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RESEARCH **Open Access**

The Impact of Mental Health on the Job Performance of Medical and Non-Medical Workers

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Abstract

In terms of their impact on the workforce, mental disorders in the workplace are a major concern. Poor mental health and stress can have a negative impact on worker performance and productivity, job attachment, collegial communication, physical performance, and daily functioning. The objective of this study is to investigate the relationship between mental health and job performance in medical and non-medical workers at general region hospital X. A quantitative cross-sectional study was conducted on 222 respondents, two of whom were medical and two of whom were non-medical workers, using a DASS-21 questionnaire and a job performance questionnaire. The findings show a relationship between age and job performance among medical and non-medical employees at General Region Hospital X. There is no significant relationship between mental health and job performance among medical workers. Gender, age, employment status, and work period all had a significant relationship with non-medical workers' job performance. Anxiety, gender, and age all have a significant relationship in non-medical workers. The conclusions is 44.1% reported poor job performance, 14.5% reported depression, 30.7% reported anxiety, and 11.3% reported stress. In both medical and non-medical workers, there was a significant interaction between anxiety and gender on job performance. Anxiety, gender, and age all had an impact on non-medical workers' job performance. It is critical to develop new health policies to prevent and treat mental health issues while also improving job performance. intervene and assist workers suffering from mental illnesses. Training and management on mental health, a conducive workplace, and social support can enhance productivity and decrease mental problems.

Keywords: Anxiety, Depression, Health Care, Hospital, Job Performance, Medical Workers, Mental Health, Non-Medical Workers, Performance, Stress.

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1. INTRODUCTION

Mental disorders affect approximately 450 million people worldwide, according to estimates. According to a 2017 study conducted by the Institute for Health Metrics and Evaluation (IHME), mental disorders ranked fifth among the conditions causing stress in people living with disabilities, with a rate of 14.4%. According to IHME, mental disorders ranked fifth in Indonesia in 2017 with 13.4%. Depressive disorder, anxiety disorder, schizophrenia, bipolar disorder, conduct disorder, autism, eating behavior disorder, intellectual disability, and ADHD are the ten most common mental disorders (Attention Deficit Hyperactivity Disorder) (Tennant, 2001), (Institute for Health Metric and Evaluation, 2019).

In accordance with the 2018 Basic Health Research, over 19 million people over the age of 15 suffer from emotional psychiatric disorders, with over 12 million suffering from depression. Psychiatric disorders affect one in every five Indonesians, or roughly 20% of the country's 250 million people (Rokom, 2021). Psycho-affective disorders affect 4.7% of Central Java's population (Pusat Data dan Informasi, Kementerian Kesehatan Republik Indonesia, 2019). Work stressors that influence mental well-being are the root causes, and they are classified as off-work stressors such as family issues and a person's inner components, and on-work stressors such as corporate connections between colleagues, superior-subordinate or organizational connections, career connections improvement, and work inspiration (Wardhani, 2021).

Mental disorders in the workplace are a major problem in terms of their impact on the workforce. Poor mental health and stress can have a negative impact on worker performance and productivity, work attachment, collegial communication, and worker physical performance and daily functioning (Division of Population Health, National Center for Chronic Desease Prevention and Health Promotion, 2018), (Tennant, 2001). The most common mental disorders in the work environment are depression, anxiety, stress, bipolar disorder, and PTSD (*Post Traumatic Stress Disorder*) (Wisnubrata, 2019), (Thomas & Hersen, 2002). Anxiety, restlessness, depression, loss of interest in work, sleep disturbances, dizziness, difficulty concentrating, muscle tension, indigestion, and withdrawal from social activities are the most common symptoms of mental disorders at work. These include withdrawal, libido loss, and alcoholism (Stranks, 2005), (Segal, Smith, & Robinson, 2021).

A hospital is a work environment with a high workload that has an impact on physical and social health as well as workplace interaction. Headaches, abdominal pain, sleep disturbances, difficulty breathing, trembling, and an increased heart rate are symptoms of mental disorders, which increase the risk of errors and accidents in patients (Maslim, 2003), (Ribanszki et al., 2022). High levels of depression, stress, and anxiety may cause work accidents that endanger patient safety; employees can even cause material losses to the institution (Twistiandayani, Prameswari & Lestari, 2022), (Tennant, 2001). Mental health issues can impair hospital workers' ability to focus and concentrate, resulting in decreased productivity and efficiency. People with mental health issues may miss work or take more sick days, disrupting workflow and affecting patient care. Poor care quality can make it difficult to communicate effectively with patients or provide compassionate care, which can be costly for hospitals and result in staffing shortages (Chou et al., 2014), (Khamisa et al., 2016).

