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The Relationship between Psychological Health, Self-Confidence and Locus of Control (Internal-External) In Female Education Employees in Mashhad

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Abstract
The main objective of this research is study of self-confidence level relation and control source (internal-external) and the psychological health of employed women. The principal hypothesis is that there is a relation between self-confidence and control source and psychological health of employed women. The statistics population of this study includes all women employed in Education region 4 in Mashhad city. The sample number selected for performing the test of this survey includes 100 employed women that their sampling method is available and purposeful. After gathering and analyzing scores and interpreting the performed tests, results signify that the main hypothesis has been confirmed. Thus, it could be said that according the results of this study psychological health has significant relation with self-confidence. It means that if an individual's mental health is high, his/her self-confidence is also high and vice versa. Also mental health has a relation with control source. Of course, concerning the control source it was demonstrated that people with an internal control source have a higher mental health.

Keywords: mental health, self-confidence, control source (internal and external), employed women

I. INTRODUCTION

The concepts of internal and external Locus of Control (LOC) have received a great deal of attention during the last two decades Locus of control has been defined as the extent to which individuals believe that they have control over their own destiny [1-3]. People with internal LOC believe that they can influence their environment, and that their actions affect what happens to them but people with external LOC believe that they have little influence over the environment and what happens to them is due to external factors such as luck, or the actions of others [5-7]. The relationship between personality and job performance has similarly received considerable attention and debate throughout the 20th century. A new phase of research beginning in the mid-1980s and growing in the early 1990s revealed optimistic results for the personality - job performance relationship (ibid). Contextual performance borrows from Organizational Citizenship Behavior (OCB) and is defined as extra role-discretionary behavior intended to help others in the organization or demonstrate conscientiousness in support of the organization [8].Contextual performance includes behaviors that contribute to organizational effectiveness through its impact on the psychological, social, and organizational context of work. These behaviors include influencing others to carry out organizationally valuable work, defusing hostility and conflict, and encouraging interpersonal trust.

Contextual activities are important because they contribute to organizational effectiveness in ways that shape the organization's social and psychological context. Contextual activities include volunteering to carry out tasks activities that are not formally part of one's job and helping and cooperating with others in the organization to get tasks accomplished.

As reviewed by Benassi, Sweeney, and Dufour (1988) [6-8], researchers have consistently found moderately strong support for the hypothesis that a more external locus of control is associated with greater self-confidence. In Benassi et al.'s (1988) meta-analysis, the relation was found to be equally strong in clinical and in normal populations and in male and female subjects. However, the majority of studies relied on white, middle SES samples.

Mental health at work refers to psychological wellbeing of people working at any organization. In the past, occupational health was concerned with safety and physical health of employees and little attention was paid to mental health aspect. Mental health is a growing field which emphasizes assessment, prevention and intervention to promote psychological well- being of employees. Mental health refers to behaviors, attitudes and feelings that represent an individual's level of personal effectiveness, success and satisfaction [9-11].

Hence, the purpose of this particular study is to show the relationship between locus of control,

psychological health and self-confidence in female education employees.

To conduct this, the under hypothesis were studied:

There is a relationship between psychological health, self-confidence and locus of control (internal-external) in female education employees.

II. MATERIAL AND METHOD
Population, sample and Methods

The statistics population of this study includes all women employed in Education region 4 in Mashhad city. The sample number selected for performing the test of this survey includes 100 employed women that their sampling method is available and purposeful.

Research Tools (procedure)

To achieve this goal, we used the three tests Rosenberg self-esteem, locus of control and mental health (GHQ). Below we introduce three measures:

Rutter control Scale (internal - external)

Locus of control is a construct that describes how one perceives the connection between one's action and its consequences [12-14]. Unlike others who think reinforcements are controlled by external factors (external locus of control), Rutter (1975) stated that some people believe reinforcements are related to their own behavior (internal locus of control).

