

# An Investigation into the Relationship between Mental Well-being and Decision-making Competency among Young Adults at Chitkara University, Punjab

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## Abstract

*Mental well-being encompasses an individual's holistic state of understanding their own adaptability and effectively navigating life's challenges. It denotes the capacity to comprehend, regulate, and express emotions, as well as to maintain satisfying relationships and cope with the stresses of daily life. Decision-making competency (DMC), on the other hand, encapsulates an individual's ability to take ownership of decision-making processes, ensuring timely and appropriate choices that align with personal values and goals. The essence of simple decision-making lies in the amalgamation of an individual's knowledge, experiences, and adeptness in addressing life's myriad challenges. It is a multifaceted process influenced by cognitive abilities, emotional intelligence, and learned behaviors. Simple decisions, whether mundane or significant, reflect an individual's capacity to assess situations, weigh options, and act in accordance with their best interests. Moreover, mental well-being extends beyond mere emotional stability to encompass cognitive functioning and behavioral responses within personal life domains. It involves the cultivation of resilience, self-awareness, and adaptive coping mechanisms to navigate the complexities of modern existence. Individuals with high levels of mental well-being exhibit greater emotional regulation, problem-solving skills, and interpersonal effectiveness. The correlation between mental well-being and DMC is pivotal, particularly in the developmental phase of young adulthood. Strengthening this relationship fosters resilience and fortifies individuals against life's adversities. Young adults with robust mental well-being are better equipped to navigate transitional phases, pursue opportunities, and overcome setbacks with confidence. In essence, the interplay between mental well-being and DMC underscores the significance of holistic development. Cultivating mental resilience and decision-making skills empowers individuals to navigate life's uncertainties with confidence and competence. By fostering these competencies in young adults, educators, policymakers, and practitioners can contribute to the cultivation of a resilient and empowered generation capable of thriving in an ever-evolving world.*

**Keywords:** Mental well-being, decision-making competency, behavioral response, young adults

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## INTRODUCTION

Individuals of varying ages encounter significant choices that have repercussions on their life trajectories and general welfare. A simple decision results from a combination of different factors, including what we know (or think we know), how a question or problem is framed, our level of expertise and strategies that we have used in the past. Each decision we make depends on a set of cognitive processes in which we balance advantages and disadvantages and deal with some measure of uncertainty as we look for the best strategy or most

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useful conclusion. We might in fact use the same mental processes for trivial decisions as we would for important decisions. Psychologists have spent a century studying how we reason and arrive at decisions and what strategies we use in solving problems. As a result, we know a lot about the mental processes that influence our decision.

As life expectancy increases, individuals are confronted with crucial decisions that influence their financial stability, health, and overall quality of life. However, we may not always be cognizant of the factors guiding our decisions, occasionally leading us astray. Decision-making entails assessing the attributes of various options and choosing the one with the highest probability of yielding favorable results. This process demands cognitive faculties like processing speed, working memory, executive functions, and numeracy.

Daily, individuals encounter choices spanning from selecting between different shampoos, stocks, medical therapies, and social connections. When individuals lack prior experience to guide their decisions, they require a set of broadly applicable decision-making abilities. These encompass gathering pertinent information, implementing overarching principles in specific contexts, and synthesizing these elements into a cohesive decision-making framework. The initial conceptualization of human decision making was that people were entirely rational. The first formal model specified that people know all their options and the likely outcomes about behaviors, that they can make every fine distinctive regarding outcomes differences because of their choices, and that they are fully rational in the decision they make. Traditionally, normative theories of decision-making have outlined optimal approaches for individuals to maximize the expected utility of their outcomes. Descriptive research in behavioral decision-making has long been concerned with identifying instances and reasons for individuals' systematic deviations from these normative theories, as well as assessing the effectiveness of heuristic strategies that may substitute for them. Young adults in college often gravitate toward peers who share similar interests and begin to explore their academic passions outside the confines of high school curricular constraints. Meanwhile, those entering the workforce embark on discovering their career paths and identifying compatible social circles for leisure activities. Mental well-being is influenced by various personal, socio-economic, and environmental factors, much like physical health and illness. Decision-making processes also contribute significantly to shaping and enhancing mental health. Scott and Bruce define decision-making styles as learned habitual response patterns exhibited by individuals when faced with decision situations.

These styles are not inherent personality traits but rather ingrained habits of reacting in specific decision contexts. Decisions are influenced by three main sets of factors: decision features, situational factors, and individual differences. The normative approach to decision-making seeks to identify optimal decision-making principles based on fundamental rules, primarily statistical and logical ones, and evaluate decisions according to these principles. Individuals require a repertoire of broadly applicable decision-making skills, such as extracting relevant information, applying general values in specific contexts, and integrating information into a coherent decision-making framework. Various general skills have been identified, showing correlations among different reasoning and decision-making abilities. The concept of decision-making competence (DMC) encompasses diverse components, including the ability to understand, appreciate, reason, and express a choice; structure decision problems; comprehend relevant information; integrate information and reason about it; recognize the personal significance of information and the limits of one's decision-making skills; and assess beliefs and values. Decision-making styles can be conceptualized in two main approaches: as habitual patterns individuals use in decision-making, and as an individual's characteristic mode of perceiving and responding to decision-making tasks. While self-exploration and identity formation are commonly associated with adolescence, the college years are also recognized as a significant period of personal development. Research on this life stage is still in its early stages, and there is much to learn about how young adulthood differs from adolescence or later adulthood. However, numerous studies have indicated that developmental processes continue beyond puberty and into legal adulthood.

Regarding brain development, it is known that white matter, which comprises axons and myelin sheaths facilitating communication between brain regions, continues to develop until the twenties, with certain pathways reaching peak maturity as late as age 40. One such pathway connects the limbic system, responsible for functions such as emotion and memory, to the frontal lobe, a brain region associated with higher-order cognitive functions like reasoning, decision-making, and planning [1–8].

Unfortunately, relatively little is known about aging and decision-making competence. Studies on mental well-being and decision making traditionally recruited college students who participated in studies. These studies aimed to pinpoint instances when individuals encounter difficulties in decision-making, operating under the assumption that the results would apply to the broader population. For example, if college students struggled with decision-making, it was inferred that individuals with lower levels of education or other disadvantages would also encounter similar challenges. Initial investigations into age-related differences in decision-making competency among adults have yielded varied results. Regardless of whether the reasons behind a decision are rational, irrational, unclear, or nonexistent, adults possess the autonomy to make choices that impact their lives. This right persists even if the outcome of the decision proves detrimental to the individual. However, this right to self-determination holds significance only if the individual is adequately informed, possesses the capacity to make decisions, and is free to choose without coercion. Therefore, the aim of study is to determine the relationship of mental well-being and decision-making competency among young adults [9, 10].

#### **NEED FOR THE STUDY**

The Indian Journal of Medical Research indicates that a significant portion, ranging from 10–30 percent, of young adults aged 20–30 in India is affected by health-related behaviors and conditions requiring immediate attention from policymakers and public health experts. These issues include substance abuse, high-risk sexual behaviors, stress, and common mental disorders, which have enduring consequences. Furthermore, many individuals experience multiple concurrent behaviors and conditions, compounding the risk to their overall health. The National Care of Medical Health in India reports that approximately 6.5% of the Indian population grapples with serious mental disorders, with no observable disparities between rural and urban areas. Suicide rates in India are notable, with an average rate of 10.9 per 100,000 individuals, with most suicide cases occurring among those under 30 years old, often attributed to diminished decision-making competency. The International Journal of Current Microbiology and Applied Sciences, India, highlights that young adults face elevated stress levels as they strive for success in various facets of life, be it at home or in the workplace. A study employing the Psychological Well-Being Scale by Sisodia and Chaudhary found that a significant majority, around 83%, of the sampled population exhibited moderate levels of psychological well-being. Additionally, it notes that women tend to experience more psychological challenges than men due to the burdens of their professional and familial responsibilities. According to the World Health Organization (WHO), approximately 450 million individuals worldwide are affected by mental or behavioral disorders, with nearly 1 million deaths by suicide annually. Four of the six primary causes of years lived with disability are attributed to neuropsychiatric disorders such as depression, alcohol-use disorders, schizophrenia, and bipolar disorder. Mental illness impacts one in four families, contributing to health and social burdens alongside human rights violations, stigma, and discrimination, notably within psychiatric institutions.