Researchers discovered that 28% of medical personnel experienced depression, 32% experienced anxiety, and 8% experienced stress in a preliminary study of 25 medical personnel and 25 non-medical personnel at General Region Hospital X, while 12% of non-medical personnel experienced depression, 16% experienced anxiety, and 8% experienced stress. The preliminary study revealed a 22.2% decrease in job performance for medical workers and a 25.4% decrease for non-medical workers. Health protocols are complicated by fatigue, increased workload, long working hours, and local culture. The objective of this study is to

investigate the relationship between mental health and job performance among medical and non-medical workers at General Region Hospital X in Central Java.

2. RESEARCH METHOD

A quantitative cross-sectional study in which the research tools were the DASS-21 (Depression and Anxiety Stress Scale-21) mental health questionnaire encompassing 21 items, seven of each of the depression, anxiety, and stress statements. Based on the performance theories of Robbins, Konopaske, and Matteson, researchers developed a job performance questionnaire (Robbins, & Judge, 2013), (Van Leeuwen et al., 2018). The job performance questionnaire contains 40 items drawn from four quality of work indicators: punctuality, independence, and commitment. Medical and non-medical workers who agree to be respondents and work for at least one year are eligible. Respondents with any type of mental disorder are excluded. SPSS data analysis with Chi-square and logistic regression (Kurniawan, 2016). The DASS-21 validity test demonstrated valid results when r calculate> r table, and reliability tests by administering Cronbach's alpha with depression at 0.80, anxiety at 0.89, and stress at 0.81 illustrated realistic results. The job performance questionnaire also reveals that all the item was valid are reliable at 0.8 using Cronbach's alpha test.

The samples comprise of 222 respondents, 126 medical workers and 96 non-medical workers from General Region Hospital X Central Java. The location was chosen for the study because it discovered mental health disorders in both medical and non-medical workers and had a large enough population to conduct the research. A stratified random sample of 126 medical workers (general practitioners, specialists, dentists, nurses, and midwives) and 96 non-medical workers (clerks, pharmacists, radiologists, administrative staff, physiotherapists, and structural staff) was used.

For all analyses, the SPSS for Windows results were employed. The frequency of each variable was investigated using one-way analysis. The relationship between each variable and job performance was examined using bivariate analysis with Chi-square. A variable with a p-value less than 0.25 was tested using logistic regression testing to determine the impact of each variable on job performance. Three indicators (depression, anxiety, and stress) value mental health as an independent variable, while job performance is a dependent variable.

3. RESULTS AND DISCUSSION

Table 1. Characteristics of the Study Population and Prevalence

Variables	**Medical and non-medical workers**		**Medical workers**		**Non-medical workers**	
	N	**%**	**N**	**%**	**N**	**%**
Gender						
Man	64	28.8	34	27	30	31.3
Women	158	71.2	92	73	66	68.8
Age						
< 20 yr.	3	1.4	0	0	3	3.1
20-25 yr.	29	13.1	19	15.1	10	10.4
26-30 yr.	50	22.5	31	24.6	19	19.8
31-35 yr.	47	21.2	29	23	18	18.8
36-40 yr.	29	13.1	20	15.9	9	9.4
41-45 yr.	36	16.2	20	15.9	16	16.7
46-50 yr.	12	5.4	3	2.4	9	9.4

>50 yr.	16	7.2	4	3.2	12	12.5
Marital Status						
Unmarried	52	23.4	29	23	23	24
Married	170	76.6	97	77	73	76
Education						
High School	12	5.4	0	0	12	12.5
Diploma (D1/D2/D3)	92	41.4	52	41.3	41	42.7
Bachelor (S1/S2/S3)	118	53.2	74	58.7	43	44.8
Employment Status						
Permanent / Civil Servants	176	79.3	98	77.8	78	81.3
Contract / Partners	46	20.7	28	22.2	18	18.8
Service period						
< 5 yr.	96	43.2	60	47.6	36	37.5
>5 yr.	126	56.8	66	52.4	60	62.5
Mental Health						
Depression	32	14.5	12	9.6	20	20.9
Anxiety	68	30.7	24	19	44	45.8
Stress	25	11.3	10	8	15	15.6
Job Performance						
Good	85	38.3	50	39.7	35	36.5
Bad	137	61.7	76	60.3	61	63.5

Table 1 demonstrates the characteristics of the total population, medical workers, and non-medical workers. The age range of respondents ranged from under 20 to over 50 years old, 76.6% were married, 53.2% had a bachelor's degree, 79.3% were civil servants, and 56.8% had worked for more than 5 years.

