasant life events can influence and impair subjective well-being. Lee *et al*. (2004) studied Korean nurses; they stated that there was a positive relationship between subjective well-being and job satisfaction whereas there was a negative relationship between subjective well-being and job burnout. Juretic investigated the relationship between effective factors in mental health such as high anxiety, self-efficacy and responsibility and subjective well-being and education. He found that there was a significant relationship between these factors. According to Chow (2007), female students had a higher level of subjective well-being than male students; they had more positive self-concept, established more positive relationship with others and intimacy with friends and had more academic achievements. McCrae and Costa (2004) found that personality traits like responsibilityare used in various areas including prediction of behavioral and mental issues as well as religious beliefs and are indicative of individuals' subjective well-being.

In Iran, Khoshnavaz and Nazari compared responsibility and subjective well-being between the nurses of Critical Care Units (CCU) and other units. The results indicated that CCU nurses had a higher responsibility and lower subjective well-being compared with the nurses of other units. Amini *et al*. (2012) compared subjective well-being, resilience and job burnout between the nurses of Critical Care Units (CCU) and other units in Tehran hospitals; they found that the CCU nurses had a lower subjective well-being and resilience than the nurses of other units. Momeni reported that there was a statistically significant positive relationship between resilience and subjective well-being amongst nurses. Safarzadeh and Moshak studied the relationship between responsibility and subjective well-being amongst the students of Islamic Azad University, Ahvaz Branch. They found that there was a significant relationship between subjective well-being and responsibility; however, according to their results of regression analysis, responsibility was an appropriate predictor of subjective well-being. Jowkar (2007) investigated the mediating role of resilience in the relationship between emotional intelligence and general intelligence and satisfaction with life. According to the results, emotional intelligence was a stronger predictor of resilience than general intelligence. Furthermore, resilience had a mediating role between diverse types of intelligence and satisfaction with life; nevertheless, the role of emotional intelligence was stronger.

As a consequence, it is necessary that doctors (physicians) have the ability of not only self-control but also control over environment and events due to several facts. For one thing, there are always higher psychological pressures, job burnout and environmental stress in medical profession and its specialties since doctors are the educated elites and important walks of life whose presence is beneficial in the society because of their critical role in treating the patients. For the other thing, since doctors confront with diverse clinical situations and unpleasant events, they experience a high level of mental and psychological exhaustion. Besides, it seems important that doctors should have a high level of mental health since they need to have high level of responsibility and subjective well-being at the beginning of entering the medical field which is directly associated with society health. Furthermore, considering that the medical community have a crucial role in health and treatment, the proper use of resilience, responsibility and subjective well-being can have appositive effect on theirhaving a better life along with flexibility, perseverance, seriousness, well-thoughtfulness and control over life event and can provide the necessary conditions for people's health and development of country.

Such studies are necessary to be taken into account due to the lack of research which directly addresses these components in medical community (doctors). To this end, the present study aimed at comparing resilience, responsibility and subjective well-being amongst male and female doctors.

MATERIALS AND METHODS

Population, sample, sampling method, research model: The research statistical population included all the male and female doctors of Golestan hospital in Ahvaz, Iran who were studied in 2015. Only Golestan hospital volunteered for this study amongst all the hospitals in Ahvaz, Iran. Thus, a total number 100 physicians (50 males and 50 females) were selected as the sample subjects in this study.an equal proportion of about 50% of the sample size was devoted to each group of male and female doctors. The research model was causal and comparative. Multivariate Analysis of Variance (MANOVA) was used for data analysis using SPSS18. Moreover, the significance level (p-value) of the current research was determined to be $\alpha = 0.05$.

Measurement instruments:
Connor-Davidson Resilience Scale (CD-RISC): CD-RISC is a 5-point (never, hardly, sometimes, often, always) 29-item scale whose scoring is based on Likert's 5-point scale from 0 (never) to 4 (always true). This scale has been adapted by Mohammadi to be used in Iran. In this regard, he estimated the reliability index of the scale 0.89 using Cronbach's alpha coefficient and obtained its validity ranging between 0.41-0.64 on the basis of the correlation between each item with the total score. In their cross-sectional research on students of Shiraz, Iran, Samani *et al*. (2007) calculated the reliability of the scale 0.87 using Cronbach's alpha; the results of factors analysis indicated Kaiser-Meyer-Olkin (KMO) and Bartlet's Sphericity test indices as 0.89 and 83.1893 respectively for the validity of CD-RISC. In the present research, Cronbach's alpha was used to determine the reliability of resilience questionnaire which was equal to 0.90 indicating an acceptable reliability for the aforementioned questionnaire.

