

Statistical Study on the Prevalence of Anxiety Disorder among in Hospitals Staff Using Zung Scale

Hadeel Salim

Al Kutubi Hasanain

Sadiq Abakah

University of Kufa
Babil Health Department

Abstract

This study was presented to illustrate the concept in a comprehensive manner and symptoms of anxiety disorder and what are the factors that lead to anxiety disorders in adults. As well as the various theories on this subject. Stratified sample was taken from a group of staff and both sexes working in three hospitals in the province of Babylon (Margan Specialist Hospital, Al Hilla General Hospital, Babylonchildren & Gynecology hospital) to the hospital in 2011, was the application of the test and measure Zung Anxiety on the selected sample. The result is a real indicator of the anxiety disorder for most workers in the hospitals for all disciplines (resident doctor, pharmacist, lab assistant, medical assistant, assistant pharmacist, nurse, Radial assistant, Nurse Maher, Biology, Chemical, etc.) and the Ratio of females is higher than males.

Keywords: Anxiety disorder, Anxiety theories, Test Zung Anxiety, ZungScale for Anxiety

1. Introduction

Scientific research confirms the prevalence of frequent mental disorder at the present time when most societies of the world and is expected to increase the proportion of their occurrence in the future. It also spreads anxiety and depression disorder in all social classes, races and even minority groups within nations to the extent that it is called anxiety disorder General cold of mental illness, and also sees anxiety and depression among individuals in all professions, but more what is common among individuals in the fields of arts and humanities (Beach, S .1998).

The are more than 250 million people suffer from anxiety and phobias and depression in world disorder, although they leave many negative effects in similar numbers, where the number represents only official cases means that many of them reach their cases to the point of bad require enrollment in hospital or psychiatric clinics students for help, where there are similar numbers or much more to suffer from mental disorders and pain silently with certainty, without one of them, or dare one of them to request a formal treatment (Ibrahim, 1998: 8).

Stigma and discrimination also increases against psychiatric patients suffering from mental disorders, and these drawbacks have led to a lot of calling social movements campaigns to change these concepts, although understanding the subject of anxiety is a thorough understanding of the subject as not anxiety the terms "simple to the subject of solo self When studied must know the internal and external sources, psychological and environmental types and Biological a state of severe mysterious fear, which has rights, and cause a lot of distress and pain and discomfort and recipes person concern is that evil is always expected to be pessimistic "and unstrung and disturbed" and lost confidence in himself with the loss. The research aims to identify the differences and prevalence of anxiety disorder and phobias among workers of both sexes in the hospitals of the province of Babylon Center.

2. The Theoretical Aspect of Anxiety Disorder

2.1 The Concept of Anxiety Disorder

Anxiety disorders are psychological preparations for the individual cases of suffering from emotional anxiety as a result of external risk, which is one of the common mental disorders and is usually accompanied by physical symptoms.

Anxiety is considered satisfactory clinical case when it is severe to the point of causing severe tension and narrow and has a very negative impact on daily life. Since the anxiety disorder is a condition for the diagnosis of anxiety disorder, then it is important to differentiate between normal and pathological anxiety.

As in the table below

Table 1: Difference between Normal Anxiety and Anxiety Disorder

Natural Anxiety	Pathological Anxiety
the relatively low intensity commensurate with the situation or circumstance of the person	Relatively high intensity and commensurate with the situation and the social or environmental condition of the person
short duration	Long duration or frequent
Feeling anxiety non-permanent	Feeling anxious in permanent
but not too sad or painful for a long time	Sad and painful condition characterized by crippling phobia and unpleasant
Generally hinders its effect on behavior is temporary and does not hinder performance	Its effect on behavior and personal negative due to long-term changes in the behavior and performance

2.2. Anxiety Disorders are Classified by the World Psychological

Guide Bouts without Panic Phobia (SAI, 2008)

