

The Relationship between Mental Health Disorders of Depression, Anxiety and Job Dissatisfaction among Healthcare Workers in Southern Region, Saudi Arabia

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Abstract

Working environment is important to consider that influence positively or negatively on individuals' job satisfaction and it is also related to mental health disorders that involve depression and anxiety. This study aimed to examine the relationship between depression, anxiety, and job dissatisfaction among healthcare employees in Southern region in Saudi Arabia. A cross-sectional study was conducted among 140 healthcare professionals using a self-administered questionnaire. The questionnaire consisted of two parts; demographic backgrounds, and Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7) and Spector's Job Satisfaction Survey (JSS). The results highlighted that healthcare workers in hospitals were very depressed and had job dissatisfaction. Findings also revealed a significant association, with the increased of anxiety, the depression increased, and the job satisfaction decreased. Job satisfaction has a wide range of implications that are influenced by several elements. Healthcare professionals need psychological support and more consideration through initiatives to reduce negative effects of mental health conditions.

Keywords:-Depression, anxiety, job satisfaction, job dissatisfaction, healthcare workers.

Introduction

In general, people's contentment is a meaningful indicator of their beliefs. Job satisfaction may be characterized as the level of an employee's contentment with their work, and it may represent the employee's positive attitude towards their employment. Additionally, job satisfaction had a significant part in increasing employee excitement, which had a beneficial effect on the quality of the work delivered and ultimately contributed to the success of health organizations (Halawani, Halawani, & Beyari, 2021).

Physicians and nurses in particular are more prone than those other professions to report higher levels of pressure, anxiety, and depression, as well as the subsequent psychosocial and biological repercussions of stress. Those who work in public hospitals experience this largely than those who work in private facilities. Only 35% of doctors in Shanghai's main public hospitals reported being satisfied with their professions, and nearly all of them said that their positions were stressful. Long working hours, severe workloads, low pay, and significant employment danger were some of the causes of stress (Yehya et al., 2020).

The distress and pain of their patients and families place a heavy emotional burden on healthcare personnel. High workload requirements and their obligations are also connected to this. Long-term exposure to these circumstances may have an impact on a person's psychological well-being and fulfillment, which may lead to the use of medications, alcohol, or even illegal narcotics to treat the symptoms (Oliveira, Silva, Galvão, & Lopes, 2018). Research also reported that a significant prevalence of psychological discomfort was higher among nurses. In the report, the predominance of stress was higher at 55%, anxiety around 41.1%, and depression around 69.4%. In addition, a recent worldwide survey of 1,790 nurses in the United States of America indicated that stress, anxiety, and depression (SAD) were all very common, occurring at rates of 38.7%, 51.97%, and 32.8%, respectively (Ghawadra, Abdullah, Choo, & Phang, 2019).

Distinctive working environments had distinct workplace pressures. Burnout and chronic job stress are related, and both have a negative effect on physical and mental health among individuals (Deary et al., 1996). For

instance, different types of health problems may involve high blood pressure, diabetes, heart diseases and mental disorders such as depression, stress and anxiety (National Institute of Mental Health, 2016). Depression has ranked a third burden of illness in the world according to the World Health Organization (WHO) in 2008 and it is expected to rank first by 2030 (Ferrari et al., 2013). Job satisfaction plays a vital role on well-being of employee, which might contribute to the level of productivity, decision-making and society prosperity (Faragher et al., 2005).

Research study conducted on nurses has shown a significant negative relation between depression, anxiety and job satisfaction (Poursadeghiyan et al., 2016). Around 68% of nurses reported medium to high degree of stress, 35.6% dissatisfied with their work environment, 18.8% depressed and 31.2% reported medium to severe anxiety. Most of healthcare professionals, those who exposed to higher levels of occupational stress were nurses and doctors (Aiken et al., 2002; Grunfeld et al., 2000; Rahmani et al., 2013). Specifically, stress can create negative outcomes on efficiency, productivity and quality of healthcare in general. Moreover, burnout, job stress, depression and psychological illness including emotional exhaustion has been linked to healthcare workers who has direct connection with patients (Grunfeld et al., 2000; Liakopoulou et al., 2008).

