

WORK-RELATED MENTAL HEALTH PROBLEMS AND PSYCHOLOGICAL FACTORS IN KOREAN WORKSITE

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Abstract

The purposes of this study were to investigate mental health problems in a Korean worksite, to reveal factors affecting their negative mental health and to explore a possible relationship between mental health problems and psychological variables. 888 Korean bankers selected randomly from the banks in Seoul, Korea were surveyed. Korean Symptom Checklist, Health Locus of Control Scale, Self-efficacy Scale and Self-esteem Scale were used to identify mental health problems and psychological variables of the participants. Results indicated that the bankers showed high prevalence in interpersonal sensitivity, depression, anxiety and hostility. In addition, the findings revealed that there were significant differences in mental health problems between gender. Furthermore, results revealed that the bankers' mental health problems were statistically correlated with psychological variables. This study provides significant information for the relatively unstudied Korean bankers and also has the potential to influence the development of better mental health programs for workers.

Keywords: Korean banker, mental health, job stress, self-efficacy, self-esteem

1. INTRODUCTION

The advent of technological revolution in all walks of life coupled with globalization, privatization policies has drastically changed conventional patterns in all sectors. The banking sector is of no exemption. The 2000s saw radical policy changes with regarding to fiscal deficit and structural changes in Korea so as to prepare her to cope with the new economic world order. Globalization and privatization led policies compelled the banking sector to reform and adjust to have a competitive edge to cope with multinationals led environment.

The implications of the above said transformations have affected the social, economic and psychological domains of the bank employees and their relations. Evidence from existing literature states that more than 60% of the bank employees have one or other problem directly or indirectly related to these drastic changes. All the factors discussed above are prospective attributes to cause occupational mental health problems and related disorders among the employees.

In recent years, it has been widely noted that a surprising number of workers including bankers suffer emotional and mental problems. These mental health problems generally include interpersonal sensitivity, loneliness, depression, anxiety, hostility, and are sometimes associated with suicide (Jensen, 1991; Waters, 1991). Raphael (1993) reported that anxiety, depression and adjustment problems were the major mental health problems that occurred frequently in one's lifetime. Research has shown that the psychological demands of a job can have pervasive and profound emotional and physical effects on the lives of workers (Kahn, 1981; Karasek and Theorell, 1990; Matteson and Ivancevich, 1982). The explosive increase in research on occupational stress, especially during the last decade (for example, Cooper and Cartwright, 1994; Quick et al., 1997; Spielberger and Reheiser, 1994; Spielberger et al., 2002), has clearly established that job-related mental health problems have an adverse impact on productivity, absenteeism, worker turnover and employee health. In addition to these severe consequences of stress-related mental health problems in the workplace, reduced productivity and diminished customer services are hidden costs that often result from 'exhausted or depressed employees who are not energetic, accurate, or innovative at work' (Karasek and Theorell, 1990, p. 167).

In this regard, mental health itself is a complex multi-factorial reality and the overt expression of a complicated interaction of physical, social and psychological factors (Kazdin, 1993). Therefore, factors that impinge upon and effect the mental health of adolescents can be related to issues from the emotional, social, psychological and behavioral domains. In particular, mental health problems of adolescents may be caused by negative psychological propensity, such as low self-esteem and self-efficacy and loss of ability to control health (Hurrelman and Losel, 1990).

Self-esteem is widely recognized as a central aspect of psychological functioning and it is related to many other variables, including general satisfaction with one's life. Rosenberg (1985) argued that self-esteem was associated with many psychological variables as well as behavioral ones. He suggested, for example, that when compared to adolescents with high self-esteem, those with low self-esteem were more depressed, less satisfied with life and

scored highly on anxiety, aggression and irritability. Bolognini and colleagues (1996) noted that self-esteem was a determining variable in the mental health of early adolescence and that adolescents with low self-esteem tended to report significantly higher scores on depression.

Self-efficacy was introduced by Bandura (1977) in the context of cognitive modification. Self-efficacy relates to "individuals' perceptions and refers to beliefs that people can perform successfully the behavior necessary to produce a desired outcome" (Bandura, 1986, p 391). Rivas and Fernandez (1995) indicated that self-efficacy was an important factor in maintaining the mental health of adolescents. Specifically, higher self-efficacy was closely related to avoidance of sadness and control of one's feelings. This study also implied that self-efficacy was significantly and positively correlated with maintenance of self-confidence and underlined the importance of taking psychological factors into account in the design of mental health programs.