Table 2. Relations between Job Performance and Other Variables for the Entire Population

Variable		**Job Performance**				**p-Value**	**OR**	**CI 95 %**
		Good		**Bad**				
		Σ	**%**	**Σ**	**%**			
Depression	Normal	110	49.5	80	36	0.194	1.768	0.831-3.763
	Depression	14	6.3	18	8.1			
Anxiety	Normal	92	41.4	62	27.9	0.108	1.669	0.939-2.966
	Anxiety	32	14.4	36	16.2			
Stress	Normal	110	49.5	87	39.2	1.000	0.993	0.430-2.297
	Stress	14	6.3	11	5.0			
Gender	Men	29	13.1	35	15.8	0.062	0.549	0.306-0.987
	Women	95	42.8	63	28.4			
Age	< 20-25 yr.	18	8.1	14	6.3	0.987		
	26-30 yr.	26	11.7	24	10.8			
	31-35 yr.	26	11.7	21	9.5			
	36-40 yr.	15	6.8	14	6.3			
	41-45 yr.	17	7.7	19	8.6			
	46-50 yr.	7	3.2	5	2.3			
	>50 yr.	9	4.1	7	3.2			
Marital Status	Unmarried	28	12.6	24	10.8	0.862	0.899	0.482-1.678
	Married	96	43.2	74	33.3			
Education	High school	6	2.7	7	3.2	0.713		
	Diploma	50	22.5	41	18.5			

	Bachelor	68	30.6	50	22.5			
Employment	Permanent	102	45.9	74	33.3			
Status	Contract	22	9.9	24	10.8	0.287	1.504	0.784-2.884
Service period	< 5 yr.	49	22.1	47	21.2	0.261	0.709	0.415-1.211
	>5 yr.	75	33.8	51	23			

The full population chi-square test results for determining the relationship between independent and dependent variables are displayed in Table 2. According to the table above, no variable has a significant relationship with job performance for medical and non-medical workers at General Region Hospital X in Central Java. Data with a p-value of 0.25 will be tested further using logistic regression.

Table 3. Results of Logistic Regression Tests on the Relationship between Depression, Anxiety, and Gender on Job Performance in the Entire Population.

Variable	**Sig**	**Exp (B)**	**95% C. I. for Exp (B)**		**Nagelkerke R Square**
			Lower	**upper**	
Depression	0.338	1.327	0.744	2.368	0.056
Anxiety	0.024	1.360	1.042	1.775	
Gender	0.034	0.526	0.290	0.953	

According to table 3, depression has a p-value of 0.338, indicating that it has no significant effect on the job performance of the entire population in X regional hospitals in Central Java. Anxiety and gender had significant effects on overall population job performance; Nagelkerke's R-squared value was 0.056, indicating that anxiety and gender affect job performance by 5.6%.

Table 4. Relations between Job Performance and Other Variables for Medical Workers.

Variable		**Job Performance**				**p-Value**	**OR**	**CI 95 %**
		Good		**Bad**				
		Σ	**%**	**Σ**	**%**			
Depression	Normal	72	57.1	42	33.3	0.562	1.714	0.520-5.657
	Depression	6	4.8	6	4.8			
	Normal	63	50	39	31	1.000	0.969	0.387-2.427
Anxiety	Anxiety	15	11.9	9	7.1			
Stress	Normal	72	57.1	44	34.9	1.000	1.091	0.292-4.082
	Stress	6	4.8	4	3.2			
Gender	Man	20	15.9	14	11.1	0.821	0.837	0.375-1870
	Women	58	46	34	27			
Age	20-25 yr.	14	11.1	5	4	0.543		
	26-30 yr.	19	15.1	12	9.4			
	31-35 yr.	20	15.9	9	7.1			
	36-40 yr.	12	9.5	8	6.3			
	41-45 yr.	10	7.9	10	7.9			
	>46 yr.	3	2.4	4	3.2			
Marital Status	Unmarried	20	15.9	9	7.1	0.500	1.494	0.617-3.621
	Married	58	46	39	31			
Education	Diploma	34	27	18	14.3	0.626	1.288	0.671-2.689
	Bachelor	44	34.9	30	23.8			
Employment	Permanent	61	48.4	37	29.4	1.000	1.067	0.451-2.524
Status	Contract	17	13.5	11	8.7			

