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The Effectiveness of a Counselling Program for the Development of Organizational Citizenship Behaviour among High School Students in Bahrain

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Abstract
The present study aimed to implement a counseling program to promote organizational citizenship behavior among secondary school boys in the kingdom of Bahrain. The study used the experimental method with an initial sample that consisted of 40 students, aged 16 -18 years, who lacked in organizational citizenship behavior. This sample was then divided randomly into two equivalent experimental and control groups. The counseling program consisted of 17 sessions. Data were collected using the Organizational Citizenship Behavior measure developed by the researchers. Results revealed that there were significant differences between the experimental and control groups on all measures of the dependent variables, which could be attributed to the effectiveness of the counseling program.

Keywords: Counseling program, organizational citizenship behavior, high school students, Kingdom of Bahrain

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Introduction

Katz (1964) points out that organizations where workers perform solely their formal functions are weak and may not be able to survive in the long-term. Organizations do often need their workers to perform various tasks beyond their official role, without waiting for money, bonuses or otherwise. This is what was called "organizational citizenship behavior" or OCB. Indeed, interest in this type of organizational behavior has begun, as Jahangir, Mohammad, and Haq (2004) and DiPaola and Tschannen-Moran (2001) have shown, in the 1930s.

The OCB concept is made up of various dimensions, the most important of which are altruism, civic virtue, conscientiousness, courtesy and sportsmanship, which are important for the advancement of institutions of all kinds. Many countries, especially the developed countries, are concerned with the improvement of OCB among their members, believing that it improves the productivity of their institutions and the performance of their employees.

Organ (1988) is one of the first to come up with the OCB concept. He mentioned that OCB is the voluntary "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization." (Organ, 1988, p.4). Therefore, OCB includes the behaviors of individuals who are self-motivated not seeking for official gifts and rewards. It is not linked to the official functions of the individual, because it is voluntary.

OCB has many positive effects. It improves the efficiency of the organization, reduces the leakage of individuals and raises their morale, increases the ability of the organization to innovate and increases its chances of success.

At the educational institutions level, OCB helps to increase the effectiveness of educational institutions (schools, institutes, universities, etc) and improve the performance of personnel (administrators, teachers, students, etc.). Sharlicki and Latham (1995), mentioned that OCB affects student's attitude to his/ her institution. He/ she will be increasingly linked to it. Also, he/ she accepts its vision and mission and participates in decision-making, solving school problems and providing voluntary work and sense of social responsibility. In addition, it affects student's attitudes towards his/ her colleagues and teachers, OCB plays a prominent role in shaping his/ her personality and the nature of his/ her reactions and behavior towards individuals and those around him/ her.

Therefore, OCB is an important part of the process of school counseling, and it is necessary to pay attention to it and study it.

Despite the fact that researchers in the economic and managerial organizations (Morrison, 1994; Farh, Podsakoff, & Organ, 1990), realized for decades, the importance of OCB and the large role it plays in the development of institutions, the interest of education researchers in OCB came late. DiPaola, Tarter and Hoy (2004) measured OCB (altruism, civic virtue, conscientiousness, courtesy and sportsmanship) among middle school teachers. They found that the relationship between OCB and school effectiveness was positive. The greater the OCB, the more

effective the school is. Bogler and Somech (2004) examined the OCB in schools and found that its impact on the process of rooting values and democracy within schools, teachers and students is great. Erturk (2007) examined the relationship between trust, organizational justice, and OCB among Turkish academics. He found that trust mediates the relationship between organizational justice and OCB. Further, Ehtiyar, Alan and Omuris, (2010), found that OCB played a major role in the academic success of Turkish university students. Khan (2012) showed that OCB has a positive impact on the behavior of academics In Malaysian universities, and finally, Krastev (2013) showed that there was a positive relationship between OCB and the satisfaction of Bulgarian teachers. Shah, and Wati Halim, (2018) carried out a study to investigate the relationship between personality factors and OCB. They found that that neuroticism, agreeableness and openness influenced OCB among teachers as a whole. Gefen, & Somech, (2019) studied the nature of OCB among elementary and middle school students. They found that the dimensions of student OCB were: OCB toward student-hood, helping behavior toward students, OCB toward school personnel, OCB toward school community, and OCB toward external society. Bogler and Somech (2019) investigated the phenomenon of OCB pressure among Israeli teachers. Results confirmed the existence of such a concept in schools. Fahmi, and Permana, (2019) studied the effect of personality and perception of work on OCB in Indonesia. They found there is a positive effect of personality on OCB.

In the Arab world, researchers have for the last two decades paid attention to the importance of OCB in the development of educational Institutions. Zahrani (2007) studied OCB among teachers of general public schools for boys in Jeddah (Saudi Arabia) and found that they have a high level of OCB. Al-Sharifi (2010) studied OCB among secondary school teachers in Jordan and found that both teachers and their principals believe that OCB is moderately practiced. Finally, Al-Zaher (2012) studied OCB among lecturers at King Khalid University (Saudi Arabia) and found that OCB is faintly to moderately exercised. Abd El Majid, & Cohen, (2015) studied the relationship between individual values, social exchange variables, and OCB. They found that the principals' individual values were related to OCB. Al-Tabouli, Karim, and Alabbar (2015) studied the relationship between organizational justice and OCB among faculty members at Benghazi University, and found a strong relationship between the two variables.

Because the researchers felt that researchers in both the Western and Arab world were mainly interested in teachers (primary and university teachers) and managers, but not students, the present study was carried out to study the development of OCB among high school students.

Research Problem

According to Bateman and Organ (1983), OCB includes two types of behaviors. These are:
(1)   The active positive contributions, such as punctuality and attendance beyond what is strictly enforced.
(2)   The omission of harm to one's colleagues or organization, such as refraining from complaints, appeals and accusations over trivial matters.
The current research will be completed under the concept of the second type of citizenship.

Educational institutions, especially middle and high schools, are increasingly observing various behavioral problems, such as late morning, non-attendance, vandalism, smoking, theft, sexual harassment, drug abuse and promotion, violence against peers and administrative stuff, forgery, etc. (Kelly, et al. 2015.; Crowley, et al. 2018.; Musu-Gillette, et al. 2018.; Heyne, et al. 2019.; Chu, et al. 2019).

In addition, numerous studies have already shown that if OCBs are encouraged, students' motivation could be increased and problems of discipline and violence could be decreased (Carra & Pagoni, 2007).

Haddad (2008) in addition to the experience of one of the researchers (T.A) in social and academic counseling in secondary schools for boys, points out the existence of a number of these problems. Thus, the need to design and implement a counseling program to develop OCB is both significant and urgent.

In this context, an intervention program aimed at increasing OCB among high school students in the Kingdom of Bahrain was designed.

Hypotheses of the Study: The following hypotheses were formulated:
•   There are no statistically significant differences between the averages of both the experimental and the control groups in the pre- application of the counseling program.
•   There are no statistically significant differences between the averages of both the experimental and the control groups in the post-application of the counseling program.
•   There are no statistically significant differences between the averages of the experimental group members in the post- and the follow-up applications of the counseling program.

Methodology

Method: In this study, the experimental approach, with two equal groups, the experimental and the control group was used as shown in Table (1).

Table 1: The empirical design of the current study

Group	Pre-Measurement	Intervention	Post-Measurement
Experimental	√	√	√
Control	√	X	√

Study Population: The number of secondary school students in the Kingdom of Bahrain in the academic year 2017/2018, is 31294 students. The number of students in Hamad City Secondary School for Boys in the Kingdom of Bahrain reached 1000 students. The number of students with a low level of OCB, identified in collaboration with teachers and supervisors at this school, was 56. They are distributed over the three secondary years as shown in the Table (2).

Table 2: Distribution of Secondary School Students by Years of Study

Year	Number of students
First	35
Second	28
Third	13
Total	76

Sample of the Study: 40 students were randomly selected from the school students who are characterized by low level of OCB (N = 76). They were randomly distributed in two groups (20 students per group). In selecting the research samples, the following conditions were met:
• The age of students is between 18-16 years.
• The absence of disabilities or diseases requiring special education.
• Students should be regular in school and rarely absent from school.

Data Collection Tools: To measure OCB, researchers designed the OCB measure with five dimensions (Table 3) after Podsakoff, Mackenzie, Paine and Bachrach, (2000). The dimensions are: altruism, civic virtue, conscientiousness, courtesy and sportsmanship. The total number of items are (43) with an answer scale of three: much, average, and little.

Table 3: Distribution of items on dimensions of OCB measure

Dimensions	Items
Altruism	10-7-6-5-4-2-1 (9-8-3)
Civic virtue	18-17-15-13-12 (16-14-11)
Conscientiousness	25-24-22-21-20 (23-19)
Courtesy	34-32-31-28-27-26 (33-30-29)
Sportsmanship	43-41-40-39-36-35 (42-38-37)

The scale scores range from 43 (the lowest level of OCB), to 129 points (the highest level of OCB), with a score of 86 being the median on the scale. The scale included 29 positive items and 14 negative items (items in parentheses).

Validity and Reliability of the Scale:
To verify the validity of the scale, the researchers presented the scale in its final form to six psychology lecturers in the Department of Psychology at the University of Bahrain. They were three professors, and three associate professors. Each was asked to see to what extent the scale measures OCB. A total of 05 (about 83%) of the referees agreed that the scale measures OCB. However, as to the reliability, Alpha Cronback was calculated for each dimension. It has been found that the scale as a whole is reliable. Similarly, the five scale dimensions have all a good level of reliability as shown in Table (4).

Table 4: Validity and reliability of OCB measure

Dimensions	Alpha Cronback
altruism	,72 **
courtesy	,69 **
conscientiousness	,83 **
sportsmanship	,79 **
civic virtue	,75 **

** = significant at 0.001

In addition to the OCB scale, researchers designed and implemented the intervention counseling program. It was based on the cognitive behavioral theory. The total number of program sessions was (16) sessions including the introductory, the final and the follow-up sessions.

The program was implemented over eight weeks, with two sessions per week, and each session lasts for 50 minutes.

Results

Hypotheses 1: The hypothesis states that "There are no statistically significant differences between the average scores of the experimental group and the scores of the control group in the pre- application of the counseling program." To test this hypothesis, the independent samples t-test (T) was used as in Table (5).

Table 5: T-test results of the control and experimental group in the pre-test

Group	X	SD	Degree of Freedom	T-test	Significance
Experimental	71.60	12.58	37.62	0.14	0.88
Control	72.15	11.38	38		

As shown in Table (5), the difference between the control and experimental groups is not significant. This confirms the fact that the two groups are equal in OCB. It has been already mentioned that the two groups are homogenous in terms of age, school year, and the school environment in which the intervention program was given. None of their members has received any treatment.

Hypotheses 2: The second hypothesis states that "There are no statistically significant differences between the average scores of the experimental group and the scores of the control group in the post-application of the counseling program." To test this hypothesis, the independent samples t-test was used, and Table (6) shows the results.

Table (6) shows that the level of OCB among students in the control group has not changed substantially, but that the behavior of the experimental group has substantially changed. The difference between the two groups is statistically significant indicating the amount of the change in OCB among members of the experimental group. This change can be attributed to the impact of the intervention program, which increased the level of OCB.

Table 6: T-test results of the control and experimental group in the post-test

Group	X	SD	Degree of Freedom	T-test	Significance
Experimental	109.10	11.55	37.22	9.70	0.000
Control	70.65	13.40	38		

Hypotheses 3: The third hypothesis states that "There are no statistically significant differences between the average scores of the experimental group members in the post-application and the follow-up application of the counseling program". To test this hypothesis, the T-test (Paired samples t. test) was used. Table (7) shows the results**.**

Table 7: t-Test results on the differences between the average scores of the experimental group in both the post and follow-up tests.

Experimental Group application	X	SD	Degree of Freedom	T-test	Significance
Post- application	109.10	11.55	19	0.76	0.45
Follow-up application	107.50	11.78			

Table (7) shows that the value of t is (0.76), which is not statistically significant. Thus, the null hypothesis was accepted, confirming the continued positive impact of the intervention program. However, It should be noted that there has been a slight change in the mean scores of the follow-up application after three months of completion of the program, indicating a slight decline in OCB after the improvement, as shown in the post-measurement (average of (109.10) to (107.50).

Discussion

The results of the first hypothesis showed that the difference between the control and experimental groups in the pre- measurement is not significant. This is expected. Researchers have been very careful to have both experimental and control groups as homogeneous as possible. This is an important issue for those who use the experimental method, to able to study the cause and effect. In this case, researchers attribute OCB to the intervention program because the two groups are homogeneous in many elements.

The results of the second hypothesis showed that the difference between the experimental and control groups in the post application was statistically significant for the benefit of the experimental group.

It can be inferred that a causal relationship between the independent variable (the counseling program) and the dependent variable (OCB) exists. It is very likely that the evolution of OCB among the experimental group members is attributed to the intervention program used in the study. It is through the experimental method; researcher will be able to determine whether changes in the independent variable cause subsequent changes in the dependent variable. only the experiment can tell whether there is a causal relationship. These results are consistent with the those of Al-Khayli (2003) and Zayed (2000), all of which indicate improvement in experimental group members due to intervention programs.

The results of the third hypothesis showed that the difference between the experimental and follow-up groups wasn't statistically significant indicating that what was gained by members of the experimental group of OCB is stable and constant, although more than three months have elapsed since the end of the program. Indeed, one of the most important indicators of the success of counseling programs is the persistence of what is learned from them over time (Oliver, 1979). Therefore, the effectiveness of the program can be evaluated through the follow-up process.

Limitations of the Study

The major limitations of the current study are the negative effects of the experimental method.

The experimental approach: It is known that the dependence of the experimental method on what many see as an "artificial" environment. People may behave differently in the experimental setting than they would under more ordinary conditions. In addition, the apparent changes seen in the dependent variable (OCB) that are attributed to the independent variable (Intervention program), may be caused by some subtle cues related the experiment, and not by the independent variable.

The small number of sample subjects (n= 20): Due to the structure of the experimental situation, it was difficult to obtain experimental samples large enough to obtain results that are stable enough to allow generalizations to larger populations.

The extraneous variables: It is well known that in the social sciences where the subject of inquiry is a social situation that takes place in a social context, it may not be possible to identify and control all the variables that may affect the dependent variable.

Study Recommendations

At the end of the study, a few recommendations can be made in the light of the results reached, the most important of which are the following:

1.   Enable social workers and teachers to train students on OCB.
2.   Provide secondary schools with the tools and tests to diagnose students with low-level OCB.
3.   Avoid the dark side of OCB in the preparation and planning of intervention programs.

Conclusion

In conclusion, this study has presented the effectiveness of the intervention program as shown in the results of the experimental group in comparison to the control group. In addition, it has been found that the positive effects of the program persisted even after the application period of the program. The main limitation was related to the experimental method that has been used in the study. The results of this study can be used to benefit the university sector. The authorities of this sector can develop OCB using similar programs.

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Parental Stress and Coping Strategies in Mothers of Children with Cochlear Implant

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Abstract
Children with hearing problems usually suffer from psychological problems that extend to their families. In Algeria, it is believed that children with cochlear implants is increasing. The aim of this research is to highlight the parenting stress in mothers of children with cochlear implants as well as to identify the coping strategies used to reduce this stress. This research also studies the effects of years of cochlear implant as well as the effects of mother's working state. For this purpose, both the parental stress scale and the coping strategy scale have been applied to a sample of 94 mothers of children with cochlear implantation in a number of the states of Algeria. It was found that the mothers of children with cochlear implants suffer from a high level of parental stress. The mothers of children with cochlear implants resort to multiple coping strategies to deal with parental stress. The study also found that there are no differences in the level of parental stress among mothers of children who have benefited from cochlear implantation for less than 3 years and mothers of children who have benefited from it for more than 3 years of implantation. Finally, It was found that there are differences in Parenting stress level in both working mothers of children with cochlear implants and non-working mothers.

Keywords: Parental stress, Algerian mothers, Children with cochlear implant, Coping strategies

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Introduction

The stressful situations take a big part of life of any one of us. The vulnerability of individuals to psychological stress varies according to the duties imposed by their daily lives. Parents have a large share of the stress in the family because of their primary responsibility for raising their children. Merely assuming the role of parenting causes a significant degree of stress, especially when the child is young (Cronin, et al. 2015). Parenting stress is a set of processes that lead to repulsive psychological and physiological reactions that arise from attempts to adapt to parental role requirements (Deater-Deckard, 1998). This is a negative experience of the parent's feelings towards himself and his child (Eg, food, welfare, attention) or because of the need to reconcile his needs with the needs of the child, or because of the general social stress associated with the child long-term growth and well-being (Cronin, et al. 2015).

The role of the mothers differs from that of the fathers in parenting and in interaction with their child. Koegel et al. (1992) suggested that mothers suffer more than fathers from parenting stress, and found that the level of parenting stress correlates with parent-specific responsibilities during parenting. Baker and Heller (1996) found that mothers care about the smallest indicators of behavioral and emotional problems of their children While parents only care about them when they become more serious (Deater-Deckard, 2004).

If the mother of a healthy child is susceptible to parenting stress, the disabled child will inevitably be a source of great degree of parenting stress on his mother, since he requires her to devote more time and care to him than the healthy child. The study of Singer and Farkas (1989) indicates that mothers of children with disabilities suffer from a high degree of stress from multiple sources, the most important of which are the physical burdens and tiredness and exhaustion resulting from meeting the needs of the disabled child and raising him, the mother having to devote full time to caring for her child, As a result of the suffering of the disabled child, and fear for his future.

Cochlear implant is an "electronic device implanted in the inner ear through an operation designed to create sound sensations from an electrical excitation of the endings of the auditory nerve." (Dumont, 1997, p. 12). The period of diagnosis reported by the parents of a child suffering from deep deafness is very difficult, because they have to make a fateful decision on their child to decide whether or not to undergo cochlear implantation (Quittner et al. 2010).The parents of the child who is suffering from cochlear implants have high level of stress immediately after the surgery (0 to 2 years after surgery), but their overall level remains high. (Chen, et al., 2013) not to mention the daily problems that later migrate from cochlear implant and affect the parents' satisfaction with life. Therefore, the parenting stress level in parents of children with cochlear implants is higher than that of the parents of children with hearing-impaired. (Sarant & Garrard, 2013) If we want to focus on the mothers of children with cochlear implant, they inevitably suffer from higher maternal stress than the mothers of both hearing and hearing-impaired children, as Santhi and Prakash (2013) points out in his study. This stress is related to the parenting experiences of these mothers, Marci and Hanson (1990) recognizes a significant relationship between parental stress in mothers and their parental responsibilities. To be able to alleviate or relieve the stress, individual turns to the process of coping. Lazarus and Folkman

(1984) have divided coping strategies into two types: problem focused coping and emotion focused coping. Deckard (2004) reported that most of the definitions of dealing with parenting stress agree to distinguish between problem focused coping versus emotion focused coping and avoidance strategy versus confrontation strategy. However, parents of disabled children resort to broader and more comprehensive strategies as a result of the burden caused by such disability. We have seen a great difference between the results of many studies that dealt with the topic of the coping strategies with parenting stress in parents of disabled children. The study of Van der Veek, Kraaij, and Garnefski (2009) reported that the parents of a child with Down's syndrome resorted to 9 strategies to reduce parenting stress (Self-blame, acceptance, reward, positive reorientation, focus on planning, positive reassessment, perception, amplification, blaming others), while Hastings, et al. (2005) Pointed out that parents of autistic children resorted to four strategies (avoidance, focus on problem, religious denial, positive confrontation).