In a study published in the Journal of Applied Developmental Psychology in the USA, data gathered from interviews with 10th and 12th-grade students and young adults (mean age=23.36, standard deviation=6.37) revealed differences in decision-making competence between adolescents and young adults, with the latter exhibiting superior performance. Young adults demonstrated a greater tendency to consider the risks and benefits associated with decisions and were more inclined toward seeking advice compared to adolescents.

Moreover, a study featured in the *Frontiers in Psychology* journal from Sweden underscores the significance of assessing people's decision-making competence, defined as their inclination to adhere to normative rational principles in decision-making processes. Such competence may impact the fulfillment of requirements and levels of perceived stress.

According to a study published in the *Psychology Journal of America*, research on young adults indicates a tendency toward making risky and impulsive decisions. Interestingly, findings revealed a progression in risk preference across different age groups, with young children exhibiting the strongest preference for risk, adolescents showing intermediate levels of risk preference, and young adults demonstrating the strongest inclination toward risk aversion.

In another study published in the *Frontier in Human Neuroscience* journal from the USA, it was observed that human adults generally exhibit a tendency to avoid risk, contrasting with children who display less aversion to risk than young adults. The study suggests that the maturation of decision-making circuitry, which includes brain regions supporting decision-making under risk, may contribute to the emergence of mature risk-averse behavior. Specifically, children displaying greater risk aversion exhibited heightened brain activation during decision-making processes in areas such as the ventromedial prefrontal cortex and ventral striatum. These findings suggest that individual variations in the development of risk aversion may stem from differences in the maturation of sensory processes and the integration of prior outcomes into current decision-making behavior. As per research published in the *Frontiers in Psychology Journal* from the USA, the utilization of the internet may offer tools and resources that enhance decision-making abilities; however, there is limited understanding regarding the correlation between internet usage and decision-making skills among young adults. An assessment comprising 12 items was employed to evaluate decision-making proficiency in financial and healthcare domains. It was observed that a higher frequency of internet usage correlated with improved financial and healthcare decision-making capabilities ( $\beta = 0.11$ ,  $p = 0.002$ ). This association remained significant even after adjusting for other factors in a fully adjusted model ( $\beta = 0.08$ ,  $p = 0.024$ ). These findings suggest that internet use is linked to enhanced decision-making regarding health and financial matters among young adults. Further research is needed to explore whether encouraging internet utilization can lead to advancements in healthcare and financial decision-making. As we experienced among peer group, community people and during our clinical experience, young adults facing difficulty in making decision, usually making choices under impulsion and stress which lead to poor decision making, which causes mental health problems such as anxiety, depression, suicidal thoughts etc. [11, 12].

Hence, we have undertaken this study to find out the relation of mental well-being and decision-making competency in young adults.

### **AIM OF THE STUDY**

The aim of this study is to examine the correlation between mental wellness and decision-making proficiency among individuals in the young adult demographic.

### **OBJECTIVES**

1. To assess the mental well-being among young adults.
2. To assess the decision-making competency among young adults.
3. To find out the relationship between mental well-being and decision-making competency among young adults.
4. To find out the association of mental well-being and decision-making competency among young adults with their selected socio-demographic variables.

### **OPERATIONAL DEFINITIONS**

- *Mental well-being*: It refers to the cognitive, behavioral, and emotional well-being of early adults.

- *Decision-making competency*: It refers to an ability of early adults to select a course of an action from two or more alternatives to solve a specific problem.
- *Young adults*: It refers to adults in the age group of 20–30 years, studying in selected college of Rajpura, Punjab.

### **ASSUMPTIONS**

The mental health of young adults may have some relationship with their decision-making competency.

### **DELIMITATION OF THE STUDY**

The study was limited to only 100 young adults in the age group of 20–30 years in a selected college of Rajpura, Punjab.

### **REVIEW OF LITERATURE**

Review of literature is comprehensive description as well undervaluation of the evidence related to the given topic literature review foundation up on which two base knew knowledge generally conducted before and data is collected. Their view of literature on various studies related to mental well-being and DMC is arranged under the following headings.

- *Section I*: Literature related to mental health among young adults.
- *Section II*: Literature related competency among young adults
- *Section III*: Literature related to the relationship between mental well-being and decision-making competency among early adults.

#### **Section I: Literature Related to Mental Health among Young Adults**

This longitudinal investigation by Rachel Jewett Catherine M. Sabastian (2014) explored the link between engaging in school sports during adolescence and mental well-being in early adulthood. Over the course of five years of secondary school, 853 adolescents reported their involvement in school sports. In early adulthood, they self-reported depressive symptoms, stress levels, and their overall mental health status. Participation in school sports during adolescence emerged as a significant predictor of reduced depressive symptoms, decreased perceived stress, and enhanced self-rated mental health in young adulthood [13].

Little is understood about the enduring mental health effects of early deprivation, despite one in four American children being born into poverty. A study involving emerging adults (n = 196, mean age = 17.30 years, 53% male) by Gary W. Evans and Rochelle C. Cassells (2013) revealed that prolonged exposure to poverty from birth to age 9 was associated with poorer mental health outcomes in these individuals. This association persisted even after accounting for concurrent adult income levels. Specifically, self-reported externalizing symptoms and performance on a learned helplessness behavioral task were negatively impacted by childhood poverty. However, internalizing symptoms were not affected by early poverty. Further analysis indicated that part of the reason for the detrimental impact of early poverty on mental health in emerging adults was the heightened exposure to cumulative risk factors assessed at age 13. The longitudinal relationship between childhood poverty and externalizing symptoms, as well as learned helplessness behavior, was partially mediated by exposure to various psychosocial (e.g., violence, family discord, separation from family) and physical (e.g., noise, overcrowding, substandard housing) risk factors during adolescence [14].

Wardlaw, Morris, and Glazebrook (2016) conducted a study involving 483 students from two British universities. Participants were assigned to watch a video vignette featuring a student exhibiting symptoms of depression. Most respondents reported their intention to offer support and information, while only eight individuals (1.6%) expressed a willingness to evaluate the risk of harm. Gender did not appear to have a significant effect on the outcomes [15].

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Jennifer A. McGowan, Brown, Fiona C. Lampe, Lipman, Smith, and Rodger (2018) conducted a study examining the relationship between resilience, aging with HIV, and well-being. Resilience, associated with improved physical and mental health, is believed to increase with age. This cross-sectional observational study involved HIV-positive (N=195) and HIV-negative (N=130) adults in the UK. The study evaluated the associations between HIV diagnosis duration and resilience (RS-14) and examined resilience's correlation with depression, anxiety symptoms (PHQ-9 and GAD-7), and difficulties with activities of daily living (ADLs) (Euroqol 5D-3L). In the multivariable model for adults, overall HIV status did not significantly correlate with resilience. However, longer duration since HIV diagnosis was linked to lower resilience, while older age exhibited a non-significant tendency towards higher resilience. Among adults living with HIV, high resilience was associated with a lower prevalence of depression, anxiety, and ADL problems. This suggests that resilience should be considered when assessing the well-being of aging adults with HIV [16].

Stranges, Samaraweera, Taggart, Kandala, and Stewart-Brown (2016) conducted a study focusing on major behavioral risk factors known to have adverse effects on health outcomes and strong associations with mental illness. The study involved 13,983 young adults who provided valid responses during the combined 2010 and 2011 surveys. Mental well-being was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The study found that individuals with obesity had an increased likelihood of low mental well-being compared to those with a middle-range category of mental well-being (up to 1.72, 95% confidence interval). However, high mental well-being was not significantly correlated with categories of BMI or alcohol intake. Notably, alcohol intake and obesity were associated with low, but not high, mental well-being [17].

