Relationship Between Job Satisfaction and Mental Health of Mainstream School Teachers in West Bengal

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ABSTRACT   The aim of this study was to find out the relationship between job satisfaction and mainstream teachers mental health. The researcher in this study collected data from 600 mainstream school teachers. All the teachers selected for this study were from West Bengal Govt. Sponsored and Aided Mainstream Schools. 1. " Teachers Job satisfaction scale" developed by S.P. Anand (1992) and RCE. Mental Health Scale developed by S.P. Anand (1992) were used for data Collection. These two scales were adopted in Bengali Version by Nanda (2009). The results indicated that there was a positive relationship between job satisfaction and mental health of mainstream school teachers.

INTRODUCTION: The term "Job Satisfaction" was first described by Hoppock (1935) who observed that Job satisfaction is a combination of psychological, physiological and environmental circumstances that cause a person to say "I am satisfied with my job". While there have many debates on the concept of Job Satisfaction, in most studies it is described as how people feel about their jobs and its different aspects. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Spector 1997). Galgotra (2013) revealed that job satisfaction has an effect on the mental health of the teachers. Dixit (1993) stated that job satisfaction is the result of various attitudes of an employee towards his job. These attitudes are related with specific factors such as salary, service conditions, advancement opportunities and other benefits. Locke et al. (2002) also viewed that job satisfaction is a pleasurable or a positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction can be viewed as an employee's observation of how well their work presents those things which are important to them. Adeyinka et al. (2007) revealed that a correlation exists between perceived motivation, job satisfaction, and commitment, although correlation between motivation and commitment was negative. Young (2005) viewed that organizational climate and teachers' involvement in curriculum reform are the direct factors to affect teachers' job satisfaction, which is the important intermediate variable to influence on teachers' professional commitment, autonomy and burnout. It is also concluded that organizational climate improves teachers' professional commitment. What's more, involving in curriculum reform not only facilitates teachers' autonomy but also declines teachers' burnout. Thakkar (1977) revealed that there exists a significant passive correlation between age, job satisfaction and rapport. Kovack (1977) stated that job satisfaction is a component of organizational commitment. Rosenholtz (1989) viewed that if teachers are dissatisfied with their work lives and lack commitment to their organizations, not only will teachers suffer, but their students will suffer as well. Whereas Begley et al. (1993) opined that job satisfaction is correlated to enhanced job performance, positive work values, lower rates of absenteeism and burnout. Shan (1998) expressed that job satisfaction amongst teachers is a multifaceted construct that is critical to teacher retention and has been shown to be a significant determinant of teacher commitment, and in turn, a contributor to school effectiveness whereas Robbins (1998) indicated an encouraging but complex correlation between positive or negative dispositions and the various components of job satisfaction. Kumar et al. (2008) revealed that job satisfaction depends on the individual expectation, needs and values of an individual. If a person is satisfied with his job, his mental health is intact, he delivers quality inputs and there are various other advantages. 1985). Job efficiency was positively correlated with job satisfaction (Roy,1971; Lavingia, 1974). Students liking are positively related with job satisfaction (Anand ,1972). Job satisfaction is a component of organizational commitment (Kovack ,1977; Bishay,1996).

Good health depends on the state of mind and body. Each exerts a direct influence on the other, but owing to the power of mind over nature, good health is of supreme importance. Health Education Authority (1997) described mental health as the emotional and spiritual resilience, which enable as to survive pain, disappointment and sadness. Kumar (1992) stated that mental health is an index that shows the extent to which the person has been able to meet his environmental demands social, emotional or physical. Surgeon General's report (1999) stated that mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience and self esteem. As described by World Health Organization (1948) mental health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. World Health Organization (2004) viewed that mental health is a state of well being in which the individual realizes his or her own abilities and can cope with the normal stresses of life can work productively and fruit fully and is able to make a contribution to his or her community. Mental health is a state of complete physical, mental and social well being and not merely the absence of disease or uniformity. Lulla et al. (1981) stated that mental health is a combined outcome of five aspects of health namely physical, emotional, moral, spiritual and social health. Dhingra (1966) also stated that a person is said to be mentally healthy when he is thoroughly adjusted to his environment. A mentally healthy person is a well adjusted person in a society. Taylor et al. (1988) stated that mental health is a sense of personal control level is related to feelings of well being and happiness. Brooks et al. (1951) emphasized that a person is mentally healthy if he adjusts himself so as to avoid undue conflicts, stresses and strain and if he adjusts to the world of people, things and events about him so as to be highly effective both socially and personally. As is mentioned in Encyclopedia of Educational Research (1969) mental health has to do with being able to love, to work, to play, have to peace of mind, to be happy, to be secure and to be able to manage stress. Whereas Osborne (1984) expressed that mental health has positive aspects like originality, satisfaction, hope, creativity, happiness, self actualization etc. and also has negative aspects like frustration, disability, emotional instability or neuroticism psychotic, anxiety depression, hopelessness, paranoid tendency, jealousy, fear etc. Sharma (1995) observed that psychological strain was related to recent life experiences, which in turn influenced the status of mental health. As is written in World Health Report (2001) mental health is affected by mental illness and mental illness are caused by and interaction of social, genetic, and infectious factors. Mental health is the ability to adjust satisfactory to his environment (Brooks and Shaffer, 1951; Hilgard, 1957; Dhingra, 1966; Silver, 1999). Mental health as a state of complete physical, mental and social well

