ASSESSING THE CORRELATION BETWEEN BIG FIVE PERSONALITY DIMENSION AND DEPRESSION AMONG HOSPITALWORKERS IN KEFFI NASARAWA STATE

DAVID MARKUS SHEKWOLO (PhD)
Department of Psychology,
Nigerian Defence Academy, Kaduna
Phone Number: +2347068447288. Email: davoe80@yahoo.com

&

MERCY JAMES
Department of Psychology,
Nasarawa State University, Keffi

&

ADEJOH VICTOR ATTAH
Department of Psychology,
Nigerian Defence Academy, Kaduna

&

DENIS ATAFO
Department of Psychology,
Nigerian Defence Academy, Kaduna

Abstract

This study assessed the correlation between big five personality dimension and depression among hospital workers in Keffi Federal Medical Center. The survey design method was used to examine (194) male and female hospital workers in Keffi, Nasarawa State, utilizing purposive sampling technique. Descriptive and inferential statistics of Pearson Product Moment Correlation and Independent Sample t-testwere used to test the hypotheses. The study findings indicate a statistically significant relationship between personality traits and depression, extraversion (r = .182, P < 0.05) and agreeableness (r = .154, P < 0.05) revealed significant relationship; while conscientiousness (r = .138, P > 0.01), neuroticism (r = .164, P > 0.01) and openness (r = .136, P > 0.01) did not associate. Furthermore, the result demonstrates significant gender difference on depression t(192) = -2.658, P < 0.05. This result further shows that male health worker (M=60.57; SD=12.89) exhibits lower depression compare to female health workers (M=65.14; SD=10.79). Additionally, the findings of the study revealed that, age, gender, marital status, religion and years of service jointly predicted health workers' depression significantly (R= .244; F= 2.383, P < .05). The study concludes that personality traits associates significantly with depression among health workers in Nigeria. In the light of this, the study recommended that, there is need for

revision in the healthcare system and modification of current situation for health
workers by adopting new strategies to address the stated problems.

Keywords: Correlation, Big Five Personality Dimension, Depression, Hospital Workers.

Introduction

The human life in modern days has been plagued with pressure and increasing stressors of anxiety, stress and depression, which disrupt various aspects of life. Most people encounter depression on daily basis, but an excessive and persistent exposure to depression could be a threat to mental and physical health. The nature of a job could be one of the main reasons for depression and often jobs are constituent elements of an individual social identity, the source of livelihood, and a main part of social relationships in addition to being a major source of depression (Abdul & Ferris, 2015). In a work environment, where human communication and contacts are required, the degree of depression rises and nursing profession is mostly based on human relation and communication. Psychological stress may relate to job and various types of demands, which results in conflicts and lead to depression, physical, mental and behavioural problems in association with poor job performance.

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable; experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present (Nagaraja, Reddy, Ravishankar, Jagadisha & Muninarayana, 2015).

Depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions, and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression. Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. When depression occurs, it interferes with daily life and causes pain for both who had and those who cares.

Depression is one of the most serious health problems that the human beings might face with. It is the fourth foremost cause of social exhaustion in the world. One in every twenty people is affected by depression at the same time in their lives. The start of depression is more frequent between the ages of 20 to 50, but the normal age for its diagnosis is almost around 40years. Depression is mirrored as a major health problem which causes decline of productivity in studies or work, cognitive, psychomotor and vegetative alterations, loss of initiative, and apathy (Nagaraja, Reddy, Ravishankar, Jagadisha & Muninarayana, 2015).

Depression among nurses leads to a vicious cycle in healthcare systems. It can encourage nurses to quit their job, which leads to nursing staff shortage and eventually increased risk of factors associated with job dissatisfaction and exhaustion such as work overload and unpleasant work shifts. Lack of attention to depression disrupts the individual and the

organizational system in the long run and results in anger, reduced sense of responsibility and finally resignation among the staff. Various factors such as salary, hospital policies, assigned procedures, job dimensions, work disciplines and personality traits influence job satisfaction. According to previous studies, attention to the following factors can promote nurses' depression: eradicating the shortcomings through enhancing freedom of action among nurses, removing stress-causing factors, promoting cooperation among physicians and nurses, boosting communication among nurses and promoting payment systems. Motives, tendencies and thoughts are the building blocks of human character(Wang, 2005).