There is a strong correlation between physicians' job dissatisfaction and burnout, depression and anxiety (Yilmaz, 2018). Furthermore, anxiety levels are higher in those who suffer from burnout at work due to workload, work stressor and unenjoyably working environment (Esteve, Larraz, & Jiménez, 2006). Recently, insufficient job satisfaction has been linked to greater burnout, depression, anxiety and stress among emergency physicians during COVID-19 pandemic (Bahadiri & Sagaltici, 2021). In addition, doctors are frequently experienced more stress than other health professionals do in hospital due to night calls, night shifts, and interruption of family life by calls and emergencies during surgery hours.

For example, employees in many hospitals, with different job title can suffer from work related stressors such as doctors, nurses, medical technicians, and non-medical practitioners. Research has examined how different work-related factors are associated with job dissatisfaction and depression include workload, conflict, role ambiguity, responsibility, low job skills and future job uncertainty (Yehya et al., 2020). Likewise, high level of stress and anxiety can have similar patterns and is associated with poor work performance, lower morale and job dissatisfaction (Letvak, Ruhm, & McCoy, 2012).

Literature review

The relation between job dissatisfaction, work stress, and health has recently attracted increased attention to aspects of the workplace and psychosocial elements that may be detrimental to employees' welfare. Due to the essential nature of the job, which is marked by a high level of responsibility to other people, a high emotional burden, and exposure to severe suffering, healthcare professions, including nurses, physicians, and physiotherapists, have been specifically recognized as occupations with high psychological distress. Workplace stress can be defined as a poor emotional experience brought on by ineffective coping with pressures, which has detrimental effects on employees' physical and psychological well-being as well as the standard of care they provide to patients (Piko, 2006).

The everyday interactions that nurses have with patients, their families, managers, supervisors, and other medical professionals are all part of their job. Therefore, it should come as no surprise that nurses run the danger of encountering interpersonal aggressiveness at work, including physical attacks, verbal abuse, and bullying. Workplace aggression, which is defined here as acts of psychological abuse, physical assault, or threat conduct that take place in a work context and cause physically or emotional injury, is a common issue that has an impact on the health and productivity of many healthcare employees. Workplace violence may have an adverse effect on the convicts, spectators, and the organization in addition to having a direct negative influence on the physical, emotional, and psychological wellbeing of nurses. Despite the fact that there has been an increase in nurses' exposure to workplace aggression over the past 10 years, the majority of studies are based on samples from Europe and North America (Jaradat et al., 2016).

It is a common problem that 29.8% to 68.9% of nurses may feel job stress. This disorder in nurses may be caused by a variety of psychological (anxiety, depression, exhaustion, and poor concentration), physical (heart rate and blood pressure elevations, cardiovascular disease, and musculoskeletal complaints), or organizational (job absenteeism, lack of job satisfaction, and poor job performance) issues. In addition to job stress, one of the most substantial organizational problems for nurses is their degree of job satisfaction (Hosseinabadi et al., 2018).

The purpose of the research

The aim of this study is to examine the relationship between depression, anxiety, and job dissatisfaction among healthcare employees in Southern region, Saudi Arabia.

Methodology

Research approach

The goal of the current study was to explore the relationship between depression, anxiety, and job dissatisfaction among healthcare employees. To this end, statistical methods were utilized to analyze the research data.

Study population and sample

The data included all healthcare workers in hospitals who live in Southern region, Saudi Arabia. The sample consisted of (140) healthcare professionals, but was not limited to general practitioners, nurses, specialists (not a general practitioner), technicians, non-practitioners.

