ACU Sağlık Bil Derg 2019; 10(4):668-675
https://doi.org/10.31067/0.2019.218

ARAŞTIRMA YAZISI / ORIGINAL ARTICLE

The Mental Health Status and Quality of Life of Midwives and Nurses Working in Primary Health Care Services

Nurdan Kaya[1], **Nuran Guler**[2]

[1]Ondokuz Mayıs University Faculty of Health Sciences, Midwifery, Samsun, Turkey
[2]Sivas Cumhuriyet Unıversity Faculty of Health Sciences, Nursing, Sivas, Turkey

Nurdan Kaya, Lecturer
Nuran Guler, Prof. Dr.

Correspondence:
Lecturer Nurdan Kaya
Ondokuz Mayıs University Faculty of Health Sciences, Midwifery, Samsun, Turkey
Phone: +90 362 312 19 19
E-mail: nrdn.kaya@windowslive.com

Received : November 07, 2017
Revised : March 18, 2018
Accepted : March 21, 2018

ABSTRACT

Purpose: The aim of this research was to determine the mental health status and quality of life of midwives and nurses working in primary health care services in Sivas city center.

Methods: This research was done as a cross-sectional type. The universe of the research consists of a total of 187 nurses and midwives working in primary health care services in Sivas city center. In this study, no sample selection was made from the total population. In this study, we reached to 133 (71%) midwives and nurses who accepted to participate in the study. As data collection methods: Personal Information Form, the General Health Questionnaire-28 (GHQ-28) and the Turkish World Health Organization Quality of Life Questionnaire-Short Form were used. In the assessment, statistical tests including the significance test between the difference of two averages, analysis of variance, Tukey's test and chi-square test have been used and the margin of error was taken as 0.05.

Results: The average age of midwives and nurses was 32.54±5.55. According to the General Health Questionnaire (GHQ-28), 21.1% of the employees were found to be at a high risk of having psychological problems. Employees' quality of life domain scores were found to be 16.53±2.16 for the physical area, 14.42±1.71 for the psychological area, 14.51±2.03 for the social area, 14.27±1.69 for the environmental area and 12.36±0.95 for the national area.

Conclusion: According to these findings, general quality of life of the employees was found in the middle level, the average score for physical area at the highest level, and the average score for the national area at the lowest level. According to GSA-28, it is statistically significant that the life quality of employees who are considered as risky in terms of mental health. As a result, there was a significant positive relationship between mental health status, and quality of life of midwives and nurses. Employees who are mentally healthy, their quality of life was found to be better than the others.

Keywords: Primary health care, midwife, nurse, mental health, quality of life

BİRİNCİ BASAMAK SAĞLIK HİZMETLERİNDE ÇALIŞAN HEMŞİRELERİN VE HEMŞİRELERİN RUH SAĞLIĞI VE YAŞAM KALİTELERİ

ÖZET

Amaç: Bu araştırmanın amacı, Sivas il merkezinde birinci basamak sağlık hizmetlerinde çalışan ebe ve hemşirelerin ruhsal sağlık durumlarını ve yaşam kalitelerini belirlemektir.

Yöntem: Bu araştırma kesitsel tipte yapılmıştır. Araştırmanın evrenini Sivas il merkezinde bulunan birinci basamak sağlık kuruluşunda çalışan 187 ebe ve hemşire oluşturmuştur. Araştırmada örneklem seçimine gidilmemiştir. Araştırmayı kabul eden 133 (%71) ebe ve hemşire araştırmanın örneklemini oluşturmuştur. Veri toplama aracı olarak, Kişisel Bilgi Formu, Genel Sağlık Anketi-28 (GSA-28) ve Türkçe Dünya Sağlık Örgütü Yaşam Kalitesi Ölçeği-Kısa Formu kullanılmıştır. Verilerin istatistiksel değerlendirmesinde iki ortalama arasındaki farkın önemlilik testi, varyans analizi, Tukey Testi ve Ki-kare Testi kullanılmış ve yanılma düzeyi 0,05 olarak alınmıştır.

Bulgular: Ebe ve hemşirelerin yaş ortalaması 32,54±5,55'dir. Genel Sağlık Anketine (GSA-28) göre çalışanların %21,1'inin ruhsal sorunlar yönünden riskli olduğu saptanmıştır. Çalışanların yaşam kalitesi alan puanları bedensel alan için 16,53±2,16, ruhsal alan için 14,42±1,71, sosyal alan için 14,51±2,03, çevresel alan için 14,27±1,69 ve ulusal alan için 12,36±0,95 olarak belirlenmiştir.

