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Organizational Determinants of Mental Health among Hospital Clinicians

Razieh Montazeralfaraj [1,2], Zahra Mahmoodian [1], Hossein Fallahzadeh [3], Mohammad Amin Bahrami [1,2*]

[1] Department of Healthcare Management, Shahid Sadoughi University of Medical Sciences, Yazd, Iran
[2] Hospital Management Research Renter, Shahid Sadoughi University of Medical Sciences, Yazd, Iran
[3] Biostatistics and Epidemiology Department, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

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***Corresponding Author:**
Mohammad Amin Bahrami
Department of Healthcare Management, School of Public Health, Shahid Sadoughi University of Medical Sciences, Shohadaye Gomnam Blv., Yazd, Iran.

Email:
aminbahrami1359@gmail.com

Tel:
+98-9132565057

ABSTRACT

Background: Bringing the psychologically unhealthy personnel is one of the organizational damages and is considerable for organizations like the hospitals which deal with life and health of the people. This study was aimed to investigate the relationships of perceived organizational justice and quality of working life with mental health among hospital clinicians.

Methods: This is an analytical and cross-sectional study done in 2015-2017. A total of 423 clinical personnel of the chosen hospitals of Yazd province, Iran were selected via stratified sampling and participated in the study. Required data were gathered using Nihoff and Mormen (1993), Walton (1973) and Goldberg and Hiller (1979) questionnaires and were analyzed using the AMUS and $SPSS_{22}$ and via structural equations method (SEM).

Results: The results show that the perceived organizational justice affects mental health and quality of working life. Also the quality of working life affects the mental health.

Conclusion: Findings show that organizations paying attention to the quality of working life and improving the fair behaviors enjoy psychologically healthier employees.

Keywords: Perceived Organizational Justice, Quality of Working Life, Mental Health, Hospital Clinicians

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Introduction

Human resources are considered to be the most strategic and valuable resources of any organization (1). Paying attention to the health of the human resources has a salient role in improving efficiency and is one of the issues considered to be important in organization management. Since, if unhealthy and anxious personnel are damages to organizations, no phenomenon is more important than that for employees than the mental health. Planning to improve mental health of the employees facilitates reaching organizational goals. This is very considerable for the organizations like the healthcare institutions which render important services dealing with the health and life of people.

Mental health means a degree of balance which a person makes for themselves in their behaviors facing with social problems and social compatibilities with their own environment. As a result their behaviors become logical (2-5). The mental health in the work environment means resisting against mental anxieties and behavioral problems of the personnel via making the mental environment safe and healthy so that the goals of organizations be reached and no employee suffers mental problems in organization. Mental disorders have some types include physical problems, anxiety, insomnia, social dysfunction and depression.

Reaching employees mental health and subsequently improving the efficiency of an organization, is possible with perseverance and consideration of justice and equality (6).

This means that employees react to decisions regarding allocation of resources like the payments to people (distribution justice), the processes based on which distribution is decided (procedural justice) and equality in behavior with people during the execution of processes (interactional justice) (7-9).

Studies have showed that fair behavior of organizations with their employees, usually brings more commitment of them regarding organizations and their citizen behavior which is beyond their roles while people who feel injustice, more likely abandon organizations and they are not very committed to organizations and may resort to abnormal behaviors like revenge. Therefore understanding how people judge about justice in their organizations and how they react to injustice are of main issues (10).

Studies show that the mental needs of employees in an organization can also be satisfied via improvement of quality of working life. If a person really senses that his quality of working life is improved, whether it is the result of their own performance or the policies of the organization for improving efficiency, he will be more motivated in doing his job. The result of this process is creating strength and active atmosphere inside organization which will result in improving organizational performance. This, itself in return, results in better working and improving mental health (11).

When personnel are respected and they have chances to express their thoughts and interfere more in decisions, they react appropriately. So, studying each of the parameters of the quality of working life in an organization, gives us information based on which an organization can take steps for improving its performance (12).

The Walter model of working life includes eight dimensions: enough and fair compensation, safe and secure job conditions, social coalition in organizations, the capacity of permanent growth, rule governing, Balanced job roles, the possibility of development and use of human capacities and socially valuable and beneficial job.

Regarding that it seems that perceived organizational justice and quality of working life can act as mental health determinants in organizational settings, this study was aimed to investigate the causal relationship between these variables.

