Evaluation of stress, anxiety, and depression among workers of one copper mine in Kerman Province, Iran, in 2014

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Abstract

Received: January 2016, Accepted: April 2016

Background: The workers of mines, during a working day, are exposed to stress and psychological pressure that certainly affect the efficiency of their work. This study aimed to determine the level of stress, anxiety, and depression in workers of one copper mine in Kerman Province, Iran.

Materials and Methods: In this cross-sectional study, 250 workers of the operation unit of one copper mine in Kerman Province were examined in 2014. Sampling was done using census method and data were collected using the Depression, Anxiety and Stress Scale (DASS), the validity and reliability of which has been approved. This questionnaire consists of 21 questions that are divided into 3 subscales on depression, anxiety, and stress each containing 7 questions. Data analysis was performed in SPSS software using the Pearson correlation, Spearman's correlation, and regression tests.

Results: The mean age and work experience of subjects were 31.82 ± 8.61 and 6.67 ± 5.79 years, respectively. Moreover, the education level of 45 individuals (18%) was below diploma, 85 (34%) diploma, 46 (18.4%) associate degree, and 74 (29.6%) bachelor's degree or higher. Furthermore, 194 subjects (65%) were married. In addition, 135 subjects (54%) worked only on day shifts and 115 (46%) of them had shift work. In this study, 98 (39.2%), 88 (34.8%), and 88 (35.2%) employees suffered from depression, anxiety, and moderate and severe stress, respectively. A statistically significant difference was observed between subjects who worked on day shifts and those who had shift works in terms of stress, depression, and anxiety. In addition, significant relationships were observed between stress, depression, and anxiety in the 4 study groups (P < 0.005).

Conclusions: The results of this study showed that the rate of stress, anxiety, and depression was high among the examined mine workers.

Keywords: Depression, Anxiety, Stress, Mining.

Introduction

The World Health Organization (WHO) estimates that four hundred million people in the world suffer from anxiety (more than other mental disorders). Thus, among mental disorders, anxiety disorders are the most common. The use of preventive measures at an early stage and complete treatment of anxiety are of great importance (1).

According to the investigation conducted by Shantz, currently, stress and depression are the second most common diseases, after heart disease, in the workplace (2). Today, with the development of technology and the widespread use of hazardous materials, which are the causes of accidents that result in heavy human, economic, and environmental losses, the presence and role of human resources has been highlighted in industrial workplaces (3). In other words, industrialization is like a double-edged sword; it helps economic, health, and welfare promotion, but also causes disability or death in humans. This issue is

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more evident in developing countries in which working is accompanied with excessive pressure in order to increase production, regardless of preventive safety principles, standards, working hours, training of workers, use of suitable personal protective equipment, and etcetera. For example, the International Labour Organization (ILO) reported the annual global incidence of 270 million occupational accidents leading to loss of more than 3 working days in 2009. Iran is a developing country, and thus, is not exempt from this rule (4). Anxiety is an unpleasant and vague sensation of fear and worry and is often associated with an unknown origin and uncertainty, helplessness, and physiological excitation (5).

All individuals may be anxious at times, but chronic, severe, and unusual anxiety is problematic and is the cause of depression. However, regardless of genetic and congenital factors, the cause of stress and anxiety in acute cases is the living environment of individuals and in most cases is related to social interaction and occupation (6). The words stress and anxiety are used to describe moods and feelings in everyday life.

Anxiety occurs when individuals experience stressful situations for a long period of time or frequently. Under such circumstances, the body becomes strained and vulnerable to physical and mental disorders, such as anxiety (7).

Depression is a set of various psychological states the effects of which range from fatigue silence and avoidance of everyday to activities. Chronic anxiety is one of the numerous factors of depression. The high prevalence of anxiety is due to the lack of primary prevention, early diagnosis, and timely control. (8). Individuals who work in stressful environments such as underground mines are at risk of distress. Their work environment is often stressful and demanding; thus, if they lack the adequate mental and physical preparedness, they will be extremely vulnerable. Factors such as lack of sleep or irregular sleep-wake rhythm, and shift work sleep disorder (SWSD) that result in burnout are the most common of these damages (7). In this study, workers of the operation unit of a copper mine have been examined to evaluate of stress, anxiety, and depression among workers of copper mine.

Material and Methods

This cross-sectional and descriptive-analytical study was conducted in 2014 to assess the level of stress, anxiety, and depression among workers of a copper mine in Kerman Province, Iran. Sampling was performed using census method. The study population consisted of all of the operation unit. The inclusion criteria included the willingness to participate in the research, previous work experience in the operation unit, and lack of simultaneous participation in a similar study.