1. phobia with panic attacks
2. panic disorder
3. generalized anxiety disorder.
4. Social phobias and agoraphobia and specific phobias
5. Anxiety disorder as a result of general medical conditions.
6. Obsessive-compulsive disorder
7. Stress disorder and acute stress.
8. Anxiety disorder resulting from drug and coping with the external environment

2.3 Factors that Lead to Anxiety Disorders and Phobias

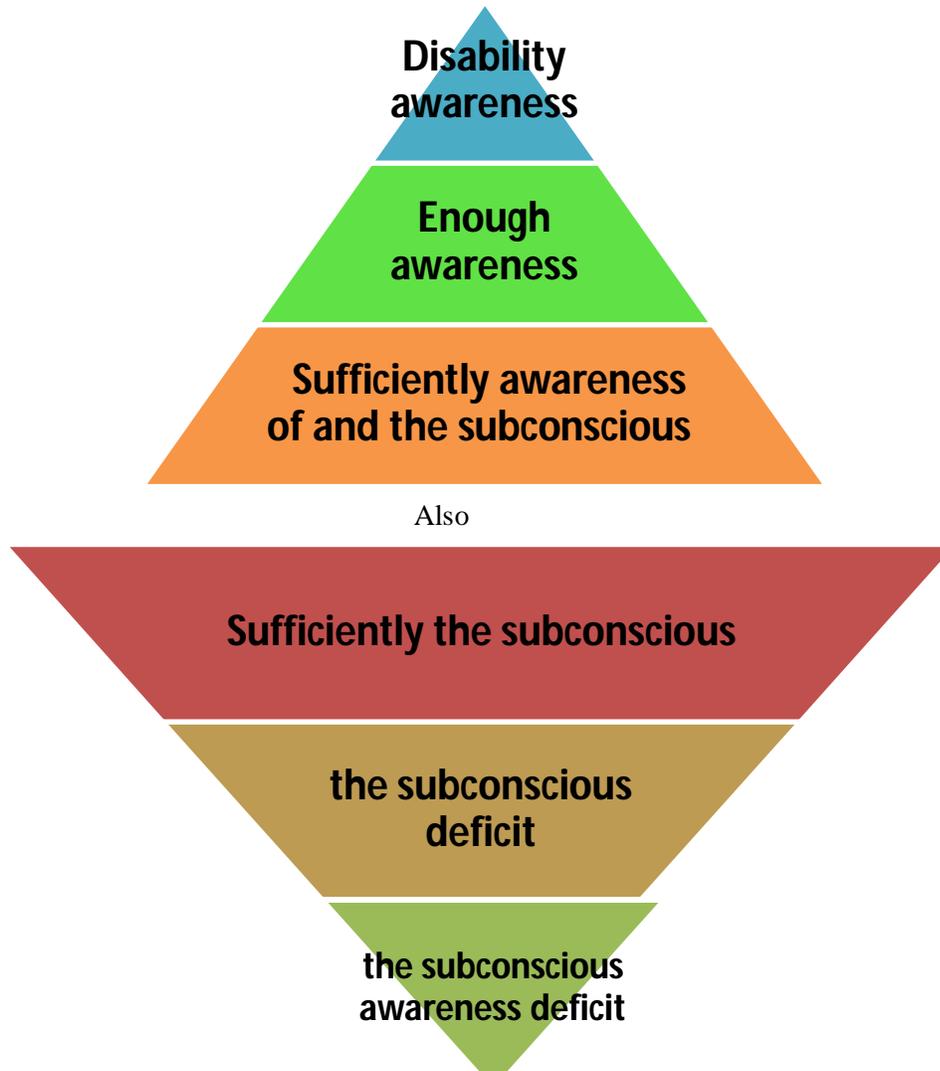
Gender and Age

Women are more prone to anxiety disorders than men, where that double the number of women reviewing general practitioner concerned and this applies to all ages, but can be caused by this disparity is that men usually do not expose themselves to the doctor when they are concerned. And in the United States concerned in the incidence of women to men is 2: 3. Most anxiety disorders occur in childhood and adolescence and early adulthood. Phobias and panic and increase in age between 15-24 years and 45-54 years disorders. The obsessive-compulsive disorder begins to emerge in the mid-twenties and early thirties

Personal

A lot of people have worried about personal (sensitive) and are affected by the events quickly, making them prone to anxiety disorders than others. And many of them live with my lifestyle or a certain relaxation mechanisms so that it can coexist with character ... etc.

