Prevalence of Psychiatric Symptoms among Governmental School Teachers in Baish Area, Kingdom of Saudi Arabia

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Abstract

Objective: To explore the prevalence of minor psychiatric symptoms among school teachers in Baish area, Kingdom of Saudi Arabia (KSA).

Subjects and Methods: This is a cross-sectional study that included 303 teachers (165 males and 138 females) at Baish area, KSA. The Arabic version of the 30-item General Health Questionnaire (GHQ-30) was used to quantify the risk of developing psychiatric disorders.

Results: The prevalence of psychiatric symptoms (probable cases) among study teachers was very high (62.4%). The prevalence of psychiatric symptoms was significantly higher among females than males (70.3% and 55.8%, respectively, \( p < 0.001 \)). Prevalence of psychiatric symptoms was significantly higher among young teachers (<30 years) than older ones (73.7%, \( p < 0.001 \)). Saudi teachers expressed higher prevalence of psychiatric symptoms (63.2%) than non-Saudi teachers (55.9%), though difference of psychiatric symptoms according to nationality was not statistically significant. Teachers who were living in urban areas expressed higher prevalence of psychiatric symptoms (63.3%) than those who were living in rural areas (62.1%), though difference in prevalence of psychiatric symptoms according to residence was not statistically significant. Teachers with least experience in education expressed highest prevalence of psychiatric symptoms (73.6%, \( p < 0.001 \)).

Conclusions: The prevalence of psychiatric symptoms among teachers in Baish is high. The main determinants of high prevalence of psychiatric symptoms are female gender, younger age, short teaching experience and Saudi nationality. This high prevalence should attract the attention of primary health care practitioners to provide more attention toward teachers’ mental health in Baish and other similar areas. Teachers should be advised to follow stress-coping and training programs, especially for females, and young teachers.

Key Words: Psychiatric symptoms – Occupational stress – Teachers – Kingdom of Saudi Arabia.

Introduction

MENTAL health problems constitute a major cause for morbidity, mortality and disability that could create distress among individuals and families, and impose a significant burden on public health resources [1].

School teachers suffer from an excessively high rate of mental health problems [2]. They are usually exposed to high stress and occupational “burnout” which leads them to suffer from psychiatric disorders more than the average. However, this seems to run contrary to well-established epidemiological data in psychiatry which show that they are relatively better protected against psychiatric disorders than underprivileged classes of society where the highest prevalence rates are found [3].

There is a widespread belief that work-related stress among teachers has its implications for teachers’ health status and performance. In Australia, it was found that the number of teachers who scored medium to high scores in the General Health Questionnaire-30 (GHQ30) were twice that of the general population [4]. In UK, it was found that 33.3% of teachers suffer from stresses and that the teaching profession causes more stress than many other professions [5]. In Jeddah, Milaat [6] found that the prevalence of psychiatric morbidity among school workers (teachers and administrators) was 38.2%.

The present study aims to explore the prevalence of minor psychiatric symptoms among school teachers in Baish area, Kingdom of Saudi Arabia (KSA).

Material and Methods

This research followed a cross sectional observational study design to determine prevalence of psychiatric symptoms among school teachers in Baish Area during 2005. Baish is located in the southwestern part of the KSA. It is densely populated, divided into nine governorates. Baish City
is a small city, of about 300Km², located in Jazan Area. It serves about 30 small villages. Baish City proper has population of about 20,000. It has more than fourteen schools [7].

The study population included all school teachers who were practicing the teaching profession at governmental (primary, intermediate or secondary school) during the study period in study area. The total number of teachers was 1596 teachers (727 females and 869 males) [7].

A stratified random sample was followed to include 20% of the study population. Proportionate samples were taken from schools both in urban and rural areas. Schools were classified into strata according to levels and location (e.g., inside or outside Baish; urban or rural). A total of 330 teachers were interviewed. However, the data of 26 teachers were excluded due to missing data. The remaining (n=304) constituted the final sample size.

