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# Psychological Capital Qualities and Psychological Well-Being in Australian Mental Health Professionals

Shawn L. Koller[1] & Richard E. Hicks[1]

[1] School of Psychology, Bond University, Gold Coast, Queensland, Australia

Correspondence: Richard E. Hicks, Bond University, Gold Coast, Queensland, Australia. Tel: 61-75-595-2580. E-mail: rhicks@bond.edu.au

**Abstract**

The mental health of mental health professionals has not been studied in detail to date, yet the work is stressful and many have left the field. What are the positive qualities that help mental health workers cope with their work and what pressures do they face? The purpose of the current study was to examine the psychological qualities and experiences of 56 Australian mental health professionals and compare these qualities with those of a general working group sample of 78 respondents, in regard to the similarities and differences demonstrated in psychological capital, positive psychological well-being, coping strategies, and mental health (depression, anxiety and stress) characteristics. Results from our online survey showed that the Australian mental health workers in our sample scored significantly higher on positive psychological capital attributes of optimism and goal-directed hope; significantly higher on psychological well-being (especially in valuing personal growth, and environmental mastery); and they scored significantly higher in the ability to use emotional coping effectively. They scored similarly to the general workplace sample on the depression, anxiety and stress scales; and similarly on active coping strategies. Conclusions are that those mental health workers continuing in the profession generally have high psychological well-being, provide a positive environment for their clients through their "psychological capital" emphasising optimism and hope, and they deal with their own pressures through positive emotional coping.

**Keywords:** mental health professionals, mental health, psychological capital, psychological well-being, depression, anxiety, stress, coping strategies

## 1. Introduction

### 1.1 Background to Work as Mental Health Professionals

The health workforce in Australia is large and diverse, with mental health professionals comprising of a substantial percentage of practitioners in this sector. Those working in mental health services face stressful situations daily, in their work life dealing with the problems and mental illnesses of others, as they attempt to make a difference. It is not surprising that many suffer from burnout and related emotional distress (Devereux, Hastings, Noone, Firth, & Totsika, 2009) and many leave the profession. Mental health is "a state of well-being in which … individual(s) realise their own potential, can cope with the normal stresses of life, can work productively and are able to make a contribution to their community" (World Health Organization, 2001). Stressful events are often precipitating factors in people diagnosed with common mental health disorders including those working in the helping professions (Burns & Machin, 2013; Cohen, 1988). Extended exposure to the distress of others can result in a secondary traumatic stress (Figley, 1983). Figley (1983) believed there to be a negative psychological impact for those involved with clients suffering from trauma-related illnesses. It has been suggested that such work can become emotionally draining and lead to burnout (Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000; McCann & Pearlman, 1990). Ben-Zur and Michael (2007) found that professionals appeared to be particularly vulnerable to severe emotional exhaustion, psychological tension and burnout.

But many do not leave the mental health work they are doing and they appear generally to cope well, not succumbing to the mental and emotional stresses of their work; instead, they appear to continue to serve in their professional roles in an effective manner. What are the qualities of these committed employees? Little research has been conducted on this question. In our study we investigated this question, analysing responses to

questionnaires on positive psychological capital attributes, psychological well-being, coping strategies, and mental health elements (levels of depression, anxiety and stress) of 56 mental health professionals in Australia and compared the responses with a general sample of 78 other workers. Knowing how mental health workers differ from a general range of employees in other fields on both the negative and positive psychological mental health, well-being and psychological capital, can affect selection, and training and professional development aspects, to help those who help others.

Next we examine the *workplace context* and discuss stress at work and its impacts as reported in earlier studies; and then we outline the variables in our study-psychological capital qualities, positive psychological well-being, mental health aspects, and coping strategies used.

*1.2 The Workplace Context: Stress and Its Impacts on Job Incumbents*

Work stress impacts individuals often to an "excessive degree" (Sparks, Faragher, & Cooper, 2001); and the World Health Organisation has even declared occupational stress to be a worldwide epidemic (Avey, Luthans, & Jensen, 2009). Experiences at work, whether physical, emotional or social in nature, affect the person; moreover, these experiences "spill over" into non-work life domains (Danna & Griffin, 1999). This issue may be exacerbated among those working in mentally and emotionally demanding work, such as in mental health services (Ben-Zur & Michael, 2007; Cooper & Cartwright, 1994; Elliot & Guy, 1993; Gray-Stanley & Muramatsu, 2011; Lloyd, King, & Chenoweth, 2002; Moore & Cooper, 1996; Totterdell, Wood, & Wall, 2006).

