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Changes in depression status in employees of government sector

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Abstract
Background: The rate of emotional problems such as anxiety and depression has increased by 45-50 per cent among corporate and private sector's employees in the past years and are associated with functional disability and work impairment. It is reported to be one of the significant health problems facing the employees of India. Although it may seem like a topic to be avoided at all costs (after all, personal problems don't belong at work). Since people suffering with depression can be helped and recover, it is definitely worth to measure depression at workplace. However, there are relatively very few studies in India screening features of depression in employees working at governmental sectors. Thus, the research aimed at studying features of depression at work place in government employees.
Methods: The study comprised of 158 (97 male & 61 female) participants from education sector 52, health sector 80, and others 26. This was an office based cross sectional study. Beck's depression inventory- II (BDI-II) was used to measure features of depression among the participants.
Results: It was found that 46.21% of the participants had features of depression and 2.53% were facing with severe depressive features.
Conclusion: The results indicate that subclinical and clinical features of depression are considerable in the working population and provide suggestive evidence that diagnosing, preventing or managing depression among employees may require focusing on different aspects of their psychosocial work environment.

Key word: Depression, Government Employee, Workplace

1. Introduction
The health of the employees of India is under increasing challenge from a range of environmental, social, political, lifestyle and life circumstance factors. There is an increasing recognition that these do not only have an effect on our physical health but also on our mental health and well-being. Depression as a term in popular use is mostly considered to be synonymous with low mood or grief. Taking into consideration this definition, most of us get depressed from time to time. Failing in an exam, not getting into one's first choice college, breaking up with a romantic partner are all examples of precipitant event that can lead to depressed mood in many people. However, Depression as a disorder, however, is different, and involves much more severe alterations in mood and for much prolonged period. The disturbances have to be intense and persistent enough to be clearly maladaptive, often leading to serious impairments in relationships and occupational performance.
The depressive disorders are characterized by lifelong vulnerability to episodes of disease, involving depressed mood or loss of interest and pleasure in activities. The syndrome involves alterations in mood experienced as persistent sadness, irritability, dejection, profound discouragement or despair. Associated neurovegetative or biological signs include impairment in sleep, appetite, energy level, libido and psychomotor activity. Cognitive manifestations of the syndrome include distortions about oneself, one's experiences and the future, along with self blame and indecision. Somatic preoccupation, memory impairment and social withdrawal may also be present. The signs and symptoms continue for two weeks or more and are associated with a change from previous functioning (Gruenberg & Goldstein, 2004) [7].
Major depressive disorder (Unipolar depression) is reported to be the most common mood disorder. It may manifest as a single episode or as recurrent episodes. The course may be somewhat protracted—up to 2 years or longer—in those with the single-episode form. Whereas the prognosis for recovery from an acute episode is good for most patients with major depressive disorder, three out of four patients experience recurrences throughout life, with varying degrees of residual symptoms between episodes (Akistal, 2005).
Depression and depression-related problems are today among the most pressing public health concerns. Estimates for total disease burden indicate that they account for more than 7% of all estimated ill health and premature mortality in India, only exceeded by ischemic heart disease (10.5%) and cancer (11.5%). "Depression not only affects your emotions, but can also change the way how you think, how you behave, and how you function physically" (Reddy MV and Chandrashekhar CR 1998). P.S. Swaminathan,& Rajkumar S. (2013) have conducted a study that focused on the levels of depression and stress among the age group, profession, different varieties of jobs, hours of work and the influence of work environment on the degree of stress and depression faced by employees. This study indicates that, an optimum level in which every individual can perform with his full capacity and identified

three conditions responsible for work stress they are (1) Role overload (2) Role self distance (3) Role stagnation.

Kavitha (2012) [10] has focuses on the organizational role stress and depression for the employees in the IT sector. She found in her research that, women face more stress than men in the organization and she viewed to be more specific married women faces more stress than the unmarried women. Amir Shani and Abraham Pizam (2009) have conducted a study on the depression of work among hotel employees in Central Florida. They have found that, incidence of depression among workers in the hospitality industry by evaluating the relationship between the occupational stress and work characteristics. Viljoen and Rothmann (2009) [14] have investigated the relationship between occupational stress, ill health and organizational commitment. They found that organizational stressors contributed significantly to ill health and low organizational commitment. Stress about job security contributed to both physical and psychological ill health. Low individual commitment to the organization was predicted by five stressors, such as Work-life balance, Overload, Control, Job aspects and Pay

Psychological problems such as anxiety disorder and depression began plaguing employees of corporate firms more in the past 8 years. The level of such emotional problems has increased by 45-50 percent in less than a decade."Corporate employees have to survive the stiff global competitive environment to save their jobs, adding pressure on their health. However, there are relatively very few studies in India screening features of depression in employees working at governmental sectors. Thus, the research aimed at studying features of depression at work place in government employees.

