

# A Survey on the Comparison of Mental Health and Life Expectancy in Employed and Unemployed People

Mohammad khaledian<sup>1,\*</sup>, Sohrab Hassan Pour<sup>2</sup>, Hamed Ghadermarzi<sup>3</sup>

<sup>1</sup>Faculty of psychology department of Payame Noor University, PO BOX 19395 - 3697, Tehran, I.R. of Iran

<sup>2</sup>M.A. in management and academic member of Ghorveh Branch Islamic Azad University

<sup>3</sup>Department of University of Kurdistan, Iran

**Abstract** The purpose of the present study is to compare mental health and life expectancy in employed and unemployed people. The statistical population involved in this study included all employed and unemployed people aged between 20 and 30 in Ghorveh, a small town in Kurdistan, in (2012). Among these participants 120 individuals were selected using convenience random sampling method (60 employed and 60 unemployed ones). The questionnaires used in this study were the 28-item mental health status - General Health Questionnaire (GHQ) and the Scale of Hope Adult Schneider (SAHS) to collect the related data. Descriptive statistics such as Frequency, percentage, mean, and t-test were used for data analysis. The results show that there is a difference in all the four scales, mental health (Somatization), anxiety, and impairment in social functioning and depression, and life expectancy between employed and unemployed individuals. The results show that there is a difference between general health of unemployed people with academic education and unemployed people without academic education and there is also a difference between general health of employed people with academic education and employed people without academic education. There is a difference between unemployed married people and employed married people in terms of general health, but there is no significant difference between general health of unemployed and employed single people.

**Keywords** Unemployed People, Employed People, Mental Health, Life Expectancy

## 1. Introduction

Occupations and jobs form a major part of human social life. Job plays a major role in satisfying human social needs such as the need to be respected through providing an opportunity for Employee participation in working groups. However, health is the essential requirement to play social roles and people can function only if they be healthy[1]. However, health is the essential requirement to play social roles and people can function only if they be healthy[2]. Work constitutes much of each person's life time, even people meet their life needs through work and meanwhile enjoy the work and they live to work[3]. Work is a prerequisite for development and development provides the interests of the nation's population. Working force constitutes the productive sector of the society and thus the work place and attention to mental health have much importance[4]. When a person loves his/her job, s/he can meet his/her needs through it and thus has a positive feeling toward it. In other words, job satisfaction means emotional pleasure through meeting the needs, tendencies and hopes

that a person gets in relation to his work[5]. Mental health is one of the important aspects of health. According to the World Health Organization definition, mental health includes the ability to establish harmonious relationship with others, improving personal and social environment and resolving conflicts and personal desires in a logical, fair and appropriate manner[6]. The term mental health is a very broad concept and includes mental wellbeing, the sense of empowerment, adequacy, understanding of intergenerational solidarity and the ability to recognize the intellectual and emotional potential in a person, in such a way that the person can recognize his/her abilities and cope with the stresses of the routine life and be productive and efficient in terms of his/her job[7]. Happiness, exhilaration and feeling lucky are considered to be God endowments that have been awarded to the man as a result of his physical and mental health; in addition, mental health is considered as one of the effective factors in promoting and developing human being[8]. Hope consists of all the abilities of a person to provide paths towards desired goals and to have the necessary motivation to use these routes. Hope is powerful when it includes all the valuable objectives and it is likely to reach these goals in spite of all the challenging barriers that can be resolvable. When hope is achieved, it will turn into assets[9]. The hope hypothesis (1991) that was introduced by Snyder is a combinatorial theory based on the purpose that is the

\* Corresponding author:

mohamad\_khaledian22@yahoo.com (Mohammad khaledian)

