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Psychopathological Symptoms among Medical and Non-Medical Leadership and Supervisory Employees of Two University Teaching Hospitals

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Abstract:

Empirical information on the psychological health of medical and non-medical employee and employee leaders in Nigeria is yet to be adequately represented in literature. The present study was set to fill this gap. 180 hospital employee leaders (medical and non-medical) who were purposely selected responded to Awaritefe Psychological Index (API) Form X and a structured questionnaire. The results depict a high prevalence of psychopathological symptoms with General psychopathology being the highest at 38.3% and General Somatic disorder and Insomnia trailing closely at 35.0% and 34.3%. Mood disorder, Head disorder and Alimentary Track disorder followed with 32.2%, 27.8% and 26.1% respectively. 47.1% of the 38.3% of hospital employee leaders require some intervention. Females reported higher symptoms scores for Mood disorder, Alimentary Track disorder and General Somatic disorder (.028, .014 and .015 respectively). Non-medical staff reported higher symptoms scores for Insomnia and Intellectual disorder (.001 and .001 respectively). There is also a significant difference in the psychopathology scores of the hospital employees based on their job designation levels at the $p < .05$ level. Finding may be useful in helping researchers and executives of health administration develop intervention programs to improve the mental health of medical and non-medical employees in Nigeria.

Keywords: Psychopathology, medical, non-medical, Hospital. Leadership, Supervisory, Employees

1. Introduction

Leaders in the medical field of developing nations are rarely the focus of research on psychopathology. Mental health has been variously defined. According to World Health Organization (WHO 2001) mental health implies a state of complete physical, psychological and social convenience without the presence of any diseases. In other words, it cut across every aspect of the human person. Thus, impairment in the functioning of the mental health will adversely affect other aspect of proper human functioning. Impairments in mental health affect various other factors such as social insecurity, social injustice, discrimination, and the lack of creative opportunities for individuals (Sadock, Kaplan, & Sadock, 2007). Mental health disorders have been found to cause impairments in attention, vigilance, executive function, memory and psychomotor coordination, which are of obvious importance to functioning in a hospital setting, regardless of whether an employee is a core medical staff, para-medical or non-medical (Durand & Kales, 2008). Medical and non-medical employees and leaders are nonetheless central in an indelible factor in human life, living and general safety. Lagos is the hub of commercial functioning in Nigeria and even for some West African nations. An outburst of the killer Ebola disease was recently subdued in Lagos, before it held the entire country of Nigeria and West Africa indeed, to ransom. As ambassadors of first-timer visitors seeking commercial investment or a hub to the rest of the nation and even the dwellers of Lagos State, the functioning of medical and non-medical practitioners hold an important position as a representation of life support of the city. The mental health statuses of these ambassadors should become a great concern to researchers, authorities and most especially, those who patronize the services of these life savers. Mental Health has been identified as one of the factors considered in the prevalence of fatal accidents in general (Karjalainen, Blencowe & Lillsunde, 2011) and some of these fatal accidents can occur unnoticed in a surgery room by the very hands of the doctors and nurses or para-medical employees who are looked upon to save lives. Considering the very stressful nature of the work of saving and preserving lives, it is of utmost importance to consider the resultant effects of stress to the psychological health of these life savers. Work-related stress might increase vulnerability to mental illness, emotional exhaustion and health complaints, and also influence job performance, leading to a poorer quality of care for patients (Williams, Manwell, Konrad, & Linzer, 2007; Jian-An, Hsu-Huei, Hin-Yeung and Jhen-Long, 2009).

1.1. Psychopathological Symptoms among Medical and Non-Medical Employee Leaders

The job demand of medical personnel is high and often comes with high level of stress and burn out. Of added stress is the responsibility of leaders in the medical field, which invariably involves supervising the activities of other employees and taking responsibility for general mishaps in their units. Research studies affirm that the stress and burnout of leaders who are doctors and nurses contributes significantly to increase in substance abuse and suicide (Aiken et al., 2001; Aiken, Clarke, Sloane, & International Hospital Outcomes Research Consortium, 2002; Akvardar, Demiral, Ergor, & Ergor, 2004; Hughes et al., 1992, Lindeman, Laara, Hakko, & Lonnqvist, 1996; Piko, 2006; Ramirez, Graham, Richards, Cull, & Gregory, 1996; Taylor, Graham, Potts, Richards, & Ramirez, 2005; Yang, Pan, & Yang, 2004). Nurses and doctors and other non-medical staff who are also supervisors are often under tremendous work load stress (Hardy, Shapiro, & Borrill, 1997; Wall et al., 1997). Brooks, Gerada & Chalder (2011), report on a survey sent round to members of the UK-based Doctors Support Network which found that 68% of 116 respondents had a diagnosis of depression; others reported diagnoses of bipolar disorder, anxiety, eating disorders and addictions. A study of all the hospital staff in a Taiwanese general hospital by Jian-An, Hsu-Huei, Hin-Yeung & Jhen-Long (2009), found that nearly half (46.6%) of the staff working in this hospital were identified as having cases of either minor psychiatric disorder or depressive disorder.