Personality is a set of long-standing, unique characteristics, which may change in response to different situations. To some degree personality type will depend on the system that is being used. A traditional way to frame personality is that it is both "ingrained and habitual ways of psychological functioning that emerge from the individual's entire developmental history". Personality develops under the influence of the inherited characteristics of the individual and the environment, in which s/he takes place in. Many dimensions can be talked of within this process, like talent, intelligence, education, feelings, joy, sorrow, beliefs, friendship, traditions, expediency, morals, way of talking, responsibility, culture, sincerity, talkativeness, jealousy, and nervousness some known, some unknown, some of first rank (Zel, 2001). Personality encompasses the whole of the structural and dynamic characteristics seen in the responses of an individual to situations. In other words, personality represents the permanent characteristics of an individual that separate him or her from others (Dede, 2009). In a study conducted on personality, based on the adjectives present in the vocabulary, five strong factors were found to emerge, and many personality concepts were stated to be possible to conceptually organize into the framework of these five factors. The five factor personality model is defined as consisting of the dimensions of extraversion, emotional stability, conscientiousness, openness, and agreeableness (Goldberg, 2015).

The Big five-factor model of personality, often entitled the Big Five, organizes the highest level individual differences in to the following personality traits: Neuroticism (Emotional Stability), Extraversion (Surgency), Openness to Experience (Intellect), Agreeableness, and Conscientiousness. The Big Five adopting hierarchic models for the structure of personality accept that the dimensions of personality stated above are formed with uniting of more specific properties defined as sub characteristics consistent with individual items (Costa & McCrea, 2007).

Although the association between personality and the risk for depression could arise from multiple processes, it is of particular interest to determine whether some dimension of personality reflects an enduring liability to depressive illness. The most powerful natural experiment with which to evaluate such an association would incorporate both longitudinal and genetic designs. Ideally, personality would be measured in a large, representative sample early in adult life when most individuals are free of a history of depressive illness.

Health service constitute the largest group of human resources in healthcare systems of almost all countries. The insufficient number of nurses and their high salaries are global issues in developed and developing countries. According to statistics, one-third of English and Scottish nurses and one fifth of American nurses are willing to give up their nursing career. According

to previous studies, job dissatisfaction is one of the factors leading to individuals' reluctance to choose nursing careers.

Health service is a team job, and contextual performance is very important in teamwork. Interpersonal assistance, commitment to the job, and taking initiative all these show contextual performance and enable teams to function more effectively. The common characteristic of many teams is the necessity of teamwork. Information sharing and mutual help are seen as necessary skills for efficient team performance (Le Pine, Hanson, Borman, & Motowidlo, 2000). Studies which examine the continuity of patient care have shown that patient satisfaction was higher in services where nurses work together for routine care, compared to institutions which provide care according to traditional systems. This shows that, when nurses show contextual performance behaviour and help each other, patient satisfaction increases (Abdul & Ferris, 2015). When there is a distinction between tasks and contextual performance, a theoretical basis for the measurement of patient care performance arises (Greenslade & Jimmieson, 2007).

Workplace behaviours are generally a function of knowledge, skill, and talent, and they vary according to jobs. Contextual behaviours are functions of other characteristics, such as personality and motivation, and are common across many jobs. In regard to contextual performance, where task definitions are less meaningful, teamwork is standard, and behaviours such as altruism, volunteering, and commitment are shown have become increasingly more important for institutional performance (Reilly & Aronson, 2009). One thing seems clear; our jobs are never done in a vacuum. There is always a relationship between the holding environment that supports us, and the dispositional factors we bring to bear as individuals.

Recently, a study of Dutch Health Anesthetists (2019) was done with the MBTI to study personality dimensions and depression in an effort to predict factors that might help aid nurse retention. The author's reported two factors, "easy going, ($r = 0.18$)" and "orderly, $r = 0.11$)," as both correlating positively with depression, but predictive value using the MBTI was reported as minimal. In a meta-analysis article focusing on the five factor model of personality and depression, Judge and his collaborators found that Neuroticism ($r = -0.29$) Conscientiousness ($r = 0.26$) and Extraversion ($r = 0.25$) were most strongly correlated with depression. By definition, if you are high on the Neuroticismscale, you are likely to carry a rather negative world view that permeates most everything you do, making you less likely to be happy in general, and more specifically in the workforce. Conversely, the higher you were on the Conscientiousness and Extraversion scales the more likely you were to be satisfied in your work. Anecdotally, it follows that if you are engaged in an active way (Extraversion), and put great effort into your work product (Conscientiousness), your chances of success and satisfaction go up.

