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Psychosocial Job Demands, Organizational Resources, and Mental Well-Being as Predictors of Quality of Work Life Among Mental Health Professionals

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Abstract

Using the Job Demands–Resources (JD–R) model as a conceptual framework to direct the selection of predictors and the interpretation of relationships between burnout, engagement, and occupational health, this study investigated the degree to which psychosocial job demands and organizational resources are associated with quality of work life (QWL) and mental well-being in Mental Health Professionals. **Methods:** Using a cross-sectional correlational design, route analysis and hierarchical multiple regression were combined inside a structural equation modeling (SEM) framework. Validated self-report measures of burnout, job demands, autonomy, social support, work engagement, psychiatric symptoms, and QWL were completed by 624 practicing mental health professionals in Spain. The incremental explained variance of organizational, psychological, and sociodemographic factors was investigated using hierarchical regression.
Conclusions: In general, the results show how important psychosocial resources and demands are to comprehending differences in Mental Health Professionals' QWL. To enhance practitioners' well-being and maintain professional functioning, future intervention-oriented research may consider strategies targeted at lowering emotional strain and improving autonomy, social support, and work engagement.

Key Words: Mental Health, Psychosocial, Mental Health Professionals, Organizational Resources, Quality of work life.

1. Introduction

Mental Health Professionals sometimes face significant demands and difficulties in their line of work. They are more vulnerable to stress-related consequences including burnout, anxiety, and depression because of the emotionally taxing nature of their profession, which is frequently focused on attending to the mental health needs of others. Psychological practice entails ongoing relational involvement and prolonged emotional work in addition to general professional pressures, which may exacerbate the effects of chronic demands. Secondary traumatic stress, vicarious trauma, and emotional weariness may also result from extended exposure to customers'

psychological discomfort. Despite these dangers, Mental Health Professionals' own mental health and wellbeing are still largely unstudied in the discipline, which has historically placed a higher priority on client-focused results than practitioners' psychological wellbeing (Bing et al., 2022).

The elements that affect Mental Health Professionals' well-being and productivity at work have drawn more attention from researchers in recent years. Research indicates that Mental Health Professionals' well-being and quality of life are significantly influenced by personal factors such coping mechanisms, self-esteem, and personality features. Furthermore, work-related and environmental elements are equally important because they have a substantial impact on the quality of work life and either cause or prevent occupational stress and burnout. From the standpoint of health psychology, among professionals subjected to ongoing emotional stress, work life quality is a significant contextual factor of mental well-being. When considered collectively, these results emphasize the necessity of analyzing work life quality as a function of interacting with psychosocial job features rather than as a stand-alone result (Butakor, 2021; Acker, 2012).

The demand-control model is one of the fundamental frameworks for comprehending chronic stress in work environments. This concept suggests that increased stress and job discontent are caused by a combination of high job demands and little control over decision-making. Burnout may eventually result from such circumstances if they continue overtime. More integrative frameworks, such the JD-R model, have been developed since the demand-control model does not adequately account for the wider range of protective and motivating resources that may coexist with high demands (Chen KXY et al., 2023).

The Job Demands–Resources (JD-R) model and the Conservation of Resources (COR) theory are two of the most important theoretical frameworks that explain burnout. According to both theories, burnout is caused by extended exposure to unresolved or uncontrolled chronic work stressors and can be avoided or lessened by having sufficient personal and professional resources. "Anything that a person sees can assist them attain their goals", p. 1338, is the general definition of these resources. The JD-R paradigm is especially useful for analyzing Mental Health Professionals' quality of work life because it conceptualizes job demands and resources as separate but connected factors that together impact employee well-being and work-related outcomes (Cho OY, 2024).

The present study offers a methodologically complementary perspective that clarifies the relative contribution of demands, resources, engagement, and psychological distress in explaining variations in quality of work life among Mental Health Professionals. This study's main goal is to use both hierarchical regression analysis and structural equation modeling (SEM) to investigate the relationship between job demands and organizational resources and Mental Health Professionals' quality of work life.

2. Methods

Design: This study used a multivariate analytical method in a cross-sectional correlational design. Structural equation modeling (SEM) and hierarchical multiple regression analysis were two complimentary statistical techniques employed. Because it allowed for both theory-driven modeling and predictive analysis of complicated variable connections in a professional population, this methodology was deemed suitable for the study's goals.