The researcher explained the design and goals of the study to the participants and assured them that participation in the project was voluntary and all information would be considered confidential. He also explained that if they wished the results would be delivered to the operation unit. All those who completed the questionnaire were entered into the study.

Data were collected using a two-part first part of questionnaire. The the questionnaire consisted of 7 questions on the demographic characteristics of the study population including place of work, education, work experience, age, marital status, type of work, and gender. The second part consisted of the Depression, Anxiety, and Stress Scale (DASS-21) that measures the emotional response of workers. The DASS-21 was designed by Lovibond in 1995. Each item in the DASS-21 is scored on a 4-point Likert scale ranging from 0 to 3 (normal, low, medium, and severe). This scale has two forms. The short form consists of 21 items, which evaluate the psychological constructs of depression, anxiety, and stress (7 items each). The long form contains 42 items; every 14 items measure an act or psychological dimension. The short form was validated for

DOI: 10.18869/acadpub.johe.4.1.50

the Iranian population by Sahebi et al. (9). Crawford and Henry, in a study on 1,771 cases in England, compared this tool with other related tools of depression and anxiety (10). They reported the reliability of this tool using Cronbach's alpha in the subscales of depression, anxiety, and stress as 0.95, 0.90, and 0.93, respectively. They also reported that the correlation coefficient for total score of the scale was 0.97 (10). Moreover, Moradipanah et al., in their study in Iran, confirmed the validity of this tool (11). They reported that stress subscales as 0.94, 0.92, and 0.82, respectively (11).

Total scores were calculated for each person and percentage score was obtained through dividing the received score by the maximum possible score. Data were entered into a computer after collection and analyzed using SPSS software (version 16, SPSS Inc., Chicago, IL, USA). To determine the relationship between the severity of the main factors and demographic characteristics, the Pearson correlation, Spearman's correlation, and regression test were used.

Table 1: Frequency of depression	, anxiety, and stress among staff
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	Frequency	Norm	nal	Lo)W	Med	lium	Se	ver
Emotional reaction		No.	%	No.	%	No.	%	No.	%
Depression		34	18.0	83	42.8	70	36.0	6	3.2
Anxiety		35	18.4	91	46.8	61	31.6	6	3.2
Stress		37	18.8	90	46.0	61	31.6	7	3.6

Results

The study population consisted of 250 personnel (contractual, contracting, and official workers) of the operation unit. In this study, mean and standard deviation of participants' age was 31.82 ± 8.61 . Mean and standard deviation of their work experience was 6.67 ± 5.97 . Furthermore, the education level of 18% of subjects was below high school diploma, 34% diploma, 4.18% associate degree, and 6.29% bachelor's degree

or higher. In terms of marital status, 22.4% of participants were single and 77.6% were married. In addition, 54% of subjects worked only on day shifts and 46% of them had shift work. Table 1 shows the frequency of depression, anxiety, and stress (emotional response) among the participants. As can be seen in this table, 32.9%, 34.8%, and 35.2% of employees, respectively, suffered from depression, anxiety, and stress at moderate to severe levels.

	Stress intensity	Noi	mal and low	Medium		Severe		Sum	Statistical test
Demographic characteristics		No	. %	No	o. %		No. %	b No.	results
Marital status	Married	117	60.30	68	35.05	9	4.63	194	P < 0.001
	Single	45	23.19	11	5.67	0	0	56	F < 0.001
	Below diploma	31	15.97	14	7.21	0	0	45	
	Diploma	56	28.86	27	13.91	2	1.30	85	
Education	Associate Degree	31	15.97	11	5.67	4	2.60	46	P < 0.05
	Bachelor's degree and higher	35	18.04	27	13.91	3	1.54	74	
Working hours	Day shift	92	47.42	40	20.61	3	1.54	135	P < 0.001
Working hours	Shift work	51	26.28	55	28.35	9	4.63	115	$\Gamma > 0.001$

