

Study of the Effect of Mental Health Education on Job Satisfaction of Melli Bank Officers of Supervision of National Bank of South Tehran

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ABSTRACT

This main objective of this study is to explore the impact of mental health education in promoting job satisfaction. This study is an intervention (experimental) one and the regarded community includes National Bank Officers of South Tehran branch in 2010. GHQ28 and JSQ questionnaires were used to assess general health and job satisfaction. In studying the impact of intervention on job satisfaction in two experiment and control groups by mean comparison of the two groups; namely experiment group (2.89) and control group (2.66), it is found out that mental health education improve job satisfaction in experiment group individuals. According to the findings of the present study indicating poor mental health of a high percentage of people and given the impact of mental health on job satisfaction in order to promote staff health and job satisfaction in the form of systematic programs, assistance, education and mental health in different levels are recommended for employees and directors.

KEYWORDS: mental health, job satisfaction, bank officers

INTRODUCTION

Organizations have a remarkable position in modern advanced societies, for many of people's basic activities are performed in organizations and life without organizations is impossible in a variety of educational, commercial, industrial, etc. facets. Organizations is composed of people with different roles in which the productivity and development of any organization depends on its people's development and growth within that organization. Providing advice to employees in workplace to empower staff in dealing with problems is essential. The history of counseling in workplace shows that counseling at workplace began with Hawthorn's studies in 1920 and in 40s to 50s in the field of providing services to people with alcohol, in the 1970s for presenting services for staff's mental health and in 1980s for providing services in the field of health promotion (Carroll and Walton, 1997). Studying this history is by itself a testament of the importance of health promotion in organizations. The task of leadership is to identify and resolve the programs that can resolve any problem of the staff in order to the maximum productivity of the staff is obtained. Employee Assistance Program which became known in the past two decades was dedicated in 1940 only to help employees to overcome the problem of alcoholic addiction. However, this program is now multifaceted which includes the problems of drug addiction, family problems, health problems (especially mental illnesses such as depression) and any problem that actually hurts job performance. Organizations that use this program found that the success of their performance depends on more accurately identifying the restive employees as well as determining the most appropriate program to solve their problems. The certain benefit of employee finding plans is to help maintaining and improving productivity which can be achieved by reducing absenteeism, job changes and working events (Sellinger, translated by Al Agha, 1999, P. 157).

Considering the fact that Employee Assistance Programs aims to employee's mental health and other problems affecting mental health or their job performance, such programs are provided for most employees in the United States of America. According to the report delivered in 208, 42% of private sector employee and 73% of local and government sector employee access to Employee Assistance Programs (Merick, 2009).

Mental health is a determining factor in increasing labor force productivity and better service of organizations (Hagh Shenan, et.al, 2003). The symptoms resulted from poor mental health in the community and workplace has been approved in many studies. On the other hand, existing a close relationship between mental health and job satisfaction has been confirmed by various studies. Poor mental health is resulted in decreased job satisfaction and interpersonal communication. Therefore, not only has poor mental health a negative impact on job satisfaction, but on health and services quality (Lee, et.al, 2009; Farager, et.al, 2005). On the other hand, the studied show that there is a strong correlation between mental health, stress, job satisfaction and the tendency to quit work or moving from there (Firiardou and Ware, 2003, Thomas et.al, 2001). According to the report delivered by World Health Organization in 2006 from the study of general health conditions among 14 countries in three countries with low, moderate and high income level, the lowest rate of mental health problem

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is related to Nigeria (3.4%) and the highest rates are America and Ukraine (24.4%). According to the report of this organization, review of public health status of adults in Iran using GHQ28 Questionnaire shows that the prevalence rate was 21% in 2001 to 2003 (Mohit, 2006).

In the study performed in England among three different but similar organizations in terms of employment (including banks and universities), the results indicate that 28% of women and 25% of men working in banks are affected with public health (Omseli, et al, 2002). Given the occupational features of bank officers, high level of working, direct accountability to clients, financial control in the delivery of money and financial accountability to stressful and difficult job branches. According to the significance of worker's public health, this study will be conducted with the following results:

- Studying the public health conditions of Melli Bank officers of southern Tehran branch.
- Effectiveness of mental health education
- Impact of educational intervention (mental health education) on job satisfaction

