Research Paper

Examining the Relation between Life Style and General Mental Health
(Case Study: Trainee Personnel of Dastgheib Hospital, Shiraz)

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Abstract
Nowadays, new social behaviours are frequent to spend time such as too much hearing music, fast food, less attention to religion, consumerism, extreme attention to body, less activity, etc. formed as new life models led to many mental disorders; on this basis the article studies the relation between the life style and general health conditions of the personnel in Shahid Ayatollah Dastgheib of Shiraz. The study was done by measurement method and questionnaire device. The universe included 247 employees of the hospital gained by random multistage quota sampling. The variables' reliability concerning mental health was defined by Cronbach alpha coefficient and their validity was defined by face validity and structure validity methods (Factor analysis technique). Finally the relation between the two variables and their dimensions were tested by the software SPSS 19 and Correlation test and multivariable regression. The study findings indicated that the independent variables of the study defined the dependent ones (Namely general mental health condition, somatization, anxiety and insomnia, social behavior disorder and depression as 14.70, 20.50, 9.70, 26.40 and 18 percent, respectively. By virtue of the study findings enhanced religious beliefs, cultural and social cooperation development, sport and being with family may be effective to prevent mental disorders in the hospital personnel.

Keywords: Life style; general mental health; acculturation; existential security; choice;

1. Introduction
The health subject has been addressed since the human appearance, but its mental dimension has been less interested (1). Now the health concept is considered as something influenced by physical, social and mental factors (2 & 3). The importance of mental health is so much as World Health Organization announced its motto concerning it in 2001 (4) and in line with it the World Mental Health Federation was founded in 1948 because it interprets life and our conception about ourselves (5) and leads to creative activities, relates us with others, adapts us with learning changes and enhances self-esteem (6) ; also it is necessary to keep and continue social, professional and educational operations and is the most important economically to save material and spiritual expenses in order to achieve national and ideal goals of communities (7).

Considering many mental problems and disorders have social origin one of the factors influencing mental health is the life style (8). Nowadays it is believed that 70 percent of the diseases are somehow in relation to the people's life style (9). New frequent social behaviors to spend time such as less social interaction, internet addiction, too much hearing music, fast food, less attention to religion, consumerism, extreme attention to body, less activity, etc. entered in life through cultural globalization lead to uncertainty and ambiguity in short – time and to more anxiety, roles' confusion

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and mental and psychic damage (8). In other words, mental health is influenced by different factors such as physical, recreational and social activities, cultural consummation, sport, work, body management, desired weight, relation with family, etc. formed a set of life style (10, 11, 12, 13 & 14) and necessary to reassure people (15).

By virtue of World Health organization 52 million people suffer from acute mental diseases and 25 million ones from slight mental diseases (16). It is predicted that the mental and nervous diseases have increased to 50 percent so actual 10.50 percent will reach to 15 percent of all diseases in 2020 (17). The statistics show not less than it in Iran (18); for example, the mental disorders were reported as 21 percent for the young older than 15 in the national plan examining health and disease in Iran (19). Also by virtue of the study done by Noorbala et al. the mental diseases are 21.30 and 20.90 percent in the rural and urban regions, respectively (20).

In this regard the factors in the work space are vastly in relation to the employees' health and diseases (21). Also World Health organization announced in 1999 that the employed people suffer from damages and death more (22) among them the hospital employees are of the most vulnerable people because of low quality of health and physical security, facing sick people and long hour works in the hospital compared to other jobs, space full of tension and anxiety and work fatigue (Loosing energy to be used to describe the human's reactions to stresses which are seen too much in the hospital personnel because of their near relation with others) (23) while health and treatment sector is one of the most important centers to develop health in all communities (24).

Besides, considering manpower is an important factor in the organizations' success (25) if the mental health decreases, other rings in the chain such as powerless, vulnerability against the events, weakness and inability, familial problems, job fatigue, etc. are more. Hence, the study examines the relation between life style and general mental health condition of the personnel in Shahid Ayatollah Dastgheib Hospital, Shiraz to find how is their general mental health condition, what is the relation between their life style and general mental health condition and is there any relation between the structural variables such as marital status, job type, income rate, etc. and their general mental health condition?

1.2 Theoretical framework

In modern communities the choices subject has developed vastly. The different choices subject in the modernism process and globalization lead us to life style concept. The life style is the general paradigm of life by which one tries to meet his (her) biologic, mental, social and affective needs; hence, individual psychological studies have stated the individual life style has the most important role in creating thought health and mental disorders (26). Because one's life style and his (her) inability to confront with life problems create the background for mental disorders and deviations (27).

