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ARTÍCULO DE INVESTIGACIÓN

Explorando la conexión entre el bienestar psicológico y la ciencia del cerebro conductor (un análisis contextual: conductores de Snapp en Teherán)
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Resumen

El objetivo principal de este estudio es investigar la relación entre la ansiedad y la agresión con la psicología de conducción entre los conductores de Snapp en Teherán. Se aplicó un muestreo por conglomerados únicos. La población estadística consistió en 20 conductores de Snapp, de los cuales 10 hombres y 10 mujeres fueron seleccionados al azar como muestra. El instrumento utilizado en esta investigación es el cuestionario de Goldberg de 28 preguntas el cual luego fue analizado mediante el software Excel. Los resultados mostraron que existe una correlación significativa entre la salud mental y la psicología de conducción. Los conductores de Snapp en Teherán tienen una salud mental moderada.

Palabras clave: bienestar psicológico, ciencia del cerebro, conductor, Snapp, psicología.

Abstract

**Exploring the Connection Between Psychological Wellness and Brain Driver Science
(A Contextual analysis: Snapp hosts in Tehran)**

The main purpose of this study is to investigate the relationship between anxiety and aggression with driving psychology among Snapp hosts in Tehran. The statistical population consisted of 20 Snapp hosts composed by 10 males and 10 females who were randomly selected as the sample. The instrument used in this research is the Goldberg questionnaire of 28 questions which was then analyzed using Excel software. The results showed that there is a significant correlation between mental health and driving psychology. Snapp hosts in Tehran have moderate mental health.

Keywords: psychological wellness, brain science, Driver, Snapp, psychology

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1.- Introduction

Vehicles are a hallmark of civilization and driving for different life activities. For example, work, social life, recreation, educational-social activities, etc. are taken into account. The renewal of the transcendental expansion in the daily life is to increase the number of accidents and a number of accidents, and with the extent of the community, and in the community. Traffic accidents are an issue in the field of public health. This has led to the fact that one of the four most important human, road, vehicle and environmental factors is the occurrence of accidents, and it can also be considered as the result of many vehicle accidents. In today's world, people from all walks of life need vehicles to carry out their daily activities. Some people seem to lack the necessary skills to use vehicles, which can lead to high-risk behaviors. In the event of irreparable loss of life and property. Mental health while driving is the most important factor in maintaining public health. One of the causes that threatens mental health is fear or anxiety.

Some of the anxieties associated with driving anxiety include the following: Getting caught in traffic, hitting a car from the front or back, driving on the highway, driving on a bridge, being afraid of simple places, being afraid of the moment when you have an accident and when it is bad. They suffer while driving. In this case, the palms of their hands usually sweat profusely, their heart beats fast, their hands tremble or they feel dizzy, and sometimes they may cry. The sum of these symptoms indicates high, moderate or low mental health. In driving, with increasing age due to the characteristics of fear of driving increases, but with the acquisition and acquisition of driving experience, there will be no problem unless mental health is not in good condition. Driving style is a type of behavior that, like other behaviors, is a function of two factors: personality traits and situation. This fundamental hypothesis that personality affects driving has encouraged many researchers to study the relationship between personality factors and dangerous driving. Shows being involved in road accidents and committing driving offenses.

Goldberg divides mental health into four categories follow:

a. Somatic symptoms

Physical health refers to the normal functioning of the body, which considers its biological health. Signs of physical health in a person are manifested in the skin, eyes, hair and sleep functions, regular bowel activity and physical movements.

b. Anxiety and Sleep Disorder

It is an unpleasant emotion that is expressed in terms such as anxiety, panic and fear.

c. Social Function:

Mindset is related to social functioning in the community and in relation to other people.

d. Depression Symptoms

A type of mood disorder whose two main characteristics are frustration and sadness, in which the person, in addition to these two characteristics, feels inadequate and worthless.

2. Literature review

Each person's driving behavior is generally part of a set of behaviors that is referred to as personality. Ozkan & Lajunen consider driving as a behavior that the driver chooses as a model for his driving, such as speed, concentration and maintaining a standard distance. These behaviors include two categories of positive and negative behaviors. Amado, Koyuncu &

Kacaroglu believe that personality is a well-defined pattern of behaviors and methods that people use in dealing with situations and dealing with everyday life. Deffenbacher considers rapid and accelerated driving to be two factors related to aggressive driving. It has been shown that haste can predict severe driving accidents. Iversen & Rundmo found that drivers with low scores on abnormalities often scored high as a component of mental health. In 1973, Holland et al divided people into six classes in terms of type of desire: realistic, social, conventional, daring, artistic, and inquisitive. Park (1999) believes that aggressive drivers are more likely to engage in vehicle aggression while driving when their driver is using his vehicle to punish others.

For example, when a driver drives high in front of his head at night behind a driver, or when he intends to punish other riders as a high-speed, continuous horn, he intends to punish other riders. Richard & Lynch (2003), found that harsher drivers report more and more anger when driving, and exhibit more risky behaviors while driving. They use more vulgar words and also drive faster and are twice as likely to have accidents with rough drivers as with ordinary drivers.