Responsibility scale (RE): The responsibility scale (RE) derived from California Psychological Inventory (CPI) was used in the present study to measure responsibility. Mousavi (1998) extracted 42 items associated with the responsibility scale from 462 items of the original questionnaire; he revisited, edited and used them as the measure of responsibility scale (RE). After examining different research on CPI questionnaire, Gough found that the variation of the median retest and internal consistency of each of the aforesaid questionnaires ranges from 52-81%; hereported the median validity of the questionnaire 70%. Mousavi (1998) calculated the validity of RE scale using criterion validity. To this end, the observed scores from the aforementioned scale was correlated with the scores of a self-made 4-item responsibility questionnaire; accordingly, the obtained correlation coefficient was considered as the index of validity equal to 61% at 0.001 significance level indicating that the questionnaire was valid and acceptable.

The subjects answered the questions with "I agree" or "I disagree"; the traditionally desirable traits were scored 1 while 0 was given to undesirable traits. In the present research, Cronbach's alpha was used to determine the reliability of responsibility questionnaire which was equal to 0.70 indicating an acceptable reliability for the aforementioned questionnaire.

Subjective Well-Being Scale (Ed Diener'sSatisfaction with Life Scale (SWLS)): Diener (2000) developed a subjective well-being scale entitles as Satisfaction with Life Scale (SWLS) for different age groups. The scale consisted of 48 items reflecting subjective well-being; according to the results of factor analysis, the questionnaire consisted of 3 factors. In this questionnaire, 10 questions were associated with subjective well-being which fellinto 5 questions after further reviews and then used as a separate scale. This scale has 5 items, each with 7 options which were scored from 1 (completely disagree) to 7 (completely agree) (Qolami, 2009). Diener evaluated subjective well-being scale on a sample size including 176 bachelor students. The mean and SD of the scores were respectively 23.5 and 6.43; the correlation coefficient of retesting the scores after 2 months was 0.82 andits Cronbach's alpha indexed 0.87 (Qolami, 2009). Qolami (2009) used construct validity to determine the validity of this scale as 0.70 at 0.001 significance level. In the present research, Cronbach's alpha was used to determine the reliability of subjective well-being questionnaire which was equal to 0.90 indicating an acceptable reliability for the aforementioned questionnaire.

RESULTS

Descriptive research results: Statistical descriptive indices associated with research variables, mean and SD are presented in Table 1.

Table 1: The mean and SD of resilience, responsibility and subjective well-being between male and female doctors

		Statistical indices		
Variables	Subject	Mean	SD	Number
Resilience	Female doctors	96.28	8.02	50
	Male doctors	93.74	6.61	50
Responsibility	Female doctors	25.92	4.14	50
	Male doctors	24.84	4.44	50
Subjective well-being	Female doctors	22.98	4.16	50
	Male doctors	29.20	3.20	50

Table 2: The results of MANOVA on the scores of resilience, responsibility and subjective well-being between male and female doctors

Tests	Values	df hypothesis	df error	F-values	p-values
Pillai's trace	0.674	3	95	49.6	0.0001
Wilks's lambda	0.326	3	95	49.6	0.0001
Hotelling's trace	2.060	3	95	49.6	0.0001
Roy's largest root	2.060	3	95	49.6	0.0001

Table 3: The results of univariate ANOVA on the scores of resilience, responsibility and subjective well-being between male and female doctors

Variables	Sum of squares	df	mean of squares	F-values	p-values
Resilience	161.29	1	161.29	2.98	0.0870
Responsibility	29.16	1	29.16	1.58	0.2110
Subjective well-being	967.21	1	967.21	70.05	0.0001

Hypotheses testing results:

- H_1: there is a statistically significant difference in resilience, responsibility and subjective well-being between male and female doctors
- $H_{1.1}$: there is a statistically significant difference in Resilience between male and female doctors
- $H_{1.2}$: there is a statistically significant difference in responsibility between male and female doctors
- $H_{1.3}$: there is a statistically significant difference in subjective well-being between male and female doctors

As shown in Table 2, the p-value of all tests indicate that there is a statistically significant difference in at least one of the dependent variables (resilience, responsibility and subjective well-being) between male and female doctors (p-value: 0.0001 and F: 49.06). In order to realize the difference, the results of univariate ANOVA in the context of MANOVA are presented in Table 3.

DISCUSSION

The findings of the present research are scientifically discussed here under according to the purpose of the study, i.e., comparing resilience, responsibility and subjective well-being between male and female doctors.

Hypothesis 1: There is a significant difference in resilience, responsibility and subjective well-being between male and female doctors. According to Table 2, there is a significant difference in at least one of the dependent variables (resilience, responsibility and subjective well-being) between male and female doctors (p-value: 0.0001 and F: 49.06). Therefore, the first hypothesis is confirmed. The observed results are consistent with the findings by Amini *et al.* (2012), Hamid *et al.* (2012), Jowkar (2007) and Jong (2011).

It can be stated that since doctors experience various psychological and environmental challenges due to their critical role and working conditions in the society, these challenges causemany anxieties and lead to mental confusions and lack of proper performance. Thus, doctors should have a high level of mental health since they have a crucial and beneficial role in the society and since they are more exposed to high psychological pressures, job exhaustion and environmental stresses. Resilience is the successful adaptability to threatening conditions; the higher the resilience in doctors, the higher their mental health would be. Furthermore, responsibility is important due to the sensitive nature of medical profession which is closely related to people's life and death, mental and physical health. Subjective well-being is also considered as one of the most important human psychological needs and major factors in individuals' mental health. It is a general estimate of one's life. With respect to the fact that doctors incur various psychological pressures due to their stressful profession and that female and male doctors are both working along each other, it is probable that their individual differences, personality traits and working conditions bring about different resilience, responsibility and subjective well-being in them. Therefore, mental health can be improved amongst medical community and society as a whole by providing further trainings and internalization in the society especially amongst teenagers and young adults.

Hypothesis 1.1: There is a significant difference in resilience between male and female doctors. However, according to Table 3, there is not any significant difference between male and female doctors in terms of resilience (p-value: 0.087 and F: 2.98). Therefore, $H_{1.1}$ is rejected. In other words, regarding the mean of both groups, female doctors (96.28) and male doctors (93.74) both have the almost the same resilience. The observed results are in line with the findings by Hamid *et al.* (2012) and Rahimian and Asgharnezhad (2008).

According to this hypothesis, it can be stated that resilience is the successful adaptability to threatening conditions; those who have high-level resilienceto cope with negative events can have an effective return to their previous conditionsthat help them overcome the existing challenges; on the contrary, those who lack this trait get caught up in troubles and apparently cannot get rid of their failures or negative trends. People with high resilience think first and respond or act next; they deal with problems proactively and take them under their control. High resilient people have also other traits; they are socially competent, patient, independent and

autonomous, able to retreat, optimistic, intelligent and able to attract supports and attentions. They know problem solving skill well, have high self-esteem and focus more on their strengths than weakness. Henley did not observe any significant difference in resilience between girls and boys; however, he found that boys and girls use different strategies to promote their resilience. Therefore, it can be claimed that male and female doctors have an efficient performance, albeit their stressful job conditions and sensitivity, focus on their strengths, make proper decisions appropriate to the terms of conditions, better adapt themselves to different circumstancesand have quite equal resilience. Consequently, sex cannot be a reason for the presence or absence of this trait in doctors and both sexes are equally expected to have this trait. Considering that resilience is one of the main psychological factors that can control people's behaviors, it can be promoted by further trainings and internalization in the society especially amongst teenagers and young adults to make them able to take the responsibility of important occupations like medical professions.