Mental Health Services

Within mental health services, professionals are frequently exposed to emotionally demanding interactions, high cognitive workloads, ethical dilemmas, secondary traumatic stress, and organizational pressures. These psychosocial job demands require sustained emotional and cognitive effort and may lead to psychological strain when they exceed employees' adaptive capacities. Conversely, organizational resources including supervisory support, professional autonomy, opportunities for development, adequate staffing, organizational justice, and positive leadership serve as protective factors that enhance motivation, resilience, and occupational well-being, According to the JD-R model, job demands initiate a health-impairment process that may result in burnout, emotional exhaustion, and psychological distress, whereas job resources activate a motivational process that enhances work engagement, job satisfaction, and organizational commitment. Consequently, the balance between demands and resources is expected to determine employees' quality of work life (Delgadillo, 2018).

Psychosocial Job Demands

Psychosocial job demands refer to the psychological, emotional, cognitive, and interpersonal requirements associated with performing occupational tasks. In mental health settings, these demands include emotional labor, exposure to traumatic narratives, heavy caseloads, administrative responsibilities, role ambiguity, time pressure, ethical conflicts, and work-family interference. Research consistently demonstrates that prolonged exposure to excessive psychosocial demands contributes to burnout, compassion fatigue, emotional exhaustion, anxiety, depression, sleep disturbances, and reduced professional effectiveness. Mental health professionals represent one of the occupational groups most vulnerable to these stressors because their work requires continuous emotional regulation, empathy, and therapeutic engagement with distressed individuals (Dreison, 2018).

Organizational Resources

Organizational resources encompass physical, social, psychological, and structural aspects of the workplace that facilitate goal achievement, reduce job demands, and promote personal growth. Common organizational resources include supportive leadership, effective communication, teamwork, organizational justice, recognition, professional autonomy, training opportunities, adequate staffing, flexible work arrangements, and access to mental health support (Habtu Y et al., 2025).

Extensive evidence suggests that organizational resources function as protective mechanisms against occupational stress. Employees who perceive high levels of organizational support generally report greater work engagement, stronger organizational commitment, lower burnout, and better psychological health. For mental health professionals, organizational support is particularly important because emotionally demanding clinical work requires continual replenishment of psychological resources, The JD-R model further suggests that organizational resources not only exert direct positive effects on employee well-being but also buffer the detrimental consequences of excessive psychosocial job demands (Joffe, 2024).

Mental Well-Being

Mental well-being extends beyond the absence of mental illness and reflects positive psychological functioning, emotional balance, life satisfaction, resilience, optimism, and effective coping. The World Health Organization conceptualizes mental well-being as the ability to realize one's potential, manage everyday stress, work productively, and contribute meaningfully to society. Among mental health professionals, mental well-being represents both a personal health outcome and professional competency. Practitioners with higher levels of mental well-being demonstrate greater empathy, improved therapeutic relationships, enhanced clinical decision-making, and lower rates of professional burnout. Conversely, poor mental well-being may impair concentration, increase emotional exhaustion, reduce job satisfaction, and compromise service quality. Recent occupational health literature increasingly recognizes mental well-being as an important mediator linking workplace characteristics to organizational outcomes. Employees working in psychologically supportive environments generally maintain higher levels of resilience and report to the superior quality of work life (Kercher, 2024; Lee MK, 2020).

Quality of Work Life

Quality of Work Life (QWL) represents employees' overall evaluation of their work environment and encompasses physical, psychological, social, organizational, and professional dimensions. It reflects the extent to which the workplace satisfies employees' personal needs while enabling effective job performance and professional development (Labrecque et al., 2024).

Contemporary models conceptualize QWL as a multidimensional construct that includes job satisfaction, work-life balance, occupational safety, organizational support, professional growth, interpersonal relationships, autonomy, compensation fairness, and psychological well-being. For mental health professionals, QWL is particularly important because high-quality clinical services depend heavily on practitioners' emotional functioning, motivation, and professional engagement. Poor QWL has been associated with absenteeism, turnover intentions, burnout, diminished patient care, and reduced organizational performance. Conversely, favorable working conditions enhance retention, resilience, productivity, and service quality (Malagon et al., 2019).

Accordingly, the conceptual framework proposes that quality of work life among mental health professionals is jointly determined by the interaction between psychosocial job demands, organizational resources, and mental well-being. While psychosocial demands are anticipated to reduce quality of work life, organizational resources and positive mental well-being are expected to function as protective and promotive factors that enhance occupational functioning and overall workplace quality.

