

The Relationship between Factors of Depression, Anxiety and Stress towards Health among Health Facility Staff in Matu & Daro, Sarawak: A Concept Paper

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Abstract

Work stress often occurs when work requirements do not match the abilities, resources and needs of employees in the organisation. Various studies have linked its effects and impacts on human psychology and physiology. This study determines the relationship between factors of depression, anxiety and stress on health among health facility staff in Matu and Daro, Sarawak. This survey study involved the participation of 181 respondents consisting of staff from management and professional category and implementation groups of various positions, including contract staff. The research instrument used to assess levels of depression, anxiety, and stress was a questionnaire. The constructs measured were the assessment factors of the cause of stress through employee responses, Depression Anxiety and Stress Scales (DASS-21) and Beck Depression Inventory (BDI-II). This study's findings were descriptively analysed using Cross-tabulation and Pearson's Correlation to test the significance and confirm the relationship between the variables. Correlation explains that if the employees fail to control their work stress, it will cause unwanted psychological effects on other employees or the organisation. The study suggests that the cause of work stress and the psychological effects of public servants should receive serious attention from employers and organisations because it has a lasting impact on the service. Enhancing the relationship among all parties is crucial to address this problem more efficiently. Subsequent research endeavours are expected to delve deeper into the connection between work stress factors and employees' psychological well-being while also focusing on raising awareness about the importance of mental health in both the public and private sectors.

Keywords: Stress, Anxiety, Depression, Work Stress, Health Workers

Introduction

Work pressure among civil servants, especially health workers, is one of the concerns that will have a long-lasting impact on the service and the psychology of employees. If no proactive or preventive measures are taken at an early stage to overcome the problem of stress or stress that occurs, various effects or negative impacts can occur, especially from the employee's health point of view, such as high blood pressure, depression, emotional stress, heart problems, and death. According to Ganing et al (2020), the pressure and stress that occurs can also affect the productivity of an individual as well as have an impact on the productivity and profit results of an organisation or workplace. It has a psychological effect caused by stress such as headaches, sleep problems, anxiety and worry and human physiology. According to the National Health and Morbidity Survey in 2019, 2.3% at the national level, the highest prevalence is in the Federal Territory of Putrajaya at 5.4%, followed by State of Negeri Sembilan at 4.3%, while the State of Perlis 4.3%, the State of Sabah 4% and the State of Melaka as much as 3.8% suffered from depression and delusional disorder in 2019 and shows that most workers find it challenging to deal with the problems encountered at work and fail to overcome the problems experienced (Harian, 2020 in Aziz et al., 2020). Most individuals find it difficult to manage the issues they face at work and are unable to handle stress, and this situation is even more complicated when the individual faces problems from family members and does not receive emotional support (Ministry of Health Malaysia, 2017; Abdullah, 2017; Thye, 2018).

This study aims to

- examine the factors of depression, anxiety and psychological stress on employees,
- identify the relationship between the factors of depression, anxiety and stress among health facility staff in Matu and Daro, Sarawak.

Methodology

Research Design

The method in the form of a questionnaire survey was used in this research as a tool to obtain data. A survey is a strategy for researchers to obtain data from subjects by asking them to fill out a questionnaire that has been given (Idris et al., 2018). This method is considered simple and more economical than other methods. The variables involved are the causes of work stress and psychological effects such as stress and depression.

Consent and Ethics

Prior to distributing the questionnaire to the respondents, the researcher obtained formal written permission to obtain approval from the Sarawak State Health Director, the Health Officer of the Facial Division and the Director of Daro Hospital to carry out the research process in the field. In addition, the attachment of the consent letter and the willingness of the respondents to answer the questions in order to make this study successful has also been taken into account. Ethics and moral values should be practised in research involving humans to maintain confidentiality, sensitivity, ethics and integrity.

Sample Study

The study sample consisted of 325 clinical and management staff from the study population. Health workers were selected as the study sample because the results of a study by Regus

(2012) in Sukor (2018) showed that jobs in the health and medical sector are among the careers with a high stress level in Malaysia. Previous researchers also often associate health workers have an increased desire to leave the organisation (Roslan et al., 2014).

This research was conducted among the staff at the health facilities in Matu and Daro only, which consisted of health workers, including contract staff such as Medical Officers, Pharmacy Officers, Assistant Pharmacy Officers, Nurses, Assistant Medical Officers, Assistant Environmental Health Officers, Medical Laboratory Technicians, X-ray Technicians, Health Care Assistant and also staff of the implementation group at Daro Hospital Management Unit. Sources from Daro Hospital's Human Resource Management Unit and Mukah Division Health Office in 2022 showed the number of staff at the health facility were 325.