Welch Scott, Burgh Taiglach, King Michael, and McManus Sally (2007) conducted a study aimed at describing mental well-being in a sample of the general population and assessing the extent to which mental well-being and mental illness are distinct from each other. The study involved a secondary analysis of a survey conducted among 7,293 adults in England. Nine survey questions were identified as potential indicators of mental well-being, while common mental disorders were determined using the Revised Clinical Interview Schedule (CIS-R) based on ICD-10 criteria. Principal components analysis was employed to elucidate the factor structure of mental well-being and generate indicators. The analysis revealed that eight items corresponding to hedonic and eudemonic well-being accounted for 36.9% and 14.3% of the total variance, respectively. It was observed that hedonic well-being tended to be lower and eudemonic well-being higher in women. Associations of well-being with age, gender, income, and self-rated health were minimally affected by adjustment for symptoms of mental illness. Furthermore, the study found that associations with mental well-being were relatively independent of symptoms of mental illness, suggesting that mental well-being can persist even in the presence of mental suffering [18].

Saladin Keziah and Mason Bambara (2016) conducted a study aimed at identifying obstacles to seeking mental health assistance among young adults in the UK through a cross-sectional survey. Despite the widespread occurrence and impact of mental health issues among young individuals, research indicates that they often refrain from seeking professional assistance. The study sought to explore the reasons behind this reluctance among young adults to seek support for emotional or mental health challenges. The survey, conducted online, targeted young adults aged 18–25 from the general UK population. It comprised an anonymous questionnaire assessing psychological distress, preferences for seeking help, and barriers to accessing assistance, which encompassed the Barriers to Access to Care Evaluation (BACE) scale. Additionally, participants were asked an open-ended question to elucidate their reasons for not seeking help previously. Qualitative feedback was analyzed using thematic analysis. The findings revealed that 35% of participants who reported experiencing emotional or mental health difficulties refrained from seeking any form of formal or informal support. Stigmatizing beliefs, difficulty in identifying or articulating concerns, a preference for self-reliance, and



challenges in accessing assistance emerged as prominent barrier themes among respondents. The study suggests that young adults grappling with psychological distress may encounter difficulties in seeking help from others [19].

S. Roslyn, N. Ahmad, N. Nabilla, and Z. Ghiami (2017) conducted a study to assess the psychological well-being among postgraduate students, aiming to determine its level and its correlation with demographic variables such as age and field of study. Psychological well-being questionnaires were distributed to a sample of 192 Master of Education students. The results indicated that Master of Education students exhibited a moderately high level of psychological well-being. Variations in psychological well-being were observed across different age groups ( $F(4,167) = 3.178, p = 0.01$ ) and fields of study ( $F(8, 163) = 2.668, p = 0.01$ ). Notably, students aged 41 years and older showed the highest level of psychological well-being ( $M = 5, SD = 0.71$ ) based on the findings [20].

## **Section II: Literature Related to Decision-making Competency among Young Adults**

Petronella Groote-Wiegerts (2017) discusses the significance of respecting children's evolving autonomy and involving them in decisions about their treatment and participation in research, as emphasized by various international laws and guidelines. However, there is no universal consensus on the age at which minors should be considered decision-making competent, as maturity levels can vary among individuals of the same age. Furthermore, children who were rational conversationalists may exhibit noncompliance during adolescence. The decision-making competence of minors is influenced by age, context, and development, and this article focuses on how brain development impacts the decision-making process in children [21].

In his 2018 study, Geisler Martin explored the significance of decision-making competence, defined as the inclination to adhere to normative rational principles in decision-making processes, which can affect how well requirements are met and the levels of perceived stress experienced. Additionally, perceived stress may be influenced by social orientation and time orientation, such as the need to meet deadlines and societal expectations. Through two studies involving students ( $n=118$ ) and professionals, specifically police investigators ( $n=90$ ), the relationship between three individual difference factors—decision-making competence, social orientation, and time approach—and perceived stress was examined. The findings indicated that social orientation and time approach were correlated with perceived stress levels, whereas decision-making competence did not demonstrate such a relationship. These results suggest that while social orientation and time approach play significant roles in perceived stress, further investigation is warranted to fully understand the impact of decision-making competence on perceived stress [22].

In their 2010 study, Fin Cane, Melissa, Gullion, and Christina aimed to assess the reliability and validity of a tool designed to measure decision-making competence (DMC) in older adults. They recruited a sample comprising 205 younger adults (aged 25–45 years), 208 young-older adults (aged 65–74 years), and 198 old-older adults (aged 75–97 years) to evaluate judgments and decisions related to health, finance, and nutrition. The study introduced reliable indicators for comprehension, dimension weighting, and cognitive reflection. Unlike previous studies, this research enabled a comparison between old-older and young-older adults. As anticipated, the performance of old-older adults was inferior to that of young-older adults, and both groups of older adults exhibited poorer performance compared to younger adults. Hierarchical regression analyses revealed that various factors, including social variables, health indicators, basic cognitive abilities, attitudinal measures, and numeracy, accounted for a substantial amount of variance in decision performance across age groups. Structural equation modeling identified significant pathways linking three exogenous latent factors—crystallized intelligence, other cognitive abilities, and age—to the endogenous DMC latent factor. The study concludes by highlighting the necessity for further research to validate the practical significance of performance on the given tasks in real-life decision-making scenarios [23].

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Leslie R, Reith-Nigerian, Daleiden EL, Brace, and Chordia (2016) conducted a study aiming to leverage the substantial amount of knowledge pertinent to prevention endeavors. This paper delineates strategies to harness such knowledge through evidence-based decision-making. In this context, knowledge, or "evidence," is construed as emanating from various sources, encompassing research, individual insights, collective history, and pertinent theory. The proposed strategies for facilitating evidence-based decision-making entail: (1) intervention knowledge management; collaborative design of knowledge resources for intervention, and developmentally sensitive training and supervision. Each strategy is accompanied by examples and delineated benefits. Ultimately, the argument posits that evidence-based decision-making embodies a scientific approach and warrants consideration within primary prevention, given its early success in the secondary intervention of youth mental health [24].

Donald F Dansereau, Knight DK, and Flynn P (2014) conducted a study on human judgment and decision making (JDM), which reveals significant potential for enhancement, particularly among adolescents. The growing complexity of technology and social dynamics necessitates more impactful interventions and aids for JDM. Recent advancements in this field highlight dual processing models that integrate experiential and analytic processing systems. According to these models, judgments and decisions stemming from the experiential system are swift and rely on automatic recall of stored episodes, while those rooted in the analytic system are slower and involve conscious deliberation. However, these models overlook the development of an intersection between the two systems, despite indications from memory and educational research suggesting that such an intersection underlies wisdom and expertise. Therefore, the present paper introduces an Integrated Judgment and Decision-Making Model (IJDM) that incorporates this component [25–27]. Wisdom and expertise are theorized to comprise schematic structures that arise from repeated exposure to similar episodes or deliberate analytical practice. The addition of this component broadens the foundation for selecting and designing interventions to enhance adolescent JDM compared to dual system models. Moreover, its development has broader implications for enhancing cognitive interventions by integrating principles from athletic training to foster automated, expert behaviors [28].

In 2016, a study was carried out focusing on adolescence, a developmental stage that begins with the start of puberty (usually around age 12) and extends into young adulthood (around age 21–24). This phase is uniquely marked by growing independence and greater opportunities for making significant decisions, unlike the earlier years of childhood. However, adolescence is also marked by certain restrictions on decision-making in areas such as consenting to medical treatment, abortion, participation in research, and alcohol and tobacco use, which often require individuals to be 18 years or older. These decisions coincide with substantial physical, cognitive, emotional, and psychosocial changes, amidst societal influences that provide contradictory messages, both encouraging and limiting decision-making autonomy, particularly in matters involving health risks. The multitude of factors influencing decision-making during adolescence and adulthood encompasses cultural norms promoting autonomy and risk-taking, parental supervision aimed at mitigating risky health behaviors, and peer influence, which can be either positive or negative regarding health-related choices [29].

