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Can psychosocial work factors influence psychologists' positive mental health?

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Background	Working in healthcare can entail intense emotional demands that increases susceptibility to occupational risk factors. Psychosocial risk assessment can contribute to promoting awareness of the effects of work on positive mental health.
Aims	To explore and analyse the influence of psychosocial work factors on positive mental health among psychologists.
Methods	A cross-sectional study of 339 psychologists was conducted. Two instruments were used for data collection: the Mental Health Continuum—Short Form (MHC-SF) to assess well-being and the Health and Work Survey (INSAT) to assess psychosocial work factors.
Results	This study identified psychosocial work factors that affect psychologists' positive mental health, namely, emotional well-being was affected by 'Need help from colleagues' (β = −1.091), 'Have no one I can trust' (β = −1.253) and 'Complex work' (β = 0.751); psychological well-being was affected by 'Intense work pace' (β = 1.151), 'Not able to participate in decisions' (β = −3.695) and 'Complex work' (β = 1.520); and social well-being was affected by 'Always changing roles and tasks' (β = −1.810) and 'Not able to participate in decisions' (β = −2.470).
Conclusions	Psychosocial work factors such as work organization, work relationships and emotional demands influence psychologists' positive mental health. Social support at the workplace and having challenging and autonomous work can promote mental health. It is important to develop better organizational practices to promote mental health and well-being among these professionals.
Key words	Occupational health; positive mental health; psychosocial work factors; social support; well-being.

Introduction

Mental health has traditionally been defined as the absence of mental illness. In recent years, this view has changed and the current definition of mental health suggested by the World Health Organization [1] is a 'state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community'. This definition describes mental health positively, in which well-being is an important component [2]. In some literature, well-being is understood in terms of overall happiness or satisfaction with life. However, evidence shows there is much more to life than satisfaction—people also want to have fulfilling lives, develop their abilities, fulfil their potential and lead socially useful lives [3]. Therefore, the study of well-being involves three personal dimensions. Emotional well-being entails satisfaction with one's life and having high positive emotions and low negative emotions [4]. On the other hand, psychological well-being is defined as an individual's personal development and personal growth, being engaged in life, experiencing autonomy, fulfilling one's potential, feeling that life has meaning and having a purpose in life [5]. Finally, social well-being [6,7] refers to having a positive attitude towards others, a sense of belonging to the community, feeling that one is contributing to society, an optimism about the future of society and engaging in pro-social behaviour [3,7]. Research in this field shows that people with higher levels of well-being have more fulfilling jobs, establish good-quality personal relationships, live longer and have better physical health [4,8,9]. Well-being is not just passive happiness. It is also about active engagement with life and with others. Therefore, promoting well-being not only contributes to society, but is an intrinsic good.

Key learning points

What is already known about this subject:

- Working in healthcare can entail intense emotional demands that increases susceptibility to occupational risk factors.
- Psychosocial work factors, such as work organization, work relations and emotional demands, influence positive mental health.
- Psychosocial risk assessment can contribute to promoting awareness of the effects of work on positive mental health.

What this study adds:

- Psychosocial factors, such as stimulating and intense work, a challenging work environment and a socially supportive environment in the workplace, can promote good mental health.
- Psychosocial factors, such as lack of social support, non-participation in decision-making and negative relationships in the workplace, can affect negatively mental health.

What impact this may have on practice or policy:

- These findings have implications for psychosocial workplace interventions, decision-making process and organizational climate of cooperative relationships.
- It is important to improve organizational practices and policies to promote mental health and well-being among these professionals.
- A new management approach should be promoted to better integrate health policy and individual/professional health.