Objectives

1. To find out the level of depression among the employees of different government offices.
2. To compare among groups of depression on domains of BDI.

Methodology

The study was conducted in government offices (PHC/CHC/BSA office) at the district of Mizapur, UP. The sample was collected using purposive sampling technique. The study comprised of 158 (97 male & 61 female) participants from different government sector such as education sector (52), health sector (80) and other offices (26). It was a cross sectional office based study.

Procedure

The participants were approached after taking permission from the respective government organization and consent from the participants. The participants were given full information about the measures and the procedure of completing those questionnaires. There queries were effectively handled. Participants were assured that their confidentialities will be maintained. They were briefed that the information they will provide will be only used for research purpose.

Measures

Personal Data Sheet: A personal data sheet was prepared to collect the information from the person under experiment the personal data sheet contains detail about age, income, types of family, job experience and types of job etc.

Beck depression inventory: The BDI-II is a 21-item self-reported questionnaire in which each item consists of four statements indicating different levels of severity of a particular symptom experienced over the past week (Beck, Steer, & Brown, 1996). Scores for all 21 items are summed up to yield a single depression score. The Hindi version of the BDI-II has demonstrated good convergent and discriminant validity and also high internal consistency (Kapci, Uslu, Turkcapar, & Karaoglan, 2008). Scores of 0–12 are considered in the normal range, 13–18 as mild, 19–28 as moderate, and scores of 29–63 are considered to indicate severe depression. In this study, the internal consistency (coefficient alpha) for the BDI-II Turkish Version was 0.92.

Results

Table 1: Distribution of socio-demographic characteristics

Variable	N-158	%
Gender		
Male	97	61.4
Female	61	38.6
Education		
Intermediate	11	7.0
Graduation	63	39.9
Post-Graduation	44	27.8
MBBS	17	10.8
MD	2	1.3
Phd	2	1.3
BDS	19	12.0
Marital Status		
Married	92	58.23
Unmarried	53	33.54
Never Married	13	8.23
Workplace		
Health Sector	80	50.63
Education Sector	52	32.92
Others	26	16.45
Occupation		
Medical Officer	37	23.41
Counselor	34	21.52
Special Educators	25	15.82
Health Education Officer	27	17.09
Social Worker	7	4.43
Other	28	17.72
Age (In Years)	Mean 34.88	SD 9.92

Table 1 shows the distribution of sample as per socio-demographic details. Sample comprised of 97 (61.4%) male and 61 (38.6%) female participants; 11 participant were educated up to intermediate; 63 participants were graduate; 44 were post graduate; 17 were MBBS; 2 was MD; 2 PhD and 19 had BDS degree. 92 participants were married; 53 were unmarried and 13 were never married. 80 participants were working in government's health sector and 52 were working in government's education sector and 26 were from other government sectors. 37 participants were working as medical officers; 34 were working as counselors in health sector; 25 participants were working as special educators (helping children with intellectual disability and other physical

disability); 27 participants were health education officers; 7 social workers and 28 participants were holding different posts in government offices. Mean age of the participants were 34.88years. For measuring the mood level of participants, percentage of scores on BDI II were calculated which is presented in table-2

Table 2: Scores on Beck Depression Inventory-II

Variable	N-158	%
Normal ups & downs	85	53.79
Mild mood disturbance	37	23.42
Borderline clinical depression	23	14.56
Moderate depression	9	5.69
Severe depression	4	2.53

Table 2 shows that 53.79% participants rated normal ups and downs in their mood, whereas 46.21 % participants rated subclinical and clinical depressive features in their mood on BDI-II. 37 participants rated mild mood disturbances, 23 reported to have borderline clinical depression; 9 reported to have moderate depression and 4 participants reported to have severe depression.

Table 3: Distribution of scores on the domains of BDI-II

Variables	Groups				
	Normal Ups & Downs	Mild Mood Disturbance	Borderline Clinical Depression	Moderate Depression	Severe Depression
Sadness	24	23	17	9	5
Pessimism	12	19	23	7	7
Past Failure	30	35	23	14	10
Loss Of Pleasure	9	30	23	7	9
Guilt Feelings	2	23	10	10	9
Punishment Feelings	9	17	30	9	7
Self-Dislike	0	10	14	9	5
Self-Criticalness	35	33	28	14	10
Suicidal Thoughts / Wishes	5	5	7	5	9
Crying	30	38	21	23	9
Agitation	73	57	24	23	10
Loss Of Interest	9	21	21	9	5
Indecisiveness	9	14	21	9	5
Worthlessness	9	5	24	7	9
Loss Of Energy	2	14	17	5	9
Changes In Sleeping Pattern	64	50	28	17	10
Irritability	31	30	21	7	12
Changes In Appetite	14	23	16	5	10
Concentration Difficulty	7	9	5	5	10
Tiredness Or Fatigue	7	28	21	5	14
Loss Of Interest In Sex	9	14	19	5	5

