

Correlates of Mental Well-Being among Turkish Health Care Workers

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Abstract

The aim of present study was to investigate whether the mental well-being of health care workers associated with gender, age and marital status. Data were collected from 115 health care workers (doctors, physiotherapist, nurses, etc.) from a Turkish Medical Research and Application Center. They completed a demographic information form and the Mental Well-being Scale. Independent samples t-test and one-way analysis of variance (ANOVA) were used for data analyses. Results of current study showed that mental well-being levels of Turkish health care workers did not correlate with gender, age, or marital status. Future studies may investigate other psychological variables in order to more comprehensive understanding of mental well-being among health care workers.

Keywords: Mental well-being, demographics, Turkey.

1. Introduction

People's dissatisfaction and constant complaints are major issues in the contemporary world. Self-dissatisfaction is a similar phenomenon. An individual who is not self-satisfied and psychologically well does not enjoy life and cannot show his/her actual potential. Throughout history, philosophers have regarded happiness as the most important source of motivation. However, until recently psychologists have put too much stress on unhappiness, but overlooked happiness. Recently, they have concentrated on both experimental and theoretical research on happiness.

Psychological functioning may be thought as one of the prerequisites of happiness. This functioning requires individuals to be mentally well. The concept of "psychological well-being" was first used by Bradburn (1969) in his "The Structure of Psychological Well-Being". Bradburn attempted to incorporate the concept of psychological well-being ("mental well-being" and "psychological well-being" interchangeably used in this study) with the search for happiness, primarily of Aristotle, and well-being for a better mental health. To this end, he used "Eudemonia", Greek for happiness, to refer to this psychological state. The psychological well-being as discussed by Bradburn (1969) has a happiness-based definition and refers to a subjective happiness in current life. From this viewpoint, Bradburn's description of psychological well-being corresponds to a subjective well-being today.

Mental well-being is associated with individual's positive self-perception, self-contentment even when aware of limitations, ability to develop trusting and warm interpersonal relationships, ability to shape the environment in a way to fulfill his/her needs and desires, ability to act autonomously and independently, effort to find a purposeful and meaningful life, awareness of his/her capacity and efforts to improve this capacity (cited by Keldal, 2015). Christopher (1999: 141) expresses that "an understanding of psychological well-being may be a transcendental requirement for human existence". For Geertz (1973), this is "a pervasive orientational necessity". In other words, being a human means living on the basis of the fact that existing in the world is always and absolutely more desirable and valuable (as cited by Güliz-Pekçan 2012).

In positive psychology, well-being incorporates such subjective experiences as contentment and satisfaction (in the past), hope and optimism (in the future), and happiness and satisfied participation in activities (in present) (as cited by Güliz-Peközcan, 2011). In this sense, increased motivation for such factors as self-acceptance, environmental mastery, positive relations, purpose in life, personal growth, and autonomy has become important (as cited by Güliz-Peközcan, 2011). The aim of present study was to investigate whether the mental well-being of health care workers associated with gender, age and marital status. It is believed that the obtained results will greatly contribute to the determination of the factors affecting the psychological well-being levels of health care workers.

2. Method

2.1. Research Design

This cross-sectional research study is intended to investigate the relationship between the mental well-being levels of health care workers and gender, age and marital status. The dependent variable of this study was mental well-being levels whereas independent variables were gender, age and marital status.

2.2. Participants and Procedure

All necessary permissions were obtained from local authorities before commencement of study. Health workers were informed about the purpose of the study, voluntary participation as well as about withdrawal right before the study. All health workers gave written informed consent to participate in the study. No health workers refused to participate. The research was carried out on 115 health care workers (doctors, physiotherapist, nurses, etc.) working in the Medical Research and Application Center of Ondokuz Mayıs University. They responded the questionnaire composed of a personnel information form and mental well-being scale during one week period. They completed the questionnaire about ten minutes. The participants consisted of the health care workers in the Medical Research and Application Center of Ondokuz Mayıs University, Samsun. Samsun is a populous city and located in Central Black Sea Region of Turkey. There were 65 (56.5%) female and 50 (43.5%) male health workers aged 20 to 59 years old in this study. More specifically, there were 90 (78.3) participants aged between 20 and 29, 12 (10.4%) participants aged between 30 and 39, 10 (8.7%) participants aged between 40 and 49, and 3 (2.6%) participants aged between 50 and 59. Lastly, there were 38 (33%) married and 77 (67%) single participants in the sample.

