

# Comparing Mental Health and Lifestyle of Midwives Working in the Field of Health Care With Midwives Working in the Field of Treatment of Health Care Centers of Shahid Beheshti University of Medical Sciences Tehran

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## Abstract

**Purpose:** study of mental health and lifestyle of midwives plays a significant role in the health of their social and individual lives. In this regard and with respect to that midwives are at risk of burnout, determining factors that can endanger the health of midwives seems very necessary. Researcher purpose of this research is to compare the mental health and working life of midwives in the health area with midwives working in the field of treatment of health centers at Shahid Beheshti University of Mental Sciences. Research method: the present research was causal – comparative. The statistical community consisted of all midwives working in the health and treatment sector in Shahid Beheshti University of Mental Sciences. from introduced community was selected an example of 300 people (each group has 150 people) according to Cochran sampling formula by available sampling method and the general health questionnaire (12-GHQ) and health promoting lifestyle questionnaire were evaluated by using demographic profile questionnaire. Then the collected data were analyzed by using statistical analysis of variance and T test utilizing the software spss-16. Findings: The mental health average in the treatment group (15.86+-6.51) was more than average in the health group (15.26+-6.71) also average lifestyle status in health group (123.39+-37.39) was more than average of treatment group (111.87+-38.92). Conclusion: with respect to T test results in mental health was not observed a meaningful relationship among two groups of the treatment and health. But in the field of the lifestyle was observed a meaningful relationship between treatment and health groups. Therefore, health centers can increase the work commitment and the growth and dynamics of health services with increasing mental health level and improving the lifestyle of midwives.

**Keywords:** Mental Health, Lifestyle, Midwives, Health Field, Treatment Field.

## Introduction

Midwifery is one of the jobs that with the aim of maintaining community health and improve it and provide the mental and neonatal health is considered from important courses and keeping the community health and located at the forefront of providing health care services to helpers and has a important role in three level of hospital, health center and family and community (Hadi Zadeh Tala Saz, 2014). In really, midwives are from important members of the health care team provides comprehensive, ongoing and accessible healthcare for deprived and the middle class of society (Glyan Tehrani, 2007). One of variables that seem to be essential to study of the midwives is the lifestyle. lifestyle as an indicator of physical health based on what is accepted by the general public mean that, a healthy relationship between the body and the psyche can be a predictor of mental health. Research has shown that lifestyles are associated with mental and physical health and physical condition of people. Appropriate lifestyle like eating a daily breakfast in regular physical exercises is directly related to mental health (Chen et. al 2005). In past, the cause of many diseases and consequently death has been the infection. in the late nineteenth century, with changes that took place in the lifestyle of individuals and nutrition and personal hygiene these diseases have been reduced and replaced by chronic diseases that cannot be treated with medication. Chronic diseases are often caused by unhealthy living conditions and this disease can be reduced by changing lifestyle. Although job is a very important source for livelihood and gaining social status but at the same time it can lead to dissatisfaction and the deterioration of physical and mental strength (Masoumi et. al, 2013). Organizational and personal lives are necessary for each other. In past, only the non- working life was intended but in today's society, improving quality of work life is one of the priorities of the organization. Work life quality is a set of real working conditions in an organization such as: fair and adequate payment, safe and healthy workplaces, providing growth opportunities and continuous security, legality in the organization, social affiliation in working life, the general atmosphere of life and unity and social

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cohesion and the development of human capabilities. Dissatisfaction from the quality of working life is a main problem that regardless of the post and job position affects all employees. Therefore, the lack of attention to the quality of work life indirectly leads to a reduction in the moral of the staff and increase in absenteeism and inertia and psychological stress through the fatigue of dissatisfaction with work. (Hadi Zadeh Tala Saz et. al, 2014). On the other hand, some occupations and workplaces potentially caused the stress in employees. These professions include the midwifery and nursing careers that more than %80 of the direct care of patients in the health system is borne by these two groups (Knezevic, 2011). also the way people and their environment work can effect on their mental health and as a result, causes ups or down in working life. life inevitably puts us in the face of stressful stimuli and very low psychological pressure that is called the mild mental pressure can be undesirable for us as much as a very high psychological pressure that is called the extreme psychological stress. Also, stress can make life a challenge and excite. When, the demands of a position are perfectly matched with our abilities, we can experience a good state that is called the flow. in this case, we have the maximum efficiency and delve into our work with pleasure. Most research showed that an optimistic attitude in the face of failures raises the mental health, while pessimists have a negative effect on it. Our thoughts have a great impact on our emotional and personal problems. Negative thoughts are common in negative mood and depression and positive thoughts are involved in good and happy feelings. Experiences show that when we think about happy and sad and angry situations often are created the related feelings. Many studies have shown that the environment effects on our psychological functioning. (Ghani, 2012). Managers, staff and client will experience a particular mental state under the influence of nervous pressure and they do something that is directly reflected on organizational efficiency. Nerve stress also has the physical effects and this way is badly hit on organization. The psychological stresses weaken the organization's human resources and shake the goal of the organization (Falahi et.al, 2012). According to the aforementioned, researcher in present research is looking for the answer to this research question that is there any significant difference between midwives in field of the health and midwives working in health care centers in Shahid Beheshti University of Mental Sciences in the field of health and lifestyle.

