Positive orientation, job satisfaction and psychological well-being of mental health practitioners in Malaysia

Abstract

Mental health practitioners in many developing countries are faced with high job demands and a lack of institutional support. Given their high levels of work-related stress, it is important to identify mechanisms that help them to maintain psychological well-being and job satisfaction. Recent research has focused on the role that positive orientation (POS), comprising high life satisfaction, self-esteem and optimism, may play in mediating the negative impact of stress on individual well-being. The present study investigated whether POS predicts mental health practitioners' perceived levels of stress, mental health and job satisfaction. If POS measures a person's tendency to take a positive attitude to life and their ability to cope with difficulties, a high POS could be linked to reduced levels of stress and increased levels of job satisfaction and well-being. This study examined associations between self-reported POS and psychological outcomes in a sample of 100 Malaysian mental health practitioners. Participants including clinical psychologists and counsellors practicing in the country were invited to take part in an online questionnaire. The results showed that POS significantly predicted job satisfaction positively and mental health issues and perceived stress negatively, even when socio-demographic variables were controlled. Overall, we found a strong effect of POS on individual functioning across the sample of mental health practitioners. Our results have implications for improving practitioner wellbeing and job satisfaction.

Keywords: Positive orientation, job satisfaction, life satisfaction, self-esteem, optimism, mental health practitioners, perceived stress, well-being

Positive orientation, job satisfaction and psychological well-being of mental health practitioners in Malaysia

1. Introduction

1.1 Positive orientation

With the emergence of positive psychology (Seligman & Csikszentmihalyi, 2000), interests in factors that promote and protect well-being have increased and research has sought to identify indicators of optimal functioning. The basic tenet of the positive orientation theory is that an optimistic outlook toward life could allow individuals to be more psychologically resilient (Caprara, 2009; Caprara et al., 2009). Positive orientation (POS) can be defined as an individual's tendency to view the self, situations, and life with a positive outlook (Castellani, Preinelli, Gerbino & Caprara, 2016; Caprara & Steca, 2006; Costantitini et al., 2016; Diener, Scollon, Oishi, Dzokoto & Suh, 2000). Self-esteem, life satisfaction and optimism as components of POS as a latent variable have been found cross-culturally (Caprara et al., 2012; Heikamp et al., 2014). As Zuffiano, Lopez-Perez, Crimele, Kvapilova and Caprara (2019) note, this single factor POS makes sense as a self-evaluative disposition serving as one's self-system of evaluation for reflections on himself/herself (i.e., self-esteem), his/her past (i.e., life satisfaction) and future (i.e., optimism). Indeed, POS as a single factor has been found to predict subjective wellbeing and functioning across various mental health outcomes better than when these three dimensions were entered as separate predictors (Alessandri et al., 2012; Caprara, Alessandri, Colaico & Zuffianò, 2013).

POS was found to be associated with absence of depressive symptoms (Heikamp et al., 2014), and to positively predict affectivity, quality of interpersonal relationships, and psychological resilience across time (Alessandri, Caprara & Tisak, 2012). Twin studies have demonstrated that POS can be seen as a predisposition (Fagnani, Medda, Stazi, Caprara, & Alessandri, 2014), providing further support that POS is a stable and lasting trait. POS

contributes to optimal human functioning by influencing individuals' adjustments and achievements across various spheres of life (Caprara et al., 2009). POS, for instance, has implications for interpersonal styles, with those high on POS indicating they were less likely to be avoidant or anxious in their romantic relationships (Castellani et al., 2016). Individuals with high POS are also inclined to evaluate experiences and events positively, and persevere when faced with challenging situations (Heikamp et al., 2014). Applied to those in occupations that come with high stress, individuals with high POS may be more likely to proactively cope with difficult situations and maintain a positive outlook toward their job and life overall.