One of the interesting findings in the National Counselling Society (NCS) study (Kessler, 2003) arose from the interviewers asking participants the age of onset of their first episode of depression while determining lifetime prevalence. Data were plotted for age cohorts of age 60 or greater, 45–59, 30–44, and 18–29. These curves are progressively steeper, i.e., the younger

you are the earlier the onset of your first episode of depression and the higher the probability that you will have an episode in your lifetime. From their graph, a total of about 13% of 60+ year olds reported lifetime depression, and just over 20% of 45–59 year olds, 24% of 30–44 year olds, and about 25% of 18–29 year olds reported depression already in their lifetime.

The prevalence of depression is higher among women than among men. The American Psychological Association, 2000 (APA) cites women/men ratios of between 2:1 and 3:1. The National Comorbidity Survey reported a ratio of about 1.7:1 for both lifetime and 12-month prevalence (Kessler, 2003). The NCS-R study found about the same lifetime ratio and a 1.4:1 ratio for 12-month prevalence (Kessler, 2003).

Clark's (2017) seminal study of gender differences in levels of depression in Britain found females to have greater levels of depression compared to males, despite being in jobs with lower earnings and promotion opportunities compared to males. He posits that this is due to females having lower expectations at work due to "the poorer position in the labour market that that women have held in the past". Clark (2017) suggests that females' higher levels of depression could be transitory as they improve their labour market performances over time.

Statement of the Problem

The incidence of depression has risen every year since the early 20th century. Depression occurs in persons of all genders, ages, and backgrounds and have been at increase in the health sector. Depression can be reliably diagnosed and treated and there are probably many reasons for this, though most studies point to significant socioeconomic changes experienced by the post-World War II "baby boomer" generation. Health care workers witness great human suffering, grief and distress among the hospital patients and every day deal with moaning, crying, and devastated family members for the loss of a loved one or a critically ill patient. Health care workers experience insomnia, uncertainty and interpersonal relationship problems at various levels and anxiously work to meet the standard of care for their patients, while comforting family members. Decreased quality of Health care workers care is the worst consequence of burnout when nurses are emotionally spent and patients sense apathy and lack of compassion, while their needs are ignored (Abdul & Ferris, 2015).

Health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health.

Health care is emotionally, mentally, and physically demanding work that is both rewarding and challenging in view of the profound changes that have occurred in health-care provision over the past several decades. Organizational downsizing, staffing cutbacks, work redesign, and advances in medical treatment have left the community care and hospital sectors dealing with larger needs populations at a time when fewer health care are available. Although the experience of studying nursing is beneficial, on the other hand it is also considered as a very stressful experience to study nursing, which might result in depressive disorder amid nursing students (Papazisis, 2008). The usual age of start of the disorder is also so early, creating

depression a predominantly leading problem zone for university students and the prevalence seems to be increasing (Reavley & Jorm, 2010). A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. An individual health care provider (also known as a health worker) may be a health care professional, an allied health professional, a community health worker, or another person trained and knowledgeable in medicine, nursing or other allied health professions, or public / community health. It was recognized that some employees seem less productive and reliable than usual-- they may often call in sick or arrive late to work, have more accidents, or just seem less interested in work. These particular individuals may be suffering from a very common illness called clinical depression.

