





Prevalence of Minor Psychiatric Disorders and Factors Affecting It in Iranian Nurses

Jamshid JAMALI, *Narges ROUSTAEI, Seyyed Mohammad Taghi AYATOLLAHI, Erfan SADEGHI

Dept. of Biostatistics, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran

*Corresponding Author: Email: rousta@sums.ac.ir

(Received 17 Apr 2014; accepted 25 Apr 2015)

Dear Editor-in-Chief

The relationship between mental disorders and quality of life has been investigated in many researches (1). In the recent years, the prevalence of mental disorders had a systematic development in different social fields (2). Nowadays, occupational stress in the workplace has been increased (3).

In health system, nurses are the largest service providers and besides it is also one of the most stressful occupations among all; therefore, nurses are targeted to occupational exhaustion, and thus work tensions greatly influences their physical and mental health (4). Mental disorders of nurses affect the services that they provide to the patients which in turn delays the recovery of the patients. Hospital employees had the lowest quality of life among others (5).

This study aimed at investigating the prevalence of minor psychiatric disorders (MPD) and its associated factors among nurses in southern Iran using the GHQ-12 questionnaire.

This cross-sectional study was conducted on nurses working in the hospitals of Fars and Bushehr provinces of Iran in 2014. The Latent Class Regression (LCR) was used which has three advantages. First, there is no need for determining a cut-off point. Second, it is independent of how we score the GHQ-12. Third, LCR can evaluate the effect of covariates on MPD level.

Among 771 nurses, 65.1% were female and 28.8% were single. The mean (±SD) of age and work experience were 32.06±6.28 and 7.74±5.79 years, respectively. Most of the nurses had bachelor's degree (91.1%) and 41.5% were contractual employment type. Table 1 shows covariates coefficients in modelling the level of MPD.

Table 1: Estimated class specific covariates coefficients and P-values

Variables	Odds ratio	95%Confidence interval	<i>P</i> -value
Sex (Ref = Women)	1.20	(1.01,1.42)	0.049*
Marital status (Ref = single)	1.05	(0.88, 1.24)	0.680
Level of education (Ref = Associate Degree)	1.09	(0.65, 1.83)	0.790
Age	1.04	(0.99,1.09)	0.150
work experience	1.05	(0.99,1.10)	0.140
Employment Type Contractual (Ref = Apprenticeship)	1.06	(0.80,1.39)	0.320
Employment Type Fixed term (Ref = Apprenticeship)	1.13	(0.85, 1.51)	
Employment Type Permanent (Ref = Apprenticeship)	1.43	(0.98,2.08)	

Ref: Reference category * Significant at 5% Reference category: nurse with MPD

According to the results, nurses were categorized into "with and without MPD" classes. This finding is in line with earlier studies which had divided people into two groups on the basis of mental health (6, 7). About 27.4% of the nurses were classified into "with MPD" class. Based on previous studies, the prevalence of mental disorders has been reported to be about 34 to 41 percent among nurses (8).

The result of LCA regression showed that gender was affecting factor on MPD using GHQ-12, so females had 20 percent more chance to be classified in the group "with MPD". In similar studies, females more likely had mental disorders than males (9, 10).

In both classes (with and without MPD), none of marital status, education, age, work experience and employment type factors were significant.

Nurses undergo a lot of circumstances because of the type of their profession and therefore are subject to more stressors. Nurses are somehow responsible for patients' wellbeing thus, a good health condition is required for them so as to they can best provide their services.

Acknowledgements

The authors declare that there is no conflict of interests.

Reference

 Taylor DJ, Lichstein KL, Durrence HH, Reidel BW, Bush AJ (2005). Epidemiology of insomnia, depression, and anxiety. Sleep, 28:1457-64.

- 2. Leger D (1994). The cost of sleep-related accidents: a report for the National Commission on Sleep Disorders Research. *Sleep*, 17:84-93.
- 3. Rose RC, Beh L, Uli J, Idris K (2006). An analysis of quality of work life (QWL) and career-related variables. *Am J Appl Sci*, 3:2151-9.
- Van Bogaert P, Clarke S, Wouters K, Franck E, Willems R, Mondelaers M (2013). Impacts of unit-level nurse practice environment, workload and burnout on nurse-reported outcomes in psychiatric hospitals: a multilevel modelling approach. *Int J Nurs Stud*, 50:357-65.
- Su J-A, Weng H-H, Tsang H-Y,Wu J-L (2009).
 Mental health and quality of life among doctors, nurses and other hospital staff. Stress and Health, 25:423-430.
- Montazeri A, Harirchi AM, Shariati M, Garmaroudi G, Ebadi M, Fateh A (2003). The 12-item General Health Questionnaire (GHQ-12): translation and validation study of the Iranian version. Health Qual Life Outcomes, 1:66-9.
- Gomes AR, Teixeira PM (2014). Stress, Cognitive Appraisal and Psychological Health: Testing Instruments for Health Professionals. Stress and Health, DOI: 10.1002/smi.2583.
- Wong DFK, Leung SSK, So CKO, Lam DOB (2001). Mental health of Chinese nurses in Hong Kong: The roles of nursing stresses and coping strategies. Online J Issues Nurs, 6:168-92.
- Noorbala AA, Bagheri Yazdi SA, Yasamy MT, Mohammad K (2004). Mental health survey of the adult population in Iran. Br J Psychiatr, 184:70-3.
- Mahedy L, Todaro-Luck F, Bunting B, Murphy S, Kirby K (2013). Risk factors for psychological distress in Northern Ireland. *Int J Soc Psychiatry*, 59:646-54.