1.2 Practitioner psychological well-being

Numerous stressors are associated with work in health professions, including time pressures, workload and the need to take on multiple roles (Lim, Hepworth & Bogossian, 2011). Mental health professionals, in particular, experience additional unique stressors from organization-specific factors that can impact their well-being and job satisfaction (e.g., Sancassiani, Campagna, Tuligi, Machado, Cantone & Carta, 2015). Burnout, vicarious traumatization, depersonalization and compassion fatigue are psychological outcomes that can emerge when faced with particularly sensitive and intensive job demands and situations (e.g., Volpe, Luciano & Palumbo, 2014). These may be detrimental to practitioners' psychological well-being and affect their ability to provide care (Boccio, Weisz & Lefkowitz, 2016; Ohrt & Cunningham, 2012; Rupert, Miller & Dorociak, 2015).

POS has also been linked with organizational behaviors such as job performance (Alessandri et al., 2012; 2015). In such studies, POS was found to be a stronger predictor of better job performance over the lower-order POS components, as well as personality traits (e.g., Alessandri et al., 2012). Psychological well-being of practitioners was correlated with greater professional quality of life and career-sustaining behaviors, with counselor

impairment leading to poorer outcomes for their patients (Lawson, Venart, Hazler & Kottler, 2007). Ohrt and Cunningham (2012) demonstrated that individual differences such as personality and perceptions of work environment can play an important part in mediating the relationship between well-being and organizational factors, with individual factors impacting on how well practitioners adjusted to their work and stayed well.

1.3 The present study

The present study aims to investigate the links between positive orientation, job satisfaction and psychological well-being of mental health practitioners. The structure and composition of POS as a single latent variable as conceptualized by Caprara et al. (2012) are tested with a sample of mental health practitioners from Malaysia, a middle-income, developing country. Challenges such as limited resources for training mental health practitioners and lack of mental health infrastructure and provision in developing countries add extra demands and pressure on mental health practitioners in those countries (Weiss et al., 2011). Also as outlined in the previous section, the challenges and high job demands specific to this group can potentially lead to negative life outcomes, and the role of POS in minimizing such risks would thus be especially important to explore. Majority of the literature so far has focused on practitioner impairment, while not enough attention has been paid to promoting practitioner well-being and identifying protective factors (Neswald-Potter, Blackburn & Noel, 2013).

Studies have established a positive relationship between subjective well-being and job satisfaction, lending credence to the idea that POS can lead to job satisfaction. Bowling, Eschleman & Wang's (2010) meta-analysis found life satisfaction amongst various subjective well-being measures to reliably predict job satisfaction. Orkibi and Brandt (2015) found that POS acted as an adaptive personal resource which translated into greater job satisfaction

because participants were able to balance work and non-work demands. Therefore, the present study had following hypotheses:

1) POS will appear as a single and reliable latent variable consisting of self-esteem, life satisfaction and optimism similarly to what Caprara et al. (2012) found.
2) POS will significantly and positively predict mental health practitioners' their psychological well-being (measured by lower levels of perceived stress and less mental health issues).
3) POS will significantly and positively predict mental health practitioners' job satisfaction.

Method

Participants

The sample consisted of 100 Malaysian mental health practitioners (29 males, 70 females and one did not report gender information) recruited through convenience sampling. Participants' ages ranged from 23 to 64 years, with a mean age of 37.61 (SD = 8.69). Among the respondents, 66% were married, 33% were single, and one did not report this information. A large majority of participants reported being religious (94%) and being spiritual (83%) with a significant interaction between these two aspects: $\chi^2(1) = 14.53$, $p < .01$, $V_{Cramer} = .39$, $p < .01$. Various mental health-related occupations were represented, but counselors (50%) and clinical psychologists (16%) were particularly prominent. Other occupations included trained social workers, psychiatric nurses or other healthcare practitioners working in the mental health sector either in private or public/national hospitals and healthcare settings (e.g., private clinics, NGOs with mental health focus).

Instruments

Life satisfaction. The Satisfaction with Life Scale (SWLS, Diener Emmons, Larsen, & Griffin, 1985) consists of five items using a 7-point Likert scale, ranging from 1 (*Strongly*

agree) to 7 (*Strongly disagree*). An example item is: “I am satisfied with my life.” The Cronbach’s alpha was .79 in this study.