Robert Pike also mentioned in the personal training with master peace to every man and added him coach in human development Hasanain Abakah to be planned as follows:-



Stress or Tension

Pressures and tensions of life of the individual, such as thinking about what is to happen in the near future, cause more anxiety than the incident itself. Some people make a big effort to reduce anxiety during the incident at the time, but then suffer a painful thing. And more of the things that cause anxiety are exams and solace (death of a loved one), and the transmission housing and the problems of relations.

2.4 Theories Anxiety

Freud's Theory

Freud realized that anxiety is an external source, as is the case when the substantive concerns and divided it into (the real, real, normal), a concern, but the risk of a specific example, "the fear of the car speeding driver may not be controlled by fear of the exam or prospective.

Oturank Theory

Interpreted Oturank Anxiety on the basis of the first shock of the separation of children from the mother explained Oturank that fear containing this separation and frequent disconnections in life, and divides the fear into two parts in all stages of life are the fear of life, Anxiety of the progress and the fear of death and individual independence, which threatens an individual separate from conditions and relationships, and death anxiety is the concern of individual stress and loss of independence and the loss of the individual and the reliance on third parties.

Carl Jung's Theory

Young believes anxiety is a reaction when the invading forces of the individual mind and fantasies unreasonable issued by the subconscious stores Experience bygone accumulate through the generations is also believed that cares about human life on reasonable grounds that the organization is a threat to the emergence of the unconscious "for its existence.

Adler's Theory

Believes Adler interaction dynamic between man and society where this interaction ends to the emergence of anxiety as a child feeling usually weakness and inability to adults in general. "To overcome this deficit exhibits through normal where overcomes the feeling of inferiority and disability by strengthening the social bonds between the individual and others around him.

Harry Sullivan Theory

I think that the personality of the individual Sullivan formed through a dynamic interaction with the environment in which they live, and teach the child education done through the acquisition of some of the behavioral habits and traditions that Approbation which gives parents the child of satisfaction and tranquility

Erich Fromm's Theory

Fromm sees the child he spent a long period of time dependent "on adults, especially parents, where constrained by this credit restrictions by them in order not to lose Love When increasing a child's growth is increasing its reliance on the same then the breed has a disability and anxiety as a result of the lack of completeness of what would like to accomplish from the business, so arises about the conflict between the need to draw closer to his parents and between independence.

Karen Horney Theory

Horney believes that human nature are subject to change for the better, so is one of the optimists scientists the capabilities and possibilities of human progress and development, culture evolution pose a great deal of anxiety when the person believes that concern emotional response addressed to the basic components of a person into three elements are the feeling of helplessness and a sense of hostility and feelings of isolation.

2.5 The Reluctance of Generalized Anxiety Disorder

Featuring Severity anxious, tense and difficult to control them. And is a long-term condition, fluctuate in intensity and nature. Usually the percentage spread between people is almost 5% of social phobia among people and spread by 4% in males and 13% in females.

