

MENTAL HEALTH AND JOB PERFORMANCE OF GARMENTS WORKFORCE IN BANGLADESH

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Abstract *Manpower is the most significant investment in any institution. In this context, addressing employees' mental health is a crucial responsibility of the organisation. Hence, the present study aims at inspecting the relationship between employees' mental health and job performance of the garments workforce. Around 100 employees from different garments factories situated in the city of Dhaka were selected purposively for the research and 2 standardised measures – General Health Questionnaire (Goldberg & Williams, 1988) and Employees Job Performance Scale (Wiedower, 2001) – and a personal information form were administered. Further, to analyse the research data, both descriptive and inferential statistics were employed by using the statistical package SPSS. The findings revealed that job performance was significantly and negatively linked to the mental health problem of the garments workforce, while among the mental health components, only somatic problems was significantly associated with their job performance. Additionally, no significant discrepancy was observed in the mental health and job performance of the garments workforce based on their gender and age. Further, regression analysis revealed that among all the mental health constructs (i.e., somatic problems, anxiety and sleep problems, social functioning, and depression), somatic problems was the strongest significant predictor of job performance; variation in job performance was accounted for by the joint linear influence of somatic problems, anxiety and sleep problems, social functioning, and depression. Therefore, it can be concluded that the workforces' performance is influenced by their overall mental health status.*

Keywords: *Mental Health, Job Performance, Garments Workforce*

INTRODUCTION

Human resource is considered as one of the most important resources in an organisation (Schultz, 1960), which plays a significant role in organisational output. Recruiting and hiring efficient and competent manpower can be effective in attaining organisational objectives (Saeidi & Nazari, 2010). For retaining, as well as improving personnel's health in any organisation, it is inevitable that planning and investment is executed, as much as possible. Essentially, mental health problems may cause abnormality in behaviour, such as reducing motivation, and increasing stress, fear, and concerns during the employees' job performance (Armandi et al., 2015). Additionally, due to such disorders, an individual may take a long time to accomplish their work and lose the ability as well as enthusiasm. Current researches identified some typical mental disorders, comprising both depression and anxiety, causing problems in work performance (Lagerveld et al., 2010, Gartner et al., 2010). A vast number of manpower is employed in industries; they provide abundant input to the economy of Bangladesh. The garments sector is one such industry; therefore, it is essential to identify the influence of unavoidable components (i.e., mental health),

which have a significant influence on the performance of the workforce in this sector, to uphold its powerful position.

Generally, World Health Organisation (2011) defines that health is a combined condition of physical, mental, and social well-being, and not just the non-appearance of disease or illness. Mental health is also defined as: "A state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her community" (WHO, 2005). It actually reflects the balance between the individual and their adjacent world. As mental health is a wide area, in the present study, depression, anxiety, somatic problems, and insomnia were considered for measuring the workers' mental health status.

Moreover, job performance is a multidimensional concept, comprising a worker's skill in completing their assigned task, and results from the association between an individual's health resources and aspirations, as well as the organisational environment that functions within the workplace or in other social settings (Lagerveld et al., 2010). It is evident that persons who suffer from different mental distresses (i.e., depression, anxiety) exhibit around 15-30% poorer employment rates, and prolonged unemployment (McDaid

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et al., 2015; OECD, 2015). Additionally, Wright et al. (1994) stated that blue-collar workers had more objections regarding their physical and mental symptoms, and were dissatisfied with work, compared to the white-collar workers.

Paul-Majumder (2003) explained that due to various occupational threats, such as long working hours, absence of leave and mental health facilities, and so on, the garment workers suffer from various diseases (e.g. anaemia, female diseases, dysentery, and so on), but continue their work. Therefore, the competitiveness in this industry was extremely deteriorated by the unstable health of the workers, which occurred due to their massive loss in productivity. Moreover, a study conducted on human service supervisory employees (Wright et al., 1993) displayed that unstable mental health impaired management potentials, for instance, goal emphasis, team building, and work facilitation. Likewise, Siu and Donald (2011) observed eight different professional groups in Hong Kong and explained that there was a statistically crucial connection between workforces' perceived stress, health complaints, and job dissatisfaction.