This scale was developed by Rutter (1966) for assessment of the person's generalized expectations, the internal or external locus of control reinforcement. The social learning theory have been used as the theoretical basis of this measurement tool. The scale consists of 29 items, each of which has two A and B sentences; and 23 of them measures locus of control, and other six items provided for mislead and deviation of participants. In the main forms of Rutter Locus of Control Scale, Getting a high score is indicative of exterior orientation. Scores on this scale range from zero to 23. The minimum score on a scale is zero (indicative maximum internal attitude), and the maximum score that one subject can achieved is 23 (indicating maximum exterior attitude) (Biabangard, 1371). Chauvin and colleagues in a study in 2000 as work-related stress and burnout among caregivers of AIDS used this questionnaire. They reported an alpha coefficient of 0.86 [14-15].

The Rosenberg self-esteem scale (RSES)

The Rosenberg self-esteem scale (RSES), developed by sociologist Dr. Morris Rosenberg [16] is a self-esteem measure widely used in social-science research. The RSES is designed similar to social-survey questionnaires. It is a ten-item Likert-type scale with items answered on a four-point scale from strongly agrees to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings. The original sample for which the scale was developed consisted of 5,024 high-school juniors and seniors from 10 randomly selected schools in New York State. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment [17].

General Health Questionnaire

The General Health Questionnaire (GHQ) is a measure of current mental health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures. The questionnaire was originally developed as a 60-item instrument but at present a range of shortened versions of the questionnaire including the GHQ-30, the GHQ-28, the GHQ-20, and the GHQ-12 is available. The scale asks whether the respondent has experienced a particular symptom or behavior recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual). Mirkheshti (1375) reported alpha 0.93 to test GHQ.

III. RESULTS

The main hypothesis of this research study entitled "The relationship between self-esteem and locus of control and mental health of women employed" was used in the multivariate regression analysis with synchronous method. We report a summary of the statistical results in Table 1.The table reports regression coefficients (b), the standard beta (β), values (t), and significance levels (p), the coefficient of determination (R2), a standardized coefficient of determination (R2.adj), Value F and significant levels.

Table1: The results of the regression analysis of the relationship between locus of control and self-esteem with mental health

		R2	Adj.R2	F	P	B	SEB	Beta	t	p
mental health	locus of control	0.535	0.525	55.891	0.0001	1.698	0.279	0.477	6.09	0.0001
	self-esteem					-1.343	0.280	-0.375	-4.79	0.0001

Table 1 shows the relationship between locus of control with regression coefficient value of 1.69 and We obtain the standard beta .477 with value t=0.66 in the levels significant (P<0.001) This means that the locus of control is related with mental health. The relationship between self-esteem with regression coefficient value of -1.34 and We obtain the standard beta - 0.375 with value t=- 4.79 in the levels significant (P<0.0001). There is the inverse relationship and significant between self-esteem mental health. By considering significant level regression equations in this assumption can be concluded that there is a relationship between self-esteem and locus of control with Mental Health in employed women.

IV. DISCUSSION

Statistical analysis showed the relationship between locus of control with regression coefficient value of 1.69 and We obtain the standard beta .477 with value t=0.66 in the levels significant (P<0.001) This means that the locus of control is related with mental health Since individuals tend to external locus of control at result they think that living events and phenomena out of their power. For example, someone who is experiencing sleeping problems and depression or anxiety instead of using the psychological methods is using false superstitious methods. For this reason, For this reason, problems remain that not solved.

The relationship between self-esteem with regression coefficient value of -1.34 and We obtain the standard beta - 0.375 with value t=- 4.79 in the levels significant (P<0.0001). There is the inverse relationship and significant between self-esteem mental health. This result shows that low self-esteem is also a negative impact on mental health of and its components. People with low self esteem think themselves poor and they think that cannot solve their problems. More time in dealing with obstacles they lose themselves. The results of the analysis of this assumption is consistent with the results of Nabi Banazadeh Mahoney (1382), Zarezadeh (1383), Bahrain (1383), Cristian and Theodor (1990), David Cruise(2001), Kerkealdy and et.al (2002), Thomas and Stetz (2003), Goodman and Cooley and Sewell (2004) and Joksimović and Janjetović (2005).

Limitations
• The study sample was limited.
• Some of the participants, during the test and answer the questions is be tired and did not focus enough that it can be effective in grade exams.

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