It is well known that prolonged exposure in the wider work setting to job-related stressors can lead to burnout, a state characterised by emotional exhaustion, depersonalisation and a lack of personal accomplishment (Devereux et al., 2009; Hastings, Horne, & Mitchell, 2004; Lazarus & Folkman, 2006; Schaufeli, Leiter, Maslach, & Jackson, 1996; Welbourne, Eggerth, Hartley, Andrew, & Sanchez, 2006). Indeed, stress and burnout and their impacts have been well documented among mental health professional groups including nurses, social workers and psychotherapists (Ben-Zur & Michael, 2007; Demerouti, Baker, Nachreiner, & Schaufeli, 2001; Gray-Stanley & Muramatsu, 2011; Harvey & Burns, 1994; Lloyd et al., 2002; Pines, 2008; Thoresen, Kaplan, Barsky, Warren, & De Chermont, 2003; Webster & Bergman, 1999; Welbourne et al., 2006; Winstanley & Whittinton, 2002). Such research has indicated that mental health workers appear to experience higher levels than do general community members of emotional distress, generalised anxiety, depression and burnout rates. Would the Australian sample of mental health professionals respond similarly in terms of higher levels of experienced mental health issues (depression, anxiety, and stress)? This question was one we examined along with the attention to the qualities possessed by these professionals that might indicate strengths reflected and perhaps required in mental health workers.

Professional staff members working in human services, many in the mental health field (e.g., psychologists, social workers and nurses) often spend intensive amounts of time involved in others' lives (Maslach, Schaufeli, & Leiter, 2001) and they are subject to increased risk of chronic stress, fatigue and frustration from the continuous commitment to helping others (Ben-Zur & Michael, 2007; Gray-Stanley & Muramatsu, 2011). Understanding how current mental health employees deal with their workplace including their perceived psychological capital resources, perceived abilities to cope, and psychological well-being and how they differ from other workers, may help inform theory and practice and help reduce personal and organisational costs for those in the mental health industry.

In our study we examined whether the sample of Australian mental health workers suffered from associated elements- of depression, anxiety and stress and whether their psychological capital qualities (of resilience, self-efficacy, hope and optimism) and psychological well-being (in terms of more positive aspects such as relationships and sense of meaning in life) were more prevalent in our group than in a general sample. We were also interested in the coping strategies used by the helping professionals, as to whether the professionals in our sample used the positive coping strategies they/we have been trained to encourage in those we seek to help.

*1.3 Coping Strategies*

The majority of the research has highlighted a strong positive association between work stress, burnout and *inability to cope* amongst samples of mental health workers (Gray-Stanley & Maramatsu, 2011): it is therefore, imperative to understand what are the coping strategies used by mental health workers. We examined just two aspects that appeared particularly relevant-that of active or action coping and coping using peer group social support for emotion regulation (see Method-Coping). Social and personal resources (i.e., social support, active or problem-solving coping strategies, and internal locus of control) have been found to help employees handle work-related stressors and work overload (Ben-Zur & Michael, 2007; Cohen & Willis, 1985; Corbin, Farmer, & Nolen-Hoekesma, 2013; Gray-Stanley & Muramatsu, 2011; Hussong, 2003). Also emotion coping (but not

avoidance coping) has also been found in a limited number of studies to have positive effects (cf; Litman, 2006; Stanton et al., 2000; Wood, Joseph, & Linley, 2007).

Previous research has generally found that adaptive, problem-focused coping strategies were correlated with high achievement and personal accomplishment at work and uncorrelated with states of anxiety (Hastings & Brown, 2002; Zeidner & Ben-Zur, 1993). Similar findings were found with students (e.g., Litman, 2006). In contrast, emotion-focused coping including avoidance coping was found to be highly correlated with psychological distress factors (Ben-Zur & Michael, 2007), emotional exhaustion, burnout, depersonalisation and a lack of personal accomplishment at work (Hastings & Brown, 2002). We were not concerned in this current study to examine coping strategies in detail but were interested in two aspects we considered may be positively associated with continuation in mental health work. This current study hypothesised that mental health professionals would use both active coping strategies and emotion focused coping emphasising positive approaches to social support and sharing their emotions with others. Our study examined only these two aspects of coping, both seen to be positive, drawn from the COPE inventory (Carver, Scheier, & Weintraub, 1989; Litman, 2006).