The Context of the Job Demands-Organizational Resources

Building on and expanding earlier research guided by the Job Demands Resources model, the current study's findings offer more empirical support for the significance of psychosocial work aspects in comprehending variances in Mental Health Professionals' quality of work life. The observed pattern of correlations was generally compatible with the model's fundamental assumptions rather than validating it. According to this framework, job demands, especially psychological and emotional demands, were negatively correlated with quality of work life in both the final path model and the hierarchical regression analysis, where psychological demands and emotional exhaustion demonstrated significant negative correlations (Silva et al., 2024).

These results are consistent with prior research, which has been extensively reported in occupational health studies, showing that persistent job demands are associated with worse psychological functioning and less positive assessments of work life. The JD-R processes may function within a unique professional environment, which makes our findings especially pertinent considering recent studies showing the emotional labor and relational strain experienced by Mental Health Professionals (Kercher, 2024).

The Contribution of Mental Health Indicators to Quality of Work Life

The gradual contribution of theoretically supported blocks of variables was also emphasized by hierarchical regression analysis. After adjusting for sociodemographic traits, job demands, organizational resources, and involvement, the block of mental health indicators which include symptoms of anxiety, sleeplessness, loneliness, and depression explained significant variance in quality of work life (Lee MK, 2020).

This research highlights the intimate relationship between occupational experiences and overall psychological well-being, implying that measures of emotional distress are tightly linked to psychologists' quality of work life. Therefore, rather than concentrating solely on organizational settings, programs aiming at increasing quality of work life may benefit from being combined with professional self-care and mental health promotion techniques. The evaluation of connections at the observed-variable and construct levels was made possible by the combination of route analysis and hierarchical regression with observed variables. Although it does not imply causal directionality, the convergence of findings across these diverse analytical methodologies offers convergent descriptive evidence describing the pattern of relationships across important psychological factors.

Recommendations

Several limitations should be acknowledged

- **First**, it is impossible to draw conclusions about the causal linkages between job demands, resources, mental health, and quality of work life due to the cross-sectional design. Regression and structural models showed statistically significant correlations; however, it is impossible to determine the temporal ordering of these variables.
- **Second**, all information was gathered using self-report measures, which could be biased by social desirability or common method variance (CMV). An additional confirmatory factor analysis was performed to compare a theoretically described multifactor model with a single-factor model (all composite variables loading on one latent factor) to investigate the possible impact of a dominant common method factor.

These findings imply that the observed relationships between components are unlikely to be explained by a dominating single common technique factor. However, a cross-sectional self-report design cannot completely rule out CMV, and to further address this restriction, future study should use multi-source or longitudinal methods. Although such effects cannot be completely ruled out in cross-sectional self-report designs, this trend lessens the possibility that the results are exclusively related to artificial inflation due to shared technique variance.

- **Third**, selection bias may be introduced, and generalizability may be limited using snowball sampling and non-probability convenience. The sample may represent a self-selected minority of psychologists who were either particularly motivated to consider their professional well-being or particularly concerned about work-related stress because participation was voluntary and recruitment was somewhat dependent on professional networks. The results should be interpreted cautiously when extrapolating to other professional or cultural situations, even with the relatively high sample size (N = 624). Therefore, rather than being population-representative estimates, the results should be regarded as indicative of patterns of relationships. The external validity of these findings would be strengthened by future studies using probabilistic sampling techniques.

3. Conclusion

The current results show that, at the level of observed variables analyzed concurrently within a multivariate framework, psychosocial job demands and organizational resources are meaningfully connected with Mental Health Professionals' quality of work life. This study offers a multivariate and theoretically grounded explanation of how work-related pressures, resources, and psychological distress co-occur in Mental Health Professionals by integrating hierarchical regression and path analysis inside a structural equation modeling framework. Therefore, encouraging better and more sustainable working conditions may be a pertinent organizational goal for promoting practitioners' well-being and professional functioning, especially by addressing emotional strain and bolstering perceived organizational support. The findings support contemporary occupational health theories, highlighting that organizational resources can help mitigate the negative effects of excessive job demands while fostering psychological well-being and improved work outcomes. From a practical perspective, the results underscore the importance of developing organizational policies and interventions that reduce unnecessary psychosocial job demands while strengthening supportive workplace resources. Promoting supportive leadership, adequate staffing, professional development opportunities, employee participation in decision-making, and access to psychological support services may contribute to healthier and more sustainable work environments. Such initiatives are likely to enhance practitioners' mental well-being, increase job satisfaction, and improve the overall quality of work life, ultimately benefiting both healthcare professionals and the quality of services delivered to patients.

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