

# CORRELATION BETWEEN MENTAL WELL-BEING AND DECISION MAKING COMPETENCY (DMC) AMONG EARLY ADULTS

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*Abstract: Mental well-being is the state in which person understands his or her aptness and can handle the stress of life, whereas decision making competency (DMC) is something in which an individual can make and take responsibility for fulfillment of commitment to appropriate decision in punctual manner. A simple decision making is combination of individual's knowledge, experience and how they deal with the various problems in life. Moreover, mental well-being includes cognitive, emotional and behavioral response towards personal life of an individual. The correlation between mental well-being and DMC build resilience in adults. The research setting was D.A.V Institute of Engineering and Technology (DAVIET), Jalandhar, Punjab. Total 100 sample were selected with non-probability purposive sampling technique to collect the data. A self-structured mental well-being scale used to assess the mental well-being among early adults and modified decision making questionnaire scale used to assess the DMC among early adults. The study concluded that mental well-being and DMC are directly prepositional to each other. Hence high mental well-being causes high DMC or vice-versa.*

*Keywords: Decision Making Competency, Early adults and Mental well-being.*

## 1. Introduction

The development from adolescence to adulthood faces many changes and challenges. Healthy mental status plays important role to deals with these changes and challenges. [1] Mental health briefing the social and emotional well-being, which is associated with; individual's personal growth, purpose in life, self-awareness, self-acceptance, positive

Personal relation and positive social relation. Any declination or disturbance in above factors may leads to mental illness. [2] These factors influencing the person's thinking ability, emotional intelligence, capability to handle the stresses and decisions abilities. [3]

However, making decisions are neither person's personality traits nor the manner; it is a habit of a person to react in particular way while making any choices. Decision abilities are depending on the decision characteristics, situation person dealing with an individual's differences. [4]

Moreover, early adults face major decisions making regarding their life's goals and objectives, which affect their physical as well as mental well-being. Decision making is relying on individual's cognitive ability, knowledge, experience, personal beliefs and various problems occurred in life. [5] According to Chao (2012), college student's stress has increased tremendously over the past decade. It is therefore important to understand factors that impact college student's mental well-being. [6]

Unfortunately, relatively little is known about aging and DMC. Hence the aim of this study is to provide some research data or raw data to enlighten the path of aging, DMC and mental well-being.

## 2. Related Work

Gupta G, Kumar S, conducted study to assess the relationship of mental health with emotional intelligence and self-efficiency among college students. Out of 200 samples 100 were male and 100 were female participants. The study results shoes that emotional intelligence and self-efficiency are positively correlated with mental health. It also reveals that male were having better emotional intelligence, self-efficiency and mental health as compared to female students. [7]

Stranger S, Samaraweera P.C, Taggart F, Kandala N.B, Stewart-Brown.S carried out study on major behavioral risk factors affects health outcomes and its association with mental illness. The early adults are the participants in this study. The study indicated that low mental well-being increased in obese individual i.e., up to 1.72, 95% and alcohol and obesity is associated with low mental well-being. [8]

Weich Scott, Brugha Traolach, King Michael, Mc Minus Sally, conducted study to describe mental well-being also to determine the extent to which mental well-being and mental illness are independent to each other among the adults of England. The results indicate that 36.14% were having hedonic mental well-being and 14.3% were having eudemonic mental well-being. Moreover, female was having low hedonic mental well-being and high eudemonic mental well-being. Study shows that mental well-being was independent from symptoms of mental illness. Hence mental well-being can remain even in the presence of mental suffering. [9]

S. Roslan, N. Ahmad, N. Nabilla and Z. Ghiami conducted study to assess psychological well-being among post-graduate students. The results show that post-graduate was having slightly high mental well-being. It also indicated that psychological well-being differ with the different age group of students i.e. age group of 41 years and above having highest level of psychological well-being. [10]

Halpen-Pelsher B.L, Cauffman E carried out the study to assess the similarities and difference between adolescents and adult's decision making competency. The sample are taken from 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> grade students and young adults. The study found that adolescents and adult's decision making competency differ in order of outperforming, taking risk and seeking advice. [04]

Finucane, Melissa L, Gullion, Christina. M conducted study to assess the reliability and validity of tool, developed to assess the decision making competency among older adults. The participants are from younger adults (25-45 years), young older adults (65-71 years) and old-older adults (75-97 years). The study concluded that decision making competency is poor among old older adults and older adults as compared to younger adults. This could be because of social variances, health measures, basic cognitive skills, attitude measures and numeracy. [11]

Pauslen D.J, Michael L. Platt, Scott A, Brannon H.E conducted study among adolescents who often make risky and impulsive decisions. The study revealed that young children were having high performance towards risky decision as compare to adolescents. However young adults were having strongest risk aversion. [12]

Jozef Baval'ár, Ol'ga Orosová conducted study to assess the decision making styles and the association between decision making competency and mental health among the high

school students. The study indicates that there is low but significant relationship between decision making styles i.e. avoidant and spontaneous and decision making competency.