being (WHO, 1948; Taylor and Brown, 1988; Nathawat, 1997; American Heritage Dictionary, 2006;). Mental health is one's ability to handle problems (Donovan, Watson, Henley, Williams, 2003; Nesse, 2005).

Mental health prompted when student teacher relationship is good (Ediger, 2004). Singh, 1998; Sumangala and Ushadevi, 2009; Muchhal and Satish, 2010; Suryanarayana and Goteti, 2010 revealed that teaching efficiency is related with the teacher's job satisfaction. Good mental health of teachers positively related with job satisfaction. (Ray,1992; Srivastava and Asthana, 2008; Stepal, Cropley, Griffth and Kirschbum ,2000).

Stress occurs when individuals' physical and emotional do not match or cannot handle their job demands, constraints and/ or opportunities (Leka et al., 2004; Ugoji, 2003; Ugoji & Isele, 2009) may establish two major types of stress: eustress (good stress) and distress (bad stress) (Fevre et al., 2003; Sullivan & Bhagat, 1992).Eustress is often defined as individuals who have experienced moderate and low stress levels and distress is frequently defined as individuals who have experienced high stress level. Individuals who experience eustress will be able to meet job demands and this may help them to increase positive work life (e.g., satisfaction and positive moral values). Conversely, individuals who experience distress will not able to fulfill job demands and this may motivate them to decrease quality of work life (e.g., dissatisfaction and negative moral values) (Fevre et al., 2003; Leka et al., 2004; Millward, 2005; Newell, 2002). Physiological stress is often viewed as a physiological reaction of the body (headache, migraine, abdominal pain, lethargic, backache, chest pain, fatigue, heart palpitation, sleep disturbance and muscle ache, as well as changes in eating, drinking, sleeping and smoking habits) to various stressful triggers at the workplace (Beehr et al., 2001; Critchley et al., 2004; Mansor et al., 2003). For example, psychological stress is often seen as an emotional reaction (anxiety and depression burnout, job alienation, hostility, depression, tension, anger, anxiety, nervousness, irritability and frustration) as a result of the stimuli at the workplace (Antoniou et al., 2003; Millward, 2005; World Health Organization, 2005). In terms of eustress perspective, occupational stress occurs when employees' knowledge, skills, abilities and attitudes can cope with or match to their work demands and pressures in organizations. In this situation, it may increase the ability of employees to manage their physiological and psychological stresses (Adler et al., 2006; Cartwright & Cooper, 1997; Wetzel et al., 2006; World Health Organization, 2005). Conversely, in a distress perspective, occupational stress presents when employees' knowledge, skills, abilities and attitudes cannot cope with or do not match to their work demands and pressures in organizations. Consequently, it may decrease the ability of employees to control and manage physiological and psychological stresses, such as disturb their self-regulatory bodies, and cannot meet their duties and responsibilities as a member of an organization (Cox et al., 2000; Critchley et al., 2004; Fairbrother & Warn, 2003; Mansor et al., 2003). According to an organizational behaviour perspective, job satisfaction is broadly described as a result of employees' perception or appraisal of their jobs that may create a pleasurable or emotional state (Locke, 1976; Locke & Latham, 1990a, 1990b; Kreitner & Kinicki, 2007), a positive reaction (Mathis & Jackson, 2006), and action tendencies toward work (Vecchio, 2000; Vecchio et al., 1998).