### 1.4 Psychological Capital

Psychological Capital (PsyCap: a combination of self-efficacy, optimism, hope, and resilience) has been defined as "an individual's positive psychological states". PsyCap is characterised by the following: "(1) having self-confidence, *self-efficacy*; (2) making a positive attribution, *optimism*; (3) being able to redirect paths towards goals *hope*; and (4) being able to sustain, overcome and bounce back from problems and adversity, *resilience*" (Luthans, Youssef, & Avolio, 2007, p. 3). Strategies aimed at enhancing workers' overall levels of PsyCap have the ability to reduce their perception of stress symptoms, as well as limit subsequent turnover rates (Avey et al., 2009; Luthans & Jensen, 2005; Russo & Stoykova, 2015). Numerous researchers have indicated that individuals high on psychological capital (self-efficacy, resilience, optimism and hope) are better equipped to deal with stressors (cf., Hicks & Knies, 2015; Luthans et al., 2007; Luthans, Youssef-Morgan, & Avolio, 2015; Tugade & Fredrickson, 2004; Youssef & Luthans, 2007), so it was hypothesised that our mental health workers would display high levels of psychological capital.

It is known that individual well-being is impacted by PsyCap; however, many researchers suggest that if individuals are high in one resource (PsyCap, say), they are often high amongst others as well (such as Psychological Well-being) (Avey et al., 2009; Luthans et al., 1993; Luthans et al., 2007; Roche, Haar, & Luthans, 2014; Snyder, Irving, & Anderson, 1991; Youssef & Luthans, 2007). As no previous studies appeared to have investigated psychological capital using a mental health employee sample, our study aimed to measure the positive qualities that this group might possess, hypothesising that the psychological capital of the (current) mental health professionals would be higher than those of the general comparison group.

### 1.5 Psychological Well-Being

As the risk for job distress and staff burnout has significantly increased for mental health workers (Rossler, 2012); mental healthcare delivery and improving staff psychological well-being have required increased attention (Lasalvia et al., 2009). Avey, Luthans, Smith, and Palmer (2010) suggest that personal psychological well-being leads to desired outcomes in both personal life, and in work settings. This area of research amongst mental health professionals is limited and little is known about aspects of psychological well-being that may be stronger in mental health workers, helping them cope with the demands of their work.

There has been a tendency in the past to see psychological well-being as the absence of negative syndromes such as depression, anxiety and stress (these were and are still often measured to give indications of well-being). We also included measures of depression, anxiety and stress in our study. However, psychological well-being is a complex phenomenon (Danna & Griffin, 1999) covering many different domains, including positive attributes that are not covered fully in the "reverse" sides of depression, anxiety and stress. Ryff in her early work on well-being had identified attributes, such as meaning in life, feelings of environmental mastery, autonomy, self-acceptance, relationships with others and personal growth as important elements in positive psychological well-being that should be measured. Ryff's Psychological Well-being scale (e.g., see Ruini & Ryff, in press; Ryff, 1989; Ryff & Keyes, 1995; Ryff & Singer, 2006) has been used extensively in short and long versions in many research studies into positive approaches to life and living (for a list of references to Ryff's work, see her current website: http://aging.wisc.edu/research/affil.php?Ident=55). We used the 54-item scale in our study (see Method).

*1.6 Present Research*

This current research investigated the personal attributes (psychological capital qualities), the experienced stress, coping strategies, and the positive psychological well-being of a sample of 56 Australian-based mental health professionals and compared this data with data from a general community workplace. Limited research has existed on the mental health of mental health workers; the studies in the United States by Gray-Stanley and Muramatsu (2011) and in Israel by Ben-Zur and Michael (2007) being the main exceptions. Special attention was given in our study to psychological capital focusing on an Australian sample of mental health workers who were currently working in the field.

1.6.1 Research Aims and Hypotheses

This study compared the responses of mental health professionals to a combined sample of general employees, based on an online survey involving questionnaires on psychological capital (e.g., hope and self-efficacy), coping (active and emotional), psychological well-being (e.g., personal growth and purpose in life), and mental health factors (depression, anxiety, and stress).

