



A Study to Assess Mental Health among IT Professionals in Selected Company, Tiruvallur District, Tamil Nadu

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Abstract

software industry is a human capital in depth industry. A examine become carried out to evaluate intellectual fitness amongst IT specialists. The goals were 1). to evaluate the intellectual fitness amongst IT career and a pair of). To discover the association among IT career's intellectual health and their decided on demographic variables. Majority of the clients who scored high quality for social dysfunction, tension & melancholy and loss of self assurance have been between 20-30 years of age, females, software program engineers, had undergraduate schooling, had overall paintings revel in in software program between 4-7 years and within the cutting-edge enterprise, accompanied Hindu faith, were married, living in city locality and had process pleasure. Age and revel in inside the present day employer had been associated with anxiety and melancholy.

Keywords: *Mental health, IT professionals, software, company, stress, depression, distress.*

Introduction

Software industry may be a human capital intensive industry. IT professionals fulfill the stress of industry and supply customized software consistent with the necessity and requirements of the client organizations, by using latest available technology and skills within the market^{3,2}.

Science and technology is changing at a rapid pace that it's becoming difficult for the professionals to stay abreast with the upcoming technology along side the daily chores of the workplace. Routine hassle contributing to occupational stress is that the major explanation for stress. IT professionals experience tons of stress, anxiety, depression and loneliness concerning their work environment and reveal feelings of inadequacy, lowered self-esteem and dissatisfaction, which ends up in social, marital and sexual problems^{3,4}.

IT professionals experience numerous stressors associated with work including quantitative work overload, time pressure, qualitative work load, speed and diffusion of technological innovation and technological divergence, low discretionary power, underdeveloped career pattern, low earnings/reward from jobs, difficulties in managing a project team for software development and establishing network , difficulties in customer relations and personality characteristics³.

Naveen, Bobby, Pretesh et al., (2016), reported that majority of the samples were between 26 - 30 years of age (44.96%), men (74.5%) and were with 1-5 years of work experience (45%). Minority of them had moderate stress (8.72%) and majority had no stress (91.27%). And none were stressed needing immediate intervention. The researchers reported that majority of the software engineers (62%) had mental complain and 31% mental ill-health. The researchers reported of depressive symptom (32% - 43.4%), professionally stressed (51.2%), psychological distress (23%), fatigue (20%), job dissatisfaction (44%), intentions to leave (35%), adjustment disorders (19%), major affective disorders (6%), psychological factors affecting physical condition (5%) and dysthymic disorder (3%) among

software engineers. Career and future ambiguity were the foremost important predictor of the subjective health status. Insufficient evaluation systems and poor supervisor's support were important predictors of productive behavior. Age and knowledge was related to the general stress and depression experienced. IT professionals experience severe mental stress and health issues¹. Nurses should be knowledgeable and skillful in handling health issues among IT professionals at primary, secondary and tertiary level of preventive care.

Objectives:

- To assess the mental health among IT profession
- To find out the association between IT profession's mental health and their selected demographic variables.

Method

Research Approach: Non-experimental research approach was used.

Research Design: A Descriptive research design was used.

Research Setting: The study was conducted at a private IT company, Thiruvallur District.

Population: IT professionals employed in a private IT company, Thiruvallur District.

Sample Technique: A convenience sampling technique was employed to select 100 samples for the study.

Sample Size: Sample size was calculated using the formula $N = 4pq/d^2$. With $p = 31\%$ and $d = 9$. The calculated sample size was 106. The estimated range was 97 to 115. The final sample size was 100.

Data Collection Instruments: Demographic variables proforma and The twelve-item General Health Questionnaire (GHQ-12) were used. GHQ12 was used to assess the mental health among IT profession. The GHQ-12 is a standard tool which has been widely validated and found to be reliable. The GHQ-12 was modelled

to measure the three correlated dimensions of psychiatric disturbance: *social dysfunction*, *anxiety* and *depression*.

Scoring and Interpretation: The GHQ 12 consists of 12 items, each assessing the severity of a mental problem over the past few weeks using a 4-point scale (from 0 to 3). Sum of the items 1, 3, 4, 7, 8 and 12 loaded on social dysfunction, sum of items 2, 5, 6 and 9 on anxiety and depression and sum of items 10 and 11 on loss of confidence.

The score was used to generate a total score ranging from 0 to 36. Table 1: Scoring and interpretation

Mental Health	Score
Distress	12-24
Severe problems and psychological distress	25-36

Data collection procedure: Data was collected over one month.

Ethical Issues: Department clearance was obtained from Department of Mental Health Nursing, Chettinad College of Nursing. UG committee clearance was obtained from UG Research Screening Committee. Institutional Human Ethics Committee clearance was obtained from Chettinad University. Formal permission was obtained from the Principal, Chettinad College of Nursing. Formal consent was obtained from the study samples before collecting the information. Confidentiality of the study was maintained.

Statistical Method: Descriptive statistics like frequency distribution, percentage and inferential statistics chi-square test was used to analyze the data.

Results

Majority of the clients were between 20-30 years of age (67%), females (61%), software engineers (37%), had undergraduate education (78%), had total work experience in software between 4-7 years (41%) and in the current company (37%), followed Hindu religion (59%), were married (53%), residing in urban locality (74%) and had job satisfaction (89%).

Discussion

Clients scored positive for social dysfunction, anxiety & depression and loss of confidence. The causes are extreme diverse, may be due to change in technology, communication, fear of uselessness, poor family support, long working hours, work overload, stress, work pressure, frequent changes of shift, lack of sleep, heavy work demand, peer pressure, performance appraisal, more time spent on technology and virtual media, threat to job security and imposter syndrome.

Limitation: Data collection is limited to one week. And the sample size is small. In future studies larger sample size should be studied for generalizability.

Conclusion

To summarise, this study presents evidence from close-knit communities in peri-urban India about awareness of COVID-19 symptoms, risk perception, fear, stress, and changes in behaviour in response to the COVID-19 pandemic. We identified potential information gaps among residents (e.g., a lack of awareness of asymptomatic characteristics) as well as prevalent anxieties and sources of stress since the lockdown. Increased levels of occupational stress can be harmful to one's mental health. Long-term compromise of mental health can have a detrimental impact on an individual's personal, family, work, and social lives, as well as greatly increase the incidence of psychiatric diseases. As a result, nurses should be prepared to help IT professionals maintain their mental health. At the same time, IT industry executives should implement stress management strategies and training programs to help their staff cope with stress and improve their mental health.

Reference

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