Table 3 shows that participants reporting to have normal ups and downs in their mood rated to experience agitation (73), changes in sleeping pattern (64), self-criticalness (35), irritability (31), past failure (30), and crying(30). Participants reporting to have mild mood disturbance experienced depressive features like agitation, changes in sleeping pattern, crying spells, past failure, self-criticalness, loss of pleasure, irritability and concentration difficulty. participants reporting to have borderline clinical depression were experiencing sadness, pessimism, past failure, guilt feelings, punishment feelings, self-criticalness, crying spells, agitation, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, tiredness or fatigue and loss of interest in sex. Moderate depressive and severe have sadness, pessimism, past failure, loss of pleasure, guilt feelings, punishment feelings, self-dislike, self-criticalness, crying spells, agitation, loss of interest, indecisiveness, worthlessness, changes in sleeping pattern, irritability, changes in appetite, tiredness or fatigue, and loss of interest in sex. For comparing the different groups of participants (Normal up and down, mild mood disturbance, borderline, moderate and severe) on Domains of BDI, F test were calculated which is displayed in table-4.

Table 4: Comparison between Groups on BDI

Variable	$F_{4, 153}$	Post hoc
Sadness	12.749**	5>4>3>2>1
Pessimism	16.676**	5>3>4>2>1
Past Failure	21.046**	5>4>3>2>1
Loss of Pleasure	51.838**	5>3>2>4>1
Guilt Feelings	46.548**	5>4>2>3>1
Punishment Feelings	40.170**	5>3>4>2>1
Self-Dislike	31.127**	5>3>4>2>1
Self-Criticalness	26.627**	5>4>3>2>1
Suicidal Thoughts / Wishes	35.601**	5>4>3>2>1
Crying	11.394**	5>4>3>2>1
Agitation	9.261**	4>5>2>1>3
Loss of Interest	15.396**	4>5>2>1>3
Indecisiveness	27.403**	4>3>5>2>1
Worthlessness	54.563**	5>3>4>2>1
Tiredness or Fatigue	31.705**	5>4>3>2>1
Changes in Sleeping Pattern	6.766**	5>3>2>1>4
Irritability	32.250**	4>5>2>1>3
Changes in Appetite	40.663**	5>3>2>4>1
Concentration Difficulty	46.400**	5>4>2>3>1
Somatic Concern	53.330**	5>3>2>1>4
Loss of Interest in Sex	13.270**	5>3>4>2>1

*p<0.01

Table 4 shows comparison among participants scoring normal ups and downs, mild mood disturbance, borderline clinical depression, moderate depression and severe depression on scores of various domains of BDI-II. This table indicates that there was significant difference between the groups in all the domains of BDI-II. The participants reporting to have severe depression were experiencing more features of depression than the rest participants.

Discussion

Features of depression are prevalent among employees and are associated with functional disability and work impairment. Although it may seem like a topic to be avoided at all costs (after all, personal problems don't belong at work). Since people suffering with depression can be helped and recover, it is definitely worth to measure depression at workplace. Result indicates that individuals working at government offices experiences features of depression. Participants reported to experience mild mood disturbances; borderline clinical depression, moderate depression and severe depression. Symptoms of depression develop over time. Typically, the employee experiences anxiety and mild depressive episodes that may range from several weeks to several months. These symptoms often develop into more severe depressive symptomatology. Unfortunately, this condition peaks during the employee's most productive years, namely ages 24 through 44 years of age (Byrne *et al*., 2005) [5]. Both men and women can develop physical health problems due to depression (National Institute of Mental Health, 2007a).

Further results show that participants who reported to experience mild mood disturbances were having depressive features like remunerating over past failure, not being able to feel pleasure at pre-morbid level, being critical towards self, experiencing crying spells, being restless and agitated, having problems in maintaining good sleep pattern, easily becoming irritated, and having various somatic concerns like body ache, headache, nausea etc. Stressors within the work environment also contribute to depressive symptoms. Byrne *et al*. (2005) [5] and Melchior *et al*. (2007) described interpersonal conflicts, work demands, organizational politics, lack of faith in organizational management or leadership, and perceived control over job tasks and job environment as factors related to depressive reactions. These stressors can combine into multiple work stressors further compounding their impact upon the employee's mental health functioning.