On the basis of the research reviewed above, the following hypotheses were postulated.

1) That mental health workers currently working in the field would score significantly higher on **psychological capital attributes** than a general sample of workplace individuals from similar geographic locations (as these qualities of self-efficacy, hope, optimism and resilience appear fundamental to effective employment within the mental health work environment-as they are in other demanding workplaces); and

2) That in regard to **negative mental health attributes**, mental health workers would score significantly higher on Depression, Anxiety and Stress, than the comparison group, in line with previous studies in the US, Israel (Ben-Zur & Michael, 2007; Gray-Stanley & Muramatsu, 2011) and elsewhere (e.g., Lloyd et al., 2002; Thoresen et al., 2003; Welbourne et al., 2006);

3) That in regard to **positive psychological well-being attributes**, mental health workers would score higher on the Psychological Well-being scale in comparison with the general work members group, this hypothesis being made since little is known about whether mental health workers as a group are different from the general population, and because current mental health professionals would be expected to demonstrate high levels of psychological well-being, in the same way as they are expected to be stronger in regard to psychological capital qualities (as in Hypothesis 1); and finally

4) That in regard to **coping strategies** used, mental health workers would score significantly higher on active coping and on emotional (social support) coping than the general sample of workers, consistent with the literature emphasising the competence contributions made by active coping (Ben-Zur & Michael, 2007; Gray-Stanley & Muramatsu, 2011); and by social support emotion coping (Litman, 2006; Wood et al., 2007).

**2. Method**

*2.1 Participants*

This current study involved a total of 134 workplace participants ranging in age from 18 to 66 years (M = 32.17, SD = 11.66) and included 98 females (73%) and 36 males (27%). Participants represented a diverse range of occupations, job levels and industries in which they were categorised based on their status into two groups: mental health workers (*N* = 56), general non-health industry workers (*N* = 78). The mental health professional included 56 members from different professions, stated as follows: 29 mental health workers, 14 psychologists, five psychiatric nurses, four mental health case managers, three social workers, and two psychiatrists. The general sample was made up of 78 non-health workers from various employment backgrounds (business, education, warehousing and manufacturing involving responsibilities from lower level labouring, retail and warehouse assistant positions to higher level positions in management, teaching and a mix of professional areas). The mental health group was slightly older than the general worker sample (35.1: 30.1 years respectively). The female to male ratio was around 3:1 in both groups and age ranges were similar in both groups.

*2.2 Materials*

All participants were required to complete a survey package, which contained a demographic information page and four self-report questionnaires.

2.2.1 Demographic Information Page

The demographic information page was used to ascertain each participant's information (e.g., age, gender, employment status and industry). If the participants identified themselves as working in the field of mental health services, they were then requested to specify their professional or work role (e.g., Psychologist or Social Worker or Nurse).

2.2.2 Psychological Capital Questionnaire (PCQ: Luthans, Avolio, & Avey, 2007)

Psychological Capital was measured using the 24-item Psychological Capital Questionnaire (PCQ-24; Luthans, Avolio, & Avey, 2007). PsyCap is a higher order construct, consisting of four sub-scales (efficacy, hope, resilience and optimism: Avey et al., 2010). The PCQ demonstrated adequate confirmatory factor analytic structure across multiple samples (Luthans, Avolio, Avey, & Norman, 2007) and strong internal reliability ($\alpha$ = .92; Avey et al., 2009). For our study, the PCQ had similar reliability ($\alpha$ = .91), and adequate reliability of each sub-scale: self-efficacy ($\alpha$ = .85), hope ($\alpha$ = .84), resilience ($\alpha$ = .89) and optimism ($\alpha$ = .91).

2.2.3 COPE Inventory (COPE; Carver, Scheier, & Weintraub, 1989)

The COPE inventory was developed to measure a broad range of coping responses. The active and emotion-social support/sympathy coping sub-scales were used from the COPE Inventory (Carver et al., 1989; Carver, 1997; Litman, 2006); these scales consisted of eight-items. Item examples include: (active coping)—"I do what has to be done one step at a time"; and (emotional social support coping)—"I talk with someone about how I feel". In previous studies, these sub-scales were found to have acceptable reliability ($\alpha$ = .82 and .84, respectively; Welbourne et al., 2006). For our study, similar internal consistency reliability figures were found for active coping ($\alpha$ = .81) and emotional social support coping ($\alpha$ = .82).