## Research Method

The research method was causal-comparative. The statistical population was comprised of all midwives working in the health and treatment sector of Shahid Beheshti University of Mental Sciences. from introduced community was selected an example of 300 people (each group has 150 people) according to Cochran sampling formula by available sampling method and the general health questionnaire (12-GHQ) and health promoting lifestyle questionnaire were evaluated by using demographic profile questionnaire. Then the collected data were analyzed by using statistical analysis of variance and T test utilizing the software spss-16.

### *Cochran profile questionnaire*

This questionnaire was made by the researcher and includes 9 questions. Validity: to determine the reliability of the demographic questionnaire "was used from content validity so that the questionnaire was set up and approved by a professor instructor and counselor for the then faculty members of the department of midwifery and reproductive health in Shahid Beheshti University of Mental Sciences and according to opinion them was developed the final questionnaire.

### *General health questionnaire (12-GHQ):*

General health questionnaire is a commonly used tool for measuring mental health which for first time arranged by Goldberg in 1972 and widely used to diagnose Spectral Disturbances of the Fourth Spectru (Ebadi et.al, 2002). This questionnaire consists of 12 questions in the four- part likert scale (more than usual and over and above normal and at all) that based on the negativity or the positivity of the question, the options are rated 0 to 3 and the range of points is between 0 to 36 and earning more than 15 points is considered an undesirable mental health condition Yaghobi et. al, (2012).

**Validity:** Ebadi et.al (2002) verified the validity of this questionnaire using the analytical method of comparing well-known groups and the variance analytical test. Yaghobi et. al (2012) also stated that obtained structural validity and credit coefficients show that this questionnaire is suitable for the screening of psycho science.

**Reliability:** Ebadi et. al (2002) measured the reliability of this questionnaire with the internal consistency of the instrument (questionnaire) and using the Cronbach alpha coefficient ( $\alpha = 0.87$ ). In the Yaghobi et.al study (2012) obtained the ach alpha coefficient (0.92) and rate factor Ballads and Spearman – Brown (0.91).

### *Health promoting lifestyle profile questionnaire:*

Health promoting lifestyle profile questionnaire has been designed by Walker et. al (1996). this questionnaire contains 49 sentences in the Likert of 4 sections (never, sometimes, often and always) that measures 6 dimensions. these 6 dimension are: nutrition, exercise, health responsibility, stress management (identification of stress recourses and stress management

activities) interpersonal support (keeping relationships with sense of proximity (self- esteem) having sense of purpose, following individual progress and experience of self- awareness and satisfaction). each option is assigned points 1 to 5 and more points reflect a better life style. The highest score in this test (49 question) is 196 and the lowest score is 49. also, in terms of ranking, the score 100 or lesser is considered the weak and score 101 to 105 is moderate and score 151 and more is good.

**Validity:** Mohamadi zeydi et. al (2011) validity of this questionnaire was confirmed by re- test and factor-analysis tests.

**Reliability:** wakra et.al (1997) were reported the cronbach alpha coefficient for the total score of the questionnaire 0.94. Also cronbach alpha coefficient for subscales of this questionnaire was calculated 0.88 to 0.90. cheo et .al (2013) also in their research were reported the cronbach alpha between 0.91. Mohamadi Zeydi et. al (2011) also were determined the cronbach alpha coefficient for total tool 0.82 and for subscales from 0.64 to 0.91.