Table 1

Total Health Facility Staff

Filling Health Facility	Post	Filled	Contract staffs	Vacancy
Hospital Daro	182	150	9	32
<i>Health Clinic Office Daro</i>	18	17	1	1
<i>District Health Office Matu</i>	9	12	0	3
<i>Health Clinic Daro</i>	50	43	7	7
<i>Health Clinic Bruit</i>	13	5	1	8
<i>Health Clinic Tekajong</i>	15	6	1	9
<i>Health Clinic Betanak</i>	11	10	1	1
<i>Health Clinic Nanga Semah</i>	10	7	0	3
<i>Health Clinic Matu</i>	18	11	2	7
<i>Health Clinic Tian</i>	20	16	6	4
<i>Health Clinic Kuala Matu</i>	12	9	2	3
<i>Health Clinic Rassau</i>	7	4	0	3
<i>Health Clinic Passin</i>	7	5	0	2
Overall total:	372	295	30	77

Source: Daro Hospital Human Resource Management Unit and Mukah Division Health Office

A sample is an important entity in research. The selection of a representative population sample is critical in quantitative research so that the findings can be generalised. The random sampling method is easy to use in this study because it provides an equal opportunity for all elements in the population to be the subject of the study. Random cluster sampling was used because it involved a large population among support group staff working at health facilities in Matu and Daro. Only 181 people from the 325 staff population at the health facilities in Matu and Daro were taken in this study according to the guidelines suggested by Krejcie & Morgan (Krejcie & Morgan, 1970). The researcher met the supervisor or the research subject by distributing the questionnaire and asking them to answer the questionnaire that had been distributed. The process of distributing and re-collecting the forms takes approximately three weeks, starting in the first week of March 2023.

Study Instrument

Previous research articles and reports have been used as secondary data in this study and are valid, consistent and reliable. Reliability refers to the consistency of test scores (Swerdlik &

Cohen, 2005). Sources from previous research articles and related books have been adapted by finding suitable models for this study. Before using the instrument or questionnaire, the researcher has ensured that the questionnaire or instrument has high reliability and can be adapted to the study's objectives (Berawi, 2017). According to Field (2016), the reliability of a questionnaire or instrument used to measure a variable can be interpreted as its consistency across different situations or times.

This study used a set of questionnaires containing four parts to obtain data. The following are the parts found in the questionnaire used

Section A: Demographic Information

This section contains nine questions: Age, Gender, Race, Marital Status, Education Level, Position and Grade, Service Group, Years of Service and Monthly Income.

Part B: Causes of Stress Through Employee Perceptions (Severity of Work Stress)

The research tool uses the Job Stress Survey questionnaire, which contains 30 questions that assess workplace stress causes through the employee's responses (Ismail et al., 2016 in Wilibrode, 2020). This questionnaire is related to the perception of the severity of the cause of stress at work. It focuses on the effects of psychological tension due to the work environment. The scale that assesses the cause of stress based on the employee's perception has two subscales: the Workload Severity subscale (10 questions) and the Lack of Organisational Support subscale (10 questions). There are (9) more questions regarding other workplace stress causes. The test tool uses a Likert scale that has nine answer options: a scale of 1 to 3 (Low), a scale of 4 to 6 (Moderate), and a scale of 7 to 9 (High). This level of severity will be compared with the severity value of the standard cause of stress in question 1, which has been set as a score of 5.

Interpretation of the cause of stress: If the result of the count is between 1 and 3, it means that the cause of stress is low; while a count between 4 and 6 means that the cause of stress is moderate, and a count between 7 and 9 means that the cause of stress is high.

Part C : Depression Anxiety and Stress Scales (DASS-21)

The researcher used DASS-21 as a research tool to measure the stress level of respondents. The short version of the DASS-21 study tool consists of 21 items, but the original version of the DASS has 42 items that was introduced by Peter Lovibond from the University of New South Wales Australia. DASS-21 is a set of three self-reports designed to measure the emotional state of depression, anxiety and stress (Lovibond & Lovibond, 1995). Each of these three DASS-21 scales contains seven items that have been divided into subscales with similar content. The depression scale will assess dysphasia, hopelessness, devaluation of life, self-degradation, lack of interest and involvement, anhedonia and inertia. The anxiety scale assesses autonomic stimulation, skeletal muscle effects, situational anxiety and subjective experience due to anxiety. The Stress Scale is sensitive to chronic non-specific stimulation levels. It assesses difficulty relaxing, nervous stimulation, easily frustrated/restless, easily angry/more reactive and impatient.