2.2.4 Depression Anxiety and Stress Scale 21 (DASS21; Lovibond & Lovibond, 1995)

The Depression Anxiety Stress Scale (DASS) is a self-report instrument designed to efficiently measure the negative emotional states of: depression, anxiety and stress (Lovibond & Lovibond, 1995). The DASS 21 has been found to be a reliable and valid psychometric instrument with excellent internal consistencies, yielding a Cronbach's Alpha ($\alpha$) reliability coefficient of at least 0.84. For this study, the total DASS scale ("Stress-Total") was found to have high reliability ($\alpha$ = .91), as did the subscales separately: depression ($\alpha$ = .87), anxiety ($\alpha$ = .87), and stress ($\alpha$ = .86).

2.2.5 Ryff's Psychological Well-Being Scale (PWB; Ryff & Keyes, 1995).

The Ryff Scale of Psychological Well-Being used in our current study is the 54-item form which has sound psychometrics (Seifert, 2005). The scale provides an alternative measure of well-being with attention to positive attributes, beyond the usually clinical measures of well-being that see well-being as being low on negative attributes (such as depression, anxiety and stress). The scale yields a total score and scores on six sub-scales. The internal consistency coefficient for our study for the full scale was good ($\alpha$ = .88): and the six sub-scales yielded coefficients consistent with the psychometrics reported elsewhere for the scales: autonomy ($\alpha$ = .88), environmental mastery ($\alpha$ = .83), personal growth ($\alpha$ = .86), relationship to others ($\alpha$ = .87), purpose ($\alpha$ = .86), and self-acceptance ($\alpha$ = .84). The Ryff scales have been used extensively in many different studies to examine psychological well-being and its correlates (see website: http://aging.wisc.edu/research/affil.php?Ident=55).

*2.3 Design*

The present study was a cross-sectional survey that employed a series of one-way, between-groups one-way multivariate analyses of variance to compare the results of mental health workers with those of the general sample. The main five Dependent Variables (DV's) in the first MANOVA were psychological capital (total), psychological well-being (total); stress-total DAS score; and, active coping and emotional coping; we also conducted separate MANOVAs for each of the major variables listed. Thus, further dependent variables included the sub-scale variables from psychological capital (hope, self-efficacy, resilience, and optimism), from psychological well-being (autonomy, environmental mastery, personal growth, relationships to others, purpose, and self-acceptance), from Stress total (depression, anxiety, stress), and for the two coping sub-scales.

*2.4 Procedure*

Data was collected over three months via social media outlets and from mental health agencies using survey fliers and online responding through a secure web server: PsychData (PsychData, 2014). Upon entering the survey site, the study and the significance of the research was explained. Participation was voluntary and anonymous; and the aggregated survey data was analysed using the Statistical Package for the Social Sciences

version 22 (SPSS-22; IBM, 2014). Approval for the study was obtained from the Bond University Human Research Ethics Committee.

## 3. Results

Preliminary screening and data searches were conducted to ensure no violations of assumptions had occurred and data maintained integrity. Missing data was minimal. For the current analyses, several one-way MANOVAs were conducted, first comparing the two groups on total scale scores for psychological capital, psychological well-being, combined depression-anxiety-stress or "stress-total", and Coping (two variables-active and emotional-social support coping); and then comparing the two groups on the sub-scales in turn in each of psychological capital (hope, self-efficacy, resilience, and optimism), psychological well-being (autonomy, environmental mastery, personal growth, relationships with others, purpose, and self-acceptance), stress-total (depression, anxiety, and stress separately), and the active and emotional coping. These results are presented and discussed in turn.

### 3.1 One-Way MANOVA: Overview of Differences, Using Total Scores

A one-way MANOVA comparing mental health workers and the general sample on five main (mostly composite) variables showed statistically significant differences in psychological well-being (total), and the use of emotional social support coping); nearing significance ($p = 0.067$) for the total PsyCap scale score; and non-significance in differences on stress-total and on active coping. Table 1 shows the overall results, including means and standard deviations and significance levels of the comparisons.