By virtue of Giddens view modernity has decreased the risk probability in some fields and life styles (Such as health technologies, medical science progress and contagious infectious diseases), but at the same time, it has entered some new risky and completely unknown parameters into the fields such as chronic, temporary and different mental diseases, heart attack and addiction (28). In fact, in late 19th century with some changes in people's life style many chronic diseases appeared; for example, ICT (The new communication and information technologies) played an important and special role in people's life in a way that virtual life style formed and such media became central in many people's life; the media separated time and place (Disembedding) and formed experiences by intermediate in people namely the face-to-face interactions have become the least in different life styles of people and some conditions appeared in which people have limited understanding and little dominance on their life's effective processes (29); that is why fear, distrust, uncertainty, anxiety and stress are increasing in social interactions (30).

On the other hand, confidence in others which is essential condition for existence security (Namely feeling goodness and pleasure) (31) appear in the first relations in primary groups (28). While in modern era by virtue of ICT the people's interactions with primary and local groups such as family and friends have decreased (Ibid).

On the other hand, acculturation and cultural transfer which appear as life styles may enter into interaction between actual cultural elements in the community and new entered elements and may lead to mental disorders (32); for example, cultural innovation in religion field may lead to confusion, feeling unidentified and many stresses because religion beside kinship system, local meeting and tradition are local fields for confidence (33). Also it should be noted that some moral and ideological question are proposed and suppressed in daily life in new era so people feel they are good for nothing and have no valuable thing and select existential isolation (Ibid).

2. Results and Discussion

2.1 Method

This study was done by quantitative methodology approach and measurement method. The universe included 274 employees of total 300 ones (More

than 75 percent) in Shahid Ayatollah Dastgheib Hospital, Shiraz studied by random multistage quota sampling method. Thus, the hospital personnel were divided into different sections in cooperation with the management and enough questionnaires were given to each block. Some sections of each block, each part of the block and some personnel of each room were selected randomly. The questionnaire data were collected by trained examiners under direction of clinical authorities. Having collected the questionnaires they were encoded and analyzed by SPSS software. Correlation test and multivariable regression were used to test the study hypotheses. Non-interval variables' (Including social category and educational level) assessment changed by dummy variable technique and became bisectional variables to test multivariable regression and entered in to regression equation.

A 28 question GHQ-28 questionnaire was used to assess the dependent variable: general mental health condition; it is one of the most known device screening mental disorders to define one's mental health condition (34 & 35) with four subscales: somatization, anxiety and insomnia, social operation disorder and high depression and each dimension was assessed by seven elements through a question. The Likert scoring method including 0, 1, 2 and 3 was used to score the general mental health conditions namely A, B, C and D indicated 0, 1, 2 and 3, respectively. By virtue of Agnew and Peterson grouping and previous studies the operations were defined and the variable: life style was assessed; different indexes were considered for life style including 1 - Passive or nonsocial recreational styles (Listening to the state radio and watching state television, going to cinema, wandering about in the passages and city. 2 – Active or social recreational styles (Meeting friends, attending in parties). 3 – Religious styles (Going to mosques and other religious activities). 4 – The styles to manage body. 5 – Using new informative and communicative technologies (36).

The formal and structure validity methods were used to define the validity of the elements concerning life style and general mental health. So having examined related state and foreign studies, theories and sources the data were delivered to social researchers and psychologists requested to define the priority of the most appropriate elements. Then factor analysis technique was used to define the structural validity. The elements with low factor load in the factor analysis portfolio were eliminated to have the final elements of the variable: life style. Cronbach alpha coefficient (Equal to 73 percent) was used to define the reliability of the elements related to mental health. It should be noted that the primary test was conducted and the questionnaires were given randomly to 30 hospital employees to promote the reliability of the assessment devices. Then the primary elements were assessed by conducting factor analysis tests and reliability assessment and finally the final questionnaire was issued after necessary modifications.

2.2 Results
The highest respondents' mental health diagnoses related to social operation disorder with the 19.751 mean and then to somatization, anxiety and insomnia dimensions. The table indicated the lowest mean (4.777) related to acute dimension. The analysis concerning life style with K.M.O = 0.688 statistics in all dimensions with confidence rate more than 99 percent (Sig = 0.00) indicates that all the elements used in each dimension had potential to define the variable (Table 1 at end of the paper).