Bochum C, Lysaght R, and Stuart H (2018) conducted a study on the onset of psychosis, which frequently occurs during young adulthood, a period characterized by the pursuit of significant educational and career aspirations that may be disrupted by the emergence of major impairments. Previous research has overlooked the developmental aspect of employment and education decision-making among young adults experiencing their first episode of psychosis as they navigate various life circumstances. The objective of this grounded theory investigation was to develop a model outlining the career decision-making processes of young adults experiencing their first episode of psychosis and the factors influencing these decisions. The study revealed that the career decision-making process among these individuals is a complex, iterative process unfolding over three phases of illness and influenced by various internal and environmental factors. These findings underscore the importance of considering the phase of illness and the stage of career decision-making in designing future vocational interventions for young adults experiencing their first episode of psychosis [30].



Paulsen Michael L, Platt Scott A, and Brannon (2011) conducted research on adolescents, who are often inclined to make impulsive and risky decisions. This tendency has led to the widely held belief that dysfunction in risk-related decision-making reaches its peak during adolescence. However, discrepancies in the definition of risk across studies have made it challenging to draw definitive conclusions about developmental changes in risky decision-making. In this study, a non-symbolic economic decision-making task was developed that could be applied across a broad age range and that utilized coefficients of variation (CV) in rewards as a measure of risk. The results showed that younger children exhibited the strongest preference for risky options compared to certain ones with equal expected value, while adolescents showed an intermediate level of risk preference, and young adults displayed the strongest aversion to risk. Additionally, children's preference for risky options increased as the CV of rewards increased, whereas adolescents and young adults exhibited the opposite trend, preferring certain options more frequently as the CV increased. Furthermore, when faced with two options involving a trade-off between risk and return, all three age groups demonstrated a greater preference for the option with lower risk and return as the disparity in risk between the two options grew. These findings highlight clear age-related disparities in economic risk preferences that are contingent upon the level of risk in the choices presented. Notably, adolescence appears to represent an intermediate stage in decision-making behavior along the continuum from childhood to adulthood, rather than a period characterized by heightened preference for economic risk [31].

### **Section III: Literature Related to Relationship between Mental Well-being and Decision-Making Competency among Young Adults**

Jozef Bavoľár and Oľga Orosová (2015) conducted a study examining decision-making styles and their correlations with decision-making competencies and mental health. The research aimed to assess the psychometric properties of the general decision-making scale (GDMS) using a sample of high school and university students in Slovakia. Additionally, the study explored the relationship between decision-making styles, decision-making competencies, and mental health as criteria for validity. The participants included 427 Slovak high school and university students, with females comprising 64.6% of the sample. Results indicated that the GDMS exhibited good internal consistency, and its original factor structure was validated. The study revealed modest yet significant associations between decision-making styles. Furthermore, two decision-making styles emerged as significant predictors of general decision-making competency (avoidant and spontaneous), while another two styles were identified as predictors of mental health. Specifically, the intuitive decision-making style was found to be a protective factor, whereas the avoidant style posed a risk factor [32].

Fula Cenkseven-Önder and Guzman Çolakkadioğlu (2013) conducted a study to evaluate decision-making and problem-solving as indicators of well-being among adolescents. The aim was to investigate subjective well-being concerning problem-solving abilities, self-esteem in decision-making, and decision-making styles in adolescents. The study administered the Positive and Negative Affect Scale, Satisfaction with Life Scale, Adolescent Decision-Making Scale, and Problem-Solving Inventory to 377 adolescents, with females comprising 52.8% of the sample, with a mean age of 15.72 and a standard deviation of 1.21. The findings indicated that “problem-solving” and “self-esteem in decision-making” significantly influenced subjective well-being and its various dimensions. Moreover, the study revealed that the “vigilance style” was a notable predictor of subjective well-being and positive affect, while the “panic style” emerged as a predictor of negative affect. Conversely, the “cop-out style” in decision-making was not found to be a significant predictor of subjective well-being and its dimensions. The study identified “problem-solving,” “panic style,” and “self-esteem in decision-making” as predictors of negative affect [33].

Viola Magdalena Maria, Muss Pasquale, Ingo glia Sonia, Lucco Algida and Inguglia Cristiano (2017) conducted study to identify relationships between career in decision, search for work self-efficacy and psychological well-being in Italian never-employed young adults. The study examines the correlation between self-worth and social support from employment (SWSE) and career decision-making,

specifically in terms of lack of readiness (LoR), among 148 Italian young adults who have never been employed. Their ages ranged from 18 to 29 years, with a mean age of 25.95 and a standard deviation of 2.73. The majority of participants were White Italians (96%) from middle-class backgrounds, and a significant portion still resided with their parents (87%), despite over half of them being in a stable romantic relationship (68%) and holding a university degree (59%). Overall, participants' majors were diverse: Architecture (7.43%); Economics (9.46%); Engineering (6.76%); Agricultural Sciences (7.43%); Mathematical, Physical, and Natural Sciences (9.46%); Law (10.14%); Political Science (8.78%); Humanities and Philosophy (12.16%); Psychology and Educational Science (11.49%), Medicine (7.43%), other (9.46%). Findings revealed that self-worth and social support from employment (SWSE) demonstrated a negative correlation with lack of readiness (LoR) when not considering psychological well-being (PWB) [34].

Mental well-being refers to an individual's comprehension of their suitability and ability to manage life's pressures, while decision-making competency (DMC) entails the capacity for individuals to effectively make and assume accountability for fulfilling commitments through timely and appropriate decisions. A simple decision making is a 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 association between mental well-being and DMC contributes to enhancing resilience among adults. The study was conducted at D.A.V Institute of Engineering and Technology (DAVIET) in Jalandhar, Punjab. A total of 100 participants were chosen using a non-probability purposive sampling method to gather 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 vicarious-making competency, in early adults, contributing to their mental well-being.

## METHODOLOGY

Research methodology refers to the methods research uses in performing research operations. Research methodology holds paramount importance in research as it serves as the foundational structure for conducting a study. It encompasses the overall framework for organizing the process of collecting valid and reliable data or investigating. Research methodology provides a systematic approach to addressing research problems, incorporating steps, procedures, and strategies for gathering and analyzing data in a research inquiry.

This article deals with

- Research approach
- Research design
- Research setting
- Target population
- Sample and sampling technique
- Inclusion criteria
- Selection and development of tool
- Description of tool
- Validity of tool
- Reliability of tool
- Pilot study
- Data collection procedure
- Ethical consideration
- Plan of data analysis

### **Research Approach**

The quantitative research approach aims to obtain precise numerical measurements and encompasses the overall strategy selected to conduct the study. Additionally, it indicates potential conclusions that can be inferred from the data. Therefore, it is deemed suitable for the current study, which aims to evaluate the mental well-being and decision-making competency of young adults at Chitkara University.

### **Research Design**

The research design serves as the comprehensive blueprint outlining the methodology and process for gathering and analyzing essential data in a research endeavor. In this study, a non-experimental, correlational research design is employed to evaluate the mental well-being and decision-making competency among young adults. This design is deemed most suitable for examining the association between two variables without any intervention, within a natural setting.

### **Research Settings**

Quantitative research endeavors typically involve large, representative samples to enable the generalization of their findings. Permission was obtained to conduct the study at Chitkara University in Punjab.

### **Target Population**

The target population comprises all individuals or objects that meet specific criteria defined for the study. In the present study, the target population are the young adults under 20–30 years of age studying in the Chitkara university, Punjab.

### **Sample and Sampling Technique**

Sample size is comprised of 100 young adults from Chitkara University, Punjab. Sample selection is done based on inclusion and exclusion criteria. Under non-probability method, purposive sampling technique is adopted to select sample.

### **Inclusion Criteria**

- Young adults studying at Chitkara University, Punjab.
- Young adults who were available at time of data collection and willing to participate in the research study.
- Student who understood English language.

### **SELECTION AND DEVELOPMENT OF TOOL**

As the study is concerned to assess the mental well-being and decision-making competency among young adults, after intensive review of literature on relevant topic and after discussion with experts and guide, standardized Likert scale was used to assess the mental well-being and decision-making competency of young adults. The tool is developed in following way:

- Part A: This part includes socio-demographic variables of the young adults.
- Part B: Warwick-Edinburgh mental wellbeing scale
- Part C: Decision-making questionnaire rating scale

### **Description of Tool**

The tool consists of three parts:

1. *Part A: Socio-demographic variables*

This part includes socio-demographic variables of the participant. Socio-demographic variables include age, gender, marital status, qualification, occupation, residential area, type of family, father's occupation, mother's occupations, father's education, mother's education, and family income per month (In rupees).