Hypotheses and the conceptual model of the study

The results of numerous studies show the statistical relationship between perceived organizational justice and quality of working life. Alexander and Randerman (13), in their study showed that the sense of equality directly affects the desire of abandoning jobs of personnel. Elivanio (14), in a two year study regarding the

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effects of the organizational justice on the employees' health in Finland, concluded that execution of justice in organizations have significant effect on improving the health of personnel and decreasing of absences. Bang and Kofol (15), in a study entitled the investigation of relationship between individual features, job performance and the quality of working life of nurses in private hospitals, found out a statistical relationship between fair salaries and job satisfaction, organizational commitment, loyalty and the quality of working life. Robinson (16), in his studies showed that organizational justice is considered a vital anticipator for job satisfaction, organizational commitment, motivation, performance and quality of working life. Therefore the first hypothesis is:

H1: There is statistical relationship between perceived organizational justice and quality of working life hospital clinicians.

On the other hand, numerous studies confirm the relationships between the perceived organizational justice and the mental health of employees. Sheykhpoor et al. (17), in their study on personnel of the agricultural Jihad of Zabol, concluded that organizational justice and its dimensions have a statistical relationship with mental health.

Researchers have also found out a significant relationship between perceived injustice and negative and unpleasant organizational results like abandoning jobs (18), aggression in job places (19), illegal strikes (20), retaliating behavior (21) and robbery (22). Personnel often express justice related issues as the sources of conflicts and contradictory between themselves and their supervisors (23). Also, the lack of justice in organizations increases the possibility of bringing an action against chiefs by personnel (24). Nowadays, regarding the pervasive role of organizations in the social life, the role of justice in organizations has become more explicit than before. Organizations nowadays are in fact a smaller model of societies and establishing justice in them means establishing justice in the society.

Therefore the second hypothesis is as follows:

H2: There is statistical relationship between perceived organizational justice and mental health hospital clinicians.

Some studies show the statistical relationship between the quality of working life and the mental health of the personnel. In a study, with the goal of anticipating the mental health of personnel based on the quality of working life in the sport campus of North Khurasan province in 2013, Biglari et al. concluded that there is a statistical relationship between the quality of working life and its dimensions with mental problems (25). In another study aiming to investigating the relationship between the behavioral health and the quality of working life and organizational efficiency, Kamrani et al. (11) have showed that the behavioral health (no behaviors like detractions or laziness) must be considered besides other factors like job safety and security as a factor in improving the quality of working life. The results of this study confirm that the higher the quality of working life the higher the healthy behaviors. In 2007, in a study entitled the quality of working life, organizational development and the mental health of personnel, Greenberg et al. considered the quality of working life as a requirement of organizational development In this study a statistical relationship was confirmed between the quality of working life and mental health of employees (26).

Therefore the third hypothesis is as following:

H3: There is a statistical relationship between quality of working life and mental health of hospital clinicians.

On the other hand, the results of the study of Mostafavirad et al. (27), states that the quality of working life has a mediatory role in increasing the mental health of personnel via perceived organizational justice.

Therefore the fourth hypothesis is as following:

H4: Quality of working life has a mediatory role in improving the mental health of hospital clinicians via perceived organizational justice.

Materials and Methods

This study is an analytical one which was done among the hospitals clinicians of selected

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hospitals of Yazd province, Iran in 2017. A total of 350 participants contributed in the study. We used stratified random method for sampling. The sample size for each hospital was calculated based on its personnel volume. Goldberg and Healer (1979) questionnaire was used for evaluating employees' mental health, Nihoff and Morman (1993) questionnaire for evaluating the perceived organizational justice and the Walton (1973) questionnaire for quality of working life. The validity of questionnaires was confirmed via the method of face and content validity by some of experts. Also, for determining the validity of constructs, the factor analysis method was used and the reliability of questionnaires was confirmed via Cronbach's alpha coefficient. The Cronbach's alpha coefficients for perceived organizational justice, quality of working life and mental health questionnaires were 0.93, 0.91 and 0.71 respectively.

The statistical population of the study included 947 people of clinical personnel (nurses, practical nurses, midwifes, operation room personnel, anesthetists, lab and radiology personnel) of the selected hospitals of Yazd province (Shahid Sadoughi hospital, Ziaii hospital of Ardakan town and Jaffar Sadegh hospital of Meybod town). The number of needed samples for the method of the SEM considering the test power of 0.8 and the effect size 0.1, the number of hidden variables 3, the number of explicit variables 15 and the statistical level $\propto = 0.05$ was calculated as 290. Regarding sampling method, each of the 3 hospitals was considered a category and in each category, using the simple random method, the number of samples for each hospital was determined as 194 for Shahid Sadoughi hospital, 80 for Jaffar Sadegh hospital of Meybod town and 76 for Ziaii hospital of Ardakan town. Also, in each hospital, the number of sample was determined in a weighted way for nurses, practical nurses, midwife, operation room workers and lab and radiology personnel. A total of 450 questionnaires were distributed from which 423 were returned and analyzed. Data analysis was done by AMAUS and $SPSS_{22}$ software. Also, this work was confirmed by ethical committee of Shahid Sadoughi University of Medical Sciences with code IR.SSU.SPH.REC. 1394.87.