Self-esteem. The Rosenberg Self-Esteem Scale (RSES, Rosenberg, 1965) consists of ten items including five positively worded items (PWI) and five other negatively worded items (NWI). The scale uses a 4-point Likert scale, ranging from 1 (*Strongly agree*) to 4 (*Strongly disagree*). Although the scale is believed to be unidimensional (see O’Brien, 1985), several authors demonstrated that the item wording reflects two distinctive dimensions of self-esteem: positive self-esteem and negative self-esteem (Greenberger, Chen, Dmitrieva, & Farruggia, 2003; Tomas & Oliver, 1999). Example items are: “I feel that I have a number of good qualities” (PWI) and “I certainly feel useless at times (NWI)”. In this study, the Cronbach’s alpha were respectively .72, .79, and.85 for the PWI, the NWI, and the full scale.

Optimism. The Revised Life Orientation Test (LOT-R, Scheier, Carver & Bridges, 1994) consists of ten items including four fillers that are not scored. Each item is assessed using a 5-point Likert scale, ranging from 1 (*Strongly agree*) to 5 (*Strongly disagree*). One example item is: “I’m always optimistic about my future” . The Cronbach’s alpha was .51 in this study.

Mental health issues. The Patient Health Questionnaire (PHQ-9, Kroenke, Spitzer, & Williams, 2001) consists of nine items reflecting several symptoms associated with common mental health disorders that respondents experienced over the last two weeks. Each item is assessed using a 4-point Likert scale, ranging from 0 (*Not at all*) to 3 (*Nearly every day*). One example item is: “Feeling tired or having little energy.” The Cronbach’s alpha was .90 in this study.

Perceived stress. The Perceived Stress Scale (PSS, Cohen, Kamarck, & Mermelstein, 1983) is composed of ten items that measure feelings and thoughts experienced during the last month. Each item is assessed using a 5-point Likert scale, ranging from 1 (*Never*) to 5

(*Very often*). One example item is: "In the last month, how often have you been upset because of something that happened unexpectedly?" The Cronbach's alpha was .80 in this study.

Job satisfaction. The Job Satisfaction Scale (JSC, Macdonald & MacIntyre, 1997) consists of ten items providing an overall measure of satisfaction at work. Each item is assessed using a 5-point Likert scale, ranging from 1 (*Strongly agree*) to 5 (*Strongly disagree*). One example item is: "I feel secure about my job." The Cronbach's alpha was .88 in this study.

Procedure

Mental health practitioners in Malaysia were invited to take part in the study via email, which included a link to the online questionnaire. Emails were sent out to professional networks and academic departments with counselling or clinical psychology programmes within Malaysia, as well as to some key individual practitioners identified through such networks. The email invitation clearly stated that the study intends to explore mental health practitioners' well-being and that participation is voluntary. Participants were also encouraged to send or share the link to other practitioners. The study was approved by the Human Research Ethics Committee at the primary author's institution.

Results

Data were analysed using SPSS and AMOS (version 23).

Preliminary Investigation of the Latent Dimension of Positive Orientation

We found positive and significant associations between the three components of POS (Caprara et al., 2010), with correlations ranging from $r(100) = .29$, $p < .01$ (between life satisfaction and optimism) and $r(100) = .58$, $p < .001$ (between self-esteem and optimism) (see Table 1). These preliminary results suggest an interdependent relation between these variables, and thus the latent dimension of positive orientation could be tested.

[Table 1]

Confirmatory factor analyses (CFAs) were conducted using the maximum likelihood method of estimation. Several goodness-of-fit indices were reported to evaluate good model adjustment: chi-square goodness-of-fit (χ^2), ratio between chi-square and degrees of freedom (χ^2/df), Comparative Fit Index (CFI), Goodness-of-Fit Index (GFI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). A ratio χ^2/df lower than 3, CFI and GFI values above or equal to .90, and RMSEA and SRMR below or equal to .08 are suggested as cut-off criteria for determining a good-fit model (Hu & Bentler, 1999; Kline, 1998; Sun, 2005).

