Evaluation Of The Mental Status Of Employers In Permanent Worker Status In A University Hospital

Bir Üniversite Hastanesinde Sürekli İşçi Statüsünde Çalışanların Ruhsal Durumlarının Değerlendirilmesi

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ABSTRACT

Introduction: Evaluation of the mental status of health workers and related factors will be beneficial in terms of reducing mental disorders such as stress, depression, and anxiety, protecting the workforce and increasing the quality of service provided. The study aimed to determine the mental status of the workers and evaluate their burnout levels.

Methods: The study is a cross-sectional study conducted with 307 workers working in Eskişehir Osmangazi University Hospital. Depression Anxiety Stress Scale-21 (DASS-21) and Short Form of Burnout Scale (BMS) were used. Shapiro-Wilk, Chi-Square, Logistic Regression, and Spearman Correlation analyzes were used in statistics.

Results: The mean age of 163 men and 144 women in the study group was 36.1±7.9 years. Anxiety, depression, and stress suspicion frequencies were 24.4%, 26.1%, and 14.7%. The mean scores of the study group were 2.5 ± 3.9, 3.1 ± 4.7, and 3.3 ± 4.8 for anxiety, depression, and stress sub-dimensions. The mean score they got from the BMS was 24.6 ± 14.8. A positive correlation was found between the scores obtained from the DASS-21 sub-dimensions and the scores obtained from the BMS.

Conclusion: In terms of depression, anxiety, and stress, psychiatric treatment history and having problems with physical conditions in the working environment were determined as risk factors. A positive correlation was found between depression, anxiety, stress levels, and burnout levels.

Key words: Mental status, hospital, permanent employees, DASS-21, burnout

ÖZET

Giriş: Sağlık çalışanlarının ruhsal durumlarının ve ilişkili faktörlerin değerlendirilmesi, stres, depresyon, anksiyete gibi ruhsal bozuklukların azaltılması, iş gücünün korunması ve verilen hizmetin kalitesinin artırılması açısından faydalı olacaktır. Araştırmada çalışanların ruhsal durumlarının belirlenmesi ve tükenmişlik düzeylerinin değerlendirilmesi amaçlanmıştır.

Yöntemler: Araştırma, Eskişehir Osmangazi Üniversitesi Hastanesi'nde çalışan 307 işçi ile gerçekleştirilen kesitsel bir çalışmadır. Depresyon Anksiyete Stres Ölçeği-21 (DASÖ-21) ve Tükenmişlik Ölçeği Kısa Formu (TÖKF) kullanılmıştır. İstatistiklerde Shapiro-Wilk, Ki-Kare, Lojistik Regresyon ve Spearman Korelasyon analizleri kullanıldı.

Bulgular: Çalışma grubundaki 163 erkek ve 144 kadının yaş ortalaması 36,1±7,9 yıl idi. Anksiyete, depresyon ve stres şüphesi sıklıkları %24.4, %26.1 ve %14.7 idi. Çalışma grubunun anksiyete, depresyon ve stres alt alanları için ortalama puanları 2.5 ± 3.9, 3.1 ± 4.7 ve 3.3 ± 4.8 idi. TÖKF'den aldıkları ortalama puan 24.6 ± 14.8 idi. DASÖ-21 Alt Alanlarından alınan puanlar ile TÖKF'den alınan puanlar arasında pozitif bir ilişki bulunmuştur.

Sonuç: Depresyon, anksiyete ve stres açısından, psikiyatrik tedavi öyküsü ve çalışma ortamındaki fiziksel koşullarla ilgili sorun yaşama risk faktörleri olarak belirlendi. Depresyon, anksiyete, stres düzeyleri ve tükenmişlik düzeyleri arasında pozitif bir ilişki bulundu.

Anahtar Kelimeler: Ruhsal durum, hastane, sürekli işçi, DASÖ-21, tükenmişlik

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INTRODUCTION

The production of goods and services resulting from production activities in any business line is defined as a real person working based on an employment contract. The health of the employee and the working environment is in mutual interaction. Many physical, chemical, biological, and psychosocial risk factors influence employees' health in the workplace environment. Working life affects employees' health, and employees' health affects working life positively or negatively (1).