Through our review of the literature on the subject of parenting stress in mothers of children with cochlear implants, we have obtained three studies; The study of Santhi and Prakash (2013) compared the level of parenting stress among mothers of children with cochlear implants with mothers of children with hearing aids, and the second study of Chen, et al. (2013) also compared the level of parental stress in the mothers of children with cochlear implants during periods of implantation. The third study of Weisel, Most, and Michael (2006) compared the parenting stress level of the mothers of children with cochlear implants during periods (immediately after cochlear implantation, 3 years after cochlear implantation, 3 years after cochlear implantation). Because there is a difference in the results of studies in the question of stability and change in the level of parenting stress through the stages after the period of cochlear implantation, we will take care of this variable. The literature review confirms the stability of parenting stress levels in mothers of children with cochlear implants over time.

In this research, we sought to study the level of parenting stress experienced by the mothers of children with cochlear implants during the periods (3 years before the cochlear implantation and after 3 years of cochlear implantation) as the vocabulary level develops in the healthy child during the period 2-3 years old (Connor, et al. 2006).

Among the tasks that may be added to the mother in the role of parenting is the work that she occupies outside the home. Working mothers suffer from low levels of parenting stress when they can plan their day if they succeed in involving their children and other family members in household tasks, this allows them to enjoy health and reconcile the requirements of both home and work. Because we have obtained only one study in this regard, we will discuss it by comparing the level of parenting stress in both of working and non-working mothers of children with cochlear implants.

Concerning the subject of the coping strategies in mothers of children with cochlear implants, we noted a lack of studies treating this topic. Although a number of them concentrate on the subject of parenting stress in mothers of children with cochlear implants but did not address the strategies of coping with it, as in the study of Weisel, Most and Michael (2006), Marci and Hanson (1990), and Santhi and Prakash (2013).

According to the Anat ZZ (2008) study, the parents of deaf children resort to the social support strategy, as well as this strategy is used by the parents of children with cochlear implants to reduce parenting stress. The study of Asberg, Vogel and Bowers (2008) found that high levels of perceived social support are associated with a low level of parenting stress. In the study of Kobosko (2011) the results differ from those of the previous studies. The results indicate that there is a difference in the degree of strategies of coping with stressful situations between mothers and fathers in both ways of emotion and avoidance, as they were used by mothers more than fathers. This study is the only study, within our limits knowledge, that indicates that the mothers of the children with cochlear implants use other strategies, in contrast to the strategy of social support, which is consistent with most of the studies that dealt with strategies of coping with parenting stress used by parents of disabled children in general when talking about Multiple strategies.

Through literature reviews, we formulate the following research questions:
•   What is the level of parenting stress experienced by mothers of children with cochlear implant?
•   Are there differences in the level of parenting stress experienced by working and non-working mothers of children with cochlear implant?
•   Are there differences in the level of parenting stress among mothers of children who have been benefited by cochlear implantation for less than 3 years and mothers of children who have benefited from it for more than 3 years of implantation?
•   Do mothers of children with cochlear implants use multiple strategies to cope with parenting stress?

Method

The study was conducted between 15 February 2018 and 27 June 2018, and was implemented in a number of speech therapist offices in seven states of Algeria: Algiers, Bejaia, Jijel, Tizi Ouzou, Batna, Biskra and Setif. In addition to two special class rooms of children with specifics needs integrate into two normal schools, one in Setif and the other in Batna.

After making sure that the instruments; Parental stress scale (PSS) (Berry, & Jones, 1995), and the coping strategy scale (CSS)(Endler, & Parker, 1990) have good psychometric properties. A factorial analysis with varimax rotation was conducted, the (PSS)'s factorial analysis yielded two factors and the eigen value was 3.45 and 3.19, the two factors explained together 47.48% of the total variance, which is high. As for the reliability of the scale, the internal consistent value for the first factor was 0.70 and for the second factor was 0.78 and for the scale in total was 0.80, it indicates that the reliability coefficient of the first scale is high.

The factorial analysis of the (CSS) scale yielded four factors, with eigen value respectively: 2.93, 2.31, 2.08, and 1.72 with a cumulative percentage of 56.58%, which is high. The value of Cronbach alpha for the first factor was 0.78, for the second factor 0.71, for the third factor of 0.69, for the fourth factor 0.57, and for the total scale was 0.71, it indicated that the second scale (CSS) have a good internal consistency.

In order to examine the first and fourth hypotheses we have based on the descriptive statistics. For the second and third hypotheses, we used the compare means, specifically the T test for two independent samples.

Results

The results of the first research question (What is the level of parenting stress experienced by mothers of children with cochlear implant?) indicate that:
The average level of parenting stress for mothers of children with cochlear implants is (x = 57,35, p <0.05) that the lowest value of these stress is 28, while the highest value is 70 and the standard deviation (x=8, 97, p <0.05).

The results of the second research question, (Are there differences in the level of parenting stress experienced by working and non-working mothers of children with cochlear implant?) indicate that:
There is a difference between the average level of parenting stress obtained by the mothers of children who have benefited from cochlear implantation for less than 3 years and the mothers of children who have benefited from cochlear implantation for more than 3 years. The median of the first group (M =55.83) While the median of the second group (M=59,41) (f=0.06, p<0.05).

The value of the Livini test is estimated at 4.43 and at a significance level of 0.04. Since (F =4.43, p<0.05) the two samples are not uniform (t = 1.92, p<0.05), so the difference between the two groups is not statistically significant. Thus, we can say that the research question H0, which states that there are no differences in the level of parenting stress between the mothers of children who have benefited from cochlear implantation for less than 3 years and the mothers of children who have benefited from cochlear implantation for more than 3 years has been achieved.

The results of the third research question, (Are there differences in the level of parenting stress among mothers of children who have been benefited by cochlear implantation for less than 3 years and mothers of children who have benefited from it for more than 3 years of implantation?) are shown in the Figure (1).

Figure 1: The level of parenting stress in working and non-working mothers

There is a difference between the average level of parenting stress obtained by working and non-working mothers of children with cochlear implantation. The median of the first group was 62.70 while the median of the second group was 56,71. The value of the Livini test is 0.2 and at a 0.65 level. (t =2.02, p <0.05), the difference between the two groups is statistically significant and is in favor of the highest mean (62.70) working mothers. Thus, we can say that the alternative research question H1, which states that there are differences in the level of parenting stress experienced by working and non-working mothers of children with cochlear implants have been achieved.

The results of the fourth research question, (Do mothers of children with cochlear implants use multiple strategies to cope with parenting stress?) are shown in Table (1).

Table 1: Descriptive statistic and z scores of the strategies of coping

	M	SD	Z scores
Strategy problem focused coping	23.12	4	0.03
Strategy self- blame coping	9.09	3.34	0.28-
Strategy avoidance coping	9.34	3.08	0.14-
Coping strategy emotion focused	9.47	2.96	0.27-

The z scores are to the t scores, as shown in Figure 2.
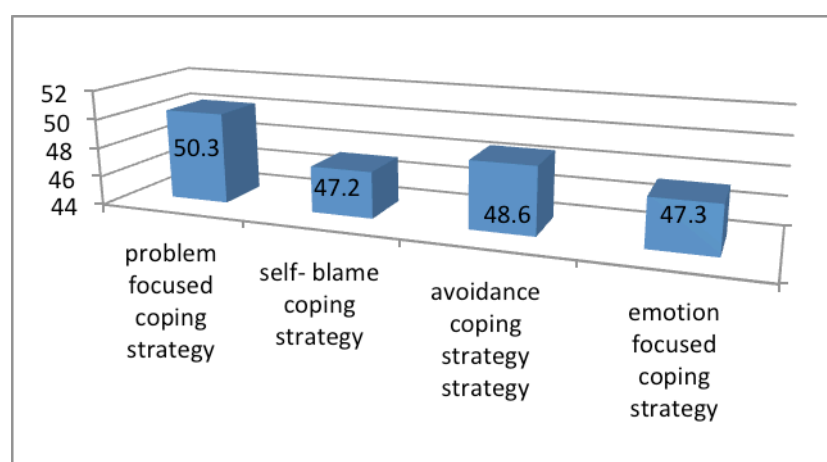
Figure 2: The t score of the strategies of coping with parenting stress in mothers of children with cochlear implants.

It is shown through the Figure (2) that the strategy most commonly used by the research sample is the problem focused coping strategy, followed by the avoidance-coping strategy and then both self-blame and emotion-focused coping strategies and at two levels.

Discussion

The mothers of children with cochlear implants suffer from high-level of parenting stress we interpret this increase by a number of reasons, beginning with the stage of detection and diagnosis of deafness:

•   Detecting and diagnosing deafness is the first stressful situation tested by the mother, especially for the hearing-impaired parents, since the diagnosis of hearing loss in their child is the most difficult the times they go. (Santhi & Prakash, 2013), confirmed by Quittner, et al. (2010)

•   After the diagnosis of deafness, comes the diagnosis of cochlear implantation. This period, which is told by the parents of a child suffering from deep deafness, is very difficult because they have to make a fateful decision in their son's right to decide whether to perform cochlear implantation (Quittner, et al. 2010)

•   This decision follows a number of situations that drain many of the potential of the mother, as it entails subjecting the child to a range of medical tests, psychological and linguistic as well as hearing measurement.

•   The most difficult period to be carried by the mother is the period of surgery to which the child undergoes to implant the inner part of the ear and the mother's fears.

•   After these stages, comes the period of hospitalization for the child, which is accompanied by the mother often, which requires the latter vigilance more than usual.

•   The above tests are re-applied within the framework in order to assess the new child's abilities. Psychological and speech therapy sessions should be followed immediately. All of these commitments put stress on the mother because she becomes restricted by attending specific times of Psychological and speech therapy sessions. This responsibility lies with the mother on the grounds that the father is more closely connected to his work, as well as the responsibility to review the exercises that take place during Psychological and speech therapy sessions.

•   Add to these stressful situations the scarcity of special educational services, where children with cochlear implants at the level of the State of Setif, for example, are taught in a partially integrated section of a normal school that does not have the minimum necessary integration requirements.

In its interpretation of this high level of parenting stress, we refer to the safety factor of the cochlear implant and the need to protect it from damage.

In addition to this number of factors contributing to raising the level of parenting stress among the mothers of children with cochlear implant, the lack of programs to reduce the parenting stress in mothers of children with cochlear implantation remains a key factor in explaining their high level.

All of these factors are sources of stress on the mother and if met some or all, it will increase the stress.

There are no differences in the level of parenting stress between the mothers of children who have benefited from cochlear implantation for less than 3 years and mothers of children who have benefited from it for more than 3 years of implantation.

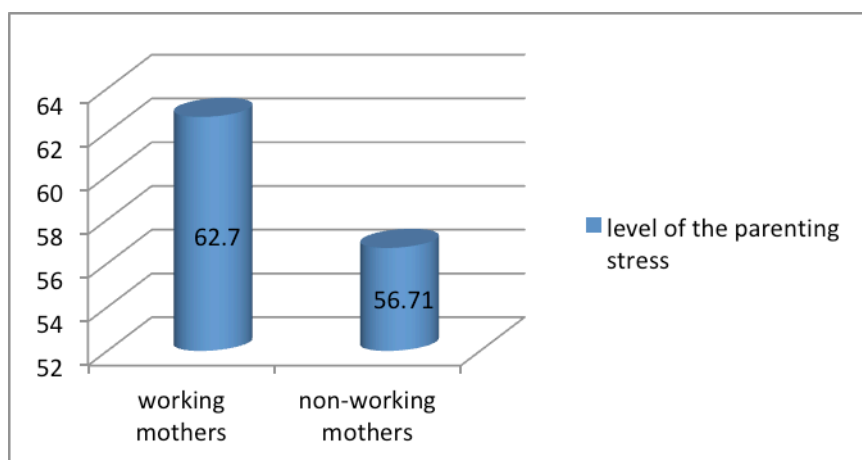The level of parenting stress in both groups is high as it exceeds 38 according to the (ESP-AL) scale. These results differ with Chen, et al. (2013) study's but the results of our study are similar to the results of the Weisel et al. (2006), in which the level of parenting stress remained constant and did not change until 3 years after the implantation. Despite the fact that mothers pass a number of factors leading to increased parenting stress after 3 years of cochlear implantation (deafness detection, degree of the disability, cochlear implantation, surgery and hospitalization) and even with the progress made by these mothers' children in verbal communication thanks to

cochlear implantation after 3 years of use, they continued to suffer from a high level of parenting stress. In interpreting these results, we focus on the factor of the fear, the mothers of children with cochlear implants fear for his academic achievement, in addition to the fact that the requirements of any child increases with age.

There is a difference in the level of parenting stress among the working mothers of children with cochlear implants and non-working.

We interpret these results by the fact that the work adds to the responsibility of reconciling work and education with domestic and family duties in general. The results of this study are consistent with the results found by Nomaguchi and House (2013), these findings are also consistent with Trembley (2006) studies as sited in Deater-Deckard (2004) which indicate that most of parents who combine work and family life feel stressed. The study of Caussignac (2000) also indicates that the parents of children under 5 years of age are told more stress accompanied by time constraints to achieve their role in work and parental role as well as doubles role.

The mothers of children who benefit from cochlear implants resort to multiple strategies to cope with parenting stress.

The results of the (CSS) scale in the four subscales indicate that the mothers of children using cochlear implants resort to four strategies to reduce the parenting stress. The first of these strategies in terms of order are:

•   Problem focused coping strategies: In such situations, mothers resort to multiple cognitive efforts to find holistic or partial solutions that reduce their feeling of stress. For example, consider intensifying the child's psychological and speech therapy sessions in order to speed up the process of acquiring language or thinking about mobility and stability nearby From the hospital that is responsible for the implantation process in order to save the effort, time and money instead of moving to it repeatedly during and after the operation period, especially (in order to practice the psychological and speech therapy sessions) This strategy is part of problem focused coping strategies (Kobosko, 2011)

•   Self-blame focused coping strategies: often observed in mothers of children with congenital disabilities, where the mother adheres to the design of her child, thinking that she has failed to pay attention to him during the embryonic stage. This strategy can also be observed if this deafness has been acquired spontaneously and has occurred due to postpartum infections, such as a child's fever or an accident, for example, where mothers will blame themselves. Through the contact with the mothers of the children who benefit from cochlear implantation, they often resort to this strategy.

•   The strategy avoidance: The mothers resort to this strategy to ignore some sources of parenting stress, such as ignoring the low level of the child, for example, in order to maintain the emotional balance by shopping time. Studies confirm that mothers of children with cochlear implants resort to this strategy. Kobosko (2011).

•   Emotional focused coping strategy: In this type, mothers tend to use their feelings, which are easier for any of us to observe. Among the studies that indicate that the mothers of children who benefit from cochlear implants resort to such a strategy is Kobosko (2011).

Conclusion

We concludes from this study that the mothers of children with cochlear implants suffer from high levels of parenting stress, which is not different between the mothers of children who have benefited from cochlear implantation for more than three years of implantation and the mothers of children who have benefited from cochlear implantation for less than three years of implantation, But it is higher among mothers of children with cochlear implantation compared to non-working mothers. We also conclude that mothers of children with cochlear implants resort to four strategies to cope with parenting stress (problem-focused coping strategy, self-blame-focused coping strategy, avoidance coping strategy, emotion focused coping strategy). The student interprets the four strategies in each study's results. The mother turns to a particular strategy depending on the situation in which she lives. If it is difficult to control a situation by evaluating it as a midwife

For change, it is impossible to resort to a problem focused coping strategy, and then resort to coping strategies focused on emotion, avoidance and self-blame. (David Sander, 2009). Since problem focused and emotion coping strategies are interrelated and can not be separated, their effectiveness relates to the circumstances in which they occur because they are connected. In the same situation, a mother can resort to one time, another time, or both during the same situation. The fact that mothers resort to all these strategies together means that they do not tend to use a single type.

By linking to the results of the first research question with the results of the third, we note that the use of these strategies is associated with a high level of parenting stress. Therefore, we suggest that resorting to these four strategies together - in the sense of intertwining may be the reason for the high level of parenting stress during these situations (Care and education of a child benefiting from cochlear implantation). Deater-Deckard (2004) finds that the parent may use several strategies at the same time while coping with parenting stress, which either improves the adjustment or makes it worse depending on the situation. In our interpretation of the failure of these strategies to reduce the parenting stress suffered by mothers of children with cochlear implantation, we add other factors - in addition to the mother's position of caring for and raising a child with cochlear implantation:
•   The personal and cultural factors of the mother (ex. the educational level)
•   The extent to which the mother has benefited from psychological programs that seek to reduce parenting stress. We believe that this type of program is not within the scope of what we have seen, whether in terms of Algerian studies in particular or through our contact with practicing psychologists and speech therapist. Deater-Deckard (2004) also emphasizes these factors. The failure of diversity of strategies is due to other factors. In addition to the situation itself, the parent believes that the more diverse the parent is, the more effectively he can be employed. However, there are many personal obstacles and cultural situation in resorting to a strategy Among the other strategies, in addition to all of these, these strategies used by the father to cope with inadequate, which requires intervention by specialists.

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Psychological Well-being and Psychological Loneliness among Retirees with High Blood Pressure: A Correlational Study

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Abstract
Retirees are generally suffering from various physical and psychological problems. One of which is high blood pressure which is associated with psychological problems such as feelings of loneliness and deteriorated well-being. This study aimed to identify the relationship between psychological wellbeing and the psychological loneliness among pensioners with high blood pressure. This study also aimed to study the effects of gender on the Psychological well-being dimensions among the sample as well as the effects of age on the Psychological well-being dimensions among the sample. Finally, the study identified the level of psychological loneliness among pensioners with high blood pressure. The descriptive causal comparative methodology on a sample of 112 retirees with hypertension was used. It has been found that there was a significant negative relationship between psychological well-being and loneliness. It was also found that the level of Psychological well-being within the sample was average. In addition, there were statistically significant differences on some psychological well-being dimensions (Environmental Mastery, Positive Relations and Self-acceptance) based on gender. But no statistically significant differences in psychological well-being dimensions (personal growth, autonomy and purpose in life) based on gender. Also, there were statistically significant differences on some psychological well-being dimensions (personal growth, purpose in life) based on age. But no statistically significant differences in psychological well-being dimensions (autonomy, Environmental Mastery, Positive Relations and Self-acceptance) based on age. Finally, it was found that the level of Psychological loneliness was average.

Keywords: Psychological Well-Being, Psychological Loneliness, High Blood Pressure, Retirees, Algeria

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Introduction

Well-being is part of the mental health but not synonymous with it (Henn, Hill, & Jorgensen, 2016). In his review, Hird (2003) states that there are many theoretical definitions of well-being. However, Kharnub (2016) sees that there is no general agreement on a universal definition of well-being. Psychological well-being was mentioned as the absence of negative psychological traits such as depression. However, the perspective has changed over time (Kumcagiz & Gunduz, 2016). Psychological well-being was associated with positive understanding and positive social relationships (Kumcagiz & Gunduz, 2016) Psychological well-being is defined as a positive experience and psychological functioning (Ishaq, Malik., & Asif, 2018) The theory of psychological well-being is based on concepts in developmental psychology and clinical psychology (Kumcagiz & Gunduz, 2016). The latest theory of psychological well-being focused on self-perceptions of positive functioning (Moe, 2012).

According to Ryff (1989), traditional concepts of psychological well-being ignored the aspects of positive functioning (Moe, 2012) because they focused primarily on the absence of disorder symptoms (Moe, 2012). Ryff (1989) has developed a scale of six basic dimensions, the Ryff Scale of Psychological Wellbeing, and although a large number of studies have used this scale, the results of the scale remain inconclusive (Henn et al., 2016).

