

& being married were statistically significantly ($P < 0.05$) associated with adverse psychological status.

Conclusion: This knowledge on socio-demographic factors affecting adverse psychological status, helps to improve the efficacy of delivering the key messages of CBPHE programmes by refining the target groups.

SP-100

Study on Taiwan Businessmen's Work Pressure and Health Condition in China

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Background: Many Taiwanese businessmen are doing business in China, thus, the population of Taiwanese businessmen in China is increasing, and their health issue becomes more important.

Purposes: This study aims to discuss the relationship between work pressure and health condition for those Taiwanese nationals residing in China for work.

Method: This study conducted survey by structure questionnaire based on purposive sampling. A total of 168 Taiwanese managers living in Shanghai and nearby cities (Kunshan and Suzhou) were sampled.

Results: The average age of the subjects was 40.4 ± 7.9 years old, 77.4% were male and 22.6% were female; their education level was mostly above college (83.7%); 60.1% reported having work pressure. The analysis on their work pressure and health status showed that those with work pressure have medical history of hyperlipemia and neck pain. They have the habit of drinking alcohol. The percentage of having poor sleeping quality in the recent month is higher than that of those without work pressure. In terms of mental health status, Beck Depression Inventory was used for measurement, and the result showed that those with work pressure have a higher score of depression (10.16 score vs. 5.31 score, $P < 0.05$) than those without work pressure. The survey on health-related quality of life (SF-36) found that those with work pressure have lower scores in RP, BP, GH, VT, and MH than those without work pressure.

Conclusions: The work pressure of Taiwanese businessmen in China is related to their physical, mental health status and health-related quality of life.

SP-101

Hardy Personality: Cognitive Responses to Managers' Mental Health in Balancing Work-Family Life

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Stress is inherent in today's life in balancing family and work life demands. The need to balance work and family life is not isolated to women anymore as men's role is increasingly expanding to more than as the family's

breadwinner. Today, more men are making efforts to play an active fatherly role. Nonetheless, the expectation of performing excellently at work and to be the star performer at work still prevails. This created a stressful situation. The inability to cope with stressful events can result in undesirable psychological and behavioural outcomes, leading to chronic stress, burnout, poor job performance, absenteeism, withdrawal from the profession, and well-being of individuals. In the long run, it not only lowers down productivity but would increase employers' cost through higher medical bills. Hardiness personality disposition (Kobasa, 1982) as a moderating variable has created a new resurgence of interest in physical and mental health research. It has been argued that hardiness mitigates the potential unhealthy effects of stress and prevents the organismic strain that often leads to illness. Hardiness is particularly relevant because it is theoretically defined as 'a resistance resource in the encounter with stressful life events' (Kobasa, Maddi, & Kahn, 1982, p. 169). On the other hand, research has also found that work and nonwork satisfaction relate to one's mental health. Therefore, it is the purpose of this research to review the coping process of Malaysian managers specifically the individual differences which managers use to cope with stress. The results are expected to evaluate the role of work as well as nonwork roles in affecting manager's mental health. The proposed model would investigate the relationship between stress as a result of balancing family and work life and mental health of Malaysian managers. In addition, the moderating role of hardiness is tested on the stress and mental health relationship.

SP-102

Lessons from Applying Oral History Approach in Community Mental Hospital

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It is apparent that science and medicine would become even powerful and real while they are situated in local narratives. Yuli Veteran Hospital situated in the middle of the narrow long rift valley that stretches 100 kilometers from Taitung to Hualien, is fairly isolated from other towns. The patients have been an even more marginalized population. Over there, patients, who have been institutionalized for years before coming to Yuli, have spent an average of 8 years at private and public hospitals around the island, mostly in merely custodial care. Most had already lost close contact with their families; or the families have long since been exhausted by the burden of care. With these difficult conditions, the professional staff at Yuli faced the fact that they could not treat these chronic patients with the old methods and institutions. The Yuli model of community therapy for psychiatric patients places the patient at the center of the