Health is defined by the World Health Organization as “not only the absence of disease and infirmity but also a state of complete physical, mental and social well-being” (2). The International Labor Organization has declared occupational health services as “protecting workers' health, creating and contributing to their maintenance of the highest possible level of physical and mental well-being” (3). Mental health is “being at peace with oneself, the people around him and the society, and being able to sustain the necessary effort to maintain a constant balance, order, and harmony”. One of the important factors in determining the quality of life of people is their mental status. Mental health problems are very important in terms of public health because the mental status is involved in the etiology of many physical diseases, the prevalence of mental disorders is high in individuals who need medical care, and premature deaths or permanent damage can develop due to mental disorders (4-6).

It is inevitable that the positive or negative events that individuals encounter in the workplace, where they spend a significant part of their lives, reflect on their families and work environment. If the physical, mental and social needs are not met, the person's health and general life flow are adversely affected. Stress exposure in the work environment can cause mental disorders after a certain level, and as a result, deterioration in the quality of life and service delivery of employees may occur (7-9). Individuals such as the employee's age, whether he has enough income to meet the basic needs of his family and himself, education level, personality type to which he is prone, and history of illness. Organizational reasons such as the way of working, the job he does, whether he finds himself suitable for his job, and the problems experienced in the working environment can be effective in the development of mental disorders (10-12).

In the health sector, preventive and curative services, defined as "health care", are provided, and the continuity of these services is provided by employees, most of whom are health personnel, from various occupational groups, who are at different levels and provide services for the whole society (8). While healthcare professionals provide health services to protect and improve the community's health, they face many biological, physical, chemical, and psychosocial risks due to their work. “If you are wondering how people work with illnesses and stay healthy all the time, the answer is; The expression “they cannot stay” also reflects this situation well (13, 14). Evaluation of the mental status of health workers in different professions and duties and the factors associated with this condition, reduction of mental disorders such as stress, depression, and anxiety with the measures to be taken will be beneficial in terms of protecting the workforce and increasing the quality of the service provided (15).

Burnout may occur in people under stress for a long time (16, 17). Burnout is defined as the exhaustion of energy both physically and mentally (18). As a result of the weakening of the immune system, getting sick more easily, sleep problems, and fatigue are the physical consequences of burnout. Not being able to enjoy life, getting angry more quickly in the face of negative events, and decreasing one's self-esteem are the main psychological consequences of burnout. Depending on the mental status deteriorated due to burnout, the work

efficiency and job satisfaction of the employees decrease, and undesirable situations such as absenteeism and even leaving the job may occur (19-22).

This study aimed to determine the mental status of permanent workers in Eskişehir Osmangazi University Medical Faculty Hospital, examine some of the variables that are thought to be related, and evaluate their burnout levels.

METHODS

The study is a cross-sectional study conducted on employees working as workers within the scope of 4/D staff at Eskişehir Osmangazi University (ESOGU) Health, Practice and Research Hospital between September 2021 and March 2022.

In order to carry out the study, written permission was obtained from the Chief Physician of ESOGU Health Practice, and Research Hospital with the approval of the ESOGU Non-Interventional Ethics Committee dated 28.09.2021 and numbered 23.

ESOGU is a state university located in Eskişehir; It has a Health Practice and Research Hospital with a bed capacity of 1010, providing services in 14 Departments of Surgical Sciences, 19 Departments of Internal Medicine, and 11 Departments of Basic Medical Sciences (23). ESOGU Health Practice and Research Hospital employs 865 permanent workers for 2021, within the scope of 4/D staff.

A questionnaire form was prepared in the study using the literature as a data collection tool (24-27). The survey form included some sociodemographic characteristics of employees (age, gender, marital status, educational status, etc.), some variables that are thought to be related to their mental status (occupation, department, the working year, physical disability, personality type, etc.), Depression Anxiety Stress Scale-21 (DASS-21) and the Short Form of Burnout Scale (BMS).

Sample selection was not made in the study, and it was aimed to reach all the workers. The prepared questionnaire form was sent to the employees online via the web-based questionnaire link "Google Forms". Before filling out the questionnaire, the employees were informed about the subject and purpose of the study, that the participation was voluntary, and that the collected data would be used for a scientific study with confidentiality. During the working period, 307 workers who worked actively within the scope of 4/D staff at ESOGU Health Practice and Research Hospital and accepted to answer the questionnaire constituted the study group.