Study tool

Data were collected using a self-administered questionnaire. Items include demographic backgrounds (sex, age, nationality, marital status, household income, occupation, job district, and years of service in job). Depression, anxiety and job satisfaction can be measured through validated questionnaires. For example, the Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, & Williams, 2001) measures depression. The Generalized Anxiety Disorder (GAD-7) (Spitzer, Kroenke, Williams, & Löwe, 2006) measures anxiety. Spector's Job Satisfaction Survey (JSS) (Spector, 1985) measures job satisfaction level. Questions were distributed via social media platform (Twitter, Snapchat, and WhatsApp) to examine the relationship between these factors.

For JSS, items included 36 questions; the researcher used one question from each of the nine categories listed in the survey (salary, advancement, supervision, fringe benefits, contingent rewards, working environment, coworkers, work type, and communication) to shorten the entire study questionnaire due to healthcare professionals' busy schedule to encourage them to fill up the survey. All research questions were then calculated as instructed in scoring guideline. However, for JSS, the score of each question in every category was multiple by 4 to get the average score as if we used four questions from each nine categories mentioned above.

Statistical Analysis

Statistical Package for Social Sciences (SPSS) version 16.0 SPSS, Inc., Chicago, IL) were used to conduct the statistical analysis after the variables have been verified and entered into the computer. Continuous variables were represented by the mean and standard deviation (SD). The Frequency was used to count categorical variables. A P-value < 0.05 was used to evaluate statistical significance.

Ethical consideration

Ethical approval was granted that before participating in the study, all individuals signed a written consent form. All data gathered was kept private and only used for research purposes.

Validate the study tools

The reliability of the internal consistency was calculated using the Pearson correlation coefficient, and it was found that all the correlation coefficients for all questions of the study tools were statistically significant at a significant level (0.01). This means that the tools have the integrity of the internal consistency and is valid for the purposes of the study.

Reliability study tool

Cronbach's α coefficients were calculated for the study tool and it was found that the values of the reliability coefficient α is greater than 0.7, reaching (0.82, 0.90, 0.88) which confirms the validity and relevance of the study tools statements and the high level of reliability of the tools used in the study.