Following the analyses conducted by Caprara et al. (2010), several models were successively examined and their fit indices are presented in Table 2. Model 1 tested a single factor in which all the 21 items of the three scales load. In Model 2, we investigated an orthogonal model in which all the 21 items load onto three independent factors. In Model 3, a model including three correlated factors which load on to a second-order factor was examined. The last model showed the best acceptable fit to the data, although it did not reach expected values and the factor loading of self-esteem was not significant. Consequently, three alternative structures derived from Model 3 were tested. In Model 4, self-esteem was divided into two factors unrelated with life satisfaction and optimism: PWI and NWI factors. The model showed minor improvements but the factor loadings of self-esteem (both PWI & NWI) were still not significant. Following the suggestions from Greenberger et al. (2003) and Tomas and Oliver (2009), we decided to consider PWI and NWI as distinctive dimensions of self-esteem. Accordingly, Model 5 comprised four correlated factors (life satisfaction, optimism, PWI, and NWI) which load on to a second-order factor. This fifth model presented similar fit to the previous one but all the factors showed significant factor loadings to the

second-order factor. Further analysis on the optimism dimension revealed poor factor loadings of item 1 (“In uncertain times, I usually expect the best”) and item 10 (“Overall, I expect more good things happen to me than bad”). Also, these two items were removed in Model 6. This last model showed the best fit indices than all previous models. Despite expected values not being reached, our model presented similar fit indices to the one found by Caprara et al. (2010): $\chi^2(173) = 240.05$, $p < .01$, TLI = .89, CFI= .90, RMSEA = .63. Following these analyses, POS was calculated as the mean of all four composite factors.

[Table 2]

Positive Orientation as a Predictor of Psychological Well-being and Job Satisfaction

As shown in Table 3, except for the relationship between life satisfaction and job satisfaction [$r_p(100) = .45$, $p < .001$], partial correlations of life satisfaction, positive self-esteem, negative self-esteem, and optimism with wellbeing-related variables were in the low to moderate range when other variables were kept under statistical control. By contrast, positive orientation showed high and significant zero-order correlations with mental health issues [$r(100) = -.56$, $p < .001$], perceived stress [$r(100) = -.55$, $p < .001$], and job satisfaction [$r(100) = .47$, $p < .001$].

[Table 3]

To evaluate the predictive power of positive orientation in relation to the three well-being variables, hierarchical multiple regression analyses were performed for each of them (see Table 4). All sociodemographic indicators were entered as control variables. Regarding the important collinearity between religious beliefs and spirituality, only the latter variable

was selected. For the first model, positive orientation uniquely accounted for a significant 27% variance in mental health issues [$\Delta R^2 = .27$, $F(6, 94) = 9.20$, $p < .001$]. Except for spirituality ($\beta = .17$, $p = .046$), only positive orientation presented a significant standardized regression coefficient ($\beta = -.55$, $p < .001$). For the second model, positive orientation uniquely accounted for a significant 31% variance in perceived stress [$\Delta R^2 = .31$, $F(6, 94) = 7.95$, $p < .001$]. Its standardized regression coefficient was also significant ($\beta = -.59$, $p < .001$). For the last model, positive orientation also predicted job satisfaction scores ($\beta = .51$, $p < .001$) and explained a significant proportion of its variance [$\Delta R^2 = .23$, $F(6, 94) = 4.74$, $p < .001$] after controlling for sociodemographic variables. In sum, these results suggest that positive orientation is strongly associated with individual functioning among our sample of mental health practitioners.

