

PSYCHOSOCIAL INFLUENCE ON THE MENTAL HEALTH STATUS OF MILLENNIALS HEALTH WORKERS IN COMMUNITY HEALTH CENTERS IN GORONTALO CITY

Fauziah Wahyuningsi Ismail¹, Amran Razak¹, Stang²

¹ Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA

² Department of Biostatistics, Faculty of Public Health, Hasanuddin University, INDONESIA

ABSTRACT

Mental health is someone who is free from tension and anxiety. This study aims to determine the psychosocial influence on the mental health status of millennial health workers in Community Health Center throughout Gorontalo City. This research uses quantitative research methods with a survey approach. The research sample of 116 millennial health workers spread in 10 Health centers throughout Gorontalo City. Data collection uses a questionnaire containing a mental health and psychosocial questionnaire. Data were analyzed by simple linear regression analysis through the SPSS for windows program. The results show that psychosocial had no effect on mental health status with a t-value of $0.615 > 0.05$. It is hoped that in future studies it is necessary to consider other factors that influence mental health.

Keywords: Psychosocial, mental health, millennial health workers.

INTRODUCTION

At the moment many people are physically visible that they are not disabled, socially able to communicate well with their environment, productive, they are able to give and or do activities that benefit themselves and others but sometimes we can not know that someone's mental state is good or not. Mental health in general is behavior that can be accepted by the community, his lifestyle is in accordance with the norms prevailing in the community so that there is a satisfying relationship between individuals in their social life, the individual's psychological life is relatively stable, does not harbor many internal conflicts, his mood is calm and even his body is always in good health (Johansen & Krebs, 2015). Whereas someone with an unhealthy personality is someone who is mentally disturbed both because of inner conflict, so that his soul is unstable, does not have attention to the environment, feels always right, separated and or avoided by the environment, feels scared, and is also restless (Kayaş et al., 2016).

WHO reports that there are around 450 million people with mental problems. Psychiatric / mental problems are characterized by schizophrenia (21 million people), MDD (35 million), dementia (47.4 million) and BD (66 million) of the total world population of 7.53 billion. In Southeast Asia suicide is the first cause of death at the age of 15-29 years. Bipolar is the sixth leading cause of disability in the world and it is predicted that depression will be the second leading cause of disability in 2020 (Bipolar Care Indonesia, 2017). That is, although mental health has not been seen as an epidemic problem, in fact it has a significant impact in making millions of people live with disabilities.

In Indonesia, more than 20 million people have mental disorders, 1 of them has severe mental disorder (Bipolar Care Indonesia, 2017). Central Sulawesi and Gorontalo are provinces with the highest mental / mental health cases at age ≥ 15 years (Risksdas, 2018). Only 9% of survivors of depression take medication / undergo medical treatment.

In 2020, the year the demographic bonus starts, millennial generation will be in the age range of 20 years to 40 years. This age is the productive age which will be the backbone of the Indonesian economy. Three years before that era, the millennial generation was dominant compared to other generations. According to the BPS (2017), the number of millennials reaches around 88 million people or 33.75 percent of the total population of Indonesia. This means that the proportion is greater than the proportion of the previous generation, namely generation X which is only 25.74 percent, the baby boom + veterans generation is only 11.27 percent and generation Z is around 29.23 percent.

In this connection, it can be concluded that Indonesian workers are dominated by millennial generation whose work is influenced by several factors and these factors play an important role in mental health status. If mental health status decreases, then the ability and or productivity in the work decreases.

Gorontalo Province is a province with a prevalence of depression in the first place of 10.3 percent in the population aged ≥ 15 years and second in the province with the highest prevalence of emotional disturbances in the population in the age of 15 years at 17.7 percent after Central Sulawesi Province (19.8 percent) (Risksdas, 2018) with the percentage of each cut off point ≥ 6 and ≥ 9.8 . Based on this description, researchers are interested in conducting research on psychosocial effects on the mental health status of millennials health workers in health centers in Gorontalo City.

METHODOLOGY

Research Design

This research uses quantitative research methods with a survey approach. The study was conducted in August to September 2019 in 10 Community Health Centers throughout Gorontalo City. The Health Centers that become research sites are Pilolodaa Health Center, Kota Barat Health Center, Duingi Health Center, Selatan Kota Health Center, Timur Kota Health Center, Hulonthalangi Health Center, Dumbo Raya Health Center, Utara Kota Health Center, Health Center Kota Tengah and Pusatan Sipatana Health Center.

Population and Sample

The population in this study were all millennial health workers in Health Center in Gorontalo City born in 1980 to 1999 (KPPPA & BPS, 2018) totaling 116 people. The sample in this study is total sampling which means that the entire population is sampled in this study.