This approach to mental health as positive mental health is receiving increasing attention in occupational health as well as in other areas, such as medicine, psychology and economics because of the increase in mental health problems among the active adult population [10]. In fact, mental health and occupational risks, especially the relevance of psychosocial work factors, have been recognized as priorities in health and safety [2,11–13]. Psychosocial risks are related to the way work is conceived, organized and managed, as well as the social work context. Psychosocial risks, including high demand and intensity of work, emotional demands, lack of autonomy, poor social relations and ethical and value conflicts in the workplace [14–16], may have a negative impact on workers' health [17]. Working in psychology is characterized by intense emotional demands that make psychologists susceptible to psychosocial risks factors: the increasing amount of time spent with clients, the length of time spent working (long work hours), lack of support in the workplace, less control over work activities and over-involvement with clients can increase the risk of health problems [18–20]. We can reduce workers' exposure to these adverse psychosocial work factors through workplace organizational interventions. These interventions can lead to improvements in mental health indicators [15,17,21]. Research shows that support from coworkers, and social support from supervisors and colleagues might have a role in the protection of workers' well-being and indicates that the quality of work relationships can help manage stress and negative emotions [11,22,23].

Therefore, this study aims to explore positive mental health and psychosocial work factors among psychologists, and to analyse the influence of psychosocial work factors on positive mental health (emotional, psychological and social well-being).

Methods

A cross-sectional study using two questionnaires, the Mental Health Continuum—Short Form (MHC-SF) to assess well-being and the Health and Work Survey (INSAT) to assess psychosocial work factors, was conducted with Portuguese psychologists. The Ethics Committee of Fernando Pessoa University in Porto authorized the research project, which was conducted in accordance with the standards of the Helsinki Declaration. Psychologists were recruited through snowball sampling (a method where research participants recruit other participants) and data collection was conducted with those who gave informed consent to participate in this research. The instruments were delivered together with a response envelope so the questionnaires could be returned to the researchers. Participation was voluntary, and confidentiality and anonymity were ensured.

The study sample consisted of 339 Portuguese psychologists ranging in age from 22 to 58 years (M = 36.44; SD = 7.33). The most representative age range was

30–39 years (46%). Most participants were women (79%), while 22% were men. There was considerable variation in participants' years of experience, which ranged from 1 to 35 years. Furthermore, 78% of participants were employed under either permanent or fixed-term contracts and 22% were working as independent contractors. Over half of the psychologists were working on a full-time basis (72%) in jobs without schedule flexibility (65%).

The MHC-SF is a self-report scale that consists of 14 items rated on a 6-point Likert scale, ranging from 1 (never) to 6 (every day). This instrument includes three sub-scales that measure emotional, psychological and social well-being (three, six and five items, respectively). The MHC-SF has been translated into Portuguese, and has been shown to have good internal reliability (Cronbach's α coefficients for the total scale as well as sub-scales were all above 0.80) [24,25].

The INSAT is a self-report questionnaire comprising 154 items organized in seven sections that measure working conditions, health and well-being, and the relationship between them [26]. Regarding the purpose of this study, only the psychosocial work factors were used: high demand and work intensity; lack of autonomy; work relations with coworkers and managers; employment relationships with the organization; emotional demands; ethical conflicts; and work characteristics. These categories are organized in different items. For each item, participants were asked to identify if a specific situation is present or absent (using a dichotomous 'yes' or 'no' scale). In terms of psychometric properties, the INSAT has been found to have good internal consistency in a Rasch Partial Credit Model analysis, with a reliability coefficient >0.8 [27].

Data were analysed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 22.0. The significance level adopted was $P \leq 0.05$. Frequency and percentages for participants' demographic characteristics (nominal variables from the INSAT questionnaire) and central tendency parameters (mean and standard deviation on scale variables from the MHC-SF) were obtained. The point-biserial correlations were calculated to determine the association between well-being measurements (scale variables from the MHC-SF) and psychosocial work factors (nominal variables from the INSAT that are binary variables with only two possible values: 0 – no; 1 – yes). A multiple linear regression was conducted to explain the relationship between the dependent variables (well-being) and the independent variables (psychosocial work factors) that only included variables that reached significant associations. Firstly, a multiple linear regression using the Backward Elimination Method was used to identify the significant independent variables. Then, another multiple linear regression was performed, using the Enter method, and only with the significant variables found previously, to better adjust the prediction model. All the assumptions related to the study's regression equations were met satisfactorily and therefore the regression analysis results could be considered reliable.

