Mental Health and Its Relationship with Job Burnout and Life Satisfaction in Staff at a Military University

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Abstract

Aims: The importance of attention to military forces’ mental health is an obvious case which is as important as supplying weapons, equipment, and military tactics in the battle field. Accordingly the present study was an attempt to investigate mental health status and its relationship with job burnout and life satisfaction in military personnel.

Methods: It was a cross-sectional study carried out in 2010 on 250 personnel of a military university. Data was collected using Symptom Checklist-90-Revised, Moslesh Job Exhaustion Questionnaire, and Life Satisfaction Questionnaire (SWLS).

Results: Significant relationships were observed between marriage status and psychosis, phobia, aggression, anxiety, depression, obsessive or compulsive and physical problems, and extra questions, but the relationship was not found significant for paranoid thoughts, interpersonal relationship sensitivity, and marital status. There was a significant relationship between personnel’s military rank and psychosis, phobia, aggression, anxiety, paranoid thoughts, interpersonal relationship sensitivity, depression, obsessive-compulsive, physical problems, and extra question category. On the basis of findings, there was a meaningful relationship between life satisfaction and mental health.

Conclusion: There is a meaningful relationship between personnel’s mental health and their job burnout as well as life satisfaction. As such, taking care of these factors is of utmost importance.

Keywords: Mental Health, Job Burnout, Life Satisfaction, Military Forces, SCL90
Introduction
Mental Health, which has a critical role in having sustainable development, is one of the most vital human needs. The concept of mental health includes an inner feeling of comfort, self-efficiency, self-dependence, competitiveness, inter-generation reliance, and self-development of potential thinking abilities. Due to cultural differences, it seems impossible to present an inclusive definition of mental health, but there is a consensus about the fact that metal health is much beyond the lack of any mental disorders [2]. While having life satisfaction, a mentally healthy individual can face with problems in a logical manner. In other words, they can sustain their individualism and adapt themselves to their environment at the same time [3]. The most important goal for military mental health is to control stress and mental crisis in the battle fields. Moreover, it is possible to have a program to improve individuals’ organizational and family relations during peace time in order to maintain and improve the personnel’s mental health [4].

There is a significant relationship between job burnout and the symptoms of psychological disorders [5]. Therefore, identifying and preventing job burnout can improve personnel’s mental hygiene and their offered services. Happiness, life satisfaction, and an inner feeling of well-being are words used to describe mental healthiness in modern psychology. One of the indices showing mental healthiness is an individual’s level of life satisfaction which is defined as his or her attitude toward his life in general or a particular aspect of it such as his/her family life, occupational, or educational life [6]. Life satisfaction is distinctive from other related constructs such as positive or negative affect, self-esteem, and optimism [7]. Those with higher levels of life satisfaction have a better and more effective lifestyle, experience more positive feelings, and enjoy a better general health [8]. Adler and Fagley [9] concluded that life satisfaction results from people’s self-awareness, optimism, and their tendency toward religious beliefs. In other words, those who are more optimistic, self-aware, and religious have a higher level of life satisfaction. Parslow et al. [10], having examined the effect of job stress and organizational position on 806 social servants’ mental health, observed that job stress and position can affect employees’ mental health and sense of well-being. Another study [11] carried out on 253 nurses showed that there was a significant negative relationship (r = -0.63) between job burnout and emotional quotient (EQ) for nurses with low experience (6 to 18 months). Moslesh’s job exhaustion questionnaire and Baron’s EQ questionnaire were used in that study. Fooladvand [12] found a significant relationship between an organizations’s working atmosphere and the personnel’s mental health. Out of the 9 dimensions present in mental health, five were found to have a significant relationship: obsessive-compulsive, depression, anxiety, phobic anxiety, and psychosis. There was also a significant positive correlation between income and organizational atmosphere [12]. Abdi et al. [13], studying the relationship between job burnout and mental health on 200 nurses, found a significant relationship between the two and observed that emotional exhaustion and personality change dimensions were low while individual inefficacy was very high for most of the participants. Bakhshipoor et al [14] found that life satisfaction and social welfare can be good predictors for an individual’s mental health. Ahmadi and Fathi, studying the mental health in military personnel’s families, observed that 8.9% of them showed symptoms of at least one psychological disorder. Depression and anxiety were
among the most common disorders whose level varied according to the participants’ age, gender, military rank, position, and war field experience. These statistics ranged from 3% to 15% in the case of families with a member killed in war. Gharabaghi studied the mental health of the military forces in Tabriz. The results showed that obsessive-compulsive was the most common mental disorder among participants [16]. Another study checking the mental health in a group of the revolutionary guards found that the most common problems were suspicion, obsessive and compulsive states of mind, and interpersonal sensitivity. A high percentage (81.9%) of the participants were diagnosed as healthy, and 18.1% were diagnosed as suffering from mental disorders [17]. Since job burnout can negatively affect employees’ mental health, the present study was an attempt to check the relationship between individuals’ mental health on the one hand and their job burnout and life satisfaction on the other hand.