3. Method

The exploration technique in this examination is library strategy which single group it was utilized to test strategy. The factual populace comprised of 20 Snapp drivers who were 10 male and 10 females were haphazardly chosen as the example. The instrument utilized in this exploration is the Goldberg survey of 28 inquiries which was then examined utilizing Excel program.

4. Findings

4.1. General Health Questionnaire

The General Health Questionnaire was first developed by Goldberg. The main questionnaire has 60 questions, but the abbreviated forms of 30 questions, 28 questions and 12 questions have been used in various studies. According to the researchers, the various forms of the general health questionnaire have high validity and efficiency, and the efficiency of the 12- question form is approximately the same as that of the 60-question form. In this research, a set of 28 question forms has been used, the questions of which include four subscales, each of which includes 7 questions. Questions 1-7 are related to the scale of physical symptoms and general health status. Questions 8-14 are related to the Anxiety Scale, questions 15 to 21 are related to the Social Dysfunction Scale, and questions 22-28 are related to the Depression Scale. All items in the General Health Questionnaire have 4 options.

4.2. Scoring method

There are two types of scoring methods for this test. One of the traditional methods is that the options are scored as (0-0-1-1) and the maximum score of the person will be 28. Another method of scoring is the Likert scale, in which the options are scored as (0-1-2-3). The maximum score of the subject with this method in the mentioned questionnaire will be 84. In this system, the Likert scale method was used.

Fig 1.
Subscales of GHQ questionnaire



4.3. Validity and reliability of GHQ-28 test

Goldberg and Williams reported in 1988 that the reliability of the doubling method for this questionnaire, which was completed by 853 people, was 0.95. After administering a questionnaire to 72 students in Hong Kong, Chan reported that the internal consistency coefficient of the questionnaire was 0.93 using Cronbach's alpha method. Robinson and Price (1986) asked 103 patients who had previously had a heart attack to complete a general health questionnaire twice, eight months apart. The analysis of the results gave a reliability coefficient of 0.90. Goldberg evaluated the general health questionnaire based on three methods of retesting, halving and Cronbach's alpha, which obtained the reliability coefficients of 0.93, 0.70 and 0.90, respectively. Also, in this study, simultaneous validity methods and factor analysis were used to study the validity of the mental health questionnaire. Simultaneous validity of the General Health Questionnaire has been reported through the concurrent performance with the Middlesex Hospital Questionnaire (MHQ 0.55).

4.4. General Health Questionnaire (GHQ)

The 28 questions of the questionnaire are as follows:

Table 1
GHQ Questionnaire

1	Have you felt completely well and healthy for the past month or not?
2	Have you felt the need for tonics since the last month?
3	Have you felt weak from the last month until today?
4	Have you felt sick for the past month or not?
5	Have you had a headache from the last month until today?
6	Have you ever felt your head tied tightly with something like a handkerchief or a pressure on your head from the last month until today?
7	Have you felt that sometimes your body is hot or cold from the last month until today?
8	Have you ever had insomnia due to anxiety over the past month?
9	Have you woken up in the middle of the night from the last month until today?
10	Have you felt under constant pressure from the past month until today?
11	Have you been angry and bad-tempered for the past month?
12	Have you been angry and bad-tempered for the past month?

13	Have you realized from the last month until today that doing anything is beyond your ability?
14	Have you felt nervous and anxious all the time from the last month until today?
15	Have you been able to keep yourself busy and entertained from the past month until today?
16	Have you spent more time doing things than you did a month ago?
17	Have you generally felt that you are doing well from the last month until today?
18	Do you feel satisfied with the way you do your work from the last month until today?
19	Have you felt that you have a useful role in doing things from the last month until today?
20	Have you been able to make decisions over the past month or not?
21	Have you been able to enjoy everyday activities from the past month until today?
22	Have you thought that you are worthless from the last month until today?
23	Have you felt that life is completely frustrating from the past month until today?
24	Have you felt from the last month until today that life is not worth living?
25	Have you thought about the possibility of committing suicide for the past month or not?
26	Have you felt so nervous for the past month that you cannot do anything?
27	Have you come to the conclusion from the last month until today that you wish you were dead and got rid of life altogether?
28	Has the thought of wanting to end your life come to you from the last month until today?

Source: Authors development

These scores are calculated as follows:

Out of 28 items of the questionnaire, items 1 to 7 are related to the scale of physical symptoms. Cases 8 to 14 examine the symptoms of anxiety and sleep disorders, and cases 15 to 21 deal with the assessment of social functioning symptoms, and finally cases 22 to 28 assess the symptoms of depression. To sum up the scores, A is given a score of 0, B is given a score of 1, C is given a score of 2 and D is given a score of 3. In each scale from a score of 6 and above and a total of a score of 22 and above indicates pathological symptoms.

Table 2
Likert scoring system

A	Better than usual	0
B	Same as usual	1
C	Worse than usual	2
D	Much worse than usual	3

Source: Authors development

Table 3.
Scores in the whole questionnaire

A	No or minimum limit	22-0
B	Slight	40-23
C	Medium	60-41
D	Intense	84-61

Source: Authors development

5. Results

5.1. Questionnaire review in Snapp drivers

In this section, 40 drivers, 20 men and 20 women, were examined. The results showed that the scores of all these drivers were between 60-41. This score indicates the medium level in drivingpsychology.