DASS-21 was used to evaluate depression, anxiety, and stress situations in the study. The 42-item Depression Anxiety Stress Scale (DASS-42), which Lovibond and Lovibond developed in 1995, was adapted into a 21-item short form by Henry and Crawford in 2005 (28, 29). The Turkish validity and reliability study was performed by Yılmaz et al . (30). DASS-21 consists of 21 items in a 4-point Likert type, consisting of 7 items for each depression, anxiety, and stress sub-dimensions. Responses to the items are scored as 0 “never”, 1 “sometimes”, 2 “quite often” and 3 “always”. The scores that can be obtained from sub-dimensions of the scale range from 0 to 21; A score of five and above for the depression sub-dimension, four and above for the anxiety sub-dimension, and eight and above for the stress sub-dimension is considered suspicious in terms of a related problem (31).

The BMS was used to evaluate the burnout levels of the study group. The 21-item scale developed by Pines and Anderson in 1988 was adapted into a 10-item short-form by Pines in 2005 (32, 33). The Turkish validity and reliability study of the scale was performed by Tümkaya et al. in 2009 (34). BMS is a one-dimensional, 7-point Likert-type, 10-item scale that evaluates individuals' physical, emotional, and mental burnout levels. 1 “never”, 2 “only once”, 3 “rarely”, 4

"sometimes", 5 "often", 6 "mostly", 7 "always". The total score obtained from the scale varies between 7 and 70, and as the score increases, the level of burnout increases.

Table 1. Some sociodemographic characteristics of the study group

Some sociodemographic characteristics	n	%
Gender		
Male	163	53.1
Woman	144	49.9
Age group		
29 and below	66	21.5
30-39	122	39.7
40 and over	119	38.8
Education status		
Middle school and below	56	18.2
High school	148	48.2
University	103	33.6
Marital status		
Single	63	20.5
Married	228	74.3
Divorced/Widow	16	5.2
Family type		
Lives alone	14	4.6
Nuclear family	260	84.7
Extended family	33	10.7
Presence of elderly/individual in need of care at home		
No	268	87.3
Yes	39	12.7
Presence of children under five years old		
No	225	73.3
Yes	82	26.7
Family income status		
Bad	54	17.6
Middle	231	75.2
Good	22	7.2
Personality type		
A	75	24.4
B	232	75.6
Smoking status		
Not smoking	136	44.3
Smoking	171	55.7
Alcohol consumption habits		
No	259	84.4
Yes	48	15.6
Any history of illness that requires continuous medication		
No	250	81.4
Yes	57	18.6
Any physical disability diagnosed by a physician		
No	270	87.9
Yes	37	12.1
History of previous antidepressant/anxiolytic therapy		
No	267	87.0
Yes	40	13.0
Total	307	100.0

According to the workers' perceptions, family income status was evaluated as "poor, medium, and good" in the study. Those in the study group who describe themselves as ambitious, competitive, impetuous, and impatient are "A-type personalities"; Those who define themselves as tolerant, patient, calm, easy-going, relaxed, and highly flexible have a B-type personality structure (35). Those who smoked at least one cigarette a day were considered "smokers", and those who consumed 30 grams or more of ethyl alcohol per week were considered "alcohol consuming" (36, 37).

The obtained data were evaluated in SPSS (v15.0) Statistical Package Program. The conformity of the measurable data to the normal distribution was made using the Shapiro-Wilk test. It was determined that the data did not show normal distribution. Chi-Square test, Logistic Regression Analysis (Backward Wald), and Spearman Correlation analysis were used for statistical analysis. The statistical significance value was accepted as $p \leq 0.05$.

RESULTS

Of the study group, 163 (53.1%) were male, and 144 (46.9%) were female. Their ages ranged from 20 to 52, with a mean of 36.1 ± 7.9 years. Some sociodemographic characteristics of the participants are given in Table 1.

In our study, the frequency of suspicion of anxiety was 24.4% (n=75). The results of the Logistic Regression Analysis were created with the variables (gender, education level, personality type, history of illness requiring continuous medication, any physical disability diagnosed by a physician, previous antidepressant/anxiolytic treatment history, working time in the institution, department, working environment) found to be associated with the suspicion of anxiety are given in Table 2.