Methods
The present study was a cross-sectional analytic study. The population of the study encompassed all the official employees in a military university including individuals with a variety of educational degrees and military ranks. Using Kergesi and Morgan’s sample size estimation table, 250 employees were selected based on stratified random sampling technique. It was tried to include a proportional number of employees in each department. In order to observe the ethics in research, participants’ consent was checked, and they were ensured that the obtained information will be used only for research purposes.

Tools: A number of questionnaires and checklist were used in this study: Symptom Checklist-90-Revised (SCL90R), Moslesh’s Job Burnout Questionnaire, Satisfaction with Life Scale, and a demographical information checklist. SCL90R included 90 items in 9 subscales: anxiety, aggression, depression, interpersonal sensitivity, physical problems, obsessive-compulsive, phobic anxiety, psychosis, and paranoid ideationism. There were also 7 extra items which did not fall into any of the above-mentioned categories but were very important and did help the overall indices of the questionnaire. For each item, the participants were required to choose ‘never,’ ‘rarely,’ ‘sometimes,’ ‘usually,’ or ‘always’, with ‘never’ receiving zero point and ‘always’ receiving 4 points. Getting a mean score of 3 or above for each subscale showed his or her serious problem with that mental disorder. This questionnaire has repeatedly been used in Iran and other countries. Its reliability has been reported as ranging from 0.72 to 0.90 in studies outside Iran with a validity range of 0.36 to 0.73. In Iran, its validity has been reported to range from 0.27 to 0.66 [18].

Satisfaction with Life Scale: Satisfaction with Life Scale (SWLS) was developed by Diener et al. [19] in 1985. It is a five item questionnaire using Likert scale, which ranges from ‘completely disagree’ (1 point) to ‘completely agree’ (7 points). As such, the score one can gain ranges from 5 to 35 with a higher score indicating a higher level of life satisfaction. The reliability index (Cronbach’s alpha) has been reported as 0.87 with a test-retest index of 0.82 [20]. Using factor analysis, only one factor was identified which could explain 66% of the variance [21]. In Iran too, the reliability index was found to be 0.85, with a 6-week-interval test-retest index of 0.84 [22]. Moreover, the criterion validity index between life satisfaction and positive and negative affect scale was found to be 0.27 [23].

Moslesh’s job burnout questionnaire is one of the most frequently-used questionnaires for this purpose. It has 22 items in 3 subscales. 9 items evaluates ‘emotional exhaustion’
which lets respondents express their excess emotional exhaustion at workplace and in treating with their clients. Another 5 items check respondents’ ‘personality change’ which let them express their attitudes toward their clients in the form of indifference and disinterest. The remaining 8 questions examine respondents’ ‘personal efficacy’ which let respondents express their feeling of usefulness and success in taking care of their clients. For each item, the respondents are required to choose from among options that range from ‘never’ (zero point) to ‘every day’ (6 points). The total score obtained for each subscale falls into ‘high,’ ‘moderate,’ or ‘low.’ The original reported internal consistency index (Cronbach’s alpha) for this questionnaire ranges from 0.71 to 0.90 with a test-retest index of 0.60 to .80 for the whole questionnaire. The internal consistency index for the three subscales were 0.90, 0.71, and 0.79 respectively.