Hypothesis 1.2: There is a significant difference in responsibility between male and female doctors. However, according to Table 3, there is not any significant difference between male and female doctors in terms of responsibility (p-value: 0.211 and F: 1.58). Therefore, $H_{1.2}$ is rejected. In other words, regarding the mean of both groups, female doctors (25.92) and male doctors (24.84) both have the almost the same responsibility. The observed results are in line with the findings of Ryff (1997) and Sigleman and Sheffer (1995).

It can be states that responsibility is one of the main human traits. People with high social responsibility show more social adaptability in comparison to those who do not have this important feature. Human's relationships with themselves, their fellows and nature is balanced through responsibility. According to Bruner, the sense of responsibility is considered asan attitude and skill which are acquired like many other attitudes and skills. With respect to the fact that doctors have a crucial role in treating the patients and are directly involved with the society health, they have high sense of responsibility and try to act responsibly towards people due to the importance of their profession. Therefore, having a high sense of responsibility in different social and occupational status is a key factor in the proper fulfilment of professional roles. Consequently, sex cannot be a reason for the presence or absence of this trait in doctors and both sexes are equally expected to have this trait. This provides a reasonable ground why there is not any difference between male and female doctors in terms of responsibility. Given that responsibility is an important factor in today's world and is a sign of mental health, teaching responsibility gets important.

Hypothesis 1.3: There is a significant difference in subjective well-being between male and female doctors. According to Table 3, there is a significant difference between male and female doctors in terms of subjective well-being (p-value: 0.0001 and F: 70.05). Therefore, $H_{1.3}$ is confirmed. In other words, regarding the mean of both groups, female doctors (22.98) have lower level of subjective well-being than male doctors (29.20). The observed results are in consistent with the findings by Diener *et al.* (1999).

It can be stated that since subjective well-being is one of the components of people's positive attitude towards the world where they live, it has always obsessed the human mind due to its major impact on the formation of human personality and human life as one of the most vital components of human psychological needs and mental health. It is a general estimate of one's life. Researchers distinguishes between satisfaction with adomain of life, satisfaction with life as a whole and a general satisfaction with life. Satisfaction with a domain of life refers to satisfaction with a particular area of life like job, income, marriage, etc. whereas general satisfaction with life is broader including a comprehensive judgment of one's life. Therefore, a woman's judgment of her life includes the impression that has been made on her based on personal expectations and standards and evaluation of the constraints based on which her life is assessed Cambell and Diener found that social sources (family, friends, access to social services, etc.) are the predictors of the well-being of both men and women. However, such social sources are stronger predictors of women's satisfaction with life. On the contrary, factors that are more related to men's personal goals like being a hero, having effective relationships and responsibility are more associated with men's satisfaction with life. Women experience stronger positive and negative emotions than men. Men are more influenced by economic satisfaction with their profession and job conditions. Haringer found that men show more happiness and satisfaction with life than women while aging; these positive effects are more noticeable in married men whose acceptance of positive emotions like happiness and satisfaction improves more with the passage of time. Kameron examined the construct and factorial validity of satisfaction with life at a point of time; he found that well-being and satisfaction with life are associated with satisfaction with leisure time and also health. Another study indicated that factors like the number of friends, financial satisfaction, perceived

discrimination and initially obtained information had important impacts on students' satisfaction with life.

Due to the sensitive nature of medical profession which is closely related to people's life and death as well as the presence of various stressors and higher tensions in this field, it seems that what brings about differences between men and women in terms of their subjective well-being are the higher sense of independence in life and high income in men that are influenced by culture and education, whereas being far away from family, personal expectations and standards, social sources (family, friend, access to social services, etc.), personal or family problems, facing stressful conditions and events, stronger positive or negative emotions, long-term and tedious duties, exposure to contradictory conditions, individual differences,attitudes and beliefs are the sources of such differences in women than men. The present research highlights the necessity of teaching effective and efficient methods to deal with stressful factors in order to reduce the experience of negative emotions and enhance people's sense of subjective well-being.

CONCLUSION

Finally, it is worth mentioning that the differences between the current study and other studies contribute to various reasons including age, environmental conditions, individual difference, and answering strategies. As noted earlier, due to their stressful profession, doctors are more exposed tovarious psychological pressures; in such cases, the individual differences, attitudes, beliefs, coping strategies and personal trainings can affect the results of the studies.