Service period	< 5 yr.	37	29.4	23	18.3	1.000	0.981	0.478-2.015
	>5 yr.	41	32.5	25	19.8			

The table 4 illustrates the relationship between the independent variables and the job performance of the medical workers at General Region Hospital X in Central Java. We can conclude from the above table that there is no significant relationship between all independent variables and job performance.

Table 5. Relations between Job Performance and Other Variables for Non-Medical Workers,

Variable		**Job Performance**				**p-Value**	**OR**	**CI 95 %**
		Good		**Bad**				
		Σ	**%**	**Σ**	**%**			
Depression	Normal	38	39.6	38	39.6	0.586	1.500	0.551-4.082
	Depression	8	8.3	12	12.5			
Anxiety	Normal	29	30.2	23	24	0.142	2.003	0.885-4.534
	Anxiety	17	17.7	27	28.1			
Stress	Normal	38	39.6	43	44.8	0.860	0.773	0.256-2.333
	Stress	8	8.3	7	7.3			
Gender	Man	9	9.4	21	21.9	0.032	0.336	0.134-0.843
	Women	37	38.5	29	30.2			
Age	< 20-30 yr.	10	10.4	21	21.9	0.006		
	31-40 yr.	10	10.4	18	18.8			
	41-50 yr.	17	17.7	8	8.3			
	>50 yr.	9	9.4	3	3.1			
Marital status	Unmarried	8	8.3	15	15.6	0.228	0.491	0.186-1.300
	Married	38	39.6	35	36.5			
Education	High school	5	5.2	7	7.3	0.815		
	Diploma	19	19.8	22	22.9			
	Bachelor	22	22.9	21	21.9			
Employment Status	Permanent	42	43.8	36	37.5	0.031	4.083	1.234-23.517
	Contract	4	4.2	14	14.6			
Service period	< 5 yr.	11	11.5	25	26	0.015	0.314	0.131-0.754
	>5 yr.	35	36.5	25	26			

Table 5 demonstrates that gender, age, employment status, and service period are significantly related to non-medical workers' job performance at general region hospital X in Central Java. Anxiety, age, gender, marital status, employment status, and service period can all be examined using logistic regression.

Table 6. Results of Logistic Regression Tests on the Relationship between Anxiety, Gender, Age, Marital Status, and Service Period toward Job Performance in Non-Medical Workers

Variable	**Sig**	**Exp (B)**	**95% C. I. for Exp (B)**		**Nagelkerke R Square**
			Lower	**upper**	
Anxiety	0.008	4.118	1.442	11.763	0.308
Gender	0.006	0.215	0.071	0.645	
Age	0.000	0.388	0.230	0.652	
Marital Status	0.282	2.148	0.534	8.646	
Employment Status	0.305	2.338	0.461	11.847	
Service Period	0.801	0.829	0.193	3.559	

The table 6 illustrates that anxiety (p-value 0.008< 0.05), gender (p-value 0.006<0.05), and age (p-value 0.000<0.05) significantly affect the job performance of non-medical workers

in general region hospital X, Central Java. A Nagelkerke R-squared value of 0.308 indicates that anxiety, gender, and age affect the job performance of non-medical workers at a general region hospital in Central Java by 30.8%.

Mental health in the workplace is critical, especially in hospitals, because it can affect performance as well as both mental and physical health. According to the study, 14.5% of her respondents were depressed, 30.7% were anxious, and 11.3% were stressed. Poor concentration, irritability, anxiety, insomnia, decreased productivity, and interpersonal conflict can result from mental health disorders, which can lead to more severe mental illness and separation from family members in the long run (Pusat Data dan Informasi, Kementerian Kesehatan Republik Indonesia, 2019). Furthermore, mental illness can negatively impact self-perceived job performance in the form of reduced work quality, slower measures, and increased errors (Hennekam et al., 2020), (Amagasa, Nakayama, & Takahashi, 2005).