Work-related stress might increase vulnerability to mental illness, emotional exhaustion and health complaints, and also influence job performance, leading to a poorer quality of care for patients (Aasland, Olf, Falkum, Schweder, & Ursin, 1997; Caplan, 1994; Cheng, Kawachi, Coakley, Schwartz, & Colditz, 2000; Taylor et al., 2005; Williams, Manwell, Konrad, & Linzer, 2007). In related studies, Weinberg & Creed, (2000) found that 29 per cent of hospital staff were reported as depressed. The prevalence rate of minor psychiatric disorders was found to be between 26.8 to 32 per cent (Hardy et al., 1997; Taylor et al., 2005; Wall et al., 1997). Caplan (1994) found a 47% prevalence of minor psychiatric disorder while Weinberg & Creed (2000), reported a 52.3 per cent prevalence of minor psychiatry disorder among medical persons. Another survey of nurses in Taiwan by Yang et al., (2004) revealed that 48.8 per cent of nurses were reported as having minor psychiatric disorder when compared to the results of general population surveys (Cheng, 1988; Chien, Chou, Lin, Bih, & Chou, 2004).

Risk factors of being a medical personnel supervisor includes high level of stress culminating to psychological problems (Blenkin, Deary, Sadler, et al 1996; Haggerty, Fields, Selby-Nelson, Foley, & Shrader 2013), serious ill health (Rabin 1999), burnout (Vičentić, Jovanović, Dunjić, Pavlović, Nenadović, & Nenadović, 2010) and suicide (Lindeman, Laara, Hakko, & Lonnqvist 1996; British Association for Accident and Emergency Medicine, 1999; Mousavi, Hajfathali, Taghva, & Bakhshi, 2007). A study in Spain reported a 25.7% prevalence rate of psychological problems among physicians (Esteve, Larraz, & Jimenez, 2006). General practitioners in New Zealand, report a 29.1% prevalence of psychological problems (Clarke & Singh, 2004). A systematic review in Australia has also demonstrated that the physicians have more problems in using mental health support services than others do (Kay, Mitchell, Clavarino, & Doust 2008). Tyssen, (2007) in a study carried out in Norway reported that psychological problems are prevalent among physicians, and therefore suggested the provision of specialized psychiatric services for them. In Iran, the prevalence rate of mental disorders among general practitioners is estimated as 24.5% (Arasteh, Hadinea, Sedaghat, & Charehjo, 2008). A study in Shiraz, Iran, has shown a lower mental health status in the medical staff compared with the non-medical ones. The overall prevalence rate of psychological problems among the studied staff was 45.6% (Hashem Zadeh, Aurangi, & Bahrehdar 2001). Considering mental health in all aspects of life including personal, social, and professional, it is an important issue and inattention to it may cause inefficiency in work, unemployment and psychosomatic complications, especially among professionals. Given that medicine is a highly stressful profession which is closely connected with the health of human life, the health of physicians in terms of its psychosomatic aspect influences the populations' health invariably.

1.2. Statement of Problem

Other researches have reported mental health problems among doctors and nurses including depression and anxiety, with high suicide rates particularly for females (Firth-Cozens, 2006; Kroenke et al., 2007). Even though each employee, not only doctors and nurses, is important to daily hospital operations, many health surveys conducted in hospitals have mainly focused on doctors and nurses, and paid less attention to the employee leaders and supervisors with added stress and of other ancillary employees (Jian-An, Hsu-Huei, Hin-Yeung & Jhen-Long, 2009). Empirical information on the psychopathology of Hospital employees and the supervisory staff in Nigeria is yet to be adequately represented in literature. The present study was set to fill this gap.