As to the psychological loneliness variable, studies have shown that loneliness is associated with depression and reduced quality of life (Mellor et al, 2008; Cacioppo et al, 2006; Chou and Chi, 2004; Lim & Kua, 2011) and increased physical and mental health problems for the elderly (Cornwell, & Wait, 2009; Hicks, 2000; Lim & Kua, 2011).

According to Green et al., many health-related problems are the result of loneliness, and Momtaz et al. (2012) studied a sample of 1,880 older people in Malaysia and found that loneliness increases the risk of hypertension in later life (Petitte, et al. 2015). Hansson et al. pointed out that loneliness is associated with some psychological problems such as poor adaptation or dissatisfaction with family and social relationships (Ibrahimi, 2015).

The influence of loneliness on well-being cannot be ignored, and Golden et al. (2009) supported this idea with the view that there is already a strong relationship between loneliness and well-being (Wu & Zhang, 2011). A review of the literature on loneliness shows that this phenomenon has a negative impact on various aspects of psychological well-being (Shahidi, 2013) According to Shahidi study on the impact of loneliness on the dimensions of psychological well-being has not been studied yet, and the purpose of his study was based on the type of this association. Just as this feeling may find a way for the elderly because they have an awareness of weakness and pain due to aging and a feeling of abandonment associated with painful waiting (Macqueron, 2009). The prevalence of chronic diseases increases with age and the link between health and psychological well-being becomes more important in older ages, according to Steptoe, Deaton, and Stone (2015). And Rafanelli et al. (2012) showed that patients with hypertension had a weakness in psychological well-being,

and Salami, 2010 indicated that physical health is a predictor of psychological well-being (Salami, 2010).

The purpose of this study is to explore the relationship between psychological well-being and loneliness. And the study of differences in the psychological well-being with high and low loneliness, also the study of differences in psychological well-being according to demographic variables (age and gender) so that studies have shown that social and demographic factors affect the psychological well-being of older persons (Momtaz et al., 2012; Ibitoye et al., 2014).

Methodology

To achieve the goal of this study the descriptive approach correlative and comparative was used.

Data Collection Tools

To collect data, for this study two scales have been used. The Ryff scale (Ryff, 1989) has been used for the Psychological wellbeing variable. As for the psychological loneness variable, the loneliness scale was used.

The Ryff scale: The original Ryff scale includes 120 items and a short version containing 42 items (7 items per sub-scale). The scale contains positive and negative items covering six dimensions.

The Psychometric Properties of the Well-being Scale:

- Reliability: Cronbach alpha value (0,749) indicates that the scale has a relatively high reliability.
- Validity: To test the validity of the scale, the internal consistency, as well as the confirmatory factor analysis have been used.
- Internal Consistency: As can be seen in Table (1), the majority of the results are highly significant.

Table 1: The correlation coefficient of each dimension of the scale with the total score

Dimensions	The correlation coefficient of each dimension of the scale with the total score
Autonomy	**∗∗0,734**
Environmental Mastery	**∗∗0,590**
Personal Growth	**∗∗0,713**
Positives Relations with Others	**∗∗0,658**
Purpose in Life	**∗∗0,677**
Self-Acceptance	**∗∗0,679**

- **Confirmatory Factor Analysis**:
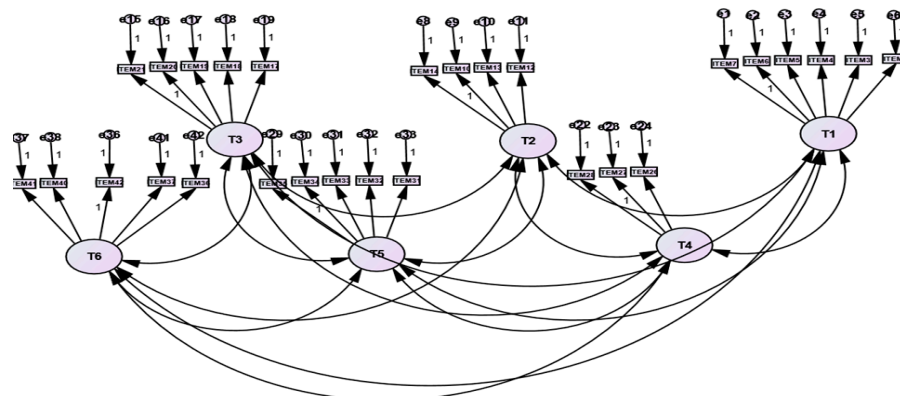
Figure 1: Path diagram analysis

The confirmatory factor analysis results as depicted in Figure (1), support the previous results. The goodness of fit values about the model are:

RMSEA   = 0,064
SRMR   = 0,083
PGFI   = 0,644

The loneliness scale: As for the psychological loneliness scale, a scale of two dimensions (Emotional loneliness, Social loneliness) was used.

The Psychometric Properties of the Loneliness Scale:

- **Reliability:** Cronbach alpha value (0,749) indicates that the scale has a relatively high reliability.
- **Validity:** To test the validity of the scale, the internal consistency, as well as the confirmatory factor analysis have been used.
- **Internal consistency:** As shown in Table (2), the internal consistency is statistically significant.

Table 2: The correlation coefficient of each dimension of the scale with the total score

Dimensions	The correlation coefficient of each dimension of the scale with the total score
Emotional loneliness	**0,817**
Social loneliness	**0,823**

- **Confirmatory factor analysis**
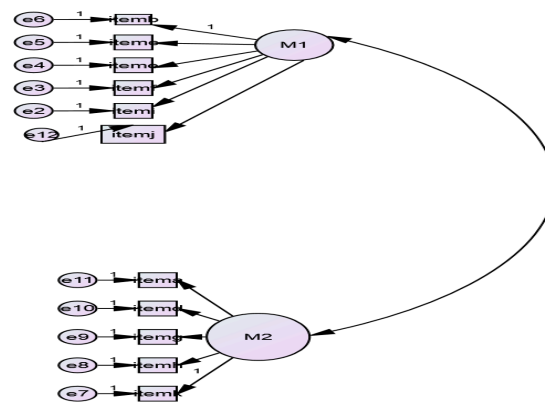
Figure 2: Path diagram for the two-factor structure

The confirmatory factor analysis results as depicted in Figure (2), support the previous results. The goodness of fit values about the model are

RMSEA   = 0,501
SRMR   = 0, 0718
CFI   = 0,921

Results

It has been found that there was a significant negative relationship between psychological well-being and loneliness among retirees with hypertension as depicted in Table (3).

Table 3: Correlation between Psychological well-being and loneliness

Variables	Psychological Wellbeing	Loneliness
Psychological Wellbeing	1	
Loneliness	0.489-**	1

**P<0.01

As for the differences in psychological well-being, there are statistically significant differences as shown in Tables (4, 5, and 6).

Table 4: Differences in psychological well-being with high and low loneliness

		N	Mean	Standard Deviation	T	Level of significance
Autonomy	High loneliness	30	5,0389	0,70938	5,844	Statistically Significant at the level 0,01
	Low loneliness	30	3,8500	0,85920		
Environmental Mastery	High loneliness	30	4,8083	0,93699	7,578	Statistically Significant at the level 0,01
	Low loneliness	30	2,9250	0,98731		
Personal Growth	High loneliness	30	4,8600	0,95587	6,944	Statistically Significant at the level 0,01
	Low loneliness	30	3,000	1,11293		
Positive Relationship	High loneliness	30	4,7516	1,21236	7,605	Statistically Significant at the level 0,01
	Low loneliness	30	2,1889	1,39150		
Purpose in Life	High loneliness	30	5,0200	0,9011	9,867	Statistically Significant at the level 0,01
	Low loneliness	30	2,5467	1,03582		
Self-acceptance	High loneliness	30	4,7600	0,69758	8,872	Statistically Significant at the level 0,01
	Low loneliness	30	2,9800	0,84910		
Psychological Wellbeing	High loneliness	30	4,87312	0,31976	16,701	Statistically Significant at the level 0,01
	Low loneliness	30	2,9151	0,55687		

Table 5: difference in psychological well-being according gender variable

	N	Gender	Standard Deviation	mean	T	Sig. (2-tailed
Autonomy	35	Women	0,92967	4,3905	0,783	**0,435**
	77	Men	0,85015	4,5303		
Environmental Mastery	35	Women	1,03778	3,4857	2,055	**0,042**
Personal Growth	77	Men	1,27181	3,9903		
	35	Women	1,30635	3,6857	0,452	**0,652**
Positive Relationship	77	Men	1,29370	3,8052		
	35	Women	1,61442	3,0381	2,571	**0,011**
Purpose in Life	77	Men	1,77244	3,9422		
	35	Women	1,13116	4,0400	0,875-	**0,384**
Self-acceptance	77	Men	1,41012	3,8028		
	35	Women	1,05496	3,6000	2,819	**0,006**
Psychological Wellbeing	77	Men	1,08491	4,2182		
	35	Women	0,78524	3,7067	1,995	**0,049**

Table 6: differences in psychological well-being according to age variable

Environmental Mastery	Between groups	1,019	0,510	2	0,337	0,714
	Within groups	164,654	1,511	109		
	Total	165,674		111		
Personal Growth	Between groups	14,378	7,189	2	4,577	0,012
	Within groups	171,186	1,571	109		
	Total	185,564		111		
Positive Relationship	Between groups	6,880	3,440	2	1,102	0,336
	Within groups	340,160	3,121	109		
	Total	347,040		111		
Purpose in Life	Between groups	11,951	5,976	2	3,539	0,032
	Between groups	184,028	1,688	109		
	Total	195,979		111		
Self-acceptance	Between groups	0,788	0,394	2	0,317	0,729
	Within groups	135,702	1,245	109		
	Total	136,490		111		

It is seen that:

- There are statistically significant differences in psychological well-being and its dimensions (environmental mastery, positive relationships, and self-acceptance) according to the gender variable among retires with hypertension.
- There are no statistically significant differences in the dimensions of psychological well- being (Autonomy, personal growth, purpose in life) according to the gender variable among retires with hypertension.
- There are no statistically significant differences in psychological well-being and its dimensions except   personal growth and purpose in life according to the age variable among retirees with hypertension.

Discussion

This study showed the negative relationship between loneliness and psychological well-being of retirees with hypertension, and it showed there are differences in psychological wellbeing and the dimensions with high and low loneliness of retirees with hypertension for the higher loneliness.

This feeling is the main factor in mental health problems (Van Roekel et al, 2010), and loneliness was associated with weakness, such as low psychological well-being (Doman & Roux, 2012). As such, Creswell et al., 2012 put real possibilities for overcoming the sense of loneliness among older people and other age groups. As well, there are studies indicating that the well-being of older persons is a paradox, despite age-related challenges or losses do not decline psychological wellbeing, and thus psychological well-being may not decrease with this feeling or even with the illness as the results showed. Further, Ryff (1989) concluded that psychological wellbeing is a protective factor for older person Patients (González-Celis, 2016: 718-719).

In addition, the results of this study showed differences in psychological well-being and its dimensions (environmental mastery, positive relationships, and self-acceptance) according to the gender of retirees with hypertension, Studies show that there is a contradiction in the results of differences in psychological well-being according to the gender variable, so further research is required.

The results of the study showed differences in (personal growth and purpose in life) according to the age variable of retirees with hypertension. Although having a goal in life and personal growth of older people is important, for positive functioning (González-Celis, et al. 2016:718-719) Studies indicate that there is a decline in the dimensions of psychological well-being (purpose in life and personal growth) among the elderly.

Conclusion

In conclusion, this study identified the level of psychological well-being among pensioners with high blood pressure, including the effects of gender on the Psychological well-being dimensions among the sample. The study has also studied the effects of age on the Psychological well-being dimensions among the sample and

identified the level of psychological loneliness among pensioners with high blood pressure.

The major result of the study has been a negative correlation between loneliness and psychological well-being. Based on this result, it was recommended that there exists a need to focus on the program to promote the psychological well-being and its dimensions especially (personal growth and purpose in life) that of elderly patients.

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Psychological Wellbeing and Organizational Commitment: A Predictive Study in Algeria

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Abstract

Organizational commitment and psychological wellbeing at work are at the grassroots of organizations' success. The importance psychological wellbeing for individual health and organizational success is well established. Previous research work on the relationship of psychological wellbeing at work and organizational commitment emphasized that employees' well-being promotes sustainable engagement and commitment, as employees benefitting from effective workplace well-being strategies are able to invest more in their organizations. The present study aimed at testing the relationship between psychological wellbeing and organizational commitment. In addition, it examines the hypothesis, which stipulates that, psychological wellbeing is a predictor of organization commitment. Semi-structured interviews were conducted on a sample of 227 employees of the customs' services in Oran – Algeria. At the same time, the following tools were used: (1) The Positive and Negative Affect Schedule of Peter Warr (1990) to measure components of psychological wellbeing, (2) A questionnaire to test the level of satisfaction at work, and, (3) To measure components of organizational commitment (Affective Commitment, Normative Commitment, and Continuance Commitment), Meyer and Allen's three-component model was administered. Results of the study revealed that: (1) a positive relationship exists between psychological wellbeing and organizational commitment (2) psychological wellbeing is a predictor of organizational commitment. As a human resources development strategy indicator, the level of psychological wellbeing is a reliable management-predicting factor of employees' organizational commitment level.

Keywords: Psychological wellbeing components, components of organizational commitment, Algerian customs' service

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Introduction

Psychological wellbeing at work (PWW) and organizational commitment (OC) are at the grassroots of organizations' success. The importance psychological wellbeing for individual health and organizational success is well established. (British Psychological Society, 2010; Sandilya and Shahnawaz, 2018).

It is well established that, OC is negatively related to occupational strain (Begley & Czajka, 1993; Leong et al., 1996; Mathieu & Zajac, 1990; Meyer et al., 2002; Teo & Waters, 2002) and it is positively related to well-being (e.g. Wiener et al., 1987) and life satisfaction (Kacmar et al., 1999). Previous research work on the relationship of PWW and OC emphasized that employees' well-being promotes sustainable engagement and commitment, as employees benefitting from effective work-place well-being strategies are able to invest more in their organizations.

Probst (2000) noted that, highly committed employees experience higher levels of distress, because of perceived job insecurity and impaired PWW. High commitment to an organization leads to stronger negative outcomes when employees feel that they have been treated unfairly (i.e. experience a worsening relationship; Brockner et al., 1992). Similarly, research on work-related over-commitment found that health complaints resulting from a lack of balance between efforts put into one's job and rewards received are stronger when commitment is high (Aust et al., 1999; Joksimovic et al., 1999).

Researchers do not always agree on what exactly wellbeing means and how it can be measured (Taneva, S., 2016). Measurement issues of wellbeing are broadly divided into two sets: context-free, and context-specific such as job-related wellbeing. One of these issues is cultural dimensions, as Sandilya and Shahnawaz (2018) have pointed out that "any research in the area of well-being at work necessitates not only a context-specific investigation but also one that is culturally relevant".

To overcome such theoretical and operational issues, we adopted Warr's (1990) model for the measurement of affective well-being (as a context-free measure), beside a job satisfaction questionnaire which was designed for the purposes of this study. We ended by a construct of psychological well-being of three main dimensions, namely: Positive Affect, Negative Affect and Job Satisfaction, as shown in figure 1.

On the other side, organizational commitment is a multidimensional construct, involving an employee's loyalty to the organization, although, some research works deal with both terms as synonymous. According to (Northcraft, 1996), commitment is an attitude reflecting an employee's loyalty to the organization, or as Robbins (2005) puts it, is the degree to which an employee identifies with a particular organization and its goals, and wishes to maintain membership in the organization.

Organizational commitment is multidimensional in nature (Walker and Boyne 2005). To measure OC as a dependent factor in this study; a three components scale (Affective, Continuance and Normative commitment) of Allen & Mayer (1990) was adopted as shown in figure (1). It has been statistically assessed (Mayer et al., 2006, 2001), and revised (Jaros, 2007).

Objectives

It is well known, that employees whose OC is characterized by strong affective attachment report higher levels of PWW (Maltin, 2011). However, do higher levels of PWW will ultimately lead to OC? Can we predict organizational commitment from the state of psychological wellbeing of employees? The present study aimed at answering these questions by testing the relationship between psychological wellbeing and organizational commitment. In addition, it examines the hypothesis, which stipulates that, psychological wellbeing is a predictor of organization commitment.

Theoretical framework

The independent variable of the study is psychological well-being, comprising three dimensions (job satisfaction, positive affect a negative Affect), which is supposed to affect organizational commitment as a dependent variable, which in turn, is a three dimensional construct (Affective, Normative and Continuance Commitment), as shown in figure (1).
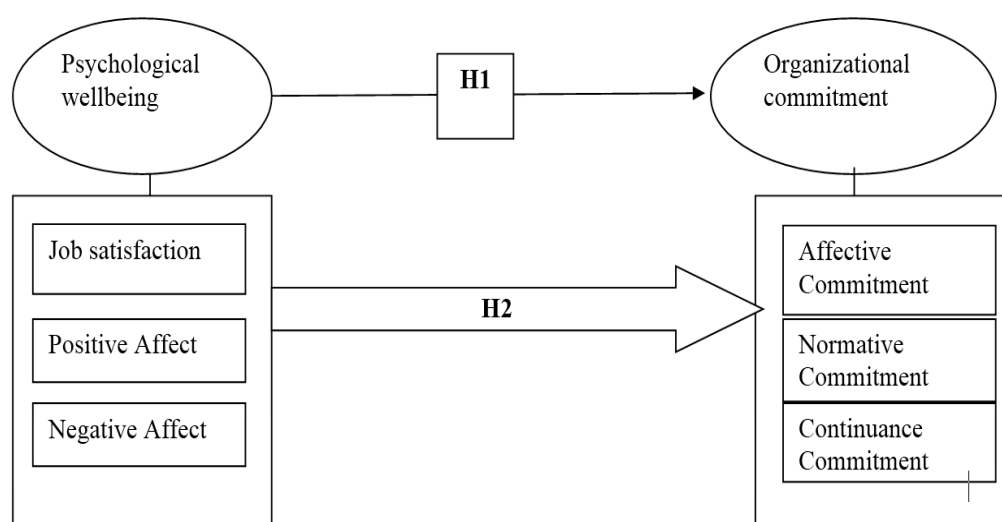
Figure 1: Relationship between psychological well-being and organizational commitment.

Method

Sample
For the current study, we recruited a sample of 300 employees among a total of 1316 employees, from the customs service, in different locations of the regional customs district in Oran, Algeria. Their age ranged from 21 to 62 years, with a mean value of ($\bar{x}$= 46, SD= 9.65) and their seniority in the job ranged from 1 to 22 years, with a mean value of ($\bar{x}$= 14, SD= 6,34).

Tools

In order to measure psychological wellbeing components (job satisfaction and Affective well-being), two complimentary measuring tools were used (1) a questionnaire dealt with different aspects of job satisfaction was designed, and (2) The Positive and Negative Affect Schedule (Peter Warr, 1990) for the measurement of affective well-being. Psychometric properties of both tools have been determined through data from samples of employees in the service industry, the internal reliability ranged from $\alpha= .80$ to $\alpha= .92$

Results

To test the hypothesis that PWW affects OC among subjects of the sample, a regression coefficient was calculated (R= 0.26), with the coefficient of determination ($R^2 = 0.065$) and the R^2 adjusted = 0.06, which means that there is a correlation between PWW and OC.

The strength of such relationship was tested as shown in table 1. Where F-value = 16.73 (sig. at P=0.05).

Table 1: ANOVA source of variance between PWW and OC.