Whereas other decision making styles affecting the mental health. [13]

Fulya CENKSEVEN-ÖNDER and Oğuzhan ÇOLAKKADIOĞLU conducted study to assess decision making and problem-solving as well-being indicator among adolescents. The study finds out that problem solving and self-esteem in decision making influenced the well-being. Whereas cop-out style decision making is found non-significant effect on well-being. [14]

Viola Maddalena Maria, Mussa Pasquale, Ingoglia Sonia, Lo Coco Alida and Inguglia Cristiana carried out the study to identify relationship between career in decision search for work self-efficacy and psychological well-being among young adults. Study shows that search for work self-efficacy is negatively associated with look of readiness in absence of psychological well-being. [15]

Creed A. Peter, Muller Juanita and Patton Wendy conducted study on leaving high school in the influence and consequences of psychological well-being and career related confidence. 309 students were assessed during schooling for psychological well-being, psychological distress, self-esteem, life satisfaction and career decision making self-efficacy. 168 students assessed after 09 months of school leaving. The study found that leaving school improved well-being and confidence for some. [16]

### 3. Material and Methods

The non-experimental, correlation research was conducted at D.A.V Institute of Engineering and Technology (DAVIET), Jalandhar, Punjab. The sample was early adults under age group of 20-30 years and those who were willing to participate in the study during the collection of the data.

**Research approach:** Quantitative research approach was inspected and found suitable for the study.

**Study design:** Non-experimental correlation research design method was used in this study.

**Study location:** The study was carried out in DAVIET, Jalandhar, Punjab.

**Sample size:** 100 early adults come under 20-30 years of age group.

**Sampling technique:** Non-probability purposive sampling technique was adopted.

#### Methodology

##### Developmental of tool:

Part A: Socio-demographic variables, which obtain the personal information of early adult's age, gender, marital status, qualification, occupation, residential area, currently

residing in, type of family, father's education, mother's education, father's occupation, mother's occupation and family monthly incomes (in rupees).

Part B: Self-structured mental well-being rating scale to assess the mental well-being among early adults.

Part C: Modified decision making competency questionnaires rating scale to assess the DMC among early adults.

### Data collection procedure

After getting approval from administration the final data was collected. The aim of the study was explained to the sample and was committed for undesignated and confidentiality of the information provided by them and informed consent was taken to participate in the study.

### Statistical analysis

Data was calculated using descriptive analysis and inferential analysis. Interpretation and analysis of data was done using percentage, mean, mean percentage, standard deviation, chi square and coefficient correlation. Chi-square was applied to evaluate the association of mental well-being and DMC with selected socio-demographic variables.