process. After a lengthy process of familiarization and interaction, the staff of the Veterans Hospital was able to persuade the residents of the town trusting their abilities of self-discipline and autonomy. A support network was extended into the community for the assistance of this employment, which also gave the patients new self-confidence to attempt reintegration into society. The economic outcome was also beneficial, generating NT\$3 million (US\$100,000) in income. Moreover, the staff is utilizing oral history for the process of developing an even closer collective sentiment between patients and community, which is anticipated to reinforce the results of the program. Supportive environment will shape patients' autonomy in clinical settings and daily lives. Accordingly, patients are not only aware to their medication status but also could support each other through appropriate arrangements. Furthermore, their relatives and boss could be supportive if they recognize the residual function of each patient with the help from professionals and institutions. Finally, medical professional should play the role of empowerment in building three layer of therapeutic community. The narrative method of life history, with close listening to patients, helps them to distinguish the real self from the false self, and this is the crux to whether they can reach a turning point. The process of oral history bring the patient back to his experience of the initiation of illness, and the memory of the feeling of being unwillingly committed to the institution. We have discovered that this external intrusion is linked to his/her own understanding of his/her situation, the suitability of the environment, and whether or not they can exercise self-discipline. This is the starting point for the work of the Yuli staff, to create a link between the inner world of the patient and the outer real world. Also, new role of medical professionals will be recommended.

SP-103

Depression Is Associated with Decrease Physical Performance of Older People

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Aim: To explore the influence and contribution of depression compared to chronic diseases in decreasing physical performance of older persons
Methods: Data from a population-based survey of 765 elderly people aged 60 years and above living in Malacca were analysed. Geriatric Depression Scale was used to assess depression. Presence of chronic diseases was self reported and verified through medical records. Physical performance was based on two outcomes; self reported functional limitation and performance based functional limitation. Two separate models were formulated using the log binomial regression, as the outcome prevalence was high (>10%). This is a more preferable method to

the logistic regression when odds ratio is not a reliable estimate of the relative risk.

Results: 2.4% to 36.3% of respondents with one or more chronic diseases had depression. After adjusting for age, sex, social isolation, and cognitive function, depression had the highest significant association with aPR of 1.60 (95% CI 1.09, 2.34) and aPR 2.60 (95% CI 1.79, 3.77) compared with presence of chronic diseases. Population Attributable Risk for performance based functional limitation due to depression was 39.4% (95%CI 15.8, 63.1).

Conclusion: Depression is associated with decrease physical performance greater compared to presence of one or more chronic disease alone. If older people were treated for depression 39.4 % of the performance based functional limitation cases would be eliminated. More efforts should be given to screen, diagnose and treat older people with depression.

SP-104

The Role of Social Support toward Superior Student's Stress Level

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Superior student class program is program that distinguishing student based on their achievement which upper average normal student report. The students must compete each other to be the best in their class, and that situation made them in stressful condition. The aim of this research was to find out the role of social support on students who selected in superior class program. The subjects of this research was 60 students of superior class programs at SMAN (High School State) 1 Bulukumba, South Sulawesi. The data collected based on four scales, which are stress scale, parent social support scale, teacher social support scale and peer group social support scale. The multiple regression analysis was applied to analyze data by SPSS for windows program version 13.0 The hypothesis werw : (1) their was a negative relationship between social support (parent, teacher and peer group) and stress level , (2) their was a negative relationship between parent social support and stress level, (3) their was a negative relationship between teacher social support and stress level, (4) their was a negative relationship between peer group social support and stress level on superior studen class program. The result indicated that their was a negative correlation and significant between social support and stress level on superior student class program with $R=0.376$; $R^2=0.141$, $F=3.074$ and $p=0.035$. Social support effectively contribute 14,1% to the student stress level. Parent social support was a negative correlation and significant to the student stress level with $r=-0.256$ and $p=0.041$. Teacher social support was a negative correlation and significant to the student stres level with $r=-0.100$ and $p=0.050$, and finally peer group social