Dependent variable	Model	Sum of squares	df	Mean Square	F*
Occupational Commitment	Regression	1289,429	1	1286,429	16,732
	Residual	17339,232	225	77,063	
	Total	18628,661	226		

*Sig. P=0.05

Table 2: Shows the coefficient of regression

Occupational Commitment (dependent variable)				
Model	A	β	T	Sig.
(Constant)	28,701		9,769	0.05
PWW (independent variable)	,077	.263	4,090	0.05

To further the analysis of our model, the contribution of PWW as independent variable in the prediction of OC as a dependent variable was $\beta= 0.263$, $\alpha=0.05$, which means that PWW contributes to the prediction of OC by 0.263 in a positive linear relationship. In other words, OC among employees of customs service is the outcome of their PWW, which is the result of their professional satisfaction and the level of their affective, normative and continuance commitment.

Although, comparisons with other studies might be misleading, for the diverse forms of work cultural and organizational aspects, we try to compare the results of the present study with findings of similar studies.

The results of the present study agree with previous research findings, in the sense that PWW has been found to be correlated to affective OC (Meyer and Maltin, 2010), and had a positive effect on OC beside job satisfaction (Galais. and Moser,2009), job retention and OC are stronger in employees with high levels of well-being (Wright and Bonett, 2007).

However, PWW is not positioned as a key component of employee engagement (e.g. Harter et al., 2002; Schaufeli et al., 2006). But, as some researchers (Meyer and Maltin, 2010, Robertson and Cooper, 2010) pointed out that a broader conceptualization of employee engagement, that includes psychological well-being might provide a more comprehensive definition of organizational commitment and personnel engagement.

Conclusion

As expected, results of the present study revealed a strong relationship between organizational commitment and psychological wellbeing at work among customs service employees in the regional district of Oran – Algeria, and the level of their psychological wellbeing predicted their organizational commitment.

From a managerial point of view, the level of psychological wellbeing at work, as a human resources development strategy indicator, can be considered as a reliable management-predicting factor of employees' organizational commitment level.

As far as, the limitations of this study are concerned, our results ought to be taken in their specific context. For, organizational and managerial practices in the Algerian service industry in general, and in customs service in particular, might considerably differ from other environmental contexts, for the parameters (organizational commitment and psychological wellbeing at work) in this study are very sensitive to managerial practices and organizational culture of such work environments.

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Measuring the Level of Commitment in Tertiary Child Health Care Units for Effective Performance in Pakistan

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Abstract
The aim of the study was to examine the impact of commitment of tertiary child health Care units in Pakistan and to identify factors associated with it. As reform attempts in Pakistan public health sector system have done over the years but regarding the improvement in health performance and delivery especially in child health units which has always stayed below the satisfactory level. For this reason, in this research we are trying to explore other aspects like commitment is chosen to see its impact by keeping other factors as constant. The data was collected from the child caregivers after conducting a cross-sectional study in Quetta, Pakistan. After that, the analysis shows positive relations between employee commitment. However, in this research commitment is divided into three different levels of Affective Commitment (AC), Continuous Commitment (CC), and Normative Commitment (NC) to understand different aspects. As previous studies show that public sector managers or policymakers want a high level of commitment based on that, they need to improve Affective commitment among the employees and decreasing the Normative commitment and to move towards the new techniques like the New Public Management (NPM) which can improve the degrading level of health indicators in Pakistan. Such kind of research will contribute towards empowering the community by building the committed child healthcare.

Keywords: New Public Management, Health Sector, Employee Commitment

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Introduction

Employee commitment is a psychological bonding of an employee to its organization. The measure of level of one's commitment to its organization shows the engagement of an employee. The more he/she is committed, the more the level of commitment towards the organizational goal would be possible to attain. Committed employees are the asset of a progressive organization which ultimately leads the organization to the tremendous success which it strives to achieve.

The current rapid change in Health care facilities and global race of competition, it is hard to work properly at the optimal level without committed employees. Employee commitment is one of the vital components for the effectiveness of employees and organization (Armstrong & Baron, 2005). Health care organizations are focusing on designing policies to enhance work engagement and the level of commitment among employees. To retain the employees for efficient performance is mandatory for the development of the organization (Bashir & Ismail Ramay, 2010). Committed employees are the asset for every organization striving to achieve its goal. Therefore, it is necessary to build the ability of the organization to make the employee efficient. Commitment implies an aim to persist the line of action which is to be achieved or to be reached. It is, said that the organizations which try to encourage commitment among their employees are supposed to attain the constancy and overcome the effect of turnover which sometimes is costly for the organization. The most common perception of the employer or managers is that if the employees are committed, then they are more probable to go the extra mile and they won't hesitate to work more devotedly for the organizational goal. Some researchers explain that commitment does indeed play a vital role in reducing the negative aspects like a turnover (Tett& Meyer, 1993; Herscovitch, &Topolnytsky, 2002; Morin, Meyer, McInerney, Marsh, & Ganotice, 2015). For that reason, researches have been trying to find ways and testing the three-component model for commitment. The three-component model has established that commitment can be characterized by different aspect which can vary regarding mindsets as an obligation, cost, and benefits (Meyer & Allen, 1991, 1997). As employees who have a strong affective commitment like high Affective Commitment Score (ACS) scores stay and work for the organization because they are willing to. Then, on the other hand, those employees who have strong normative commitment have high Normative Commitment Score (NCS) scores, just stay with the organization because at that instant of time they feel they must. And for those who have strong continuance commitment with high Continuance Commitment Score (CCS) scores have the thinking in mind which says because they have to do so to earn their way of living.

The values that are critical for large organization includes employees' commitment to its organization and when organization appraises commitment it causes a decrease in the graph of withdrawal behavior which includes desertion. Various observations intact studies show employee commitment as the pillar of one's organization's success and leadership style((Lo, Ramayah, & Min, 2009) also the employees with a higher level of commitment show fewer chances of withdrawal behavior. Committed employees are at a higher level of contentment to their jobs. Thus there is no dilemma saying that engaging an employee in the right way opens the door to success very fast. There is a need to dig out the way to lesson down the less committed employees of an organization and nailing down the committed employees to be retained.

The fact has been globalized that mandatory element in deciding an organization's success is the performance of its workers (Ajila&Abiola, 2004). Making the workers work efficiently is also a way each manager should know to make organization at getting success. Thus, vigilant employees are the foundation of employee commitment. For a dynamic working environment that we see especially in the public services sector committed employees establishes the social capital that eases the learning behavior in an organization. Thus, organization has the intellectuals who are the main assets of the organization (Hunjra, 2010) and employees' time, and energy is the primary elements of an organization (Hunjra, 2010). Influential factors which are primary determinants of employee commitment includes things like leadership style of the managers like organizational equality (Ponnu &Chuah, 2010; Karakuş, 2018).
If highly committed workers are to be compared with low committed workers, we get a defined line explaining the difference. Highly committed workers to owe the organization as if it belongs to them whereas low committed employees never put their interests in making organization excel. Attractive job offers fetch the employees and resulting in their departure from the organization. The main idea of the whole argument is that committed individuals to engage themselves in such a way that they improve the levels of the organization because they consider themselves as an elemental part of the organization. Where less committed individuals never put their interest, they seem to be narcissistic; they do not show any bondage with the organization and shows fewer concerns with the organization's success.

Employee commitment is defined in many ways by different authors. Akintayo (2010) explained it as a degree to which an employee is an adherent to its organization, at the same time Zheng, (2010) explained it as conduct of employee to its organization and conduct can be of various components. Employee commitment as an extent of attachment and loyalist that employees show towards the organization (Ongori, 2007; Haider et al., 2015).

Various studies have revealed this relationship of an employee to its organization. Like Khan (2010), showed the impact of employee commitment by taking a sample size of 153 employees which were working in public and private sector working in very industrialized oil and gas industry which he analyzed. He concluded and encouraged the managers to cherish the workers to improve their performance and thus increasing organizational productivity.

In Pakistan, the public sector effectiveness is extremely dreadful as per world governance indicators, as it is a most reliable source in measuring the government effectiveness, as it clearly shows that Pakistan. It is among the least efficient group of countries despite all efforts towards reforming the Public sector which is being discussed in detail in further chapters. The government sector is not able to produce the desired results which meant to. The table below shows a complete overview from 2005 till 2015 as in 2005 Pakistan score in Government effectiveness was -0.42 which is coming year fell to the lowest of -0.81 in 2011 for the last year it was about -0.66 which is still very low. In 2015 the Government effectiveness rank was measured 27.40, Government effectiveness for lower range lied at 15.79 and for government effectiveness at the upper position was 43.06.

Table 1: Worldwide Governance Indicators report combined and individual governance over the period 1996–2015.[1]

	Scale	Government Effectiveness Estimate	Government Effectiveness, Standard error	Government Effectiveness Rank	Government Effectiveness, Lower	Government Effectiveness, Upper
2005	units	-.42	.17	40.00	27.67	51.46
2006	units	-.36	.17	41.95	29.13	53.40
2007	units	-.46	.19	38.83	24.15	51.21
2008	units	-.70	.19	28.64	14.98	41.55
2009	units	-.78	.19	24.88	11.43	40.95
2010	units	-.76	.19	24.88	13.81	40.00
2011	units	-.81	.19	21.33	12.74	39.15
2012	units	-.78	.19	25.12	13.68	39.62
2013	units	-.79	.19	24.17	14.15	37.74
2014	units	-.75	.20	22.60	15.31	37.32
2015	units	-.66	.20	27.40	15.79	43.06

In the last decade, many studies are dealing with this subject. However, looking for the variability of level of commitment among the health care employees will make a valuable addition in existing knowledge and will direct the health policies to enhance the commitment level to achieve the better goals.

Employee commitment is supposed to be a determinant for achieving organizational goals as the less committed employee will least bother about organization objectives. It is very less likely that they would never put their energies to an organization's success as they will only work for their personnel benefits and growth. Employees with less commitment do not consider them as a part of the organization they treat themselves as they are from outside and do not consider themselves as members for a long period. A more lucrative job will likely attract them, and they will leave their organization for that job regardless of thinking what effect it would have on the organization they are working. On the other hand, workers with a high commitment to an organization consider them as a valuable component of the organization. These employees treat any threat to the organization as a danger to themselves as these types of employees involve themselves in the organization's mission, core values, and works which make their jobs better. In short, these employees own the organization and works full-heartedly.

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[1]*The governance indicators presented here reflect the statistical compilation of responses on the quality of governance*
Measure description:
Estimate: -Estimate of governance (ranges from approximately -2.5 (weak) to 2.5 (strong) governance performance)
*Standard error (StdErr):-*Standard error reflects variability around the point estimate of governance.
*Rank:- *Percentile rank among all countries (ranges from 0 (lowest) to 100 (highest) rank)
Lower: - Lower bound of 90% confidence interval for governance, in percentile rank terms
*Upper:- *Upper bound of 90% confidence interval for governance, in percentile rank terms

The research question which is put forward and tried to address in the paper is as, "what aspects affect the employee commitment in public sector organizations in Pakistan?" and the research objective is "to measure the level of employee commitment in tertiary health care units in Pakistan. The goal of this research is to see the relationship between employee commitment by keeping employee commitment as one of the major variables. The idea behind the research is to check the impact of employee commitment on organizational effectiveness.

The study is intended to develop a link in Pakistan working environment more specifically in the context of public sector organization like the Health care sector in Pakistan. After the validation of such kind of a relationship, if so exists, administrators or managers of organizations can adopt various numbers of strategies to improvise the level of productivity in their organization and improve employees' commitment. The significance for selecting this topic for this paper is to give some insights on the crucial and prevailing problem of the health care units focusing on the public sector in Balochistan where the sample data was collected from Sundaman Provisional Hospital Quetta, Balochistan. In these hospitals, the commitment of its employees is not evaluated which would ultimately lead to the degradation of the health sector in Pakistan. Unfortunately, the government has highlighted these problems many times, but it's not been solved to date.

Methodology and Data

The side-bet theory of employee commitment which is based on Howard Becker's (1960) notion. The side bet have close relationship between employee commitment and employee behavior but as the scientific knowledge got more advanced they used different dimensions even then they still use Becker affect in later concepts of commitment. Even the influence of the side-bet theory is obvious to be seen in Meyer and Allen's Scale (1991), which is called the Continuance Commitment. This advanced scale was an instrument for the better testing of the continuance commitment or side-bet approach as its see the three dimensions of employee commitment which were outlined by Meyer and Allen (1991,1997).

After taking into account the research design and problems, the questionnaire has been developed but mainly basing it on Meyer and Allen (1991), (Mowday, Steers, and Porter, 1979; O'Reilly & Chatman, 1986). As Meyer and Allen focused on the dimensions of commitment which have the flexibility in changing the questionnaire as

per the environment. Secondly, it provided a base for further researchers like Mowday (1979) and O`Reilly and Chatman (1986) focusing the same dimensions. So using the Three-Component Model (TCM) of commitment (Meyer & Allen, 1991;1997) gives you a broader overview for measuring employee commitment.

In this study, the populations for this study are the employees in health care units in Balochistan, Quetta. It was tried to cover all the employees working in the childcare units so that the size of respondent won't be less but due to limitations of time and resources, this study wants just kept for only one organization. Probability sampling is used for the research; as in this type of sampling, each member of the have an equal chance to be a part of the sample.

The Questionnaire is developed and is to be filled out by the respondents. The questionnaire is used to measure employee commitment as one key variable to measure commitment. The first section of the questionnaire will be investigating about the respondent's demographical characteristics as we asked the following which includes the dependent variables:

1. Gender
2. Marital Status
3. Age
4. Managerial level
5. Experience in years
6. Qualification

To protect the privacy of the respondents, the questionnaire was designed by keeping this in mind for this reason the individuals were not asked to mention their names, and neither were asked to disclose their identity by any mean. Secondly, it was ensured to keep the information about each respondent confidential.

Results of Survey

For this study, we have taken the questionnaire to be filled which include three types of commitment Affective, Continous, and Normative Commitment to each type of commitment measure we have eight different variables which combine to give a score for the kind of commitment. As there are many variables, it is important to run the factor analysis as to see the relationship between these variables. For that factor analysis is done which shows the following results.The Questionnaire was comprised of three different types of commitment levels as Affective, Continuous, and Normative all had eight questions to measure the level of each type, and the scale was from 1 to 5, as 1 means strongly disagree, and 5 is for strongly agree. One individual can score a minimum of 5 and a maximum of 40. In this regard, the average, mean, median is calculated based on the scale and values explained above. The total number of observations which have been analyzed for all the study is n=52.

Table 2: KMO and Bartlett's Test Affective Commitment

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.516
Bartlett's Test of Sphericity	Approx. Chi-Square	67.163
	df	28
	Sig.	.000

Table 3: KMO and Bartlett's Test Continuous Commitment

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.613
Bartlett's Test of Sphericity	Approx. Chi-Square	45.337
	df	28
	Sig.	.020

Table 4: KMO and Bartlett's Test Normative Commitment

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.440
Bartlett's Test of Sphericity	Approx. Chi-Square	45.264
	df	28
	Sig.	.021

The value of KMO test value is 0.516, 0.613 for the affective and commitment scores respectively shows appropriate values which are in the appropriate range from 1 to 0.5. Other than normative which is 0.440 which is close to 0.5 the other two are in range. The other test Bartlett`s test show 0.000. 0.020 and 0.021 value of the variable significance level and factor analysis for the affective, continuous and normative on the given data set is appropriate to be done.

Gender Level Commitment Analysis:

The following reflects the average scores of the three level of commitment affective, continuous and normative as in comparison to the gender level which is divided in two male and female. The analysis of the result shows that the level of average affective commitment score is 27.44 in males as compared to 25.56 in females. The females have a higher average score in Normative commitment which is 27.67 whereas males average score in normative is 26.53.

Table 5:

	Gender	
	Male	**Female**
Average of Affective Commitment	27.44	25.56
Average of Continuous Commitment	26.51	24.89
Average of Normative Commitment	26.53	27.67
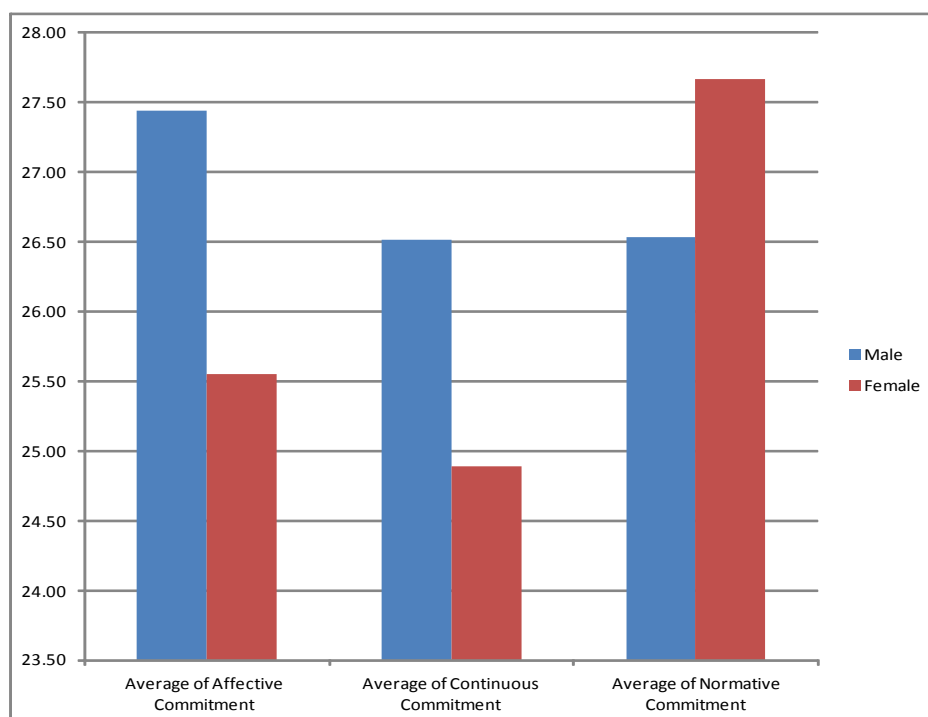
Figure 1: Commitment Level by Gender

Marital Level Commitment Analysis:

Marital status has two groups married and unmarried, as it was compared with three levels of commitment affective, continuous and normative. It shows that unmarried employees have much higher level of average effective commitment score of 27.91 in comparison to the married average score of 25.74. The married employees have a higher score of average normative commitment score of 26.32. that shows that unmarried employees are much more committed and are able to perform more than the married counterparts.