2. *Part B: Likert scale to assess the mental well-being among young adults*

This scale is standardized rating scale to assess mental well-being among young adults (Table 1).

### 3. Part C: Likert scale to assess the decision-making competency among young adults

This scale is modified rating scale to assess decision making competency among young adults. It includes 20 items related to various areas of decision-making competency as controls (Q1, Q6, Q7, Q12, Q16), instinctiveness (Q2, Q4), optimizing (Q5, Q15), thoroughness (Q9, Q13, Q19, Q20), hesitancy (Q10, Q11, Q14) and social resistance (Q3, Q17, Q18). The response to items were categorised into four; never, infrequently, quite frequently, frequently and always (Table 2).

### Validity of Tool

The validity of the tool is established through feedback and opinions gathered from guides and experts regarding the relevance of its items. The tool is distributed among guides and experts from diverse nursing fields, and adjustments are made based on their valuable recommendations.

**Table 1.** Criterion measurements for mental wellbeing.

S.N.	Criteria	Score	Percentage
1.	High mental well-being	53–70	53–70
2.	Average mental well-being	35–52	35–52
3.	Good mental well-being	14–35	14–35

**Table 2.** Criterion measurement of decision-making competency.

Criteria	Score	Percentage
High decision-making	81–100	81–100
Average decision-making	61–80	61–80
Low decision-making	41–60	41–60
Very low decision-making	20–40	20–40

### Reliability of Tool

The tools used in study (mental wellbeing and decision-making competency) both are standardized. The computed value of Brown Prophecy Formula for mental well-being scale is 0.77 and for decision making competency scale is 0.97. Therefore, the instruments were deemed dependable and practical for the study's objectives.

### Pilot Study

After obtaining formal approval letter from the concerned authority of Chitkara University, Punjab. In January 2023, a pilot study involving 10 young adults, constituting one-tenth of the sample, was carried out to assess the feasibility of the research. The participants were selected using a non-probability purposive sampling method, and the study's objectives were clearly communicated to them. The subjects were assured anonymity and confidentiality of the information provide by them formed consent was taken from those who were willing to participate in the study. The sample selected in the pilot study was excluded in the actual study. The self-report method was used to collect data from young adults. The pre-testing of the self-structured rating scale for mental well-being and modified rating scale for decision making competency was done to check the clarity of items, their feasibility, reliability, and practicability. The participants found all the items in the instruments understandable. The gathered data underwent analysis through both descriptive and inferential statistics. The research was determined to be feasible [35].

### Data Collection Procedure

In February, the final data collection took place following administrative approval. Written consent was obtained from relevant authorities, and the study's purpose was communicated to the participants. Assurances were given regarding the confidentiality and anonymity of their responses, and informed consent was acquired from those opting to partake. A total of 100 young adults were selected through purposive sampling. Young adults themselves completed Parts A, B, and C of the tool. Data collection

was carried out with those young adults available during the collection period. On permitted time, the tools were given to young adults and got filled by them. The collected data was then organised for analysis [36, 37].

### **Ethical Considerations**

- Permission to conduct the study was taken from the dean of the respected department of the Chitkara University, Punjab.
- The young adults provided consent that was informed before the study commenced.

### **Plan of Data Analysis**

Data analysis and interpretation were conducted in accordance with the study objectives, employing descriptive and inferential statistical methods. Frequency and percentage distributions were utilized to characterize the socio-demographic variables of the young adults. Mean, mean percentage and Standard deviation was used to assess the mental well-being and decision-making competency of young adults. Correlation coefficient was applied to determine the relationship between mental well-being and decision-making competency of young adults. The chi-square test was employed to examine the relationship between the mental well-being and decision-making competency of young adults enrolled in the chosen college and their respective socio-demographic factors.

### **ANALYSIS AND INTERPRETATION OF DATA**

This article focuses on the analysis and interpretation of collected data to evaluate the mental well-being and decision-making competency among young adults enrolled in the Department of Computer Science Engineering (CSE) at Chitkara University, Rajpura, Punjab. A total of 100 young adults were purposively sampled for the study, which took place in February 2023. Data analysis involved the use of descriptive and inferential statistics.

Data analysis refers to the systematic organization and synthesis of research assumptions based on collected data. It is a method utilized to condense, organize, and derive meaning from data. Another objective of data analysis, irrespective of data type, is to impose structure on a large volume of information, enabling synthesis, interpretation, and communication of the data.

### **Organization and Presentation of the Data for Analysis**

The raw data collected was entered in master sheet, tabulated, analyzed, and interpreted by using descriptive and inferential statistics. The data is being represented under following headings:

- *Section I:* Description of sociodemographic variables by using frequency and percentage.
- *Section II:* Assessment of mental well-being and decision-making competency among young adults.
- *Section III:* Relationship of mental well-being and decision-making competency among young adults.
- *Section IV:* Association of mental well-being and decision-making competency among young adults with their selected socio-demographic variables by using chi-square test.

### ***Section I: Description of Socio-demographic Variables by Using Frequency and Percentage***

Table 3 indicates that young adults were distributed into various categories according to age of young adults, gender, currently residing in, type of family, father's education, mother's education, and family monthly income (in rupees).

- According to age, 84 (84%) young adults were in the age group of 20–22 years, 16 (16%) young adults were in age group of 23–25 years, and there were no young adults under the age of 26–28 and 29–30 years.
- According to gender, most of the young adults, i.e., 55 (55%) were female and 45 (45%) young adults were male.

- According to the currently residing area, most of the young adults, i.e., 57 (57%) were living in hostel, 26 (26%) of young adults were living in the PG, and 17 (17%) of young adults were living in their homes.
- According to the type of family, 61 (61%) most of the young adults were having joint family, and 39 (39%) young adults had a nuclear family.
- According to the father's education, 61 (61%) of the young adult's fathers were graduate, 32(32%) of young adult's father were having secondary education, 6 (6%) adult's fathers were having primary education and 1 (1%) young adult's fathers were having no formal education.
- According to the mother's education, 67 (67%) early adult's mothers were graduate, 22 (22%) of early adult's mothers were having secondary education, 9 (9%) young adult's mothers were having primary education, and 2 (2%) young adult's mothers were having no formal education.
- According to the family, monthly income (in rupees), 69 (69%) of the young adults were having 70,000 and above monthly incomes, 12 (12%) young adults were having 50,000–70,000 monthly income, 10 (10%) young adults were having 30,000–50,000 monthly incomes, and 09 (9.0%) young adults having less and equal to 20000 monthly incomes.

## ***Section II: Assessment of Mental Well-being and Decision-making Competency among Young Adults***

### ***Objective I: To Assess the Mental Well-Being among Young Adults***

The mean score of mental well-being among young adults was 46.09 and standard deviation was  $\pm 10.64$  which showed that young adults had average mental well-being.

- Most of the young adults 66(66%) were having average mental well-being.

### ***Objective II: To Assess the Decision-Making Competency among Young Adults***

Mean score of decision-making competency among young adults was 79.13 and standard deviation was  $\pm 8.95$  which showed that young adults had average decision-making competency.

- Most of the young adults 51(51%) were having average decision-making competency.

Table 4 indicates that mean value is 46.09 with standard deviation  $\pm 10.64$ .

Table 5 and Figure 1 indicate that most young adults (66, 66.0%) were having average mental well-being, 22 (22.0%) young adults were having high mental well-being, and only 12 (12.0%) young adults were having low mental well-being.

**Table 3.** Frequency and percentage distribution among early adults according to their socio-demographic variables (N = 100).

