ANXIETY AND MENTAL HEALTH OF EMPLOYEES

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ABSTRACT:

 In the present study is an attempt is made to study   the Anxiety and Mental Health of Employees of different Professions selected from Gulbarga District. The sample consists of 200 (of different professions, and gender) employees. The sample was administered with   Anxiety and Mental Health Inventory. And the data were subjected the t-test. The results revealed that anxiety produces differences in mental health of employees and there is a significant difference in Mental Health between the male and female sample.

KEYWORDS : Mental Health, Anxiety , male and female sample.

1. INTRODUCTION:

 Anxiety is a psychological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by tension. It is related to apprehension and fear and is frequently associated with failure, either real or anticipated. It often has to do with inter personal relations and social situations. Feelings of rejection and insecurity are usually a part of anxiety. According to Frost (1970), anxiety is "an uneasiness and feeling of foreboding often found when a person is about to embark on a hazardous venture; it is often accompanied by a strong desire to excel".

 Hence, anxiety state arises from faulty adaptations to the stress and is caused by over actions in an attempt to meet these difficulties.

 Spielberg (1966) has defined anxiety in two terms: trait anxiety and state anxiety. Trait anxiety is a tendency to respond emotionally to a wide range of non-threatening stimuli. It referees to a predisposition to respond with heightened arousal to certain class of stimuli. State anxiety, on the other hand, is the actual feeling of tension and nervousness.

 Health is a state of being that is subject to wide individual social and cultural interpretations and social influences. Recent studies of beliefs about health suggest that people's perception of their own state of health influences how they define health (Cox et al., 1987). Older people are more likely to view health in terms of function and coping; young people frequently definite it in terms of fitness, energy, vitality and strength, emphasizing positive attainment and a healthy lifestyle. A person's age is only one of the many

factors that may influence their definition of health. The health and lifestyle survey (Cox et al., 1987) documented differences in responses between men and women. Younger women tend to link energy and vitality to undertaking household tasks. Whereas   younger men linked energy and fitness to participating in sports.

According to WHO (1974), "Health is not merely the absence of disease, but a state of complete physical, mental, spiritual and social well being. This definition seems to equate health with all round well being. It highlights health as a positive goal rather than just a neutral state of 'no disease' and indicates that this is to be achieved by personal and social change as well as by medical advance. As a definition, it contains almost as many new problems as it tries to solve. Its idealistic, even utopian nature has been commented upon by critics (Seedhouse, 1986).

Health is multi factorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. It is a truism to say that what man is and to what diseases he may fall victim depends on a combination of two sets of factors: his genetic factors and the environmental factors to which he is exposed. These factors interact and these interactions may be health promoting or deleterious. Thus, conceptionally, the health of individuals and whole communities may be considered to be the result of many interactions like heredity, environment, lifestyle, socio-economic conditions, health and family welfare services etc.

Health requires the promotion of healthy lifestyle. In the last 20 years, a considerable body of evidence has accumulated which indicates that there is an association between health and lifestyle of individuals. Many current day health problems especially in the developed countries are associated with lifestyle changes. In developing countries, like India, where traditional lifestyle still persist, risk of illness and death are connected with lack of sanitation, poor nutrition, personal hygiene, elementary human habits, customs and cultural patterns.

Mental health is the balance between all aspects of life social, physical and spiritual. It impacts on how we manage our surrounding and make choice in our lives clearly it is an integral part of overall health.

It is a state of emotional and psychological well being in which an individual is able to use his or her cognitive and emotional capabilities. Functioning in society and meet the ordinary demands of everyday life. Mental health refers to a person's overall emotional and psychological conditions. Mental health is more than the absence of mental illness and has to do with many aspects of our lives like how we feel about ourselves, how we feel about others and how we are able to meet the demands of life.

Occupational therapists work with the mental health population throughout the life span and across many treatment settings where mental health services and psychiatric rehabilitation are provided (AOTA, 2009). Just as with other clients, the OT facilitates maximum independence in activities of daily living (dressing, grooming, etc.) and instrumental activities of daily living (medication management, grocery shopping, etc.). According to the American Occupational Therapy Association, OT improves functional capacity and quality of life for people with mental illness in the areas of employment, education, community living, and home and personal care through the use of real life activities in therapy treatments (AOTA, 2005).