MATERIALS AND METHODS

This study is an intervention (experimental) one and the study population consisted of bank officers of National Bank of South Tehran branch performed in 2010. The statistical community of the officers is 560 people of 117 branches in South Tehran branch office who are all men who 267 ones were determined according to Morgan Table. Therefore, this questionnaire was sent to the samples and 210 questionnaires were returned after collection, which 183 questionnaires was recognized to be surveyed. GHQ28 questionnaire was used to assess mental health, which have 28 questions in four scales, namely physical health, social functioning, depression and anxiety. This questionnaire was designed by Goldburgh (1972) to identify psychiatric disorders (other than psychoses) which have been widely used in a wide variety of the world as well as in Iran and its reliability and validity has been confirmed (Hagh Shenas, et.al, 2003; Negiowa, 2000). The Cronbach's alpha coefficient of the questionnaire was achieved 0.84 using the GHQ28 Questionnaire pretest. The demographic study of this study includes 109 ones in diploma (51.9%), 39 ones upper diploma (18.6%), 62 ones unanswerd (29.5%), and in terms of occupational levels related to bank officers (years of service), 14 people (6.7%) in MA level, 72 ones (34.3%) in level one, 118 ones (56.2%) service in level 2 and 6 ones (2.9%) were unanswerd. The highest score in mental health confirming a poor mental health is 106, the lowest score is 43 and cut-off score of the questionnaire in this study was 67. So all those who scored higher than 67 are considered people with mental health disorders who are included 83 ones (46%). These people had the worst condition in social functioning, physical symptoms, anxiety and depression, respectively. To select experiment and control groups, 30 ones (15 ones experiment and 15 ones control) were randomly selected among 83 ones and the educational course of general health were hold during 10 sessions each 2 hours with issues related to four scale GHQ28 scales (physical health, social functioning, depression and anxiety) for experiment group. Having been completed the educational course, GHQ28 questionnaire and job satisfaction questionnaire were completed by both experiment and control group.

To assess job satisfaction, the 40 question JSQ job satisfaction questionnaire were used which includes 5 scales of occupational features (12 questions), rights and facilities (7 questions), professional development (6 questions), health promotion (5 questions) and interpersonal support (10 questions) (National Taiwan University Hospital, 2006). After translation and reforms needed to adapt to research community, it is performed as pilot study among 30 people which Cronbach's alpha coefficient was reported 0.86.

FINDINGS

The results of this study indicate that:

Question 1: study of the general health condition of bank officers of South Tehran National Bank

The results indicate that 46% of people in the sample have undesirable mental health status. The highest score in mental health confirming a poor mental health is 106 ones, the lowest amount is 43 and the cut-off score of the questionnaire in this study is 67. Therefore, all those who scored higher than 67 are considered people with mental health disorders which include 83 ones (46% of the sample). Mental health status of both test and control groups before the intervention is presented in the table below:

Table 1: single-group t-test results on both test and control groups before the intervention

	Number	Mean	ST	Test value=2		
				t	df	sig
Experiment group health status	12	2.7768	.39948	6.736	11	.000
Control group health status	15	3.0238	.19026	20.841	14	.000

According to above data, because it is significant in mental health scores of control and experiment groups at the level of $\alpha = .05$, so there is a significant difference between theoretical and experiment averages and this

difference is due to the fact that empirical mean is larger than the theoretical average, so the mental health of both groups before the intervention has been assessed in an undesirable amount.

Question 2: determining the effectiveness of mental health education

Table 2 shows the independent t test regarding the comparison of mental health of experiment group in pretest and posttest

Table 2: Independent T Test Regarding the Comparison of Mental Health of Experiment Group in Pretest and Posttest

		Mean	Number	ST	t	df	sig
Mental health	Pretest	2.7768	12	.39948	2.701	11	.021
	Posttest	2.2470	12	.38779			

The results of dependent t test shows that because $t = 2/701$ from table t (1.96) is larger in both tests, so there is a significant difference between pretest and posttest means of experiment group on mental health status, and this means that mental health education improves the status of this variable in experiment group.

Question 3: what is the status of mental health in experiment and control groups after the intervention?

Table (3): single-group t test of experiment group after the intervention

Indicator /group	Number	Mean	ST	Test value=2		
				t	df	sig
Physical health	12	2.0595	.50400	.409	11	.690
Anxiety	12	2.0357	.82656	.150	11	.884
Social performance	12	3.1786	.36612	11.151	11	.000
Depression	12	1.7143	.57143	-1.732	11	.111
Total score	12	2.2470	.38779	2.207	11	.050

Given the data above, because t value in mental health components and total score in freedom degree of $df = 11$ in $\alpha = 0.05$ level is not significant, hence there is no significant difference between theoretical and experiment means and this means that the mental health of experiment group after the intervention is in a desirable condition. Only below the component of social performance, due to the fact that the difference between theoretical and experiment averages is significant and according to high amount of experiment mean in comparison with theoretical mean, it seems that mental health of experiment group in this component is still low.