The score for depression, anxiety and stress is calculated by summing the scores for the related items. According to Ramli, Mohd and Zaini (2007), the DASS has been translated into

various languages, including the Malay version which has 21 items. The DASS has also been widely used worldwide as a research tool to measure psychological aspects and screen for a healthy human mind. All items are rated using a scale with four response options, namely Never (0), Rarely (1), Often (2) and Very Often (3).

Part D : Beck Depression Inventory (Beck Depression Inventory - BDI)

The Beck Depression Inventory (BDI) is the most frequently used depression measurement tool was developed by Aaron T. Beck (Mukhtar & Oei, 2008). The BDI was used because it is widely employed to assess respondents' levels of depression. BDI - the Malay version has been modified from previous studies according to the cultural fit of Malaysian society (Mukhtar & Oei, 2008). This inventory is in the form of a self-report that can be administered quickly and easily. It can be answered in 5 to 10 minutes, and this inventory contains only 20 statement group items.

For each item, four statements are arranged according to the level of seriousness. Respondents have to circle only one number answer option (0, 1, 2, 3) found in each statement that describes how you feel in the last week, including today.

Table 2

Total Score Evaluation

Stage	Score
Stage 1 (normal)	0 – 10
Stage 2 (mild emotional disturbance)	11 – 16
Stage 3 (borderline clinical depression)	17 – 20
Stage 4 (mild depression)	21 – 30
Stage 5 (serious depression)	31 – 40
Stage 6 (very serious depression)	41 – 60

Data Collection Methods and Study Procedures

This study used a questionnaire as a data collection tool. Before distributing this questionnaire, the researcher asked for permission from the Sarawak State Health Director, Mukah Division Health Office and Daro Hospital. Randomly selected respondents are required to answer the questions in accordance with the instructions and explanations given in the questionnaire. Each respondent was given one week to answer all the questions in the questionnaire fully and the researcher will collect the completed form again. The next step is to re-collect the questionnaire to record data. This questionnaire contains four sections where each section has instructions and procedures for answering the questions to guide the respondents when answering. In order to ensure that the respondents answered the questionnaire well, the researcher guaranteed the confidentiality of the subject's identity and stated the main objective of this study.

Data Analysis

Data analysis aims to test the hypotheses that have been built. Data analysis will use the Statistical Package for Social Sciences (SPSS) software and the MsExcel program. Descriptive and inferential statistical analysis such as t-test, cross tabulations and one-way ANOVA analysis will be used in this study.

Conclusion

This study investigated the relationship between depression, anxiety, stress, and the health of healthcare facility staff in Matu and Daro, Sarawak. The research involved 181 respondents from various job positions, including both management and professional categories, as well as contract staff.

The results indicated that uncontrolled work stress can lead to adverse psychological effects on employees and the organisation as a whole. Consequently, employers and organisations should prioritise addressing the causes of work stress and the psychological well-being of their public servants. By improving relationships among all parties involved, the problem of work stress can be effectively addressed.

This study holds valuable implications for various groups, particularly civil servants in Malaysia. Its contributions extend beyond this specific group, encompassing the enhancement of the country's health services through the presence of mentally and physically healthy workers, thus increasing overall productivity. Furthermore, it can serve as a reference for multiple organisations, bodies, and entities, aiding the Human Resources Unit at Daro Hospital and the Mukah Division Health Office in identifying prevalent issues among health facility staff. It also assists in devising optimal strategies to improve service quality and emphasise the significance of employee mental well-being throughout Malaysia.

The study aids civil servants in identifying the sources of their stress and facilitates referrals to certified Psychological Counselling Units or Mental Health Services when necessary. Additionally, it addresses the pressing concerns of depression, anxiety, and stress among civil servants, mitigating rising suicide rates. Moreover, it acts as a platform for introducing the role and importance of mental health in society's struggle with the escalating problem of depression and stress.

Upon completion, this study can serve as a valuable reference for future researchers and students seeking to enhance the quality of mental health services. It is crucial to recognise that research on psychological and physical health among health facility staff can yield long-term benefits, including improved patient care quality. By cultivating a supportive work environment and prioritising the mental well-being of staff, health facilities can become better places for both treatment and employment.

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