Table 2: General Symptoms of Psychological and Physical Anxiety Psychosomatic

Physical	Psychology
<ul style="list-style-type: none"> dry mouth and throat problems • difficulty in swallowing • tremor • Dizziness • Headache • tingling and numb • ringing in the ear • indigestion • frequent passing wind • frequent defecation • Tight feeling chest • Feeling pain in the chest • dysmenorrhea • 	<ul style="list-style-type: none"> Phobia expectations • irritability • sensitivity to noise • restlessness • lack of focus • worried and tense ideas • insomnia, lack of sleep • nightmares • Depression • obsession • depersonalization • difficulty breathing • hyperventilation • heart palpitations • awareness of heart missed kicks • repeat urination • male erectile dysfunction • menstrual •

3. Statistical Side

3.1 Research Community

A range of varieties staff (male, "female") am working "in hospitals (H. Morgan Specialist, General H.Al_Hilla, H. Gynecology and childbirth) in the center of the province of Babylon, a 1176 tosince 2011 .

3.2 The Research Sample

Stratified sample a range of different types of staff for both sexual in hospitals (H. Morgan Specialist, Al_Hilla General Hospital, HospitalGynecology and childbirth), a sample of 210 in Babel province by 18%.

3.3. Research Objectives

- Disclosure of the differences between employees (male of female) for anxiety.
- To identify the extent of anxiety among staff.
- As well as the number and percentage of the spread of the natural state and generalized anxiety disorder and anxiety disorder and phobias among all employees.

3.4Zung anxiety Scale (ZAS) Zung Anxiety Scale

For the purpose of achieving the objectives of the current research, researchers used a measure of anxietyZung

3.4.1 Identification

Purpose / test is designed to measure the level of anxiety

Population / adults and adolescents

Account / gives one account represents a bout of anxiety

Author / William Zung

Publisher / Cognitive Therapy Center

3.4.2 Description

Includes test (20) containing a single four answers to choose from, including the right. Designed to measure the presence and degree of depression in adolescents and adults. Each paragraph of the test Zung anxiety is trying to assess the specific position or a special offer patients anxiety and harmonious with the description of anxiety in psychological books. Although the author William Zung has participated in the development of cognitive theory for anxiety, but the test is designed to assess the anxiety is not supported and is biased to a certain theory.

3.4.3 Measurement

Each paragraph of the test describe the appearance of specific behavioral anxiety and be graded series of four sentences to self-assessment. These sentences are arranged and weighed to reflect the severity of the symptoms of the normal to the Great intensity and put many values have one, two, three, four. To represent the degree of severity.

Although the test is mainly designed for self-assessment, but that the researcher is reading every single clear voice to those who are meant to test, and the latter in turn answer to every single describe its present condition, it is scientifically've been using a lot of researchers, this test as a tool for correct self-assessment after explaining the instruction for those who to be evaluated.

3.4.4 Stability

The study testing the stability and re-test of the thirty-eight patients were given test Zunganxiety (ZAS) on two occasions. The discovery that changes in the measurement of test Zunganxiety (ZAS) tend to be parallel to changes in the clinical reading of the depth of anxiety, and this shows the relationship between the measurement of anxiety constancy and the status of the patient's clinical stability was here more than (0.94). Internal studies also showed discreet correlation coefficient (0.99) which is very high "for the vocabulary test Zunganxiety _ Brown and Spearman correlation coefficient for persistence.

3.4.5 validity

To assess the veracity of the test Zunganxiety has to be clear reference to the face and easy to honesty and while this is a win-win situation that probably makes it easy to be tested than to know the test results. That the test has a wide range values "of symptoms and guidance relating to anxiety and were more than 0.50 sincerity test labs. It was more than apparent sincerity 84.0 This shows the accuracy and sensitivity of the measurement of the degree of turbulence Screened gives the answer can easily without delay.

3.5 The Final Application

Been applied to test Zunganxiety (ZAS) by the researcher on the research sample, adults (male and female), for workers in the hospitals center in the province of Babylon (Hilla, Margan, childbirth), where the sample of 210 male and female, and the distribution of the test they form and read them and clarify and then answer each question and how to answer on the test form. Forms were then corrected by the researcher by the patch that contains positive indicators and negative indicators of anxiety disorder keys collected.