Socio-demographic variables	Frequency (f)	Percentage (%)
<i>1. Age (in years)</i>		
a. 20–22	84	84.0%
b. 23–25	16	16.0%
c. 26–28	0	0.0%
d. 29–30	0	0.0%
<i>2. Gender</i>		
a. Male	45	45.0%
b. Female	55	55.0%
<i>3. Current residence</i>		
a. Hostel	57	57.0%
b. PG	26	26.0%
c. Home	17	17.0%
<i>4. Education of father</i>		
a. No formal education	1	1.0%
b. Primary education	6	6.0%
c. Secondary education	32	32.0%



d. Graduate or above	61	61.0%
5. Type of family		
a. Joint	61	61.0%
b. Nuclear	39	39.0%
6. Education of mother		
a. No formal education	2	2.0%
b. Primary education	9	9.0%
c. Secondary education	32	32.0%
d. Graduate or above	67	67.0%

**Table 4.** Mean and standard deviation of mental well-being among young adults (N = 100).

Criterion variable	Mean	Standard deviation
Mental well-being	46.09	±10.64
Maximum score = 70 Minimum score = 14		

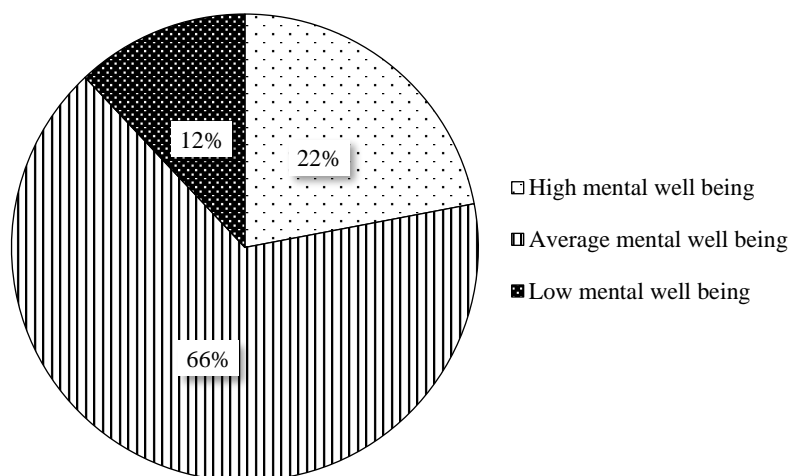
**Table 5.** Level of mental well-being among young adults (N = 100).

Level of mental well-being	Score range	Young adults	
		Frequency (f)	Percentage (%)
High mental well-being	53–70	22	22.0%
Average mental well-being	35–52	66	66.0%
Low mental well-being	14–34	12	12.0%
Maximum score = 70 Minimum score = 14			

**Table 6.** Mean and standard deviation of decision-making competency among young adults (N=100).

Variables	Mean	Standard deviation
Decision making competency	79.13	±8.95

Maximum score =100, Minimum score =20



**Figure 1.** Percentage distribution of mental well-being among young adults.

Table 6 indicates that the mean of decision-making competency (DMC) among young adults was 79.13.

Table 7 and Figure 2 indicates that frequency and percentage distribution of decision-making competency among young adults (51, 51.0%) were having average decision-making, 47 (47.0%) young adults were having high decision-making, 2 (2.0%) young adults were having low decision-making and no young adult had very low decision-making.

Table 8 and Figure 3 indicate the mean, mean percentage, and rank order of mental well-being among young adults according to items of mental well-being. It shows that mental well-being is highest in the area of instinctiveness, i.e., 82.2% (8.22) followed by principled, i.e., 80.4% (4.02), followed by control i.e., 71.8% (17.95), followed by hesitancy, i.e., 68.4% (10.26), followed by thoroughness, i.e., 66.15% (13.23), followed by optimizing, i.e., 62.6% (6.26) and followed by social resistance, i.e. 59.6% (8.94) Hence, it indicates that mental well-being among young adults is lower in the area of social resistance as compared to the other items of mental well-being.

**Section III: Relationship of Mental Well-Being and Decision-Making Competency among Early Adults**

Table 9 and Figure 4 indicate the correlational of mental well-being and decision-making competency among young adults.

The mean score of mental well-being and decision-making was 46.08 ( $\pm 10.64$ ) and 79.13 ( $\pm 8.95$ ) respectively. The computed correlation (r) was found to be  $\pm 0.68$ , which shows moderately positive relationship between mental well-being and decision-making.

**Table 7.** Level of decision-making competency (DMC) among young adults.

Criteria	Score range	Young adults	
		F	%
High decision-making	81–100	47	47.0%
Average decision-making	61–80	51	51.0%
Low decision-making	41–60	02	02.0%
Very low decision-making	20–40	00	0.0%
Maximum score = 100 Minimum score = 20			

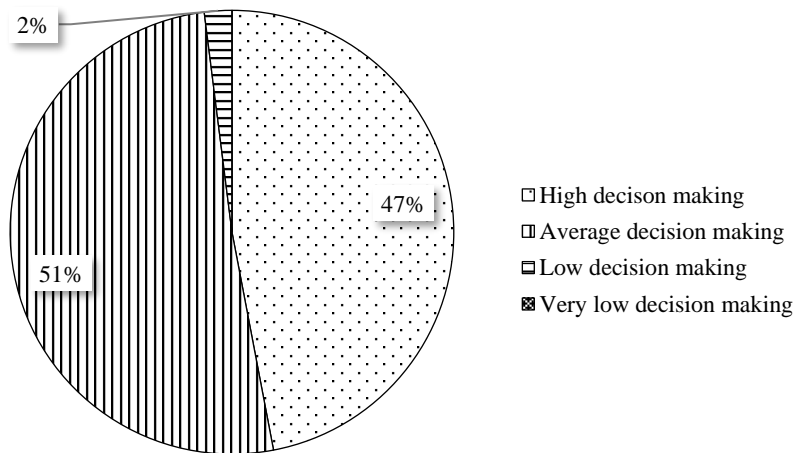
**Table 8.** Mean, mean percentage, and rank order of decision-making competency among young adults according to areas of decision-making competency (DMC) (N = 100).

Areas of decision-making competency	Maximum score	Mean	Mean percentage	Rank
Thoroughness	20	13.23	66.15%	5
Control	25	17.95	71.8%	3
Hesitancy	15	10.26	68.4%	4
Social resistance	15	8.94	59.6%	7
Optimizing	10	6.26	62.6%	6
Principled	5	4.02	80.4%	2
Instinctiveness	10	8.22	82.2%	1

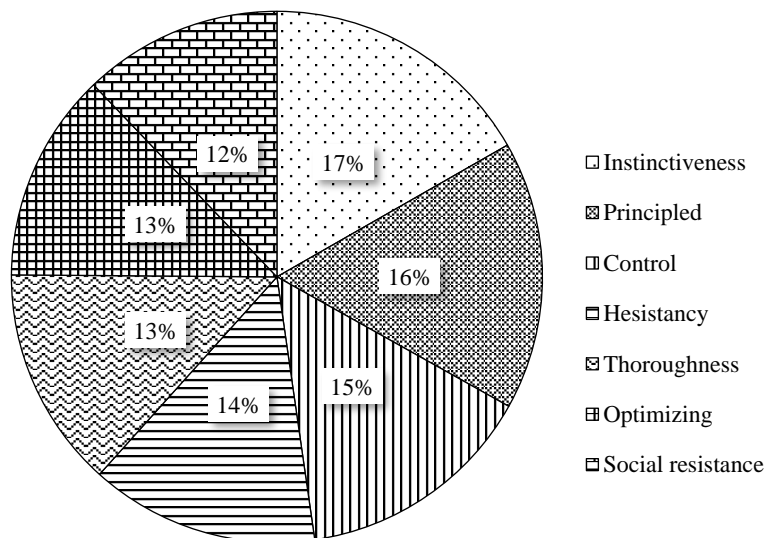
**Section IV: Association of Mental Well-being and Decision-Making Competency with Their Selected Socio-demographic Variables Using Chi Square Test**

Table 10 indicates that the association of mental well-being among young adults with their selected 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 revealed that socio-demographic variables such as father's education and mother's education had influence on mental well-being of young adults. Whereas association of mental well-being among young adults with their socio-demographic variables such as age, gender, marital status, qualification, occupation, residential area, currently residing in, type of family, father and mother's occupation, and family monthly income (in rupees) had calculated chi square value less than the table value which was found to be statistically non-significant at  $p < 0.05$  level.



