Exploring the Mental health of Academic Psychologists in Ireland

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Abstract

Kinman and Wray (2017) reported 55% of UK academics meet the criteria for psychological distress, twice the level of the general population and numerous anecdotal cases in the media suggest an over-burdened professoriate. The current research investigates workload and mental health in an Irish context and reports preliminary findings from 31 academics across Irish psychology departments. Although self-care is a specific ethical responsibility for the psychology profession, probable cases of minor psychiatric disorder was found in 38.7% of respondents. Job satisfaction was variable across the sample with pay, promotion, fringe benefits, and operating procedures being the main sources of dissatisfaction. Job stress, perceived workload and perceived work pace differ significantly between probable cases of psychological distress and non-cases. Increases in stress doubled the odds of being considered a probable case of psychological distress. These findings are important in terms of academic integrity and the role of educators, and the university, in modelling healthy behaviour.

Keywords

Psychology; faculty; mental health; job satisfaction; workload; job stress; GHQ
1. Introduction and Literature Review

The purpose of this study was to explore the mental health of academic psychologists teaching and researching at Irish Higher Education Institutions (HEIs). This exploratory study coincides with continuing media attention on mental health in academia (Academia now appears to be incompatible with family life, 2016; Anonymous academic, 2014; McGuire, 2015, 2017; The Guardian, n.d.; Wall, 2016).


In the UK, 54% of all academic staff and 49% of all academic teaching staff are on insecure contracts (UCU, 2016). In Ireland, 45% of all lecturing staff have non-standard employment contracts (including temporary and various types of part-time contracts) (The Cush Report, as cited by Pembroke, Wickham, & Bobek, 2018). Precarity and job insecurity have negative consequences for occupational stress and mental health (Sverke, Hellgren & Näswall, 2002; Sverke, Låstad, Hellgren, Näswall & Richter, 2018; Virtanen et al., 2005). In addition to diminished tenure, the ‘institutional stress on performativity’ (Olsen & Peters, 2005, p. 313) has increased job demands, and role creep has affected workload.

The Slow Professor (Berg & Seeber, 2016), argues that academics should actively reject the ‘culture of speed’ in academia. The authors suggest we “need to interrogate what we are modelling for each other and for our students” (p. 21). The academic scholarship on the neoliberal agenda in HE “frequently uses the metaphor of combat, battle and warfare” (Taberner, 2018, p. 5). Taberner (2018) investigated the impact of neoliberal managerialism and performativity on academic staff and their work. Six
key themes emerged, each one suggesting a deterioration of academic values and quality of engagement:

1. Efficiency and quantity over effectiveness,
2. Autocratic, managerialist ideology over academic democracy and debate,
3. Instrumentalism over intellectualism
4. De-professionalisation and fragmentation of the academy
5. Increased incidence of performativity, bullying and workplace aggression
6. Work intensification

Taberner (2018) noted that nearly all academic staff in the study believed that ‘Mental resilience is needed to survive’ (p. 18). Grant, Kinman and Baker (2014) investigated resilience in their qualitative study of social work educators. Across their thirty-five interviews with course leaders, they found almost unanimous support for an evidence-based ‘emotional curriculum’ that was seen as “vital in order to develop healthy, satisfied and competent practitioners” (p. 2351). A key informant in their study highlighted the need for self-care for anyone considering helping/teaching others:

[Emotional well-being is important. I mean, I was reminded of this when I was flying on holiday last week, and they say ‘if you’ve got to put on an oxygen mask, get your own secured first before you help anyone else with theirs’. I think you could apply that kind of logic to working in the caring professions. If you’re not caring for yourself, you’re not going to be able to care for other people.]

Grant, Kinman and Baker (2014, p. 2358)

Last year, I warned that “[t]he university loses any moral authority as ‘critic and conscience’ of society if we conscientiously allow precarity, mental illness and managerialism to rise unchecked within our own sector.” (Murphy, 2017, p. 167). In Ireland, 4,000 lecturers from the Institutes of Technology went on strike in 2016 to protest what the Teachers’ Union of Ireland labelled a crisis in education (TUI, 2015). Separately, a collective of precarious workers have organised to highlight worsening working conditions across an emotionally un-intelligent academic sector. With their insistence that ‘our working conditions are student learning conditions’, Third Level Workplace Watch (https://3lww.wordpress.com/) recognise staff wellbeing as a pre-requisite for the quality practice of education. Academic self-care and mental and physical health undergird the student experience and consequently, student success.
For academic psychologists there is a particular onus to engage in self-care (Murphy, 2017). As well as operating in and having responsibilities towards academia, psychologists have specific ethical responsibilities around their own well-being and competence. Also, because we, as a profession, claim some expertise in the area of mental health, and as we teach and model best practices to our students, it is imperative that the discipline engages in self-reflection and examination. It would be an indictment of psychology, if we found severe levels of psychological distress within our teaching ranks. However, there was no specific data on academic psychologists, so Murphy (2017) summarised research and anecdotes from academia generally and posed the question as to the extent of the problem in psychology? The article was the May cover feature in the Irish Psychologist. Apart from mostly private and personal messages of support, it seemed to make little impact.