Less than 35 no Anxiety

36-47 concern the average intensity

48-59 high intensity concern requiring psychotherapy

60 and older patients with psychological concern requiring drug therapy (Rabeaa.2010).

And the degree of extraction of each form and then evaluated according to the values of the original test. Any account the degree of each form for each unexamined and extract Rated by ladder evaluations of the original test as described by its designer. It is in order to test the stability of extraction correlation coefficient is fragmented into two paragraphs (individually, my husband) in order to apply the sequential correlation coefficient appropriate for such tests

The result of the test correlation coefficient (99.0), which is a very high & statistically significant correlation coefficient indicates the sensitivity of the test and its ability to measurement. And then the link is Spearmen Brown equation for the extraction of the correlation coefficient, which is: -

$$R.M = 99.0 (2 * V / 1 + V)$$

The correlation coefficient high "also and The very good statistically significant, and when comparing grades firming measure after translated into Arabic and to Translation Iraqi with degrees original stability test shows that there is no difference between them, a clear indication that the test did not lose its sensitivity and its ability to measure something, and remained conservative the original characteristics of the possibility of measuring the qualities that situation for which the properties.

4. Results

Table 3: Stratified Sample Used in the Study Distributed by the Hospital

female	male	Total Number	Hospital name	T
51	59	110	Al_Hilla General H.	1
30	35	65	Morgan Specialist H.	2
16	19	35	Childbirth and Gyno.H	3
97	113	210	Total	4

Table 4: Stratified Sample Used in the Study are Distributed by Profession

female	male	total number	Profession	T
6	14	20	Doctor	1
73	87	160	Medical Assistant,Laboratory Assistant , Pharmacist Assistant , nurse, physiotherapist, Anesthesia assistant,etc	2
18	12	30	pharmaceutical, chemical, Biology, technician, nurse college	3
97	113	210	Total	4

Table 5: Prevalence of Anxiety Disorders According to the Sex of the Patient

ratio	the total number	male	female	case	T
% 6	13	11	2	natural state	1
% 11	23	20	3	Simple anxiety disorder	2
% 59	124	60	64	medium anxiety disorder	3
% 13	27	12	15	Severe anxiety disorder	4
% 11	23	10	13	Phobias	5
% 100	210	113	97	Total	6
% 94	197	%90	% 98	the number and percentage of anxiety among employees	7

Table 6: Degrees of Male Subjects Male

Male									
37	56	47	45	37	43	38	34	31	42
33	44	32	46	35	49	36	39	36	44
38	56	39	46	29	53	47	45	37	43
35	29	37	49	28	41	39	37	40	29
34	30	35	36	32	43	33	30	50	49
39	40	41	41	39	46	38	37	31	36
43	43	49	29	49	49	42	53	56	33
46	49	40	33	43	36	41	41	29	38
49	31	50	38	39	41	42	29	30	35
41	36	44	35	49	29	31	35	40	44
41	39	37	40	33	49	31	50	38	41
							56	47	45

Total = 113

Table 7: Degrees of Female Subjects Females

Females									
44	40	41	41	39	46	48	49	44	36
37	44	41	46	35	39	46	39	41	44
38	56	39	46	29	53	47	45	37	43
46	29	40	49	43	41	39	37	40	46
44	59	43	36	49	43	46	29	43	49
44	40	41	41	39	55	38	41	44	36
43	43	45	39	43	42	42	53	56	56
46	49	40	33	43	36	41	41	29	38
49	44	50	38	41	41	42	28	45	39
			35	49	29	31	35	40	44

Total = 97

5. Conclusions

1. There is a real indicator of the anxiety disorder for most workers in the hospitals for all disciplines (resident doctor, pharmacist, lab. assistant, medical assistant, assistant pharmacist, nurse, radial assistant, nurse Maher, Biology, chemical, etc) The proportion of females higher than males.
- 2-Existence index patients with a group of employees and 13%, which represents a serious proportion compared to Arabic studies and compared to "natural state, which represents 6% for the anxiety scale Zung.
- 3-Emergence of a high rate of anxiety disorder average by 59%, as well as the appearance of a high rate of social phobia (11%) had a higher proportion of females than males for both cases.
4. The emergence of a high proportion of generalized anxiety disorder and 94% had a higher proportion of females than males.