Table (4): single-group t test results regarding control group after the intervention

Indicator /group	Number	Mean	ST	Test value=2		
				t	df	sig
Physical health	15	2.8286	.67049	4.786	14	.000
Anxiety	15	2.9143	.81136	4.364	14	.001
Social performance	15	2.7429	.68554	4.197	14	.001
Depression	15	1.8286	.80668	-.823	14	.424
Total score	15	2.5786	.40456	5.539	14	.000

According to above table's data, because the amount of t in mental health component and also the total score of this component in freedom degree $df = 14$ at the level of $\alpha = 0.05$, so there is a significant difference between theoretical and experimental averages of control group in mental health, and given that empirical mean is larger than theoretical mean, this mental health of control group is no therefore in a good condition. Only in the subcomponent of depression, given the fact that there is no difference between theoretical and experiment groups, mental health of control group in this component is assessed in the moderate level to low level.

Question 4: is mental health of people in the sample in control and experiment groups after the intervention different?

Table 5: results of independent t test in experiment and control groups

Indicator/group		Number	Mean	ST	t	df	sig
Physical health	Experiment	12	2.0595	.50400	-3.293	25	.003
	Control	15	2.8286	.67049			
Anxiety	Experiment	12	2.0357	.82656	-2.773	25	.010
	Control	15	2.9143	.81136			
Social performance	Experiment	12	3.1786	.36612	1.982	25	.059
	Control	15	2.7429	.68554			
Depression	Experiment	12	1.7143	.57143	-2.155	25	.041
	Control	15	1.8286	.80668			
Total score	Experiment	12	2.2470	.38779			
	Control	15	2.5786	.40456			

According to the above table's data, because the amount of t in the components of physical health and depression and also the total score in the freedom degree of $df=25$ at the level of $\alpha=0.05$ is significant, so there is a significant difference between both control and experiment groups in the mentioned components in their mental health and because score means in control group is more than experiment one, and also because a higher score in the scale of mental health means lack of mental health, therefore mental health in control group is better than control group. There is also no difference between components of social performance and depression. In other words, mental health education in experiment group is generally resulted in improved mental health status, especially mental health and anxiety.

Table 6: Single-Group t Test Results Regarding Job Satisfaction Status of Experiment Group after the Intervention

Indicator/group	Number	Mean	ST	Test value=3		
Job features	12	3.2639	.49087			
Rights and facilities	12	2.8333	.38925	1.862	11	.089
Professional growth	12	2.7778	.65649	-1.483	11	.166
Health improvement	12	2.0364	.49653	-1.173	11	.266
Interpersonal support	12	3.3583	.54682	-6.437	11	.000
Total score	12	2.8915	.39516	2.270	11	.044
				-.911	11	.384

According to the above table's data, because the amount of t in the components of health improvement and interpersonal support of job satisfaction in the freedom degree of $df=11$ at the level of $\alpha=0.05$ is significant, so there is a significant difference between theoretical and experiment averages and this means that in the interpersonal component, job satisfaction of experiment group after the intervention is in a desirable status, but in the health improvement component, due to the fact that theoretical component is larger than experiment average, so the job satisfaction of these people is in an undesirable status... and the job satisfaction in other components is assessed in a moderate level.

Table (7): single-group t test results regarding job satisfaction status of control group after the intervention

Indicator/group	Number	Mean	ST	Test value=3		
Job features	15	2.9524	.37655	-.473	14	.644
Rights and facilities	15	2.3667	.56786	-4.319	14	.001
Professional growth	15	2.5714	.56883	-2.819	14	.014
Health improvement	15	2.0533	.49838	-7.357	14	.000
Interpersonal support	15	3.4867	.42740	4.410	14	.001
Total score	15	2.6622	.36138	-3.371	14	.006

According to above table's data, because the amount of t in the components of rights and facilities, professional development, health improvement and interpersonal support of job satisfaction and also total score is significant in freedom degree of $df=14$ at the level of $\alpha=0.05$, so there is a significant difference between theoretical and experimental averages, and because in the components of rights and facilities, professional growth and also the total score, there is a larger theoretical mean than the experimental one, therefore, job satisfaction of control group is in an undesirable condition after the intervention. In other words, because experimental mean is smaller than the theoretical mean in the mentioned components, so job satisfaction is in an undesirable status. Also, in the component of interpersonal support component, given the fact that experimental mean is greater than theoretical mean, thus job satisfaction is in a desirable level, and regarding job features, given the fact that there is no significant difference between theoretical and experimental means, job satisfaction is assessed in a moderate level.

