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Relationship Between the Bad Work Environment and Mental Health: Psychological and Psychiatric Evaluation in Psychologists in Mental Health Centers in the Field of Occupational Health December 2023 - April 2024

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Abstract

The mental health of workers has become an issue of increasing importance in the field of occupational health, not only because of the individual repercussions it entails, but also because of its impact on the productivity and competitiveness of companies. Various research has shown that between 25% and 30% of workers experience some type of mental health problem during their working life, which can have a significant effect on their performance, well-being and quality of life. The importance of Mental health in the workplace has been recognized by various international and national laws and regulations. The International Labor Organization (ILO) has established guidelines for the promotion of mental health and well-being at work, emphasizing the need to create healthy work environments free of psychosocial risks. In the case of Peru, Law No. 29634, Mental Health Law, establishes the obligation of companies to promote the mental health of their workers and provide them with the necessary conditions to prevent and address mental health problems.

Keywords: mental health; psychiatric evaluation; occupational health

Introduction

The mental health of workers has become an issue of increasing importance in the field of occupational health, not only because of the individual repercussions it entails, but also because of its impact on the productivity and competitiveness of companies. Various research has shown that between 25% and 30% of workers experience some type of mental health problem during their working life, which can have a significant effect on their performance, well-being and quality of life. The importance of Mental health in the workplace has been recognized by various international and national laws and regulations. The International Labor Organization (ILO) has established guidelines for the promotion of mental health and well-being at work, emphasizing the need to create healthy work environments free of psychosocial risks. In the case of Peru, Law No. 29634, Mental Health Law, establishes the obligation of companies to promote the mental health of their workers and provide them with the necessary conditions to prevent and address mental health problems. Numerous studies have explored the relationship between the work environment and workers' mental health. Research such as Karasek and Theorell (1974) and Siegrist (1996) have identified the "demand-control-social support" model as an important predictor of work stress and its impact on mental health. Other studies have analyzed the specific effects of psychosocial factors such as workplace bullying, excessive workload, and lack of recognition on workers' mental health. Various psychological and social theories have contributed to the understanding of the relationship between the work environment and mental health. Selye's (1956) stress theory describes stress as a physiological and psychological response to environmental challenges or demands. Festinger's (1957) theory of cognitive dissonance explains how work situations that generate conflict or incongruence between expectations and reality can generate stress and psychological distress. Deci and Ryan's (2000) self-determination theory highlights the importance of autonomy, competence, and a sense of belonging in the motivation and psychological well-being of workers.

Research rationale

Despite advances in research on mental health in the workplace, there are still challenges to fully understand the relationship between the work environment and the mental health of workers, as well as to develop effective interventions to prevent and address mental health problems. mental health in this context.

The present case study, by analyzing in depth the situation of 7 workers with relevant clinical symptoms in a context of a bad work environment, seeks to contribute to a better understanding of this problem and the identification of strategies to address it.

Research strengths

- **Qualitative approach:** Allows a deep and detailed understanding of the individual experiences of workers and the work context in which they develop.
- **Case study:** Offers the opportunity to examine a particular case in detail, allowing the identification of patterns and relationships that might be difficult to detect in studies with larger numbers of participants.
- **Triangulation of methods:** Combines psychological and psychiatric evaluation with observation of the work environment, which provides a more complete view of the situation.

Research contribution

- It provides empirical evidence on the relationship between a bad work environment and the mental health of workers.
- Identifies specific psychosocial factors that contribute to mental health problems in the work context.
- It proposes recommendations for intervention in cases of bad work environment and associated mental health problems.

Results

Evaluation of worker 1

- **Clinical diagnosis:** Generalized anxiety disorder with symptoms of depression.
- **Relationship between clinical symptoms and bad work environment:** The worker reported that the symptoms of anxiety and depression intensified in the context of the bad work environment, characterized by conflictive interpersonal relationships, excessive workload and lack of social support.
- **Specific findings**
  - The worker had a high score on the Beck anxiety scale, indicating a clinically significant level of anxiety.
  - The worker also presented depressive symptoms, such as sadness, anhedonia, and fatigue, although they did not meet the criteria for a diagnosis of major depression.
  - The worker described feelings of helplessness, frustration and fear of the future as a consequence of the bad work environment.