6. Recommendations

- 1-Conducting similar studies with other state departments to see other mental illness rates, especially the "anxiety disorder and depression.
- 2-Conducting similar studies on all spectra of the Iraqi society to the knowledge of other mental illness rates, especially the "anxiety and depression disorder.
3. The investigation of the causes of stress, whether genetic or environmental or physical among employees by state ministries in collaboration with psychiatric Advisory Office to limit the spread of and provide treatment, for example, "psychological counseling or drug therapy as well as the dispatch staff and sending them to spend recreational licenses for dissipation of mental state whatever the low academic achievement, age and without exception.
- 4-Monitor employee performance and conduct follow-up and careful selection of the best of them to encourage them and reward them on an ongoing basis and to develop competencies of them by sending them abroad, without exception, no matter how low school performance.
5. Involve all staff in specialized sessions of psychological therapy sessions to deal with mental disorders and diseases. And knowledge of reservoir stress suffered by the other, whether internal or external, and as much as possible to overcome the obstacles within the institutions was to reduce the prevalence of mental illness.

7. References

- Ibrahim, Abdul Sattar, a disorder of modern era, Kuwait, the world of knowledge 0.1998.
- Khudayr, Ibrahim, anxiety disorders and depression in the elderly, the Kingdom of Saudi Arabia, Riyadh newspaper 0.2007.
- The Court, Jawad, mental illness and spread her emotions, Saudi Arabia, Riyadh newspaper 0.2008.
- Shobaki, Mohammed Abdul Karim, anxiety disorders, Kuwait, Al Rai newspaper 0.2011 ..
- salty, Hassan, common and treatable mental disorders, the Kingdom of Saudi Arabia, Riyadh newspaper 0.2008.
- Bin Hassan, Ibrahim, Chancellor, Saudi Arabia, Al-Riyadh, number: 14081.2005.
- Rabeaa, Mohammed Shehata, personal measure, House march, i 3, Oman 0.2010.
- Salmi, abd Majid, psychology glossary terms, Cairo, Dar Egyptian writers 0.1998.
- Abdul-Jabbar, QaisNaji, the assets of statistics and statistical methods, i 1, Oman, Dar curriculum for publication and distribution, Jordan 0.2002.
- Osman, Mr. Farouk, the psychology of negotiation and crisis management, Dar acquaintance, Alexandria, Egypt 0.1998.
- Osman, Mr. Farouk, anxiety and stress management, i 1, Dar ATF 0.2001.
- Abakaha, HassaneinSadiqSaleh, depression and its relationship to blood by category, Al_ HuraaUniversity, Faculty of Science, 2010 (Unpublished Master Thesis).
- Ghalib, Mustafa, for the sake of a series of mental encyclopedia, p 7.1994.
- Azar, B.Human traits definednby mix of enveroment& genes APA.Monitor: 28,5, 1997.
- Beach. S, Depression: Theoretical explanations In fmagill Psychology Basic, California, Vol. 1, 200-205, 1998 .: Salem press, INC.
- Beach, S, Depression Theoretical explanation, Vol. 1.1998.
- Burns, D, D. , Feeling good the new mode therapy, New York: Avoabook, 1992.
- Ingram R., Depression, INV, Ramchndran (Ed), Encyclopedia of human behavior, Academic press, New York, Vol. 2.113 to 122.1994.
- Strongman, K., The psychology of emotion: Theories of emotion in perspective, Fourth edition, New York: John wiley& sons, 1996.
- Insel, TR, Wang, PS. Rethinking mental illness. JAMA, 2010.
- Disorders Mental Health, 2008 Phillip W. Long MD