

3rd World Conference on Psychology, Counselling and Guidance (WPCPG-2012)
Relationship Between Job Satisfaction and Employees Mental Health

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Abstract

The purpose of this study was to examine the relationship between job satisfaction and mental health. The statistics include all employees of two industrial companies in the city of Ardabil. The sample of 90 people was selected randomly for the study. They were asked to complete Birfield job satisfaction and Ruth questionnaire and Goldberg's general health scale. Data was analysis using multiple regressions and t-test. Finding of the research indicated that there was a positive relationship between job unsatisfaction employees and global index of mental health, social action and depression. It was found that employed women than employed men are more satisfied with their jobs. In addition, workers who have a longer history in their jobs have much job satisfaction. The results of this study, confirmed previous findings on the role of job satisfaction in the provision of mental health workers, especially to improve social relations and reduce depression.

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Selection and peer-review under responsibility of Prof. Dr. Huseyin Uzunboylu & Dr. Mukaddes Demirok, Near East University, Cyprus

Keywords: *job satisfaction, mental health, social action, depression*

1. Introduction

Understanding the effects of job dissatisfaction (or stress) on an individual's health is important not only from a medical but also from an economic perspective. For example, while job satisfaction plays an important role at the employee level as a determinant of individual well-being, at the aggregate level, it equally affects worker productivity and retirement decisions, and ultimately, a society's economic prosperity (Faragher et al., 2005). Usually people are more worry about their outcome of their work that can even affect the way they treat other people and how they communicate with their peers and customers. For example, people with a higher percentage of occupational stress may not be satisfied with their job and therefore they will not feel happy working in the organization. They may feel frustrated or "burned out" when they are having problems with peers or customers. This may leave a negative impact to the organization itself. Therefore, it is very important for employers and employees to realize the stress and the stressor that cause all the negative effects.

Job satisfaction has a special implication for health care service. All these negative aspects of the job of health care staff have major behavioral and health implications as a consequence (Piko, 1999; Shamian et al., 2001;

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Trinkoff and Storr, 1998; Wahlstedt and Edling, 1994). **Low job satisfaction could lead to increased staff turnover and levels of absenteeism**, which could reduce the **efficiency** of health services. Surveys on job satisfaction have been performed in various health care settings, including mental health services, especially in recent years. (Antonella Gigantesco and at el, 2003). **Low levels of job satisfaction and high rates of burnout and** attrition are common among behavioral health providers serving challenging patient populations (Bingham, Valenstein, Blow & Alexander, 2002; Bingham, C.R., Valenstein, M., Blow, F.C., & Alexander, J.A., 2002).

The frequency of psychosomatic symptoms seems to be a good indicator of health problems that often stem from challenging psychosocial processes (Piko et al., 1997), e.g., from job-related stress and dissatisfaction (Eells et al., 1994; Gonge et al., 2002). **Poor mental health impairs job performance and interpersonal communication**. Therefore, it may have negative effects not only on job satisfaction but also on the safety and quality of services.

Job satisfaction broadly refers to the extent to which people like or dislike their job (Spector, 1997). Theories diver on what factors comprise job satisfaction, however, the overarching suggestion is that satisfaction is composed of both work satisfaction and environment satisfaction (Spector, 1997). A number of job satisfaction theories exist and each incorporates varying aspects of work satisfaction and environment satisfaction (Dawis, 2005; Smith, Kendall, & Hulin, 1969; Spector, 1997). Job satisfaction has been studied as it relates to a range of variables, including occupation, work outcomes, **personality characteristics**, and well-being (Brief, 1998; Judge, Heller, & Mount, 2002; Judge, Thoresen, Bono, & Patton, 2001). A number of theoretical models have been developed to explain job satisfaction (e.g., see Fritzsche & Parrish, 2005). Each of these models features a somewhat different set of predictors, such as job characteristics, affective dispositions, and person–environment fit. Job satisfaction also can be defined in several ways, including: (1) the degree of personal gratification received from one’s work; and (2) the pleasure and **feeling of accomplishment derived** from performing a job well (Hulin L, Judge YA, 2003).

Locke and Lathan (1976) give a comprehensive definition of job satisfaction as pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience. Job satisfaction is a result of employee's perception of how well their job provides those things that are viewed as important. According to (Mitchell and Lasan, 1987), it is generally recognized in the organizational behaviour field that job satisfaction is the most important and frequently studied attitude. While Luthan (1998) posited that there are three important dimensions to job satisfaction:

Job satisfaction is an emotional response to a job situation. As such it cannot be seen, it can only be inferred.