Sonuç: Bu bulgulara göre ebe ve hemşirelerin genel olarak yaşam kalitesi orta düzeyde ve bedensel alan puan ortalaması en yüksek, ulusal alan puan ortalaması en düşük olarak saptanmıştır. GSA-28 göre ruh sağlığı açısından riskli kabul edilen çalışanların yaşam kalitelerinin daha düşük olduğu istatistiksel yönden anlamlı bulunmuştur. Sonuç olarak, ebe ve hemşirelerin ruh sağlığı durumu ile yaşam kalitesi arasında anlamlı bir pozitif ilişki vardı. Ruhsal sağlığı iyi olan çalışanların, yaşam kaliteleri de daha yüksektir.

Anahtar sözcükler: Birinci basamak sağlık hizmetleri, ebe, hemşire, ruh sağlığı, yaşam kalitesi

As working provides the individuals with a status in the society and is beneficial economically, it occupies an important place in human's life. Safe and healthy workplace ensures the continuance of the work, enhances the quality of life (QOL) of the employees and influences the service sector in a positive manner via preventing the occupational accidents (1, 2). On the other hand, unsafe and unhealthy working environment causes a decrease in the productivity of the employees due to the increase in the absenteeism at work, boosts the occupational accidents which in turn result in the outbreak of economic losses of the institution (3, 4).

When working environment differs from one sector to the others, healthcare professionals, besides the risks confronted by the employees of other sectors, face different risks based on the quality and quantity of the service given (5). Especially, the primary healthcare professionals confront with risks endemic to the primary level in both their usual working environment and in the fieldwork (6). As the primary healthcare professionals visit homes, the risks they might encounter either at homes or on the streets are diversified in a broad spectrum such as harassment, stray animals, safety, violence and stress (7). Moreover, as a result of the family medicine system, year 2003 put in practice, under the Health Transformation Program in Turkey, especially the anonymization of midwives and nurses as family health staff, missing job descriptions, undertaking a lot of tasks and responsibilities; therefore, most of them have to be working on contract/as contract employees which causes them to have more stress than usual. This situation results in an increase in the workload and a decrease in the probability of providing a quality health service (8). These stressful situations originating from the workplace affect both the mental health of the employees and their QOL negatively (9).

However, QOL should be high for the employees to do their responsibilities (10). In current studies, employees' quality of life and mental state are assessed separately, but there was no study investigating mental state and quality of life together (3, 4, 10). It has been considered that there is a relation between QOL of the employees and their mental health situation and that the quality of their service might be affected by this relation. Determining the mental conditions and quality of life of midwives and nurses working in the health services is of a great importance and priority in terms of directly affecting the quality of care in health services.

Methods

Research design

This type of study is a cross-sectional research. This study has been conducted to determine the mental health situation and QOL of the primary healthcare professionals.

Setting and samples

The research was conducted on 29 family health centers linked to the primary healthcare institutions in Sivas, Turkey. In these centers, the midwives and nurses are called as family health staff and do the same duties and carry out the same responsibilities. The target population of this research consists of 68 nurses and 119 midwives (in a total of 187 employees) working in these centers. All of the target population is included in the sample. 38 (71%) participants who voluntarily accepted to participate in the survey were sampled.

Ethical considerations

Prior to conducting the research, ethical approvals were obtained from Cumhuriyet University Faculty of Medicine Clinical Research Ethics Committee (approval numbers: 2012-05/01 dated: 08.05.2012) and Ministry of Health Sivas Public Health Institution (approval numbers: B.10.1.HSK.4.58.03.00-2183 dated: 23.05.2012). The informed consent forms have been signed by the participants of the research.

Instrument/materials

The data of the research were collected via personal information form, General Health Questionnaire-28 (GHQ-28) and World Health Organization Quality of Life short-form scale (WHOQOL-Bref). The researcher has handed out the tools/materials of this study, she stayed in the targeted institution until all the questions were answered, then she collected them after making sure that all the questions were answered completely as a whole.

Personal Information Form: The form consists of 22 questions in total of which there are 10 questions concerning the socio-demographic characteristics (The institution where s/he works, profession, educational status, etc.) of the employees and 12 questions about work-life (The term of employment, average monthly income, etc.).

