

Predictors of Suicidal Ideation among Married Professionals: General Health Problems and Negative Affect

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Abstract

Aim of the present study was to investigate the relationships and predictors of suicidal ideation among married professionals. The sample consists of 300 married professionals within age range of 25 to 40 years. Adult Suicide Ideation Questionnaire (ASIQ; Reynolds, 1991), Negative Affect Schedule Expanded Form (NAS-X; Watson & Clark, 1994), General Health Questionnaire-30 (GHQ-30; Goldberg & Williams, 1988) was administered to selected sample. Data analysed with help of SPSS-16 version and descriptive statistics (mean & SD), Pearson product moment correlation and step wise multiple regression was performed. Results indicated general health problems were found to be significantly positive related to suicidal ideation. Further, Negative Affect was also found to have significant positive relationship with suicidal ideation. Results of step wise regression analysis revealed three significant potent predictor of suicidal ideation among married professionals, i.e. Sadness, Anxiety, and Somatisation.

Key words: general health problems; negative affect and suicidal ideation

Introduction

In the present era of competitive world, professionals are dealing with lots of problems at work place. The problem becomes very critical when they are married because of one or other reason. These inexplicable issues and lacking of appropriate coping strategies sometimes lead to the origins of suicidal ideation which may lead to deliberate self harm. The professionals in many areas such as corporate, education, health, military and other are at greater risks for these problems. There are several factors which may be responsible for suicidal ideation. These factors are personal, social and environmental.

Some married professional are at risk to stressful situation, which may lead to the mental health problems. The link between married working life and mental health problems has become the major concern for the recent researchers. Marital life along with profession puts double responsibility for married professionals with the demands paid equally up to the expected level of society itself. As a result, a huge burden is put on married professionals that lead to psychological problems. The many of mental disorders first can be observed between the ages of 15-24 (Kessler et al., 2005). Health issues pertaining to the young adulthood are related to poor academic, use of substance, employment and related later social outcomes (Eisenberg, Golberstein, & Gollust, 2007). Finding in literature showed that health problems directly related to suicidal ideation. In a study Grant and Hasin (1999) reveal alcohol use and history of alcoholism in the family increased the risk of suicidal ideation. On the other hand researches revealed that Marriage played a protective role in suicidal ideation. Suicidal ideations were more prevailing among economically inactive people (e.g. unemployed) unmarried or divorced people (Kjoller & Larson, 2000; Mofidi, 2009). Health problems are most important factor associated with suicidal ideation among general population (Gili-Planas et al., 2001). Poor physical health and poor mental health are the predicting factors of suicidal ideation among older adults (Yip et al., 2003). Somatic symptom and common mental disorder are related to suicidal ideation (Sumathipala, Siribaddana, & Samarweera, 2004). Subjects with suicidal ideation had more problematic behaviour and poor functioning (Reinherz, Tanner, Berger, Beardslee, & Fitzmaurice, 2006). Poor



sleep quality significantly predicted death by suicide among older adults (Bernert, Turvey, Conwell, & Joiner, 2007). Health problems and Impulsivity was found to be positive associated with suicidal ideation (Neufeld, 2008). Suicidal ideation was significantly associated with poor physical health and family history of suicidal behaviour (Zhang, Stewart, Philips, Shi, & Prince, 2009). Skin disorders are related to suicide ideation among clinical population. The most common skin disorder among those who had suicidal ideation was Acne, Hair Loss, and Psoriasis (Golpour, Hosseini, Khademloo, & Mokhmi, 2010). Physical ill, higher level of hopelessness, and helplessness were the active suicidal ideation (Samaraweera, Sumathipala, Siribaddana, Sivayogan, & Bhugra, 2010). Psychological factors, includes negative family background environmental and task related problems and socio demographic problems were significant associated with suicidal ideation (Anisi, Majdian, & Mirzamani, 2010). Common mental disorders are associated with suicidal ideation among working people (Takusari, Suzuki, Nakamura, & Otsuka, 2011). Single status, unemployment, ill health, physical disorders were strongly associated with suicidal ideation among elderly people (Chan, Liu, Chan, & Chang, 2011). Other important factor such as, poor health, lower self efficacy, community support, dysfunctional coping strategies are related to suicidal ideation (Kavalidou, 2013; O'Dwyer, Moyle, Zimmer, & De-Leo, 2013). In a recent study, general health problems negatively correlated with work satisfaction and positive correlated with work family conflict (Dhanalakshmi, 2015).