Results

The mean age of the sample was 33.65 with a range of 25-55 and a standard deviation of 5.46. The highest frequency was observed in the 25-34 age group and the lowest frequency in 45-55 age group. The majority of the respondents had BA/BSc degree (35.2%), and a few had an under diploma degree (4.4%). The majority of the respondents were officers (54.4%). 91.2% of the respondents were married and the rest single.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Life Satisfaction</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra question</td>
<td>-0.518</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Psychosis</td>
<td>-0.507</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Paranoid</td>
<td>-0.506</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Phobic anxiety</td>
<td>0.431</td>
<td>&lt;0.001</td>
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<tr>
<td>Aggression</td>
<td>0.461</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.565</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Depression</td>
<td>-0.533</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sensivity</td>
<td>-0.496</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Obsessive Compulsive</td>
<td>-0.527</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Physical Problem</td>
<td>-0.525</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Emotional Exhaustion</th>
<th>Personality Change</th>
<th>Self-Efficacy</th>
<th>Emotional Exhaustion</th>
<th>Personality Change</th>
<th>Self-Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>0/237**</td>
<td>0/154*</td>
<td>0/289**</td>
<td>0/279**</td>
<td>0/265**</td>
<td>0/258**</td>
</tr>
<tr>
<td>Sig.</td>
<td>&lt;0.001</td>
<td>0.0015</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.280</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
There was no significant relationship between participants’ age and the mental health dimensions (see Table 2). The relationship between participants’ salary and their phobic anxiety, interpersonal sensitivity, and physical problem complaints was not significant, but for other dimensions, this relationship was found to be statistically significant (see Table 3).

There was also a significant relationship between mental health and emotional exhaustion (frequency), personal efficacy (frequency), emotional exhaustion (intensity), personal efficacy (intensity), and personality change (frequency). However, there was no significant relationship between mental health and personality change (intensity).

**Discussion**

Mental health has become a common concern for most organizations and scientific centers. Understanding the mental health principles has gained a critical status in most modern societies because their great effect on human life is now self-evident. By doing continuous research on this phenomenon, it is possible to amend or eliminate mental disorders in the society. One of the variables examined in this study was life satisfaction. A significant relationship was observed between life satisfaction and anxiety, aggression, depression, interpersonal sensitivity, physical problems, obsessive-compulsive, phobic anxiety, psychosis, paranoid ideationism, and extra questions. The obtained correlation coefficients show a negative relationship between life satisfaction and the mental disorders. In other words, people with higher levels of life satisfaction are less likely to be diagnosed with such mental disorders [7, 8]. According to Maltaby et al. [8], those with higher life satisfaction have a better general health. Lack of life satisfaction is correlated with low general health, depression symptoms, personality problems, and inappropriate hygienic behaviors. The observed patterns of results in the present study were in line with those of Azad [23] and Bakhshipoor [14] according to which life satisfaction and social welfare can predict one’s mental health condition. Having at least some levels of life satisfaction is the necessary condition for being mentally healthy. Lack of life satisfaction will result in disappointment and pessimism which can pave the way for mental disorders. The independent samples t tests run between participants’ marital status and their mental health showed a significant difference between the two groups in their mental health conditions including anxiety, aggression, depression, physical problems, obsessive-compulsive, phobic anxiety, psychosis, and extra questions, but there was no significant difference between the married and single participants in interpersonal sensitivity, and paranoid ideationism. There were also significant differences among different subscales in the mental health checklist with depression having the greatest effect on participants’ mental health.

**Conclusion**

The most important conclusion of this study is that life satisfaction can be a good predictor of individuals’ mental health conditions. There was also a significant relationship between the personnel’s job burnout and their mental health, which means that job burnout like life satisfaction is one of the most influential factors in employees’ mental health. As such, considering employees’ mental healthiness needs increasing their life satisfaction and lowering their job burnout.

The most important limitation of the present study is its generalizability. The findings are limited to the studied university only and generalizing them to other universities should be done with great care.
The findings of this study indicate that managers need to take care of these two factors, life satisfaction and job burnout, to improve their personnel’s mental health because this can improve their personnel’s efficacy. Moreover, lowering job burnout and increasing their mental health as a result can help lower the organization’s medical care expenses.

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