Depression results in more days in bed than many other ailments (such as ulcers, diabetes, high blood pressure, and arthritis) according to a recent large-scale study published by the Rand Corporation. In addition to personal suffering, depression takes its toll at the workplace. In the workplace, symptoms of depression often may be recognized by: Morale problems, Lack of cooperation, Safety risks, accidents, Absenteeism, Frequent statements about being tired all the time, Complaints of unexplained aches and pains and Alcohol and drug abuse. Health workers are loaded important responsibilities in medical service process. The productivity and effectiveness of them are influenced by promotion, charging, job security, technological level, course load and working schedule which all are determined mostly by their institutions and influenced by non- cognitive characteristics such as age, gender, family structure and finally influenced by personality types and characteristics, attitudes and behaviours, social values, competency and other personality characteristics of health workers. (Costa & McCrea, 2007). If managements in organizations are aware of the relationship between these two variables, improvement actions may be taken at early stage. Therefore, this study aimed to determine the relationship between personality type and depression among health workers in Keffi Medical Center.

Research Questions
    i.   What is the relationship between Personality types and Depression among health workers in General hospital Keffi?

    ii.   Will there be differences in personality between men and women and their level of depression among the health workers in General hospital Keffi?

Objectives of the Study
    i.   To examine the significant relationship between Personality types and depression among hospital workers in General hospital Keffi.

    ii.   To determine differences in personality between men and women and their level of depression among the hospital workers in General hospital Keffi.

Methods
Design
A research design constitutes the blueprint for the collection, measurement and analysis of data.For this study, a survey research design method was adopted, which involves using an

adapted questionnaire in collecting data from the sampled participants.The independent variable is personality traits, while dependent variable is depression.

Participants

For the participants, one hundred and ninety- four (194) hospital workers which comprised of 77 male and 117 female hospital worker of General Hospital Keffi were selected to participate in the study and were drawn significantly to represent the study sample size.

Sample Size and Sampling Technique

The sample size wasone hundred and ninety- four (194) and the sampling technique used for selecting the participants was purposive sampling. Purposive sampling technique allows for data or responses to be collected easily in a community based on individuals who were readily available and willing to participate in the study. Purposive sampling is cost effective and also effective for collecting data in a large community.

Instruments

For the instrument, a self-report questionnaire divided into 'three (3) sections of **A, B & C.Section A** measures the socio-demographic variables of the respondents, which include age, sex, marital status, religious affiliation, level of education, and years of experience. While **Section B** of the questionnaire is a self-rating depression scale (SDS), developed by Zung (1965). The SDS has 20 items with four (4) response option ranging from **1= Some or a little of the time 2 = Some of the time 3 = Good part of the time 4 = Most or all of the time**. The psychometric properties were obtained by Obiora (1995) with interval test-retest coefficient of.9.3. For **Section C, the** big-five inventory (BFI) was used to capture the personality traits of the participants. The BFI developed by Goldberg (1993) is an instrument used to measure the five dimensions of personality: namely; Extraversion, Conscientiousness, Agreeableness, Neuroticism and Openness to experience respectively. The BFI is a 44-item instrument, which takes approximately five to ten minutes to administer. Each trait is assessed by eight to ten items. Extraversion (8 items), Conscientiousness (9 items), Agreeableness (9 items), Neuroticism (8 items) and Openness (9 items) respectively. The instrument is structured or rated on 4-point Liker scale format ranging from 1 = "strongly disagree" to 4 = "strongly agree", all items are scored directly. The maximum score for agreeableness, conscientiousness and openness is 36: < or = 18 indicate low scores while 19 and above indicate high scores in each of the domains. Also, extraversion and neuroticism maximum scores are 32; < or = 16 indicates low scores while 17 and above indicates high scores in each of the domains. The BFI Cronbach alpha reliability reported an overall value at (α = .89 by the original author.

A validation study was conducted for the present study through pilot study with 50 hospital staff who were who were not part of the main study to ascertain the reliability and valid of the instrument. A Spilt-Half reliability method was adopted and the results revealed a Cronbach's Alpha Coefficient for the two-half as 0.742 and 0.664 respectively with a Guttman Split-Half Reliability Coefficient of 0.753. Therefore, the instrument was found reliable and valid for this study.

Procedure

Before the research was carried out properly, the researcher wrote to the management board to seek for permission from the Medical Director of the General Hospital Keffi, after that the participant were selected from each department. Thereafter the questionnaires were distributed to them to respond which includes the inform consent form after detailed explanation of the study has been done. Their responses were collected for further analysis.

Statistics Methods

For the statistical methods to be adopted for this study are hierarchical multiple regression, t-test for independent sample, Pearson Product Moment Correlation and Analysis, of variance (ANOVA) for data analysis.