Other crucial organisational factors are linked to workforces' performance and well-being. For instance, the timing of work, particularly overtime, shift work, and night work, impaired biological rhythm, which results in anxiety, depression, psychological distress, and weak family bonding (Caruso, 2006; Virtanen et al., 2010). Additionally, sleep disturbances are considered as significant determinants of declining productivity at work, such as attendance; that is, insomnia and sleep apnoea were found to be the antecedents of sick leave (Sivertsen & Colleagues, 2013). Similarly, Bultmann et al. (2013) recommended that sleep disturbances and fatigue significantly forecast illness-related absences. A research report of the personnel of the Florida Department of Health stated that sleep-related problems were associated with a 3-fold risk of their reduced job performance and a 5-fold risk of limited everyday functioning (McKibben et al., 2010).

With regards to gender, although many studies have disclosed significant variances between male and female employees (Brush, 1992), some have ascertained that there is no discrepancy in the performance between men and women (Ahl, 2002; Kimmel, 2000). Perhaps, women and men, currently, are far more indistinguishable than they were some eras ago. Moreover, the contemporary investigations indicated that age is an element of the performance of the employees; for instance, Warr (1994) recommended that based on the work nature, the performance of employees will either slowly decline or increase with age. However, others concluded that, normally, job performance does not seem to reduce with increasing age (Czaja, 2001). For example, the study by Heck et al. (1995) concluded that the more the business owners age, the better the performance.

At present, the garments sector successfully provides the greatest contribution to the national GDP (Hossan et al., 2012; Chowdhury et al., 2006) of Bangladesh; out of a total of over 150 million population, around 3.6 million workers in Bangladesh are engaged in this sector, where most of them are women (Asia Foundation). However, a large portion of the workers, particularly the severe-stress group, was dissatisfied with their work and claimed lower mental health condition (Rahman, 1989). Mostly, the lack of written contracts, lengthy working hours, delayed payment of wages, and regular violations of health and safety standards are the major difficulties (Akhter, 2010). Such conditions lead to depression, anxiety, and insomnia, and contribute to lower job performance of the garment workforce (Caruso, 2006; Virtanen, 2010). Health problems have also been leading to job-related stresses (Zapf et al., 1996) and employees with unstable health may demonstrate poor performance in their workplace. Thus, the satisfaction of the workers determines their sense of achievement and success, which is directly linked to productivity and personal well-being (Miller & Ross, 2002). By addressing the current global industrial picture, Nigam et al. (2007) explained that it is indispensable to ensure a safety culture, and health and environmental awareness among all personnel of the organisation for the success of any industry. Although different empirical studies were conducted regarding the various issues of the garments workforce in Bangladesh, focusing on their mental health condition has not been considered adequately yet. Thus, to mitigate the gap, the authors of this study aimed at exploring how the mental health status of the garments personnel is connected to their performance. It is also necessary to assess the sorts of mental health problems they actually have and how their performance varies with respect to their age and gender.

RESEARCH OBJECTIVES

Our main objective was to find out the association between mental health and job performance of the garment workforce in the city of Dhaka. Moreover, specific objectives to explore were:

- Whether there is any relationship between mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garment workforce in Bangladesh.
- If there is any difference in mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garment workforce in terms of gender.
- Whether there is any difference in mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garment workforce in terms of chronological age.

- To find out significant predictors, as well as the best predictor of job performance of the garment workforce.

METHODS

Study Design

Cross-sectional survey design has been utilised for the final exploration.

Participants

A total of 150 samples were collected purposively from 12 different garments factories situated in different parts of the city of Dhaka. Their age ranged from 13 to 40 years and their monthly salary ranged from Taka 10,000 to Taka 25,000. The details of the sample characteristics are shown in Fig. 1.