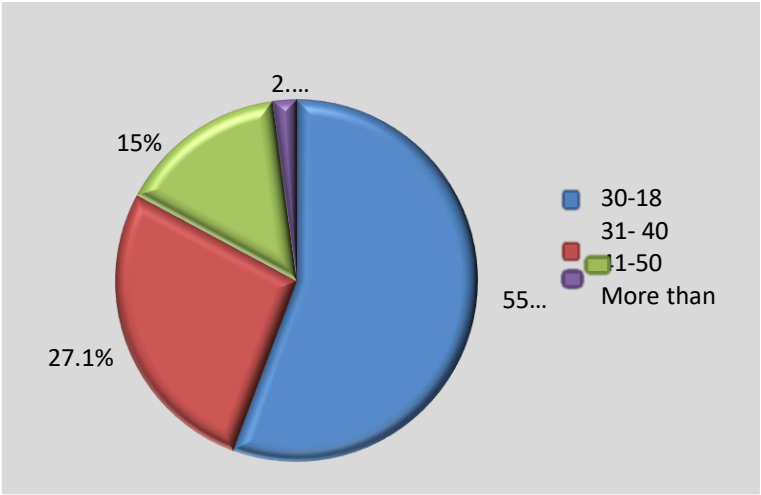
Results

Independent variables

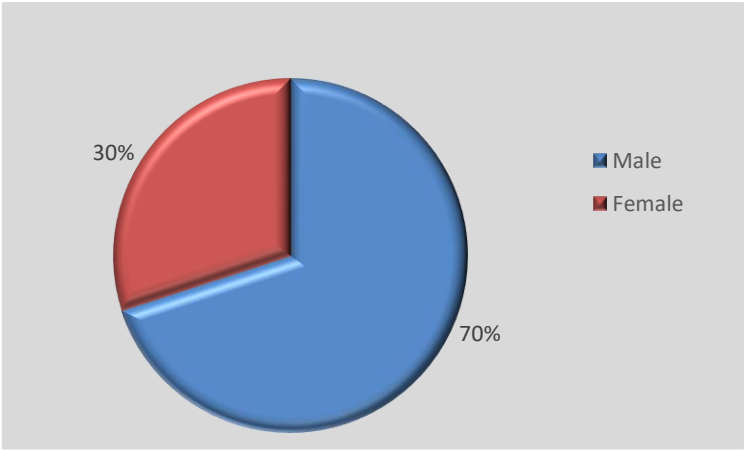
Table 1: Study sample according to independent variables

Variable	Group	N	%
Age	18 -30	78	55.7
	31- 40	38	27.1
	41 -50	21	15
	More than 50	3	2.1
Gender	Male	98	70
	Female	42	30
Nationality	Saudi	117	83.6
	Non-Saudi	23	16.4
Marital status	Single	71	50.7
	Married	65	46.4
	Divorced - widowed	4	2.9
Household income	Above average	20	14.3
	Below average	13	9.3
	Average	91	65
	Competent	16	11.4
Region	Al-Qunfudhah	70	50
	Al-Quoz	21	15
	Al-Muzaylif	11	7.9
	Others	38	27.1
Type of job	Doctor	42	30
	A specialist / not a doctor	37	26.4
	An administrator / not a health practitioner	26	18.6
	Technician	25	17.9
	Nurse	8	5.7
	Other	2	1.4
Working experience	Less than 5 years	84	60
	From 5 to 10 years	27	19.3
	More than 10 years	29	20.8