Evaluation of worker 2

- **Clinical diagnosis:** obsessive-compulsive disorder (OCD) with anxiety features.
- **Relationship between clinical symptoms and a bad work environment:** The worker reported that OCD symptoms, such as intrusive thoughts and repetitive compulsions, intensified in the context of a bad work environment, characterized by uncertainty, lack of control, and work pressure.
- **Specific findings**
  - The worker had a high score on the Yale-Brown scale for OCD, indicating a moderate severity of the disorder.
  - The worker also presented symptoms of anxiety, such as restlessness, irritability and difficulty concentrating.
  - The worker described how the poor work environment gave her an excessive need for control and order, which exacerbated her compulsions.

Evaluation of Worker 3

- **Clinical diagnosis:** Severe work stress.
- **Relationship between clinical symptoms and bad work environment:** The worker reported that stress symptoms, such as irritability, fatigue and difficulty concentrating, intensified in the context of the bad work environment, characterized by excessive work pressure, lack of recognition and poor communication.
- **Specific findings**
  - The worker had a high score on the Cohen and Williamson perceived stress scale, indicating a clinically significant level of stress.
  - The worker also had physical symptoms related to stress, such as headaches, muscle tension and digestive problems.
  - The worker described how the bad work environment gave him a feeling of exhaustion and a loss of motivation for his work.

Evaluation of Worker 4

- **Clinical diagnosis:** narcissistic personality disorder with dominant leadership traits.
- **Relationship between clinical symptoms and bad work environment:** The worker reported that his dominant leadership style and his need for recognition generated conflicts with his coworkers

and superiors, which contributed to a bad work environment.

- **Specific findings**
  o Millon narcissism scale, indicating clinically significant narcissistic traits.
  o The worker also had difficulty empathizing with others and a tendency to blame others for his mistakes.
  o The worker was aware that his leadership style could cause problems, but it was difficult for him to modify his behavior.

Evaluation of Worker 5

- **Clinical diagnosis:** Dependent personality disorder with traits of excessive optimism.
- **Relationship between clinical symptoms and a bad work environment:** The worker reported that his dependence on the approval of others and his excessive optimism prevented him from making assertive decisions and defending his interests at work, which made him vulnerable to a bad work environment.
- **Specific findings:**
  o Millon dependency scale, indicating clinically significant dependency traits.
  o The worker also had difficulty making decisions for himself and a tendency to constantly seek approval from others.
  o The worker was aware that his dependence and excessive optimism could cause problems, but it was difficult for him to modify his behavior.

Evaluation of Worker 6

- **Clinical diagnosis:** Obsessive-compulsive personality disorder (OCD) with perfectionism traits.

- **Relationship between clinical symptoms and bad work environment:** The worker reported that his perfectionism and need for control generated anxiety and stress at work, which intensified in the context of the bad work environment, characterized by uncertainty and lack of control. of control.
- **Specific findings**
  o The worker had a high score on the Yale-Brown scale for OCD, indicating a moderate severity of the disorder.
  o The worker also had a tendency to ruminate and had difficulty tolerating uncertainty.
  o The worker was aware that his perfectionism and need for control could cause problems, but he found it difficult to modify his behavior.

Evaluation of Worker 7

- **Clinical diagnosis:** borderline personality disorder (BPD) with traits of impulsivity and strong thrill seeking.
- **Relationship between clinical symptoms and bad work environment:** The worker reported that her impulsiveness and search for strong emotions led her to make impulsive decisions and have conflictive relationships with her coworkers, which contributed to a bad work environment.
- **Specific findings**
  o Millon BPD scale, indicating clinically significant borderline features.
  o The worker also had difficulties regulating her emotions and a tendency to self-harm.

The worker was aware that her impulsiveness and her search for strong emotions could cause problems, but she found it difficult to modify her behavior.

Case	Clinical Diagnosis	Relationship with Bad Work Environment	Specific Findings
Worker 1	Generalized anxiety disorder with symptoms of depression	Intensification of anxiety and depression symptoms	- High score on the Beck anxiety scale
Worker 2	Obsessive-compulsive disorder (OCD) with anxiety traits	Intensification of OCD symptoms	- High score on the Yale-Brown scale for OCD
Worker 3	Severe work stress	Intensification of stress symptoms	- High score on the Cohen and Williamson perceived stress scale
Worker 4	Narcissistic personality disorder with dominant leadership traits	Conflicts with co-workers and superiors	Millon Narcissism Scale
Worker 5	Dependent personality disorder with traits of excessive optimism	Vulnerability to bad work environment	Millon dependency scale
Worker 6	Obsessive-compulsive personality disorder (OCD) with perfectionism traits	Anxiety and stress at work	- High score on the Yale-Brown scale for OCD
Worker 7	Borderline personality disorder (BPD) with traits of impulsivity and thrill-seeking	Impulsive decisions and conflictive relationships	Millon BPD scale