Results

The descriptive analysis of the MHC-SF presents well-being scores in terms of emotional, psychological and social well-being (Table 1).

Descriptive analysis from the INSAT, presented in Table 2, shows the frequency distribution of the 'yes' answers to psychosocial work factors that have a significant impact on the work conditions of psychological practice.

The correlation analysis revealed that the emotional well-being score had significant inverse associations with 'Not able to participate in decisions concerning my work' ($r_{pb} = -0.118$; $P < 0.05$), 'Need help from colleagues and do not have' ($r_{pb} = -0.219$; $P < 0.001$) and 'Have no one I can trust' ($r_{pb} = -0.177$; $P < 0.01$), and a positive association with 'Complex work' ($r_{pb} = 0.157$; $P < 0.01$).

The psychological well-being score showed significant inverse associations with 'Not able to participate in decisions concerning my work' ($r_{pb} = -0.163$; $P < 0.01$) and 'Have no one I can trust' ($r_{pb} = -0.146$; $P < 0.01$), and positive relationships with 'Intense work pace' ($r_{pb} = 0.120$; $P < 0.05$), 'Complex work' ($r_{pb} = 0.140$; $P < 0.01$) and 'Continuous learning at work' ($r_{pb} = 0.120$; $P < 0.05$).

The social well-being score had significant inverse associations with 'Always changing roles and tasks depending on the needs of the organization' ($r_{pb} = -0.179$ $P < 0.001$), 'Not able to participate in decisions concerning my work' ($r_{pb} = -0.163$; $P < 0.01$), 'Have no one I can trust' ($r_{pb} = -0.119$; $P < 0.05$) and 'Lack the means to carry out my work' ($r_{pb} = -0.119$; $P < 0.05$), and a positive relationship with 'Lonely work' ($r_{pb} = 0.159$; $P < 0.01$).

Table 1. Characterization of well-being in the sample

MHC-SF	*N*	*M*	SD	Min	Max	Range
Emotional well-being	339	14.66	2.41	6	18	6–18
Psychological well-being	339	29.55	4.54	11	36	6–36
Social well-being	339	20.62	4.75	6	30	5–30

Table 2. Characterization of psychosocial work factors

High demands and work intensity	339 (%)
Intense work pace	60
Dependent on colleagues to do my work	30
Dependent on direct clients' requests	52
Have to follow production norms or meet strict deadlines	45
Have to adapt permanently to changes in methods or instruments	38
Not being told clearly what to do	29
Have to deal with contradictory instructions	32
Exposed to frequent disruptive interruptions	36
Always changing roles and tasks depending on the needs of the organization	28
Exposed to highly demanding situations	56
Have to continue working beyond my assigned timetable	61
Have to work at home beyond my schedule	64
Have to 'skip' or shorten a meal or not have a break	39
Have to maintain permanent availability at any time of the day	38
Lack of autonomy	
Have no freedom to decide how to do work	16
Not able to participate in decisions concerning my work	8
Work relations with coworkers and managers	
Need help from colleagues and do not have	31
It is rare to exchange experiences with other colleagues to better perform the work	13
Not having my opinion taken into consideration for the functioning of the department	6
Impossible to express myself	10
Not having recognition by colleagues	13
Have no one I can trust	16
Employment relations with the organization	
Threat of job loss	43
Career progress is almost impossible	39
Remuneration does not allow me to have a satisfactory standard of living	23
Lack the means to carry out my work	6
Emotional demands	
Direct contact with the public	78
Have to endure the demands of the public	77
Have to deal with situations of tension in the relationship with the public	77
Being exposed to the suffering of the others	85
Have to simulate good mood and/or empathy	74
Have to hide my emotions	73
Ethical conflicts	
Have to do things I disapprove	20
Lack the means to do a job well done	26
Work characteristics	
Lonely work	3
Varied work	79
Unpredictable work	69
Complex work	81
Stimulating work	91
Continuous learning work	91