**Findings:**

The descriptive findings revealed in this study showed that in the field of education 9.7% of respondents were in college level and 76.3% were in undergraduate level and 14% also were at the master’s level. In the field of marital 52% of the subjects studies were married (156 people), 45% single and 3 % were widowed and divorced. The most abundant age was 31-35 years old and lowest abundant age was 36 to 40 years old. The age average also was equal to 31.7 years. in the field of the job record 70% people had the work experience between 1 to 5 years, 21.3% 10-6, 6% 11-15 years and 2.7 % up to 16 years.

Table 1: Comparing Mental health of the studied population by age and marital status and income.

Marital Statue					
Change of Sources	Sum of Squares	Df	Squares Average	F	Sig
Intergroup	56.45	2	28.22	0.625	0.54
Insidegroup	13421.47	297	45.19		
Sum	13477.92	299	-		
Mental Health Average in Single Midwives =15.08		Mental Health Average in Marital Midwives =15.94		Mental Health Average in other Cases =16.11	
Age					
Change of Sources	Sum of Squares	df	Squares Average	F	Sig
Intergroup	147.50	4	36.88	0.816	0.52
Insidegroup	13330.42	295	45.19		
Sum	13477.92	299	-		
Mental Health Average in Midwives with age Classes 20 to 25 Years =15.36		Mental Health Average in Midwives with age Classes 26 to 30 Years =14.97		Mental Health Average in Midwives with age Classes 31 to 35 Years = 15.50	
Mental Health Average in Midwives with age Classes 36 to 40 Years 17.68		Mental Health Average in Midwives with age Classes over 41 Years =15.17			
Income Level					
Change of Sources	Sum of Squares	df	Squares Average	F	Sig
Intergroup	202.22	2	101.11	2.26	0.1
Insidegroup	13275.7	297	44.70		
Sum	13477.92	299	-		
Mental Health Average in Midwives with Income Less than 750,000=8.50		Mental Health Average with Income Between 750,000 To 1 Millions and 500,000=15.69		Mental Health Average with Income over 1 Millions and 500,000=15.56	

With respect to assumption of equality of groups variances (significance level of Lone statistic =0.71>a=0.05) to study last question used one-way variance analysis (1). With respect to that significant level in this test is more than 5%, 0.625, sig>0.05, so with over 95% confidence we can conclude that there is no any significant difference between average of the mental health of midwives in Shahid Beheshti University of Mental Sciences in terms of marital status.

With respect to assumption of equality of groups variances (significant level of Lone statistics =0.56>a=0.05) to study of present question used one- way variance test. (Table 1). According to that significant level in this test is more than 5%, F=0.816, sig>0.05, so with over 95% confidence, we can conclude that there is no any significant difference between average of the mental health in midwives of Shahid Beheshti University of Mental Sciences in terms of their ages.

According to the same assumption of groups variances (Lone statistic of significant level  $=0.91 > \alpha = 0.05$ ) to study of the research twelve question used one- way variance analysis (table 1) Considering that the significant level of this test is more than 5%,  $\text{sig} > 0.05$ ,  $F = 2.26$  So, with over 95% confidence, we can conclude that there is no any significant difference between average of the mental health in midwives in terms of their income in Shahid Beheshti University of Mental Sciences.

Table 2. Comparing studied population in term of the income, age and education level.

Income Level					
Change Of Sources	Sum of Squares	df	Squares Average	F	Sig
Intergroup	1123.26	2	561.63	0.38	0.7
Inside Group	442834.67	297	1491.03		
Sum	443957.93	299	-		
Lifestyle Average in Midwives with Income Lesser than 750,000=132.25		Lifestyle Average in Midwives with Income Lesser than 750,000 to 1 Million and 750,000=118.14		Lifestyle Average in Midwives with Income Over 1 Million and 750,000=116.20	
Educations					
Change of Sources	Sum of Squares	df	Squares Average	F	Sig
Intergroup	1523.04	2	761.52	0.51	0.6
Inside Group	442434.89	297	1489.68		
Sum	443957.93	299	-		
Lifestyle Average in Midwives with Academic Degree = 118.72		Lifestyle Average in Midwives with Bachelor Degree = 118.52		Lifestyle Average in Midwives with Master Degree = 112.05	
Age					
Change Of Sources	Sum of Squares	df	Squares Average	F	Sig
Intergroup	2484.88	4	621.22	0.42	0.79
Inside Group	441473.05	295	1496.52		
Sum	443957.93	299	-		
Lifestyle Average in Midwives with age Class 20 to 25 Years = 115.53115.53		Lifestyle Average in Midwives with age Class 26 to 30 Years =114.86		Lifestyle Average in Midwives with age Class 31 to 35years= 117.21	
Lifestyle Average in Midwives with age Class 36 to 40 Years= 122.54122.54		Lifestyle Average in Midwives with age Class over 41 Years= 123.59			