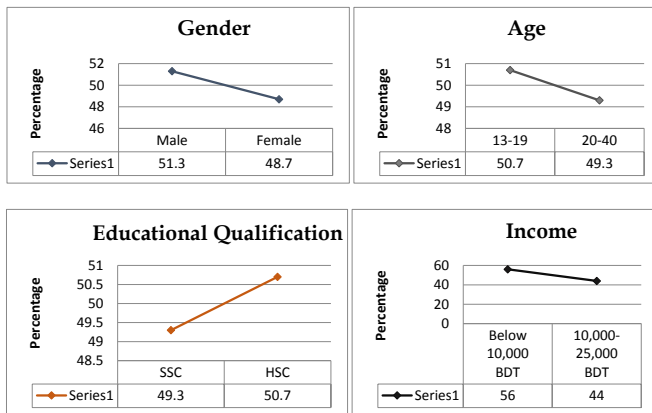


Fig. 1: Demographic Profile of the Respondents

Measuring Instruments: For quantitative measure, the following questionnaires were employed for data collection.

- General Health Questionnaire (Goldberg & Williams, 1988);
- Employees Job Performance Scale (Wiedower, 2001); and
- Personal Information Form.

General Health Questionnaire (GHQ-28): To assess workforces' mental health or psychological health status, an adopted Bangla version of (Banoo, 2001) the general health questionnaire (Goldberg & Williams, 1988) was administered. This short version of the measuring instrument contains 28 items, including 4 sub-dimensions, somatic (A1-A7), anxiety and sleep problems (B1-B7), social functioning (C1-C7), and depression (D1-D7). It measures the psychological disturbance in terms of both a full-scale score and scores on the 4 sub-scales. The maximum possible score of GHQ-28 is 84, whereas a score below 39 is considered as not having a significant level of psychiatric

disturbance. A score of 39 and above is considered as having a significant level of psychiatric distress. Moreover, the highest score of the sub-scale is 21. Scores 0 to 6 are considered as having a low stress level, 7 to 13 as moderate stress, and 14 to 21 as severe stress. Each item consists of a question asking if the respondent has recently experienced a particular symptom or item of behaviour on a scale ranging from 'less than usual' to 'much more than usual', on a scale ranging from '0' to '3'.

Job Performance Scale: To measure the workforces' performance regarding their work, an adopted Bangla version of (Semul & Muhammad, 2013) the job performance scale (Wiedower, 2001) was employed. This Likert-type scale has 5 items, including 5 response alternatives; they are scored as unsatisfactory = 1, satisfactory = 2, unknown = 3, good = 4, and excellent = 5. The sum of scores of all the items indicates the total score of the scale for an individual, where high scores specify a high level of job performance. The original scale has reported a good consistency coefficient, ranging from .88 to .96; reliability of alpha value is obtained as 0.699. The test-retest reliability and internal consistency of the Bangla version of the job performance scale (Semul & Muhammad, 2013) was also found to be significant ($r = .82$, $\alpha = .88$). Additionally, the face and construct validity was observed to be satisfactory.

Personal Information Form: A questionnaire containing the respondents' age, gender, income, and education level-related information was attached before the measuring instrument.

Procedure: After taking permission from the authorities to conduct this research, 2 standardised self-report questionnaires and one personal information form were used. Before administering the test, the necessary rapport was established with the respondents. After that, questionnaires were provided, with detailed instructions in both verbal and written format describing how the questionnaires were to be completed and returned. All the subjects were treated objectively by the investigators, and they were assured that their responses would be kept confidential and not disclosed for publication. Finally, they were encouraged to ask any questions if any and offered the option to withdraw from the study in case of discomfort. It took 20 minutes on average for each respondent to complete the entire task, and following the performance, they were thanked for their cooperation and active contribution to the study.

Data Processing and Analysis

Participants' responses were scored according to the scoring system of the mental health scale and the job performance scale, separately. The present research was co-relational in its nature. SPSS 25.0 was used to analyse the data.

RESULTS

The major objective of the present study was to identify the link between mental health and job performance of the garments workforce in Bangladesh. Collected data were analysed by employing some statistical points of view, such as mean, standard deviation, correlation, independent sample *t*-test, and regression analysis, to meet the objectives of the present study. All the results are presented in Tables 1-4, according to the formulated objectives.