Table 4
Driver scores

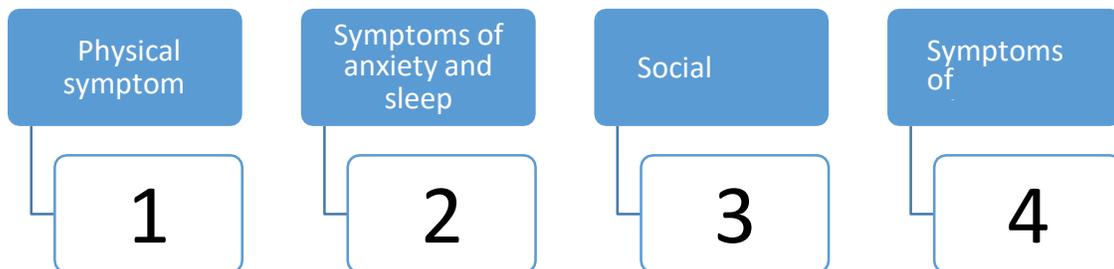
	Male	Female	Total score
1	42	40	60-41
2	46	42	60-41
3	46	42	60-41
4	47	46	60-41
5	50	51	60-41
6	52	45	60-41
7	44	45	60-41
8	58	55	60-41
9	54	45	60-41
10	42	46	60-41

Source: Authors development

5.2. Interpretation of the questionnaire

The 28-item form of the General Health Questionnaire was designed by Goldberg. This questionnaire consists of four sub-scales with seven questions in each of them.

Fig 2
The titles of the scales of this questionnaire



In the section on physical symptoms or the first subscale of A, the general health status and physical symptoms that the person has experienced during the past month are examined. In the second section on symptoms of anxiety and sleep disorders or the second subscale B, the clinical signs and symptoms of severe anxiety, insomnia, stress, anger and anxiety are examined. In the social action scale or the third subscale C, the ability of a person to perform daily tasks, feeling satisfied in performing tasks, feeling useful, learning power and enjoying daily life activities are studied. Symptoms of depression or the fourth subscale of D examine feelings of worthlessness, hopelessness, suicidal ideation, desire to die, and the ability to do things.

Table 5
Questionnaire specifications

Scale of physical signs	
1	Feeling healthy
2	Feeling the need for fortifying drugs to get things done
3	Feeling weak and lethargic
4	Feeling sick
5	Headache
6	Feeling pressure on the head
7	Feeling hot and cold
Scale of anxiety symptoms and sleep disorders	
8	Insomnia
9	Waking up in the middle of sleep
10	Feeling pressured
11	Anger and bad temper
12	Fear and panic
13	Inability to do things
14	Stress
Scale of social action signs	
15	Ability to keep yourself busy and entertained
16	Spend more time than usual
17	Feeling good about doing things
18	Feeling satisfied with how things are done
19	Feeling useful
20	Feeling the power of decision making
21	Enjoy daily activities
Depression Symptoms Scale	
22	Feeling worthless
23	Hopelessness
24	Feeling worthless

25	Suicidal thoughts
26	Inability to do things
27	wish to die
28	Suicide attempt

Source: Authors development

The total score of each person is obtained from the sum of the scores of the four subscales. A low score on this scale is a sign of health and a high score is a sign of unhealthiness. The Likert method with scores of 3,2,1,0 was used for the questionnaire question options.

5.3. Total points

The scores are generally as follows:

Table 6
Total scores

A	It shows that you are in a very good condition in terms of mental health.	22-0
B	Indicates that your mental health is at risk in some areas.	40-23
C	It shows that your mental health has been damaged in many cases and you should think about improving your living conditions and mental health.	60-41
D	Indicates the dire state of your mental health. It is strongly recommended that you consult a specialist.	84-61

Source: Authors development

As the research showed, the scores of the surveyed drivers are all between 41-60, which indicates the level of C in the table. According to research based on the questionnaire, it shows that the mental health of drivers has been affected in many cases, and you drivers should think about improving living conditions and mental health.

6. Conclusion

Driving matters are challenging emotional issues because they are unpredictable and constantly occurring and involve dangerous matters. Drivers are very different in this regard. Many drivers consider this situation as emotional stress and as a result, they face and deal with it. They find it difficult with Anna. Drivers, on the other hand, were often motivated to be competitive and unaware of their emotional jaundice. This affects their motivations and goals and distorts the driver's thinking and increases the emotions out of one's control.

Driving is a phenomenon that puts a person in a special situation, this situation, makes some behaviors based on the driver's personality more obvious and objective. On the other hand, driving is a social behavior that affects a wide range of cognitive, emotional and personality actions; therefore, people who drive always need to be aware of their psychological state. The results of the study showed that anxiety and aggression are related to driving psychology. As a result, Snapp drivers have moderate levels of mental health. This level means that the mental health of the drivers surveyed needs to be improved.

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