1.3. Objectives

1. To investigate the prevalence of psychopathological symptoms among selected Medical and Non-Medical employees in a Teaching Hospital.
2. To examine the nature of the relationship between demographic variables, age, marriage and job duration on the psychopathological level of the Medical and Non-Medical employees.
3. To examine the influences of gender, job designation and age on the mental health status of the Medical and Non-Medical employees.

1.4. Justification

Life saving and preservation is at the center of human existence and this is not different in Lagos and everywhere else in the world. Doctors, Nurses and all other ancillary employees in Hospitals in Nigeria, the rest of Africa and indeed the Global Community are of extreme importance to the continued existence of mankind. The general health of the populace is directly linked to the mental health

of these health practitioners and the employees that aid their success. Medical and non-medical practitioners in medical settings are therefore at the center of the economic hub globally. The option to save and preserve lives is also connected to the current socio-economic conditions. Mental health is directly related to the general well-being of global communities and particularly socio-economic conditions of such. Mental health is directly related to the general well-being of lifesavers also.

2. Research Hypotheses

The following hypotheses were formulated to guide the research for this study.

1. There is a significant correlation between general psychopathology and the demographic variables, age, marital duration and time on the job.
2. Male hospital employee leaders will significantly manifest higher psychopathological symptoms than female hospital employee leaders.
3. Medical hospital employee leaders will significantly manifest higher psychopathological symptoms than Non-Medical hospital employee leaders.
4. Job designation of hospital employee leaders (Doctor, Nurse, Para-Medics, Admin and Other Non-Medicals) will significantly determine psychopathology among hospital employee leaders.
5. Age of hospital employee leaders (20-30yrs, 31-40yrs, 41-50yrs and 50yrs above) will significantly determine psychopathology among hospital employee leaders.

3. Method of the Study

3.1. Research Design

This study adopted a cross-sectional survey research design to examine the psychopathology of medical and non-medical employee leaders and supervisors of a university teaching hospital in Lagos state. The independent variable measured is the demographic variables, age, gender, job designation (medical or non-medical) and educational status, while the dependent variable measured is their mental health. The research was carried out to seek knowledge on the mental health status among doctors, nurses and non-medical employees in Lagos state, Nigeria.

3.2. Study Sample and Instruments

The study sample included 180 doctors, nurses and other non-medical employee leaders and supervisors who were incidentally selected from the 900 or so employees of two university teaching hospitals in Lagos, Nigeria. Out of the 180 participants in the study, 73 were male and 103 were female. Information was obtained using the Awaritefe Psychological Index (API) Form X and a structured questionnaire.

3.2.1. API Reliability

Awaritefe (1982) found a coefficient of alpha of .87, retest reliability coefficient of .86 for males and .80 for females at 21-day interval. A split-half reliability coefficient of .85 (N= 250, P< .001) was observed by Akinnawo (1989). On form X, a Guttman split-half reliability coefficient of .6256 was observed by Akinnawo & Ofovwe (2012).

3.3. Method of Data Analysis

Hypotheses were analyzed. The data was analyzed using the Pearson r for correlation, t-Test and One Way ANOVA.

3.4. Data Analysis

The Statistical Package for Social Sciences, SPSS (version 22.0) was used in processing the data. Both descriptive (percentages) and inferential (regression analysis) statistics were employed in the analysis.

4. Results

4.1. Demographic Characteristics of Participants

N = 180:

Age Range – 18 – 58yrs, Mean = 37.6yrs

Gender:

Male = 73 (40.6%) – MH (Mental Health) Mean = 25.5

Female = 107 (59.4%) – MH Mean = 26.7

Job Designation:

Medical = 101 (56.1%) – MH Mean = 25.1

Non-Medical = 79 (43.9%) – MH Mean = 27.5

Educational Status:

SSCE/UME – 21 (11.7%) – MH Mean = 28.7

RN/RM – 37 (20.6%) – MH Mean = 18.2

BSC/HND – 61 (33.9%) – MH Mean = 28.5
 MSC – 22 (12.2%) – MH Mean = 28.9
 MBBS – 23 (12.8%) – MH Mean = 29.2
 CONSULTANT/PHD – 16 (8.9%) – MH Mean = 24.6

5. Results

5.1. Prevalence of Psychopathological Symptoms among Medical and Non-Medical Employees

The mental health symptoms data collected from the hospital employees reported the following prevalence as shown in Table 1.

