General Health of Iranian Registered Nurses: A Cross Sectional Study

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General Health of Iranian Registered Nurses: 
A Cross Sectional Study

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Abstract: Background & Aim: Nurses’ health status can directly impact the performance of health system at different level. The aim of this study was to examine Iranian registered nurses’ level of general health.

Material and methods: This cross sectional study conducted from March to June 2015 in five hospitals. With using stratified sampling method, 123 nurses from educational hospitals of Qazvin in North of Iran were recruited as the subjects for this study. Data were collected with using demographics questionnaire, and the General Health Questionnaire-28 (GHQ-28). All statistical analyses were performed using SPSS software (v17.0; PASW Statistics) and a variable was considered to be statistically significant if P<0.05.

Results: Of the 123 nurses, who participate in present study, 88.6% were female and the rest were male. The mean score of general health were 24.3±11.1. Among four scales of GHQ-28, higher and lower score were related to social dysfunction and depressive symptoms respectively. Among demographics characteristic’s, only nurses sex were related to their general health (mean score of women nurses were higher in compared to men nurses).

Conclusion: Results of present study revealed that Iranian nurses general health is not in good level. Appropriate programs to identify, and relieve factors that affect nurses general health should be developed.

Keywords: Nurses, general health, GHQ-28, risk factors.

1. INTRODUCTION

According to American Nurses Association “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations” [1]. Nursing has altered considerably since Florence Nightingale defined it as ‘a foot-soldier on the frontline in the battle against disease’ [2]. Today, nurses comprise a majority of healthcare professionals that have a vital role for the health of the population globally [3, 4]. In our country Iran, about 80% of practitioners in the health care system are nurses, who are in the first line to provide health services [4]. Nursing is an extremely stressful profession [5, 6, 7, 8]. Results of one study in this regards showed that more than 90 of nurses experienced occupational stress and 66% of them experienced very high level of stress [9]. Results of other study in this regards showed that more than 87% of nurses are at risk of occupational stress [10]. Nurses usually are confronted with a variety of stresses in their work environment such as personal, communicational and organizational stress, which affect their health status negatively [5, 6, 11]. In addition, the
nurses often have to witness many tragic events of life: disease, trauma or even death which can be physically demanding and psychologically stressful [5]. Nurses’ health status can directly impact the performance of health system at different level. The aim of this study was to examine Iranian nurses’ level of general health.

2. METHODS

This study employed a descriptive design and was conducted in five hospitals in North of Iran. With using stratified sampling method, 123 nurses from educational hospitals of Qazvin in North of Iran were recruited as the subjects for this study. Consent was implicit by respondent's decision to return the completed questionnaire. Participants were assured that all data would remain anonymous, kept confidential and be stored safely. Ethical approval was obtained from heads of the hospitals prior to the collection of any data.

The first part included the participants' demographic information, including age, sex, level of education, working experience, working hours in a week and economic status. In the second part, General Health Questionnaire-28 (GHQ-28) was used. The GHQ-28 has 28 questions with multiple choice answers. GHQ-28 is composed of four scales including somatic symptoms (questions 1 to 7), anxiety and insomnia (questions 8 to 14), social dysfunction (questions 15 to 21) and depressive symptoms (questions 22 to 28). Likert scoring system used in this questionnaire and scores range varies from 0 to 84 for each person. Higher score on this test indicates the presence of more severe general health problem. In a study on the validity of the GHQ-28 that has been done in Iran, the cut-off point, ≤ 23 have acquired, so that people who have acquired a score equal or less than 23 can be considered as healthy subjects. The previous study in Iran which used GHQ-28 has reported the good reliability and validity for the questionnaire [12]. Questionnaires were delivered to the subjects and the explanations were provided and then were collected by first researcher. Descriptive statistics (mean and standard deviation), Chi square, Pearson correlation coefficient, independent sample T-test, one way ANOVA and logistic regression were used for data analysis. All statistical analyses were performed using SPSS software (v17.0; PASW Statistics) and a variable was considered to be statistically significant if P< 0.05.

3. RESULTS

Of the 123 nurses who participate in present study, 88.6% were female and the rest were male. The mean age of nurses was 32.3±5.8 years and mean years of experience was 5.4±3.7 years.

The mean score of general health were 24.3±11.1. Among four scales of GHQ-28, higher and lower score were related to social dysfunction and depressive symptoms respectively (table 1). Results of present study also showed that in total, 54.4% of nurses were healthy (table 2).

Table 1: Mean and standard deviation of nurse’s general health score

<table>
<thead>
<tr>
<th>General health sub scale</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>somatic symptoms</td>
<td>6.40</td>
<td>3.62</td>
</tr>
<tr>
<td>anxiety and insomnia</td>
<td>6.62</td>
<td>4.34</td>
</tr>
<tr>
<td>social dysfunction</td>
<td>8.71</td>
<td>3.16</td>
</tr>
<tr>
<td>depressive symptoms</td>
<td>2.64</td>
<td>1.98</td>
</tr>
<tr>
<td>Total score</td>
<td>24.37</td>
<td>11.12</td>
</tr>
</tbody>
</table>

Table 2: frequency of nurse’s response in each domains of GHQ 28

<table>
<thead>
<tr>
<th>General health sub scale</th>
<th>Healthy</th>
<th>Non healthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>somatic symptoms</td>
<td>121(98.4%)</td>
<td>2 (1.6%)</td>
</tr>
<tr>
<td>anxiety and insomnia</td>
<td>118(95.9%)</td>
<td>5 (4.1%)</td>
</tr>
<tr>
<td>social dysfunction</td>
<td>118(95.9%)</td>
<td>5 (4.1%)</td>
</tr>
<tr>
<td>depressive symptoms</td>
<td>121(98.4%)</td>
<td>2 (1.6%)</td>
</tr>
<tr>
<td>Total score</td>
<td>67 (54.5%)</td>
<td>56 (45.5%)</td>
</tr>
</tbody>
</table>

Among demographics characteristic’s, only nurses sex were related to their general health. According to results of independent t test, the mean score of general health score were higher in women nurses in compared to men nurses (table 3).