The number of people with suspected depression in the study group was 80 (%26.1). The results of the Logistic Regression Analysis were created with the variables (age, family income, personality type, smoking status, history of taking antidepressant/anxiolytic treatment before, occupation, length of service in the institution, department, working style, having problems related to

Table 2. Results of Logistic Regression Analysis with variables found to be associated with suspected anxiety *(step final)*

Variables	p	OR*	CI**
Gender (Reference: Female)			
Male	0.575	0.810	0.387-1,694
Educational status (Reference: Primary School and below)			
High school	0.090	2,487	0.868-7.126
University	**0.045**	3,196	1,026-9,953
Personality type (Reference: A)			
B	0.266	0.666	0.325-1.365
Illness requiring continuous medication (Reference: No)			
Yes	**0.016**	2,599	1,191-5,674
Any physical disability diagnosed by a physician (Reference: Yes)			
No	0.353	0.652	0.264-1,610
Previous antidepressant/anxiolytic therapy (Reference: No)			
Yes	**0.001**	6,628	2,762-15,904
Working time in the institution (Reference: 10 years and above)			
4 and below	**0.013**	3,653	1,317-10,132
5-9	0.537	1,280	0.584-2.807
Department he works in (Reference: Intensive care/Emergency/Operating room)			
Policlinic/laboratory	0.446	1,714	0.429-6,849
Surgical services	0.389	0.534	0.128-2.226
Internal services	0.977	0.985	0.354-2.737
Administrative divisions	0.891	0.928	0.320-2.691
Having problems with the working environment (Reference: No problems)			
Has trouble with physical conditions	**0.027**	2,286	1,098-4,759
Having trouble with co-workers	0.125	2,588	0.768-8.723
Finding the work he/she does suitable for himself (Reference: He finds it appropriate)			
Does not find it suitable for physical strength capacity	0.323	1,628	0.619-4.282
Not suitable for the job	0.217	1,844	0.698-4.869
Previously diagnosed with work-related illness/occupational disease (Reference: Yes)			
No	0.099	0.312	0.078-1,246
Constant	0.201	0.231	

*Odds ratio
*Confidence interval

the working environment, Finding the job suitable for oneself, doing additional work) found to be associated with the suspicion of depression are given in Table 3.

Stress was suspected in 45 (14.7%) of the study group. The results of the Logistic Regression Analysis, which were formed with the variables found to be associated with the suspicion of stress (age, personality type, history of taking antidepressant/anxiolytic treatment before, working time in the institution, having problems with the working environment, finding the job suitable for oneself) are given in Table 4.

The scores of the study group in the Anxiety Sub-Dimension of DASS-21 ranged from 0-21, with an average of 2.5 ± 3.9 points, in the Depression Sub-Dimension ranged from 0 to 21, with an average of 3.1 ± 4.7 points, and in the Stress Sub-Dimension ranged from 0 to 21, with an average of 3.3 ± 4.8 points. The scores they received from BMS ranged from 10 to 70, with an average of 24.6 ± 14.8 points.

DISCUSSION

Health workers are the group that has the most important role in meeting and maintaining the health needs of society. For this reason, it is necessary to ensure and maintain the positive attitudes, good moods, and psychological well-being of the employees towards themselves, their environment, and their work; However, it can be said that it is very important to make the necessary effort to eliminate the identified psychological problems. In addition, providing employees with the ability to cope with depression, anxiety and stress is important for healthcare professionals to maintain their psychological well-being before experiencing these mental disorders.

Table 3. Results of Logistic Regression Analysis with variables found to be associated with the suspicion of depression *(step final)*