LIMITATIONS

It is necessary to take into account some limitations while interpreting the results of the present research. First, the reluctance of the doctors to participate in the study should be noticed. Second, it took a relatively long time to collect the questionnaires from physicians due to the nature of their profession. Furthermore, since the present study was conducted on a sample of doctors, the generalization of results should be made with caution.

RECOMMENDATIONS

It is recommended to replicate the same research on physicians in different hospitals over the country, in future studies and compare the results to find better solutions for enhancing the current situation. It is also suggested to devise appropriate teaching methods to promote resilience, responsibility and subjective well-being and help improve the society health.

REFERENCES

Amini, F., H. Alizadeh and O. Rezaee, 2012. Comparison of executive-neurological functions between addicted adults and normal adults. Ann. Biol. Res., 3: 415-421.

Chow, H.P., 2007. Psychological well-being and scholastic achievement among university students in a Canadian prairie city. Social Psychol. Educ., 10: 483-493.

Connor, K.M. and J.R.T. Davidson, 2003. Development of a new resilincescal: The connor davidson resilience scale. Depression Anxiety, 18: 76-82.

Diener, E., 2000. Subjective well-being: The science of happiness and a proposal for a national index. Am. Psychol., 55: 34-43.

Diener, E.D., E.M. Suh, R.E. Lucas and H.L. Smith, 1999. Subjective well-being. J. Personality Individual Differences, 37: 70-463.

Hamid, N., M.K. Khosravi, M.M. Baba and D. Peasants, 2012. Examine the relationship between mental health and spiritual intelligence and resiliency in students of Kermanshah University of Medical Sciences. J. Jntashapyr, 3: 338-331.

Huebner, E.S., C. Ash and J.E. Laughlin, 2001. Life experiences locus of control and school satisfaction in adolescence. Soc. Indic. Res., 55: 167-183.

Jong, H.Y., 2011. Relationship of spiritual intelligencewith mental health of nurses. J. Organizational Behav., 32: 323-334.

Jowkar, B., 2007. The mediating role of resilience in the relationship between general and emotional intelligence and life satisfaction. J. Contemp. Psychoanalysis, 2: 3-12.

Lee, H., S. Hwang, J. Kim and B. Daly, 2004. Predictors of life satisfaction of Korean nurses. J. Adv. Nurs., 48: 632-641.

McCrae, R.R. and P.T. Costa, 2004. A contemplated revision of the NEO five-factor inventory. Personality Ind. Differences, 36: 587-596.

Mousavi, D.S.A., 1998. The relationship between job satisfaction, motivation and mental health and responsibility of male trainers in Ahvaz Institutions. Master Thesis, University of ShahidChamran, Iran.

Qolami, F., 2009. The relationship between social support, loneliness and satisfaction with life amongst male and female elderlies in Ahvaz Nursing Home. Master Thesis, Islamic Azad University, Ahvaz Branch, Iran.

Rafatian, A., 2006. The Formation Process of Responsibility in Children. Qatreh Publication, Tehran, Iran, Pages: 75.

Rahimian, E. and A. Asgharnezhad, 2008. The relationship between hardiness and resilience and mental health in young and adult of Bam earth quick. J. Psychiatry Clin. Psychol., 14: 62-70.

Ryff, C.D., 1995. Psychological well-being in adult life. Curr. Directions Psychological Sci., 4: 99-104.

Samani, S., B. Jowkar and N. Sahragard, 2007. Resilience mental health and satisfaction with life. J. Iran Psychiatry Clin. Psychol., 13: 260-290.

Segerstrom, S.C. and G.E. Miller, 2004. Psychological stress and the human immune system: A meta-analytic study of 30 years of inquiry. Psychological Bull., 130: 601-630.

Seligman, M.E. and C. Csikszentmilhaly, 2000. Positive psychology: An introduction. Am. Psychol., 55: 5-14.

Sigelman, C.K. and D.R. Sheffer, 1995. Life-Span-Human Development. 2nd Edn., Cole Publishing Company, Utah, USA.