Frequently identified sources of stress and decreased job satisfaction include the following: inadequate salary and perceived low status of the profession (Carlson & Thompson, 1995; Kyriacou & Sutcliffe, 1978); role conflict and ambiguity (Dunham, 1992); time pressure (Chan, 1998); student misbe-

haviour (Turk, Meeks, & Turk, 1982); relationships with supervisors (Litt & Turk, 1985); and large class size (Burke & Greenglass, 1994). The stress and emotional demands associated with the teaching profession can lead to emotional and physical exhaustion, cynical attitudes about teaching, reduced feelings of personal accomplishment, and lower job satisfaction (Guglielmi & Tatrow, 1998; Shan, 1998; Vandenberghe & Huberman, 1999). Abundant research has focused on these emotional demands and their impact on teachers' well-being, mental health, stress, burnout, and job satisfaction as well as on learning outcomes for students (Chan, 2006).Teachers with greater workload stress had greater class room management self –efficacy, whereas teachers with greater class room stress had lower self-efficacy and lower job satisfaction (Klassen & Chiu,2010).

The relationship between stress and job satisfaction has been studied in a variety of professions. A study by Chung and Fong (1990) on general medical practitioners in Hongkong found that though the medical practitioners' job is considered as hard work, majority of the practitioners were generally satisfied with their work. In another study on military pilots, Ahmadi and Alireza (2006) found that during peace times in Iran, 13.5 % pilots out of 89 military pilots studied experienced high stress. Yet in another study on role stress of scientists and defence personnel in the Antarctic expedition by Roy and Deb (1999), role stress was found to be correlated with job related tension and alienation. In the expedition, both scientists and defence personnel had to play roles that were not in conformity with their occupation. The observation suggested that both the groups would perceive some difficulty in integrating the different roles assigned to them while they were in Antarctica. Chandraiah et. al. (2003) studied the effect of occupational stress on job satisfaction among 105 managers of different age groups and found a positive relationship between role stress and Job satisfaction amongst older managers. Richardson and Burke (1991) studied occupational stress and job satisfaction among physicians. Major sources of stress as indicated were time pressures on the job, and major sources of satisfaction were relationships with patients and colleagues. Correlations indicate that for both female and male physicians, high levels of occupational stress was associated with less satisfaction with medical practice and more negative attitudes about the medicare system and health care in general, and high job satisfaction was related to fewer specific work stressors and more positive attitudes about health care. Similarly in another study, Healy and McKay (1999) found that amongst nurses higher levels of reported nursing stress were associated with lower levels of job satisfaction. Once again, among the medical professionals, Pestonjee and Mishra (1999) examined role stress and job satisfaction amongst junior and senior doctors and found that job satisfaction variables correlated negatively with all the dimensions of role stress in the case of both the groups. As far as teaching profession is concerned, Singh (2007) studied the effects of stress on job satisfaction and work values among female teachers of secondary schools and found that stressed and dissatisfied teachers had less attachment with their institution and less dedication to their profession. In the US context, Langford (1987) examined the relationship between stress and job satisfaction amongst boarding academy teachers and found that stress was a significant determinant of teacher job satisfaction. Similar findings on primary head teachers are reported by Chaplain (2001).

OBJECTIVE: To study the relationship between job satisfaction and mental health of mainstream school teachers.

HYPOTHESIS:

1. There is a significant relationship between job satisfaction and mental health among 150 male and 150 male mainstream school teachers.
2. There is a significant relationship between job satisfaction and mental health among 150 female and 150 female mainstream school teachers.
3. There is a significant relationship between job satisfaction and mental health among 300 male and 300 female mainstream school teachers.

SAMPLE: Data were collected from 600 mainstream teachers (300 male and 300 female teachers) from govt. aided and sponsored schools in West Bengal.

TOOLS: The following tools are used by the researcher.

(1)"Teacher's Job Satisfaction Scale" developed by Anand, S.P.(1992) and its adapted Bengali Version by Nanda (2009) were used to know job satisfaction of the present researcher. It is a likert type scale. The scale Consists of 35 statements of which 18 carries positive and 17 carries negative statements. For positive items scoring order is 4,3,2,1,0 and for negative items the same is 0,1,2,3,4.Teachers' score on the scale if found to be above 88 is considered to be satisfied and below 88 as dissatisfied.

(2)For collection of data " RCE. Mental Health Scale" developed by Anand, S.P.(1992) and adopted in Bengali Version by Nanda. It is a Likert type scale. This M.H. Scale is based upon the assessment of an individual's: I. Self-concept, II. Concept of life, III. Perception of self amongst others, IV. Perception of others and how does he looks at his, V. Personal adjustment as well as VI. Record of achievements. The six dimensional approach adopted here virtually emerges from the practical implications of the concept of mental health as discussed above. In each of these six dimensions, after a lengthy intellectual exercise of writing, rewriting, adding and substracting, 20 (10 positive and 10 negative) in all 120 (60 positive and 60 negative) statements were arrived at showing one's favourable and unfavourable attitude. The classification of statements in the six dimensions have been reached following the study of literature on mental health and long discussions with the author's colleagues. To give a finale to these statements, a close scrutiny was made by an eminent professor of education.