Mental health implies freedom from internal conflict, no consistent tendency to condemn or pity one self, a good capacity to adjust to situation and people, sensitivity to the emotional needs of others, capacity to deal with other individuals with consideration and courtesy and good control over one's own emotions without constantly giving into strong feelings of fear, jealously anger and guilt. Thus mental health is believed to differ from one to another, and from one occupation to another. It is in this context, the present study attempts to study the mental health of employees working in different professions.

2. STATEMENT OF THE PROBLEM:
To study the mental health of employees belonging to two levels of anxiety.

OBJECTIVES:
1. To study the mental health of employees belonging to high and low anxiety groups.
2. To examine the gender differences in mental health of the sample groups.

HYPOTHESES:

1. There is a significant difference in mental health between the employees of high and low anxiety groups.
2. There is a significant gender difference in mental health of the sample.

SAMPLE:

The sample of the study consists of 200 employees of different professions drawn randomly from Gulbarga District. The respondents were administered anxiety test to determine the extent of anxiety, subsequently sample was grouped into high and low anxiety on which mental health inventory was administered to determine the status. Thus the sample was matched for anxiety and gender.

TOOLS:

1. **Personal Data Schedule:** This data schedule includes   name, profession and gender, etc. of the respondent.
2. **Sinha' Comprehensive Anxiety test**: Sinha's anxiety test is concerned to one's behavior or emperament. There are 90 statements with two alternate responses 'YES' & 'NO'. Anxiety is assessed referring manual of the scale. The one who scores high is described as having high anxiety and vice versa.

3.   Mental Health Inventory:

This inventory is developed by Jagdish and Srivastava (1988) which is consisting of 56 items distributed along 6 dimensions. They are PSE, POR, IOP, AUT, GOA, EM and TMH, and 4 response categories always, often, rarely and never. The scoring is done with the help of scoring key. The higher score indicate the higher mental health and vice versa. The reliability of the inventory has been found to be 0.75 which is significant.

3. RESULT AND DISCUSSION:

The major objective of the present study has been to examine the mental health of employees with two levels of anxiety. The sample was administered with anxiety and mental health and data were subjected to t-test. Results are given in tables.

Table – 1
Showing Means, SDs and t-value of mental health of employees in two levels of anxiety   (N = 200)

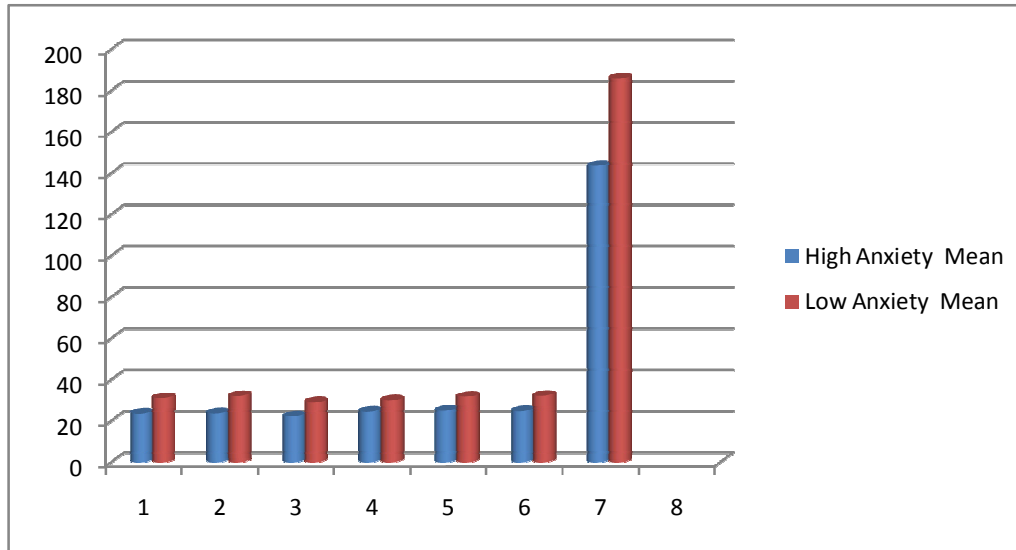| Anxiety		PSE	POR	IOP	AUT	GOA	EM	TMH
High Anxiety	Mean	23.6	23.7	22.14	24.5	24.9	24.7	143.54
	SD	3.4	2.08	3.4	3.6	4.01	4.18	20.67
Low Anxiety	Mean	31.08	32.01	29.04	29.9	31.65	32.11	185.79
	SD	4.17	4.6	4.9	3.94	4.69	4.8	27.1
t-value		14.11**	13.62**	9.71**	10.18**	11.06**	11.76**	12.42**