Job satisfaction is often determined by how well outcome meet or exceed expectations. For instance, if organization participants feel that they are working much harder than others in the department but are receiving fewer rewards they will probably have a negative attitudes towards the work, the boss and or co workers. On the other hand, if they feel they are being treated very well and are being paid equitably, they are likely to have positive attitudes towards the job “Job satisfaction represents several related attitudes which are the most important characteristics of a job about which people have an effective response. These two Luthans are: the work itself, pay, promotion opportunities, supervision and Co workers.

Job satisfaction is so important in that its absence often leads to lethargy and reduced organizational commitment (Levinson, 1997, Moser, 1997). Lack of job satisfaction is a **predictor of quitting a job** (Alexander, Litchenstein and Hellmann, 1997; Jamal, 1997).

Mental health means that anybody who comes with his/her deep problems, compromises with others and the self and not be paralyzed against internal inevitable conflicts and thrown by community (American psychiatric association, 2000). It also refers to the extent to which a person’s emotions, thoughts and behaviours enable them to function effectively as a member of society (Australian Bureau of Statistics (ABS) 1997a, p. 1). According to Butterworth (2003, p. 1): “Mental health also refers to a person’s ability to function and undertake productive activities, to develop and maintain meaningful relationships and to adapt to change and cope with adversity. Mental health underlies a person’s ability to interact with others and their environment. It represents an individual’s sense of well-being and competence, and their ability to realize their full potential.” The prevalence of mental health problems is often used as the basis for measuring mental health among a population. These refer to the diagnosable disorders or incidences in which mental health deteriorates to an extent that it impairs the ability to function productively or socially. Mental illness can be separated into two main categories – psychotic and non-psychotic.

Psychosis is a condition caused by any one of a group of illnesses that are known, or thought, to affect the brain causing changes in thinking, emotion and behavior and include schizophrenia and some types of depression. Mental health has been linked to work conditions such as work that encompasses high psychological demands and low decision latitude. Job insecurity and unsatisfactory workplace relationships have been noted as risk factors as well as the relatively new phenomena of ‘burnout’ caused by ever increasing workloads (Berkham and Kawachi, 2000; Field et al 2002; Dollard and Winefield 2002). In this study we tried to show the relationship between job satisfaction and employee’s mental health on two companies’ workers. It is also too important because Job satisfaction can predict future occupational.

Method and finding

This study was conducted on 90 employees of two companies of Ardabil. The subjects were 58 male and 32 female. Descriptive indicators of mental health, somatic complaints, anxiety, depression, social function, job satisfaction, age and experience, are shown in Table 1.

Table 1. Indicators and descriptive variables in research

	Minimum	Maximum	Mean	SD
General index of mental health	3	64	23.65	12.091
Somatization	1	13	5.77	3.235
Anxiety	0	16	6.96	4.259
Social dysfunction	0	18	7.49	3.449
Depression	0	21	3.42	4.383
Job Satisfaction	49	150	101.02	20.249
Age (years)	17	42	27.57	5.283
Service (years)	2	20.00	4.4966	4.04140

To study of the relationship between mental health components and job satisfaction, the Pearson correlation coefficient was used (Table 2). The results showed that the overall index of psychological health, social functioning and depression, have a relatively strong negative correlation with job satisfaction (P <0.01). Also was found a relatively weak but significant negative correlation between anxiety and job satisfaction (P <0.05).

Table 2. Correlation matrix of mental health and job satisfaction (90 = n)

	1	2	3	4	5
General index of mental health	-				
somatic complaints	.742**	-			
Anxiety	.807**	.568**	-		
Social dysfunction	.796**	.455**	.486**	-	
Depression	.800**	.397**	.453**	.601**	-
Job Satisfaction	-.319**	-.080	-.136*	-.424**	-.355**

P<0.05* & P<0.01**

Table 3. Regression results on the components of job satisfaction and mental health scores, age and years of service

	B	SE	Beta	t	Sig.	F	R	R ²
Model						/38 ^a	0/65	0/43
						5		
somatic complaints	.546	.912	.087	.599	.552			
Anxiety	.657	.697	.144	.942	.351			

Social dysfunction	-3.757	.933			
Depression	-.449	.841	-.612	-4.025	.000
Age (years)	1.056	.583	.288	2.001	.047
Service (years)	.960	.767	.269	1.869	.077
P<0.01*					