Health Locus of Control (HLC), as a psychological construct, originated from Rotter's (1954) social learning theory which sought to explain, predict and influence people's perception and behavior regarding their health. The main tenet of social learning theory is that the likelihood of a behavior occurring in a given situation is a function of (a) the individual's expectancy that the behavior will lead to a particular reinforcement and (b) the extent to which the reinforcement is valued. In exploring the relationship between mental health and health locus of control, Takakura and Sakihara (2000) examined locus of control associated with adolescents' depressive symptoms. The results noted that adolescents' depression was positively associated with internal health locus of control and negatively related to powerful other and chance locus of control. Further, authors argued that high levels of internal locus of control might have a crucial role in the prevention of depression in adolescence.

In this regard, psychological factors that influence the mental health of workers in different cultures have frequently been identified. However, the same level of research has not been carried out on the Korean working population. Mental health problems, especially in Korea, are only now being considered crucial factors in the health status of workers and important public and social issues. It is also true that data concerning the link between workers' mental health and their psychology are limited. The purposes of the study were to explore the mental health problems of Korean bankers, to reveal variables affecting their negative mental health and to explore a possible relationship between mental health problems and psychological factors.

2. METHOD

2.1 Participants

888 bankers (male:575, female: 313) were asked to participate in a survey designed to assess their mental health problems. Out of a possible 1,038, 888 bankers (male:575, female: 313) were invited to participate in the study; 85.5% gave their consent and completed the survey form. 14.5% of the subjects declined participation. The non-participants were not significantly different in age or gender from bankers who participated. The subjects were selected by a random sampling from bankers, geographically located in the northern areas of Seoul. All participants in the age cohort were 26-43 yrs ($M=36.9$ yrs).

2.2 Measures

For the mental health of Korean bankers, the instrument applied in the study was Korean Symptom Checklist (Kim et al., 1978). This consisted of 4 sub-dimensions and 38 items (9 items for interpersonal sensitivity, 13 items for depression, 10 items for anxiety, 6 items for hostility). The test-retest r for the four sub dimensions: .80 for interpersonal sensitivity, .90 for depression, .91 for anxiety and .84 for hostility.

To assess Korean bankers' beliefs, self-reliability and ability to control health and life satisfaction relating to health, the three instruments translated by Kim (1997) were used: Health Locus of control Scale, Self-efficacy Scale and Self-esteem Scale. The Multidimensional Health Locus of Control Scale, developed by Wallston et al. (1978), was translated into Korean and used in the study. The revised questionnaire consisted of the three sub-scales and 18 items, and alpha reliabilities of each sub-scale were .83 for internal health locus of control, .79 for powerful other health locus of control, and .81 for chance health locus of control.

The Self-efficacy Scale, developed by Sherer et al. (1982), was also revised into a Korean version and adopted for the study. Among 17 items, 13 items were reversed requiring the scores to be converted. A Cronbach alpha coefficient of .88 was reported for this questionnaire. The Korean version of the Self-esteem Scale, originally developed by Rosenberg (1965) was applied to the study. This questionnaire consisted of 10 items, and five reversed items required scores to be converted. The test-retest reliability method was performed and a reliability of .83 was obtained.

3. RESULTS

3.1 Mental health of Korean bankers in this study

Table 1 shows the result of frequency analysis concerning Korean bankers' mental health problems. Korean bankers with 74.3% responded that they have frequently experienced 'interpersonal sensitivity' and 56.9% of bankers have felt 'depression', 48.8% for 'anxiety' and 41.6% for 'hostility' owing to a variety of daily stresses. Considering the high prevalence in all sub dimensions, negative mental health in the Korean bankers is a crucial factor that might adversely affect their overall health.

Table 1: Prevalence of mental health problems among respondents

Mental Health Problems		Case (N)	Percent (%)
Interpersonal sensitivity	Experienced	657	74.3
	Never experienced	231	25.7
Depression	Experienced	505	56.9
	Never experienced	383	43.1
Anxiety	Experienced	433	48.8
	Never experienced	455	51.2
Hostility	Experienced	369	41.6
	Never experienced	519	58.4
Total		888	100.0

Cut-off point : Never experienced: not at all(1)

Experienced: seldom(2), occasionally(3), often(4) and repeatedly(5)

In addition, there were significant mean differences between male and female bankers in all sub dimensions of mental health problems. Female bankers reported that they have higher scores on 'interpersonal sensitivity'(t=16.40), 'depression'(t=15.62), 'anxiety'(t=9.89) than males; meanwhile, males have more frequently experienced 'hostility'(t=8.92), compared with their female counterparts (all p<.001). (See Table 2)