Depression in the workplace affects several domains such as work productivity, environment climate, with negative consequences to countries' economy. The personal and societal burden of this issue cannot be neglected when we become aware of the proportion of affected people. In competition-based modern societies, depression is highly prevalent (Bromet *et al*. 2011) [4] and is perceived by workers as a moderate-to-severe condition, with harsh impact in work performance. This has just confirmed old news: individuals with depression reported more impairment in productivity than those without depression (Fujii *et al*. 2012 and Herrman *et al*. 2002) [6, 8].

Interventions such as physical exercise programs, encourage participation in reinforcing and time consuming leisure and social activities, breaking large tasks into smaller component steps, setting behavioral priorities, establishing realistic work and life goals, learning positive thinking strategies, and educating employee awareness that depressive symptoms improve gradually are strategies that employers can implement within the work setting (Flynn, 1995; National Institute of Mental Health, 2006a).

Conclusion

The results of this study draw attention to the negative consequences of depressive symptoms in the government sector. On summarizing the results of the study anyone can easily find that employees at the various government sectors do experience features of depression and every individual keeps on experience ups and downs in their mood which is

considered to be normal. However, subclinical and clinical features of depression are considerable in the working population suggesting focus on different aspects of their psychosocial work environment. Thus, focusing on psychosocial work environment will help in diagnosing, preventing or managing depression among employees.

References

1. Akiskal HS. Mood Disorders: Historical Introduction and Conceptual Overview. In: Sadock, BJ. sadock VA. (Eds), Kaplan & Sadock's *Comprehensive Textbook of Psychiatry*, (8th ed). Lippincott Williams & Wilkins. Philadelphia, 2005.
2. Afsheen Khalid. Role of Supportive Leadership as a Moderator between Job Stress and Job Performance, Information Management and Business Review. 2012; 4(9):487-495.
3. Beck AT, Steer RA, Brown GK. *Manual for the Beck Depression Inventory –II.* San Antonio, TX the Psychological Corporation, 1994.
4. Bromet E, Andrade LH, Hwang I, Sampson NA, Alonso J, de Girolamo G, *et al.* Cross-national epidemiology of DSM-IV major depressive episode. *BMC.* 2011; 9(10):9-90. 1186/1741-7015.
5. Byrne ZS, Kacmar C, Stoner J, Hochwarter WA. The relationship between perceptions of politics and depressed mood at work: Unique moderators across three levels. Journal of Occupational Health Psychology. 2005; 10:330-343.
6. Fujii RK. Goren A, Annunziata K, Mould-Quevedo J. Prevalence, awareness, treatment, and burden of major depressive disorder: Estimates from the National Health and Wellness Survey in Brazil. Values Health Reg. 2012; 1:235-243.
7. Gruenberg AM, Goldstein RS. Mood disorder: Depression. In: Tasman, A., Kay, J. and Lieberman, J. (Eds.) *Text book of Psychiatry* (2nd ed). John Wiley & Sons, London. 2004, 1207-1236.
8. Herrman H, Patrick DL, Diehr P, Martin ML, Fleck M, Simon GE, Buesching, DP. Longitudinal investigation of depression outcomes in primary care in six countries: The LIDO study. Functional status, health service use and treatment of people with depressive symptoms. *Psychol. Med*. 26. Lee, R.S.; Hermens, DF Porter M. 2002; 32, 889-902.
9. National Institute of Mental Health (2007a). Depression. *Retrieved*. 1, 2007.
10. Kavitha P. Role of stress among women employees forming majority workforce at IT sector in Chennai and Coimbatore, Tier-I & Tier-II centers, *SONA- Global* Management Review. 2012; 6(3).
11. Swaminath PS, Dr. Rajkumar S. Stress levels in Organizations and their Impact on Employees' Behaviour, BVIMR Management Edge. 2013; 6(1):79-88.
12. Reddy MV, Chandrashekhar CR. Prevalence of mental and behavioural disorders in India: A metaanalysis. Indian J Psychiatry. 1998; 40:149-57.
13. Urska Treven, Sonja Treven, Simona Sarotar Zizek. Effective approaches to managing stress of employees, Review of Management Innovation & Creativity. 2011; 4(10):46-57.
14. Viljoen JP, Rothmann S. Occupational stress, ill health and organizational commitment of employees at a university of technology. SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde. 2009; 35(1).
15. World Health Organization. *The ICD-10 Classification of Mental and Behavioral Disorders. Clinical Descriptions and Diagnostic Guidelines.* Geneva: World Health Organization, 1992.