## 4. Result

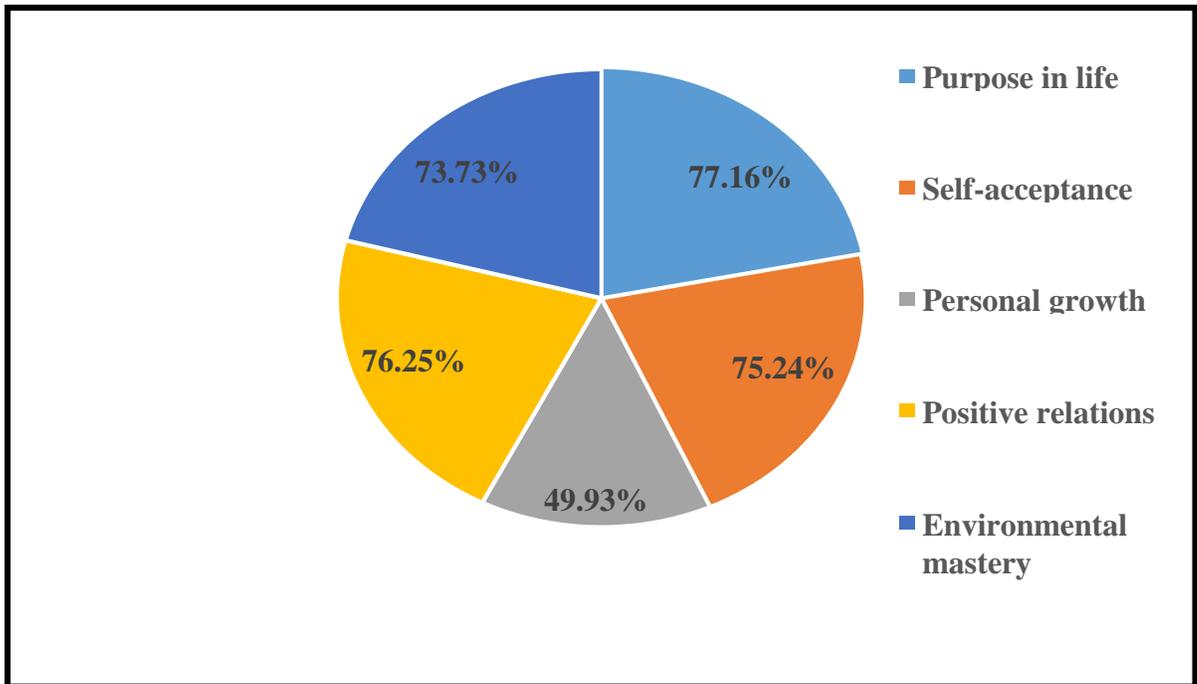
**Table 1: Mean, mean percentage and rank order of different areas of mental well-being**

**N=100**

Area of mental well-being	Maximum Score	Mean	Mean percentage	Rank order
Purpose in life	25	19.29	77.16%	1
Self-acceptance	25	18.81	74.24%	3
Personal growth	15	07.49	49.93%	5
Positive relations	20	15.25	76.25%	2
Environmental mastery	15	11.06	73.73%	4

**Minimum score = 20**

**Maximum score = 100**



**Figure 1: Percentage distribution of different areas of mental well-being**

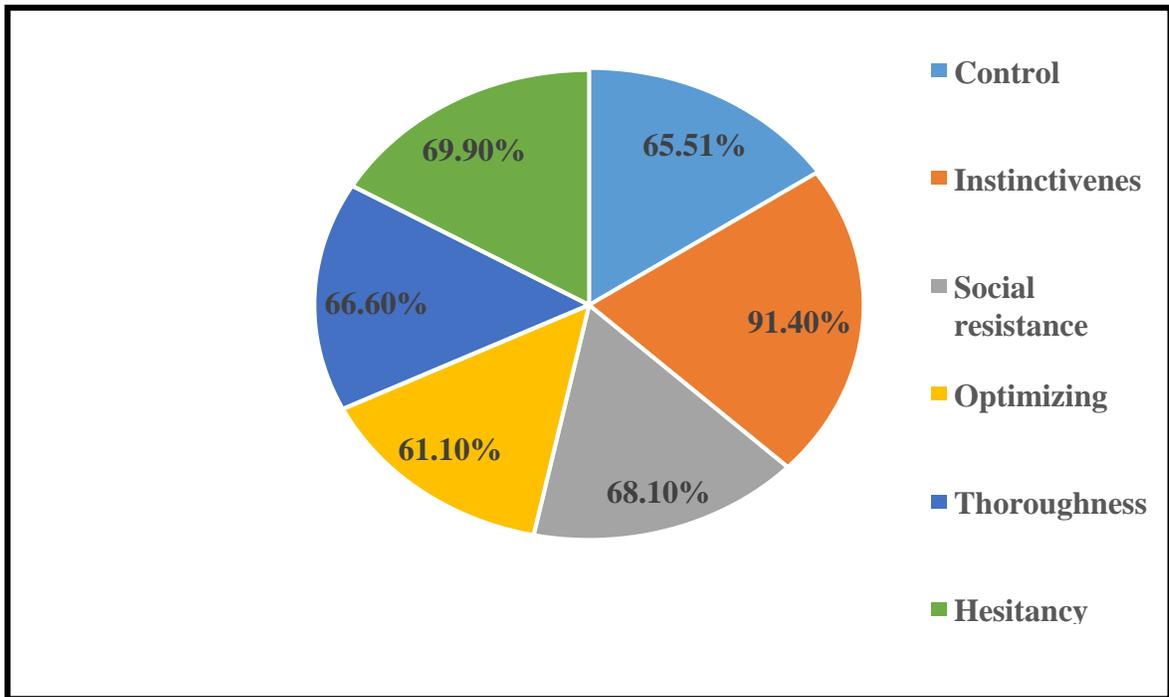
**Table 2: Mean, mean percentage and rank order of different areas of DMC**