Considering that the same assumption of variances groups (Lone statistic of significant level  $=0.09 > \alpha = 0.05$ ) to study of research equation tenth used one – way variances analysis (table 2) , considering that the significant of this test is more than 5 % ,  $\text{sig} > 0.05$   $F = 0.38$  , so with over 95% confidence , we can conclude that there is no any significant difference between the average of the lifestyle of midwives in terms of their income level at Shahid Beheshti University of Mental Sciences.

Considering that the same assumption of variance group (Lone statistic of significant level  $=0.09 > \alpha = 0.05$ ) to study of question seventh used from one-way variance analysis (table 2), considering that the significant level of this test is more than 5%,  $F = 0.51$ ,  $\text{sig} > 0.05$ , so with over 95% confidence , we can conclude that there is no any significant difference between lifestyle of midwives in terms of their educations level at Shahid Beheshti University of Mental Sciences.

Considering that the same assumption of variances groups (Lone statistic of significant level  $=0.35 > \alpha = 0.05$ ) to study of research equation thirteenth used one – way variances analysis (table 2), considering that the significant of this test is more than 5 % ,  $\text{sig} > 0.05$   $F = 0.42$ , so with over 95% confidence, we can conclude that there is no any significant difference between the average of the life style of midwives in terms of their age at Shahid Beheshti University of Mental Sciences.

## Discussion and Conclusion

Work is an important part of every person, s life and has special significant. In really, career choice is considered one of the crucial and decisive decisions in people, s lives. But some occupations are associated with a lot of physical and psychological stress and this problem is due to the nature of the job, the type and responsibilities of such jobs. The members of the medical team are those who receive a high level of these pressures. As midwives are considered also a part of this team, stressors can be considered as psychosocial threats for them. (Masoumi et. al, 2013). The effects of stressors to enter on health care and treatment workers can disrupt the mental health of

staff and as a result reduce the quality of health care and Therapists services and threaten the patients. (Hasheminejad, 2013). Each person's lifestyle also affects his or her health and health promoting activities and health care lifestyle are the main strategies facilitating and maintaining health. In really, the lifestyle as an indicator of people's health is the most important factor for everyone who adjusts his or her life accordingly. (Adler r, 1954) But unfortunately, the increase in false habits such as smoking, inactivity, inappropriate nutritional habits, etc in person lifestyle can lead to a variety of diseases (Mohammadi Zaidi, 2011). In this regard, researcher in present research has found important findings in relation to research variables as follows: research findings showed that obtained mental health average in treatment group (15.86+-6.51) is more than health care group (15.26+-6.71). It is mean that treatment workers seem to have a better mental health status than those in the health care sector. But the results of the T test indicate that there is no a significant difference between midwives working in the field of health and those working in the field of treatment of Shahid Beheshti University of Mental Sciences in terms of mental health. These findings are consistent with findings of other researchers such as Glyan Tehrani et.al (2007) in a study that conducted on 370 midwives working in public hospitals in Tehran found that 35.1% of research units don't have desirable mental health. In a study conducted by Hasheminejad et. al on 74 midwives working in public and private hospitals in Kerman, 39.2 % of midwives had desirable mental health and 60.8 % also had somewhat of a mental disorder. Also, this study showed that there is a significant difference between midwives working in health care and midwives working in treatment centers of Shahid Beheshti University of Mental Sciences in Tehran. In the other word, the average of the life style status in health care group was more than treatment group, mean that health care workers had a better lifestyle than those in the treatment sector. These findings are consistent with the findings of other researchers, including Ahmadi et. al (2012) in a study that conducted on 110 people of nurses working in hospitals affiliated with Zanjan Medical Sciences were conclude that 81.8% of the nurses had a moderate lifestyle status and 12.7% had the weak lifestyle and only 5.5% had good lifestyle status. In fact, this condition is not expected to be a health promotion for promoting health behaviors. In Elligott study et. al (2009) there was no significant relationship between type of service area and lifestyle scores but nurses working in internal and surgical sectors had better scores than nurses in special sectors. It seems that although work and office as an effective predictor are important in the lifestyle of individuals but the social, economic and cultural fields also effect on their different lifestyle. In sum, the results of the study on mental health status and life style of researched community showed that the majority of the population had an unfavorable mental health status (59.4%) and also had a moderate lifestyle status (52.8%). The mental health has a significant impact on the performance of individuals in the field of occupational and family life, as a result, if people with health problems don't have acceptable performance in the workplace and family, certainly, they will definitely experience the tension and conflict in their work and family roles. As midwifery is considered one of the important jobs and protecting the health of the community, reducing the mental health and promoting the undesirable lifestyle among midwives can have a significant impact on their performance and endangers the health of mothers and infants. Therefore, it is important to become familiar the midwives women with the consequences and harmful effects of reducing their mental health and unfavorable lifestyle on their professional and family life.

