Mental health status of employees of Salah al-Din Ayubi hospital in Baneh

Naseh Ghaderi¹, Bita Khasi², Chiman Ghaderi³, Sayed Hamid Hoseini⁴, Nooshin Yoshany⁵, Serweh Ghaderi⁶, Mohammad Ahmadvandp²

ABSTRACT

Introduction: Lack of attention to mental health is one of the important factors in reducing efficiency, loss of manpower and physical and psychological complications, especially in professional services. The purpose of this study was to determine the mental health status of Salah al-Din Ayubi Baneh hospital, which examines the four dimensions of mental health.

Methods: This is a cross-sectional study. The research population consisted of personnel working in Salah al-Din Ayubi Hospital in Baneh at 2016. Sixty-six people were selected by stratified random sampling method. Data were collected using General Health Questionnaire (GHQ-28) and analyzed using SPSS19 software.

Results: In this study, the prevalence of mental disorders among staff was 29.4%. The mental health status of physical aspect, social function, anxiety and depression were 7.4%, 3.07%, 12.4% and 1.5%, respectively. There was no statistically significant relationship between the variables used in this study (age, sex, marital status, occupational status, field of study and number of children) with psychological disorders (p > 0.05).

Conclusion: The findings of this study showed that mental disorders among hospital staff are highly prevalent. Therefore, more attention is needed from authorities and researchers to develop mental health programs through interventional programs.

Introduction

Mental health involves constant adaptation to changing conditions and attempts to realize the equilibrium between internal contradictions and changing environmental requirements (1). According to the World Health Organization, 52 million people of all ages are suffering from severe illnesses and 250 million have mild illnesses; in Iran, this figure is lower than other countries (2). The National Health and Disease Survey in Iran, using the GHQ-28 questionnaire, was reported as 21% in Iran over 15 years old (3). The statistics from the study in 14 countries showed Colombia 17.8%, France 18.4%, Germany 9.1%, Italy 8.2%, Lebanon 16.9%, Japan 8.8%, and China 3.4% have had mental disorders (4). Also, the level of mental disorder in the staff of Semnan University of Medical Sciences is 2.5 times the global statistics reported by the WHO (5). Much epidemiological research over the past decade has
highlighted that mental health problems are one of the major problems that lead to a large financial burden, with the cost of dealing with psychiatric problems in Europe and North America in 1999 of 120 Million dollars (6). Considering the importance of the issue of health and physical and mental aspects, and the lack of attention to the psychological dimension of the subject and complexity and the increasing prevalence of mental disorders in developing countries in different countries, it is necessary to make such studies (7).

Mental problems in the staff lead to impairment of duties, reduce the incentive for anxiety, fear and concern, and cause a person to devote a significant part of their mental force to such problems, thus not having enough power and interest to work in the organization. Since human resources are one of the largest resources and capital of any organization whose health plays a decisive role in increasing productivity, so any planning or even investment in this sector that leads to maintaining and upgrading the health of employees can ultimately lead to increased efficiency and return on investment way (8). Mental health is essential for maintaining and sustaining social, professional and educational performance of the community and providing it with the main goal of implementing mental health programs in the community. Mental health planning is required to have information and statistics on mental disorders, and this study was conducted in this regard. The results of the research can be used as an information and statistical source for the planning of the mental health program. The purpose of this study was to determine the mental health status of Salah al-Din Aoyabi hospital personnel in Baneh using the GHQ-28 questionnaire. By identifying the mental health status and identifying a number of factors associated with mental disorders, employees can identify high-risk groups and provide valuable information to managers and experts for preventing, controlling, treating and predicting direct costs as well as strategies for preventing and controlling risk factors and variables. So far, no studies have been done in Baneh regarding the general health status of the staff. Therefore, the research to obtain the mental health information of Baneh Hospital staff seems to be necessary.

Methods

The present study is a cross-sectional study. The study area was Salahuddin Ayoubi Baneh Hospital and the target group included nursing staff, administrative and financial affairs of this hospital in 2016. To estimate sample size, an approximate outbreak of mental disorders was needed. Considering the prevalence of roughly 34.1% of mental disorders with 95% confidence intervals (3), using a randomized random sampling formula, a sample size of 65 was obtained. Data were collected using General Health Questionnaire (GHQ 28). The General Health Questionnaire was developed by Goldberg in 1979, and its purpose was to identify and identify mental disorders in various centers and environments (9). Cronbach's alpha for the physical health status questionnaire was 0.84, anxiety 0.85, social function 0.79, depression 0.71 and general health status 0.91, which indicates the acceptable internal consistency of these questionnaires (7). Questionnaire questions that examine the mental status of a person in the last month include symptoms such as abnormal thoughts and feelings and aspects of studyable behaviors, so the questions emphasized the status of "here and now". There were four areas where questions were asked: The first region of the Finno-Ugrian Region was considered to include a wide range of questions about physical condition. The second area of anxiety and emotional disturbance was psychological and the third area of objective observable behavior was that questions about social function disorder were addressed and the fourth area was devoted to depression (10). In this study, a standardized form or 28 questionnaires of this tool have been used. Based on factor analysis, a complete form of GHQ is a 60-item version that includes four levels of physical symptoms, anxiety, social disorder, and depression (7). The GHQ-28 questionnaire, like other forms of GHQ, is a four-dimensional one, in which the spectrum of responses is "much less than ever, less than ever, as always and more than ever". The mental health status is divided into four items of physical condition, anxiety, social function and depression, with a minimum and maximum score of each item is zero and 21 respectively. As a result, with higher scores, the quality of mental health of individuals is lower. The minimum and maximum points for the physical condition, anxiety and social function of the staff are zero and 21 respectively, and for depression is zero and 15. For statistical analysis, SPSS19 software was used.