Negative Affect and Suicidal Ideation

Affect is a word that catches attention of the scholar throughout the world, because it is a very broad area for researcher to explore. Negative Affect comes under the emotional aspect of subjective well being. It is characterized by the frequency and intensity that subjects are prone to feel negative emotions such as, anger, and sadness. Negative Affect (NA) is a general factor of subjective distress, and it includes a broad range of negative mood states, including fear, anxiety, hostility, scorn, and disgust. Literature suggests that there are very less number of study on the variable of negative affect and suicidal ideation with altogether. Other researcher trying to find out the relationship between negative affect and suicidal ideation. These studies revealed the negative affect found to be positively associated with suicidal ideation whereas positive affect found negatively correlated (Hirsch, Duberstein, Chapman, & Lyness, 2007; Green, Chorpita, & Austin, 2009; Yamokoski, 2006; Yamokorski, Scheel, & Rogers, 2011). It is well established that higher trait NA reflected more negative attitude during job in an organizational setup. High NA employees likely to remain expressively dissatisfied in working setup despite improvements (Watson, Pennebaker, & Folger, 1987). In other study by Brief, Butcher, & Roberson (1995) purposed how high negative affect create situation which leads to dissatisfaction among employees. High NA individual are more sensitive to negative stimuli, and produce more extreme emotion when they experience negative event. In a recent study, Yilmaz and Arslan (2013) examined the relationship between subjective wellbeing and negative affect among university students. They revealed a significant negative relationship between subjective well-being and negative affect. Further, it was found that negative affects significantly describe the subjective well-being. Recent studies found that mental health problems and depression positively correlated among married professionals (Panchal, Joshi

& Kumar, 2014), Mental Health Problems affects the professional working environment (Panchal & Joshi (2020), other research conducted on the police professionals which found that Burnout and Type-A Behaviour significantly related to each other (Sharma, Panchal, & Pal, 2020). Similarly, Occupational Stress play an important role in Work-Family Conflict (Sharma, Panchal, & Pal, 2020). Very recent article focused on the alcohol use affect the mental health problems and work environment of the working professionals (Panchal & Joshi, 2021).

Rationale of the study:

Recent reviews (Greene, Chorpita, & Austin, 2009; Yamokoski, Scheel, & Rogers, 2011) show that there is increase in the suicidal ideations among general population specially in youth adult and old age due to many factors, A large number of studies focus on the role of depression, hopelessness, some of the personality dimensions like psychoticism. Now recent studies try to find out the role of other factors like affect mainly negative affect and health problems. Negative affect is associated with suicidal ideation (Hirsch, Duberstein, Chapman, & Lyness, 2007; Yamokoski et al., 2011). Recent reviews (Bacskai, Czobor, & Gerevich, 2012; Takusari, Suzuki, Nakamura, & Otsuka, 2011) suggest role of health in suicide ideation. There is large number of studies on suicidal ideation in the area of youth, adult and old age but there is paucity of research in the area of married professional especially in India with these variables together. The present study is an attempt in this line. The problem can be stated as "Role of General Health Problems and Negative Affect in Suicidal Ideation among Married Professionals"

Objectives:

- To examine the relationship between general health problems and suicidal ideation among married professionals.
- To examine the relationship between negative affect and suicidal ideation among married professionals.
- To examine the predictors of suicidal ideation among married professionals.

Hypotheses:

- There is will be positive relationship between health problems and suicidal ideation.
- There will be positive relation between negative affect and suicidal ideation.
- General Health Problems and Negative Affect will be the predictor of suicidal ideation.

Sample:

The present study conducted on a sample of 300 regularly employed married professionals (150 male and 150 female) drawn from different organisations using simple random sample. The age range of the sample was from 25 to 40 years. The length of marriage was more than of two years. The job experience of individuals in the profession was on regular basis for at least five years. The sample excluded those professionals who are suffering from any critical disease such as cancer, AIDS etc.