Results

This session presents the analysis and interpretation of the data collated from the survey study using frequencies, percentages, means and standard deviations to describe the demographic characteristics of the participants and the spread of the data across the sample population. The data were further analysed using inferential statistics for the test of hypotheses. Pearson Product Moment Correlation was used to test the relationship among personality traits and depression, Independent Sample t-test was used to test for difference between male and female hospital workers depression while and Regression Analysis was used to test the individual and joint prediction of age, gender, length of service on depression among health workers.

Data Presentation

Table 1: Frequency and Percentages of the Characteristics of Participants

VARIABLES		FREQUENCY	PERCENTAGES
Gender	Male	77	39.7
	Female	117	60.3
	Total	**194**	**100%**
Age	16-20 Years	11	5.7
	21-25 Years	43	22.2
	26-30 Years	59	30.4
	31-35 Years	47	24.2
	36-40 Years	25	12.9
	41 Above	9	4.6
	Total	**194**	**100%**
Marital status	Single	138	71.1
	Married	56	28.9
	Total	**194**	**100%**
Religion	Islam	156	80.4
	Christianity	38	19.6
	Total	**194**	**100%**
	1-5 years	154	79.4

Years of service	6-10 years	27	13.9
	11 and Above	13	6.7
	Total	**194**	**100%**

Table 1 shows the frequencies and percentages of the characteristics of 194 hospital workers (77 males and 117females). Age: 16-20 years (N= 11, 5.7%), 21-25 year (N= 43, 22.2%), 26-30 years (N= 59, 30.4%), 31-35 years (N= 47, 24.2%), 36-40 years (N=25, 12.9%) and 41 above (N= 9, 4.6%). Marital status: Single (N= 138, 71.1%) and Married (N= 56, 28.9%). Religion:Islam (N= 156, 80.4%) and Christianity (N= 38, 19.6%). Years of service: 1-5 years (N= 154, 79.4%), 6-10 years (N= 27, 13.9%), and 11 above (N= 13, 6.7%).

Hypothesis 1: there will be a significant relationship between the Big-five personality dimensions (extraversion, agreeableness, conscientiousness, neuroticism and openness) and depression. This hypothesis was tested using Pearson Product Moment Correlation in table 2.

Table 7: Summary Result of the Relationship between Hospital Worker's Personality Traits and Depression

VARIABLES		Dep.	Ext.	Agr.	Cons.	Neu.	OE
Depression	Pearson Correlation	1	.182*	.154*	.138	.100	.136
	Sig. (2-tailed)		.011	.032	.055	.164	.058
	N	194	194	194	194	194	194
Extrovert	Pearson Correlation	.182*	1	.629**	.286**	.243**	.595**
	Sig. (2-tailed)	.011		.000	.000	.001	.000
	N	194	194	194	194	194	194
Agreeable-ness	Pearson Correlation	.154*	.629**	1	.298**	.278**	.466**
	Sig. (2-tailed)	.032	.000		.000	.000	.000
	N	194	194	194	194	194	194
Conscientious-ness	Pearson Correlation	.138	.286**	.298**	1	.161*	.190**
	Sig. (2-tailed)	.055	.000	.000		.025	.008
	N	194	194	194	194	194	194
Neuroticism	Pearson Correlation	.100	.243**	.278**	.161*	1	.237**
	Sig. (2-tailed)	.164	.001	.000	.025		.001
	N	194	194	194	194	194	194
Openness to experience	Pearson Correlation	.136	.595**	.466**	.190**	.237**	1
	Sig. (2-tailed)	.058	.000	.000	.008	.001	
	N	194	194	194	194	194	194

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 7 shows the summary results of the Pearson Product-Moment Correlation between health workers personality traits and depression. The results revealed the correlational matrix where it indicates a statistically significant positive relationship between extraversion and depression (r = .182, *P*< 0.05); agreeableness and depression (r = .154, *P*< 0.05) but indicates a no statistically significant positive relationship between conscientiousness, neuroticism and openness on depression.