Table 1: Correlation Co-Efficient between Mental Health (i.e., Somatic Problems, Anxiety and Sleep Problems, Social Functioning, Depression), Income Level and Job Performance

Sr. No.	Variables	1	2	3	4	5	6
1.	SP	-					
2.	A&S	.218**	-				
3.	SF	.239**	-.003	-			
4.	DP	.118	.18*	.300**	-		
5.	MH	.640**	.576**	.614**	.641	-	
6.	JP	-.225**	-.118	-.116	-.117	-.233**	-

Note: ***p* < .01, * *p* < .05 (2-tailed).

Here, SP = Somatic Problems, A & S = Anxiety and Sleep Problems, SF = Social Functioning, DP = Depression; MH = Mental Health, JP = Job Performance.

Table 1 exhibited that overall, the job performance is significantly negatively linked to the overall mental health ($r = -.233, p < .01$) problem of the garments workforce. Apart from that, somatic problems ($r = -.225, p < .01$) are significantly related to the job performance of the workforce.

Table 4: Multiple Regression of Job Performance with Mental Health (i.e., Somatic Problems, Anxiety and Sleep Problems, Social Functioning, Depression) among the Garments Workforce

Variables	β	t	R Square	R ² Change	F
Mental Health					
Somatic Problems	-.19	-2.25(.03*)	.07	.07	2.49(.05)
Anxiety and Sleep Problems	-.07	-.76(.45)			
Social Functioning	-.05	-.59(.56)			
Depression	-.07	-.79(.43)			

Note: Value in the parenthesis indicates the significance value.

Predictors: Somatic problems, anxiety and sleep problems, social functioning, depression.

Dependent variable: Job performance.

Standardised betas revealed (Table 4) that somatic problems ($\beta = -.19$) is the strongest significant predictor of job performance, whereas anxiety and sleep ($\beta = -.07$), social functioning ($\beta = -.05$), and depression ($\beta = -.07$) are observed as the second, third, and fourth predictors, respectively. Moreover, *R*² value indicates that somatic problems, anxiety and sleep problems, social functioning, and depression jointly explained .07% variance

Table 2: Gender Differences in Mental Health Constructs and Job Performance

Variables	Male		Female		t	Sig.
	\bar{X}_1	SD ₁	\bar{X}_2	SD ₂		
Mental Health	59.40	6.66	59.93	6.58	-.49	.63
Anxiety and Sleep	15.09	2.78	14.84	2.73	-.57	.57
Somatic	14.73	2.62	14.88	2.77	-.34	.74
Social Functioning	14.69	2.68	14.64	2.59	.10	.92
Depression	14.91	2.59	15.58	2.68	-1.57	.12
Job Performance	6.75	1.17	6.75	1.04	.00	.99

Note: \bar{X}_1, \bar{X}_2 = Mean; SD₁, SD₂ = Standard Deviation.

As shown in Table 2, no significant discrepancy is observed in the mental health, anxiety and sleep, somatic problems, social functioning, depression, and job performance of the male and female workforce in the garments sector.

Table 3: Age Differences in Mental Health Constructs and Job Performance

Variables	13-19yrs		20-40yrs		t	Sig.
	\bar{X}_1	SD	\bar{X}_2	SD		
Mental Health	60.30	6.09	59.00	7.07	1.21	.23
Anxiety and Sleep	15.13	2.77	14.80	2.73	.74	.46
Somatic	14.93	2.79	14.66	2.58	.62	.54
Social Functioning	14.83	2.62	14.50	2.64	.77	.45
Depression	15.41	2.49	15.05	2.75	.83	.41
Job Performance	6.75	1.05	6.76	1.17	-.04	.97

Table 3 reveals that no significant inconsistency is seen in mental health, anxiety and sleep, somatic problems, social functioning, depression, and job performance between the age groups 13-19 and 20-40.

in job performance. Further, *R*² change indicates that among the predictors, somatic problems alone explains .07% variance in job performance, and is the strongest predictor. Additionally, the overall F-test for regression [$F = 2.49, p < .05$] describes that variation in job performance is accounted for by the joint linear influence of somatic problems, anxiety and sleep problems, social functioning, and depression.