General Health Questionnaire-28: GHQ-28 has been developed by Goldberg (11) to determine the common acute mental illnesses. The scale, of which validity and reliability study for Turkey conducted by Kılıç (12) has been used for psychiatric diagnosis. While the scale may

confidently be used for diagnosing the non-psychotic depression and anxiety symptoms, it is not recommended for psychotic and manic patients and for determining chronic mental illnesses. The scale has different types including 12, 28, 30 and 60 questions. Each question queries the symptoms of a couple of weeks and has 4 closed-ended answers (never happens, as usual, more than usual, frequently). The evaluation of the scale is in the form of 4 points Likert scale. In the grading, GHQ-28 type method has been used. According to this, the first two columns are scored as 0 point and the last two are 1 point. The ones getting more than "5" points are defined as individuals with a mental disorder (anxiety and depression). The reliability factor of the scale is 0.73 (12). In this study, it has been found as 0.69.

World Health Organization Quality of Life Short Form: WHOQOL-Bref scale developed by the World Health Organization is composed of 26 questions where life quality is interrogated in a general manner (13). The study on the validity and reliability of the scale in Turkey has been conducted by Fidaner et al. (14) WHOQOL-Bref-TR version contains 27 questions with one more national question, added during the validity studies conducted in Turkey. The scale consists of physical, mental, social, environmental and national environment sections. In the calculations of the scale, 4–20 points have been used. The higher the point obtained from the scale, the better the quality of life. The reliability constants of the scale for physical, mental, social, environmental and national subfields are 0.83, 0.66, 0.53, 0.73 and 0.73, respectively (14). In this study we have found 0.73, 0.70, 0.69, 0.71 and 0.70, respectively.

Data collection

The researcher talked face-to-face with nurses and midwives/(interviewed) who accepted to participate after they were informed about the study. The study was conducted from June 15th to September 15th, 2012.

Data analysis

The data obtained have been imported to SPSS 14.0 software program and for a statistical analysis of the data, the significance test of the difference between two averages, analysis of variance, Tukey's test and chi-square test have been used and the margin of the error is taken as 0.05.

Results

In this study, 69.2% of the participants are midwives and 30.8% are nurses. The average age of the employees is 32.54±5.55 and 42.1% of which have bachelor's degree, 56.4% of which are tenured, 33.1% of which have been working for 13–18 years and 85.7% of which have been working in the same institution for 1–5 years. The distribution of the GHQ-28 averages according to the descriptive characteristics of the employees is given in Table 1. It has been determined that between the age, educational background, marital status and economic status of the employees and GHQ-28 averages, there is not a meaningful difference (p>0.05).

Table 1. Distribution of averages GHQ-28 scores according to descriptive characteristics of the midwife and nurses (N= 133)

	GHQ-28 scores			
Characteristics	***5 points below n(%)***	***5 points and above n(%)***	***Total n(%)***	***Statistical Analysis X^2/p***
Age group (year)				
19-25	13(92.9)	1(7.1)	14(100)	
26-32	34(73.9)	12(26.1)	46(100)	2.45/0.484
33-39	52(80.0)	13(20.0)	65(100)	
40 years and above	6(75.0)	2(25.0)	8(100)	
Educational Status				
Health vocational high school	13(68.4)	6(31.6)	19(100)	
Pre-license	43(76.8)	13(23.2)	56(100)	2.49/0.476
License	44(84.6)	8(15.4)	52(100)	
MSc/PhD	5(83.3)	1(16.7)	6(100)	
Marital status				
Married	86(76.8)	26(23.2)	112(100)	1.99/0.158
Single	19(90.5)	2(9.5)	21(100)	
Economic status				
Good	48(75.0)	16(25.0)	64(100)	1.15/0.282
Moderate	57(82.6)	12(17.4)	69(100)	

X^2, Chi-Square test.

The distribution of the GHQ-28 averages depending on the work-life features of the employees is given in Table 2. It has been determined from the statistical analysis that there is not a meaningful difference between the working period of the employees in the same position and in the same institution and the level of gratification obtained from work (p>0.05). However, there is a meaningful difference between the GHQ-28 averages and the working style of the contract employees (p<0.05). Contractual working as midwives and nurses, compared with permanent employees are at risk for mental health. The distribution of averages QOL scores with descriptive characteristics of the employees is given in Table 3. It has been found that while there is not a meaningful difference between the age, education

Table 2. The distribution of the GHQ-28 averages according to the work life features of the midwife and nurses (N= 133)