Procedure:



The psychometric tools were administered on the married professionals directly to obtain the data. It was also ensured that the participants had understood the method of responding for the tests. Thereafter scoring was done according to the manual. The scores were statistically analyzed in the light of ‘descriptive statistics’, correlation and regression analyses.

Measures:

The following tests were used in the study

Adult Suicide Ideation Questionnaire (ASIQ; Reynolds, 1991): The ASIQ is 25-items self-report tools for suicide ideation and related behaviour among adults. It is designed by Reynolds (1991b). Participants rate themselves the frequency of suicidal thoughts or behavior which they observed during the past month. It is seven point scale, yielded a total score which range from 0 to 150. The higher scores indicate higher suicide ideation. The ASIQ reveals appropriate reliability and validity (Reynolds, 1991a; 1991b). It has high internal consistency reliabilities for the sample of adult, college student, and psychiatric sample with Cronbach’s alpha coefficients of .96, .96, and .97, respectively (Reynolds, 1991a; 1991b). The ASIQ is significantly related with the depression (r = .60) and hopelessness (r = .53) among the college students (Reynolds, 1991a).

General Health Questionnaire-30 (GHQ-30; Goldberg & Williams, 1988): We have used the 30-items General Health Questionnaire, consisting of fifteen negative words questions which are related to the symptoms of psychological distress and fifteen positive words questions related to everyday functioning. GHQ-30 questionnaire reveals the four dimension of general distress like anxiety, somatisation, social dysfunction and depression. It has 4 point Likert-type scoring system is used for each items, range from 0 (=less than usual) to 3 (=much more than usual). The minimum obtainable score is 0 and the maximum obtainable score is 90, with higher scores indicated more declined mental health. The wording of the items means that they can all be scored in the same direction. The GHQ-30 has revealed most stable and dependable reliability and validity (Goldberg & Williams, 1998).

Positive and Negative Affect Schedule Expanded Form (PANAS-X; Watson & Clark, 1994): The PANAS-X has 60-item adjective words in which respondents rate himself or herself on a scale from 1 (very slightly/not at all) to 5 (extremely), with two higher order scales (Positive and Negative Affect). For the purposes of the present study we use only Negative affect scale which includes 23 items. Earlier research conducted on different sample like university, community, and clinical, internal consistencies for the positive and negative affect scales ranged from .83 to .90 and from .79 to .91 for the two scales, respectively. Strong divergent validity has been demonstrated, as well as strong convergent validity between self and peer ratings and between scores on the PANAS-X and other measures that assess multiple levels of affect (e.g. Profile of Mood States (POMS), (Watson & Clark, 1994).

Results:

The purpose of the study was to explore the relationship and

predictor of suicidal ideation among married professionals. By keeping in view of present study aim we described results accordingly. The inter-correlations between all possible pairs of the variables were computed by applying Pearson Product Moment Method. The obtained correlations are reported in Table-1. It may be pointed out that degrees of freedom being 298 (N=300), a correlation coefficient of .11 and .15 is significant at .05 and .01 level, respectively. The inter-correlations of different sets of variables have been described under separate heading.

Correlation between General Health Problems and Suicidal Ideation

The suicidal ideation and four dimensions of general health problems are found to be positively correlated. The correlation among these measures range between .19 and .30. All the variables of general health problems are found to be positively correlated with suicidal ideation. All variables are significantly and positively correlated at .01 level of significance. It reveals that married professionals who high on general health problems also have high level of suicidal ideation.

Correlation between Negative Affect and Suicidal Ideation

The correlation between suicidal ideation and four dimensions of negative affect are found to be positive. The correlation among these measures range between .22 and .31. All the variables of negative affect are found to be positively correlated with suicidal ideation. All variables are significantly correlated at .01 level of significance. It shows that married professionals high on negative affect also have high level of suicidal ideation.