Analysis

The case study presented offers a valuable look at the complex relationship between a poor work environment and workers' mental health. The findings confirm that poor work environment can exacerbate pre-existing mental health problems, trigger new problems and negatively affect workers' work performance and quality of life. The cases analyzed demonstrate the diversity of ways in which a bad work environment can impact mental health. In some cases, such as that of worker 1, the hostile work environment intensifies already existing symptoms of anxiety and depression. In other cases, such as that of worker 3, the severe work stress generated by the bad work environment leads to new mental health problems. It is important to highlight that the relationship between a bad work environment and mental health is not unidirectional. Workers' individual characteristics, such as their personality traits and ability to cope with stress, also play an important role in how they experience the impact of a bad work environment.

Conclusions

The following conclusions emerge from the analysis of the case study:

- The bad work environment is a significant risk factor for the mental health of workers.
- A poor work environment can exacerbate pre-existing mental health problems, trigger new problems, and negatively affect workers' work performance and quality of life.
- The relationship between a bad work environment and mental health is not unidirectional, and the individual characteristics of workers also play an important role.
- It is essential that companies implement measures to improve the work environment and promote the mental health of their workers.

Bases of an Occupational Plan to improve the organizational climate

Based on the conclusions of the case study, the following bases are proposed for an occupational plan that addresses the problem of a bad work environment and its impact on the mental health of workers:

1. Evaluation of the work environment

- Carry out a thorough evaluation of the work environment to identify the psychosocial risk factors present, such as excessive workload, conflictive interpersonal relationships, lack of control over work, lack of social support, etc.
- Use evaluation methods such as surveys, interviews, and focus groups to collect information from workers about their perception of the work environment.

2. Intervention on psychosocial risk factors

- Develop and implement a comprehensive intervention program to address identified psychosocial risk factors.
- The program should include measures to reduce workload, improve communication and interpersonal relationships, increase workers' control over their work, strengthen social support, and promote a healthy work culture.

3. Awareness and training

- Implement awareness and training programs for managers and workers on the importance of mental health at work and psychosocial risks.
- Training should address topics such as recognizing the signs and symptoms of mental health problems, promoting healthy behaviors, and creating an inclusive and respectful work environment.

4. Psychological evaluation and intervention services

- Provide workers with access to quality psychological assessment and intervention services to identify and treat work-related mental health problems.
- These services may be provided by psychologists or psychiatrists hired by the company or through agreements with external institutions.

5. Promoting a culture of mental health care

- Promote a culture of mental health care in the company that values the emotional well-being of workers.
- This involves creating an environment where workers feel comfortable talking about their mental health issues and seeking help when they need it.

Additional recommendations

- Involve workers in the design and implementation of the occupational plan to ensure their acceptance and commitment.
- Periodically monitor and evaluate the effectiveness of the occupational plan and make necessary adjustments.

- Stay up to date on the latest research and good practice on mental health at work.

It is important to highlight that a successful occupational plan requires continuous commitment from the company and all its workers. The effective implementation of the proposed measures can significantly contribute to improving the work environment, promoting the mental health of workers and enhancing the productivity and general well-being of the organization.

References

1. Karasek R. A & Theorell T. (1974). Health requirements for work. *Stress Research Report*, 1:1-16.
2. Siegrist J. (1996). Adverse health effects of work-related stress: A review of the literature. *Scandinavian Journal of Occupational Health*, 1(1):27:41.
3. Deci E. L & Ryan R. M. (2000). The what and how of well-being. *Journal of Personality and Social Psychology*, 78(2):210-222.
4. Selye H. (1956). The stress of life. New York: McGraw-Hill.
5. Festinger L. (1957). A theory of cognitive dissonance. *Stanford University Press*, 291.
6. Peimans K & Buysse M. (2019). Occupational health psychology: Concepts, interventions, and future directions. *Oxford University Press*. 24(1):1-3.
7. Murphy S. L & Leiter M. (2016). Work, stress, and health: A biopsychosocial approach. *Routledge*, 495-500.
8. World Health Organization. (2010). Mental health and work: A global challenge. World Health Organization.
9. International Labour Organization. (2016). Guidelines for the promotion of mental health and well-being in the workplace. International Labour Organization.
10. National Health Superintendency (Peru). (2021). Good practice guide for promoting mental health and well-being at work. National Superintendence of Health.