Table 2. Descrip	ntive indicators c	of occupational stress	based on demographic data
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	Stress intensity		al and	Med	lium	Seve	ere	Sum	Statistical test
Demographic characteristics		No.	%	No.	%	No.	%	No.	results
Marital status	Married	105	54.12	82	42.26	7	3.60	194	D < 0.001
Marital status	Single	47	24.22	8	4.12	1	0.51	56	— $P < 0.001$
	Below diploma	25	12.88	20	10.30	0	0	45	
Education	Diploma	55	28.35	29	14.94	1	0.51	85	P < 0.05
	Associate Degree	32	16.49	10	5.15	4	2.06	46	
	Bachelor's degree and higher	40	20.61	31	15.97	3	1.54	74	
Working hours	Day shift	96	49.48	38	19.58	1	0.51	135	D < 0.001
	Shift work	56	28.86	57	29	2	1.03	115	— $P < 0.001$

As shown in tables 2, 3, and 4, there were differences in terms of stress, depression, and anxiety between married and single individuals. No significant relationship was observed between stress, depression, and

anxiety in the 4 study groups (P < 0.05). Significant differences were observed between the subjects who worked on day shifts and those who had shift work regarding stress, depression, and anxiety (P < 0.001).

Table 4: Descriptive indicators of occupational anxiety based on demographic data

	Stress intensity	Norma lov		Medi	ium	Sev	vere	Sum	Statistical test	
Demographic	characteristics	No.	%	No.	%	No.	%	No.	results	
Marital	Married	119	61.34	67	34.53	8	4.12	194		
status	Single	44	22.68	12	6.18	0	0	56	P < 0.001	
	Below diploma	27	13.91	18	9.27	0	0	45		
	Diploma	59	30.41	26	13.40	0	0	85		
Education	Associate Degree	32	16.49	10	5.15	4	2.06	46	P < 0.05	
	Bachelor's degree and higher	45	23.19	25	12.88	4	2.06	74		
Working	Day shift	98	50.51	35	18.04	2	1.03	135	- P < 0.001	
hours	Shift work	52	26.80	60	30.92	3	1.54	115	P < 0.001	

There was a statistically significant relationship between age and the level of stress, depression, and anxiety (P < 0.001) (Table 5).

Age		No	Mean \pm SD	F	df	P-value
Occupational stress	Normal and low	162	28.62 ± 5.3			
	Medium	79	35.25 ± 8.93	17.94	3	P < 0.001
	Severe	9	41.55 ± 13.97			
	Normal and low	152	28.14 ± 6.4		3	
Occupational	Medium	90	35.73 ± 8.31	23.62		P < 0.001
depression	Severe	8	43.12 ± 14.06			
	Normal and low	163	28.4 ± 6.42			
Occupational anxiety	Medium	79	35.17 ± 8.6	23.62	3	P < 0.001
	Severe	8	46.75 ± 12.36			

Table 3: Descriptive indicators of occupational depression based on demographic data

Discussion

This study aimed to evaluate stress, anxiety, and depression in workers of the operation unit of a copper mine in Kerman Province in 2014. The results showed that 39.2%, 34.8%, and 35.2% of employees suffered from depression, anxiety, and stress at moderate to severe levels, respectively. This is due to the stressful nature of work in the mines. Factors such as inappropriate environment, lack of a stable work environment, lack of employment security, unbearable physical environment, and unfamiliarity with ways of dealing with stress are the cause of workers' high scores in stress, anxiety, and depression. This issue was illustrated clearly in several studies that were performed in the field of stress in mines (12,13). According to the National Institute for Occupational Safety and Health in America, 40% of workers reported that their job was extremely stressful, and 26% of workers stated that they were often under pressure due to their jobs (14, 15). Psychological stress in the workplace includes stress factors that impact the mental health of workers, and are able to damage their job function and safety. A review of studies in the field of mental health status in individuals of 15 years of age and older in Iran indicates that on average about 21% of the population suffer from mental disorders (16). Moreover, women have higher vulnerability to these disorders than men (16). Thus, mental health is defined as the ability to be flexible in difficult situations and to achieve mental balance in any situation (8). In a study that was conducted by Shinar, human behavior was identified as the main cause of most accidents Many studies have shown (17).that occupational stress is the cause of occupational accidents. For example, Norris et al., in their study, observed a significant association between stress levels of and accident by employees (18). A study in England found that more than 500 thousand workers suffer from occupational stress and it is the second leading cause of absenteeism from work (19, 20). Some jobs are inherently stressful, and thus, cause anxiety. Wang et al., in their study on the mental health of workers, reported occupational stress as a very important factor in the development of mental disorders (21). Moreover, Hashemzadeh, in his study of time management behavior and occupational stress among supervisors of the surgical department, stated that 46.6% of subjects had moderate stress (17). The results of the present study showed that age had a statistical relationship with depression, anxiety, and stress; so that with the increasing of age, stress, depression, and anxiety also increased.