Table 6:

	: Marital Status	
	Married	**Unmarried**
Average of Affective Commitment	25.74	27.91
Average of Continuous Commitment	25.63	26.58
Average of Normative Commitment	26.32	26.97
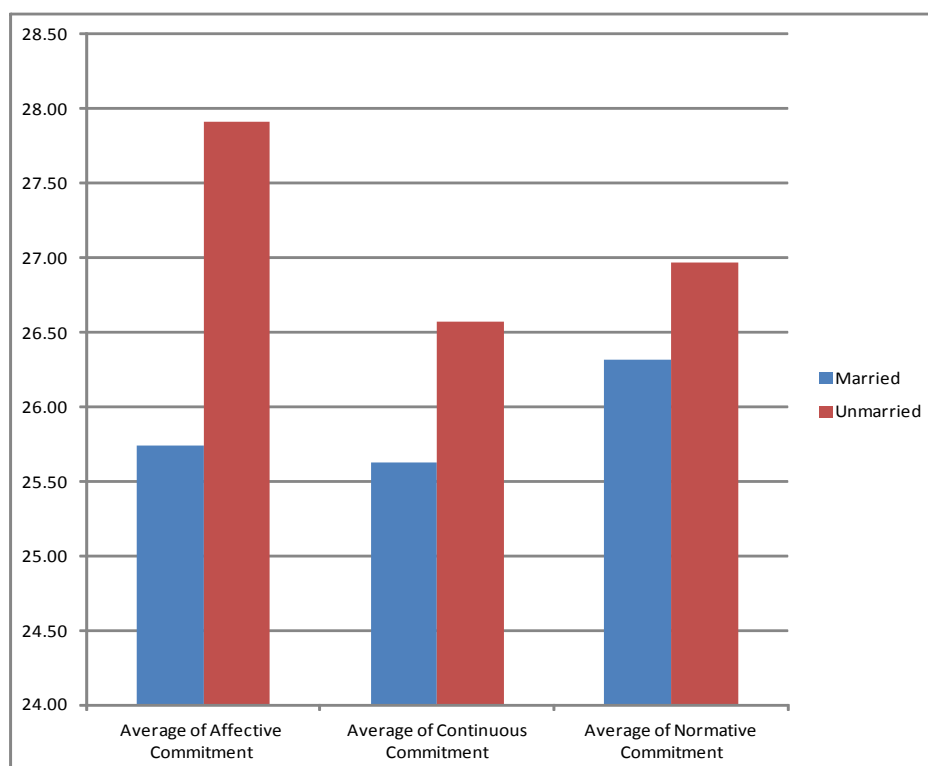
Figure 2: Commitment Level by Martial Status

Age Level Commitment Analysis

The Questionnaire which was filled by the respondent they were asked for their age groups as to see the level of commitment in which age group is more and also to see which type of commitment score is more. The table and graph below show that the employees in range 51-60 showed a high average score of 28.37 in affective commitment. For the age group, 41-50 had continuous and normative score at same level 26.67 whereas there affective commitment score is less as 25.22.

The Same trend was seen in range 31-40 there continuous commitment score of 27 which is higher among the other score of 26 and 26.47 for affective and normative commitment respectively. Last range 20-30 showed that like the employees in there 51-60 they have a higher score of 27 in affective commitment other than other scores of 22 and 24 for continuous and normative commitment.

Table 7:

	Age Ranges			
	20-30	**31-40**	**41-50**	**51-60**
Average of Affective Commitment	27	26	25.22	28.37
Average of Continuous Commitment	22	27	26.67	25.81
Average of Normative Commitment	24	26.47	26.67	27
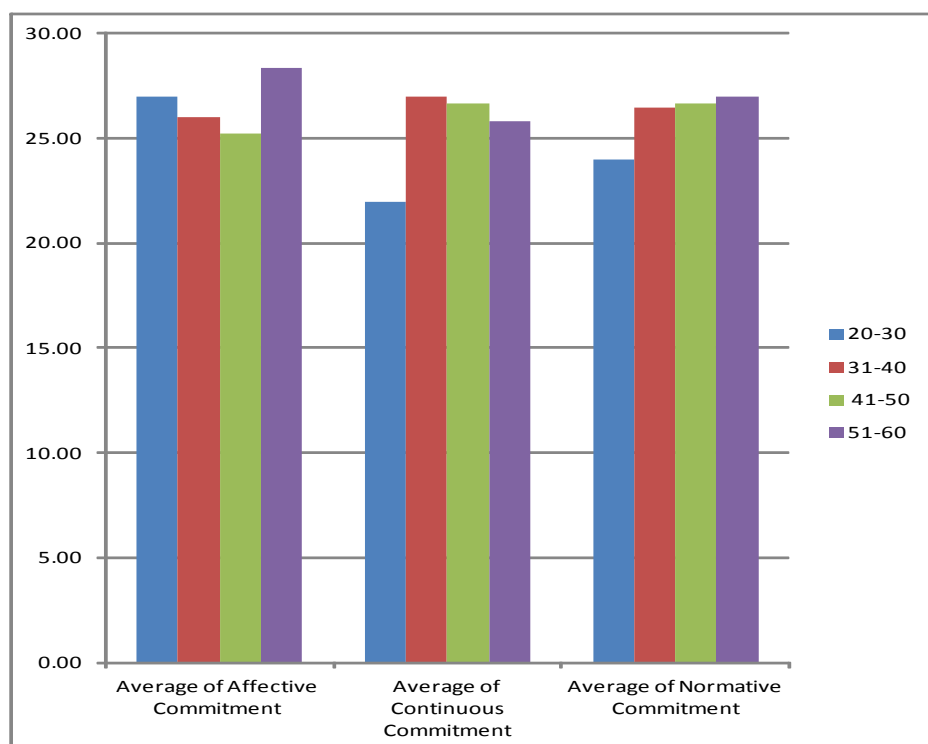
Figure 3: Commitment Level by Age

Managerial Level Commitment Analysis

Based on the data the analysis is made as per the theory of (Meyer & Allen, 1991; Meyer &Herscovitch, 2001) the employee behavior depends on upon its tendency or behavior attachment of his towards the organization which we can analyze in terms of time being sent to the organization at the managerial level. Like in this study we have divided the number of the managerial level into three categorized top level, middle level, and lower level. We can see as which type of managerial level shows which type of commitment and what is the effect of the level of performance as well through this variable, Following are the table showing for each managerial level.

Table 8:

| | Managerial Levels | | |
	Low Manager	Middle Manager	Top Manager
Average of Affective Commitment	26.75	26.85	27.67
Average of Continuous Commitment	28.63	26.03	25.44
Average of Normative Commitment	27	27	26.22

As the table shows that the level of average commitment score when compared in terms of the managerial levels. Like the top level managers have a higher score of affective commitment score of 27.67 as compared to middle and lower level. On the other hand, middle-level managers have higher normative commitment average score of 27, and for lower level managers their continuous commitment score is higher at 28.63. This shows that the government effectiveness in Pakistan as according to World Governance indicators also reflect same results, as Government effectiveness in higher grades is more than the lower grades.
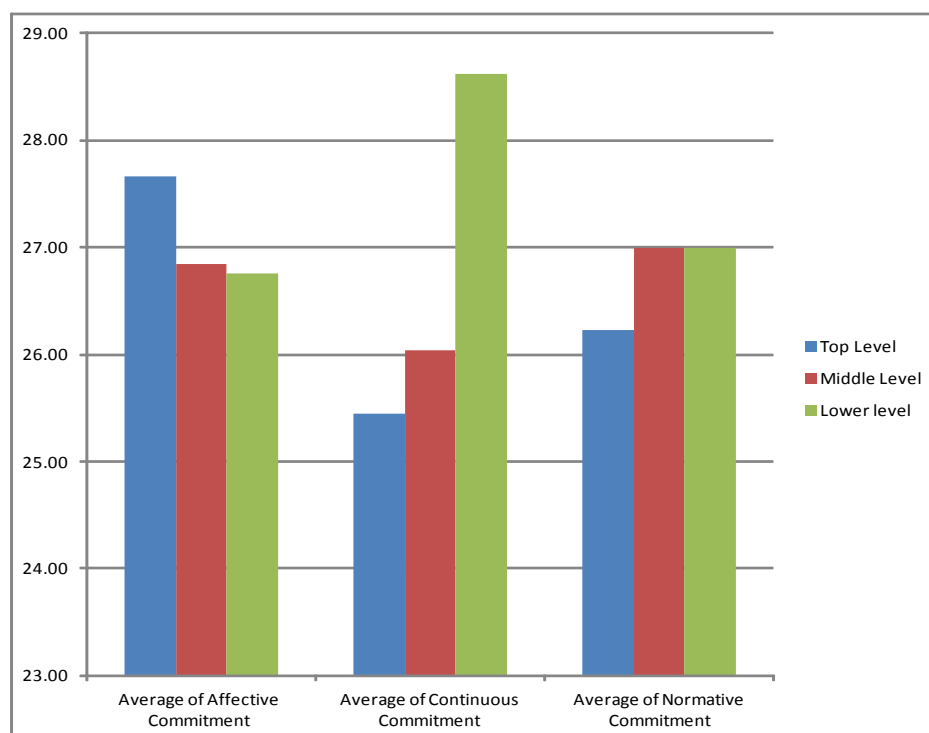
Figure 4: Commitment Level by Managerial wise

Experience Based Commitment Analysis:

The data analysis based on experience when comparing the 1-4 and 12-> experience category shows with more years of experience the more the average score of affective commitment be as 27.18. The category 1-4 has a higher average score of continuous and normative commitment as 30.50 and 30 respectively. As for category 4-8, some have the same score in affective and normative commitment as 26.73 which show that as some sections are showing good performance those individual have a higher score and the sections with low performance is due to low normative commitment. For the category 8-12 there all average scores lie in very close range as 27.24, 27.29, and 27 for affective, continuous and normative respectively showing the mixed pattern with a mixed level of performances.

Table 9:

	Experience			
	1-4	**4-8**	**8-12**	**12 - >**
Average of Affective Commitment	27.50	26.73	27.24	27.18
Average of Continuous Commitment	30.50	25.64	27.29	25.32
Average of Normative Commitment	30.00	26.73	27.00	26.23
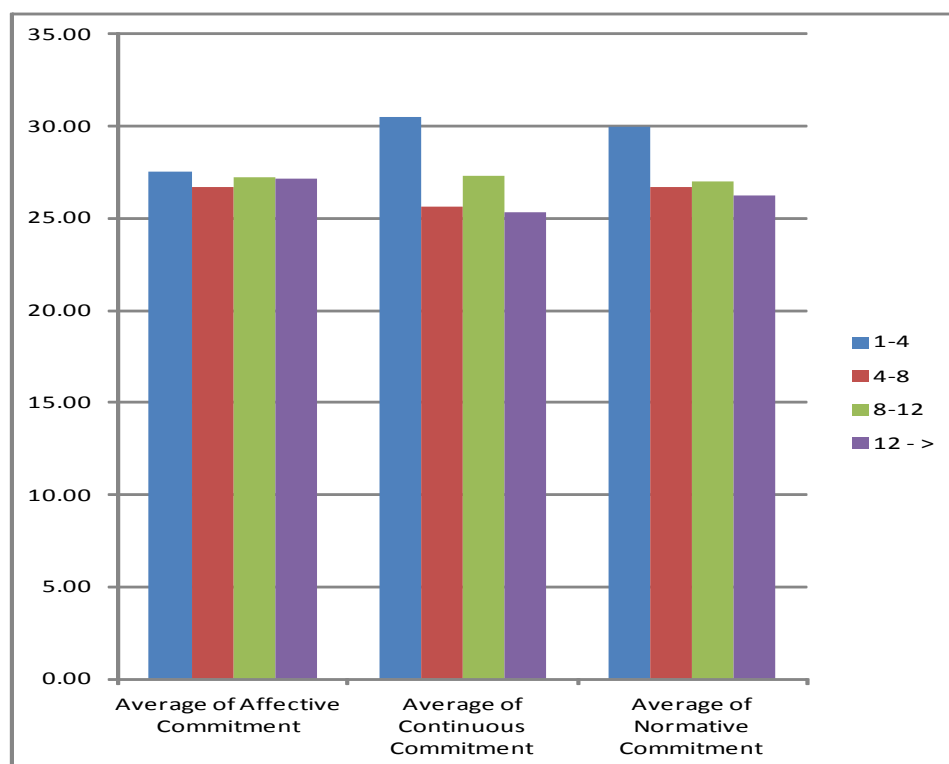
Figure 5: Commitment Level by Experience

Qualification Based Commitment Analysis:

The data which was gathered showed as the employees which have been analyzed are the organizational manager so these managers the minimum qualification is bachelor'slevel, so most response for this is categorized into two set only bachelor's level and masters level. As the data and graph show that the affective commitment average score is higher for the individuals which have attained master's level education. Whereas the employees which have done bachelor's degree have a lower score of 26.67 in affective commitment and 26.33 in continuous commitment but a higher score in normative commitment as 27. That indicate that higher the level of education the higher level of commitment can be expected as the employees become more knowledgeable and skilled to perform is a much more efficient way to the organization'sobjectives, and that will lead to higher level of performance.

Table 10:

	Qualification Level	
	Bachelor's Level	**Masters Levels**
Average of Affective Commitment	26.67	27.14
Average of Continuous Commitment	26.33	26.22
Average of Normative Commitment	27.00	26.71
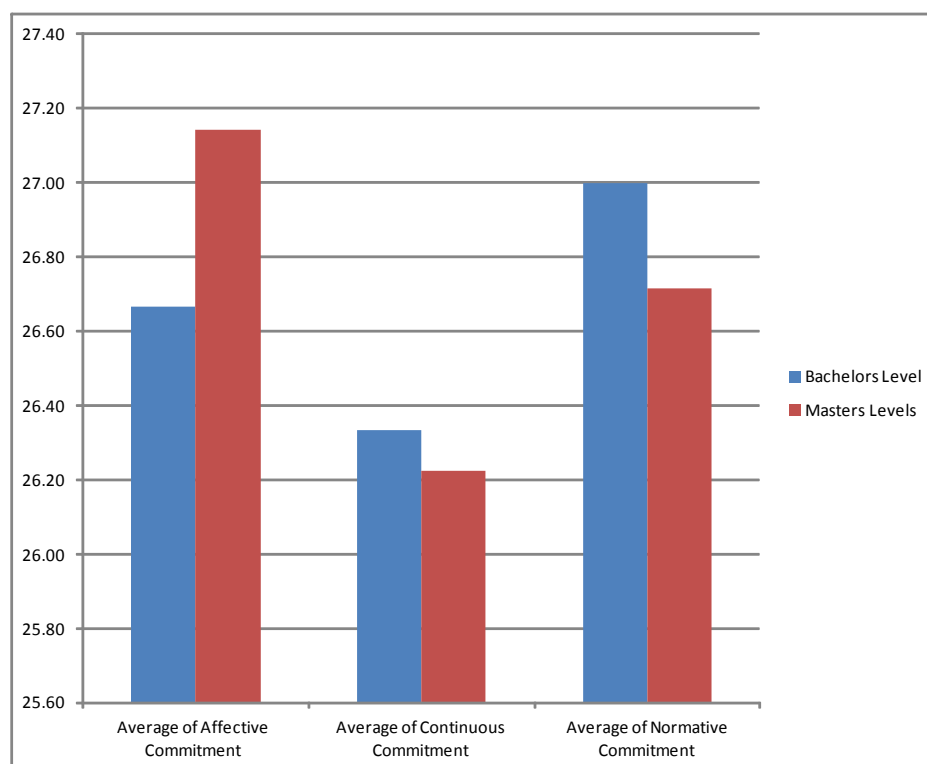
Figure 6: Commitment Level by Qualification

Conclusion

The purpose of this study was to explore the level of different types of commitment among Health care providers in child health care units. We found that Affective commitment was found higher in males, un-married, higher age, and having experience of 1-4 years and greater than 12 years. After identifying these factors it can help designing policies to enhance the level of commitment to improve service delivery The mechanism of commitment level in the organization, especially in the public sector, showed that only two types of commitment like affective and normative are more significantly related to performance. On the other hand showing no significance or impact towards continuous commitment which is usually found in other organizations as done in earlier studies, which is also different from the theory of commitment as employees show different levels of commitment scores within the same organization. This study comprises of public sector employees, and they show a different mechanism which can explain the mindset which prevails in public health sector in Quetta.

This study was able to find that the three components which we analyzed Affective Commitment, Continuous Commitment, and Normative Commitment can be measured more reliably. However, there was some overlap between Affective and Normative commitment, both were relatively independent of continuance commitment. The results of this research have revealed relationships between the commitment measures, particularly affective and normative commitment for child health care units in Sandeman Hospital Quetta, Pakistan.

In-depth analysis would allow policymakers to design more effective policies decrease the level of employees quitting behavior and on the other hand, it will allow

enhancing better standards of living for the general public which is suffering due to all these organizational level problems. In addition to that, it will also help to make effective strategies which will enable the policymakers to design in such a way that also helps in the growth of public sector employees. As these employees feel deprived when it comes as of giving benefits to them in shape of perks, promotion, education, training, and most important financial benefits.

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Life Values as Predictors of Youth Procrastination in the Conditions of Globalization

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Abstract
Procrastination as a voluntary, irrational postponement of the planned actions despite the fact that it will cost a lot or will have a negative effect on a person, became the disease of our times (Milgram, 1992). In spite of the fact that procrastination becomes a more serious problem in business, as in well as in the academic environment, its reasons and mechanisms are not clear. This study is aimed at revealing whether the tendency of procrastination is associated with personal life values. For the diagnostics of procrastination the General Procrastination Scale (Lay, 1986) adapted by Ya.I. Varvaricheva (Varvaricheva, 2010) on the Russian sample was used. Life values were analyzed using adapted Sch. Schwartz's questionnaire PVQ-R (Schwartz, etc., 2012). The results (N=200) show that students with high level of procrastination have less values of self-direction, power, achievement and security. They less tend to dominate over other people, they are less ambitious, less strive for personal success, they seek less to ensure safety for themselves and stability for society, as well as it is less important for them to think and make decisions independently. At the same time, procrastinators show more value of stimulation, attaching more significance to getting new impressions and emotions in life. Moreover, the values of security and self-direction affect the distribution of students in groups with various levels of procrastination. Thus, the reduced value of security and self-direction becomes the cornerstone of procrastination. The results are discussed in the context of globalization.

Keywords: Procrastination, Life values, Youth, Globalization, Security, Self-direction, Hedonism.

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1. Introduction

Procrastination as a voluntary, irrational postponement of the planned actions despite the fact that it will cost a lot or will have a negative effect on a person became the disease of our times (Milgram, 1992).

In spite of the fact that procrastination becomes a more serious problem in business, as in well as in the academic environment, its reasons and mechanisms are not clear. To fill this gap this study is aimed at revealing whether the tendency of procrastination is associated with personal life values.

This particular research is topical because there are evidence that the globalization process increase the tendency of procrastination. Being in a flow of information, accelerating events, young people cannot manage rationally their time for the important issues, putting them away for later.

The identification of valuable predictors of procrastination will allow developing approaches to the correction of the negative effects of this phenomenon.

At the beginning of the paper the theoretical review on procrastination and the related phenomena is represented, further the research methods and the sample are described, then the results of the comparative and discriminant analysis of life values of students with various levels of procrastination are given. In conclusion the results are summed up and discussed, practical recommendations are offered.

2. Theoretical framework

The first scientific studies of procrastination were based on clinical observations (Ellis & Knaus, 1977), (Burka & Yuen, 1983), but a wide range of modern studies confirms the presence of signs of procrastination in mentally healthy people. N.A. Milgram calls procrastination the disease of our times (Milgram, 1992) showing that it is based on the principles and conditions of the modern society. This disease (a habit of putting various matters away "for later") affects, according to different data, from 20% (Harriott & Ferrari, 1996), (Hammer & Ferrari, 2002), (Ferrari, O'Callaghan, & Newbegin, 2005) to 95% of adults in the countries of the West (Steel, 2007). Whereupon, both male and female are subject to procrastination (Ferrari & Pychyl, 2000), (Schowuenburg & Lay, 2004).

Russian scientists (Kovylin, 2013; Dorodeyko, 2013; Varvaricheva, 2010; Shukhova, 1996) emphasize the emotional component of procrastination. They suggest that procrastination is an expression of emotional reaction to planned or necessary matters (tension associated with general overload, loss of sense of time; dissatisfaction with one's own achievements, unclear life goals; indecisiveness and self-doubt). This understanding is close to the view on procrastination as an emotional disorder, the roots of which lie in irrational thinking (Ellis & Knaus, 1977).

There are facts confirming the relationship between procrastination and perfectionism (Ferrari, Johnson, & McCown, 1995); the latter in turn is based on the fear of success or failure, provoking neurotic reactions to various situations arising in life (Effert & Ferrari, 1989).