The Arabic version of the 30-item General Health Questionnaire (GHQ-30) was used to quantify the risk of developing psychiatric disorders. It was developed in the 1970s. It is popular psychiatric used as screening instrument This instrument targets two areas—the inability to carry out normal functions and the appearance of distress-to assess well-being in a person in a four-point scale for each response. It can be used for community and primary care. It is self-administered consist of short, simple easy to answer questionnaire. Because of this quality it can reduce reliability problem. The questionnaire takes about 5-10 minutes to complete. Higher score suggest higher vulnerability to psychiatric disorders, particularly of anxiety depression profile. However, it is not a substitute of proper psychiatric skilled GP/psychiatric specialist interview. It provides only a gross indication for morbidity; without diagnosticians precision [8].

The GHQ-30 was validated and translated to more than 38 different languages including Arabic Language. It was used widely to discover the hidden psychiatric morbidity in many professions and also widely in teaching [6].

Scoring and grading of results of screening by GHQ-30 were determined according to Al-Fakih [9]. Each item in the GHQ-30 has a four-grade answer, i.e., severe (score=1.00), moderate (score =0.67), mild (score=0.33) or absent (score=0.00). The sum of all answer is then calculated. A teacher who answers no in each item will have a total score of 30 points, while a teacher who answers no in each item will have a total score of zero. A teacher who scores more than 5 points was considered a “probable case”. All probable cases were referred to a psychiatrist to settle the proper psychiatric diagnosis for these cases and to manage them accordingly.

Although the GHQ-30 is self reporting, the researcher managed to meet all teachers, especially the male school teachers. The researcher explained and discussed with the teachers the objectives of study, the study questionnaire, the full confidentiality of responses and anonymity of participants. Data collection at schools for female teachers was performed by the help of two well-trained female diploma-qualified, who are relatives to the researcher. The researcher trained both of them on how to obtain a random sample from teachers’ lists; to discuss and explain with female teachers regarding what the research is about, as well as the confidentiality of their responses and anonymity of participants.

The Statistical Package for Social Sciences (SPSS ver 15.0) was used for computerized data entry and analysis. Descriptive statistics (frequency and percentage) were calculated and the appropriate test of significance was applied accordingly (i.e., $X^2$ test). Differences were considered as statistically significant when the $p<0.05$.

Results

The study sample comprised 303 teachers (165 males, 54.5% and 138 females, 45.5%). Half of the teachers aged below 30 years (50.2%). They were mostly Saudis (88.8%), living in rural areas of Baish (73.9%). More than half of them had less than 6 years experience in education (52.5%), as shown in Table (1).

The GHQ-30 scores of 189 teachers (62.4%) were above 5, indicating the presence of psychiatric symptoms (probable cases), as shown in Fig. (1).

The prevalence of psychiatric symptoms (probable cases) was significantly higher among females than males (70.3% and 55.8%, respectively, $p<0.001$). Prevalence of psychiatric symptoms was significantly higher among young teachers (<30 years) than older ones (73.7%, $p<0.001$). Saudi teachers expressed higher prevalence of psychiatric symptoms (63.2%) than non-Saudi teachers (55.9 %), though difference of psychiatric symptoms according to nationality was not statistically significant. Teachers who were living in urban areas expressed higher prevalence of psychiatric symptoms (63.3%) than those who were living in rural
areas (62.1%), though difference in prevalence of psychiatric symptoms according to residence was not statistically significant. Teachers with least experience in education expressed highest prevalence of psychiatric symptoms (73.6%, \( p < 0.001 \)), as shown in Table (2).

Table (1): Characteristics of study sample.