This finding corresponds with the study by Babalhavaeji (17) and Lotfizadeh (22), but is inconsistent with the results of the studies by Goudarzi (23) and Khaghanizadeh (16).

Aghaee et al. reported a relationship between stress and anxiety (24). The studies of McMah (25) and Malakooti (19) also confirmed the relationship between stress, and depression and anxiety.

The results of this study showed that marital status was associated with depression. This finding is consistent with results of the study by Smith that showed employed single women are more likely to develop depression than employed married women (31). Furthermore, Assadzandi found a significant relationship between depression and marital status (17). In this regard, we can say that married individuals experience considerably less feelings of depression because they receive more support from their families.

In the present study, there was a significant relationship between stress and anxiety that was consistent with previous studies (9). This finding was also in agreement with research results by Richey et al., who reported that nurses experience high levels of stress in their daily life (10). In a study by Smith on stress among nurses, nursing occupation-related stress factors consisted of facing mortality, dealing with colleagues, lack of readiness to deal with patients' emotional problems, lack of support for the organization, workload, and lack of job promotion (32). Burch (24) and Wong (27) reported in their study that individuals with shift work have a higher occupational stress that is consistent with the results of this study . Disturbance of the circadian cycle due to shift work impairs the secretion of enzymes, and this causes stress. In addition, one of the causes of high stress in shift workers was less resting time (22, 28).

In the present study, no significant relationship was found between education and stress, depression, and anxiety that was consistent with the findings of Abedi and Lotfizadeh (29). The results of the study by Ofili indicated that low education level is a stress factor (30). This was not consistent with the present study results. We can prevent accidents and physical and mental illnesses by applying individuals to stressful jobs accurately. It is suggested that workers receive training on methods of coping with stress.

Conclusion

According to the results of this study, ultimately 40% of the employees suffered from depression, anxiety, and stress at moderate to severe levels. The results of this study showed that stress, anxiety, and depression were at a high level among the examined miners.

Acknowledgments

The authors are grateful to faculty members of the Department of Occupational Health and all managers and staff of the studied copper mine in Kerman Province for their assistance in this project.

Conflict of interests: None declared.

References

- Lesan Sh, Ghofranipour F, Birashk B, 1. Faghihzadeh S. Application of PRECEDE in reducing tehranian firemen anxiety. Iranian Journal of Psychiatry and Clinical Psychology 2003; 9(2):77-83.
- Shantz M. Effect of work-related stress on 2. firefighter/paramedic. Michigan, USA: Eastern Michigan University Ypsilanti Mi; 2002 Aug.

- Kirchsteiger Ch. Trends in accidents, disasters 3. and risk sources in Europe. J Loss Prev Process Ind 1999; 12(1):7-17.
- 4. Parker D, Lawrie M, Hudson PTW. A framework understanding the development for of organisational safety culture. Saf Sci 2006; 44(6):551-62.
- Patti E, Acosta J, Chavda A, Verma D, Marker 5. M, Anzisi L. Prevalence of anxiety and depression among emergency department staff. New York Medical Journal 2007; 2(2).
- Lee I, Wang HH. Perceived occupational stress 6. and related factors in public health nurses. J Nurs Res 2002; 10(4):253-60.
- 7. Angermeyer MC, Bull N, Bernert S, Dietrich S, Kopf A. Burnout of caregivers: a comparison between partners of psychiatric patients and nurses. Arch Psychiatr Nurs 2006; 20(4):158-65.
 - 8. Ghalichi L, Pournik O, Ghaffari M, Vingard E. Sleep quality among health care workers. Arch Iran Med 2013; 16(2):100-3.
- Khaghanizadeh M, Ebadi A, Ciratinair M, 9. Rahmani M. The study of relationship between job stress and quality of work life of nurses in military hospitals. Journal of Military Medicine 2008; 10(3):175-84.
- 10. Babalhavaeji F, Pashazadeh F. Evaluation of occupational stress among librarians and managers of public libraries attached to the public library foundation (Case Study of Tehran). Research on Information Scienc & Public Libraries 2010; 16(3):103-22.
- 11. Moradipanah F. Effect of light music on depression, anxiety and stress (dass-21) for Iranian population. [MSc Thesis]. Tehran: Tarbiyat Modarres University; 2005.
- 12. Hunt AP, Parker AW, Stewart IB. Symptoms of heat illness in surface mine workers. Int Arch Occup Environ Health 2013; 86(5):519-27.
- 13. Park EK, Wilson D, Alagüney ME, Bal C, Tutkun L, Abuşoğlu S, et al. Elevated urinary metal levels in Turkish mine workers. Turkish Journal of Occupational / Environmental Medicine and Safety 2015; 1(1):11-21.
- Caulfield N, Chang D, Dollard MF, Elshaug C. A 14. review of occupational stress interventions in Australia. Int J Stress Manag 2004; 11(2):149-66.
- 15. Di Milia L, Waage S, Pallesen S, Bjorvatn B. Shift work disorder in a random population sample-prevalence and comorbidities. PLoS One 2013; 8(1):e55306. doi: 10.1371/journal.pone.0055306.
- Noorbala AA, Bagheri Yazdi SA, Asadi Lari M, 16. Vaez Mahdavi MR. Mental health status of individuals fifteen years and older in Tehran-Iran (2009). Iranian Journal of Psychiatry and Clinical Psychology 2011; 16(4):479-83.