[Table 4]

Discussion

The present study tested the role of positive orientation (POS) in predicting mental health issues, perceived stress and job satisfaction of mental health practitioners. Our results suggest that POS as a single dimension strongly predicts positive psychological outcomes. When life satisfaction, self-esteem and optimism were examined individually they showed only a low or moderate correlation with practitioner well-being or job satisfaction. However, when combined, the single dimension POS had high correlations with these outcomes. The results of this study thus lend support to Caprara et al.'s (2010) concept of POS as one entity. Moreover, a better fit was achieved by separating positive and negative self-esteem, suggesting an alternative method for assessing POS. Once sociodemographic variables were controlled, POS accounted for 27% of the variance in mental health issues, 31% in perceived

stress and 23% in job satisfaction. This has implications for examining job satisfaction and performance among practitioners and for exploring ways in which POS may be fostered and strengthened to improve these outcomes.

Practitioner mental health and well-being is a more prominent concern in developing countries due to the added challenges they may face. A lack of formal training, legal challenges, large work demands due to staff shortages, the dominance of psychiatry, having to provide both inpatient and outpatient services without adequate support and negative attitudes have all been reported as barriers (Eaton et al., 2011; Patel, Chowdhary, Rahman & Verdeli, 2011). Poor working conditions were cited by Saraceno et al. (2007) as a major contributor to the lack of interest in mental health work, which in turn places a greater-burden on those working in the sector. Increasing POS may be one way to combat this. Galvin, Suominen, Morgan, O'Connell and Smith (2015) established that higher work demands resulted in more work stress and negative coping styles for trainee practitioners, especially when they were not adequately supported. Therefore, the lack of support along with the other challenges that practitioners in developing countries face may lead to even more harmful outcomes for them, which have not been investigated. Zuffiano et al. (2019) suggest that POS can be strengthened by interventions despite its trait-like nature, leading to improved and sustained well-being. This may also affect therapeutic outcomes as job stressors have been found to affect not only practitioners' well-being but also therapeutic effectiveness (Lee, Cho, Kissinger & Olge, 2010). POS can lead to higher job satisfaction as the result of better handling stress and issues relating to work-life balance. Based on such outcomes, interventions aimed at improving job outcomes and well-being for mental health practitioners can implement ways of enhancing POS and POS-associated cognitive appraisals.

Our study is not without limitations. Firstly, the small sample size could be a limitation in the generalizability of the current findings. Also, the results reflect outcomes

from practitioners in a single country, and possible variability between practitioners (e.g., years of experience and expertise areas) were not examined. We propose that future studies explore these factors in greater depth and examine practitioner mental health across different cultures. As participants were openly recruited and the data gathered by way of self-reports in the form of online questionnaire, we cannot report on the exact response rate. Some studies have also raised questions about POS as a single latent variable as well as alternative models that include other factors such as meaning of life (e.g., Miciuk, 2013; Sobal-Kwapinska, 2016), and further research on the conceptualization and measurement of POS is needed.

References

Alessandri, G., Caprara, G.V., & Tisak, J. (2011). The unique contribution of positive orientation to optimal functioning: Further explorations. *European Psychologist, 17*(1), 44-54.

Alessandri, G., Caprara, G. V., & Tisak, J. (2012). A unified latent curve, latent state-trait analysis of the developmental trajectories and correlates of positive orientation. *Multivariate Behavioral Research, 47*(3), 341-368.

Alessandri, G., Borgogni, L., Schaufeli, W. B., Caprara, G. V., & Consiglio, C. (2015). From positive orientation to job performance: The role of work engagement and self-efficacy beliefs. *Journal of Happiness Studies, 16*(3), 767-788.

Alessandri, G., Vecchione, M., Tisak, J., Deiana, G., Caria, S., & Caprara, G.V. (2012). The utility of positive orientation in predicting job performance and organizational citizenship behaviors. *Applied Psychology, 61* (4), 669-698.

Boccio, D. E., Weisz, G., & Lefkowitz, R. (2016). Administrative pressure to practice unethically and burnout within the profession of school psychology. *Psychology in the Schools, 53*(6), 659-652.

Bowling, N. A., Eschleman, K. J., & Wang, Q. (2010). A meta-analytic examination of the relationship between job satisfaction and subjective well-being. *Journal of Occupational and Organizational Psychology, 83*(4), 915-934.