Characteristics	*GHQ-28 scores*			
	5 points below n(%)	*5 points and above n(%)*	*Total n(%)*	*Statistical Analysis X2/p*
Profession				
Midwife	69(75.0)	23(25.0)	92(100)	2.79/0.094
Nurse	36(87.8)	5(12.2)	41(100)	
Working style				
Permanent	65(86.7)	10(13.3)	75(100)	
Contract	39(69.6)	17(30.4)	56(100)	6.61/0.037*
Other	1(50.0)	1(50.0)	2(100)	
Years in Profession				
1-6 years	32(86.5)	5(13.5)	37(100)	
7-12 years	24(80.0)	6(20.0)	30(100)	
13-18 years	32(72.7)	12(27.3)	44(100)	2.36/0.670
19-24 years	14(77.8)	4(22.2)	18(100)	
25 years and above	3(75.0)	1(25.0)	4(100)	
Years in Institution				
1-5 year	88(77.2)	26(22.8)	114(100)	
6-10 year	11(84.6)	2(15.4)	13(100)	2.06/0.357
11 year and above	6(100)	0(0.0)	6(100)	
Job Satisfaction Status				
Satisfied	87(80.6)	21(19.4)	108(100)	0.89/0.344
Unsatisfied	18(72.0)	7(28.0)	25(100)	

X², Chi-Square test; *p<0.05.

Table 3. The distribution of averages QOL scores according to descriptive characteristics of the midwife and nurses (N= 133)

Characteristics	*Subfields of QOL*				
	Physical M±SD	*Mental M±SD*	*Social M±SD*	*Environmental M±SD*	*National M±SD*
Age group (year)					
19-25 (n=14)	17.92± 1.26	16.14±1.70	15.35±2.13	15.50±1.95	12.78±0.80
26-32 (n=46)	16.21±1.96	14.19±1.48	14.15±1.78	14.21±1.77	12.26±0.61
33-39 (n=65)	16.44±2.38	14.18±1.71	14.58±2.18	14.01±1.50	12.14±0.68
40 years and above (n=8)	16.62±1.92	14.62±1.50	14.50±1.69	14.50±1.60	13.25±2.81
Statistical Analysis	KW=9.00 p=0.029*	KW=13.28 p=0.004**	KW=4.83 p=0.185	KW=6.97 p=0.073	KW=5.70 p=0.127
Educational Status					
Health vocational high school(n=19)	16.42±2.09	14.52±2.34	14.36±1.70	14.36±1.46	12.31±0.58
Pre-license (n=56)	16.82±2.45	14.37±1.78	14.66±2.41	14.35±1.82	12.46±1.27
License (n=52)	16.48±1.75	14.46±1.42	14.48±1.73	14.10±1.71	12.28±0.66
MSc/PhD (n=8)	14.66±2.25	14.16±1.47	13.80±1.72	14.50±1.22	12.33±0.51
Statistical Analysis	KW=6.70 p=0.082	KW=0.27 p=0.096	KW=2.09 p=0.055	KW=0.25 p=0.096	KW=0.25 p=0.096
Marital status					
Married (n=112)	16.38±2.23	14.17±1.66	14.57±2.00	14.17±1.59	12.34±0.97
Single (n=21)	17.33±1.52	15.71±1.38	14.19±2.20	15.09±1.99	12.47±0.87
Statistical Analysis	p=0.066	P=0.001*	p=0.199	p=0.011*	p=0.216
Economic status					
Good (n=64)	16.70±2.11	14.56±1.51	14.62±2.11	14.68±1.87	12.53±1.19
Moderate (n=69)	16.37±2.21	14.28±1.88	14.40±1.96	13.88±1.41	12.21±0.63
Statistical Analysis	t=0.869 p=0.387	t=0.915 p=0.362	t=0.620 p=0.536	t=2.79 p=0.006**	t=1.984 p=0.049*

KW: Kruskal Wallis test, **t:** independent samples test, * p<0.05, ** p<0.01.

level, marital status of the employees and average QOL scores, there is a meaningful difference between the economic status and average QOL scores (p<0.05). Midwives and nurses between the ages of 19–25 were found to have higher scores on physical and mental field scores than the other age groups. Single midwives and nurses' mental and environmental domain scores were found to be higher. Midwives and nurses with good economic status have higher environmental and national average field scores.