Psychopathological Symptoms	Prevalence	Requiring Psychological Intervention
Insomnia	34.3%	4.7%
Intellectual Disorder	18.3%	3.9%
Heat Disorder	12.8%	4.3%
Mood Disorder	32.2%	18.2%
Head Disorder	27.8%	7.0%
Alimentary Track Disorder	26.1%	6.2%
General Somatic Disorder	35.0%	9.8%
General Psychopathology	38.3%	47.1%

Table 1: Prevalence of Mental Health Symptoms

The results depict a high prevalence of poor mental health symptoms with General psychopathology being the highest at 38.3% and General Somatic disorder and Insomnia trailing closely at 35.0% and 34.3%. Mood disorder, Head disorder and Alimentary Track disorder followed with 32.2%, 27.8% and 26.1% respectively. These were followed by intellectual disorder and heat disorder with 18.3% and 12.8% respectively. 47.1% of the hospital employees surveyed required psychological intervention for General psychopathology while 18.2% required psychological intervention for mood disorder (depression) and 9.8% for General Somatic disorder. These were followed by heat disorder (7.0%), insomnia (4.7%), intellectual disorder (3.9%) and alimentary track disorder (6.2%).

6. Test of Hypotheses

The results of the hypotheses tested for this study are presented in this section. The statistics include the Pearson r for correlation, One Way ANOVA and the t-Test statistics.

6.1. Hypothesis One

There is a significant correlation between general psychopathology and the demographic variables, age, marital duration and time on the job.

Demographic Variables	General Psychopathology
Age	.576
Marriage Duration	.815
Time on the Job	.693

Table 2: Correlation table for general psychopathology and some demographic variables

Demographic variables were tested to determine a statistically significant relationship between the variables age, marital duration and time on the job and the general psychopathology of the hospital workers. The results failed to show a significant correlation between the three demographic variables and general psychopathology with two-tailed value of .576, .815 and .693. This means that increase or decrease of age, marriage duration and time on the job will not significantly relate to increase or decrease of general psychopathology and vice-versa.

6.2. Hypothesis Two

Male hospital employee leaders will significantly manifest higher psychopathological symptoms than female hospital employee leaders.

Variables	Gender	N	X	SD	t	P
Mood Disorder	Male	73	9.20	7.38	-2.097	.028
	Female	107	10.24	9.03		
Alimentary Track	Male	73	2.04	3.04	-2.018	.014
	Female	107	3.10	3.72		
General Somatic	Male	73	4.10	4.39	-2.061	.015
	Female	107	5.02	5.71		

Table 3: t-Test table for gender and psychopathological symptoms

The t-Test scores showed that there were 73 male participants and 107 female participants while the mean psychopathological symptoms scores for Mood disorder, Alimentary Track disorder and General Somatic disorder for male and female were 9.20 and 10.24, 2.04 and 3.10, and 4.10 and 5.02 respectively. The p value associated with this test was .028, .014 and .015 respectively. The t-Test succeeded in revealing a statistically reliable difference between the mean number of Mood disorder scores that the male employees has ($M = 9.20, S = 7.38$) and that of the female employees ($M = 10.24, S = 9.03$), $t(180) = -2.097, p = .028, \alpha = .05$. It is concluded that the Mood disorder (depression) of female hospital employees is higher than that of the male employees. The t-Test further succeeded in revealing a statistically reliable difference between the mean number of Alimentary Track disorder scores that the male employees has ($M = 2.04, S = 3.04$) and that of the female employees ($M = 3.10, S = 3.72$), $t(180) = -2.018, p = .014, \alpha = .05$. It is concluded that the Alimentary Track (Gastrointestinal) disorder of female hospital employee leaders are higher than that of the male employee leaders as well. The t-Test also succeeded in revealing a statistically reliable difference between the mean number of General Somatic disorder scores that the male employee leaders has ($M = 4.10, S = 4.39$) and that of the female employee leaders ($M = 5.02, S = 5.71$), $t(180) = -2.061, p = .015, \alpha = .05$. It is concluded that the General Somatic disorder of female hospital employee leaders is higher than that of the male employee leaders.

None of the other psychopathological symptoms showed any significant differences among the different genders.

6.3. Hypothesis Three

Medical hospital employee leaders will significantly manifest higher psychopathological symptoms than Non-Medical hospital employee leaders.