2.3. Measures

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) used to measure the mental well-being levels of health workers. WEMWBS was developed by Tennant et al. (2007) to assess the mental well-being levels of people living in England which includes mental well-being and subjective well-being. WEMWBS composed of 14 items to assess individuals' levels of positive mental well-being. WEMWBS is a five-point Likert type scale and participants rate their agreement level to each scale item ranging from Strongly Disagree (1) to Strongly Agree (5). Possible scores range between 14 to 70. Higher scores indicate higher subjective well-being. All the items of WEMWBS were positively scored. The reliability and validity of the scale was tested on individuals of 16 years and older. The internal consistency reliability was calculated based on the data obtained from 348 participants, and the Cronbach's Alpha coefficient was found to be .89. The test-retest reliability was investigated on 124 participants. The results of one week test-retest yielded a correlation coefficient of .83. The reliability coefficient of the Turkish version by Keldal (2015) was calculated to be .92. An example item from WEMWBS is "I've been feeling useful."

Demographics. A personal information form was used to collect information about the participants' backgrounds. They answered questions about their sex, age and marital status.

2.4. Statistical Analysis

All statistical analyses were performed with SPSS 23. In the analyses conducted to test the normality of the distribution, the coefficients of kurtosis and skewness were observed not to significantly deviate from the normal distribution and to fall in the range between -1 to +1. Upon seeing that the data were normally distributed, parametric tests were administered. In addition to normality, independent samples t-test and one-way analysis of variance also had to assumption of homogeneity of variance. This assumption also controlled with Levene's test and found to be tenable in all statistical analyses. The independent samples t-test was used to compare WEMWBS scores of participants with respect to gender and marital status. Moreover, One-way Analysis of Variance (ANOVA) was used to examine the difference in the age groups with respect to WEMWBS scores. The significance level was set at .05 in all the statistical analyses.

3. Results

Table 1 shows WEMWBS means and standard deviations with respect to sex, age and marital status. A series of independent samples t-tests were conducted to examine mean differences between WEMWBS scores with respect to sex and marital status and results are shown in Table 2. Moreover, an one way ANOVA also performed to examine mean differences between WEMWBS scores with respect to age and results also shown in Table 2.

Table I Descriptive Statistics

	<i>n</i>	<i>M</i>	<i>SD</i>
Sex			
Female	65	53.86	7.55
Male	50	53.22	10.26
Age			
20-29	92	53.60	8.30
30-39	32	54.58	5.31
40-49	10	52.50	12.31
50-59	3	52.66	12.85
Marital Status			
Married	38	53.36	9.75
Single	77	53.68	8.35

The investigation of mental well-being levels of health care workers according to gender revealed that the mental well-being levels of female participants (53.86 ± 7.55) were not significantly different from those of male participants (53.22 ± 10.26) ($p > 0.05$) (Table 2). Moreover, the investigation of mental well-being levels of health care workers according to age indicated that while the participants of 30-39 years old had the highest level of mental well-being (54.58 ± 5.31), the participants between 40 and 49 had the lowest (52.50 ± 12.32), but between-groups difference was observed to be statistically insignificant ($p > 0.05$) (Table 2). The scores pertaining to mental well-being according to marital status also demonstrated that the mental well-being levels of the married participants (53.36 ± 9.75) were not significantly different from those of the single participants (53.68 ± 8.35) ($p > 0.05$) (Table 2).

Table II Results of t-tests and one way ANOVA

Source	<i>df</i>	<i>t/F</i>	<i>p</i>
Sex	113	.386	.700
Marital Status	113	.183	.183
Age	3, 111	.111	.954

Note. *df*: Degrees of freedom.