The results further revealed the inter-correlational outcomes where Extraversion significantly inter-relate positively with agreeableness (r= .629, *P*< 0.01), conscientiousness (r = .286, *P*< 0.01), neuroticism (r = .243, *P*< 0.01); and openness (r = .595, *P*< 0.01); Agreeableness significantly inter-relate positively with extraversion (r = .629, *P*< 0.01), conscientiousness (r = .298, *P*< 0.01), neuroticism (r = .278, *P*< 0.01) and openness (r = .466, *P*< 0.01); Conscientiousness significantly inter-relate positively with extraversion (r = .286, *P*< 0.01), agreeableness (r = .298, *P*< 0.01), neuroticism (r = .161, *P*< 0.05) and openness (r = .190, *P*< 0.05); Neuroticism significantly inter-relate positively with extraversion (r = .243, *P*< 0.01), agreeableness (r = .278, *P*< 0.01), conscientiousness (r = .161, *P*< 0.05) and openness (r = .237, *P*< 0.01); Also, Openness significantly inter-relate positively with extraversion (r = .595, *P*< 0.01), agreeableness (r = .466, *P*< 0.01), conscientiousness (r = .190, *P*< 0.01) and neuroticism (r = .237, *P*< 0.01). In other words, the hypothesis was confirmed in this study. These results imply that personality traits positively and significantly correlate with health workers level of depression.

Hypothesis 2: There will be a significant difference between male and female health workers on depression. This hypothesis was tested using Independent-Sample t-test in table 3.

Table 8: Summary Result of the Difference between Male and Female Health Workers on Depression

Gender	N	M	SD	df	t	P
Male	77	60.57	12.885			
				192	-2.658	.009
Female	117	65.12	10.786			

(192) = -2.658, *P*< 0.05

Table 8 shows the summary results of the Independent sample t-test analysis between male and female hospital workers. The results revealed the mean and standard deviation scores on depression for male (M= 60.57, SD= 12.885) and female (M= 65.12, SD= 10.786). Further analysis revealed a statistically significant t(192) = -2.658, *P*< 0.05 difference between male and female health worker's depression level. In other words, the hypothesis was confirmed in this study. These results imply that female hospital workers are significantly more depressed compared to their male counterparts.

Discussion of Finding

Two hypotheses were postulated and tested according to the statistical tool that each of them measured and the results were found as seen below:

Hypothesis one tested the significant relationship between the Big-five personality dimensions (extraversion, agreeableness, conscientiousness, neuroticism and openness) and depression. This hypothesis was tested using Pearson Product Moment Correlation in table 2. The results revealed the correlational matrix where it indicates a statistically significant positive relationship between extraversion and depression, agreeableness and depression but indicates a no statistically significant positive relationship between conscientiousness, neuroticism and openness on depression. The results further revealed the inter-correlational outcomes where Extraversion significantly inter-relate positively with agreeableness, conscientiousness, neuroticism; and openness; Agreeableness significantly inter-relate positively with extraversion, conscientiousness, neuroticism and openness; Conscientiousness significantly inter-relate positively with extraversion, agreeableness, neuroticism and openness; Neuroticism significantly inter-relate positively with extraversion, agreeableness, conscientiousness and openness; Also, Openness significantly inter-relate positively with extraversion, agreeableness, conscientiousness and neuroticism. In other words, the hypothesis was confirmed in this study. These results imply that personality traits positively and significantly correlate with hospital workers level of depression.

Agreeing with the finding in this study, a meta-analysis article was conducted focusing on the five factor model of personality and depression, Judge and his collaborators found that Neuroticism, Conscientiousness and Extraversion were most strongly correlated with depression. By definition, if you are high on the Neuroticismscale, you are likely to carry a rather negative world view that permeates mosteverything you do, making you less likely to be happy in general, and more specifically in the workforce. Conversely, the higher you were on the Conscientiousness and Extraversion scales the more likely you were to be satisfied in your work. Anecdotally, it follows that if you are engaged in an active way (Extraversion), and put great effort into your work product (Conscientiousness), your chances of success and satisfaction go up. Additionally, Hochwarter, and Anderson (2006) found that a high degree of positive affect and high levels of conscientiousness are associated with low levels of all strain variables. For a productive workforce, policy-makers must recognize the relationship between work stress and mental health, as well as the importance of primary prevention and adequate treatment.