Results

The mean age of the participants was 33 years old. 8 percent of the participants had diploma or lower degrees, 84 % of them had A.S. or bachelor degree and 8 percent had MSc or higher degrees. Their mean job experience was 9 years. 30 percent of them were men and 70 percent were women.

Testing hypothetical conceptual model:

Testing results of hypothetical conceptual model are presented in table 7 and 8. Theses results show that the gathered empirical data confirm the recommended conceptual model. The approved model is shown in Fig1.

Table 7. Evaluating indexes of the hypothetical conceptual model

The acceptable amount	Amount	Index
less than 3	2.48	K2 / df
More than 90 %	0.926	GFI
from 0 to 1	0.860	TLI
More than 90%	0.926	CFI
More than 90%	0.929	IFI
less than 5 percent	0.000	RMSEA

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Table 8. The standard coefficients, regression and correlation

Variable	EST.STD	Se	CR	P
Perceived organizational justice = ~ Quality of working life	0.424	.053	8.065	***
Quality of working life = ~ Mental health	- 0.137	.058	- 2.358	.018*
Perceived organizational justice = ~ Mental health	- 0.293	.069	- 4.263	***
Mental health = ~ Physical symptoms	1.00	***	***	***
Mental health = ~ Anxiety symptoms and sleeping disorders	1.193	.078	15.363	***
Mental health = ~ Social dysfunction	1.019	.053	19.328	***
Mental health = ~ Depression symptoms	1.373	.109	12.641	***
Quality of working life = ~ Enough and fair compensation	1.00	***	***	***
Quality of professional life = ~ Safe and healthy job conditions	0.375	0.144	2.610	0.009*
Quality of professional life = ~ Possibility of permanent growth	1.072	0.138	7.775	***
Quality of working life = ~ Belief in the necessity of rule governing	1.903	0.202	9.406	***
Quality of working life = ~ Socially valuable and useful job	1.043	0.127	8.241	***
Quality of working life = ~ Balanced job roles	0.468	0.183	7.836	***
Quality of working life = ~ Social coalition in job organizations	1.434	0.151	7.050	***
Quality of working life = ~ Possibility of expanding and using human capabilities	1.065	0.103	4.532	***
Perceived organizational justice = ~ Distribution justice	1.000	***	***	***
Perceived organizational justice = ~ Procedural justice	1.877	0.129	14.456	***
Perceived organizational justice = ~ Interactional justice	3.107	0.155	20.085	***
Indirect effect of the perceived organizational justice on the mental health	- 0.275	***	***	***
The overall effect of perceived organizational justice and quality of working life on the mental health	- 0.330	***	***	***