Table 1. Statistics for total scores on psychological capital, psychological well-being, stress (DASS), and active and emotion coping for 56 mental health workers and 78 general (non-health related) workers

|  | Mental Health Workers | | General Sample | | Significance | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Mean | SD | Mean | SD | F | Sig |
| Psychological Capital | 125.20 | 20.40 | 118.72 | 19.79 | 3.43 | .067# |
| Psychological Well-being | 285.56 | 41.70 | 269.70 | 44.07 | 4.30 | .040* |
| Stress Total (DASS) | 13.29 | 4.33 | 13.58 | 3.92 | 0.16 | .694 |
| Active Coping | 12.07 | 2.50 | 11.68 | 2.57 | 0.78 | .378 |
| Emotion Coping | 11.43 | 3.11 | 9.31 | 3.53 | 13.01 | .000** |

*Note*. Statistical significance: *p < .05; **p < .01; # p < .10.

*Hypothesis 1*, that mental health workers would score more highly on the psychological capital total score, was not supported [(1,132) = 3.413, $p = 0.067$; partial eta squared = 0.025] however, the "nearing significance" result suggested that exploring the sub-scales as planned, might identify sub-variables of significance in separating mental health and general workers on psychological capital attributes. This aspect is examined in a later section

*Hypothesis 2*, that mental health workers would show higher total stress scores (combined total of depression, anxiety and stress scores), was not supported. Their scores were not significantly different from the stress total scores obtained by general workforce members. Because this finding ran counter to several published research studies, we also examined depression, anxiety and stress scales separately (though no significant differences were found there either, so no further report is given in these results, on the subscale differences).

*Hypothesis 3*, that mental health workers would score more highly on psychological well-being characteristics than the general work sample, was supported [F(1,132) = 4.304, $p < .05$; partial eta squared = .032]. Since six variables are involved as subscales in this complex construct of psychological well-being further analysis to identify which of the scales carry most weight in differentiating the well-being of mental health and general workers was examined (see later section).

*Hypothesis 4*, that active and emotional social support coping strategies would be used more often by mental health workers compared with the general work group, was partially supported in that emotional-social support coping was highly significantly different (higher) among the mental health professionals [(F(1, 132) = 13.00; $p < .001$; partial eta squared = .090), but active coping though stochastically higher was not significantly higher in the mental health group.

*3.2 One-Way MANOVAs: Detailed Analyses of Sub-Scale Scores of Main Dependent Variables*

In line with the process indicated above, the second stage of the analyses was to examine the sub-scales of the main variables, that is, of psychological capital, psychological well-being, and the DASS stress-total variables. Since our main emphasis in this paper is on psychological capital and psychological well-being we give detailed attention to these complex attributes in the analyses to follow. Therefore, further analyses were conducted separately on the PsyCap *sub-scales* and on the Psychological Well-being *sub-scales* (see Table 2). For completeness Table 2 also presents details for the DASS Stress-Total sub-scales (depression, anxiety, and stress).

Table 2. Descriptive statistics from separate MANOVAs conducted in turn on sub-scales of the psychological capital, psychological well-being, and depression-anxiety-stress scales for 56 mental health workers and 78 general workers (non-health) members

| | Mental Health Workers | | General Sample | | Significance | |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | F | Sig |
| Psychological Capital | | | | | | |
| Self-Efficacy | 33.78 | 7.34 | 31.87 | 6.83 | 2.38 | NS |
| Hope | 33.36 | 6.55 | 30.78 | 7.25 | 4.44 | .037 * |
| Resilience | 29.88 | 5.40 | 30.08 | 4.24 | 0.59 | NS |
| Optimism | 28.20 | 6.06 | 25.99 | 6.11 | 4.29 | .040 * |
| Psychological Well-being | | | | | | |
| Autonomy | 44.31 | 8.54 | 44.23 | 8.82 | 0.00 | NS |
| Environmental Mastery | 45.85 | 7.93 | 42.51 | 8.62 | 5.21 | .024 * |
| Personal Growth | 52.65 | 7.80 | 49.19 | 7.60 | 6.59 | .011 * |
| Relationship to Others | 48.81 | 8.49 | 44.92 | 10.40 | 3.56 | .061 # |
| Purpose | 48.30 | 8.11 | 45.30 | 9.11 | 3.88 | .051 # |
| Self-Acceptance | 46.34 | 10.01 | 43.74 | 11.01 | 1.96 | NS |
| *DASS scales* - Stress | | | | | | |
| Depression | 10.21 | 3.88 | 11.26 | 4.07 | 2.24 | NS |
| Anxiety | 10.89 | 4.19 | 11.23 | 3.89 | 0.23 | NS |
| Stress | 13.29 | 4.33 | 13.58 | 3.92 | 0.16 | NS |

*Note*. Statistical significance: *p < .05; **p < .01; # p < .10; NS = not significant.