The distribution of average QOL scores with respect to the work-life of the employees is given in Table 4. It has been found that there is not a meaningful difference between the term of employment of the employees in the same institution and in the same position and average QOL scores (p>0.05). It has been determined that there is a difference between work satisfaction and average QOL scores (p<0.05) The average score of the nurses' environmental domain scores was higher compared with midwives. 11 years and over in the institution of employees, the average social point scores were found higher. Employees who are satisfied with their jobs are found to have higher average scores for physical and national. The distribution of QOL averages with respect to the GHQ-28 averages of the employees is given in Table 5. Examining the table, it has been found that the difference between GHQ-28

Table 4. The distribution of the averages QOL scores according to the work life of the midwife and nurses (N= 133)

Characteristics	*Subfields of QOL*				
	Physical M±SD	***Mental M±SD***	***Social M±SD***	***Environmental M±SD***	***National M±SD***
Profession					
Midwife (n=92)	16.65±2.19	14.31±1.71	14.41±1.96	14.05±1.67	12.31±1.06
Nurse (n=41)	16.26±2.09	14.65±1.71	14.35±2.19	14.75±1.67	12.48±0.63
Total (n=133)	16.53±2.16	14.42±1.71	14.51±2.03	14.27±1.69	12.36±0.95
Statistical Analysis	t=0.94 p=0.346	t=1.06 p=0.288	t=0.83 p=0.406	t=2.23 p=0.027*	t=0.960 p=0.339
Working style					
Permanent (n=75)	16.73±2.10	14.58±1.62	14.58±1.82	14.20±1.72	12.28±0.76
Contract (n=56)	16.26±2.21	14.23±1.81	14.46±2.31	14.39±1.69	12.50±1.71
Other (n=2)	16.50±3.53	13.50±2.12	13.00±0.00	13.50±0.70	12.00 ±0.00
Statistical Analysis	KW=1.752 p=0.416	KW=1.135 p=0.567	KW=1.382 p=0.501	KW=0.741 p=0.690	KW=0.897 p=0.639
Years in profession					
1-6 years (n=37)	16.92±1.78	15.02±1.89	16.67±2.00	14.67±2.06	12.48±0.76
7-12 years (n=30)	16.00±1.92	13.96±1.60	14.13±1.71	13.90±1.39	12.20±0.55
13-18 years (n=44)	16.45±2.21	14.18±1.46	14.65±2.14	14.22±1.61	12.22±0.71
19-24 years (n=18)	16.66±3.10	14.50±1.85	14.50±2.28	14.16±1.38	12.77±1.89
25 years and above (n=4)	16.75±1.25	14.50±1.91	14.25±2.21	14.25±2.21	12.25±0.95
Statistical Analysis	KW=4.99 p=0.288	KW=8.55 p=0.073	KW=2.80 p=0.591	KW=4.77 p=0.312	KW=4.48 p=0.345
Years in institution					
1-5 years (n=114)	16.52±2.13	14.35±1.77	14.35±2.01	14.71±1.71	12.34±1.00
6-10 years (n=13)	16.07±2.59	14.53±1.23	15.07±2.21	14.84±1.57	12.53±0.66
11 years and above (n=6)	17.66±1.50	15.30±1.03	16.16±0.75	14.83±1.47	12.50±0.54
Statistical Analysis	KW=1.56 p=0.458	KW=2.56 p=0.279	KW=7.04 p=0.030*	KW=2.28 p=0.320	KW=1.69 p=0.428
Job Satisfaction Status					
Satisfied (n=108)	16.65±2.10	14.50±1.65	14.69±1.96	14.51±1.54	12.46±0.97
Unsatisfied (n=25)	16.00±2.38	14.04±1.94	13.72±2.15	13.20±1.91	11.96±0.78
Statistical Analysis	p=0.015*	p=0.167	p=0.344	p=0.052	p=0.001**

KW, Kruskal Wallis test; t, independent samples test; * p<0.05, ** p<0.01.

Table 5. The distribution of averages QOL scores according to the averages GHQ -28 scores of the midwife and nurses (N= 133)

	Subfields of QOL				
GHQ-28	***Physical M±SD***	***Mental M±SD***	***Social M±SD***	***Environmental M±SD***	***National M±SD***
5 points below (n=105)	16.98±1.72	14.82±1.52	14.82±1.96	14.43±1.73	12.38±0.71
5 points and above (n=28)	14.85±2.78	12.89±1.54	13.32±1.84	13.64±1.39	12.32±1.58
Statistical Analysis	p=0.025*	p<0.001	p<0.001	p<0.001	p=0.007**

* p<0.05, **p<0.01.

averages, the averages from QOL and subfields to be statistically meaningful/significant ($p<0.05$).