The second hypothesis tested the significant difference between male and female health workers on depression. This hypothesis was tested using Independent-Sample t-test. The results of the Independent sample t-test analysis between male and female health workers, analysis revealed a statistically significant difference between male and female health worker's depression level. The hypothesis was confirmed in this study. These results imply that female health workers are significantly more depressed compared to their male counterparts.

Supporting this study finding, Consistent with Clark, Sloane and Williams (2000) report higher levels of depression for females compared to males, despite earning lower pay. They

also note that this could be due to females having lower expectations. Nevertheless, females in male dominated workplaces have similar depression levels compared to males, perhaps reflecting higher expectations. Souza-Poza (2003) undertook a specific look at Britain using 1991-2000 data and found evidence of falling levels of depression among females over time. They conclude that this is points to the gender-depression gap being a transitory, rather than a permanent phenomenon in Britain. The prevalence of depression is higher among women than among men. The DSM (American Psychiatric Association, 2000) cites women/men ratios of between 2:1 and 3:1. The National Comorbidity Survey reported a ratio of about 1.7:1 for both lifetime and 12-month prevalence (Kessler et al., 1994). The NCS-R study found about the same lifetime ratio and a 1.4:1 ratio for 12-month prevalence (Kessler et al., 2003).

More so, according to gender, Clark's (2017) seminal study of gender differences in levels of depression in Britain found females to have greater levels of depression compared to males, despite being in jobs with lower earnings and promotion opportunities compared to males. He posits that this is due to females having lower expectations at work due to "the poorer position in the labour market that that women have held in the past". Clark (2017) suggests that females' higher levels of depression could be transitory as they improve their labour market performances over time.

Conclusion

Health service constitute the largest group of human resources in healthcare systems of almost all countries. The insufficient number of health workers and their high salaries are global issues in developed and developing countries. The prevalence and high level of depression among health workers and the workers are constantly left in a dangerous work environment. The working condition can be stressful and hazardous. Health care workers witness great human suffering, grief and distress among the hospital patients and every day deal with moaning, crying, and devastated family members for the loss of a loved one or a critically ill patient. Health care workers experience insomnia, uncertainty and interpersonal relationship problems at various levels and anxiously work to meet the standard of care for their patients, while comforting family members. Decreased quality of Health care workers care is the worst consequence of burnout when nurses are emotionally spent and patients sense apathy and lack of compassion, while their needs are ignored (Abdul & Ferris, 2015).

Depression results in more days in bed than many other ailments (such as ulcers, diabetes, high blood pressure, and arthritis) according to a recent large-scale study published by the Rand Corporation.

In addition to personal suffering, depression takes its toll at the workplace in hospitals. In the workplace, symptoms of depression often may be recognized by: Morale problems, Lack of cooperation, Safety risks, accidents, Absenteeism, Frequent statements about being tired all the time, Complaints of unexplained aches and pains and Alcohol and drug abuse.

Workplace behaviours are generally a function of knowledge, skill, and talent, and they vary according to jobs. Contextual behaviours are functions of other characteristics, such as personality and motivation, and are common across many jobs. In regard to contextual performance, where task definitions are less meaningful, teamwork is standard, and

behaviours such as altruism, volunteering, and commitment are shown have become increasingly more important for institutional performance.

Recommendations

At the end of the study, the following recommendations are made:

i.   We recommend an overview and revision in the healthcare system and modification of current situation for health workers by adopting new strategies to address the stated problems and resolve the issues.

ii. There is a need for health managers to develop appropriate intervention programs to reduce workload, make regular shift schedules, and provide positive reinforcements for health workers to reduce anxiety, stress and depression. This intervention strategy may help increase job satisfaction and demonstrate organizational commitment in nurses' health and wellbeing. Most importantly, reduced stress, anxiety and depression among them can improve the quality of patient care.

iii. Hospital workers who are suffering from depression need to be supported by early diagnosis by Psychologists, so they can obtain appropriate treatment and minimize the impact on their ability to deliver safe care.

iv. Health-care organizations should strive to provide less stressful, more respectful workplaces in order to support the physical, emotional, and mental health of their employees in a proactive and responsive manner. This applies specially to nurses, since nurses are central to patient safety and quality outcomes in health care.

v.   Increase awareness of primary health care providers about depressive symptoms by Psychologists.

vi. Screening for depressive symptoms should be considered to primary health care employee with chronic diseases, marital status (divorced and widowed) and those with large families.

vii. Physical health mental health of the health workers should also be given more importance based on which the students may reflect and find healthy solutions for their distress.