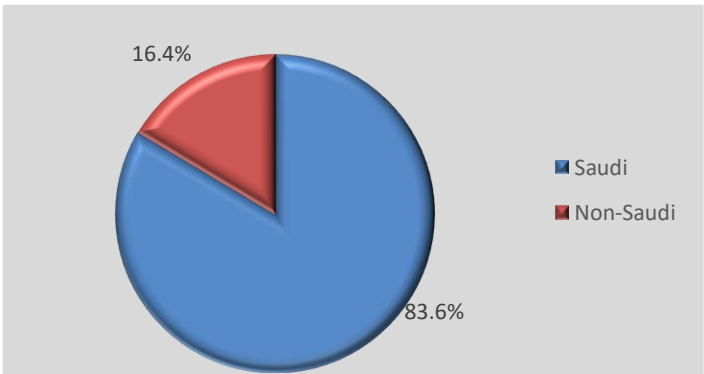
Age



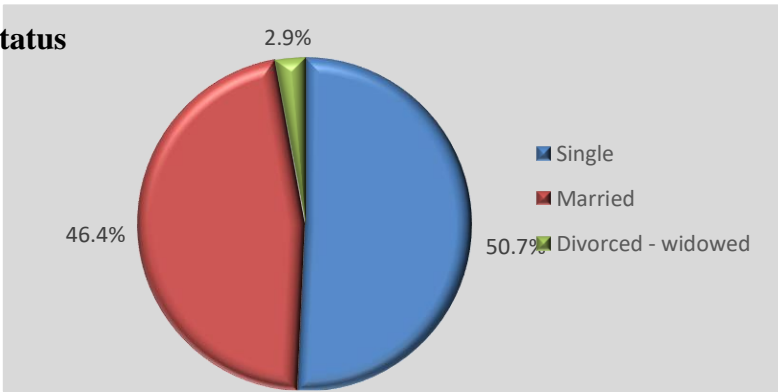
Gender



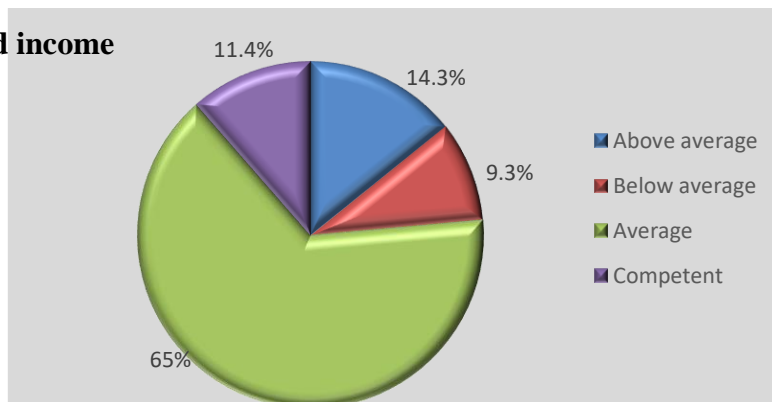
Nationality



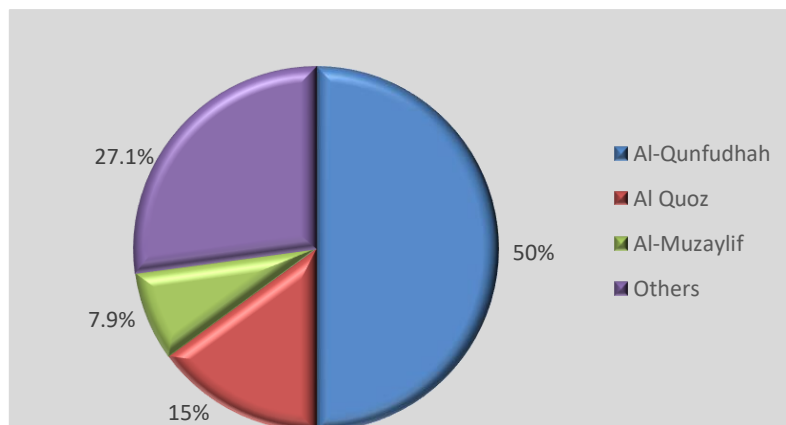
Marital status



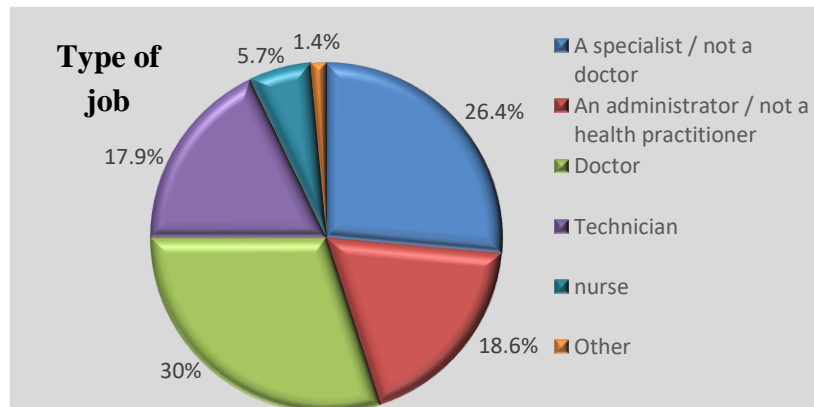
Household income



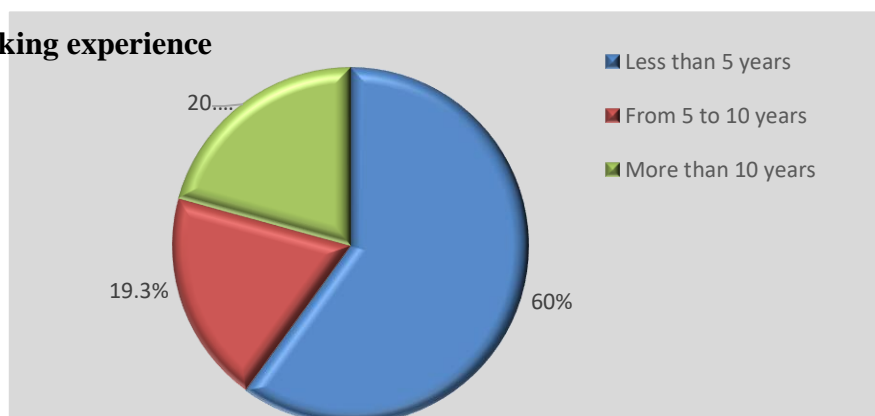
Region



Type of job



Working experience



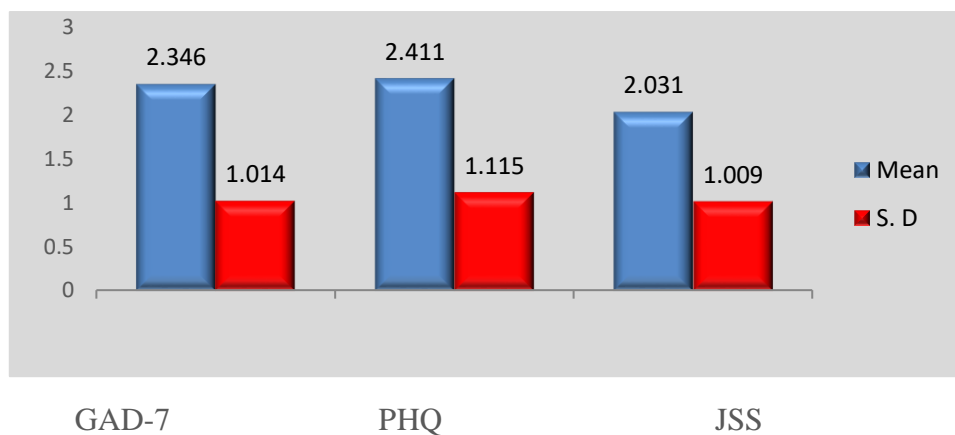
Dependent variables

Table 2: Study sample according to dependent variables

N.	Variable	Mean	S. D	Degree
1	Generalized anxiety disorder GAD-7	2.346	1.014	Severe anxiety
2	Patient health questionnaire PHQ-9	2.411	1.115	Severe depression
3	Job satisfaction survey JSS	2.031	1.009	Disagree moderately

From the above, we conclude that:

- The severity of anxiety degree for the study sample was high with mean score (2.346), standard deviation (1.014) and with degree (severe anxiety). This suggested that healthcare workers in hospitals were very concerned.
- Depression degree for the study sample was high with mean (2.411), standard deviation (1.115) and with degree (severe depression). This proposed that healthcare workers in hospitals were very depressed.
- Job satisfaction degree for the study sample was low with mean (2.031), standard deviation (1.009) and with degree (disagree moderately). This indicated that healthcare workers in hospitals had job dissatisfaction.



To study the association between depression, anxiety and job dissatisfaction among healthcare workers (Pearson correlation test) was used and the results shown below in Table 3.