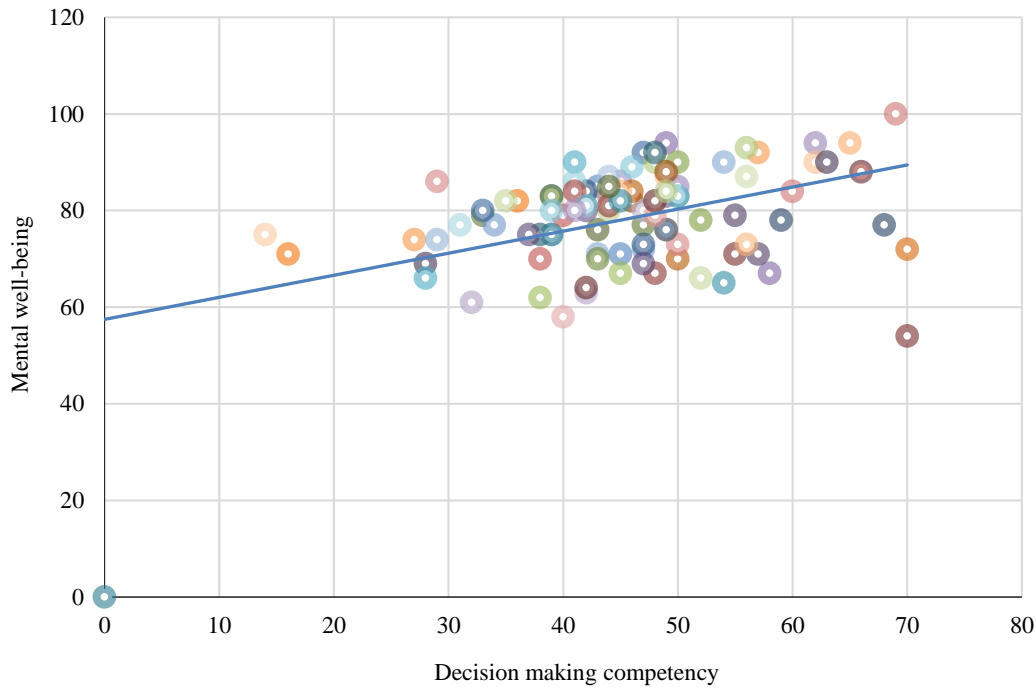
**Figure 2.** Frequency and percentage of decision-making competency among young adults.



**Figure 3.** Rank order of decision making among young adults.

It was found that 2 (100%) fathers of young adults had no formal education, and they have high mental well-being whereas 8 (80%) mothers of young adults were having primary education, and they have high mental well-being.

Table 11 shows association of level of decision-making competency among early adults according to their socio-demographic variables.



**Figure 4.** Relationship between mental well-being and decision-making competency among young adults.

**Table 9.** Mean, standard deviation, and correlation between mental well-being and decision-making competency (DMC) among early adults (N = 100).

Variables	Mean	Standard deviation	Correlation (r)
Mental well-being	46.09	±10.64	±0.68
Decision making competency (DMC)	79.13	±8.95	

**Table 10.** Association of level of mental well-being among young adults according to their socio-demographic variables (N=100).

Socio demographic variables	Options	Low level of mental well-being	Average level of mental well-being	High level of mental well-being	df	Chi square
Age (in years)	20–22	05(5.55%)	31(34.44%)	54(60%)	4	1.92 <sup>NS</sup>
	23–25	00(0.00%)	02	07		
	26–28	00(0.00%)	00	01		
	28–30	00(0.00%)	00	00		
Gender	Male	03(4.68%)	22(34.37%)	39(60.93%)	2	0.16 <sup>NS</sup>
	Female	02(5.55%)	11(30.55%)	23(63.88%)		
Marital status	Single	05(5.43%)	33(35.86%)	60(65.21%)	2	1.24 <sup>NS</sup>
	Engaged	00(0.00%)	00(0.00%)	02(100%)		
Qualification	Graduate	00(0.00%)	02(3.33%)	04(0.24%)	4	3.07 <sup>NS</sup>
	Postgraduates	00(0.00%)	01(12.5%)	07(87.5%)		
	Undergraduates	05(5.81%)	30(34.88%)	51(59.30%)		
Occupation	Unemployed	04(4.30%)	30(32.25%)	59(63.44%)	2	1.63 <sup>NS</sup>
	Part-time job	01(100%)	03(50%)	03(50%)		
Residential area	Urban	04(5.97%)	24(35.82%)	39(58.2%)	4	3.29 <sup>NS</sup>
	Rural	01(7.14%)	05(35.71%)	08(57.14%)		
	Sub urban	00(0.00%)	04(21.05%)	15(78.94%)		
	Hostel	01(4.76%)	05(23.80%)	15(71.42%)		

Currently residing in	PG	00(0.00%)	01(33.33%)	02(66.66%)		
	Home	04(5.26%)	27(35.52%)	45(59.21%)		
Type of family	Joint	02(5.71%)	09(25.71%)	24(68.57%)	4	4.94 <sup>NS</sup>
	Nuclear	03(3.17%)	22(3.92%)	38(0.31%)		
	Extended	00(0.00%)	02(100%)	00(0.00%)		
Father's occupation	Government job	03(8.10%)	13(35.13%)	21(56.75%)	6	3.09 <sup>NS</sup>
	Private job	01(3.44%)	11(37.93%)	17(58.62%)		
	Self-employed/Businessmen	01(3.12%)	09(28.12%)	22(68.75%)		
	Unemployed	00(0.00%)	00(0.00%)	02(100%)		
Mother's occupation	Government job	1(11.11%)	02(22.22%)	06(66.66%)	6	2.98 <sup>NS</sup>
	Private job	01(9.09%)	05(45.45%)	05(45.45%)		
	Self-employed/Businessmen	00(0.00%)	01(50%)	01(50%)		
	Unemployed	03(3.84%)	25(32.05%)	50(64.10%)		
Father's education	No formal education	00(0.00%)	00(0.00%)	02(100%)	8	37.38 *
	Primary education	01(12.5%)	02(25%)	05(62.5%)		
	Secondary education	3(10.71%)	20(71.42%)	05(17.85%)		
	Graduate	00(0.00%)	07(14%)	43(86%)		
	Postgraduate	01(8.33%)	04(33.33%)	07(58.33%)		
Mother's education	No formal education	01(50%)	00(0.00%)	01(50%)	8	14.87 *
	Primary education	00(0.00%)	02(20%)	08(80%)		
	Secondary education	00(0.00%)	11(42.30%)	15(57.69%)		
	Graduate	02(4.34%)	14(30.43%)	30(65.21%)		
	Postgraduate	02(12.5%)	06(37.5%)	08(50%)		
Family monthly income (in ₹)	Less or equal to 5000	00(0.00%)	02(66.66%)	01(33.33%)	6	3.98 <sup>NS</sup>
	5001–15000	00(0.00%)	04(23.52%)	13(76.47%)		
	15001–25000	01(7.14%)	04(28.57%)	09(64.28%)		
	Above 25000	04(6.06%)	23(34.84%)	39(59.09%)		

Minimum score= 20

Maximum score= 100

NS=Non-significant at  $p < 0.05$  level

\*=Significant at 0.05 level

**Table 11.** Association of level of decision-making competency among early adults according to their socio-demographic variables.

Demographic data	Variables	Option	Levels of mental wellbeing (N=100)					df	Table value
			High mental wellbeing	Average mental wellbeing	Low mental wellbeing	Chi square	P value		
Age (in years)	20–22		18	55	11	0.625	0.732	2	5.991
	23–25		4	11	1				
	26–28		0	0	0				
	29–30		0	0	0				
Gender	Male		7	35	3	5.204	0.074	2	5.991
	Female		15	31	9				
Residence	Urban		14	45	6	6.479	0.166	4	9.488
	Rural		0	9	2				
	Semi-urban		8	12	4				
Current residence	Hostel		11	38	8	1.362	0.851	4	9.488
	PG		7	16	3				
	Home		4	12	1				
Education of father	No formal education		0	1	0	3.556	0.736	6	12.592
	Primary education		2	3	1				

	Secondary education	4	24	4				
	Graduate or above	16	38	7				
Education of mother	No formal education	0	1	1	8.675	0.193	6	12.592
	Primary education	4	4	1				
	Secondary education	7	12	3				
	Graduate or above	11	49	7				
Family type	Nuclear	10	25	4	0.582	0.747	2	5.991
	Joint	12	41	8				
Income of family (in ₹)	<20,000	3	6	0	5.141	0.526	6	12.592 <sup>NS</sup>
	30,000–50,000	1	8	1				
	50,000–70,000	1	10	1				
	70,000–1 lakh	17	42	10				

## DISCUSSION

This study aims to evaluate the mental well-being and decision-making competency of young adults. The results have been analyzed in relation to the study objectives and compared with findings from previous research.