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expanded form of the traditional one-dimensional model and provided the opportunity to measure hope in a reliable and varied manner for the first time. The hypothesis says that hope is not a passive sense that only happens in dark moments of life, but it is a cognitive process by which people seek their goals. Hopeful adults have a distinct profile[10]. They experience failures and setbacks as much as others in their lives but they have also developed this belief that they can cope themselves with challenges and get along well with these adversities. They will accept continuous positive inner dialogues including sentences like "I can do it", "I will never give it up" and so on. When they face problems in achieving their valued objects, they will experience negative emotions less intensely. It is likely that when they face problems in achieving their goals, they choose alternative routes or they select accessible objects flexibly. The emotions of people with low hope follow a fairly predictable sequence from hope to anger, anger to despair and from despair to apathetic ones when they are faced with irresolvable problems. People with high level of hopefulness tend to divide major issues into small and clear issues when are faced with problems in adulthood[11]. It appears that hope is necessary in all aspects of life. Hope means the ability to believe in better feeling towards future. Hope with its own dominant force stimulates a person's activity to acquire new experiences and creates a new force in his environment[12]. Hope is considered as one of the confronting resources of human in compatibility with problems and even refractory disease[13]. Also, hope can be described as a healer, multi-dimensional, dynamic and a powerful factor and plays an important role in compatibility with privation[14]. The first widespread study in examining mental health of Iranians was conducted in 1378 and in the form of a National Health Plan. In this study, the prevalence of mental disorders was 21% (25.9% in women and 14.9% in men). Based on this study, prevalence of mental disorders among individuals who were above 45 and those who were divorced, widow, married, unemployed, retired and housewives were more than other groups. Prevalence of depression and anxiety symptoms was more than the physical disorder and social dysfunction[15].

The result of studies by Lee (1998) and Arber & Cooper (2011) on the employment of educated woman showed that mental health status of employed person is better than unemployed ones[16 - 17]. The result of a study by Yousefi et al (2010) showed that there is a significant difference between mental health of employed and unemployed people and also married and single people. Also the results showed that employment of women with academic degrees led to greater understanding in family life and enhanced their mental health[8]. The result of a study by Seid Ahmadi (2010) showed that the prevalence of psychopathic disorders in single individuals was higher than the married ones and regarding the significant differences between them, a significant relationship between mental health and marital status of individuals was determined. Of course prevalence

of mental disorders among both single females and males was higher than the married ones; this difference in prevalence was significant in females. The result of Fakhraie study (1998) showed that there was a relationship between marital status and mental disorders[1]. The result of the studies by Faraji (2000), Ahmadi (1999) showed the lack of any relationship between marriage and psychological disorders[1]. The result of a study by Ilder Abadin et al (2004) on the students of Zabol Medical University showed that the level of depression was higher in married students[18]. Findings of different studies showed that the prevalence of mental disorders in unemployed and married people was higher[15]. The results of a study by Karami et al (2002) on students of Zanjan medical students showed that there was a significant difference between employed and unemployed students in terms of their mental disorders. It also showed that the level of disorder was more prevalent among the unemployed students[8]. Rogers & May (2003) recognized that increase in marital discord led to the increase in married women's income and increase the possibility of the employment of housewives. Findings verified the same overflow process for both men and women, although married women mainly paid much attention to the child care and housekeeping responsibilities and so their working pressure was much less than the men. But longevity of married women like married men depends more on their workload[19]. The results of a study by Salary et al (2004) titled *Investigating Mental Health of Young and Middle-aged Women in Urban Population of Gonabad*; and a study by Mosala Nejad et al (2005) titled *The Relationship Between Education and Mental Health Among Freshmen and Senior Students of Jahrom Medical School* showed that married women have higher mental health[8]. Snyder (2006) concluded that there was a significant correlation between high hope and positive emotions and low hope and negative emotions. In other words low hope predicted depression symptoms that were independent from diagnostic symptoms and other predictive skills[20]. The result of a study by Mohammadi et al (2010) titled *Comparing Mental Health and Life Expectancy in Employed and Unemployed Women in West Azerbaijan* showed that there was no significant difference in life expectancy among employed and unemployed women[21]. The present study compared mental health and life expectancy of employed and unemployed people in Ghorveh in (2012) and it also provides dear authorities with some suggestions based on research achievements to inform them about mental health and life expectancy factors among employed and unemployed individuals so that there will be a suitable situation to organize conditions in an intelligent manner to reduce some of the problems of the unemployment. It also aims to direct people toward a healthier and more developed life by providing job opportunities and tries to develop talents and trains efficient workforce in order to create a bright and successful future.