Table 3: The association between depression, anxiety and job dissatisfaction

		Anxiety	Depression	Job satisfaction
Anxiety	Pearson correlation	1	.783**	-.986**
	(2-tailed) Sig.	-	.000	.000
Depression	Pearson correlation	.783**	1	-.904**
	(2-tailed) Sig.	.000	-	.000
Job satisfaction	Pearson correlation	-.986**	-.904**	1
	(2-tailed) Sig.	.000	.000	-

**Correlation is significant at the 0.01 level (2-tailed).

From the analysis, we understand that:

- There was a significant correlation between depression and anxiety, significant value $(.000) < (0.05)$ and Pearson's correlation coefficient $(.783)$, suggesting that there was a significant positive correlation between depression and anxiety. The higher anxiety degree of the individuals, the higher depression level they have.
- There was a strong correlation between anxiety and job satisfaction, significant value $(.000) < (0.05)$ and Pearson's correlation coefficient $(-.986)$, indicating that there was a significant inverse correlation between job satisfaction and anxiety. The higher anxiety of the individuals, the lower job satisfaction they have.
- A strong correlation was seen between depression and job satisfaction, significant value $(.000) < (0.05)$ and Pearson's correlation coefficient $(-.904)$, suggesting that there was a significant inverse correlation between depression and job satisfaction. The higher depression of the individuals, the lower job satisfaction they have.