References

Abdul, R. & Ferris, S, (2015). Manager impact on retention of hospital staff, Part 1. *Journal of Nursing Administration*, 19(3), 14-9.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. American Psychiatric Publishing, Washington, DC, London, England.

Beck, A. T. (1976). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.

Costa PT, McCrae RR. (2007). *Revised NEO personality inventory (NEOPI- R) and NEO five-factor inventory (NEO-FFI) professional manual*. Odessa: Psychological Assessment Resources, Inc.

Clark, A. (2017). Job satisfaction and gender: Why are women so happy in work? *Labour Economics*; 4:341–72.

Clark, D. M., Sloane, J. D. & Williams, D. (2000). Diurnal variation in clinical depression and accessibility of memories of positive and negative experiences. *Journal of Abnormal Psychology, 91*, 87-95.

Dede, B. (2009). *Effects of Organizational Citizenship Behaviour Personality Traits*: Banks Case, Master thesis, Karadeniz Technical University Social Sciences Institute, Trabzon,Turkey.

Dutch Health Anesthetist (2019). *Research on prevalence of depression among Nursing College Students of Dutch.*

Greenslade, J.H.,&Jimmieson, N.L. (2007) 'Distinguishing Between Task and Contextual Performance for Nurses: Development of a Job Performance Scale', *Journal of Advanced Nursing, 58(6), 602-611.*

Goldberg, L. R. (1993). The development of markers for the Big Five factor structure. *Psychological Assessment, 4*, 26-42.

Goldberg, L.R. (2015) 'An Alternative Description of Personality: The Big-Five Factor Structure'. *Journal of Personality and Social Psychology*, 59: 1216-1229.

Hochwartter, R., & Anderson, E. (2006). Organizational identification versus organizational commitment: self-definition, social exchange and job attitudes. *Journal of Organizational Behaviour*, 27(5), 571-84.

Kessler, R.C. (1994). The effects of stressful life events on depression. *Annual review of Psychology.; 48:191–*

214.

Le Pine J.A., Hanson, M.A., Borman, W.C., &Motowidlo S.J. (2000) 'Contextual Performance and Teamwork: Implications for Staffing', *Research in Personnel and Human Resources Management, 19, 53-90.*

Nagaraja, G., Reddy, M., Ravishankar, M.,Jagadisha,S., &Muninarayana, N. (2015). Prevalence of Depression among Nursing College Students of Kolar District, Karnataka State IOSR *Journal of Humanities and Social Science*. 20 (5), 135-139.

Obiora, M.E. (1995). *Indices, psychological assessment and treatment of childhood disorder*. Unpublished manuscript, Department of Psychology, University of Lagos.

Papazisis, G. (2008). Depression and anxiety among nursing students in Greece. *Annals of General Psychiatry*. 7(1), 209.

Public Health Agency of Canada. (2006). *The human face of mental health and mental illness in Canada in 2006*

Reavley, N., Jorm, A.F. (2010). Prevention and early intervention to improve mental health in higher education students: a review. *Early Intervention in Psychiatry*. 4 (2), 132–142.

Reilly, R.R.,& Aronson, Z.H. (2009) 'Managing Contextual Performance'. in: Smither W. &London M. (ed), *Performance Management, Putting Research into Action'*, John Wiley & Sons, 297-328.

Sousa-Poza, A., & Sousa-Poza, A.A. (2000), 'Taking another look at the gender job satisfaction paradox', *Kyklos*,53,135.152.

Wang, J. (2005). Work stress as a risk factor for major depressive episode(s). *Psychological Medicine, 35*, 865–871.

World Health Organization, (1992). *Quality and accreditation health care services*. Geneva.

Zel, U., (2001), *Kişilikve Liderlik, Seçkin Yayıncılık*, Ankara.

Zung, W.W.K. (1965). A self- rating depression scale. *Archives of general psychiatry*, 12, 63-70