



MENTAL HEALTH

in Our Profession - DEFINED

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For health care and social assistant industries, the prevalence of depression is 5% higher than the general population and 2.7% higher for anxiety. When compared to other industries, these are considered at a critical level.¹ Research has shown that burnout and occupational stress have a strong negative relationship with work-related well-being for medical laboratory staff. For example, a study conducted with medical laboratory professionals revealed that these workers experience burnout at a moderate level in regards to emotional exhaustion, a high level of cynicism and a high level of professional efficacy. Each of these dimensions was predictive of turnover intention² and likely workplace dissatisfaction, confirming the importance of burnout in relation to workforce satisfaction, productivity and patient care.

There have been no large-scale studies conducted in Canada to determine the status of mental health issues and illness in the medical laboratory profession so CSMLS took on this task with members to provide critical data (N=998) for the profession and employers to help support workplace well-being initiatives.

BURNOUT

Burnout is defined by high levels of emotional exhaustion (depletion of emotional resources to support self and others), reduced feelings of personal accomplishments (increased negative view about one's self) and high levels of depersonalization (negative or cynical feelings about clients/patients). In the current study, medical laboratory professionals (MLPs) showed

greater emotional exhaustion than reported by community pharmacists in one study and similar scores of low depersonalization and moderate personal accomplishment.³ Medical Laboratory Assistants/Technicians (MLAs) showed greater burnout than Medical Laboratory Technologists (MLTs).

Maslach Burnout Inventory Subscales % with High Scores*	All MLPs	MLT	MLA
Emotional Exhaustion	37.9%	37.7%	39.3%
Depersonalization	9.6%	7.5%	14.5%
Personal Accomplishment	32.3%	31.4%	41.5%

*Higher percentages indicate greater burnout/negative results for each subscale

PSYCHOLOGICAL DISTRESS

The K6 Psychological Distress Scale is a screening tool for nonspecific psychological distress and frequency of symptoms in adults (e.g. nervousness, hopelessness, etc.). A score of 13 on the scale has been validated as predictive of severe mental illness.⁴ CSMLS member results indicate that the profession is experiencing high levels of distress. For MLAs, 27% of respondents indicated a high score (13 or greater) while 36% had a moderate level of distress. MLTs showed different percentage levels on this indicator, at 11% and 43% respectively.

MENTAL HEALTH

The Mental Health Inventory (MHI) is a tool used to evaluate mental health issues such as anxiety, depression, behavioural control, positive affect and general distress. Again, MLAs were found to be the more vulnerable group with scores indicating more mental health issues.

Mental Health Inventory*	All MLPs	MLT	MLA
Anxiety	63.5%	63.8%	60.7%
Behaviour Control	74.2%	74.9%	67.6%
Depression	68.6%	69.0%	64.0%
Positive Affect	53.2%	53.3%	52.2%
Total Group Score	64.7%	65.2%	60.9%

*Higher scores indicate better health for each subscale

These findings corroborate the idea that more can be done to strengthen Canadian workplace policies, programs and benefits that foster good mental health and address mental illness when it is present. The reported results complement the qualitative responses captured in a previous CSMLS study⁵ and information gathered for the CSMLS Mental Health Toolkit (mentalhealth.csmls.org), all of which contribute to the baseline collection of national data on mental health for MLPs. The status is negative, especially for MLAs and can be considered on the verge of reaching a critical threshold for MLPs as a whole, in line with other health disciplines. Professionals and employers alike need to analyze and monitor this issue closely and foster positive change for mentally healthy workplaces. ■

What can you and your organization do to create a mentally healthy environment? Need some funds to help?

CSMLS wants to give members funds to support initiatives that foster mental health and well-being in the workplace! Keep an eye out on our website for the 'Call for Submissions' so you can tell us how you plan to promote a mentally healthy work environment. Grants will be awarded at \$250 each.

NEED AN IDEA?

- Hold an art therapy session
- Create a thinktank with other professions
- Have a promotional party that focuses on mental health information

REFERENCES

- ▶¹Therliat L. (2016). Health brains across the lifespan: The employer role in addressing mental health. *The Conference Board of Canada*.
- ▶²Narainsamy K., & Van Der Westhuizen S. (2013). Work-related well-being: Burnout, work engagement, occupational stress and job satisfaction within a medical laboratory setting. *Journal of Psychology in Africa*, 23(3), pp. 467-74.
- ▶³Calgan, Z., Aslan, D. & Yegenoglu, S. (2011). Community pharmacists' burnout levels and related factors: an example from Turkey. *International Journal of Clinical Pharmacy*, 33(1), pp 92-100.
- ▶⁴Kessler RC, Barker PR, Colpe L J, Epstein JF, Gfroerer JC, Hiripi E, et al. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60, pp. 184-9.
- ▶⁵See CSMLS report: <http://csmls.org/csmls/media/documents/resources/Describing-Mental-Health-Issues-for-MLPs-v02.pdf>



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