Also by virtue of correlation test the most rate of correlation is between education, sportive – cultural life style, social class, virtual life style and religious life style with mental health dependent variable (Table 2 at end of the paper); By virtue of multivariable regression method logic the independent variables playing an important role in defining the variance were entered into the equation for the (General) dependent variable and its four dimensions in different steps shown in the Tables 3 – 7 at end of the paper. By virtue of these tables some independent variables were entered into the equation for each dimension of the mental health diagnosis to define some percentage of the changes in the dimension.

2.3 Discussion
In late 19th century new sciences changed highly the life styles led to endanger existence security (31) so the latter may lead to many mental tensions (37). By virtue of above discussions the study is one of the rare researches to study the relation between life style and general health condition. As the study findings showed religious life style has negative and decreasing effect on acute depression. In fact, religion changes the world in the religious person's view in a way that he (she) changes his (her) views regarding himself (herself and world in which he (she) lives. The religious person believes he (she) is protected by God and benefits from God's benedictions; on this basis he (she) considers all the disasters and problems as tests conducted by God (38). Thus, such person never becomes hopeless due to disasters because of belief in god and becomes depressed less. while in modern era engulfment has the most effects and educational indications as skepticism and relativism enhancement, secularism, humanism, rationalism, scientism, individualism, materialism and generally has weakened religious beliefs (39); it may conclude from above matters that the 'Self' plan is

formed necessarily in a special social environment in this era and the plan is complete in technical view and reliable, but it is sterile in moral view so even the most complete processes to program life are based on meaningless elements menacing even life motivation (28).

Also Virtual life style has enhanced the somatization dimension of mental disorders. Considering the face to face interactions have become the least because of virtual media the people experience affective protection and sympathetic relations less. In addition, it seems in such life style because of centrality of the virtual media and using them for a long time mental disorders such as disillusionment, lack of affective relations, passiveness, isolation, internet addiction, identity crisis, etc. appear. Also it should be noted that such media make people unskillful and disarmed and if such disarming is considered as a psychological phenomenon, it is always in relation to personal aims, plans or desires. So being involuntary in personal relations is much more harmful and traumatic mentally by virtue of social measures because when one feels he (she) has no control on himself (herself) he (she) may feel he (she) is engulfed. Finally in such conditions what is remained from real 'Self ' is not genuine (Ibid).

Also by virtue of the findings as a life style the cultural and sportive activities may increase self-confidence, self – satisfaction and being positive against psychic diseases. Generally life conduct namely the choices available to people to select as their life style and life opportunities are two essential elements of life style (40) and influence general mental health condition. namely people select their life and do the related activities (41); for example, such choices include the decision about the rate of social interaction and cooperation, alcohol use, diet, sport, etc. The behaviours due to interaction between the choices and opportunities (Opportunities such as social class and education level) may lead to positive or negative health results (42). In line with this the study findings indicated that the low and middle social classes and the subjects with B.A. (Or B.Sc.) as life opportunities showed the most mental health diagnoses. It seems that it is because the people with B.A. (Or B.Sc.) who considered themselves as middle class were nurse; the nurses who have direct contact with the sick people in the hospital, suffer work stress, work in shifts, etc. fear and are anxious about becoming sick and have insomnia, stress and social operation disorder so show the most general mental health diagnoses.

Due to the findings from multivariable regression analysis, the life style focused on family has negative effect on social operation disorder and decreases it and modern recreational life style enhances social operation disorder. No defined aim and meaning are followed in modern life style with characteristics such as focus on opposite sex, wandering aimlessly, going and coming with friends, searching for new clothes in boutiques, etc. while aim and meaning in life indicate mental health and increase one's ability to work (43). On the other hand, the affective and mental needs including consultation, social protection, cooperation, etc. are fulfilled in the life style focused on family because of face to face interaction and intimacy due to familial relations and finally the social function is developed.

3. Conclusion

By virtue of the study findings religious belief enhance, cultural and social cooperation development, sport, spending more time with family and education and social position promotion may prevent effectively mental health diagnoses in the hospital personnel who are exposed to mental diseases ; besides, considering the most mental health diagnoses are shown by the personnel who are from middle class or have diploma, A. S. (Or A.S.) and B. A. (Or B.Sc.) namely it is very important to protect the nurses, nurses' aids and related workers.