Data analysis

The data analysis technique of this study used linear regression analysis with SPSS 16.0 for Windows.

RESULTS AND DISCUSSION

Table 1. Distribution of Respondents based on Gender Characteristics of Education Years of Work and Age (Years) at the Center Public Health throughout Gorontalo City in 2019

Community Health centers	Gender		Education					Length of Work			Age (Year)				
	M	F	DI	DIII	DIV	SI	Profession	1-2	3-4	5-6	19-23	24-28	29-33	34-38	39
Pilolodaa															
n	3	13	1	8	1	5	1	9	2	5	5	7	3	1	0
%	18,7	81,3	6,25	50	6,25	31,3	6,25	56,3	12,5	31,3	31,3	43,8	18,7	6,25	
Kota Barat															
n	0	9	0	3	0	2	4	7	2	0	1	7	1	0	0
%	0	100	0	33,3	0	22,3	44,5	77,7	22,3	0	11,1	77,8	11,1	0	0
Dungingi															
n	0	7	0	7	0	0	0	0	5	2	0	6	1	0	0
%	0	100	0	100	0	0	0	0	71,5	28,5	0	85,8	14,2	0	0
Kota Selatan															
n	0	7	1	3	2	1	0	5	0	2	3	4	0	0	0
%	0	100	14,2	42,8	28,5	14,2	0	71,5	0	28,5	42,8	57,2	0	0	0
Kota Timur															
n	0	9	2	3	0	3	1	6	1	2	1	7	0	1	0
%	0	100	22,3	33,3	0	33,3	11,2	66,7	11	22,3	11,1	77,8	0	11,1	0
Hulonthalangi															
n	0	10	0	5	0	4	1	5	1	4	2	5	3	0	0
%	0	100	0	50	0	40	10	50	10	40	20	50	30	0	0
Dumbo Raya															
n	3	3	0	2	2	2	0	4	0	2	3	3	0	0	0
%	50	50	0	33,3	33,3	33,4	0	66,7	0	33,3	50	50	0	0	0
Kota Utara															
n	1	15	2	5	1	7	1	2	2	12	0	4	5	4	3
%	6,2	93,8	12,5	31,2	6,2	43,8	6,7	12,5	12,5	75	0	25	31,2	25	18,8
Kota Tengah															
n	9	12	3	9	0	8	1	2	9	10	1	11	6	1	2
%	42,9	57,1	14,2	42,9	0	38,1	4,8	9,6	42,9	47,6	4,8	52,3	28,5	4,8	9,6
Sipatana															
n	1	14	0	5	4	3	3	6	4	5	4	5	3	2	1
%	6,7	93,3	0	33,3	26,6	20	20	40	26,7	33,3	26,6	33,3	20	13,4	6,7
Total															
n	17	99	9	50	10	35	12	46	26	44	20	59	22	9	6
%	14,6	85,4	7,7	43,1	8,7	30,2	10,3	39,6	22,5	37,9	17,3	50,9	18,9	7,7	5,2

Source: Primary data processing, 2019

Table 1 shows the characteristics of respondents consisting of gender, education, length of work and age presented by the Community Health Center. The majority of respondents were women (85.4%) with the dominant educational characteristics being diploma III (43.1%). The dominant working time characteristic is 1-2 years (39.6%) while the dominant age characteristic is in the 24-28 year group (50.9%).

Table 2. Distribution of Respondents by Mental and Psychosocial Health in Public Health Centers throughout Gorontalo City in 2019

Community Health centers	Research variable			
	Mental Health		Psychosocial	
	Disturbed	Not disturbed	Disturbed	Not disturbed
Pilolodaa				
n	0	16	1	15
%	0	100	6,2	93,8
Kota Barat				
n	0	9	1	8
%	0	100	11,1	88,9
Dungingi				
n	0	7	0	7
%	0	100	0	100
Kota Selatan				
n	0	7	0	7
%	0	100	0	100
Kota Timur				
n	0	9	0	9
%	0	100	0	100
Hulonthalangi				
n	1	9	4	6
%	10,0	90,0	40,0	60,0
Dumbo Raya				
n	0	6	0	6
%	0	100	0	100
Kota Utara				
n	0	16	0	16
%	0	100	0	100
Kota Tengah				
n	1	20	6	15
%	4,8	95,2	28,6	71,4
Sipatana				
n	0	15	3	12
%	0	100	20,0	80,0
Total				
n	2	114	15	101
%	1,7	98,3	12,9	87,1

Source: Primary data processing, 2019

Table 2 shows the distribution of respondents based on research variables. The majority of respondents are mentally disturbed at 98.3%. The majority of respondents are not disturbed psychosocially at 87.1%.