Results

In this study, 49.3% of the population were men and 50.7% were women. The mean age of participants was 37 ± 7.98 years. Regarding the level of education, the research findings showed that the highest and lowest bachelor's and graduate degrees were 54.3% and 15.7%, respectively. In terms of job
status, the sample was divided into three groups: nurse and nursing staff, administrative and financial staff, with the highest frequency of nurses and nurses with 41.4% frequency. In general, 29.4% of the personnel had mental disorders. The prevalence of these disorders was 52.6% for male employees and 28.1% for female employees. 34.8% of nursing staff, 32.7% of administrative staff and 20.7% of employees had mental disorders (Table 1). By rating the scores of employees whose grades were between 0-6, 13-7 and 21-14 (respectively, in three groups: healthy, suspect and disordered); 4.7% had physical disorder, 12.4% had a disorder Anxiety, 3.7% had social dysfunction and 1.5% had depression (Table 3). (%58.4, 38) were in general mental status, healthy and 27 (41.6%) were in general health status. Table 4 illustrates this situation. The findings of this study showed that there was no statistically significant relationship between any of the variables used in this study (age, sex, marital status, occupational status, field of study and number of children) with mental disorders (p> 0.05).

Discussion

The purpose of the present study was to determine the mental health status of Salah al-Din Ayubi Baneh hospital staff in 2016 who examined 4 mental health (physical health, social function, anxiety and depression). The findings of this study showed that the prevalence of mental disorders among nurses is highest, which is consistent with Sahebi study (11). According to the International Institute for Health and Safety at Work, nurses rank 27th out of 130 in terms of mental illness (12). In the dimension of social performance, 13-14% of them have problems with social performance. In mental health, long work with ill patients and elderly patients, women nurses, in comparison with other hospital staff, are susceptible to mental disorders (11, 13). In this study, the most common anxiety disorder (12.4%) was not consistent with studies conducted in the university and among students, because in these studies, the highest social function disorder (14, 15). Kaplan studies show that stress, anxiety and depression are high among health care workers, and this seems to be higher than expected (1). High anxiety among health care workers and especially nurses can result from work in a stressful hospital environment, working pressure, facing unpredictable situations and organizational and individual factors. Khaghanizadeh and colleagues also concluded that the most common psychiatric disorder amongst nurses was anxiety (16). Also, in this study, the prevalence of mental disorders among staff was 29.4%, which was less than the prevalence of disorders in a number of studies. In their study, Sahebi and Ayatollahi reported that 45.6% of staff in Shiraz hospitals had a mental illness (13). Also, according to Kaplan findings, 47% of physicians, managers and hospital counselors had mental disorders in the health sector (5). But in comparison with the study conducted in Semnan, the prevalence of mental disorders in Semnan University of Medical Sciences (28.6) was less than that (8). In this study, the relationship between demographic factors and psychiatric disorders was not statistically significant, which is not consistent with the studies by Saberiyan et al., Bigdeli and Karimzadeh (7, 17), but with Hashemi Nazari and his colleagues having consistent results (18). Khaghanizadeh also concluded in his study that there is a significant relationship between mental health and the variables of work experience, overtime and work-shift work (16).

Conclusion

The results of this study showed that there is a high prevalence of mental disorders among hospital staff and more attention is needed by the authorities in this regard. The development of several interventional programs, such as modification of sleep status, facilities for sports activities in hospital staff, and their satisfaction as far as possible, will have a significant effect on the improvement of their mental health status.
Table 3: Assessment of the status of employees in terms of mental health dimensions

<table>
<thead>
<tr>
<th>Mental health dimensions</th>
<th>Points</th>
<th>Abundance (%)</th>
<th>Mental health dimensions</th>
<th>Points</th>
<th>Abundance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>0-6</td>
<td>44(67.6)</td>
<td>Social Performance</td>
<td>0-6</td>
<td>33(50.77)</td>
</tr>
<tr>
<td></td>
<td>7-13</td>
<td>18(27.7)</td>
<td></td>
<td>7-13</td>
<td>30(46.15)</td>
</tr>
<tr>
<td></td>
<td>14-21</td>
<td>3(4.7)</td>
<td></td>
<td>14-21</td>
<td>2(3.08)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0-6</td>
<td>38(58.4)</td>
<td>Depression</td>
<td>0-6</td>
<td>57(87.69)</td>
</tr>
<tr>
<td></td>
<td>7-13</td>
<td>19(29.2)</td>
<td></td>
<td>7-13</td>
<td>7(10.77)</td>
</tr>
<tr>
<td></td>
<td>14-21</td>
<td>8(12.4)</td>
<td></td>
<td>14-21</td>
<td>1(1.54)</td>
</tr>
</tbody>
</table>

Table 4: Frequency distribution of general mental health status of the subjects

<table>
<thead>
<tr>
<th>General mental health status</th>
<th>Abundance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 22 and below 22</td>
<td>385</td>
<td>58.4</td>
</tr>
<tr>
<td>Score 23 and above 23</td>
<td>27</td>
<td>41.6</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

health status. The results of the study on the mental health of Salah al-Din Ayubi Baneh Hospital indicate that the mental health dimensions of this center are in an inappropriate situation. Ethical considerations: In this study, informed consent participants participated in the study. Human rights were preserved. The Helsinki Rules have been respected.

Ethical disclosure
In this study, tests that threatened the health of individuals were not used.

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Authors' contribution
All authors have been contributed equally.

Conflict of interest
There is no conflict of interest in this study.

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References
3. Norbala AA. National plan of health and disease in Iran, National Center of Medical Sciences Research. Ministry of Health and Medical Education. 1999: 14-16.