To determine the amount of variance explained by components of job satisfaction and mental health, age and background of service, used of standard multiple regressions (simultaneous entry method) (Table 3). The obtained values of R^2 showed that 43 percent of the total variance of job satisfaction is explained by six variables entered in the model. ANOVA analysis on the model suggests that the overall model was significant: ($f_{(6, 83)} = 5/33$, $P < 0/01$). For notification on the contribution of each predictive variable in explaining the variance of job satisfaction, Beta coefficients were investigated. Results showed that unique proportion of variable impairment of social function ($P < 0/01$) and variable of age ($P < 0/05$) is statistically significant. To determine the difference between job satisfaction of women and men employed and also for determining the job satisfaction of individuals with high job-background (More than 5 years) and low job-background (less than 5 years) used of independent T test. The results showed that employed women's ($n = 32$, $M = 109.07$, $S = 22.10$) on compared with employed men's ($n = 58$, $M = 98.40$, $S = 19.15$) have more job satisfaction ($t = 1.89$, $P < 0.05$). Also it was found that employees with long job-background ($n = 41$, $M = 101.11$, $S = 26.25$) on compared with employees with short job-background ($n = 49$, $M = 93.13$, $S = 22.18$), have more job satisfaction ($t = 2.09$, $P < 0.05$).

Conclusion

Job satisfaction has been found to have a major influence on job-related behaviours such as intentions to turnover, absenteeism, and self-reported job performance (Nagy, 2002). Literature suggests that there are strong interrelationships among low levels of job satisfaction, the burnout syndrome and other organizational factors (Burisch, 2002; Kalliath and Morris, 2002; Shamian, et al., 2001; Stechmiller and Yarandi, 1993). Moreover, these negative aspects of work situations, as a consequence of occupational stress, may have an effect on employees' health (Piko, 1999; Richardsen et al., 1992; Trinkoff and Storr, 1998; Wheeler and Riding, 1994).

Occupational Mental health has been shown to be significantly related to productivity and other desired organizational outcomes such as commitment and satisfaction. In particular, many studies have found a close link between mental health and job satisfaction. (J, Mino Y, Tsuda T, 1997; Faragher EB, Cass M, Cooper CL, 2005, Judge TA. Insomnia, 2006; Evans S, Huxley P, Gately C, 2006; Bennett S, Plint A, Clifford TJ. Burnout, 2005). Other investigate showed that the job satisfaction level is an important factor in workers' health. Job satisfaction was strongly related to burnout, self-esteem, depression, and anxiety (Faragher EB, Cass M, Cooper CL, 2005). Subjects who experienced higher psychological distress tended to have lower job satisfaction ratings. (Mo Siu-Mei Lee, Ming-Been Lee, Shih-Cheng Liao, Fu-Tien Chiang, 2009). Savicki and Cooley (1987) investigated work environment factors associated with burnout in mental health professionals. (Savicki, V. & Cooley, E. (1987). The relationship of work environment and client contact to burn out in mental health professionals. A study by De Frias and Schaie (2001) found significant differences in perceived work environment based on age, gender, and occupation type. Employees aged 50-56 had the highest perceived autonomy, control, and innovation in the workplace. Men, in all occupation types but blue collar, tended to have a higher perception of the work environment. Lastly, employees in managerial positions had the highest perceived levels of autonomy, control, and innovation in the workplace. (De Frias, C.M., & Schaie, K.W. (2001). Some path models indicate that poor work control and heavy on-call duty are directly associated with job dissatisfaction and short sleeping time and indirectly associated with burnout and poor mental health (Killgore, 2008). Poor work control can lead to job dissatisfaction, while heavy on-call duty can cause job dissatisfaction and short sleeping time; furthermore, job dissatisfaction and short sleeping time can result in burnout and poor mental health and sleep deprivation reduces perceived emotional intelligence

and constructive thinking skills. (Killgore WD, Kahn-Greene ET, Lipizzi EL, Newman RA, Kamimori GH, Balkin TJ, 2008). In high or moderate quality studies interventions had a positive effect on about a half of the outcome variables regarding better coping with stress, increased job satisfaction and burnout reduction, with the best results achieved in absenteeism reduction, while the least positive effect was obtained on co-worker and/or supervisor support measured in 16 studies, but found to be enhanced only in 4 (CZESŁAW CZABAŁA, et al, 2011). Specifically, a low level of job satisfaction in mental health services has been reported by some studies performed in England (Moore, Ball & Kuipers, 1992), the United States (Cherniss & Egnatios, 1978), and Canada (Saindon-Larose & Rainville, 1993), whereas other studies performed in Great Britain (Prosser, et al., 1996; Onyett, Pillenger & Muijen, 1997; Burnard, Morrison & Phillips, 1999; Oliver & Kuipers, 1996), the United States (Vacarro & Clark, 1987), and Canada (Marriott, Sexton & Staley, 1994) have reported fairly high levels of job satisfaction. Our study results showed that the overall index of psychological health, social functioning and depression, have a relatively strong negative correlation with job satisfaction. Our result showed there is a relatively weak but significant negative correlation between anxiety and job satisfaction. Also results showed that employed women's on compared with employed men's have more job satisfaction and employees with long job-background on compared with employees with short job-background, had more job satisfaction.

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