**N=100**

Areas of DMC	Maximum Score	Mean	Mean percentage	Rank
Control	35	22.93	65.51%	5
Instinctiveness	15	13.71	91.40%	1
Social resistance	10	06,81	68.10%	3
Optimizing	10	06.11	61.10%	6
Thoroughness	20	13.32	66.60%	4
Hesitancy	10	06.99	69.90%	2

**Minimum score = 20**

**Maximum score = 100**



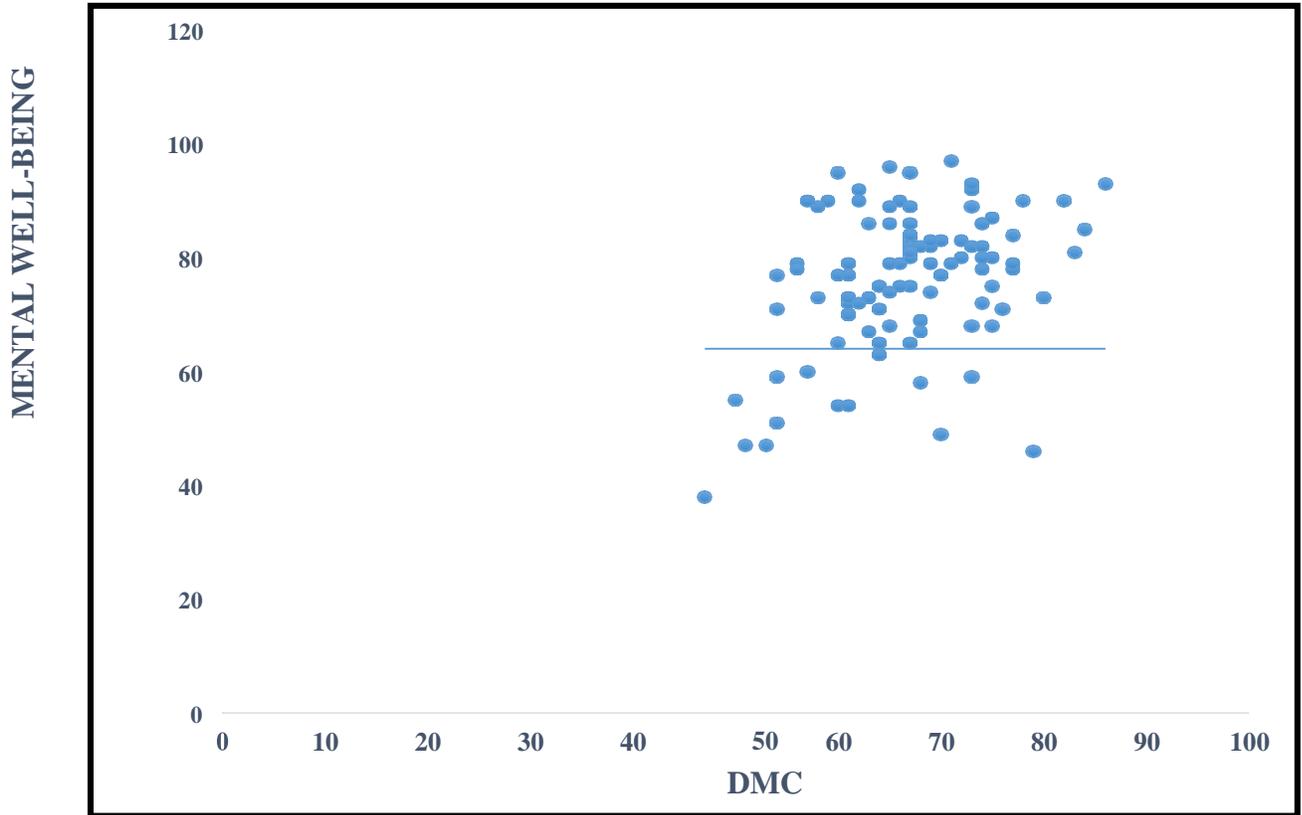
**Figure 2: Percentage distribution of different areas of DMC**