Therefore, work-related factors and psychosocial work factors were associated with mental health dimensions. Psychologists who 'cannot participate in decisions about their work' and 'have no one to trust' reported less emotional, social and psychological well-being. Psychologists who reported 'Complex work' had more emotional and psychological well-being. In addition, it was found that emotional well-being had a negative and significant association with 'Need help from colleagues and do not have', and that social well-being was negatively correlated with 'Always changing roles and tasks depending on the needs of the organization' and with 'Lack the means to carry out my work'. On the other hand, there were positive and significant correlations between social well-being and 'Lonely work', and between psychological well-being and 'Intense work pace' and 'Continuous learning at work'.

After significant associations between positive mental health and psychosocial work factors were identified, it was important to analyse the influence of psychosocial work factors on well-being dimensions.

The results from the multiple linear regression (Backward Elimination Method) applied to emotional well-being revealed that 'Not able to participate in decisions' was not a significant predictor ($P > 0.05$) of emotional well-being and it was removed from the model. Another multiple linear regression was performed (Enter Method) with the remaining predictors of emotional well-being and all three independent variables were significant ($P \leq 0.05$) (Table 3).

Multiple regression analysis showed that the model explained 11% of the variance in emotional well-being and only the independent variables 'Need help from colleagues and do not have', 'Have no one I can trust' and 'Complex work' were significant predictors of psychologists' emotional well-being.

The results from multiple linear regression (Backward Elimination Method) applied to psychological well-being revealed that 'Have no one I can trust' and 'Continuous learning at work' were not significant predictors ($P > 0.05$) of psychological well-being and these were removed from the model. Another multiple linear regression was performed (Enter Method) with the remaining independent variables of psychological well-being and all three remaining independent variables were significant predictors ($P \leq 0.05$) (Table 4).

The multiple regression showed that the model explained 7% of the variance in psychological well-being and only the independent variables 'Intense work pace', 'Not able to participate in decisions concerning my work', and 'Complex work' were significant predictors of psychological well-being.

The results from multiple linear regression (Backward Method) applied to social well-being revealed that 'Have no one I can trust', 'Lack the means to carry out my work' and 'Lonely work' were not significant predictors ($P > 0.05$) of

Table 3. Multiple regression analysis of selected variables on emotional well-being

	Model (Backward Method)			Model (Enter Method)		
Independent variables	β	*t*	*P*	β	*t*	*P*
Not able to participate in decisions concerning my work	−0.861	−1.748	>0.05			
Need help from colleagues and do not have	−1.074	−3.751	<0.001	−1.091	−3.802	<0.001
Have no one I can trust	−1.071	−2.887	<0.01	−1.253	−3.489	<0.001
Complex work	0.832	2.503	<0.05	0.751	2.270	<0.05
Intercept	14.426			14.463		
F	9.987			12.170		
R	0.343			0.328		
R^2	0.118			0.108		
Adjusted R^2	0.106			0.099		
P	<0.001			<0.001		

Table 4. Multiple regression analysis of selected variables on psychological well-being

	Model (Backward Method)			Model (Enter Method)		
Independent variables	β	*t*	*P*	β	*t*	*P*
Have no one I can trust	−1.164	−1.615	>0.05			
Continuous learning at work	1.387	1.628	>0.05			
Intense work pace	1.228	2.379	<0.05	1.151	2.229	<0.05
Not able to participate in decisions concerning my work	−3.190	−3.335	<0.001	−3.695	−3.999	<0.001
Complex work	1.364	2.153	<0.05	1.520	2.405	<0.05
Intercept	26.609			27.736		
F	6.064			7.466		
R	0.303			0.262		
R^2	0.092			0.069		
Adjusted R^2	0.077			0.060		
P	<0.001			<0.001		

social well-being and these were removed from the model. Another multiple linear regression was performed (Enter Method) with the remaining dependent variables of social well-being and all two remaining independent variables were significant predictors ($P \leq 0.05$) (Table 5).