Caprara, G. V. (2009). Positive orientation: Turning potentials into optimal functioning. *The European Health Psychologist, 11*, 46-48.

Caprara, G. V., Alessandri, G., Colaiaco, F., & Zuffianò, A. (2013). Dispositional bases of self-serving positive evaluations. *Personality and Individual Differences, 55*(7), 864-867.

Caprara, G.V., Alessandri, G., Eisenberg, N., Kupfer, A., Steca, P., aprara, M.G., … Abela, J. (2012). The positivity scale. *Psychological Assessment, 24*(3), 701-712.

Caprara, G. V., Alessandri, G., Trommsdorff, G., Heikamp, T., Yamaguchi, S., & Suzuki, F. (2012). Positive orientation across three cultures. *Journal of Cross-Cultural Psychology*, *43*(1), 77-83.

Caprara, G. V., Fagnani, C., Alessandri, G., Steca, P., Gigantesco, A., Sforza, L. L. C., & Stazi, M. A. (2009). Human optimal functioning: The genetics of positive orientation towards self, life, and the future. *Behavior genetics*, *39*(3), 277-284.

Caprara, G. V., & Steca, P. (2006). The contribution of self-regulatory efficacy beliefs in managing affect and family relationships to positive thinking and hedonic balance. *Journal of Social and Clinical Psychology*, *25*(6), 603-627.

Caprara, G. V., Steca, P., Alessandri, G., Abela, J. R., & McWhinnie, C. (2010). Positive orientation: Explorations on what is common to life satisfaction, self-esteem, and optimism. *Epidemiology and Psychiatric Sciences*, *19*(1), 63-71.

Castellani, V., Perinelli, E., Gerbino, M. & Caprara, G.V. (2016). Positive orientation and interpersonal styles. *Personality & Individual Differences, 98,* 229-234.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behaviour, 24*(4), 385-396.

Costantini, G., Perugini, M., Dentale, F., Barbaranelli, C., Alessandri, G., Vecchione, M., & Caprara, G. (2016). Assessing Positive Orientation With the Implicit Association Test. *European Journal of Psychological Assessment,* 1-8.

Diener, E., Christie, Napa-Scollon, C. K., Oishi, S., Dzokoto, V., & Suh, E. M. (2000). Positivity and the construction of life satisfaction judgements: Global happiness is not the sum of its parts. *Journal of Happiness Studies, 1*(2), 159-176.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49(*1), 71-75.

Eaton, J., McCay, L.., Semrau, M., Chatterjee, S., Baingana, F., Araya, R., . . .Saxena, S. (2011). Scale up of services for mental health in low-income and middle-income countries. *The Lancet, 378*(9802), 1592-1603

Fagnani C., Brescianini S., Cotichini R., D'Ippolito C., Dukic T., Giannantonio L., Medda E., Nistico` L., Patriarca V., Pulciani S., Rotondi D., Toccaceli V., Stazi M.A. (2006). The Italian Twin Register: new cohorts and tools, current projects and future perspectives of a developing resource. *Twin Research Human Genetic, 9,* 799–805.

Fagnani, C., Medda, E., Stazi, M. A., Caprara, G. V., & Alessandri, G. (2014). Investigation of age and gender effects on positive orientation in Italian twins. *International Journal of Psychology, 49*(6), 453-461.

Galvin, J., Suominen, E., Morgan, C., O'Connell, E. J., & Smith, A. P. (2015). Mental health nursing students' experiences of stress during training: a thematic analysis of qualitative interviews. *Journal of Psychiatric and Mental Health Nursing, 22*(10), 773-783.

Greenberger, E., Chen, C., Dmitrieva, J., & Farruggia, S, P. (2003). Item wording and the dimensionality of the Rosenberg self-esteem scale: Do they matter? *Personality and Individual Differences, 35*(6), 1241-1254.

Heikamp, T., Alessandri, G., Laguna, M., Petrovic, V., Caprara, M. G., & Trommsdorff, G. (2014). Cross-cultural validation of the positivity-scale in five European countries. *Personality and Individual Differences, 71,* 140-145.