Variables	**p**	**OR***	**CI****
Age (Reference: 40 and over)			
29 and below	0.880	1,107	0.295-4.154
30-39	0.383	0.678	0.283-1,624
Family income status (Reference: Good)			
Bad	**0.044**	10,339	1,065-100,386
Middle	0.171	4,566	0.520-40.061
Personality type (Reference: B)			
A	**0.014**	2,558	1,208-5,419
Smoking status (Reference: Smoking)			
Not smoking	0.236	0.639	0.305-1.340
previous antidepressant/anxiolytic therapy (Reference: No)			
Yes	**0.001**	7,415	2,967-18,527
Profession (Reference: Kitchen staff)			
Nurse	**0.047**	8,709	1,034-73.358
Caregivers	0.717	0.723	0.125-4.178
Cleaning staff	0.877	0.862	0.133-5.605
Secretary	0.565	0.575	0.087-3.796
Office worker	0.729	1,297	0.298-5.648
Technician/Technician	0.907	1,112	0.189-6.543
Other	0.347	2,134	0.439-10.375
Working time in the institution (Reference: 5-9 years)			
4 and below	0.418	1,685	0.476-5.960
10 and above	0.631	1,290	0.457-3.647
Department he works in (Reference: Administrative departments)			
Policlinic/laboratory	**0.001**	12,637	2,883-55,380
Surgical services	0.643	1,476	0.284-7.664
Internal services	0.310	1,971	0.532-7.304
Intensive care/Emergency/Operating room	0.057	3,756	0.963-14,655
Working mode (Reference: Shift)			
Regular time	0.853	1,082	0.471-2.482
Having problems with the working environment (Reference: no problems)			
Has trouble with physical conditions	**0.001**	5,053	2,240-11.396
Having trouble with co-workers	0.390	1,890	0.443-8.062
Finding the work he/she does suitable for himself (Reference: He finds it appropriate)			
Does not find it suitable for physical strength capacity	0.793	1,148	0.410-3.213
Not suitable for the job	0.403	1,631	0.519-5,126
Doing additional work (Reference: Yes)			
No	0.388	0.604	0.192-1,897
Sometimes	0.920	1,067	0.301-3,780
Constant	**0.003**	0.011	

*Odds ratio
*Confidence interval

It is expected that those who have received treatment for a mental disorder at any point in their lives need professional support and are more sensitive to psychiatric risk factors. It was found that the incidence of anxiety, depression, and stress suspicion was higher in the study group in those who had a history of taking antidepressant/anxiolytic treatment before. In studies conducted among healthcare professionals in China and India, it has been reported that the prevalence of anxiety, depression, and stress suspicion is higher in those with a history of psychiatric treatment (38, 39). It can be thought that people with a psychiatric background are more easily affected by the challenging conditions they encounter in their lives.

Problems encountered in working life, which constitutes an important part of human life, are one of the important factors that affect the mental status of employees. In addition, the physical risk factors arising from the working environment may cause negative consequences on the employees' mental health. This study found that the frequency of anxiety, depression, and stress suspicion was higher among those who

Table 3. Results of Logistic Regression Analysis with variables found to be associated with suspected stress *(step final)*

Variables	**p**	**OR***	**CI****
Age (Reference: 29 and under)			
30-39	0.104	0.383	0.120-1.219
40 and over	0.089	0.286	0.068-1,210
Personality type (Reference: B)			
A	**0.004**	3,000	1,411-6,377
Previous antidepressant/anxiolytic therapy (Reference: No)			
Yes	**0.001**	7,243	3,001-17,483
Working time in the institution (Reference: 4 years and below)			
5-9	0.575	0.717	0.224-2.294
10 and above	0.914	0.924	0.221-3,870
Having problems with the working environment (Reference: No problems)			
Has trouble with physical conditions	**0.028**	2,535	1,104-5,821
Having trouble with co-workers	0.193	2,499	0.648-9.936
Finding the work he/she does suitable for himself (Reference: He finds it appropriate)			
Does not find it suitable for physical strength capacity	0.137	2,239	0.773-6.487
Not suitable for the job	0.869	1,091	0.388-3.070
Constant	**0.001**	0.111	

*Odds ratio
*Confidence interval

stated that they had any problems related to physical factors arising from the workplace environment. In a study conducted by Taycan et al., it was reported that the risk of developing depression is higher among healthcare workers who have any problems arising from the workplace environment (40). In a study conducted by Gao et al., it was reported that the frequency of suspicion of anxiety was higher in healthcare workers who had any problems at work (41).

As the level of education increases, it is expected that psychological symptoms will decrease and psychological resilience will increase. In a study conducted by Sironi in 24 European countries, it was reported that as the level of education increased, the levels of psychological symptoms such as anxiety decreased (42). However, our study determined that the frequency of suspicion of anxiety was higher among university graduates. In a study conducted by Jefferies et al. in 7 countries, it was reported that the frequency of anxiety increased as the level of education increased (43). One of the reasons for the different results reported in the studies may be that the societies in which the studies are conducted have different sociocultural and socioeconomic characteristics. The importance given to the education of individuals is directly affected by this situation.