Discussion

In this study, 25% of the midwives and 12.2% of the nurses, resulting in/consisting a total of one-fifth of the staff (21.1%), are determined/found to be risky in the aspect of mental health. In a variety of studies conducted in Turkey, 5.2–52.9% of the nurses are found to be risky with regard to mental health (4, 15–17). In a study conducted in Brazil 43.3% (18), in Portuguese 42.6% (19) of the primary health care professionals are stated to have mental problems. In Egypt, 21.6% (20) of the nurses working in a variety of health institutions and in Iran 45.4% (21) of the nurses working in hospitals are identified to have mental problems. It has been observed that the results of the studies that conducted both in Turkey and abroad are diversified in a large spectrum. The reason for this might be due to the different conditions in workplaces of nurses and midwives from different countries and the differences in their personal characteristics. The higher percentages of the midwives being riskier in terms of mental health might be because besides their own responsibilities they also carry out the duties of the nurses and do other tasks assigned to them. In this study, it has been found that contract employees are riskier compared to the tenured staff (Table 2). This might be due to the low incomes of contract employees, not having social security and union rights. Despite not having a meaningful statistical difference, the graduates of medical-vocational high school are determined to be riskier in terms of mental health (Table 1). In studies conducted in Turkey, it has been observed that nurses who graduated from medical vocational high school are more likely to have mental problems (4, 17). In the literature, it has been emphasized that having a higher education level affects the mental health status positively (22, 23). The study indicates that the staff members who worked 13–18 years in the same position and 1–5 years in the same institution are riskier in the aspect of mental health (4, 17). In a study conducted in Egypt, it has been demonstrated that the less the term of employment of the nurses, the more likely they are to have mental problems (20). However, a study conducted in Iran states that there is not a meaningful relationship between the term of employment of the nurses and their mental problems (21). The reason for this might be because the staff working 1–5 years may not be able to adapt sufficiently to the dynamics of the institution.

Although there is not a meaningful statistical difference, it has been determined that the employees who are not satisfied with their job are riskier in terms of mental health (Table 2). According to a study, employees not pleased with the job they are doing have more problems with mental health (4). In the study, a meaningful statistical difference has not been found when the age, marital status, having children, family structure and economic status are compared with GHQ results ($p>0.05$). It has been found that the employees at the age of 26–32 are risky in terms of mental health (Table 1). In different studies, the nurses at the age of 23–34 are found to have higher percentages for having mental problems (4, 16). Findings show similarities with other studies. The reason for mental problems at the age of 26–32 to be more common might be because most of them/the nurses are bachelors and as they have been working less than 5 years in the institution, they may not be able to adapt to working conditions and develop efficient solutions to possible problems.

The study indicates that married staff is under the risk of having mental problems (Table 1). In a study conducted with the married nurses working in public hospitals, it has been found that they have more mental health problems (16, 17). In Iran, it has been reported that married nurses have more mental problems compared to single ones (21). Results show similarities with the findings of this/our study. The reason for the married employees to be riskier with regard to/concerning mental health might be the stress due to the increased responsibilities after getting married.

When the age, education level, marital status and economic status of the employees are compared with their QOL averages, a statistically meaningful difference is not observed ($p>0.05$). According to QOL scale, it has been found that they get the highest point from the physical section ($p>0.05$) (Table 4). In most of the other studies, it has been observed that the employees get the highest points from physical functioning sections (24–27). Healthcare professionals working in a variety of health institutions are found to have an average point of 14.53 ± 2.99 from the social subfields, subfields QOL, which is higher than other subfields (28).

When the marital status of the employees and the average point obtained from QOL are compared, it has been observed that single personnel have higher averages in mental and environmental subfields compared to the married ones and that there is a statistically meaningful difference ($p<.05$) (Table 3). In a study conducted in a hospital, the average points obtained from social subfields obtained by the married healthcare professionals are found to be higher

and the difference is found to be statistically meaningful (29). In a study in India, the social subfields averages of the married staff are found to be higher and the difference is found to be statistically meaningful (25). The findings of the study indicate that there are differences with the findings of the existing ones (29). In the study, observing less mental problems at single staff (Table 1) supports the findings in its own right. With marriages, the family affairs increase and the individuals gain new roles and responsibilities. It might be right to say that the stress due to the gained roles and responsibilities decreases the averages in mental and environmental subfields.

When the economic status of the employees was compared with the average QOL scores, it has been observed that the ones having better economic status get higher averages from environmental and national subfields ($p<0.05$). In a study conducted on nurses in India, it has been determined that the better the economic status of the employees, the higher the averages from physical, mental, social and environmental subfields and the difference in between them is found to be statistically meaningful (25). The findings show similarities both in our country and abroad. The reason for higher QOL subfield averages with better economic status might be due to the ease in the fulfilment of the needs, the convenience to live in better environments and the increase in the intellectual level.