**Table 1.** Group differences to the scales of General Health and Life expectancy in Employed and Unemployed Participants

Variable	Employed		Unemployed		Degree of Freedom	T	Sig
	Mean	SD	Mean	SD			
Physical Disorder	5.69	3.67	1.31	3.44	118	7/10	0.000
Anxiety	7.37	4.11	11.44	4.61	118	5.85	0.000
Social Function	6.26	3.93	10.72	4.11	118	6.02	0.000
Depression	8.09	4.41	13.28	4.67	118	6.28	0.000
Total	27.41	8.015	45.75	8.2	118	12.47	0.000
Life Expectancy	29.78	4.56	20.58	5.11	118	10.41	0.000

## 2. Methodology

The present study investigates the mental health of employed and unemployed people based on the **General Health Questionnaire (GHQ)**. Questionnaire (GHQ) was designed in 1972 by Gold Berg. This test contains 28 questions including four scales; physical complaints, anxiety, social performance, and depression[22]. The simple method of Likert (0-1-2-3) was used for scoring. The cut-off point for screening was considered 23 in this test. It means that the subjects, whose scores were less than 23, were not diagnosed as patients[23]. During the investigation of the four subscales: physical symptoms, anxiety and insomnia, social disorder performance and severe depression, if a subject's score based on each of the four scales is above 14, there is a problem in that scale[24]. Reliability of the questionnaire was determined 91% by Palahang et al (1996)[25]. Also, reliability of the questionnaire reported 81% in different researches[1].

**Hope questionnaire;** that was designed by Snyder et al (1991) to measure hope, contains 14 expressions and is run as a self-assessment. From among these, four expressions measure agent thought, four expressions measure strategic thought, and four expressions are distractors. So, the questionnaire measures two subscales: agent and strategy. The average coefficient of validity and reliability is reported 91%[26]. Internal consistency of the test reported 0.74 – 0.84. Test-retest reliability was 0.80. This number during the periods of more than 8-10 weeks was higher than this value[11]. In addition, there are large amounts of data about concurrent validity of hope questionnaire and the items it can predict. For example, there is a correlation of 50% to 60% between this questionnaire and the ones that measure optimism, goalachievement expectation, and self-esteem[27]. The correlation of this questionnaire with disappointment questionnaire is equal to 0.51 and in the case of depression questionnaire it was equal to 0.42. That indicates reliability and validity of the questionnaire[28].

Statistical population of the study includes all the unemployed and employed people of Ghorveh, a small town in Kurdistan, aged 20-30 in (2012). The sample size consisted of 120 participants (60 employed and 60 unemployed ones) who were selected by using convenience random sampling method and the related data was collected by using the above-mentioned questionnaires for the

participants. It should be noted that all the questionnaires were completed.

## 3. Results

As it is seen in table 1, the average score of unemployed individuals in terms of all the factors of the questionnaire (GHQ), physical complaints, anxiety, social performance and depression is higher compared to the employed ones. This indicates that employed persons have better health conditions and according to cut-off point and scoring, employed persons have slight mental health in terms of anxiety and depression scales. But unemployed persons have problems in terms of depression scale and they have slight general health in terms of other scales. The results also indicate the significant difference among employed and unemployed persons in all the scales. The total score of all unemployed persons shows that they don't have appropriate general health. So it can be concluded that there is a significant difference between unemployed and employed persons in terms of their general health. Again, the results of the table 1 shows that there is a significant difference between employed and unemployed persons in terms of their life expectancy and life expectancy is higher in employed persons.

Also, the results show that unemployed persons with academic degree had less general health compared to unemployed persons without academic degree. ( $df=58$ ,  $t=5.39$ ,  $p<0.001$ ). But employed persons with academic degree had better general health compared to employed ones without academic degree ( $DF=58$ ,  $t=6.11$ ,  $p<0.001$ ).

