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Mental health at the workplace: A study on non-teaching staff in the university campus

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World Health Organization's (WHO, 1948) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease. In any organization employees' psychological and physical health is an important factor for their work performance and productivity. Due to lack of studies about non-teaching employee's general health, this study is aimed to assess the general health among university non-teaching staff. For this purpose 174 non-teaching staff were selected (155 males & 19 females) within the age of 25-59 years. The Goldberg General Health Questionnaire (GHQ) was used in this study. In the present study obtained scores were analyzed with help of t-test. The findings did not revealed a significant difference between male and female employees on the General Health Questionnaire. But the findings depicted a difference between male and female employees on somatic symptoms, anxiety, depression and social dysfunction.

Keywords: non-teaching staff, somatic symptoms, anxiety, depression and social dysfunction

In order to study the level of employees' mental health, a study is conducted on university non-teaching staff regarding their general health. World Health Organization's (WHO, 1948) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease." In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental, psychological and social changes with environment. It is also defined as systematic activities and social acts based on the prevention, science and art for disease management, increasing expectancy of life and health promotion that lead to welfare (Bolhari, 2007). For the benefit of any organization employee's psychological and physical health is an important factor for their work performance and productivity. In the organizational views, creating healthy organizations will help to strengthen the links between people and performance in humanly sustainable ways. Doubtless, healthy workforces are a key factor to work performance and success.

The General health questionnaire (GHQ) is a commonly used instrument for assessing mental health and detecting various sources of distress for workers, such as depression, anxiety, somatic symptoms and social withdrawal. Nowadays, a greater emphasis is being given to workplace mental health promotion and the implementation of measures to protect and improve well-being at work. Mental disorders strongly affect individuals and their employment in turn; individuals with unsupported mental health needs may cause decreased productivity due to increased error rates, poor decision-making, lack of motivation, or high tension and conflicts between colleagues. Furthermore, these negative consequences might increase absenteeism and incidents at work, as well as foster a culture of early retirement. Many factors can

contribute to the creation of a general health profile for working communities. Employees with anxiety attacks depression, severe stress, psychosomatic disorders, somatic signs, social conflicts and sleep disturbance can certainly not be productive and predictable as well as useful for their organizations. The workers in their workplaces are exposed to many different hazards and hazardous conditions that can threaten their health and life. But some hazards are less likely to happen in some work spaces than others, so it is very important to assess which hazards are most damaging to the organization and its employees. Apart from the physical, mechanical, biological, and ergonomic agents, spiritual pressure and mental tensions exist in workplaces. These factors and their effects on humans must be controlled. If anybody spent about one-third of their own day at work, it is not only important to know about the factors but it is necessary to control adverse situations based on this fact. Thus, it is important to address the existence and causes of poor mental health and well-being in order to deal with these problems at work and promote healthy employees in healthy working environments.

Purpose of the study

The present investigation is undertaken with an aim to study the dimensions of GHQ (somatic symptoms, anxiety, social dysfunction, & depression) among university non-teaching staff.

Objectives of the study

- To find out the difference in somatic symptoms and anxiety score based on gender among university non-teaching staff.
- To find out the difference in social dysfunction, and depression score based on gender among university non-teaching staff.

Hypotheses of the study

- There is no significant gender difference in somatic symptoms and anxiety among university non-teaching staff.
- There is no significant gender difference in social dysfunction and depression among university non-teaching staff.

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Method

Participants

The sample of the present study is consisting 174 respondents included only non-teaching staff of Dr. Harisingh Gour Central University, Sagar, M.P. irrespective of their gender. The respondents were divided as 155 male and 19 female between the age ranges of 25-59 years.

Instruments

General Health Questionnaire (28-GHQ) was used for data collection. It was developed by Goldberg (1983) consists 28 items

and four sub-scales: somatic symptoms, anxiety, social dysfunction and depression. The tool was administered individually to each employee in their respected places and proper care was taken to see that the employees filled all items in the questionnaire. There was no time limit for completion of the scale.

Statistical techniques used

In the present study the researcher* used the following statistical techniques: Descriptive Analysis (Mean, Standard Deviation) and Differential Analysis (t-value, F-ratio).

Data analysis

Table 1: Showing the 't' - value on somatic and anxiety with respect to gender

Variable	Gender	n	Mean	SD	t-value	p
Somatic symptoms	Male	155	12.50	14.63	1.420	0.05
	Female	019	14.15	06.87		
Anxiety	Male	155	13.33	04.70	0.029	
	Female	019	13.36	04.01		

From the results presented in table 1, the findings revealed no significant difference in somatic and anxiety with respect to their gender. The above findings regarding anxiety also depicted no

significant difference between male and female. Hence, in this way our first hypothesis is confirmed.

Table 2: Showing the 't' - value on social-dysfunction and depression with respect to Gender

Variable	Gender	n	Mean	SD	t-value	p
Social-dysfunction	Male	155	19.31	06.46	1.310	0.05
	Female	019	20.68	03.93		
Anxiety	Male	155	09.29	04.27	0.029	
	Female	019	10.00	04.48		

While examining the above table, it is revealed that female employees had more social-dysfunction as compared to males. But the findings did not show a significant difference. In addition it is also ascertained from the above table that regarding depression there is no significant difference between male and female employees. In this way, our second hypothesis is confirmed.

Discussion and conclusion

Knowledge of general health and its influence on individual's life is an important concern for all organizations. Present research was done to investigate the dimensions of GHQ (somatic symptoms, anxiety, social dysfunction, & depression) among university non-teaching staff with respect to their gender. The first hypothesis of the study was confirmed which shows that female employees have more somatic symptoms and anxiety as compared to their male employees. But the findings did not show a significant difference between them. These results are contrary to the findings of Moghadam et al. (2014) who reported that male employees have more somatic symptoms as compared to their female employees but supported on anxiety which

shows that females have more anxiety as compared to males. In addition to this, findings also depicted that female employees have more social-dysfunction and low depression as compared to male. From the above findings it indicated that employees are suffering from anxiety, somatic symptoms, social-dysfunction and depression which are not good signs for their work performance and productivity.

From the above discussion it seems that employees do not possess a good general health status as depicted from the findings. In educational settings resilience is found to predict well-being in teachers, where in their non-teaching colleagues low neuroticism is found related to improved well-being (Prestch et al., 2012). Negative aspects of employment may lead to mental and physical illness and dissatisfaction (Brown & Lett, 2005). Neuroticism predicts depression, anxiety, gastrointestinal and other bodily dysfunctions (Talley et al., 1986). Thus it may be useful to explore the factors involved in improving overall well-being and lowering neuroticism in non-teaching employees. In order to increase the general health among employees there should be some intervention techniques

(assertiveness training) which will help them in reducing their somatic symptoms, anxiety, social-dysfunction and depression. As we know an increase in assertiveness results in a decrease in anxiety, somatic symptom and depression (Eslami et al., 2016 & Mohebi et al., 2012). However, such a program can be more effective in reducing the social interaction anxiety in employees.

In addition to this there are some limitations to generalize the results of this study. First the sample is only limited to 174 employees and are not equally distributed as number of male employees is more as compared to females. Therefore, the GHQ-28 should be used in longitudinal studies in order to provide scientific information about mental health problems in representative samples from the working population in Sagar city.

Hence, with the measurement of general health at an organizational level, the promotion of healthy organizational environment seems to be a possibility with the inclusion of systematic and scientific assertiveness training.

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