Variables	Job Status	N	X	SD	t	P
Insomnia	Medical	101	1.76	1.89	-2.756	.001
	Non-Medical	79	10.24	9.03		
Intellectual Disorder	Medical	101	1.48	1.62	-2.620	.001
	Non-Medical	79	2.04	2.71		

Table 4: t-Test table for Medical and Non-Medical and psychopathological symptoms

The t-Test scores showed that there were 101 Medical participants and 79 Non-Medical participants while the mean psychopathological symptoms scores for Insomnia and Intellectual disorder for Medical and Non-Medical employees were 1.76 and 2.76, and 1.48 and 2.04 respectively. The p value associated with this test was .001 and .001 respectively. The t-Test succeeded in revealing a statistically reliable difference between the mean number of Insomnia scores that the Medical employees has ($M = 1.76, S = 1.89$) and that of the Non-Medical employees ($M = 2.76, S = 2.94$), $t(180) = -2.756, p = .000, \alpha = .05$. It is concluded that the Insomnia of Non-Medical hospital employee leaders is significantly higher than that of the Medical employee leaders. The t-Test further succeeded in revealing a statistically reliable difference between the mean number of Intellectual disorder scores that the Medical employee leader has ($M = 1.48, S = 1.62$) and that of the Non-Medical employee leaders ($M = 2.04, S = 2.71$), $t(180) = -2.620, p = .000, \alpha = .05$. It is concluded that the Intellectual disorder of Non-Medical hospital employee leaders is significantly higher than that of the Medical employee leaders.

None of the other psychopathological symptoms showed any significant differences among the different work status, Medical or Non-Medical. The hypothesis is therefore rejected.

6.4. Hypothesis Four

Job designation of hospital employee leaders (Doctor, Nurse, Para-Medics, Admin and Other Non-Medicals) will significantly determine psychopathology among hospital employee leaders.

A One-way Analysis of Variance (ANOVA) was used to determine if there would be a difference in the Psychopathology scores of hospital employee leaders based on their job designation; Doctor, Nurse, Para-Medics, Admin and Other Non-Medicals. The independent variable represented the five different job designation levels, while the dependent variable was the Hospital employee leaders' Psychopathology scores. See Table 5 for the means and standard deviations for each of the five groups of job designation levels.

Variables	N	X	SD
Medical Doctor	40	33.75	22.14
Nurse	61	19.50	16.91
Para-Medics	19	17.89	22.18
Admin	32	33.78	21.66
Other Non-Medicals	28	26.92	19.64
Total	180	26.19	20.91

Table 5: Means and Standard Deviations of Psychopathology Scores

An alpha level .05 was used for all analyses. Table 6 shows the analysis of variance for the Psychopathology scores of the hospital employees based on their job designation.

SOURCE	SS	df	MS	F	p
Between	8176.33	4	2044.08	5.104	.001
Within	70091.86	175	400.52		
Total	78268.19	179			

Table 6: t-Test table for Hospital Employees Job Designations and Psychopathology Scores

There is a significant difference in the psychopathology scores of the hospital employee leaders based on their job designation levels at the $p < .05$ level for the five levels [$F(4, 175) = 5.104, p = 0.001$]. Post hoc comparisons using the Tukey post-hoc test further showed significant differences in general psychopathology between Medical Doctors ($M=33.75$) and Nurses ($M=19.50$) ($p = 0.005$), between Medical Doctors ($M=33.75$) and Para-Medics ($M=17.89$) ($p = 0.040$), between Admin staff ($M=33.78$) and Nurses ($M=19.50$) ($p = 0.011$) and between Admin staff ($M=33.78$) and Para-Medics ($M=17.89$) ($p = 0.050$). Taken together, these results suggest that the job designation differences, does have a significant effect on the psychopathology of the hospital employees. Specifically, the results suggest that Medical Doctors and Administration staff leaders manifest significantly higher psychopathology than Nurses, Para-Medics and other Non-Medicals. Specifically, it shows also that Nurses and Paramedics leaders manifest lowest levels of psychopathology. The hypothesis was therefore accepted.

6.5. Hypothesis Five

Age of hospital employee leaders (20-30yrs, 31-40yrs, 41-50yrs and 50yrs above) will significantly determine psychopathology among hospital employees.

A One-way Analysis of Variance (ANOVA) was used to determine if there would be a difference in the Psychopathology scores of hospital employee leaders based on their age brackets; 20-30yrs, 31-40yrs, 41-50yrs and 50yrs above. The independent variable represented the four different age brackets, while the dependent variable was the Hospital employees Psychopathology scores. See Table 7 for the means and standard deviations for each of the four groups of age brackets.