Another approach to this phenomenon is related to the consideration of procrastination as a result of cognitive impairments (Ellis & Knaus, 1977), for example, difficulties in perception and adequate time evaluation (Aitken, 1982). Self-deception is considered as a cognitive factor of procrastination (Ferrari & Tice, 2000), (Lay, Knish, & Zanatta, 1992).

On the other hand, the difficulties in perception and time evaluation could be the consequences of low value of time and self – direction. This point should be studied deeper, because there are some related facts in the literature. In a number of studies, the associations between procrastination, motivational and volitional phenomena is identified: low self-control of behavior leading to difficulties in motivational sphere, organizational activity (Briordy, 1980), autonomous motivation (Katz, Eilot, & Nevo, 2014), self-determined motivation, self-esteem, and degree of maximization. (Osiurak et al., 2015).

In world science, there are attemprs to identify the determinants of procrastination. Both external factors - difficult, subjectively uninteresting, insignificant, short tasks (Solomon & Rothblum, 1984), (McCownand & Johnson, 1991), (Steel, 2007), and internal ones - increased responsibility and tension (Ferrari & Pychyl, 2000), anxiety (Solomon & Rothblum, 1984), involvement in the flow (Lee, 2005), low level of self-identity (Shanahan & Pychyl, 2007), have been determined.

We would like to look at procrastination as a process that influenced by some particularities of motivation and values, first of all. The theoretical analysis (Briordy, 1980; Katz, Eilot, & Nevo, 2014; Osiurak et al., 2015) allow us to formulate two hypotheses.

H1: There are significant differences in some life values between Russian students with high and low levels of procrastination.
H2: There are life values that can predict procrastination.

3. Methods and sample

The students getting bachelor, specialist and master degrees at various faculties (law, economics, information technologies, management, journalism, oriental studies) of the regional Russian university took part in the study. The sample included 200 people (41 male, 159 female) at the ages from 18 to 23.

The General Procrastination Scale (Lay, 1986) adapted by Ya. I. Varvaricheva (Varvaricheva, 2010) on the Russian sample was used for the diagnostics. This technique is designed to determine the level of procrastination in everyday life, and consists of 18 statements, estimated on a 5-point scale from 1 – "completely incorrect" to 5 – "absolutely correct".

Life values were analyzed using adapted Sch. Schwartz's questionnaire PVQ-R (Schwartz, etc., 2012). it provides an opportunity to diagnose 10 basic values identified in the original concept, thus making a comparison with previous studies.
In the concept of personal values of Sh. Schwartz and W. Bilski (1987) personal values are considered as the types of motivational goals. In the method of studying

personal values Sh. Schwartz identified ten motivationally different types of values, which include the following:

1. Power as the desire for social status or prestige, domination over people and resources.
2. Achievement as personal success through competence demonstration according to social standards, success and ambitiousness.
3. Hedonism as pleasure or sensual pleasure, satisfaction of biological needs and then pleasure experienced.
4. Stimulation as the desire for novelty and deep feelings.
5. Self-direction as independence of thinking and action decision in creativity and research activity.
6. Universalism as understanding, tolerance and protection of well-being of all people and nature.
7. Benevolence as preservation and improvement of well-being of close people who the individual is in personal contact with: utility, loyalty, condescension, honesty, responsibility, friendship, mature love.
8. Tradition as respect, acceptance of customs and ideas that exist in the culture and following them.
9. Conformity as control and prevention of actions, as well as propensities and motivations to actions that may harm others or do not meet social expectations: obedience, self-discipline, politeness, respect for parents and elders.
10. Security as safety for other people and oneself, harmony, stability of society and relationships. It is based on the need for adaptability and predictability of the world, reducing uncertainty.

The processing of the obtained data was carried out using the SPSS statistics package. Such methods of mathematical statistics as descriptive statistics, Kruskal-Wallis H-criterion, and discriminant analysis were used.

4. Results

To reveal the features of the life values in subjects prone to procrastination, a diagnostics of general procrastination was carried out at the first stage of the study, the results of which are presented in Figure 1 and Table 1.
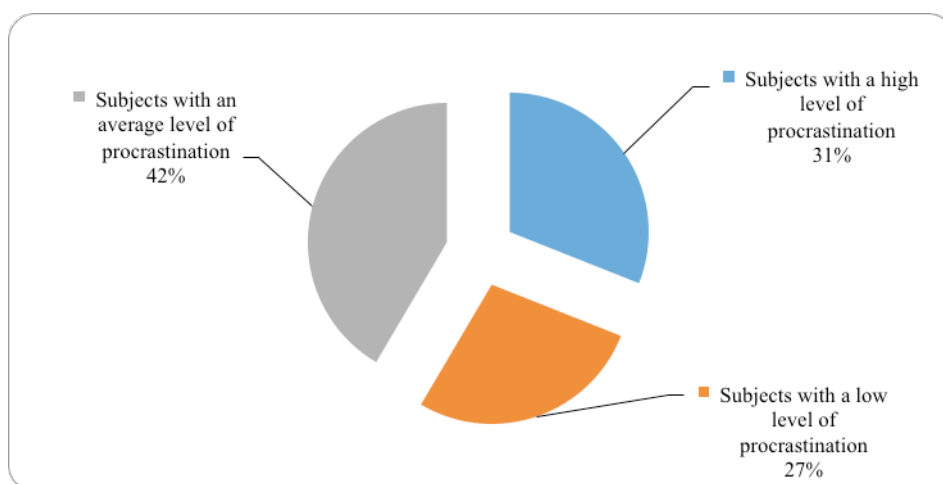
Figure. 1: Division of subjects into groups according to the general procrastination rate.

Figure 1 shows the results of division of the subjects into groups according to the general procrastination rate. A group of subjects with a high level to procrastination included 62 people (31% of the total sample). These are people who show a high tendency to permanently postpone even important and urgent matters, which leads them to life problems and painful psychological effects. In the diagram, the test subjects who are in the group with a low level of procrastination are highlighted in red, 55 in all (27% of the total sample). These are people who prefer not to postpone matters for later. The most numerous group highlighted in grey is the subjects with an average level of procrastination - 83 people (42% of the total sample).

Table 1 presents the rates of descriptive statistics of the level of procrastination in the groups described above.

Table 1: Descriptive statistics of procrastination

Group	M	SD
With a high level of procrastination	64,7	5,22
With a low level of procrastination	38,2	5,51
With an average level of procrastination	52,2	4,1

At the next stage the hierarchy of life values of students with various levels of procrastination was revealed (tables 2-4).

Table 2: Descriptive statistics of life values of students with high level of procrastination

Indicators	Mean	Standard deviation	Dispersion
hedonism	2,6484	1,10093	1,212
self-direction	2,4613	0,80752	0,652
benevolence	2,3419	0,85752	0,735
universalism	2,2919	0,80517	0,648
stimulation	2,2185	0,87451	0,765
achievement	2,0589	1,03121	1,063
conformity	1,79435	0,611576	0,374
security	1,6887	0,96583	0,933
power	1,3613	1,08497	1,177
tradition	1,1347	0,89679	0,804

Table 3: Descriptive statistics of life values of students with low level of procrastination

Indicators	Mean	Standard deviation	Dispersion
self-direction	2,9636	0,73033	0,533
achievement	2,5955	0,89945	0,809
hedonism	2,5236	0,96378	0,929
stimulation	2,5109	0,78402	0,615
benevolence	2,3955	0,93997	0,884
universalism	2,3909	0,79937	0,639
security	2,3273	0,65361	0,427
conformity	2,04091	0,729288	0,532
power	1,7982	0,98967	0,979
tradition	1,0309	0,99710	0,994

Table 4: Descriptive statistics of life values of students with average level of procrastination

Indicators	Mean	Standard deviation	Dispersion
self-direction	2,6795	0,74166	0,550
benevolence	2,5127	0,70921	0,503
hedonism	2,4446	0,99477	0,990
universalism	2,3843	0,68458	0,469
stimulation	2,2506	0,86622	0,750
achievement	2,2187	0,87853	0,772
security	2,1530	0,87155	0,760
conformity	2,00904	0,783252	0,613
power	1,5084	1,04335	1,089
tradition	1,3572	0,85896	0,738

In general, the analysis of mean scores of life values in three groups shows the lower scores of values by all types at students with the high level of procrastination. This

fact can be interpreted as a lower involvement of students – procrastinators in various types of activities, a lower level of their motivation and interest in anything.

As it can be clearly seen from the tables, the hierarchy of life values of students – procrastinators differs from structure of life values of the students who are not inclined to procrastination. Students – procrastinators put a hedonism value (the aspiration to derive sensual pleasure here and now, a present pleasure priority to the detriment of future achievements) on the first place of the importance. For comparison, at students with the low level of procrastination the value of hedonism is in the third place.

The students who are not inclined to procrastination put self-direction (aspiration to independence in thinking and behavior) on the first place in the system of values. At this group of students the value of achievements (aspiration to personal success) is in the second place while procrastinators put it to the sixth place from ten.

In order to reveal the particularities of life values of students with different levels of procrastination, a comparative analysis was carried out using the Kruskal-Wallis H-test (see Table 5).

Table 5: Results of a comparative analysis of time perspective in the subjects with different levels of procrastination

Characteristics	M			p
	Group with a high level of procrastination	Group with a low level of procrastination	Group with an average level of procrastination	
Conformity	88,67	107,42	104,75	0,144
Tradition	96,71	91,20	109,49	0,156
Benevolence	94,95	98,51	105,96	0,501
Universalism	94,31	104,44	102,52	0,585
Self-direction	*84,14*	*120,56*	*99,43*	*0,003*
Stimulation	94,40	113,88	96,19	0,125
Hedonism	110,24	100,22	93,41	0,220
Achievement	*88,15*	*119,02*	*97,45*	*0,013*
Power	*90,85*	*114,73*	*98,28*	*0,074*
Security	*74,99*	*119,18*	*107,17*	*0,000*

The results of the comparison show that at students with the high level of procrastination such values as self-direction, power, achievements and security are less expressed. They less seek to dominate over other people, to control resources, they are less ambitious, personal success is less significant for them. They less seek to ensure safety and stability for themselves and societies in general. Additionally, it is not so important for them to think and make decisions independently.

At the same time students – procrastinators show higher level of stimulation value (as a tendency) that allows to assume that it is more important for them to receive new impressions and emotions. This particular aspiration as well as a lack of self-discipline can distract procrastinators from the main goal.

Differences in life values of students with different levels of procrastination have suggested that the parameters of a person's motives and goals can act as predictors of procrastination. To test second hypothesis, a discriminant analysis was conducted, where independent variables are indicators of life values, and the dependent variable is procrastination. The results of the discriminant analysis are presented in Table 6.

Table 6: Results of discriminant analysis

Steps	Wilk's lambda	F	p
1 Security	0,915	9,134	0.001
2 Self-direction	0,881	6,437	0.001

The results of discriminant analysis (step-by-step method) made it possible to distinguish three factors that reliably determine the subjects' belonging to different groups according to the level of procrastination – value of security and value of self-direction. Thus, it was revealed that the reduced value of security and self-direction is the cornerstone of procrastination at students. The lack of care of safety for themselves and other people, carelessness, and a lack of aspiration to show independence in thinking and behavior promotes a habit to put important issues away for the later.

5. Discussion and conclusions

The study highlights the valuable basis of procrastination.

Firstly, the results show that procrastination at youth arises owing to decrease in interest in various aspects of life. Secondly, the most important value of procrastinator is the hedonism – the aspiration to derive pleasure here and now not thinking about the future. Thirdly, the brightest valuable predictors of procrastination are the low level of security and self-direction. Procrastinators have no fear of responsibility, no aspiration to stability, and no aspirations to independent thinking and behavior.

Study results can be considered in the context of globalization that defines stereotypes and patterns of behavior of the youth, promoting growth of procrastination. One of signs of the behavior of students with high level of procrastination is their orientation to receiving instant satisfaction, to the detriment of future achievements. This trend can be considered as sign of modern global society in which values of comfort and pleasure dominate.

Overall, the research hypotheses were confirmed. The results obtained offer new perspectives in practical application, in particular in correction of procrastination at students. It is recommended to define the students inclined to procrastination at the very beginning of training, and to apply the individual strategy of training to them. For example, the university staff can develop the optimum level of educational anxiety at them, speaking about the consequences of untimely delivery of tasks. It is also useful to develop skills of independence, self-discipline, and critical thinking at students. In fact, to avoid procrastination at student's age, it is necessary to form values of self-determination and safety at children from the earlier age.

Acknowledgments

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Political Values Polarization and Unification: A Functional Contextual Viewpoint

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Abstract

Hampden-Turner (1981) in *Maps of the Mind* claimed that Martin Luther King considered segregation as "not merely dividing person from person but the splitting of value from value with personality" (p.204). Instead Hampden-Turner urged creative healing syntheses by bridging seemingly polar values (e.g., not "black versus white" but "black and white"). Functional contextualism in Acceptance and Commitment Therapy (ACT) views behaviors and thoughts as "ongoing acts in context" (Hayes, Barnes-Holmes, & Roche, 2001) in which the context establishes the nature and function of the acts. A relational frame is a context that functions to initiate and maintain a response in relation to an equivalence class (which is typically a verbal rule). In this paper we reformulate Hampden-Turner (1981) using functional contextualism and relational frames theory. A mind is not mere mentalism or brain structures, but instead is a network of functional contexts (behaviors, thoughts, environments). The "maps of the political mind" is thus construed as malleable events in context that are equivalence operations where transformations can produce new derived relations, thereby bridging and reducing polarization of political attitudes that occur in isolated social media communities and facilitating dialogue. ACT's application to collective functional units (groups, organizations) will be illustrated with an example for decreasing polarization and increasing adaptation and resilience. The steps comprise: (1) Identifying complementary positive values underlying the conflict through open dialog; (2) Using "both / and" rather than "either / or" (synergistic reasoning) to unify these value splits; (3) Elaborating this union of values by further dialog.

Keywords: Polarized Political values unification; functional contextualism; relational frames theory

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Introduction

Hampden-Turner (1981) in *Maps of the Mind* claimed that Martin Luther King considered segregation as "not merely dividing person from person but the splitting of value from value with personality" (p. 204). Instead Hampden-Turner urged creative healing syntheses by bridging seemingly polar values (e.g., not "black versus white" but "black <u>and</u> white"). His "synergized conception of morality" claims that "dovetailed values lead to growth and development" (e.g., dissent <u>and </u>authority) "while split-off and repressed values lead to regression, violence, and mental breakdown" (e.g., dissent becomes subversion, authority becomes militarism or dictatorship) (Hampden-Turner, 1981, p. 155).

Functional contextualism in Acceptance and Commitment Therapy (ACT) views behaviors and thoughts as "ongoing acts in context" (Hayes, Barnes-Holmes, & Roche, 2001) in which the context establishes the nature and function of the acts. Hayes's (2004) Acceptance and Commitment Therapy (ACT) is an integrative post-Skinnerian approach based on relational frame theory (RFT) derived from functional contextualism. ACT challenges the importance of mental constructs such as self-control and instead promotes accepting the experience of events rather than avoiding them, defusing experience from thoughts, and facilitating commitment to valued actions. ACT processes increase psychological flexibility and commitment to valued actions by reducing experiential avoidance through acceptance, cognitive defusion, and mindfulness. A relational frame is a context that functions to initiate and maintain a response in relation to an equivalence class (which is typically a verbal rule). Example: A client may say "I can't do it" when asked to warm her hands to decrease migraine headaches, but through biofeedback as she relinquishes her control efforts she sees her hand temperature warming and says "I can do it" (Hawkins, 2016). RFT describes verbal rule governed behavior as arbitrary derived relational responses, i.e., equivalence classes that have three characteristics: mutual entailment, combinatorial entailment, and transformation of stimulus functions. Derived stimulus relations can be illustrated by a simple stimulus matching learning task, as shown in the next three figures which are adapted from Blackledge and Torneke (2010).

Figure 1: Training Relational Frames

The Core Verbal Process
Some Derived Relations
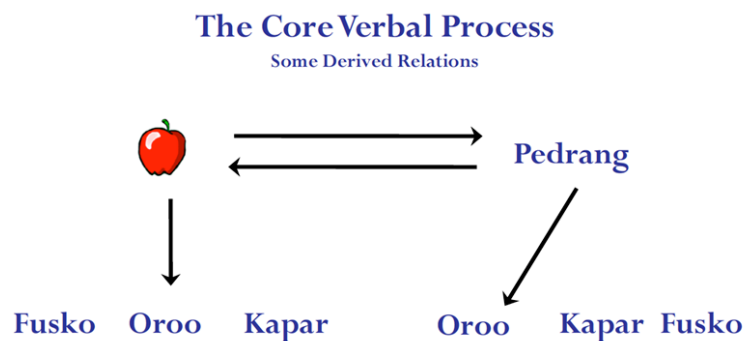
Figure 2: Some Derived Relations
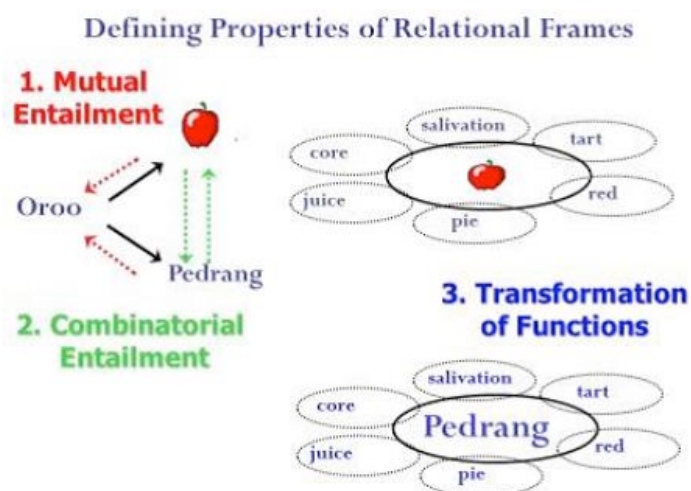
Figure 3: Three Aspects of Equivalence Classes

In Figure 1 a picture of an apple is shown on a computer screen and below it are three comparison stimuli (nonsense words or abstract images). In the initial training task the participant is given feedback for correctly choosing "Oroo" until this conditional discrimination is learned. Then in a second training task the participant learns to associate "Oroo" with another nonsense word "Pedrang." When these two tasks are presented repeatedly the participant thus masters these two conditional discriminations. Moreover, as shown in Figure 2, the participant now also associates "Pedrang" with the picture of the apple, despite never having received training feedback for this discrimination, i.e., this is a derived relation. Figure 3 shows the defining properties of relational frames: (1) mutual entailment (in red); (2) combinatorial entailment (in green); and (3) transformation of functions (in blue, showing that "Pedrang" has now acquired the functional attributes of the apple. This third property of relational frames will be very important in our reformulation of Hampden-Turner's (1981) synergized conception of morality to apply to polarized political values using ACT and RFT.

In this paper we reformulate Hampden-Turner (1981) using functional contextualism and relational frames theory. A mind is not mere mentalism or brain structures, but instead is a network of functional contexts (behaviors, thoughts, environments). The "maps of the

political mind" is thus construed as malleable events in context that are equivalence operations where transformations can produce new derived relations, thereby bridging and reducing polarization of political attitudes that occur in isolated social media communities and facilitating dialogue.

ACT / RFT has been applied to modifying human behavior in collective functional units (groups, organizations) (e.g., Torneke, 2010: Direct behavioral change by consequences, including modeling, vs. change in verbal antecedent rules). Dixon et al. (2003, 2006, 2007, 2009; McKeel & Dixon, 2014) have demonstrated establishing different relational frames of moral values and then modifying these derived relational responses to diminish moral polarities.