In our study, the presence of any chronic disease (OR: 2.60) and working time of 4 years or less in the institution (OR: 3.65) were found to be important risk factors for suspected anxiety. In a multicenter study conducted in Ireland, it was reported that the frequency of suspicion of anxiety was higher in healthcare workers with a history of any chronic disease (44). In a study conducted on healthcare workers in Jordan, it was reported that the frequency of suspected anxiety decreases as the time spent in the profession increases (45). In order to keep chronic diseases under control and prevent their negative effects, it is necessary to apply lifestyle changes and regular doctor check-ups. These measures are necessary for the health of individuals. These measures, which are necessary for health, require individuals to control themselves constantly. A constantly controlled lifestyle, which is necessary for the health of individuals with any chronic disease, may be a factor that facilitates their anxiety. As the working time of individuals increases, their experience and adaptation to the workplace will increase. This may be one of the reasons why the

frequency of suspicion of anxiety is higher in those with short working hours.

Nurses are in close contact with patients due to their profession and intense working tempo. This situation causes a high probability of encountering negative situations such as being affected by diseases, physical fatigue, and emotional impact. The financial difficulties of those with low-income family income may only cause them to be able to meet their essential needs and reduce their living standards. It can be thought that this situation is one factor that increases the probability of experiencing depression. In our study, being a nurse (OR:8.71) and having a low family income (OR:4.57) were important risk factors for suspected depression. In a study by García-Fernández et al. on healthcare workers, it was reported that the frequency of suspected depression was higher among nurses. (46). In a study conducted by Naser et al., it was reported that the frequency of suspicion of depression decreased as the income level increased among healthcare workers (47).

Individuals with type A personalities, who define themselves as ambitious, competitive, and hasty, may be more exposed to negative situations such as fatigue, unhappiness, and dissatisfaction due to their characteristics such as being in constant competition, working hard, and wanting to be constantly on the move. For this reason, it is expected that individuals with type A personalities are more likely to experience depression and stress. Our study determined that having a type A personality is one of the important risk factors for depression and stress (Table 3, 4). In a study conducted by Capricorn on healthcare professionals, it was reported that the frequency of suspicion of stress was higher in those with type A personality, and in a similar study by Wang et al., the frequency of suspicion of depression was higher in those with type A personality (35, 48).

Negative conditions such as intense working conditions, work stress, bad economic situation, having a personality that can create a predisposition to mental problems, and having health problems can cause mental problems such as depression, anxiety, and stress in individuals. While the mental problems that individuals experience may cause them to feel burnout, their feelings of burnout may also cause them to experience some mental problems. It is known that there is a positive correlation between depression, anxiety, stress levels, and burnout level (49, 50). This study determined a positive relationship between depression, anxiety, stress levels, and burnout levels exist. Similar results are reported in various studies (25, 51-53).

CONCLUSION

It can be said that depression, anxiety, and stress are important health problems among healthcare professionals. The risk factors identified for depression are low-income family income, having a type-A personality, having any psychiatric treatment history, being a nurse, working in a policlinic/laboratory, and having problems with physical conditions in the working environment. Being a university graduate, having any chronic disease, having any psychiatric treatment history, working in the institution for four years or less, and having problems with physical conditions in the working environment were identified as risk factors for anxiety. In terms of stress, having a type-A personality, having any psychiatric treatment history, and having problems with physical conditions in the working environment were determined as risk factors. A positive correlation was found between depression, anxiety, stress levels, and burnout levels.

Individuals with a history of psychiatric treatment constitute a sensitive group, and it is important to provide support to these individuals in coping with mental problems, especially in working life. In addition,

solving the problems caused by the working environment can positively affect the mental status of the employees. Measures to be taken to prevent employees from experiencing burnout and reduce their depression, anxiety, and stress levels will improve the mental health of employees as a whole. Comprehensive studies are needed to explain the relationship between depression, anxiety, and stress levels of employees and burnout levels in more detail and to determine other factors that may be related.

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