To give the clear concept of six dimensions of the M.H. Scale, two statements, one positive and one negative, under each dimension with their serial numbers in the Scale are illustrated below :

I. Self-concept
54. I am proud of my style of life.
13. I consider, 'simple living and high thinking' merely a slogan.

II. Concept of life
18. Life is as we take it or make it.
6. Life is a burden.

III. Perception of self amongst others
14. People listen to me seriously.
5. I find people jealous of me for nothing.

IV. Perception of others
1. When discussed with others, pains are divided, pleasures are multiplied.
3. We make fun of ourselves while sharing our thoughts with others.

V. Personal adjustment
8. I enjoy my life as such.
57. I am an unlucky fellow.

VI. Record of achievements
47. I have never been denied my fruits of labour.
4. Luck has always betrayed me.

Positive and negative statements can be placed in orders as : Serial Nos. of positive statements 1, 2, 3, 8, 9, 14, 18, 20, 21, 27, 29, 32, 37, 45, 47, 50, 51, 53, 54, 60 . Serial Nos. of negative statements 4, 5, 6, 7, 10, 11, 12, 13, 15, 16, 17, 19, 22, 23, 24, 25, 26, 28, 30, 31, 33, 34, 35, 36, 38, 39, 40, 41, 42, 43, 44,46, 48, 49, 52, 55, 56, 57, 58, 59. The scoring order for positive and negative statements is taken to be 4,3,2,1,0 and 0,1,2,3,4, for SA, A, UD, D, SD respectively.

Reliability:
For the determination of reliability, the M. H. Scale was administered on 78 graduate / post graduate men and women teachers teaching high / higher secondary classes. The administration was repeated on the same sample after 8 days. The scores on these two administrations were found to have a significant coefficient of correlation as +.88. Spearman-Brown prophecy formula was used for determining the reliability by split-half method. The two comparable halves of the scale were formed on the basis of odd and even numbered statements. The reliability coefficient has been calculated to be + .79.

Furthermore. 't' value between the two means has been found to be quite insignificant as .59 which further adds to the reliability of the Scale.

Validity: M.H. Scale and Minnesota Personality Inventory (MPI) were administered simultaneously on a sample of 65 teachers. The scores on neuroticism and M.H. Scale gave us the significant coefficient of correlation of the value of -.49. This substantiates the content and face validity of the Scale M.H. Scale was administered on 200 teachers. The scores on each of the six dimensions of the mental health were separately added up.

PROCEDURE: For collection of relevant data from the respondents the investigator will use 'Teachers' Job satisfaction scale' developed by S.P. Anand (1992) & ' RCE. Mental Health Scale' developed by S.P. Anand (1992). The typed questionnaires including the demographic data sheet will be supply personally to all the 300 respondents. The filled up questionnaires including the demographic data sheet will be collected by the investigator personally. After collection of relevant data from the respondents the investigator will clean and quantified each answer sheet as much as possible and will tabulate systematically for further analysis and interpretation.

FINDINGS:

1. There is a significant and positive correlation (r = 0.61) exists between job satisfaction and mental health among 150 male and 150 male mainstream school teachers.
2. There is a significant and positive correlation (r = 0.577) exists between job satisfaction and mental health among 150 female and 150 female mainstream school teachers.
3. There is a significant and positive correlation (r = 0.598) exists between job satisfaction and mental health among 300 male and 300 female mainstream school teachers.

DISCUSSION: The result found in this study stated that there was a positive relationship (r = 0.598) between job satisfaction and mental health of mainstream school teachers. Na-