Hu, L.., & Bentler, P. M. (1999). Cutoff criteria for fix indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*(1), 1-55.

Kline, R. B. (1998). Software review: Software programs for structural equation Modeling: Amos, EQS, and LISREL. *Journal of Psychoeducational Assessment, 16,* 343-364.

Kroeke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9. *Journal of General Medicine, 16*(9), 606-613.

Lawson, G., Venart, A., Hazler, R. J., & Kottler, J. A. (2007). Toward a culture of counsellor wellness. *The Journal of Humanistic Counselling, Education and Development, 46(*1), 5-19.

Lee, S. M., Cho, S. H., Kissinger, D., & Ogle, N. T. (2010). A typology of burnout in professional counsellors. *Journal of Counseling and Development, 88*(2), 131-138.

Lim, J., Hepworth, J., & Bogossian, F. (2011). A qualitative analysis of stress, uplifts and coping in the personal lives of Singaporean nurses. *Journal of Advanced Nursing, 67*(5), 1022-1033.

Macdonald, S., & MacIntyre, P. (1997). The generic job satisfaction scale. *Employee Assistance Quarterly, 13*(2), 1-16.

Miciuk, L. (2013). Positive orientation and the Big Five (Unpublished master's thesis). Lublin, Poland: Catholic University of Lublin.

Neswald- Potter, R. E., Blackburn, S. A., & Noel, J. J. (2013). Revealing the power of practitioner relationships: An action- driven inquiry of counsellor wellness. *The Journal of Humanistic Counseling, 52(*2), 177-190

O'Brien, E. J. (1985). Global Self-Esteem Scales: Unidimensional or Multidimensional? *Psychological Reports, 57*(2), 383-389.

Ohrt, J. H., & Cunningham, L. K. (2012). Wellness in mental health agencies. *The Professional Counselor: Research and Practice, 2*(1), 90-101.

Orkibi, H., Brandt, Y. I. (2015). How positivity links with job satisfaction:Preliminary findings on the mediating role of work-life balance. *Europe's Journal of Psychology, 11*(3), 406-418.

Patel, V., Chowdhary, N., Rahmna, A., & Verdeli, H. (2011). Improving access to psychological treatments: Lessons from developing countries. *Behaviour Research and Therapy, 49*(9), 523-528.

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton, NJ: Princeton University Press.

Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice, 46*(3), 168-174.

Sancassiani, F., Campagna, M., Tuligi, F., Machado, S., Cantone, E., & Carta, M. G. (2015). Organizational wellbeing among workers in mental health services: A pilot study. *Clinical Practice & Epidemiology in Mental Health, 11,* 4-11

Saraceno, B., Ommeren, M. V., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., . . .Underhill, C. (2007). Barriers to improvement of mental health services in low-income and middle-income countries. *The Lancet, 370(*9593), 1164-1174.

Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67*(6), 1063-1078.

Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*(1), 5-14.

Sobal-Kwapinska, M. (2016). Positive orientation: Exploring the factors that constitute the bright side of personality. *Social Behaviour and Personality: An International Journal, 44*(10), 1613-1618.

Sun, J. (2005). Assessing goodness of fit in confirmatory factor analysis. *Measurement and Evaluation in Counseling and Development, 37*(4), 240-256.

Tomas, J.M., & Oliver, A. (1999). Rosenberg's self-esteem scale: Two factors or method effects. *Structural Equation Modeling, 6,* 84-98.

Volpe, U., Luciano,M., Palumbo,C., Sampogna, G., Del Vecchio, V., & Fiorillo, A. (2014). Risk of burnout among early career mental health professionals. *Journal of Psychiatric and Mental Health Nursing, 21*(9), 774-781.

Weiss, B., Dang, H., Ngo, V., Pollack, A., Sang, D, Lam, T… & Do, K. H. (2011). Development of Clinical Psychology and Mental Health Resources in Vietnam. *Psycholical Studies,* 56, 185.