** Significant at 0.01 level

Graph-1 Mental health of employees in two levels of anxiety

Table -1 gives the scores which indicate that employees with high anxiety have lower total mental health (143.54) as high anxiety lead to disturbance and lack of concentration in work and the mental health scores are low. Employees with low anxiety have higher total mental health (185.79). The t-value of 12.42 is significant, which speaks that there is a significant difference between high and low anxiety groups in mental health. Thus high anxiety decreases mental health status of the sample. Similarly, in other dimensions, anxiety produced significant differences in mental health as all the t-values are significant at 0.01 level. Anxiety therefore is a factor, determining the amount of mental health of employee sample.Graph-1 high lights the same things.

Table No.2
Showing Means, SDs and t-values of Mental Health of Male and
Female Sample (N=200)

Gender		PSE	POR	IOP	AUT	GOA	EM	TMH
Male	Mean	29.14	25.4	31.45	20.16	31.9	29.67	167.72
	SD	3.05	3.4	4.11	3.22	3.74	4.01	21.53

Female	Mean	23.19	27.18	27.6	26.72	25.6	31.83	162.22
	SD	3.76	3.69	4.01	4.6	4.11	3.9	24.07

t-value		PSE	POR	IOP	AUT	GOA	EM	TMH
t-value		2.80**	3.41**	6.75**	11.71**	11.45**	4.11**	1.71

** Significant at 0.01 level

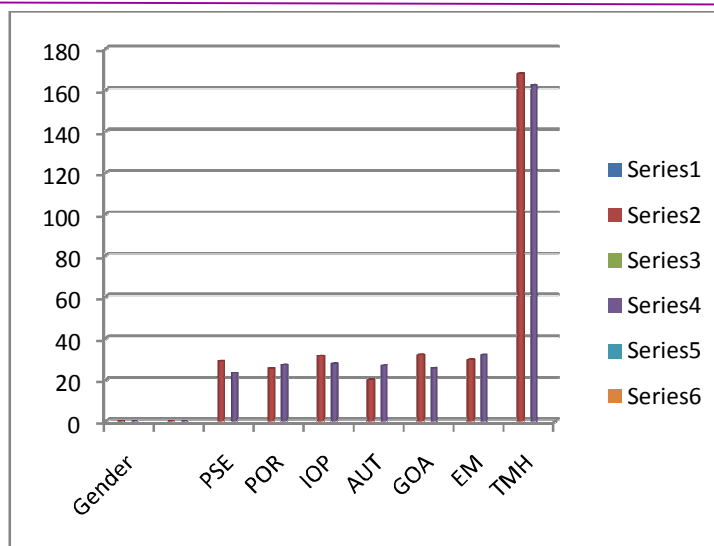**Graph-2 Mental Health of Male and Female sample**

Table-2 clearly reveals that males have better total mental health (167.72) while females have lower mental health (162.22). The male sample has higher scores than female sample. The t-value is 1.71 which is not significant. This reveals that there is no significant difference between male and female sample with regard to total mental health. However, males have significantly higher mental health in the dimensions of PSE, IOP, and GOA while females have significantly higher mental health in the remaining areas, as the t-values on these dimensions are significant. Hence, the results clearly speak of significance of gender differences in all dimensions mental health. Graph -2 depict the same things.

CONCLUSIONS:
1. There is a significant difference in mental health of the employees belonging to two groups of anxiety: low anxiety employees have displayed higher mental health than the high anxiety employees.
2. There is a significant gender difference in mental health.

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