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Table 1: The findings concerning the personnel's life style factor analysis in Dastgheib Hospital, Shiraz

Life style execution	Life style factors					Life style dimensions
	1st factor	2nd factor	3rd factor	4th factor	5th factor	
Bluetooth	0.833					Virtual life style
SMS	0.789					
Using DVD, music CD, MP3 & MP4 player	0.781					
Using internet to pass time or as hobby	0.765					
Using internet for scientific activity	0.583					
Listening foreign classic music	0.564					
Using email	0.558					
Walking in streets & passages	0.529					
Listening Iranian or Los Angeles pop music	0.527					
Chatting	0.483					
Reading story books	0.457					
Resting	0.443					
Going to cinema, theatre, etc.	0.422					
Going to pray publicly		0.813				Religious life style
Attending in religious sessions		0.803				
Cooperating with religious missions		0.764				
Cooperating with mobilization force		0.708				
Going to pilgrimages		0.706				
Attending in religious, local, etc. societies		0.651				
Reading religious books		0.585				
Going to mosques (Church, etc.)		0.498				
Listening foreign radios			0.699			Recreational – modern life style
Going to friends' parties			0.658			
Being with the same sex friends			0.637			
Watching foreign programs of satellite			0.631			
Searching for new clothes in boutiques			0.603			
Being with other sex friends			0.571			
Wandering about in streets aimlessly			0.524			
Going to parks & recreational places			0.509			
Artistic activities such as painting, playing music, etc.			0.368			
Listening Iranian traditional music				0.771		Sportive-cultural life style
Listening permitted Iranian pop music				0.739		
Walking as sport				0.694		
Volleyball, basketball, mountain climbing, etc.				0.652		
Swimming				0.606		
Going to libraries				0.419		
Having meal at home and with family					0.779	Life style focused on family
Religious duties (Like praying) at home					0.759	
Watching state TV programs					0.427	

Table 2. Testing the correlation between independent variables and general health condition

Independent variables	Virtual life style	Religious life style	Modern recreational life style	Sportive-cultural life style	Life style focused on family	Education level	Social class
General mental health	0.159**	-0.126**	0.061	-0.197**	0.028	-0.262**	-0.161**

$* \ p< 0/05, \ ** \ p< 0/01$

Table 3. Multivariable regression to predict (General) mental health diagnoses

Step	Entered variable	R	R²	F	Sig F	Beta	T	Sig T
1	B.A. (B.Sc.)	0.291	0.085	11.72	0.001	0.232	2.453	0.016
2	Sportive- cultural life style	0.340	0.116	8.25	0.000	-0.183	-2.176	0.031
3	Middle social class	0.383	0.147	7.15	0.000	0.198	2.120	0.036

Table 4. Multivariable regression to predict the somatization dimension of the mental health diagnoses

Step	Entered variable	R	R²	F	Sig F	Beta	T	Sig T
1	Virtual life style	0.335	0.112	18.319	0.001	0.428	4.963	0.000
2	Sportive- cultural life style	0.411	0.169	14.675	0.000	-0.275	-3.237	0.002
3	Diploma	0.452	0.205	12.272	0.000	-0.192	-2.524	0.013

Table 5: Multivariable regression to predict the anxiety and insomnia dimension of the mental health diagnoses:

Step	Entered variable	R	R²	F	Sig F	Beta	T	Sig T
1	B.A. (B.Sc.)	0.312	0.097	15	0.000	0.312	3.874	0.000

Table 6: Multivariable regression to predict social operation disorder dimension:

Step	Entered variable	R	R²	F	Sig F	Beta	T	Sig T
1	Modern recreational life style	0.225	0.065	9.221	0.000	0.328	4.281	0.000
2	Life style focused on family	0.396	0.157	12.280	0.000	-0.311	-4.062	0.000
3	A.A. (A.S.)	0.467	0.218	12.207	0.000	0.233	3.088	0.002
4	Low social class	0.514	0.264	11.645	0.000	0.214	2.829	0.005

Table 7: Multivariable regression to predict acute depression disorder dimension:

Step	Entered variable	R	R²	F	Sig F	Beta	T	Sig T
1	Middle social class	0.320	0.102	16.321	0.000	0.391	4.955	0.000
2	Religious life style	0.369	0.136	11.166	0.000	-0.218	-2.762	0.007
3	Sportive-cultural life style	0.424	0.180	10.315	0.000	-0.213	-2.753	0.007