A fictional example applying Lakoff's (2016) "Moral Politics" cognitive linguistic model (i.e., "Strict father" - conservative morals; "Nurturant parent" - liberal morals) to the "Sound of Music" characters of Captain von Trapp and Maria Rainer, respectively, may illustrate how polarized political values may be altered by ACT / RFT. The following figure shows the differing relational frames of the Captain and Maria. Through the developing relationship there is a transformation of stimulus functions as can be seen by the songs they sing.
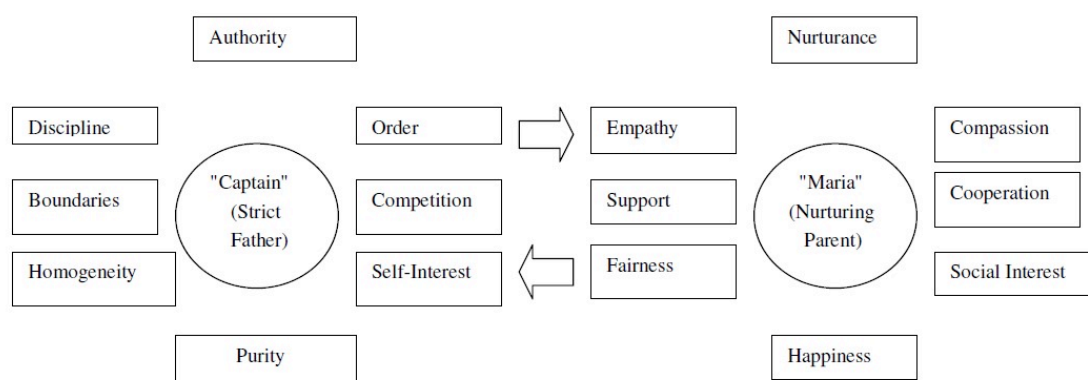
Figure 4. The relational frames of the Captain and Maria

Thus, the Captain as a grieving widower with no song in his life becomes metaphorically the edelweiss flower, while Maria is changed metaphorically from a "will of the wisp problem" to a "mountain to be climbed" (as sung by the Mother Abbess). Finally, the song "Loving You" describes the transformation from a "wicked childhood" to "something good" for both characters. Lakoff's (2016) cognitive linguistic theory assumes implicit metaphorical mental structures rather than explicit derived relational responses in RFT. Lakoff's cognitive model reifies the otherwise useful metaphors ("strict father", "nurturant parent", "nation as family"). Although describing "framing" and "reframing" (e.g., Lakoff, 2016, pp. 419-420) he does not show how this process can be utilized to change metaphors and values (as does Relational Frame Theory). Lakoff merely calls for developing a "metalanguage" (p. 385) without specifying how to use it for bridging polarities in political opinions. Lakoff's (2016) distinction of "strict father" and "nurturant parent" worldviews to characterize conservative versus liberal morals is

suggested in the "Sound of Music" example. Following Hayes et al. (2001) the new metaphors might be "Captain Von Trapp is a flower (edelweiss)," and "Maria is a mountain," showing how derived relational responses in relational deictic frames for the self may be transformed. From "loving you" (HERE, NOW) Captain and Maria affirm "something good" in their "wicked youth or childhood" (THERE, THEN)[1].

Interpreting Hampden-Turner's (1981) "Maps of the Mind" within the functional contextual framework of ACT / RFT we may derive the following guidelines for unifying polarized values:

- Premise: Applies only to mild or moderate conflict situations (not to absence of conflict or to extreme lethal threat)
- Identify complimentary values underlying the conflict through open dialog (assuming "good faith")
- Use "both/and" rather than "either/or" (synergistic reasoning) to unify value splits
- Elaborate this union of values by further dialog

These guidelines need to be tested by further empirical research studies. Researchers (e.g., Dixon et al. 2003, 2006, 2007, 2009; Manbeck et al., 2018; McKeel & Dixon, 2014; Mizael et al., 2016) have conducted experiments demonstrating how stimulus functions can be transformed for prejudicial political beliefs. Social media definitely contribute to the elaboration of relational frames (e.g., Happer & Philo, 2013). Westen's (2007) book emphasized the salience of emotional appeals over rational issue-oriented ads for influencing political opinions. Haidt (2012) refers to the build-up of moral capital, which may be related to the differential value "tastes" of liberals, libertarians, and conservatives. Haidt's pluralistic value framework emphasizes "groupishness" or "hives" as a vehicle for accumulating both moral capital and social capital (the latter discussed by Putnam, 2007, 2015). We might consider different "hives" as different verbal communities (pluralistic) with different learning histories and different derived relational responses (rule governed behaviors). Haidt contends that maintaining "hives" would promote building and bridging social capital (and prevent "turtle-ing"). Social identification theory has advantages (in-group favoritism) and disadvantages (out-group prejudice). Making friends with persons with different political beliefs (different relational frames) will reduce polarization and increase moderation[2] through transfer of stimulus functions. Leaders who model or encourage dialogue across political divides (e.g., Argon, 2011; Bohm, 1996) would likewise modify relational frames to reduce polarization and prejudice.

Conclusion

In this paper we integrate Hampden-Turner's (1981) *Maps of the Mind* synergistic conception of morality into "maps of the political mind" as reformulated via functional contextualism. We use a fictional example from the "Sound of Music" to illustrate how ACT / RFT may be used to transform stimulus functions to unify polarized political / moral values. Although the example we presented is interpersonal ("Captain and Maria"), we believe that this ACT / RFT model can be applied at a macro level to the current political climate, as the "strict parent" / "nurturant parent" metaphors underlie the conservative / liberal polarity. In that sense we believe that this model has the potential to

bridge current political divides and to facilitate dialogue toward more moderate viewpoints.

End Notes

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[1] Hawkins & Meier (2015) in their System Contextual Integrative Model of personality describe how individual differences in temperament and personality may be contextualized within different social ecological contexts. Relational frame theory may be useful to describe the elaboration of the relational frames corresponding to these person-environment contexts.

[2]See http://www.newfair.org for an example of fostering a moderate perspective on political values and goals.

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The Value of Incorporating Spirituality into Mental Health Practice:
A Professional Imperative for the Global 21st Century

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Abstract

Spirituality is increasingly recognized as a critical yet challenging and often neglected aspect of effective, ethical, and holistic mental health practice. It is perhaps imperative that mental health professionals incorporate this essential element into contemporary practice, especially considering the rapidly and radically changing world. The U.S. is becoming more diverse and divisive. While spirituality encompasses the narrowly defined aspect of religion, it is a distinctly different concept that promotes universal human connections that potentially unite rather than divide individuals and groups. Social work in the U.S. has a long-standing tradition that values spirituality as integral to education and practice. Both the Council on Social Work Education, the national accrediting body, and the National Association of Social Workers, the main professional organization, explicitly include spirituality in their respective policies and standards for competent, multi-cultural practice. A solid scholarly literature, including numerous national and international journals, addresses this topic. Recent research indicates that social workers and other mental health practitioners in the U.S. report positive attitudes, particularly toward mindfulness-based interventions, and high levels of self-awareness. Yet, studies also find reluctance regarding potential value dilemmas and ethical conflicts. This presentation examines these core concerns and possible problems while arguing for continued and further integration of spirituality into mental health practice consistent with educational and professional standards. Given the shifting demographic patterns and cultural conflict emerging in the U.S., Europe, and beyond, this is more important than ever. Spiritual sensitivity is now imperative for competent practice and professional integrity in the global 21st century.

Keywords: Spirituality; Mental health; Social work practice

Introduction

Spirituality is increasingly recognized as a critical yet challenging and often neglected aspect of effective, ethical, and holistic mental health practice that is important from a global perspective in the 21st century. Spirituality may be defined as a focus on the subjective experiences of the individual, a multidimensional space including overt observable behaviors (e.g., spiritual practices), beliefs about transcendence and connection to the universe, experiences of wholeness, integration, and meaningfulness that are pluralistic, and inclusive, universal, cultural, and human qualities. This broad definition of spirituality as lived experiences that are meaningful may be distinguished from a narrow definition of religion as prescribed beliefs, rituals, and practices of a social institution (cf., Miller, 1999; Richards & Bergin, 1997, 2000, 2004).

The first author of this paper is a social work professor. Social workers and other mental health professionals are called upon to show multicultural sensitivity to all people, including women and LBGTQ clients from fundamentalist backgrounds. In this respect, religion can be divisive while spirituality can find common ground, especially promoting cross-cultural dialogue (Lambe & Tekaronianeken, 2002; Weaver, 2008; WHOQOL-SRPB Group, 2006).

Social work has a long-standing history of value-oriented and ethical-based practice. There is a well-established scholarly literature on spirituality and on ethics, but these literatures are seldom linked. There are many legitimate concerns in this link that can be effectively overcome (e.g., Canda, Nakashima, & Furmanm 2004; Loue, 2017; Sheridan, 2009). The social work and mental health professions can continue to be recognized for their social justice mission and can be leaders for global equity in the 21st century through advocacy for spirituality. This is recognized important emerging area of diversity and inclusion in US, UK, Europe, and worldwide.

Although a secular profession, social work has strong religious roots. This can be viewed as a motivating factor for entering social work as a helping, caring professional (Hirsbrunner et al., 2012; Liechty, 2013). Social work has gradually recognized the need to address religion and spirituality in practice, and the profession has slowly evolved in this regard. Interest in this area has greatly expanded more recently (Hodge, 2015). Older, more experienced social workers with a positive attitude toward religion and spirituality are more likely to incorporate these into their practice (Larsen, 2011). We note that licensed clinical social workers report positive attitudes toward religion and spirituality, high self-efficacy, and integration as feasible, but show low levels of religion and spirituality in their practices (Oxhandler et al., 2015).

A spiritual/religious orientation can have profound impact on clinical outcomes. It can predict development of a social justice orientation in young adults (Chenot & Kim, 2013, 2017; Oxhandler et al., 2015). Spiritual practice can influence the religion / spirituality of the clinician regarding knowledge and growth (Pandya, 2018). Mindfulness practice, which promotes spiritual awareness, is the most common clinical social work intervention in the US (Gockel et al., 2013). It can be viewed as a core mode of direct practice in the US, Europe, and Australia (Pandya, 2018). A

spiritual perspective has been shown to be associated with greater levels of empathy (Stewart et al., 2019).

Overall, research shows that attending to religious / spiritual concerns in counseling is related to positive outcomes (Koenig, King, & Carson, 2012). More research is available on mental health practice in hospice and healthcare settings (e.g., Duncan-Daston, Foster, and Bowden, 2016). Clients are increasingly expressing a desire for healthcare and mental health providers to address religion and spirituality (Oxhandler & Pargament, 2014). Although social work is the most represented mental health profession in the US (SAMHSA, 2012), all mental health professionals in the US are requesting more religious and spiritual content in their training (Crook-Lyon et al., 2012).

What shall we recommend for training and mental health practice? The second author of this paper is a clinical psychologist with twenty years of experience as an adjunct professor in a masters' counseling program situated in a theological seminary. In his teaching and practice, he has used the Myers-Briggs Type Indicator (MBTI; Myers, 1980; Myers et al., 1998) in conjunction with evidence-based psychotherapy interventions. The MBTI and psychological type theory can augment psychotherapy by drawing emphasis to clients' personality strengths (Hawkins & Meier, 2015). Different spiritual practices have been recommended according to different psychological types (e.g., Grant, Thompson, & Clarke, 1983; Corlett & Milner, 1993; Hirsch & Kise, 1997) and temperament (Michael & Norrissey, 1984). At the Fielding Training Clinic at New Life Institute (NLI), the second author includes the MBTI in the general psychological assessment measures for his doctoral clinical psychology practicum students. Although most of the clients receiving psychological testing and psychotherapy at NLI receive secular care, they may elect spiritually sensitive counseling as an option.

He applies a spiritually sensitive counseling model in this clinic. The stages of change in the model are as follows: (1) Symptom relief and/or reduction; (2) Improvements in interpersonal relations and in social and occupational functioning; (3) Clarifying values, finding meaningful experiences; and, (4) Spiritual growth, integration, and individuation. These last two stages implicitly (sometimes explicitly) involve spiritual change, according to the broad definition of spirituality we have proposed (i.e., meaningful lived experiences). The MBTI can be used to help foster psychological type development (McCaulley, 2000) as can spiritual practices (Hawkins, 2004).

This clinical practice provides clinical anecdotal support for the claim that meaningful spiritual experiences accompany positive outcomes in longer term psychotherapy. The second author informally reviewed his notes on psychotherapy clients to identify clear cases where the third and fourth stages of change occurred. This review identified 44 clients, approximately equal in the number of males and females, who had had meaningful spiritual experiences broadly defined. Table 1 presents the list of these clients' spiritual growth themes. Please note that in some instances, clients may have had spiritual growth experiences in more than one category.

Table 1: Spiritual Experience Growth Themes

Spiritual Growth Themes in Psychotherapy

- N = 44 cases
- Religious beliefs / prayer (10)
- Alcoholics Anonymous 12 Steps (6)
- Women's career attainment (5)
- Artistic / musical expression (7)
- Mechanical expression (3)
- Atheistic transitions (2)
- Caring for people or animals (5)
- Nature experiences (3)
- Jungian dream work (2)
- Mindfulness - Buddhism (2)

Table 1 shows that about a quarter of clients who had important spiritual growth reported enhanced religious beliefs and prayer experiences (10). In addition, other forms of spiritual experiences were also profoundly meaningful for some clients (e.g., Alcoholics Anonymous 12 Steps, artistic / musical expression, women's career attainment, and caring for people or animals). Even some atheistic clients reported changes in their meaning-making that were spiritual in the broader sense of our definition.

These anecdotal impressions need to be confirmed by carefully designed research studies.

However, we regard these spiritual lived experiences as an important goal for longer term change processes in psychotherapy (Hawkins & Meier, 2015; Mahoney, 2003; Pargament, 2007). Future directions in religion and spirituality are critical for the increasingly diverse culture in the US, Europe, and closely related countries. Integrating this content into therapy will not only help therapy clients, it might promote potential healing of deep divisions caused by religious misunderstanding in our cultures as well.

Conclusion

In this presentation we have offered a broad definition of spirituality as meaningful lived experiences and have argued for the further integration of spirituality into mental health practice consistent with educational and professional ethical standards. We then provided some clinical anecdotal data suggesting that spiritual growth experiences are characteristic of more advanced stages of the psychotherapy change process. Given the shifting demographic patterns and cultural conflict emerging in the U.S., Europe, and beyond, spiritual sensitivity is now imperative for competent practice and professional integrity in the global 21st century.

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Exploring Attitudes Towards Teenage Relationship Abuse: A Q-Methodology Study

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Abstract

Teenagers are most at risk of relationship abuse in the UK, yet least likely to report it (Home Office, 2014). It is not only a proliferating crime, but a complex health, social and psychological epidemic (Rakovec, 2014).The issue is significantly misunderstood and unrecognised (Crown Prosecution Service, 2014). Previous research into attitudes towards adult relationship abuse in the UK, and teenage abuse in the US, shows negative attitudes are erroneously influenced by myths and stereotypes. Attitudes are a result of individual's values, and these values dictate behaviours. Such attitudes precipitate and perpetuate the 'shadowing' of the problem and exacerbate victims' suffering (Yamawaki et al., 2012). Research proposes similar cause and effects of attitudes towards teenage abuse in the UK, however, no research to date has investigated this. This study aimed to address a gap in the literature by exploring attitudes towards teenage relationship abuse to identify if common myths and stereotypes were present. A q-methodology was used to explore perceptions and findings interpreted using thematic analysis. Findings showed gender differences in perceptions, and that myths and stereotypes were prevalent in views. This may explain why the severity of the issue is shadowed and overlooked. It is hoped the findings can be incorporated into campaigns to successfully increase awareness of teenage relationship abuse as well as aid in eradicating fallacies. As a result, this may increase the likeliness of reporting and support for those affected by the issue, reduce victimisation rates and ultimately aid in ending teenage relationship abuse.

Keywords: teenage relationship abuse, attitudes, gender-stereotypes, myths, social construct theory, social representation theory

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Introduction

Definition and Background Information

Teenage relationship abuse is not only a crime, but a serious health, social and psychological issue (Morley & Mullender, 1992). It is crucial relationship abuse is studied as a psychological issue in order to aid comprehension of underpinning cognitive, emotional and behavioural causes and effects, as well as the study of attitudes towards the issue which has many severe implications (Nicolson, 2010).

The term 'teenage relationship abuse' relates to those affected by relationship abuse between the ages of 16 and 18 (National Health Service, 2014). In 2013, the definition of relationship abuse was reformed to place greater emphasises on teenage victims. The definition was amended to: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to the following types: psychological, physical, sexual, financial and emotional" (The Home Office, 2013).

The previous definition of relationship abuse limited legal protection solely to adults and did not provide support or legal protection, or acknowledge teenage victims of abuse; instead, it was deemed child abuse (Home Office 2013a). Since recognition of teenage relationship abuse in the UK, legislation protects victims aged 16 to 18 years. Previously referred to as 'relationship violence', the term deemed more appropriate to use is 'relationship abuse', as the previous term inaccurately depicts that only acts of physical violence constitute abuse. A wider range of abusive behaviours are now accounted for in the definition. Each type of abuse listed, accounts for a number of different behaviours within each category with both physical and psychological abuse recognised as equally debilitating (Itzin, Bailey & Bentoyim, 2008; Tzin, Bailey & Bentoyim, 2008).

The lack of support services specifically for teenagers is recognised and included in the Governments action plan of 'ending violence against women and girls', introduced in line with amending the definition of abuse. In 2014, a large amount of funding was issued towards increasing support services and help for teenage victims and perpetrators (Home Office, 2014). The action plan also included re-launching the 'This is Abuse' campaign, focusing on young male perpetrators and completion of Clare's Law, which allows the police to disclose information of a previous partner's abusive history. There was also a planned review of the police response to relationship abuse in the UK (Home Office, 2014). The Governments focus on teenage relationship abuse highlights the severity of the issue in the UK and the importance of implementing prevention strategies to aid in decreasing and ultimately ending abuse. Although the Government have introduced this action plan, it is titled 'ending violence against women and girls', evidentially ignoring the victimisation of males, despite equal victimisation of both sexes (Barter, McCarry, Berridge & Evans, 2009). Another key aspect central to this research is the Governments action plan review, which focuses on the recognition that challenging attitudes is central to the main aim of ending relationship abuse, supporting the rationale behind this study (Home Office, 2014).

Prevalence Rates
In the US, 1 in 3 teenagers are victims of abuse and there is gender symmetry in rates of perpetration and victimisation of many forms of abuse (American Psychological Association, 2013; William et al., 2008). In the UK, the British Crime Survey 2009/10 found that 16-20 year olds are most at risk of relationship abuse. According to National Health Service (2014), approximately 40% of teenagers are subject to relationship abuse, with males and females equally victimised (Barter, McCarry, Berridge & Evans, 2009; Cook, 2009).

Reporting Issues
Relationship abuse is deemed the most underreported crime, often 'hidden behind closed doors' (Home Office, 2014). Existing statistics are based on a small proportion of cases and only reveal the seriousness of the issue to an extent. This can be explained by the iceberg theory of crime, which suggests that in crimes such as domestic and sexual abuse, the majority of cases are underreported and unknown, which shadows its true extent and scope (Gracia, 2004).