It has been found that the tenured staff in an institution gets higher averages from physical, mental and social subfields (Table 4). Observing less mental problems in tenured staff (Table 2) supports this finding on its own right. One might conclude that contract employment might reveal mental health problems and also decreases the QOL of the employees due to job insecurity.

1–6 years employees are found to have higher averages from physical, social and environmental subfields (Table 4). In a study conducted in variety of institutions, it has been determined that the less the term of employment, the higher the mental subfields averages (28). In Brazil, it has been determined that the social field averages of the primary healthcare professionals increase with the increasing term of employment. In a study conducted in India, the social subfields averages of the nurses with 10 years or more of work experience are found to be higher (25). While the findings show similarities in the studies conducted in our country, there is no correlation with the ones conducted abroad. This might be because of the differences in work environments.

When the term of employment of the employees in the institution and QOL averages are compared, it has been found that the ones with 11 years or more work experience get higher averages from the social field and the difference in between is found to be statistically meaningful ($p<0.05$) (Table 4). In a study conducted in India, the social subfield averages of the nurses working in the same department for 5 years or more are found to be higher and the difference is determined to be meaningful (25). The study bears a resemblance to the findings of Jose and Bhat (24). Observing no mental health problems (0.0%) among the employees with 11 years or more work experience supports this finding in its own right. The reason for higher averages on social subfields of the nurses with 11 years or more work experience might be because they have a better adaptation to their work environment and better communication skills with other employees.

When the satisfaction of the employees with their positions are compared with QOL averages, the physical and national averages of the pleased employees are found to be higher and the difference is determined to be statistically meaningful ($p<0.05$) (Table 4). In a study conducted in a hospital, higher average QOL scores of the nurses who appreciate their position are found to be statistically meaningful (30). The results demonstrate similarities with the findings of this study. The reason behind the higher life quality subfield averages of the employees who appreciate their position might be because they are more satisfied with their work environments.

In this study, physical, mental, environmental and national subfield average QOL scores of the employees who accepted to hang by a thread of having mental problems according to GHQ results are found to be lower and the difference is determined to be statistically meaningful ($p<0.05$) (Table 5). Risky employees in terms of mental health are found to have low QOL, and this result might be due to the negative effects of mental health on QOL.

Conclusion

One-fifth of the workers are found to be at risk in terms of having mental problems. contract employees are found to be more at risk compared to the tenured staff. The QOL of the employees is found to be at a moderate level. The economic status and work satisfaction are determined to be the key factors affecting QOL of the employees. In conclusion, to be able to determine the problems of the employees, midwives and contract healthcare professionals should be prioritized in scanning programs.