The multiple linear regression showed that the model explained 5% of the variance in social well-being and only the independent variables 'Always changing roles and tasks depending on the needs of the organization' and 'Not be able to participate in decisions concerning my work' were significant predictors for social well-being score.

Discussion

The present study aimed to analyse the influence that several psychosocial work factors can have on a psychologist's positive mental health. It is assumed that mental health is a global state of well-being that corresponds to the recent literature's perspective that defines mental health positively. Additionally, past research indicates that some workplace characteristics may have a negative impact on workers' health and work has long been recognized as a very important factor for well-being. Our findings confirm that work has an important role in mental health. Work organization, work relationships and emotional demands influence psychologists' positive mental health. Therefore, having a stimulating and challenging work environment and a socially supportive working atmosphere are particularly important.

The results indicate that psychologists have good levels of well-being, particularly emotional and psychological well-being, which suggests that these professionals view themselves as functioning well in life and can positively cope with the normal stresses of professional life, work productively and profitably and are able to contribute to society.

Table 5. Multiple regression analysis of selected variables on social well-being

	Model (Backward Method)			Model (Enter Method)		
Independent variables	β	*t*	*P*	β	*t*	*P*
Have no one I can trust	−0.979	−1.314	>0.05			
Lack the means to carry out my work	−1.120	−0.933	>0.05			
Lonely work	0.994	1.691	>0.05			
Always changing roles and tasks depending on the needs of the organization	−1.669	−2.759	<0.01	−1.810	−3.027	<0.01
Not be able to participate in decisions concerning my work	−2.089	−1.985	<0.05	−2.470	−2.645	<0.01
Intercept	20.757		20.897			
F	4.970		8.946			
R	0.276		0.233			
R^2	0.076		0.054			
Adjusted R^2	0.061		0.048			
P	<0.001		<0.001			

Among the psychosocial work factors that are associated with well-being, we find that when psychologists perceive that they cannot participate in decisions about their work and that they have no one to trust, they report less emotional, social and psychological well-being. Furthermore, when they feel that they need help from colleagues and do not have it, or when they feel that they cannot trust anyone, they are more likely to have lower emotional well-being. At the same time, permanent changes in the role and function of the psychologist have a negative influence on their social well-being. These results are in accordance with other studies about the impact of less control over work activities [18] and the importance of coworkers' support in the protection of one's own well-being [22]. In fact, the literature also indicates that some organizational factors of a workplace may have a negative impact on workers' health [17,28].

Within the psychosocial factors that promote good mental health, complex and intense work is highlighted as a challenge to professional and personal fulfilment and development. These variables increase the probability of the worker experiencing higher levels of psychological and emotional well-being. In fact, the work content and its nature may improve the mental health of workers, since work characteristics can be a significant source of personal growth at an individual level [5,9,29].

Our results highlighted a set of psychosocial work factors that have a significant association with and influence on the positive mental health of psychologists, which can help when re-thinking the working conditions of those who look after others.

First, we consider that psychosocial work factors should be an important area of occupational health analysis. Second, occupational health should integrate the concept of positive mental health. Third, positive mental health is strongly related to psychosocial work factors. According to this view, a holistic approach must be considered when we analyse workers' health, work conditions and the work organization to better promote the individual, the society and economic growth.

In fact, mental health and well-being research shows that work can profoundly affect our well-being and can provide challenges and opportunities for development and social relationships. It can constitute a meaningful part of our identity and provide us with a purpose.

From this perspective, governments, health systems and organizations need to be concerned with the quality of work in which they are engaged and the importance of all these issues on workers' health promotion.

This study shows that researchers must continue to address the call for research on work and mental health that has fewer limitations than the present study, to better identify the psychosocial risk factors that can influence mental health and well-being of healthcare professionals. Further research with a larger sample should be performed and an analysis in terms of gender and years of experience should reveal interesting results. However, the overall results of this study can contribute to better research in this domain and allow exploration of new preventive actions that address the needs of healthcare professional practice.

Competing interests

None declared.

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