Zuffianò, A., López-Pérez, B., Cirimele, F., Kvapilová, J., & Caprara, G. V. (2019). The Positivity Scale: Concurrent and Factorial Validity Across Late Childhood and Early Adolescence. *Frontiers in psychology, 10,* 831.

Table 1.

Mean, Standard Deviation, and Intercorrelations Between all the Variables

	1	2	3	4	5	6	7	8
1. Life satisfaction	–							
2. Overall self-esteem	.50***	–						
3. Positive self-esteem	.48***	.88***	–					
4. Negative self-esteem	.44***	.94***	.66***	–				
5. Optimism	.29**	.58***	.55***	.52***	–			
6. Mental health issues	-.43***	-.50***	-.39***	-.51***	-.34**	–		
7. Perceived stress	-.41***	-.50***	-.41***	-.49***	-.45***	.48***	–	
8. Job satisfaction	.60***	.51***	.47***	.46***	.28**	-.33**	-.51***	–
M	5.41	3.19	3.35	3.02	2.65	.45	1.89	3.94
SD	.88	.42	.39	.53	.49	.51	.54	.58

N = 100. *** $p < .001$, ** $p < .01$, * $p < .05$. All the scores of negative self-esteem were reversed.

Table 2.

Goodness-of-fit Indices for the Positive Orientation Latent Construct

	χ^2	df	p	χ^2/df	TLI	CFI	RMSEA	SRMR
Initial structures								
Model 1	462.43	190	< .001	2.43	.572	.612	.120	.138
Model 2	412.51	189	< .001	2.18	.647	.682	.109	.200
Model 3	346.18	186	< .001	1.86	.743	.772	.093	–
Alternative structures								
Model 4	332.19	184	< .001	1.81	.759	.789	.090	–
Model 5	343.73	185	< .001	1.86	.744	.774	.093	.103
Model 6	240.05	173	< .001	1.40	.890	.903	.063	.-

N = 100. Model 1 = 21-item single factor; Model 2 = three correlated factors; Model 3 = three correlated factors loading onto a second-order factor; Model 4 = self-esteem with PWI and NWI factors, three correlated factors loading onto a second-order factor; Model 5 = PWI and NWI self-esteem as distinctive factors, four correlated factors onto a second-order factor; Model 6 = Adjusted four correlated factors onto a second-order factor; CFI = comparative fit index; GFI = goodness-of-fit index; RMSEA = root mean square error of approximation; SRMR = standardized root mean square residual.

Table 3.

Partial and Zero-Order Correlations Between all the Variables

	Mental health issues	Perceived stress	Job satisfaction
Partial correlations			
Life satisfaction	-.29**	-.25*	.45***
Positive self-esteem	.05	-.02	.16
Negative self-esteem	-.24*	-.20*	.20*
Optimism	-.25*	-.24*	-.15
Zero-order correlations			
Positive orientation	-.56***	-.55***	.47***

N = 100. *** $p < .001$, ** $p < .01$, * $p < .05$.

Table 4.

Hierarchical Multiple Regression Analyses Predicting Mental Health Issues, Perceived Stress, and Job Satisfaction

	Mental health issues			Perceived stress			Job satisfaction		
	β	p	ΔR^2	β	p	ΔR^2	β	p	ΔR^2
Sociodemographic variables			.12			.05			.01
Age	-.17	.10		.02	.88		-.09	.41	
Gender (1 = Female)	-.03	.78		.02	.88		-.08	.43	
Marital status (1 = Married)	.06	.53		-.06	.56		.09	.41	
Spirituality (1 = Yes)	.17	.046		.13	.15		.01	.88	
Occupation (1 = Counselor)	-.01	.91		-.05	.60		.05	.63	
Predictor			.27			.31			.23
Positive orientation	-.55	< .01		-.59	< .01		.51	< .01	
R^2_{Total}	.39			.35			.24		
R^2_{Adjust}	.34			.31			.19		

N = 100.