We were especially interested to ascertain whether particular components of PsyCap and psychological well-being accounted for higher mental health worker strengths.

Significant differences were found in the PsyCap scales for *hope* [F (1, 132) = 4.44, *p* < .05]; and *optimism* [F (1, 132) = 4.29, *p* < .05] but not for self-efficacy or for resilience. The mental health workers as a group showed significantly stronger hope (goal-directed) and optimism, than did the general non-health related workers. Implications of these findings (as for others) are outlined in our concluding remarks and discussion of the findings.

In the psychological well-being scales the analysis of the individual scale contributions showed that personal growth [F (1, 132) = 7.60, *p* < .05] and environmental mastery [F (1, 132) = 5.21, *p* < .05] were major significant sub-variables differentiating the mental health workers from the general non-health worker samples, with two other sub variables (purpose in life, and relationships with others) being near significance (p = .051 and .061 respectively).

Overall the results for our Australian mental health workers revealed better comparative mental health profiles than had been expected from previous studies (including on personal depression, anxiety and stress, and in relation to positive mental well-being attributes, in particular personal growth goals, and sense of mastery over their environment). They also made positive use of coping strategies both active and emotion-related, with strong

attention given to handling the emotional impacts of their work environment through social interaction and sharing of their feelings. These are strong indicators of how our mental health workers coped and their qualities. The results are discussed further next.

## 4. Discussion

The current study investigated the extent to which mental health workers differed from the general population of workers on a variety of health and well-being attributes. It had been considered that mental health workers would show higher levels of psychological capital (hypothesis 1); that their levels of depression, anxiety and stress in line with published research would be significantly higher than the general population (hypothesis 2); that they would report higher levels of psychological well-being than the comparison group (hypothesis 3); and that they would use active and emotion coping strategies significantly more than the general working sample (hypothesis 4); These hypotheses were examined in two ways. First they were examined together (in one MANOVA) in terms of overall scores, and second, separately in terms of their component aspects (sub-variables) in order to identify specific variables differentiating mental health and general (non-mental health) workers.

*The first hypothesis (on psychological capital)* was partially supported. While psychological capital total scores neared significance ($p = .067$), it was two of the sub-scales that were the differentiating factors: hope and optimism were significantly stronger in the mental health workers. This result can be seen to "make sense". Hope and optimism are attitudinal variables without which it may be difficult to be effective in work in mental health-such attributes can be seen to be directly important in dealing with and helping clients seeking their services. Negativity is highly unlikely to result in confidence in clients in dealing with their problems! Yet it is the burnout and negativity that many mental health workers have experienced that has shown up in some previous research which had indicated mental health workers faced severe stress and mental health issues (Gray-Stanley & Muramastu, 2011). The psychological capital attributes are essentially performance related, attitudinal and behavioural skills that are seen to make a difference in many different endeavours (Luthans et al., 2015). They are resources that assist in many fields especially when change and stressful events may be occurring (cf., earlier studies on psychological capital and its benefits by Avey et al., 2009; Hicks & Knies, 2015; Luthans et al., 2015). It is argued that these psychological capital attributes can be developed further in employees and professionals. Developing these attributes (cf., Russo & Stoykova, 2015) may be needed to assist in handling the stress and pressures of the work being done. In particular, the salience of Hope (that is, goal-directed hope-expectations tied to outcome goals) and of Optimism (an attitude that expects good things to come and sees the world positively) is clear: these attitudes and skills in operation help the mental health professionals but also are "catching" in helping mental health clients deal with life issues and problems.