DISCUSSION

The general rationale behind the present study was to explore the relationship between mental health and job performance of the garments workforce in Bangladesh. After collecting data from the respective participants of numerous garments factories in Bangladesh, both descriptive and inferential statistical analysis were carried out to prove the objectives. The results will be discussed in the same order in which they were attained.

The first objective of the present study was “whether there is any relationship between mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garments workforce in Bangladesh”. The results reported in Table 1 indicated that job performance was negatively related to the mental health problems of the garments workforce. That is, higher the mental health problems, lower the job performance of the workers. Moreover, besides the mental health constructs, somatic problems were significantly related to the job performance of the workforce. These findings were supported by previous researchers (Wright et al., 1993; Paul-Majumder, 2003). In this respect, it can be stated that apart from physical health, mental health is another significant determinant of good performance of the workforce, as an unstable mental condition or imbalance between both physical and mental health impedes their motivation, concentration, job commitment, and consistency of their performance.

The second objective was “if there is any difference in mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garments workforce in terms of gender”. As shown in Table 2, no significant inconsistency was found in mental health, anxiety and sleep, somatic problems, social functioning, depression, and job performance of the male and female workforce in the garments sector. Based on these outcomes, it can be explained that, nowadays, the men and women are treated the same way in all areas of life (Moore, 1999) and the organisations are not an exception. Eventually, at present, both men and women have identical qualifications and skills, and are capable of competing for the same job position. This is why now, globally, they are treated as human beings rather than identified using gender; they are given equal opportunities to work in the organisations for a superior output. Hence, the fact that no significant difference was found is not a surprising matter, which is consistent with the studies conducted by Ahl (2002) and Kimmel (2000).

The third objective was “whether there is any difference in mental health (i.e., somatic problems, anxiety and sleep problems, social functioning, and mental health) and job performance of the garment workforce in terms of chronological age”. Findings presented in Table 3 showed

that no significant discrepancy was observed in the mental health, anxiety and sleep problems, somatic problems, social functioning, depression, and job performance between workers in the 13-19 and 20-40 age group. This finding is supported by the findings of Czaja (2001). The reason could be that since the age variation was not very high in this study since all the participants were adults, no significant discrepancy was perceived based on the age.

The fourth and final objective was “to find out significant predictors as well as a best predictor of job performance of the garment workforce”. The results showed that among all the constructs of mental health (Table 4), somatic problems was the strongest significant predictor of job performance, and all the constructs (somatic problems, anxiety and sleep problems, social functioning, and depression) made a joint linear contribution to their job performance. The results are in line with earlier studies (Caruso, 2006; Virtanen, 2010). An individual’s mental health condition, such as somatic problems, anxiety and insomnia, social functioning, and depression, are interconnected and have a separate, as well as an integrated, impact on one’s performance, which is reflected when any kind of discrepancy occurs in any of these factors.

LIMITATIONS AND RECOMMENDATION

This study is not without limitations. Firstly, only a few garments factories were selected, and only a sample of the workers is studied in this research. Secondly, the study is geographically limited to a particular place, i.e., Dhaka, a city of Bangladesh. Finally, the sample size was not sufficient to generalise the findings. Though there were limitations to the present study, it will be helpful in conducting future research in this area by considering other variables, including working hours, family relationships, income, work environment, and so on.

To sum up, the workforce is the basic pillar of any successful industry. They contribute to the productivity and performance of the organisation through their collective abilities, skills, and attitudes; however, they gain less attention than other aspects. Particularly in the garments sector, the workforce faces many stressors, due to the inadequate supply of facilities and too much work demanded by the employers; these lead to severe to mild mental health problems in the employees. The findings of this research may influence the perception of the authorities, such as industrialists, policymakers, employers, as well as the government, to give importance to the state of mental health of the human capital of this valuable sector, besides other financial and non-financial factors. Moreover, this knowledge will help them recognise how the workforces’ mental illness has a great influence on their individual performance, as

well as the entire organisational productivity. By arranging special psychological training, counselling services, as well as redesigning work structure and policy, organisations can develop more competent and healthy workforces, as well as extract quality service from them.

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