The discussion as per the objectives of the study is as follows:

1. *Analysis of data regarding the 1st objective of the study, i.e. to assess the mental well-being among young adults*

According to the findings of the present study, the mean mental well-being score of young adults in selected college was 46.09 and standard deviation was  $\pm 10.64$  which showed that young adults had a high level of mental well-being.

These results are consistent with research conducted by S. Roslan, N. Ahmad, N. Nabilla, and Z. Ghiami [20], which aimed to gauge psychological well-being among postgraduate students and found that they exhibited a moderately elevated level of psychological well-being. The study revealed that individuals aged 21 years and older displayed the highest level of psychological well-being ( $M = 5$ ,  $SD = 0.71$ ).

2. *Analysis of data regarding 2nd objective of the study, i.e. to assess the decision-making competency among young adults*

According to the findings of the present study, the mean decision-making competency score of young adults in selected college was 70.13 and standard deviation was  $\pm 8.95$  which showed that young adults had average decision-making competency.

This finding is supported by a study conducted on validation of the adult decision-making competency. The finding was that the 4.40 ranging between 4.40 to 0.44 which indicating that adults were having positive decision-making competency with high performance, decision making if influenced by social norm, personal perception, under/overconfidence, and rules for decisions.

3. *Analysis of data regarding 3rd objective of the study, i.e. to find out the relationship between mental well-being and decision-making competency among young adults*

According to the findings of the present study, there is a strong positive correlation between mental well-being and decision-making competency among young adults. Hence, it was inferred that mental well-being has strong effect on decision-making competency of young adults and vice-versa. Similar finding has been reported by Jozef Baval'ár and Ol'ga Orosová (2015) [32] on decision-making style and its association with mental health indicating that there is positive correlation between decision styles and mental health, i.e. 'r' is 0.62.

4. *Analysis of the 4th objective of the study, i.e. to find out the association of mental well-being and decision-making competency among young adults with their selected socio-demographic*



*variables, i.e. age of young adults, gender, marital status, qualification, occupation, residential area, currently residing in, type of family, father's occupation, mother's occupation, father's qualification, mother's qualification and family monthly income.*

According to the findings of the present study, association of mental well-being with their socio-demographic variables, i.e. father's education and mother's education among young adults showed statistically significant associations at  $p < 0.05$  level which indicate that these socio-demographic variables had effect on mental well-being among young adults.

Analysis of data according to association with decision-making competency with their socio-demographic variables, i.e. residential area, currently residing in and father's occupation showed that there were statistically significant associations at  $p < 0.05$  level. It revealed that residential areas had effect on decision-making competency on early adults. According to this study, gender difference and age were having significant influence on decision-making competency. Decision-making is influenced by social norm, personal perception, under/overconfidence, and rules for decisions [38, 39].

## **SUMMARY**

This article provides a concise overview of the current research, highlighting the findings, limitations, implications, and suggestions for future studies. The competencies of an individual's mental well-being and decision making can predict the effectiveness in professional management and leadership roles in many organizations of society. Decision making of student can influence the academic performance. Mental well-being plays an important role in forming relationship with other.

The research problem is "A correlation study to assess the mental well-being and decision-making competency (DMC) among young adults at Chitkara University Punjab, 2023". The aim of study is to find the relationship between mental well-being and decision-making competency among young adults. The assumptions of the study are:

1. The young adults may have some decision-making competency.
2. The mental health of young adults may have some relationship with their decision-making competency.

## **Limitations**

- Sample comprised of 100 young adults; therefore, it is difficult to make broad generalization.
- A limitation of the study was that self-report measure was used to assess mental well-being and decision-making competency, which would have increased the chances of biasness of respondents.

## **Recommendations**

- The study can be replicated on the large sample to validate and generalize its findings.
- The comparative study can be done to assess the mental well-being and decision-making competency among staff nurses.
- A descriptive study can be done to assess the mental well-being and decision-making competency among students.
- A similar study can be conducted to assess the effect of mental well-being on interpersonal relationship and personal relationship among young adults.
- A study can be conducted to assess the effectiveness of STP on knowledge regarding decision making competency among young adults.
- An exploratory study can be conducted to identify the factors affecting mental well-being and decision-making competency.

## **Implications**

The finding of the study suggests many implications for nursing practice, nursing administration, nursing research, and nursing education.

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### ***Nursing Practice***

The role of making decisions in nursing practice, attending to patients mentally disturbed by pain, being agitated and depressed due to their condition, and other physical exhaustion is inevitable. The nurses must take various decision skills in dealing with such situations and to manage their psychological well-being when in contact with patients especially in critical situation. Hence, management and understanding of one's psychological well-being is a significant skill helps to take appropriate decision for the personnel because it led to more patient-centered care and better nurse-patient interaction, which will result in higher satisfaction on the part of patients.

- If nurses in practical areas having enough knowledge regarding mental well-being, then its help to assess the mental status of the patients.
- Having knowledge regarding mental well-being and decision-making competency enhance the self-assessment and self-esteem of the nurses.
- Effective decision-making skills and stable mental health can direct as a counsellor, can provide counselling and guidance to the early adults and their families.
- Study finding revealed that early adults having less control over their decision and hesitate while taking decision. Therefore, planning health education on taking effective decision ability to provide the necessary knowledge to the early adults.
- Providing interventions to early adults with low mental well-being to enhance their relationship with friends and families.

### ***Nursing Administrator***

- Today's nurses are the largest segment of the workforce; high performing nurses are part of the foundation for successful organization. To create organizational success, organizations need to understand factors that lead to productive nurses.
- As an administrator, their knowledge regarding mental well-being on decision making ability helps in recruitment of new staff by assessing their mental well-being and decision-making ability and selecting the most eligible staff for the job.
- Planning in-service education programme to enhance the mental well-being and DMC among staffs and to enhance the problem-solving skills, improve interpersonal relationship and developing harmonious climate for work.
- Arranging seminars, conferences, workshops related to mental well-being and DMC for early adults.
- Developing rewards and incentive policies to enhance the nursing care services and encouraging the effective decision-making ability among nurses. Therefore, can act as an advocate for the patient whenever needed.

### ***Nursing Research***

- A nurse as a researcher can provide supportive care measures which can be helpful in improving mental well-being and enhance the knowledge regarding decision-making ability.
- The data presented in this study can serve as a valuable resource for future researchers, offering evidence-based insights into the mental well-being and decision-making competency among young adults.
- Improving the body of knowledge of profession and help the professional nurses to build baseline knowledge.

### ***Nursing Education***

Nursing considered one of the most stressful occupations because it imposes stress on many job holders and the nurses encounter different stressful situation due to the nature of the profession. One of the most demanding tasks for nursing schools is to equip students adequately for assuming their job responsibilities and executing their duties with safety and efficiency. Educational preparation of nurses

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by incorporating mental well-being and DMC lessons into the nursing curricula for graduate and undergraduate.

- Teaching about mental well-being and DMC to the nurses help to develop better life when go out in society and can impart the wisdom among community people of their respective areas.
- Workshop can be conducted to impart the education toward the care of patients by assessing their mental status and decision ability and give care according to their assessment.

## CONCLUSION

The present study was done on 100 young adults to assess the mental well-being and decision-making competency among early adults in the selected college. It is concluded from the finding that 22% (22) young adults were having high mental well-being, and 47% (47) young adults were having average decision-making competency. The correlation between mental well-being and decision-making competency was 0.68 which showed that there was a moderate positive correlation.

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