Variables	N	X	SD
20-30yrs	33	26.60	21.97
31-40yrs	83	24.30	19.88
41-50yrs	48	30.66	22.93
50yrs Above	16	33.78	16.55
Total	180	26.19	20.91

Table 7: Means and Standard Deviations of Psychopathology Scores

An alpha level .05 was used for all analyses. Table 8 shows the analysis of variance for the Psychopathology scores of the hospital employees based on their age brackets.

SOURCE	SS	df	MS	F	p
Between	1579.18	3	526.39	1.208	.308
Within	76689.02	176	435.73		
Total	78268.19	179			

Table 8: t-Test table for Hospital Employees Age brackets and Psychopathology Scores

There is no significant difference in the psychopathology scores of the hospital employees based on their age levels at the $p > .05$ level for the four levels [$F(3, 176) = 1.208, p = 0.308$]. Post hoc comparisons using the Tukey post-hoc test failed to show significant differences in general psychopathology based on the different age brackets of the Hospital employees. Taken together, these results suggest that the age bracket differences do not have a significant effect on the psychopathology of the hospital employees. The hypothesis was therefore rejected.

7. Discussions

The objectives of the study were to determine the prevalent rate of poor psychological health among hospital employees in two University Teaching hospitals in Lagos Nigeria. Williams, Chambers, Logan, & Robinson (1996) report an apparent growth in the prevalence of general psychopathology among adults. Based on data generated by the study, it is reasonable to conclude that there was a high prevalence of psychopathological symptoms among the hospital employee leaders. Several of the hypothesis studied succeeded in showing a significant difference between the selected variables and the results of general psychopathology. This is in accord with findings of National Survey of Mental Health Wellbeing in Australia which reported that the level of both general distress and specific mental health diagnoses reported by medical professionals was high (NSMHW, 2007). Similar studies on hospital employees indicated that close to 29 per cent of hospital staff was depressed (Weinberg & Creed, 2000) and the prevalence of minor psychiatric disorders was 26.8 to 32 per cent (Hardy et al., 1997; Ramirez et al., 1996; Taylor et al., 2005; Wall et al., 1997). Higher prevalence of minor psychiatric disorder was reported by Caplan (1994) and Weinberg & Creed (2000), at 47 and 52.3 per cent, respectively. Another survey of nurses conducted in Taiwan revealed 48.8 per cent of subjects were classified as having minor psychiatric disorder (Yang et al., 2004). This finding was higher than that of results in general population surveys (Cheng, 1988; Chien, Chou, Lin, Bih, & Chou, 2004). According to Cheng (1988), the prevalence of minor psychiatric disorder was 24.2 per cent while Taiwan's Bureau of National Health Insurance (NHI) reported only 5.3 percent prevalence of minor psychiatric disorder (Chien et al., 2004). Nearly half of the staff working in a general hospital might be considered as having either a minor psychiatric disorder or depressive disorder (Jian-An, Hsu-Huei, Hin-Yeung & Jhen-Long, 2009).

The results failed to show a significant correlation between marriage duration and psychopathological symptoms among the sample. This is compatible with the study by Sepehrmanesh, Moraveji, & Saberi (2015). However, a study by Mousavi et al. has shown a significant relationship, which is incompatible with our results. Survey on the mental health of doctors and medical students in Australia found that single, divorced, or separated doctors reported significantly higher levels of emotional exhaustion compared to those in committed relationships and that doctors who were widowed reported the lowest levels of emotional exhaustion (NMHS-DMS 2013). In a similar study on medical staff in a general hospital Jian-An, Hsu-Huei, Hin-Yeung & Jhen-Long, (2009) concluded that the risk factors of psychopathology included single/divorced. This indicates that marital status does have influence on psychopathology among medical personnel and also indicating that marriage may be a cushion for the effects of stressors among this group of workers and leaders. The difference could be as a result of sample size in the different studies.

The results failed to show a significant correlation between age, and psychopathological symptoms among the sample. This is however contrary to the findings conducted among medical professionals in Australia showing that young doctors appeared to be particularly vulnerable to poor mental health and high levels of stress when compared to older doctors (51-60 years). Younger doctors reported higher rates of burnout across the three domains of emotional exhaustion, low professional efficacy, and high cynicism (NMHS-DMS 2013). Similarly, Sepehrmanesh, Moraveji & Saberi, (2015) found that the mental health of younger doctors was poorer than older counterparts. In other words, that the mental health of general practitioners improved as age increased.

