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ORIGINAL ARTICLE

Minor mental disorders in Taiwanese healthcare workers and the associations with psychosocial work conditions



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Received 3 November 2015; received in revised form 4 May 2016; accepted 12 May 2016

KEYWORDS

mental health;
occupational health;
psychological stress;
workplace

Background/purpose: Healthcare workers face multiple psychosocial work hazards intrinsic to their work, including heavy workloads and shift work. However, how contemporary adverse psychosocial work conditions, such as workplace justice and insecurity, may contribute to increased mental health risks has rarely been studied. This study aimed to search for modifiable psychosocial work factors associated with mental health disorders in Taiwanese healthcare workers.

Methods: A total of 349 healthcare workers were identified from 19,641 employees who participated in a national survey of Taiwan. Minor mental disorder was assessed using the five-item brief symptom rating scale. We compared psychosocial work characteristics and the prevalence of minor mental disorder in healthcare workers with that in a sociodemographically matched sample, and examined the associations of psychosocial work conditions with mental health status.

Results: Healthcare workers were found to have a higher prevalence of minor mental disorder than general workers, and they were more likely to have longer working hours, heavier psychological job demands, higher job control, more workplace violence, and a higher prevalence of shift work. Among healthcare workers, experiences of workplace violence, lower workplace justice, heavier psychological job demands, and job insecurity were associated with a higher risk for minor mental disorder, even after controlling for working hours and shift work.

Conflicts of interest: The authors have no conflicts of interest relevant to this article.

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<http://dx.doi.org/10.1016/j.jfma.2016.05.004>

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Conclusion: Despite the fact that healthcare workers work longer hours and shift work, there were several modifiable psychosocial work conditions that should be targeted to improve their mental health.

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Introduction

Healthcare workers are known to encounter multiple psychosocial work hazards, including heavy workload, long working hours, high psychological demands, workplace violence as well as a decline in professional job autonomy due to increasing managerial and cost control by healthcare organizations.^{1–3} These psychosocial work hazards have been shown to increase burnout and other health risks among healthcare workers,^{4,5} and also raise concerns of patient safety^{6,7} and work efficiency.^{8,9} Among all health issues, mental health requires particular attention because it is easily neglected. For example, previous studies indicated that physicians were at elevated risks for suicide and depression,^{10,11} but were less likely to seek professional help.^{12–14}

Healthcare workers used to work independently and enjoy high level of autonomy at work. However, recent studies showed that more and more physicians in the United States and in Taiwan are employed by hospitals.^{15,16} As employment of hospitals and healthcare organizations has accelerated, psychosocial work hazards in healthcare workers, including physicians, are expected to worsen. In addition, while healthcare workers in hospitals usually work as a team, mental health problems could be contagious, as suggested by social network studies.¹⁷

Furthermore, while mental health risks and their associated psychosocial work hazards among healthcare workers deserve attention, few studies have been conducted to examine to what extent their mental health status differs from the general working population, and if there are modifiable psychosocial work conditions which are associated with mental health. This study aimed to compare the prevalence of minor mental disorder and psychosocial work conditions in healthcare workers with that in sociodemographically matched employees, and to examine the associations of selected psychosocial work conditions with mental health status in healthcare workers.

Methods

Study participants and study design

The Ministry of Labor of Taiwan has conducted nationwide cross-sectional surveys with an interval of 3–5 years since 1988. These surveys were designed to assess multiple dimensions of work conditions and occupational safety and health issues in the general working population including employees, employers, and self-employed workers. Participants were selected through a two-stage random sampling

process. In the first stage, all districts and villages throughout Taiwan were grouped into strata according to their levels of urbanization. A random sample of districts and villages was chosen from each stratum. In the second stage, a random sample of households was selected within each district or village, and residents of the sampled households who were currently working at the time of the survey were identified. Self-administered questionnaires were delivered to the selected households by trained interviewers. Individuals were informed of the purpose of the survey and invited to participate in a face-to-face manner. After 1 week, completed questionnaires were collected, and on-site checking was performed by the same interviewer.

Data for this study was drawn from the survey conducted in September 2013. The survey engaged 14,114 men and 10,442 women; among them 10,390 male and 9251 female employees were included in the analysis. The overall response rate was 88.9%. Healthcare workers were identified based on occupational codes, which included physicians, dentists, nurses, pharmacists, occupational therapists, physical therapists, nutritionists, speech-language-hearing therapists, and veterinarians.

Measures for mental health

Mental health status was assessed by the five-item brief symptom rating scale (BSRS-5), which was derived from the 50 item brief symptom rating scale.¹⁸ It consists of five items comprising the dimensions of anxiety, depression, hostility, interpersonal sensitivity, and additional symptoms: (1) feeling tense or keyed-up; (2) feeling depressed or in a low mood; (3) feeling easily annoyed or irritated; (4) feeling inferior to others; and (5) having trouble falling asleep in the past week. The respondents were asked to rate each question on a Likert-type scale from 0, not at all; 1, a little bit; 2, moderately; 3, quite a bit; to 4, extremely.¹⁹ A sum score of six or above identifies minor mental disorder such as depression and anxiety disorders with good sensitivity and specificity.¹⁹

Measures for psychosocial work conditions

Psychosocial job demands and job control were assessed by the Chinese version of the Job Content Questionnaire based on the job strain model by Karasek and Theorell.²⁰ This model postulates that a combination of high demands and low control causes high job strain that leads to negative health outcomes. Five core items for the demands scale (work fast, hectic, excessive work, not enough time, and concentrate on job for long time) were included in the questionnaires. The job control scale consists of two

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