Table 3. Analysis Prerequisite Test Results

Assumption Test	Results	Interpretation	conclusion
Unstandardized Residual			
Kolmogorov-Smirnov Test	0,260	Sig. (2-tailed) > 0,05	Normal distribution of data
Multicollinearity (VIF Value)			
Psychosocial	T (0,994) dan V (1,006)	Tolerance $\geq 0,01$ dan VIF ≤ 10	Multicollinearity free
Autocorrelation			
Durbin-Watson	1,566	$d_u < d < 4 - d_u$	No autocorrelation occurred
Homoscedacity (Glejser Test)			
Psychosocial	0,103	Sig > 0,05	Heteroskedacity free

Source: Output SPSS, 2019

Table 3 shows the results of the assumption test in assessing the requirements of the linear regression model with the prerequisite test analysis performed including the linearity assumption test, the data normality test (Kolmogorov Smirnov test) with $\alpha = 0.05$, the assumption test for autocorrelation (the test statistic is Durbin-Watson (DW)), and homoscedasticity test (the test statistic used is the Glejser test) (Stang, 2014). The results of the normality test obtained a significance of $0.260 > 0.05$ which means the data is normally distributed. Furthermore, the autocorrelation test obtained a value of 1.566 or $d_u < d < 4 - d_u$, which means no autocorrelation occurred. As for the homoskedacity test, the significance value obtained for each variable > 0.05 , which means that the data is heteroscedacity free.

Table 4. Conclusions of the Hypothesis

Hypothesis	Variable	T-Value	Sig.	Conclusion
H1	Psychosocial to Mental Health	0,596	> 0,05	There is no influence

Source: Output SPSS, 2019

Table 4 shows the conclusions of the research hypothesis test using the t test with $\alpha < 0.05$. The analysis shows that the research hypothesis is no effect. Psychosocial has no effect on mental health with a t-value of $0.586 > 0.05$.

This study shows that the mental health status of millennial health workers in Health Centers in Gorontalo City is not influenced by management and psychosocial functions. This is caused by the percentage of mental health disruption of health workers with a high percentage of 98.3%. In addition, the results of research that psychosocial and mental health have a tendency to get better percentage of disruption of each variable measured in millennial health workers.

Millennial health workers in Gorontalo City Public Health Centers have good mental harmony, are able to deal with and overcome shocks, can adjust and overcome difficulties, meet needs naturally and take responsibility, have a sense of humor, have a sense of freedom and independence of life and always feels happy, has a healthy outlook on life, emotional balance and does not depend on others. In addition it was reviewed from the psychosocial millennial health workers who were scattered in the Gorontalo City Public Health Centers that psychosocial disorders in millennial health workers are low so that the incidence of mental health disorders would be reduced. Where in the assessment disturbed and not disturbed psychosocial both from the demands in the workplace, work organization and work content, work interfaces, values at the workplace level as well as the health and well-being of the millennial health workers with the highest percentage that is in the psychosocial disruption (87, 1%) or as many as 101 respondents who are not mentally impaired.

This supports Bastian's research (2018) which proves that there is no influence of psychosocial problems on mental disorders. This is because if someone's life is peaceful, happy and prosperous, they will certainly be able to think and carry on with proper behavior. Conversely, if someone's psychosocial has been disrupted, then their mental health will be affected.

In contrast to Danna & Griffin (1999), Harvey (2014), which states that one of the factors that influence mental health in the workplace is interpersonal relationships or patterns of communication between individuals (interpersonal relationships) that exist in the workplace. Interpersonal relationships are one indicator to measure psychosocial in this study. Interpersonal relationships and effective communication at work will affect the mental health of each individual. Conversely, ineffective interpersonal relationships and communication will cause mental problems or psychological stresses such as anxiety, depression, and stress at work (Madsen et al, 2009).

Thus it can be understood that the results of research measuring psychosocial effects on mental health have no effect. This is in accordance with research conducted by Sari et al., (2012) stating that there is no relationship between physical work demands and personality factors. Physical work demands are one of the psychosocial indicators as well as personality which is one of the indicators measured in the mental health of this study.

CONCLUSION

Based on the results of research and discussion, it can be concluded that psychosocial has no effect on the mental health status of millennial health workers in the Community Health Centers throughout Gorontalo City. It is expected that millennial health workers who are psychosocial impaired to be able to understand all forms of behavior that occur around them, to millennial health workers who are mentally disturbed in order to process emotions to be positive and the researchers further need to consider other factors that affect mental health.

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