Variables	Anxiety	Somatisation	Social Dysfunction	Depression	Sadness	Guilt	Fear	Hostility	Suicidal Ideation
Anxiety	---	.03	.12*	.50**	.31*	.35**	.40**	.33**	.30**
Somatisation		---	.72*	.03	.25*	.26**	.26**	.26**	.19**
Social Dysfunction			---	.09	.23*	.24**	.22**	.23**	.20**
Depression				---	.37*	.33**	.39**	.32**	.24**
Sadness					---				.31**
Guilt						---			.27**
Fear							---		.23**
Hostility					1			---	.25**
Suicidal ideation									---
Mean	12.39	9.87	2.99	2.00	7.56	8.61	8.67	9.28	6.29
SD	9.88	6.08	2.51	1.97	2.85	3.11	3.07	3.22	16.10

Note: * Correlation is significant at .05 levels, ** Correlation is significant at the 0.01 levels

Table- 1: Inter-correlation Matrix and Descriptive Statistics

Correlation between General Health Problems and Negative Affect

The correlation between general health problems and negative affect are found to be positive and significant. The correlation



among these measures range from .22 to .40. The entire variable of general health is significantly correlated at .01 level of significance. It reveals that high general health problems married professionals have high levels of negative affect.

Multiple Regression Analysis

Table 2 shows the results of stepwise regression analysis for the dependent measure suicidal ideation in the sample of married professionals. The predictor measure of Sadness accounts for 10% of variance ($R^2 = .10$) in suicidal ideation. R for Sadness variable equals to .31. The F value for this variable is 32.08 which is significant at .001 level of significance. It enters the equation at step one. Results reveal that sadness predicts suicidal ideation among married professionals.

It shows that married professionals have high sadness that makes them susceptible for harming themselves. The next potent predictor is general health related anxiety which enters the equation at step two, accounts for 4% of the total variance ($R^2 = .04$) in suicidal ideation. R for this variable increases to .38 F value being 15.95 which is significant at .001 level of significance. It indicates that general health related anxiety appropriately predict suicidal ideation among married professionals.

Step	Variable	R	R ²	R ² change	Beta	F	P
1	Sadness	.31	.10	.10	.20	32.08	.001
2	Sadness +Anxiety	.38	.14	.04	.23	15.95	.001
3	Sadness + Anxiety + Somatisation	.40	.16	.02	.13	6.02	.01

Table- 2: Summary of Stepwise Multiple Regression Dependent Variable: Suicidal Ideation

The last predictor which enters the regression equation is general health related somatisation. It enters the equation at step three. Somatisation accounts for only 2% of the total variance ($R^2 = .02$) in suicidal ideation among Married Professionals. R increases to .40 with the entry of this variable. The F value for this variable is 6.02 which is significant at .01 level of significance. It shows that somatisation also predicts suicidal ideation among married professionals though the contribution is less.

The measures of Sadness, general health related anxiety, and general health related somatisation jointly account for 16 % of the total variance in Suicidal Ideation ($R^2 = .16$) among married professionals.

Discussion:

The findings of the present study are in support of earlier findings. These findings are discussed in the light of earlier research. As far as relationships among variables are concerned, results of the present study clearly indicate that general health problems show positive association with suicidal ideation among married professionals. The hypothesis 1 regarding the association between general health problems and suicidal ideation is accepted here. Similar findings have also been observed in other studies, Occupational risk factors showed among schools teachers were lack of support from colleagues, health problem, fear of physical

or verbal abuse and teaching levels (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007). It is well established that married working population significantly reported more somatic complaints, social dysfunction, anger and hostility than non-working married population (Sadiq & Ali, 2014).

The hypothesis 2 regarding positive association between negative affect and suicidal ideation is accepted. Results show that there is positive relationship between suicidal ideation and negative affect factors. Similar findings have also been observed in other studies (Dubow, et al., 1989; Pinto & Whisman, 1996).

One of the objectives of the study is to find out predictors of suicidal ideation among married professionals. Stepwise multiple regression was applied while taking suicidal ideation as dependent variable. It was found that three variables predict suicidal ideation. These variables are sadness, general health related anxiety and somatisation. All these variables account for 16 % of the total variance in suicidal ideation among married professionals. The hypothesis 3 regarding the general health problems and negative affect predict suicidal ideation is accepted. There are many cognitive, emotional, and familial factors play a major role in evoking suicidal thoughts among individuals. Study showed that married women were more likely to attempt suicide. They also concluded that participants who having severe suicidal ideation with agitation or paranoid symptoms are more likely to attempt suicide (Srivastava & Kumar, 2005). Somatic symptom and common mental disorder are related to suicidal ideation (Sumathipala, Siribaddana, & Samarweera, 2004).

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