There are a number of reasons why relationship abuse remains a highly under reported, under recorded and under prosecuted crime and why there are variances in prevalence rates; many teenagers are unaware of the issue and often do not recognise the abuse they are subject to is a crime. Many victims are also unaware of how, who or when to report the crime. According to Love is respect (2013), a high proportion of teenagers and parents are confused about the law surrounding teenage relationship abuse, which massively decreases the likelihood of reporting. A fundamental reason is fear of negative attitudes and victim blame as a result of common stereotypes and myths which are associated with relationship abuse (Home Office, 2014). According to the CPS, (2012) young people, in particular males, are least likely to report. They underestimate abuse, fear being disbelieved, judged and laughed at for being less 'manly' if they are victims (Kimmel, 2002; This is abuse, 2014). This may explain why research suggests that teenage relationship abuse is more widespread than realised and why statistics show a higher victimisation rates for females. It may also underpin the reason the Governments action plan focuses specifically on ending violence towards 'women and girls', instead of relationship abuse overall (Home Office, 2014).

US research strongly emphasises the importance of recognising misconceptions of teenage relationship abuse to increase reporting rates. It is proposed that all intervention and awareness programmes should aim to correct attitudes about relationship abuse and aim programmes at those who hold such misperceptions (Edelen, et al, 2009; Whitaker, 2006). This recommendation has been further supported by the CPS (2012), whom stated that negative attitudes and misconceptions need to be eliminated to increase awareness, influence positive attitudes and increase reporting.

Attitudes
The social constructions of attitudes are a crucial factor in the psychological element of relationship abuse (Nicolson, 2010). Attitudes are central to increasing awareness (Flood & Pease, 2009). They are strongly influenced by stereotypes and myths which are seen as the underlying cause of misconceptions surrounding the issue (Clark, 2007). According to Nicolson (2010), it is the 'hidden' side of relationship abuse,

such as victim's fear of negative attitudes from others, which psychological research needs to investigate in order to increase reporting rates and ultimately cease abuse. Negative attitudes significantly impact upon the victim's psychological state and cognitions, inducing feelings of self-blame, guilt, fear and low self-esteem, which reduces the likeliness of reporting and increases the likeliness of psychological problems (Nicolson, 2010). Findings from US research has identified that attitudes towards relationship abuse are negatively influenced by relationship abuse myths (The Avon Foundation, 2013; Yamawaki et al., 2009). Although findings were significant, US research cannot be cross culturally generalised to the UK, and UK research is yet to explore such attitudes.

Traditional Model of Attitudes
An attitude is a positive or negative, general evaluation and/or opinion held by an individual, or group, on social issues (Fabrigar & Wegener, 2010). The meaning behind the term 'attitude' has changed significantly since first introduced. According to Allport (1935), the traditional definition of an attitude was: 'a mental or neural state of readiness, organised through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related'. It was believed they are fixed and stable regardless of time and context and does not support the holistic idea that attitudes can be shared perspectives as a result of social influences, and instead believes attitudes are formed without social influence (Hogg & Vaughan, 2002).

Social Construct & Social Representation Theories
Recent social theories such as the social construct and social representation have developed the concept of attitudes to refer to a range of multiple, shared, and socially influenced perceptions of social issues, such as relationship abuse, which account for social influences (Howarth, 2006). Social representation theory believes 'attitudes are a combination of previous experiences and social influences, which can be shared by individuals, not solely in agreement but also in disagreement and contradiction' (Orfali, 2002).

Social construct theory believes in the investigation of perceptions which are a conflicting, complex and contradictory set of constructs. This theory is particularly relevant in explaining perceptions of relationship abuse, as it is an issue which factors surrounding it are ever changing. Traditional views differ from those held nowadays as a result of factors including recognition of the many forms of abuse as opposed to solely physical as well as male and teenage victims. Although society has changed, along with the issue of relationship abuse, public perceptions need to be explored to assess whether they have developed, or remain traditional (Muelenhard & Kimes, 1999). As stated by Muelenhard & Kimes (1999), there is not one sole, universal definition or view towards a concept, such as relationship abuse, and therefore multiple perceptions should be investigated.

Where the term 'attitudes' is referred to throughout this research, it represents social construct and representation theories. Both allow for the exploration of shared perceptions and opinions, which can be most appropriately, investigated using Q-methodology. This method allows multiple, often complex and conflicting perceptions to be gained, which is more accurate of what an attitude is, as opposed to what the traditional definitions suggests. Q-methodology involves participants sorting

a number of statements onto a structured grid in relation to how the participant agrees or disagrees with the view. The shared views are represented by factors which are displayed as a typical grid of statements, produced from those who share a similar view and have sorted and ranked the statements in a similar way (Watts & Stenner, 2005). These factors can then be interpreted using thematic analysis to aid understanding and identify perceptions among factors. Participants can be distinguished by age and sex, allowing for these differences to be assessed in relation to gender or age differences in perceptions on teenage relationship abuse. Previous research has highlighted gender as a powerful influence on perceptions of relationship abuse internationally (Berkel, Vandiver & Bahner, 2004; Flood & Pease, 2009).Nicolson & Wilson (2004), proposed that future research should assess whether there are gender differences in attitudes towards teenage relationship abuse.

Stereotypes
Stereotypes are crucial in shaping attitudes and beliefs and are socially influenced by live and and symbolic models (Sechrist & Stangor, 2001; Stangor, Sechrist, & Jost, 2001). Stereotypes are defined as generalised beliefs about certain groups, events or situations (Cardwell, 1996). They are deemed a crucial cognitive tool in processing information (Kunda, 2000; Sherman & Frost, 2000). They allow individuals to promptly interpret and comprehend a situation, event and/or group based on previous, traditional knowledge and information, and are a social influence which can alter perceptions towards a topic. The more consistent information is, the more strengthened the stereotype becomes and is unconsciously used to judge situations. New, inconsistent information therefore such as teenage relationship abuse, tends to be dismissed as traditional stereotypes often override new information (Carnaghi & Yzerbyt, 2006).

Gender role stereotypes are shared expectations and perceived attributions of females and males' behaviour, characteristics and roles, based on their socially identified gender (Cook & Cusack, 2010). They underpin attitudes and are deemed most influential (Seelau, Seelau & Poorman, 2003). According to social psychology, through gender role stereotyping, females are perceived as kind, empathetic, loving and nurturing, (Bem 1974), weak (Gerber, 1991) and vulnerable (Seelau & Seelau 2005). Males are deemed aggressive (Berke, Sloan, Parrott & Zeichner, 2012), assertive, controlling (Bem, 1974) and dominant (Gerber, 1991). These perceived gender characteristics and traits appear to be linked to many relationship abuse attitudes. They influence a stereotypical depiction of relationship abuse scenarios, with males as abusers, and females victims. Anything in confliction with gender role stereotypes and gender norms tends to be dismissed, for example, male victims of relationship abuse, or females inflicting emotional abuse (Archer, 2000; Kimmel, 2002; Sears et al, 2007). Seelau (2005) found that male to female abuse was judged more serious than any other scenario, showing that the strong stereotypical image is the most powerful. This can explain why there is much scepticism to believe anything other than stereotypical norms such as female abusers or teenage victims, as such information is in opposition to common stereotypes and tends to be ignored (Carnaghi & Yzerbyt, 2006).

Myths
There are also countless existing myths which have been found to be highly influential in attitudes towards adult relationship abuse (Poorman, Seelau & Seelau,

2003). Relationship abuse myths are extensively held, incorrect stereotypical beliefs which justify or minimise abuse (Peters, 2008). Gender stereotypes and abuse myths may aid in understanding why the issue of teenage relationship abuse is also overlooked (Sanders, 2003).

Myths are deeply rooted from traditional views. Historically, males were legally able to use physical force to control their wives (Hutchings, 1988). This traditional view seems to underpin many prevalent attitudes that are still held nowadays and combined with gender role stereotypes, leads to the assumption that; relationship abuse occurs only in marriages, adult females are the victims and the perpetrators are controlling, aggressive and dominant husbands (Langhinrichsen-Rohling, Shlien-Dellinger, Huss & Kramer, 2004). It appears to be ignored and/or unknown that males, teenagers and those in non-heterosexual relationships are also victimised (Banks & Fedewa, 2012). A number of other traditional myths are also incorporated into common attitudes towards abuse, for example, it is believed that it is solely physical harm, causing evident injuries, that constitutes abuse (Straus, 1999). However, as mentioned in the definition, there are many forms of abuse. In teenage relationship abuse especially, victims are more likely to be victimised by isolation, control and jealousy. Many abuse myths tend to shift responsibility and blame away from the abuser, and again, depict women as the victims. For example, a commonly held myth is that if the abuse was so bad 'she' would leave (Anderson et al 2003), and 'some women want or deserve to be beaten' (Saul, 1972). The causes of relationship abuse are also subject to false beliefs. It is widely believed that substance misuse, such as the use of drugs and/or alcohol are the underlying causes of abuse. However, attributing the cause of relationship abuse to this somewhat excuses and justifies abuse on the perpetrators part (Gelles & Cavanaugh, 1993). Many charities, support organisations, as well as the UK Government, highlight the issue of misconceptions surrounding abuse and aim to challenge deep rooted myths of abuse by contrasting them with facts through media campaigns, in hope to increase awareness and increase reporting rates, however no research has explored if have been successful (This is not an excuse to abuse me, 2014).

Research Aim

This research aimed to explore attitudes towards teenage relationship abuse and assess if common myths and gender stereotypes or factual knowledge, were identifiable and prevalent among perceptions, and if so, by whom.

Methodology

The study adopted a mixed method design using Q-Methodology. 60 participants, of a wide age range were recruited from Teesside University, using opportunity sampling. A comprehensive list of statements was developed and a pilot study carried out to ascertain legibility. Participants were asked to rank order 60 statements in the Q-grid, along a continuum of preference from strongly disagree to strongly agree.

Method of Analysis

PCQ, specialist Q-Methodology analysis software, was used to run a by-person factor analysis on the entered data and produced a number of factors, all of which were significant and had an Eigen value of over 1.00. Factors represented groupings of participants, whom had sorted the statements in similar ways, therefore, had shared, common viewpoints (Watts & Stenner, 2005). An average Q-sort was produced for each factor and then interpreted using thematic analysis (Braun and Clarke, 2006).

Findings

Overall, 9 factors were produced. The top two factors had significant loadings, factor A =12, and factor B =8, the remaining 7 factors had less than 3 loadings. Analysis focused upon the factors with the most loadings as they represent the belief system and the most common way of thinking among the sample of participants.

Factor A – The Informed Female

Factor A reflects the typical beliefs of a young female. Twelve people loaded strongly onto this factor, with loadings between 0.40 and 0.75. Participants who loaded onto this factor were females, aged between nineteen and twenty-three, with the exception of one male.

Theme 1 – Awareness of Teenage Relationship Abuse
Participants in this factor show awareness and understanding of the issue, acknowledging both genders are equally victimised. Most importantly, they strongly recognised that whilst teenage relationship abuse is a rising issue, it has a lack of awareness surrounding it.

Theme 2 - Forms of Abuse
Participants identified various forms of abuse, as highlighted in the reformed government definition. They strongly rejected the widely endorsed and traditional myth that relationship abuse is only physical abuse. Instead, they recognised relatively newly acknowledged forms of abuse such as emotional abuse, which includes threats and manipulation as well as controlling and jealous behaviour. This gives the idea that young females generally are aware of the many forms of abuse and do not attribute relationship abuse to be the widely held traditional view of solely physical harm.

Theme 3 – Causes of Teenage Relationship Abuse
Unlike the previous two themes which show that female participants have an informed understanding of abuse, this theme is essentially the exception to the rule. It shows that even in mostly accurate perceptions of abuse, stereotypes and myths are still influential.

The participants in this factor seem to have beliefs which are influenced by common myths and misconceptions over the causes of abuse. The strongest attributed cause was substance use. However, despite being a common myth as a cause of abuse, this particular gender and age range are specifically targeted by substance abuse awareness campaigns which aim to highlight the dangers of such substances, and therefore may associate the risk of relationship abuse as one of the dangers, hence

rating it highly as a main cause. There is also evidence that the misconceptions held towards the causes of relationship abuse may somewhat be influenced by gender stereotypes. Although the statements were not as strongly loaded onto as other themes such as victims and forms of abuse, statements relating to the causes of relationship abuse were still ranked important. They believed that males hit females as males are more aggressive. This is a strong stereotypical statement which relates to the gender stereotype that males are more aggressive. The females in this factor seem to have inferred this is the reason behind physical abuse, which, like the influence of substances, justifies the abuse. They also believe that exposure to relationship abuse increases the likeliness of becoming a perpetrator, which is also a common myth. Despite the holistic view of this theme representing that female's beliefs around the causes of relationship abuse are influenced by common stereotypes and myths, they rejected the widely endorsed myth that mental illness is a cause.

Theme 4 - Victims of Relationship Abuse
Many of the statements in relation to victimisation of relationship abuse were inputted into the extremes of the q-grid, suggesting young females believe the victims of relationship abuse to be one of the most important factors. It was acknowledged that anyone can be a potential victim despite homosexuality, relationship status, gender, and age and females loaded strongly onto the statement that abusers cannot be identified based on physical appearance. However, there was also contradiction and endorsement of traditional views that relationship abuse only occurs in marriage.

Theme 5 - Legal Stance
There seems to be significant confusion over the legal protection for teenage victims between the participants in this factor. Opposite statements concerning legal protection of teenage victims were both strongly loaded onto, with some participants refuting teenage victims are not protected by relationship abuse legislation as it is child abuse, but others positively agreeing that teenage victims are protected by the law. This shows the recently reformed definition of relationship abuse may not have enough awareness surrounding it, and if improved, may lead to further studies finding that females are aware of the legality surrounding relationship abuse.

Factor A Summary
There is evidence of some misconceptions surrounding the causes stemming from gender stereotypes and myths, as well as some contradiction over legislation protection. The overall belief system of females represents an informed, knowledgeable understanding of teenage relationship abuse. They are aware that anyone can be a potential victim regardless of gender, sexuality and age, acknowledge the many forms of abuse, as well as the fact the both males and females are equally victimised and that it is a rising issue.

Factor B – The Stereotypical Male

Factor B represents the typical belief system of a wide age range of male participants. This factor was generated from 8 participants, predominantly male participants between the ages of 19 and 51 who strongly loaded onto this factor, loadings between 0.47 and 0.83 for male participants. There was an exception of one female participant, aged 18, who negatively loaded onto this factor (loading -0.39) whose beliefs about teenage relationship abuse are in opposition to the males.

Theme 1 – Awareness of Teenage Relationship Abuse
Males generally are unaware of relationship abuse, and lack understanding and knowledge of the issue. Findings showed that they believe there is no such thing as relationship abuse and that it doesn't happen often, or there would be greater awareness. This is one of the key findings from this research, as it shows that without awareness of the issue, it is assumed there is no issue of teenage relationship abuse. This has many implications in trying to increase awareness of the issue and also for victims who don't report it. Males also believed that relationship abuse is not as serious as relationship abuse which affects adults and that young boys are rarely affected.

Theme 2 - Forms of Abuse
Male participants also seem to generally lack awareness of the many forms of relationship abuse. They strongly disagreed that emotional abuse includes threats and manipulation and that controlling and jealous behaviour is not a form of domestic abuse. These forms of relationship abuse have been recently added to the Government definition of relationship abuse in the hope to increase awareness that domestic abuse is not solely physical harm, which it may be inferred males in this factor believe. Therefore greater awareness needs to be raised of forms of abuse for campaigns specifically targeted at males.

Theme 3 - Causes of Teenage Relationship Abuse
The strongest loaded statement in relation to the causes of abuse was that males disagreed that perpetrators do not have a mental illness. As they did not rank any of the other statements linked to causes of abuse highly, this suggests that those who loaded onto this factor are unaware of the causes, and/or do not think that it is an important factor.

Theme 4 – Victims of Relationship Abuse
Males strongly hold traditional views that relationship abuse only affects adult females. They refuted the fact that 16-20 year olds are most at risk and instead believe that the most at risk of victimisation are middle aged women whom have been married for years. There was no reflection for teenage victims in this theme suggesting no consideration for younger victims was taken into account, thus further increasing the need for awareness.

Theme 5 – Legal Stance
The majority of males in this factor remain under the highly traditional assumption that relationship abuse legislation only protects adults and in particular, women. They believe that legislation does not protect teenagers, and teenage victims are protected under child abuse laws.

Factor B Summary

Male participants were unaware that teenage relationship abuse as an issue and believed that the most common victims are married females, with teenage boy's least likely victims. There was no evidence from this study that males were aware of any forms of abuse other than physical harm or the causes. Male participant's belief system surrounding teenage relationship abuse strongly endorsed traditional myths

and gender stereotypes in their perceptions towards the majority of aspects of the issue.

Conclusion

This study aimed to explore attitudes towards teenage relationship abuse and assess if common myths and gender stereotypes or factual knowledge, were identifiable and prevalent among perceptions, and if so, by whom. Findings showed that common relationship abuse myths and gender stereotypes are prevalent in perceptions. One of the key findings was that there was distinct gender differences found between males and females attitudes towards teenage relationship abuse. Females have a different belief system than males towards this issue, with young female participants showing an increased awareness of teenage relationship abuse compared to male participants whom lacked the most awareness. This supports previous research in relation to the gender differences found towards adult relationship abuse (Berkel, Vandiver & Bahner, 2004; Flood & Pease, 2009; Yamawaki 2011). Furthermore, analysis of the factors and themes supports the notion of social construct and social representation theories; that there is not one single, universal, common belief system towards teenage relationship abuse, perceptions were conflicting, complex and constructed from a range of facts, myths and stereotypes between individuals and between genders.

Overall, females had an accurate understanding that teenage relationship abuse is a serious, rising issue which generally, has a lack of awareness. However, common myths and stereotypes were still prevalent in perceptions around the causes of relationship abuse, most common victims of abuse as well as the legal protection surrounding teenage relationship abuse. This shows that even with awareness and the incorporation of factual knowledge, females perceptions towards teenage relationship abuse are still influenced by relationship abuse myths and stereotypes to an extent. Male participants of a wide age range highly endorsed traditional relationship abuse myths and gender stereotypes in their views towards victims, causes, forms, legislation and teenage relationship abuse overall, showing that between males and females, they lack the most awareness of teenage relationship abuse.

Sources such as the media and education are regarded as a powerful influence in raising awareness of social issues and challenging and overcoming misconceptions and are hugely influential in attitude formation (Berns, 2004; Katz, 1995;Shaw, 2001). According to social psychologists, stereotypes and myths are best challenged when new information, such as teenage relationship abuse is consistent and constant. This causes the original traditional beliefs to be altered and replaced by new factual information as it overrides previous beliefs (Archer, 2000; Carnaghi & Yzerbyt, 2006; Kimmel, 2002; Sears et al, 2007). The following areas are recommended to be targeted following this research:

1. Existence of the issue, with a focus on targeting male audiences, in order for the issue to be recognised more equally by both genders.

2. Prevalence and impact of psychological abuse and the debilitating effects it can have on victims, so that all forms of abuse are recognised and reported.

3. Legislative protection for teenagers, if teenage victims become aware that they are protected and supported by the law, this could aid in increasing reporting rates.

Research in this area would benefit from replicating this study on a larger scale, in order for it to be generalised nationally. One of the main recommendations for future research is to assess the source of information perceptions towards teenage relationship abuse have been constituted from. This may provide insight as to why there are gender differences towards the issue and could also be linked to issues with reporting between males and females.

Ultimately, this study provides the evidence needed to support and rationalise recent government efforts and charity campaigns in the call for urgent action to be taken to eradicate misconceptions of teenage domestic abuse, to ultimately aid in ending the teenage relationship abuse altogether, and the many implications and debilitating effects it causes victims.

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