**Table 3: Correlation between mental well-being and DMC: mean and standard deviations.**

N=100

Variables	Mean	Standard deviation	Correlation
Mental well-being	76.15	±12.26	0.902*
DMC	66.73	±7.77	

df (98) \* = Significant at 0.05 level



**Figure 3: Correlation between mental well-being and DMC**

**Table 4: Association between level of mental well-being with socio demographic variables.**

N=100

Socio-demographic variables	Level of Mental well-being			df	Chi-square
	Low (20-50)	Average (51-74)	High (75-100)		
<b>1. Father's education</b>					
A. No formal education	00 (0.00%)	00 (0.00%)	02 (100%)	08	37.38*
B. Primary education	01 (12.5%)	02 (25%)	05 (62.5%)		
C. Secondary education	03 (10.71%)	20 (71.42%)	05 (62.5%)		
D. Graduation	00 (0.00%)	07 (14%)	43 (86%)		

E. Post-graduation 01 (8.33%) 04 (33.33%) 07 (58.33%)

## 2. Mother's education

A. No formal education 01 (50%) 00 (0.00%) 01 (50%) 08 14.87\*

B. Primary education 00 (0.00%) 02 (20%) 08 (80%)

C. Secondary education 00 (0.00%) 11 (42.30%) 15 (57.69%)

D. Graduation 02 (4.34%) 14 (30.43%) 30 (65.21%)

E. Post-graduation 02 (12.5%) 06 (37.5%) 08 (50%)

### \*Significant at 0.05 level

The association of mental well-being with socio-demographic variables such as father's education (37.38) and mother's education (14.87) was statistically significant at  $p < 0.05$  level. Hence, it indicates that father's education and mother's education had significant impact on the mental well-being among early adults.

**Table 5: Association between level of DMC with socio demographic variables.**

Socio demographic variables	Level of DMC			df	Chi-square
	Low (41-60)	Average (61-80)	High (81-100)		
<b>1. Residential area</b>					
A. Urban	14 (20.8%)	53 (79.10%)	00 (0.00%)	04	9.62*
B. Rural	03 (21.42%)	09 (64.28%)	02 (64.28%)		
C. Sub-urban	02 (10.52%)	15 (78.94%)	02 (10.52%)		
<b>2. Currently residing Area</b>					
A. Hostel	15 (19.7%)	60 (78.94%)	01 (1.31%)	04	10.74*
B. PG	01 (33.33%)	01 (33.33%)	01 (33.33%)		
C. Home	03 (14.28%)	16 (76.19%)	02 (9.52%)		
<b>3. Father's occupation</b>					
A. Government job	08 (21.62%)	28 (75.67%)	01 (2.85%)	06	14.30*
B. Private job	07 (24.13%)	22 (75.8%)	00 (0.00%)		

C. Self-employed/ Business man	04 (12.5%)	26 (81.25%)	02 (6.25%)
D. Unemployed	00 (0.00%)	01 (50%)	01 (50%)

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**\*Significant at 0.05 level**

The association of DMC with their socio demographic variables like as residential area (9.62), currently residing in (10.74) and father's occupation (14.30) was concluded significant at  $p < 0.05$  level. Therefore, it reveals that residential area, currently residing in and father's occupation had effect on DMC among early adults.

**Major findings**

Mean score of mental well-being was 76.15 and standard deviation was  $\pm 12.26$  which showed that early adults i.e. 62% had high level of mental well-being.

Moreover, mean score of DMC was 66.73 and  $\pm 7.77$  which Mean score of DMC among early adults was 66.73 and standard deviation was  $\pm 7.77$  which showed that early adults i.e. 77% were having average level of DMC.

The correlation between mental well-being and DMC was significant at df 98 and  $p < 0.05$  level of significant i.e. 0.902 which indicated that there is strong positive correlation.

**Recommendation:**

- The study can be replicated on large sample to validate and generalize the findings.
- The comparative study can be done to assess the mental well-being and DMC among staff nurses.

**Conclusion:**

It has been concluded from the findings of the study that early adults were having high mental well-being and average decision making competency. Furthermore, within the areas of mental well-being, most of early adults had high mental well-being in relation to purpose in life whereas only few early adults had high mental well-being in relation to personal growth in life. Moreover, within the areas of DMC majority of early adults took decision based on instinctiveness however minority of them took decision based on optimized future plan. Additionally, correlation between mental well-being and DMC was strongly positive. These findings could be used in nursing practice in order to assess the level of mental well-being and capability in taking decision in their daily life.

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