Participants in the survey were 71.2% female, mostly between the ages of 26 and 30, 76.6% married, 53.2% undergraduates, 79.3% civil servants, and 56.8% had worked for more than 5 years. Although many studies on the mental health of healthcare workers have been conducted, this is the first study to assess the mental health of a non-medical group. According to the study, 9.6% of the medical group suffered from depression, 19% from anxiety, and 8% from stress. Non-medical workers had worse mental health, with 20.9% experiencing depression, 45.8% experiencing anxiety, and 15.6% experiencing stress.

In this study, job performance was similar across populations. The overall rate of poor performance was 44.1%, compared to 38.1% in the medical group and 52.1% in the non-medical group. This study reveals a significant gender relationship in the entire workforce. Anxiety and gender have a large impact on the entire workforce. In addition, this study discovered a relationship between gender, age, employment status, work period, and job performance in non-medical workers. Anxiety, gender, and age all have a 30.8% impact on non-medical job performance. A study conducted by Brolin et al. revealed a positive and significant effect of mental health on job performance among North Tanapuli District Office employees for Tanapuli Health Department employees (Otnie et al., 2021). Another study by William van Gorden et al. examined the work-related mental health and job performance which revealed a significant relationship between mental health and performance (Van Gordon et al., 2014), (Dubey et al., 2020). Novika's essay, "The Role of Work Stress on Individual Work Performance," investigated the effects of job stress on individual performance (Grasiaswaty, 2020).

Factors associated with mental illness for doctors, nurses, or other health care professionals encompass long working hours, a high workload and pressure, a lack of role clarity, a lack of peer support, a lack of commitment to work, and organizational culture (Tennant, 2001), (Karakurt et al., 2023)). For other hospital workers, job overload and pressure, unclear roles, a lack of job control, and a lack of participation have been uncovered to be associated with stress (Chaabouni, 2021), (Weinberg & Creed, 2000), (Michie & Williams, 2003).

The study's limitation is that it is the first to perceive mental health in a large and representative sample of hospital workers from various professional groups and contract terms. Thus, previous research on medical staff morale has mostly concerned on individual groups of professionals, and this represents a significant advance in this area of study. Non-professional factors (personal factors, global problems, etc.; socioeconomic environments, labor market pressures) contributed to the high level of mental health exposure. There were no factors influencing job performance in this study.

A critical need to develop new health policies for strategies to prevent and manage mental illness, as well as improve job performance is highly required. Intervene and support workers who are suffering from mental disorders in order to manage psychological conditions. Conducting mental health education and managing depression, anxiety, and depression can help workers understand the importance of mental health and learn effective coping strategies. Workers' symptoms of mental disorders can be reduced by training and development of coping skills such as relaxation, meditation, and breathing techniques (Baqutayan, 2015), (Maryam, 2017). Cognitive-behavioral therapy (CBT) is employed to help workers understand their own thoughts, feelings, and behaviors in order to reduce the symptoms of mental illnesses (Suwanto, 2020). When necessary, psychologists and psychiatrists provide counseling and therapy. Management, superiors, and coworkers can all contribute to a reduction in workload and an increase in social support in the workplace. Making the workplace a safe, comfortable, and supportive environment can help to reduce mental disorders and increase productivity. Time management, effective communication, and interpersonal skills training can increase workplace productivity while reducing the impact of mental disorders (Abdullah, 2014), (Rad, 2006). Recognizing and appreciating medical and non-medical personnel who work can boost motivation and morale.

4. CONCLUSION

Workers' mental health is a serious problem that affects many aspects of their lives, including their professional, interpersonal, and social lives. Anxiety was reported by 30.7% of respondents, compared to 19% of medical workers and 45.8% of non-medical workers. Anxiety has a negative impact on both medical and non-medical workers' job performance. Anxiety reduces job performance by 30.8% regardless of gender or age. Young age, a lack of work experience, being female, a heavy workload, working in hazardous environments, and a lack of education and social support were all identified as risk factors. Poor job performance can jeopardize patient and worker safety, according to 44.1% of respondents. To control and treat mental health and improve worker productivity, management support, training, and treatment are required.

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