*The second hypothesis*, that depression, anxiety and stress reactions would be higher within the mental health work sample, given the traumas and difficult situations they are called upon to deal with, was not however supported for the Australian mental health workers. Stress related reactions and burnout have been demonstrated to be common throughout the research on the workplace to date (as indicated in such studies as those of Deveraux et al., 2009; Gray-Stanley & Muramatsu, 2011; Lloyd et al., 2002). Our current sample of 56 Australian mental health workers did not show higher levels of these attributes in relation to the comparison group. It could be that the higher levels of psychological capital are protective factors against the development of Depression, Anxiety and Stress (DAS)—but there is an enigma: it would be expected that the levels of DAS might be *lower* among mental health workers if their psychological capital is relatively high. It may well be that we have sub-samples within employees within the mental health industry- and different areas of special services where different high-level stress and pressure is present. These different environmental aspects and personal aspects have not been studied in this current project. However, interestingly one of our other findings (discussed next) is that in terms of psychological well-being "environmental mastery" is one of the strengths of mental health workers in our sample.

*The third hypothesis* that, mental health professionals would score higher on psychological well-being was supported. Further analyses of the *components* of psychological well-being highlighted two major areas of strength in the mental health workers-an emphasis on "environmental mastery" and on "personal growth and development". Clearly feelings of mastery in one's own environment including the workplace environment instils confidence and is related to the hope and optimism elements identified in psychological capital as important facets also of the strengths of mental health workers. In addition it is noted that two other facets of the six components of psychological well-being, (relationship to others, and having purpose) were nearing significance in our sample. Further research is needed on the facets of psychological well-being.

*The fourth hypothesis* was partially supported-mental health workers were found to use emotional social support coping strategies to deal with the issues faced in the workplace rather more than did those in the general workforce (though they used active coping strategies at much the same level as did the general workplace members). Clearly the use of both active and social support emotional strategies helps mental health workers cope with the demands of their workplace. This is the first time to the authors' knowledge that the importance of emotional social support coping has been identified clearly as a strength in use among mental health workers though some earlier research exists that is suggestive (cf., Litman, 2006; Stanton et al., 2000). Much research has supported the value of active problem-focused coping strategies and not examined the benefits of the positive aspects of social support emotion-focused coping strategies. Our research shows that this variable from Carver et al.'s (1989) more extensive COPE scale is a significant and important contributor to mental health workers. The four-item scale on social support in coping with emotions, was correlated in the current study with other variables also seen to be important differentiators of mental health workers and other workers (for example, correlating highly and positively with psychological capital total and subscale scores, and with psychological well-being total and sub-scale scores). This scale was also correlated positively (.30) with active coping in the current study.

### 4.1 Limitations

There are limitations in our study having to do with nature of the sampling- online responses to a questionnaire, convenience sampling, not necessarily representative of other mental health professionals, nor might the mix of fulltime workers who were in non-mental health professions- have been representative of the non-health areas. Social desirable responding could have occurred (though the anonymous responding should have helped control in part for this aspect). Increased numbers would help and more extensive research into other coping strategies as well as the two we examined would be of interest.

### 4.2 Future Research

Joseph (2004) suggested that direct or indirect participation in stressful and life-threatening situations, could lead to improvement in psychological well-being and mental resilience, referred to as "post-traumatic growth". This current paper did not address this particular framing of the positive effects of work as a mental health professional. However, it may be that mental health staff who experience stressful situations on a regular basis (directly or indirectly), essentially improve their psychological well-being resources. In turn this may reflect "post-traumatic growth" or growth through exploring problems and solutions and being able to set these in a broad context, increasing outcomes in helping others, arising in part through their work experiences (Joseph, 2004; McCauley, Hughes, & Liebling-Kalifani, 2010). Having increased levels of positive psychological capital would provide workers with abilities enabling proactivity in their work environments (Schaufeli et al., 1996). These aspects need study in a separate workplace context.

Given the high rate of fatigue, burnout and loss of work hours in the mental health sector (Gray-Stanley & Matsumura, 2011) there is a continuing need for further investigations to develop strategies that assist workers cope better in this challenging field. Completely eliminating stress among mental health workers is unrealistic; however, our research suggests that overall mental health workers are operating with high levels of special strengths including in attitudes (such as hope and optimism), in personal growth investment, in sense of environmental workplace mastery, and in using effective social support strategies to release emotions arising from the daily work environment.

The current study has shown that overall positive psychological attributes (psychological capital and psychological well-being attributes) are possessed by the Australian mental health workers, and that they cope effectively with their environment. More research is needed, but the current findings have identified strengths that can be built upon, and could also be a focus in training and professional development programs in the mental health field.

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