dinloyi et al., (2013) found that there was a positive relationship between job unsatisfaction employees and global index of mental health, social action and depression. Parsa et al.,(2013) revealed that there was a significant and positive relationship between job satisfaction and job stress. Mohammadi (2013) found that there were significant positive correlation between satisfaction with: supervisor, people at work and mental health. But there were significant negative correlation between satisfaction with pay and mental health among teachers. Jadhav (2012) revealed that there was a positive & significant co-relation between Job Satisfaction & Mental Health of couple teachers. Faragher et al., (2005) found relationship between job satisfaction and (good) health was indeed positive (r=0.312, adjusted r (rˇ)=0.370). Job satisfaction was much more strongly associated with mental/ psychosocial problems than with physical complaints. Job satisfaction also correlated positively, but slightly less strongly, with the other mental health characteristics considered: depression (r=0.366, rˇ=0.428); anxiety (r=0.354, rˇ=0.420); self-esteem (r=0.351, rˇ=0.429); general mental health (r=0.318, rˇ=0.376). While the relationship between job satisfaction and strain was also relatively high (r=0.310, rˇ=0.341), the correlation with subjective physical illness was more modest (r=0.235, rˇ=0.287). The lowest correlations were found for the two physical illnesses studied: cardiovascular disease (r=0.113, rˇ=0.121) and musculoskeletal disorders (r=0.078, rˇ=0.079).Organisations are urged to consider developing stress management policies aimed at identifying and eradicating work practices that cause most job dissatisfaction. Goel (2011) found that mental health problems has a negative correlation with job satisfaction, which means mental health is a positive correlate of job satisfaction . Ray (1982), Srivastava and Asthana (2008), Stepal, Cropley, Griffth and Kirschbum (2000) found that good mental health of teachers positively related with job satisfaction. Hanif et al.,(2011) revealed that negative significant relationship exists between teachers stress and job performance. Birch et al.,(2001) found that there were significant negative correlations between stress and job satisfaction scores ($r = −0.508$; $p<0.0001$) and between anxiety and job satisfaction scores ($r = −0.421$; $p<0.0001$), and significant positive associations between anxiety and stress scores ($r = 0.593$; $p<0.0001$). Ranjdoust et al., (2012) found that between the organizational health and its components (moral, Scientific emphasis, consideration, organizing, support, manager influence and organizational unity), there is a significant direct relationship with job satisfaction. Ahadi (2009) found that global job satisfaction and its five components have negative correlations with the nine mental disorders at $P <0.01$ level of significant. Parsa et al.,(2013) found that there were significant negative correlations between job satisfaction mental health. Results found in this study are partially supported by the findings of Ismail et al.,(2009). The result found in this study are supported by the findings of Hanif et al.,(2011), Birch et al.,(2001), Nadinloyi et al.,(2013), Parsa et al.,(2013), Ray (1982), Srivastava and Asthana (2008), Stepal, Cropley, Griffth and Kirschbum (2000), Mohammadi (2013), Jadhav (2012), Goel (2011), Klassen (2010), Sen (2008).

CONCLUSION: Teaching is one of the most stressful occupations (Johnson et al., 2005; Kyriacou & Sutcliffe, 1977). Frequently identified sources of stress and decreased job satisfaction include the following: inadequate salary and perceived low status of the profession (Carlson & Thompson, 1995; Kyriacou & Sutcliffe, 1978); role conflict and ambiguity (Dunham, 1992); time pressure (Chan, 1998); student misbehaviour (Turk, Meeks, & Turk, 1982); relationships with supervisors (Litt & Turk, 1985); and large class size (Burke & Greenglass, 1994). The stress and emotional demands associated with the teaching profession can lead to emotional and physical ex-haustion, cynical attitudes about teaching, reduced feelings of personal accomplishment, and lower job satisfaction (Guglielmi & Tatrow, 1998; Shan, 1998; Vandenberghe & Huberman, 1999).

Abundant research has focused on these emotional demands and their impact on teachers' well-being, mental health, stress, burnout, and job satisfaction as well as on learning outcomes for students (Chan, 2006). Occupational Mental health has been shown to be significantly related to productivity and other desired organizational outcomes such as commitment and satisfaction. In particular, many studies have found a close link between mental health and job satisfaction. (J, Mino Y, Tsuda T, 1997; Faragher EB, Cass M, Cooper CL, 2005, Judge TA. Insomnia, 2006; Evans S, Huxley P, Gately C, 2006; Bennett S, Plint A, Clifford TJ. Burnout, 2005). Other investigate showed that the job satisfaction level is an important factor in workers' health job satisfaction was strongly related to burnout, self esteem, depression, and anxiety (Faragher EB, Cass M, Cooper CL, 2005).

Moreover low job satisfaction is a concern as it is also a cause for low mental health. Seminars, workshops and conferences should be organized in which teachers should be invited to refresh their knowledge and discuss their problems which they face in their work environment. It would be a better idea if limited workload according to the capacity of the teachers is given to them and special facilities like medical care, travelling allowance, special increment and rewards will be also helpful in improving the mental health of the teachers. A mentally healthy person shows balanced behaviour and faces the realities of life boldly. Teacher's mental health plays an important role in teaching and learning process.

SUGGESTIONS FOR FURTHER RESEARCH
1. Similar study can be undertaken in other states of India also, since it is confined to West Bengal only.
2. Similar study can be undertaken on primary school, higher secondary school, and college and university teachers
3. Similar study can be undertaken on other professions.
4. Interactional effect of experience and job satisfaction on the mental health of teacher is to be taken into consideration for further studies.

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