This study finds a higher prevalence of disordered mood (depression) alimentary track and general somatic disorder among female hospital employees than their male counterparts. Related studies reveal that females make up 60% of people with phobias or obsessive-compulsive disorder (OCD) (Office for National Statistics Psychiatric Morbidity Report, 2001). Almost all studies show a higher prevalence of depression among women than men, as well as higher rates of most anxiety and eating disorders (National Institute for Clinical Excellence, 2003; Hyman, 2006, WHO, 2004, WHO 2013, Light, et.al, 2013). In a Longitudinal study of the mental health of adults in Great Britain, it was reported that women are more likely to have been treated for a mental health problem than men (29% compared to 17%) (National Statistics, 2003). One in four women will require treatment for depression at some time, compared to one in ten men. Women are twice as likely to express anxiety as men. Also, men reported higher rates of attention-deficit/hyperactivity disorder, autism and substance abuse disorders (Hyman, 2006). In a study on the mental health of general practitioners in emergency wards in Iran, (Sepehrmanesh, Moraveji & Saberi, 2015) reported that the rate of anxiety in females was higher than that of males. This is equally compatible with finding of Mousavi, Hajfathali, Taghva & Bakhshi (2007) who affirmed that there is a statistically significant correlation between anxiety and gender. Earlier study by Clarke & Singh (2004) affirmed that mental problems were more prevalent among females than males. Similar results have also been previously reported (Abdi- Masooleh, Kaviani, Khaghanizadeh, & Momeni Araghi, 2007; Sahebi, & Ayatollahi 2007).

This study reveals that insomnia as well and intellectual disorder of Non-Medical hospital employees is significantly higher than that of the Medical employees. Thus, the findings show that differences in job designation has significant influence on psychopathology among medical employees. Medical Doctors and Administration staff were found to manifest significantly higher psychopathology than Nurses, Para-Medics and other Non-Medicals. This is in accord with the findings of Jian-An, Hsu-Huei, Hin-Yeung & Jhen-Long, (2009) that among Taiwanese hospital staff the risk factors of psychopathology included being a pharmacist. This group was found to report the highest prevalence of either minor psychiatric disorder or depressive disorder.

This finding is however not compatible with NSMHW (2007) which reported that the level of very high psychological distress was significantly greater in doctors in comparison to the general population and other professionals. The difference could be as a result of the sample difference. NSMHW picked samples from both within and outside the hospital setting.

8. Conclusion

The general mental health status of the Medical and Non-Medical employees of the Teaching Hospital is poor. This study reveals a high prevalence of psychopathological symptoms among medical as well as non-medical staff. The results failed to show a significant correlation between age, marriage duration and time and general psychopathology. Mood disorder (depression), alimentary track (Gastrointestinal) disorder and general somatic disorder of female hospital employees is found to be higher than that of the male employees. The results of this study further show that insomnia and intellectual disorder of Non-Medical hospital employee leaders is significantly higher than that of the Medical employee leaders. Medical Doctors and Administration staff manifest significantly higher psychopathology than Nurses, Para-Medics and other Non-Medicals. Specifically, results also show that Nurses and Paramedics manifest lowest levels of psychopathology. Finally, this study reveals that there is no significant difference in the psychopathology symptoms of the hospital employees based on their age.

9. Implication of Finding

The implication of the findings of this study is that there is room for further research. This study was done in only one part of Nigeria and should be replicated in other regions of the nation. Furthermore, there is need to organize psychotherapeutic programmes for employees in the medical institutions not only in Nigeria but all across the world.

10. Recommendations

The following recommendations are made from the finding of this study:

Additional research to identify the precipitating factors leading to, and the prevalence of psychopathology among other hospitals in the country and beyond should be carried out to compare results.

Greater attention should be paid on the general health of female employees to ascertain follow up intervention on existing psychopathology and especially to provide preventive measures for the younger females' general health.

Training on managing occupational stress, interpersonal relationships, emotional issues etc. should be incorporated into employee onset and refresher training programs to better educate hospital employees on general mental health matters.

11. Suggestion for Future Research

Despite the research that has been concluded, further investigation may need to be carried out so as to better understand the various psychological and social factors which may affect the general psychopathology

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