* Significant at the 0.05 level

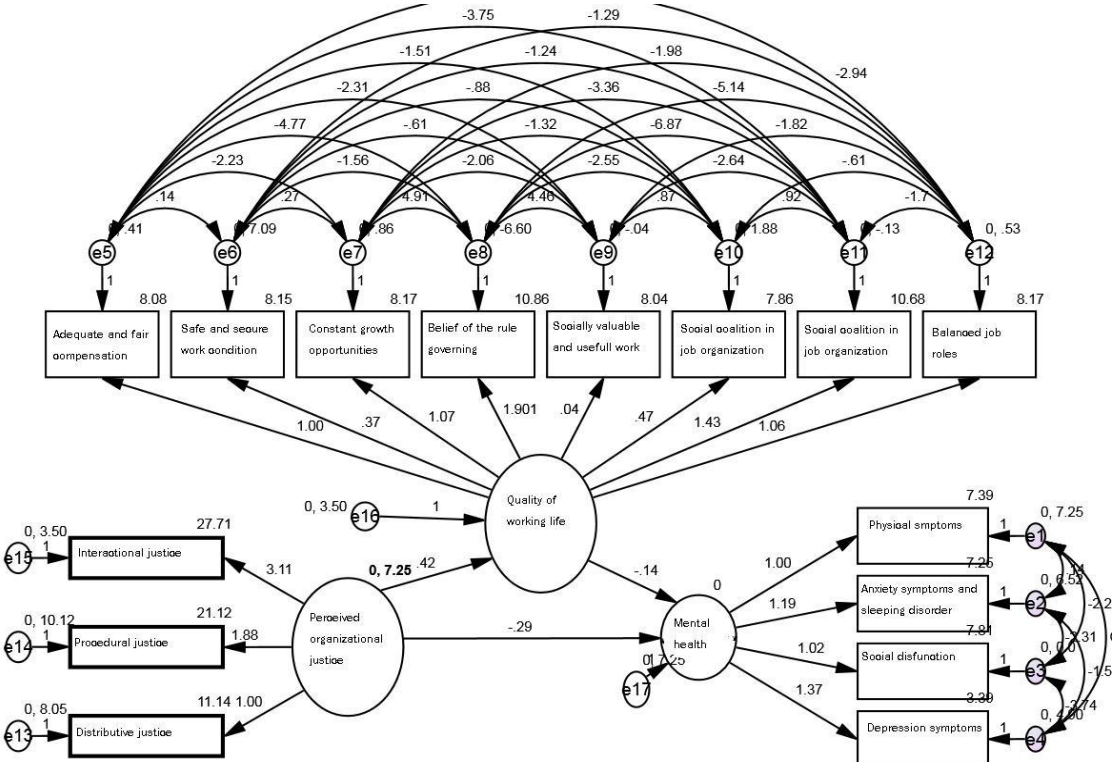


Figure1. Approved model of the study

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Discussion

Based on the findings of this study, regarding the first hypothesis, the results show that there is a positive and statistical relationship between perceived organizational justice and quality of working life. Perceived organizational justice affects quality of working life with the coefficient = 0.424. Also, it is found out that the explicit variables including Possibility of expanding and using human capabilities, Social coalition in job organizations, balanced job roles, socially valuable and beneficial job, belief in the necessity of rule governing, Possibility of permanent growth, Safe and healthy job conditions, enough and fair compensation are measuring quality of working life. In other words, the dimensions of quality of working life are effective in the evaluation of that kind of life within them the belief of necessity of rule governing has the highest (coefficient = 1.903) and safe and secure job conditions has the least (coefficient = 0.375) effect. This finding is consistent with the ones of Alexander and Randerman (20), Robinson (16) and Beydokhti et al. (28).

Regarding the second hypothesis, there is statistical and reverse relationship between perceived organizational justice and mental health. Also within the explicit parameters of perceived organizational justice (interactional, distributive and procedural justice), interactional and distributive justice have the most and the least effective in evaluating the perceived organizational justice. The findings of other studies (28-33) confirm this finding.

Regarding hypothesis 3, our findings showed that quality of working life has direct and indirect relationships with mental health. The results of studies of Biglari et al. (25), and Kamrani (11) have also confirmed the relation of quality of working life with mental health.

Regarding hypothesis 4, our findings showed that perceived organizational justice affects mental health directly as same as indirectly through quality of working life. Also the quality of working life directly affects mental health. The same findings have been shown by Mostafavirad et al. (27).

Regarding the explicit variables of mental health, depression symptoms and physical symptoms had the most and least effect on evaluating mental health.

Descriptive analysis of gathered data regarding perceived organizational justice showed that interaction justice and distributive justice have the highest and least mean scores, respectively. In the study of Mortazavi et al. (34), Yaghubi and Javadi (35) and Etemadi et al. (36), also have showed the same result regarding interactional justice in their studies. This shows that there are positive and supportive interactions among clinical personnel because this kind of justice is about interpersonal aspects. When a person feels that he is respected and honestly and openly behaved with, he perceives a high level interaction justice while distributive justice is more related to results and rewards of jobs (37). Therefore, managers of studied hospitals should revise their reward system to meet more fairness criteria.

Our descriptive results regarding participants' mental health showed that depression symptoms have the worst and social function has the best situation among mental health dimensions. Arasteh et al. (38), and Khaghanizadeh (39) in their studies have reported that social dysfunction and depression as those dimensions of mental health which have the worst and best situation in their studied population, although, the differences of clinicians' job nature with other jibs makes difficult to compare do the same comparison. Anyhow, the mental health situation of study participants could be improved.

Finally, our descriptive findings regarding quality of working life, showed that belief in the necessity of rule governing and balanced job roles have the highest and the lowest means scores among study sample. The low score of balanced role means that the job description and job schedules of studied employees should be revised in such a way allows them to create a balance between their working and family life. Although, the nature of clinical jobs limits the ability of the same revisions but even minor

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revisions with the participant of clinicians themselves will be beneficial.

Conclusion

In summary our findings, approved that perceived organizational justice and quality of working life are acting as the affecting factors of employees' mental health. Because, these are known as organizational factors, so they could be improved trough appropriate management functions. It is notable that this study had some limitations. First of all, this study was cross sectional in design and its findings should be generalized with caution. Also, self-reported questionnaire based data which analyzed in this study contains the limitations of so kind data.

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Conflicts of interest

There are no conflicts of interest to be declared.

Authors' contribution

Montazeralfaraj R contributed in research design, manuscript preparation and editing; Mahmoodian Z contributed in research design, data collection and analysis, manuscript preparation and editing; Fallahzadeh H contributed in data analysis; Bahrami MA contributed in research design, manuscript preparation and editing.

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