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## References

- Adler, A. (1954). Understanding human nature, conn: A Fawcett premier book Inc.
- Chen, X, Sekine, M, Hamanishi, S, Wang, H, Gaina, A, Yamagami, T, et al (2005). Lifestyles and health-related quality of life in Japanese schoolchildren: A cross-sectional study; *Prev Med*, 40, 668-78.
- Ebadi, Mehdi., et al. (2002), Translation, Reliability and Validity of the 12-item questionnaire of General Health Questionnaire (12-GHQ), *Quarterly Journal of the Institute of Health Sciences, Jihad-e-Sheikh (Monitoring)*; 1(3), 39-46.
- Elligott, DM., Siemers, S., Thomas, L., Kohn, N. (2009). Health promotion in nurses: Is there a healthy nurse in the house? *Applied Nursing Research*; 22(3), 211-215.
- Falahi, Masoumeh, Ghasemi, Noshad, Javidi, Hojatollah (2012). Investigating the relationship between work quality of life and job control and occupational stress with the number, intensity, frequency of physical diseases in the staff. Master thesis, Ph.D. in Psychology of Organizational Industries, Islamic Azad University, Fasa Branch.
- Ghani, Kamyar, Ahqar, Ghodsi, Rahimy Soherar, Afarin, Mobaraki, Hossein (2012). The study of the relationship between mental health and burnout in the staff of the headquarters of the Ministry of Health and Medical Education. *Journal of Medicine and Tropical Medicine*, 19(3), 6-31.
- Glyan Tehrani, Shahnaz., et al. (2007), Mental health status of midwives working in public hospitals in Tehran. *Journal of Faculty of Nursing and Midwifery, Tehran University of Medical Sciences (Life)*;13(1) 73-80.
- Hadi Zadeh Tilazaz, Zahra et al. (2014), A Study on the Relationship Between Quality of Work Life and Organizational Commitment among Midwives in Health Centers and Maternity Hospitals of Mashhad University of Medical Sciences in 2014-2015. *Iranian Journal of Obstetrics, Gynecology and Infertility*; 17(129) 1-9.

- Hasheminejad, Naser et al. (2013), The Relationship between Mental Health and Job Stress among Midwives in Kerman Hospitals in 2011, *Iranian Journal of Obstetrics, Gynecology and Infertility*;16(46), 1-9.
- Knezevic B, Miloselors M, Golubic R, Belosevic L, Russo A, Mustajbegovic L (2011). Worl related srteess and work ability among croation University Hospital midwives. *Midwifery*; 27:53-146.
- Masoumi, Zahra et al. (2013), Quality of life of midwives employed in Hamedan hospitals. *Quarterly journal of the Institute of Health Sciences, Jihad University (Peys)*, No. 30083-288.
- Mohammadi Zaidi, Isa; Pakpour Haji Agha, Amir; Mohammadi Zaidi, Banafsheh (2011). Validity and Reliability of the Persian Version of the Health Promotion Lifestyle Questionnaire. *Journal of Mazandaran University of Medical Sciences, 21st Century, Special Issue A March*, 103-113.
- Walker, S., Hill-Polerecky, D.M. (1996). Psychometric Evaluation of the Health-Promoting Lifestyle Profile II. Unpublished manuscript, University of Nebraska, Omaha, NE.
- World Health Organization. (2004). *The World Health Organization Quality of Life (WHOQOL)-BREF*. Geneva: World Health Organization.