Totally, by comparison between the mean of two groups, namely experiment group (2.89) and control group (2.66), and given the fact that control group is the decision criterion in the field of promoting job satisfaction in experiment group, it is therefore concluded that mental health education cause improved job satisfaction in experiment group people.

Conclusion

The results of this study regarding the study of general health status of bank officers of South Tehran branch shows that 46% of people in the sample have not a desirable mental health status. In the study of determining the effectiveness of mental health education on improved mental health status and by the comparison of experimental group in pretest and posttest, and given the value of t (2.70) which is greater than t table (1.96) in the tests of both ranges, it is therefore found that there is a significant difference between pretest and posttest in the experiment group which confirms an improved mental health status in the experimental group.

In the study of mental health status of both experiment and control groups after the intervention and given t value of experiment group (271.2) with the mean of 24.2 and t value in control group (39.5) with the mean of 57.2, it indicates a better mental health status in the experiment group. In other words, mental health education in the experiment group generally improves the mental health status, especially the components of physical health and anxiety. In the study of the impact of intervention on job satisfaction in both experiment and control groups with comparison of the mean of both groups, namely experiment group (89.2) and control group (66.2), the results show that mental health education improves the job satisfaction in the experiment group people.

In the study performed by Farager, et.al (2005) regarding the systematic and meta-analysis study of 485 studies, it has been concluded that there is a close relationship between job satisfaction and mental and physical well-being and also there is a strong correlation between job satisfaction and spiritual and mental problems. These results emphasize on this issue that job satisfaction is a significant and influential factor on the employee's health.

Samuel, et.al (2009) performed a study regarding the relationship between job satisfaction, job stress and mental health of the employees in the bank (the distinction between the banks that are facing with financial problems and the ones which do not have this problem) in Nigeria, it has been concluded that bank employees who are faced with financial problems have less job satisfaction and a higher level of stress and lower mental health. The results achieved from the comparative study of Hanif and Kamal (2009), from three banks in Pakistan shows that payment (not only the salary received in the short run, but all the lateral benefits that received in the long run), the biggest factor is job satisfaction and then promotion (the opportunities allocated to an employee to promote his/her job), recognition (manager's perception of staff's efforts to participate in the working process) and participation in work (one's psychological dependency to his work) are other influential factors. The satisfied staff has more friendly relations with the customers and colleagues, and are more responsive to customer relationship and disgruntled employees provide the satisfaction of customers.

The results of the study performed by eslam and Saha (2001) among the employees at government and private bank sectors in Bangladesh shows that payments, the effectiveness of the work, the supportive supervision of manager and the relationship among partners are among the most important factors related to job satisfaction among employees of Bangladesh Bank. The employees with high job satisfaction have more facilities and see the workplace as a supportive environment. The results of the study performed by Habin and Shirazi (2003) regarding the relationship between job satisfaction and mental health in a hospital's employees showed that there is a relationship between job satisfaction and increased mental disorders, and in the study conducted by Kowin (1998), job satisfaction is a strong predictor for mental health.

The results of the above-mentioned study and the present one indicate that mental health has an impact on employee's job satisfaction. Therefore, due to the fact that the curator of banking occupation is considered the difficult and stressful jobs and because of the prevalence of physical and mental problems in these set of employees, and regarding the results of this study and the impact of mental health on promoting job satisfaction on employee education in the field of mental health, especially the ways to deal with physical problems and anxiety, it is recommended that its performance be improved.

One of the limitations of this study is the lack of cooperation of the head of some bank branches in issuing the company certificate to employees and the unwillingness of the samples selected to participate in the mental health training course in such a way that it was possible in the first stage that among those who gained the highest score than the cut-off score in mental health select the samples. For this reason, we are forced to select randomly the samples among those who scored higher than the cut-off score. Mentioning the fact that the results of this study cannot be generalized to the supervision of other branches and according to the results of the present study, it is recommended that:

Given the fact that a high percentage of people in the sample are affected to poor mental health, it is suggested that employee's mental health and national bank officers be performed in the macro-level.

As the results of this study show, it is essential that the organizations provide systematic programs in the form of Employee Assistance Programs in order to maintain and provide employee's health. According to the effectiveness of mental health on job satisfaction in this study, it is recommended that job satisfaction be studied at various levels of employees and managers in National Bank.

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