Also the results show that unemployed married persons have less general health compared to employed married ones ( $DF=58$ ,  $t=8.63$ ,  $p<0.001$ ). But there is no significant difference between unemployed single persons and employed single ones in terms of their general health.

## 4. Discussion and Conclusions

Findings show that there is a significant difference between employed and unemployed persons in all general health scales. It means that employed persons have higher general health. These findings are consistent with studies by Karami et al (2002)[8], Yousefi et al (2010)[8], Lee

(1998)[16], Arber & Cooper (2011)[17], in explaining these findings it can be said that economic independence and employment promotes mental health. If people get good jobs, they feel that they play an important part in the society and in addition to material interests they will obtain, they get a sense of inner satisfaction. If they have a regular and proper planning, they don't feel vanity and frivolity in their life and all of these lead to promotion of their mental health. It seems that in the world today, if people be exposed to activity, dynamism, mobility, vitality, and appropriate effort in their personal and social life, they can maintain their mental and physical health more easily and protect themselves against various mental diseases and disorders[8].

Also the results show that there is a difference between unemployed persons with academic degree and unemployed persons without academic degree in terms of general health so that unemployed persons with academic degree had less general health compared to unemployed persons without academic degree; these results were consistent with Ilder Abadi (2004)[18], Karami et al (2002)[8]. In explaining these results it can be said that one has undergone a lot of difficulties and spent a lot of in getting academic degree but didn't obtain any result. Also, Austin & Nicholes (1964), showed that most students and people with academic degree get higher scores in the value of friendship and since unemployed persons with academic degree pay more attention to the value of friendship and socialization and since they aren't in work place, they don't feel this value[29]. Also, the present study shows that there is a significant relationship between employed and unemployed persons in terms of life expectancy. It means that employed persons have higher life expectancy. These findings are not consistent with Mohammadi et al study (2010)[21], the reason may be that they studied life expectancy in unemployed and employed females while the present study addresses unemployed and employed males. Also, the results show that there is a difference between employed persons with academic degree and employed ones without academic degree, so that employed persons with academic degree had better general health compared to employed ones without academic degree. These results were consistent with the study of Yousefi et al (2010)[8]. In explaining these results it can be said that educated people have better performance in their workplace. Employed people with academic degree are more stimulated by the need to self-actualization which is an intrinsic need[30].

Also, the results show that there is a difference between unemployed married persons and employed married persons in terms of their general health so that unemployed married persons have less general health compared to employed married ones. These results are consistent with Fakhraie (1998)[1], Norbala et al (1999)[15] studies and in explaining these results it can be said that since they have poor economic and financial conditions, they have less of general health.

The results show that there is a significant difference between unemployed single persons and employed single

persons in terms of general health. These results are somehow consistent with Faraji (2000)[1], Ahmadi (1999)[1], that show the lack of relationship between marriage and psychological disorders; and in explaining these results it can be said that single persons will not undergo much financial pressure. The limitation of the study is that the present research has been conducted in the city of Sanandaj and we should be careful in generalizing these results to the entire community and that the sample is specific should be considered when the results are generalized to other people. Another limitation is the lack of previous studies in this regard and relate to some hypotheses of the research. It should be noted that through scientific-research databases and by visiting valid sites we didn't find any studies on comparing mental health and life expectancy in employed and unemployed educated, employed and unemployed educated and uneducated and employed and unemployed married persons. The present study is of the first ones. It is suggested that researchers study the topic in other areas and environments. It is proposed that (further research), this research be duplicated by other researchers using larger samples, samples in different classes to increase generalizability of the results. Since the study was conducted in Kurdistan Province and because cultural issues impact on sample (participants) selecting, it is suggested that the research be duplicated other cities, ethnicities and provinces. It is proposed that authorities, experts and practitioners to formulate a compiled and comprehensive plan for employment, and providing recreational and sporting facilities, and make use of successful experience of others. The research application is that with awareness it is possible to reduce problems in unemployed people on the basis of consultation methods and reduce the occurrence of mental disorders that unfortunately, is increasing today.

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