DOI: 10.18869/acadpub.johe.4.1.50

- Goldberg DP, Hillier VF. A scaled version of the General Health Questionnaire. Psychol Med 1979; 9(1):139-45.
 Norris FH, Matthews BA, Riad JK.
 - Norris FH, Matthews BA, Riad JK. Characterological, situational, and behavioral risk factors for motor vehicle accidents: a prospective examination. Accid Anal Prev 2000; 32(4):505-15.
 - Jones JR, Hodgson JT, Osman J. Self-reported work-related illness in 1995: Results from a household survey. 1st ed. London, Britain: Health and Safety Executive (HSE) Books; 1998.
 - 20. Heron J, O'Connor TG, Evans J, Golding J, Glover V, ALSPAC Study Team. The course of anxiety and depression through pregnancy and the postpartum in a community sample. J Affect Disord 2004; 80(1):65-73.
 - 21. Xianyu Y, Lambert VA. Investigation of the relationships among workplace stressors, ways of coping, and the mental health of Chinese head nurses. Nurs Health Sci 2006; 8(3):147-55.
 - 22. Lotfizadeh M, Noor-hassim I, Habibi A. Analysis of occupational stress and the related issues among employees of Esfahan steel company (ESCO), Iran (2009). Journal of Shahrekord University of Medical Sciences 2011; 13(5):37-45
 - 23. Ma C-C, Samuels ME, Alexander JW. Factors that influence nurses' job satisfaction. J Nurs Adm 2003; 33(5):293-9.
 - 24. Wang JL, Lesage A, Schmitz N, Drapeau A. The relationship between work stress and mental disorders in men and women: findings from a population-based study. J Epidemiol Community Health 2008; 62(1):42-7.

- 25. Frueh BC, Elhai JD, Gold PB, Monnier J, Magruder KM, Keane TM, et al. Disability compensation seeking among veterans evaluated for posttraumatic stress disorder. Psychiatr Serv 2003; 54(1):84-91.
- Burch JB, Tom J, Zhai Y, Criswell L, Leo E, Ogoussan K. Shiftwork impacts and adaptation among health care workers. Occup Med 2009; 59(3):159-66.
- 27. Wong IS, Ostry AS, Demers PA, Davies HW. Job strain and shift work influences on biomarkers and subclinical heart disease indicators: a pilot study. J Occup Environ Hyg 2012; 9(8):467-77.
- Losa Iglesias ME, Becerro de Bengoa Vallejo R. Prevalence and relationship between burnout, job satisfaction, stress, and clinical manifestations in Spanish critical care nurses. Dimens Crit Care Nurs 2013; 32(3):130-7.
- 29. Karimyar Jahromi M, Hojat M. The Etiology of burnout syndrome and the levels of stress among nurses. Journal of Jahrom University of Medical Sciences 2014; 12(1):49-57.
- Ofili AN, Asuzu MC, Isah EO, Ogbeide O. Job satisfaction and psychological health of doctors at the University of Benin Teaching Hospital. Occup Med 2004; 54(6):400-3.
- Frasure-Smith N, Lespérance F, Juneau M, Talajic M, Bourassa MG. Gender, depression, and one-year prognosis after myocardial infarction. Psychosom Med 1999; 61(1):26-37.
- McNeese-Smith DK. A nursing shortage: building organizational commitment among nurses. Journal of Healthcare Management 2001; 46(3):173.