Table 2: Mean and SD of mental health problems by gender

Variable	Male		Female		t
	M	SD	M	SD	
Interpersonal sensitivity	3.23	.73	3.89	.79	16.40*
Depression	3.30	.79	4.02	.83	15.62*
Anxiety	3.49	.65	3.76	.57	9.89*
Hostility	3.32	.49	3.03	.62	8.92*

*p<.001

Table 3: Correlation among all variables

Variable	IS	D	An	H	IHLC	PHLC	CHLC	SE _f	SE _s
IS	1.00								
D	.42**	1.00							
An	.33**	.36**	1.00						
H	.34**	.56**	.14*	1.00					
IHLC	-.35**	-.44**	-.35**	.07	1.00				
PHLC	.24**	.06	.15*	.08	.05	1.00			
CHLC	.04	.06	-.08	.21**	.08	.36**	1.00		
SE _f	.05	.43**	.37**	.26**	.21**	-.11*	-.15*	1.00	
SE _s	.26**	.39**	.39**	.29**	.24**	-.16*	.05	.58**	1.00
M	3.13	3.45	3.58	3.15	4.55	3.38	3.36	8.32	2.83
SD	.72	.76	.80	.62	.79	.69	.65	1.57	.48

*p<.05; **p<.001

IS: Interpersonal Sensitivity; D: Depression; An: Anxiety; H: Hostility; IHLC: Internal Health Locus of Control; PHLC: Powerful other Health Locus of Control; CHLC: Chance Health Locus of Control; SE_f: Self-Efficacy; SE_s: Self-Esteem.

3.2 Correlation between mental health and psychological variables

Correlation analysis was conducted to identify the relationships of psychological variables to the sub dimensions of mental health. Results revealed that all the sub domains of psychological variable were significantly correlated with almost all sub dimensions of mental

health. Among them, IHLC was strongly correlated with ‘depression’($r=-.44$), ‘interpersonal sensitivity’ ($r=-.35$) and ‘anxiety’($r=-.35$). PHLC also had substantial correlations with ‘interpersonal sensitivity’ and ‘anxiety’ ($r=.24$ and $.15$, respectively), meanwhile CHLC was significantly correlated with ‘hostility’($r=.21$). Furthermore, the results indicated that the self efficacy construct was strongly correlated with ‘depression’($r=.43$), ‘anxiety’($r=.37$) and ‘hostility’($r=.26$). In the case of self-esteem, there were significant correlations with ‘depression’, ‘anxiety’ and ‘hostility’, ‘interpersonal sensitivity’ ($r=.39$, $.39$, $.29$ and $.26$, respectively).

4. DISCUSSION

The study identified that Korean bankers in this study had a problem with their mental health. Almost half of bankers experienced depression, anxiety and hostility. It might be possible to explain that such mental health problems are because of too much stress about job, excessive tension with coworkers or senior workers. Many Western studies support this study’s findings. According to Nancarrow (1993), a large volume of workers were concerned with general mental health problems. The findings showed that an estimated 53% of workers were concerned about feeling depressed; 50% were concerned about emotional upsets; and, 48% had negative feeling about themselves or aspects of their life. These findings should provide a fundamental data to promote workers’ mental health in worksite health education.

From the findings, there were significant differences between male and female bankers in all dimensions of mental health problems. Compared with their male counterparts female bankers scored highly in interpersonal sensitivity, depression and anxiety. It is generally recognized that females tend to have an emotional disposition and hence are likely to be sensitive to the common events in everyday life. This result was supported by the findings of McCauley et al. (1999) and Hishinuma et al. (2000), indicating that female workers were more likely to be anxious and depressed than males.

From a large number of previous studies it has been concluded that psychological variables are significantly related to mental health problems and identifying such a relation was a key focus of this study. Regarding a relationship of mental health problems with psychological variables, this study revealed that the three psychological variables had direct effects on almost all of the domains of mental health problems. The results were supported by evidence presented in previous research (Cooper, et al., 1998; Strauss, 2000; Takakura and Sakihara, 2000), and in practical terms reinforced the argument for consideration of psychological

aspects in the development of mental health programs.

On the basis of these findings, this study provides significant information not previously obtained on psychological factors related to Korean workers' mental health problems. In Korea, the field of mental health is just beginning to develop, and there is a lack of research, which describes risk behavior and health psychology. More importantly, the findings of this study suggest that nurses should take a more assertive role in promoting and designing risk reduction interventions congruent with the values and perceptions of Korean workers.

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