<table>
<thead>
<tr>
<th>Variable</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>165</td>
<td>54.5</td>
</tr>
<tr>
<td>Females</td>
<td>138</td>
<td>45.5</td>
</tr>
<tr>
<td>Age (in years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>152</td>
<td>50.2</td>
</tr>
<tr>
<td>30-40</td>
<td>107</td>
<td>35.3</td>
</tr>
<tr>
<td>&gt;40</td>
<td>44</td>
<td>14.5</td>
</tr>
<tr>
<td>Nationality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saudi</td>
<td>269</td>
<td>88.8</td>
</tr>
<tr>
<td>Non-Saudi</td>
<td>34</td>
<td>11.2</td>
</tr>
<tr>
<td>Residence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>79</td>
<td>26.1</td>
</tr>
<tr>
<td>Rural</td>
<td>224</td>
<td>73.9</td>
</tr>
<tr>
<td>Experience in education (years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;6</td>
<td>159</td>
<td>52.5</td>
</tr>
<tr>
<td>6-12</td>
<td>103</td>
<td>34.0</td>
</tr>
<tr>
<td>&gt;12-20</td>
<td>41</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Discussion

The prevalence of psychiatric symptoms among teachers in this study has been found to be as high as 62.4%. This prevalence is much higher than that reported by Milaat [6] in his study on school workers in Jeddah (38.2%). Furthermore, it is higher than what had been estimated for the general medical settings (ranging 11.3 to 47%) [10, 11].

This high prevalence rate may be an expression of the well-known fact that the teaching profession is quite a stressful profession [5]. In a similar study, using the same instrument on a comparable age group, Feitler and Tokar [12] reported that high teachers’ GHQ-30 scores were as twice as those for the general population.

The present study revealed that gender is a significant variable as regard prevalence of psychiatric symptoms, where female teachers in KSA expressed significantly higher prevalence (\( p < 0.001 \)) than male teachers. This finding is consistent with the findings of Al-Shammari, et al. [13] in Riyadh. They noted that females in the Saudi communities tend to somatize their worries and stress more than males.

This study also revealed that prevalence rates of psychiatric symptoms were significantly higher among younger age groups (\( p < 0.001 \)). The study of Al-Subae [10] in KSA reached the same finding. He reported a higher psychiatric vulnerability among people in their second or third decades of their lives. These younger age groups are more susceptible to stresses, conflicts, instability and conflict between traditions and modern values brought about by changes in life cycle. Moreover, Al-Fakih [9] reported that individuals show a decreasing probability for expressing psychiatric symptoms as they become older.

Higher prevalence was found among Saudi teachers as compared with non-Saudis (63.2% Vs. 55.9% respectively). In spite of the fact that dif-
ference was not statistically significant, this is an unusual result since it is expected that expatriates are more likely to develop psychiatric disturbances. This finding may be explained by the fact that age may be a confounding variable, since only non-Saudi teachers with long experience are appointed to work in KSA.

It is interesting to find that prevalence of psychiatric symptoms did not differ significantly according to teachers' residence, i.e., rural or urban. Nevertheless, teachers in Baish Area have higher prevalence of psychiatric symptoms compared with teachers in other areas of KSA, like Jeddah, using the same instrument i.e., GHQ-30. This is quite understandable since teachers in Baish suffer from more frequent everyday life difficulties as well as much more lack of resources and, sometimes, essential resources for life and teaching.

A higher prevalence of psychiatric symptoms was found among teachers with least experience. Similarly, Feilter and Tokar [12] and McMurray [14] have shown that teachers of experience less than 5 years have higher prevalence rates of psychiatric symptoms.

In conclusion, teachers in Baish practice a stressful occupation, which is associated with high prevalence of psychiatric symptoms. The main determinants of high prevalence of psychiatric symptoms among teachers are female gender, younger age, short teaching experience and Saudi nationality.

The high prevalence of psychiatric symptoms should attract the attention of primary health care practitioners to provide more attention toward teachers' mental health in Baish and other similar areas. Those teachers should be advised to follow stress-coping and training programs, especially for females, and young teachers.

References