Discussion

This study aimed to examine the association between depression, anxiety and job dissatisfaction among healthcare workers. The findings revealed that healthcare workers in hospitals were very depressed and had job dissatisfaction. In addition, when anxiety increased, the depression level increased, and the job satisfaction decreased. Notably, Gökçe et al. (2013) showed that within a year, healthcare personnel in the emergency department reported higher levels of personal success and job satisfaction. However, when employment times increased, the levels of burnout and depression were increased subsequently and job satisfaction decreased.

This echoes findings by Elshaer et al. (2018) who shown that a lack of control at work tends to make people feel more emotionally spent. This result is consistent with earlier research showing that greater job control, such as autonomy or decision-making, is related to less stress and better performance. In Alarcon's meta-analysis, poorer personal achievement was linked to poorer organizational commitment and job satisfaction. This is similar to the findings reported by Elshaer et al. (2018), who discovered that personal performance was connected with responsibility for other people's lives and work happiness (Alarcon, 2011).

Additionally, the findings of the current study also demonstrated that workplace depression was associated with reduced job satisfaction. This is consistent with former research demonstrating detrimental impacts of workplace conflict; for instance, a study by Leon-Perez et al. (2016) identified a positive correlation between burnout and workplace conflict. Stress management was found to have the greatest impact on job satisfaction among factors affecting healthcare professionals, with a highly significant difference. The wage benefits package, patient happiness, and the standard of care delivered all had a big impact on how happy healthcare employees were with their jobs. Because of the shorter hours under the new contract and higher rates, the participants reported being less satisfied with their incentives. The satisfaction differs with job role around 92% among nurses, 80.7% among orthodontists, 76.5% among dental assistants, 73.7% among pharmacists, and only 7.3% among physicians (Halawani, Halawani, & Beyari, 2021).

This could be explained by the fact that the majority of work management has an adverse psychological and physical impact on employees, increasing work stress and decreasing job satisfaction. For instance, previous research on nurses showed findings that are more evident that healthcare employees' job satisfaction was greatly impacted by factors like autonomy at work, active interaction, rewards, job requisites, professions status and organizational standards all contribute to higher satisfaction (Siqueira & Kurcgant, 2012).

Conclusion

The majority of nurses and healthcare workers reported significant levels of workplace stress and emotional tiredness, both of which were strongly correlated with job dissatisfaction. Job satisfaction and depression have a substantial inverse relationship, meaning that as depression grew, job satisfaction declined.

Recommendations

1. Healthcare professionals deserve more attention with an appropriate consideration and psychological support, because their own work involves direct contact with patients that influence on their lives.
2. Family support may contribute to increased job satisfaction.
3. Strengthen the healthcare systems through initiatives that reduce stress and burnout, like raising the number facilities, supplies and quality of healthcare professionals.

Limitations

This study should be taken into account when evaluating the results. The study's cross-sectional design prevented a causal relationship between the variables and the study variables' change over time, which is how the data were collected. The study was only conducted in one area. The sample size of the research study was low. However, Future study may also carry on to expand the findings in larger samples, or samples from more geographical diverse areas to examine the impact of wider demographic contexts on findings.

Conflict of interesting

'The author declare that there is no conflict of interest'.

Consent

The author declare that 'written informed consent was obtained from the participants for publication of this study. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board member of this journal'.

Ethical approval

The author hereby declare that the study was approved ethical committee, Umm Al-Qura University, Makkah Almukaramah, Saudi Arabia.

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