4. Discussion

The present study investigated the mental well-being levels of health care workers and the obtained results were discussed in the light of related literature. The findings of this study yielded no significant difference between the mental well-being levels of health care workers according to gender. It was discovered that gender was not significantly correlated with in the mental well-being levels. In the research she conducted to investigate whether perceived mother acceptance-rejection of undergraduates, self-forgiveness levels and demographic variables (gender, college, year and perceived academic achievement) could predict mental well-being levels of participants, Halisdemir (2013) found that gender did not associated with mental well-being. Moreover, there are some other studies evidencing that mental well-being levels did not correlated with gender (as cited by Yetim, 2001). On the other hand, Kumcağız and Gündüz (2016) found significant differences in their undergraduate participants' mental well-being levels according to gender. Therein, it was shown that female students had higher levels of mental well-being than the male students did. In his study on undergraduates to investigate the mental well-being levels of undergraduates in relation to some demographic variables, parental attitudes, stressful life events, Karabayaser (2013) also demonstrated that the female students achieved higher scores of mental well-being than the male students. On the contrary, there are several studies indicating that male individuals had higher levels of mental well-being than females (as cited by Yetim, 2001). However, there are some other studies (Dilmaç and Bozgeyikli, 2009; Lee, Seccombe and Shehan, 1991) showing that scores of females concerning mental well-being levels were significantly higher than those of male participants (as cited by Albayrak, 2013). Therefore, it can be concluded from the above mentioned studies that the research on mental well-being levels by gender produced contradictory findings.

The findings of the present study also yielded no significant difference between the mental well-being levels of health care workers according to age. It was observed that age did not correlate with the mental well-being levels of health care workers. In the related literature, there is an exiguous amount of research on the relationship between age and mental well-being. The study "Investigating of the Subjective Well-Being Based on Gender,

Age and Personality Traits" by Eryılmaz and Ercan (2011) demonstrated that individuals between 14 and 17 and between 26 and 45 years old had higher levels of subjective well-being than those between 19 and 25 years old.

The present study found no significant difference between the mental well-being levels of health care workers according to marital status. It was figured out that marital status of the workers did not affect their mental well-being. In the study, Aslan and Yılmaz (2013) conducted to reveal teacher tendency towards life satisfaction and

cynicism, they found results substantiating those of the present study. They concluded that marital status did not cause significant differences in cynicism and life satisfaction, which are closely related to mental well-being. In the related literature, no research was found on the relationship between marital status and mental well-being.

This study has some limitations. Firstly, self-report data collection tools were used for the purpose of the study. Self-report measures may suffer from methodological biases, such as social desirability and mid-point responding (Şahin, Barut, & Ersanlı, 2013a, 2013b; Şahin, Barut, Ersanlı, & Kumcağız, 2014; Şahin, Ersanlı, Kumcağız, Barut, & Ak, 2014)). Even if the researchers attempted to avoid this methodological bias by keeping the participants' identities anonymous (Şahin et al., 2013a, 2013b; Şahin, Barut, et al., 2014; Şahin, Ersanlı, et al., 2014), their mental well-being levels can be investigated based on the data from difference sources of information (e.g. close friends, spouse) in future research. Secondly, this study was carried out on a limited number of health care workers at a hospital in the Central Black Sea Region. Therefore, its external validity is low. Further research may investigate the mental well-being levels of health care workers in different regions and on a larger sampling.

5. Conclusion

In this study conducted to investigate the mental well-being levels of health care workers in consideration of a number of variables, it was concluded that gender, age and marital status did not affect mental well-being. From what is mentioned above, the following suggestions can be made:

1. Individual or in-group psychological counseling can be offered to individuals who psychologically feel weak and impotent.
2. Mental well-being levels of such individuals can be boosted by psychological assistance relying on the principles of positive psychology and multidimensional mental well-being model.
3. Karataş's (2014) "Effect of Psychodrama on the Subjective Well-being and Hopelessness of Undergraduates" demonstrated that psychodrama positively affected the subjective well-being of the participating students. Hence, individuals with a low level of mental well-being can be prescribed or motivated to experience psychodrama.
4. The present study can be replicated on different groups and with different variables for a better understanding of the factors influencing individuals' mental well-being levels.

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