References

1. WHO. The role of the occupational health nurse in workplace health management [internet]. Copenhagen: World Health Organization (WHO); 2001 [cited 2012 Sep 20]. Available from: http://www.who.int/occupational_health/regions/en/oeheurnursing.pdf
2. Meydanlioglu A. Health and safety of health care workers. Balıkesir Health Sci J 2013;2:192–9. [CrossRef]
3. Froneberg B. National and international response to occupational hazards in the healthcare sector. Ann New York Acad Sci 2006;1076:607–14. [CrossRef]
4. Yilmaz S, Hacihasanoğlu R, Çiçek Z. The analysis of the general psychological conditions of nurses. Contin Med Educ J 2006;15:92–7. Available from: http://www.ttb.org.tr/STED/2006/haziran/hemsire.pdf
5. Chirdan OO, Akosu JT, Ejembi CL, Bassi AP, Zoakah AI. Perceptions of working conditions amongst health workers in state-owned facilities in northeastern Nigeria. Ann Afr Med 2009;8:243–9. [CrossRef]
6. Brambilla A, Maciocco G. The primary healthcare centres. Recenti Prog Med 2014;105:147–50. [CrossRef] https://doi.org/10.1701/1459.16123
7. Kendra MA, George VD. Defining Risk in Home Visiting. Public Health Nurs 2001;18:128–37. [CrossRef]
8. Sönmez MO, Sevindik F. The effect of transformatıon in health on health personnel: to be family health personnel. TAF Prev Med Bull 2013;12:43–8. [CrossRef]
9. WHO. Mental health atlas [internet]. Geneva: World Health Organization (WHO); 2005 [cited 2012 Feb 15]. Available from: http://www.who.int/mental_health/evidence/atlas/global_results.pdf?ua=1
10. Gülmez H. Factors that affecting quality of life of employees. Turkish J Fam Med Prim Care (TJFMPC) 2013;7:74–82. Available from: https://www.ejmanager.com/mnstemps/29/29-1369124324.pdf
11. Goldberg DP, Blackwell B. Psychiatric illness in general practice: A detailed study using a new method of case identification. British Med J 1970;2:438–43. [CrossRef]
12. Kılıç C. General health questionnaire: validity and reliability study. Turk J Psychiatr 1996;7:3–9.
13. WHO. WHOQOL Measuring quality of life. Geneva: (WHO), 1997 [cited 2012 Apr 10]. Available from: http://www.who.int/mental_health/media/68.pdf
14. Fidaner H, Elbi H, Fidaner C, Eser SY, E Eser, E Göker. Measuring quality of life, WHOQOL-100 and WHOQOL-BREF. J Psychiatr Psychol Psychopharmacol 1999;7:5–13.
15. Gunaydin N. The quality of sleep and effects on general mental health of nurses who works in a state hospital. J Psychiatr Nurs 2014;5:33–40. [CrossRef]
16. Kılıç M, Çetinkaya F. The Status of Health Problems and Affecting Factors Among the Health Workers in Yozgat Provincial Center. Erciyes University J Health Sci 2011;20:184–94. Available from: https://dergipark.org.tr/tr/download/article-file/693154
17. Özgür G, Babacan AG, Gürdağ Ş. Investigation of psychiatric symptoms in nurses working in a hospital. Düşünen Adam 2011;24:296–305. [CrossRef]
18. Braga LC, Carvalho LR, Binder MC. Working conditions and common mental disorders among primary health care workers from Botucatu. Cien Saude Colet 2010;1:1585–96. [CrossRef]
19. Silva AT, Menezes PR. Burnout syndrome and common mental disorders among community-based health agents. Rev Saude Publica 2008;42:921–9. [CrossRef]
20. Arafa MA, Nazel MW, Ibrahim NK, Attia A. Predictors of psychological well-being of nurses in Alexandria, Egypt. Int J Nurs Pract 2003;9:313–20. [CrossRef]
21. Ardekani ZZ, Kakooei H, Ayattollahi SM, Choobineh A, Seraji GN. Prevalence of mental disorders among shift work hospital nurses in Shiraz, Iran. Pakistan J Biol Sci 2008;11:1605–9. [CrossRef]
22. Kılıç C. Turkey mental health profile report. Ankara: Ministry of Health General Directorate of Primary Health Care Services; 1998.
23. Guler N, Kuzu F. The health-related quality of life of the health professionals working in the primary healthcare centers and its correlation with selected sociodemographic factors in Sivas, a central anatolian city. Sci Res Essays 2009;4:1547–52.
24. Jose TT, Bhat SM. A descriptive study on quality of life of nurses working in selected hospitals of Udupı And Mangalore Districts Karnataka, India. Nitte University J Health Sci 2014;4:4–11. Available from: http://nitte.edu.in/journal/June2014/4-11.pdf
25. Suñer-Soler R, Grau-Martín A, Font-Mayolas S, Gras ME, Bertran C, Sullman MJ. Burnout and quality of life among Spanish healthcare personnel. J Psychiatr Ment Health Nurs 2013;20:305–13. [CrossRef]
26. Wu SY, Li HY, Yang SJ, Zhu W, Wang XR. The mediating and moderating role of personal strain and coping resource in the relationship between work stressor and quality of life among Chinese Nurses. Int Arch Occup Environ Health 2012;85:35–43. [CrossRef]
27. Yildirim A, Hacihasanoglu R. Quality of life and effective variables among health care professionals. J Psychiatr Nurs 2011;2:61–8.
28. Ergen A, Tanriverdi O, Kumbasar A, Arslan E, Atmaca D. A cross-sectional study on the quality of life of healthcare professionals. Med Bull Haseki 2011;49:14–9.
29. Teles MA, Barbosa MR, Vargas AM, Gomes VE, Ferreira EF, Martins AM, Ferreira R. Psychosocial work conditions and quality of life among primary health care employees: A cross sectional study. Health Qual Life Outcomes 2014;12:72. [CrossRef]
30. Kelleci M, Golbasi Z, Dogan S, Ata EE, Kocak E. The relationship of job satisfaction and burnout level with quality of life in hospital nurses. Cumhuriyet Med J 2011;33:144–52.