There is a suggestion of a strong stigma around mental health and disclosure, specifically in academia (Flaherty, 2017a, 2017b), which may complicate research in this area. Kinman and Wray’s (2017) survey of UK academics found a caseness rate of 55%. There is no such data for Irish academics. High levels of distress in academia demands discussion. Discussion, more than knowledge, seems to be the route to tackling that stigma (Feldman, 2018). But in order to have a frank discussion of the problems and potential solutions, research regarding the Irish context is necessary. The current research aims to encourage discussion of mental health in academia and add some data to allow for a more informed discussion in relation to academic psychology. The findings of this study will also form the basis of a larger hypothesis-driven study in the future.
2. Methods

2.1 Participants

Thirty-one academics from psychology departments across seven Higher Education institutions participated in the study. Data collection occurred over one academic term with three calls for participants: by email to departmental heads and senior lecturers in 13 Irish colleges/universities, requesting them to circulate the survey link to their departmental colleagues; on Twitter; and through LinkedIn.

2.2 Design and Procedure

To help define the problem of mental health in academic psychology, the survey method was employed with the aim of generating descriptive statistics for exploratory data analysis (EDA) to test relationships between variables and across groups. Elements of the design are therefore correlational and cross sectional. The online questionnaire took approximately 10 minutes to complete. Instrument order was pseudo-randomised using na.gg which pseudo-randomly assigned participants to one of four versions of the questionnaire, each compiled with the measures in a different order. This was to control for possible order effects.

2.3 Measures

The survey (65 questions) was conducted online using Google Forms.

Status

Single-item questions on: Employment, Qualifications, Contract/post, Line management

Work load

Workload was measured by self-reported hours (teaching per week and total hours worked per week) as well as perceived quantity of work using the Quantitative Work Inventory (Spector & Jex, 1998). For this measure, participants rated the frequency of occurrence of the 5-items. High scores represent a high level of workload, with a possible range from 5 to 25. Spector and Jex (1998) reported an average internal consistency (coefficient alpha) of .82 across 15 studies.
Job satisfaction
The Job Satisfaction Scale (Spector, 1994) is a 36-item questionnaire with nine subscales: Pay, Promotion, Supervision, Fringe benefits, Contingent rewards, Operating Procedures, Co-workers, Nature of work, and Communication. Good validity and reliability alphas are reported in Spector (1997, p. 10) as ranging from .60 for the co-worker scale to .91 for the total scale, for a sample of 2,870 people.

Job stress
The Job Stress scale (Lambert, Hogan, Camp and Ventura, 2006) is a 5-item questionnaire originally used with correctional staff. It was chosen for its brevity and has a reported Cronbach’s alpha of .78 (Wickramasinghe, 2010).

Psychological health / Caseness
The 12-item General Health Questionnaire (GHQ-12; Goldberg et al., 1997) is the shortest version of a measure used to detect psychiatric disorders among respondents in non-clinical community settings (Goldberg & Williams, 1988, p.1). It is “the most extensively used screening instrument for common mental disorders, in addition to being a more general measure of psychiatric well-being” (Sánchez-López & Dresch, 2008, p. 839). Statements are rated with Likert scores (0–3) which can be converted into ‘cases’ by transforming the scores to the 0-0-1-1 format. These sum scores of 0–12 can be used to identify caseness rates, where a score of 4 or more indicates a case. Caseness represents the condition or fact of meeting the diagnostic criteria for a psychiatric disorder. Reliability has been shown to be high across a number of populations (Hankins, 2008; Quek, Low, Razack, & Loh, 2001; Sánchez-López & Dresch, 2008; Schmitz, Kruse, Heckrath, Alberti, & Tress, 1999; Shevlin & Adamson, 2005). Similarly, high levels of validity, in terms of both sensitivity and specificity have been reported (Goldberg et al., 1997; Sánchez-López & Dresch, 2008; Schmitz et al., 1999).

2.5. Ethics
The study conformed to the ethical guidelines of the Psychological Society of Ireland and was approved by the Psychology Departmental Ethics Committee in DBS. Questionnaire responses were stored securely and treated as confidential. Participants consented by continuing to the survey from the information screen, and had to opt to submit their data for inclusion in the study at the end of the survey after debrief.
3. Results

Means and standard deviations for the continuous variables are presented in Table 1. Of the sample, 90.3% were in fulltime employment; 64.5% held doctoral qualifications; and 67.7% were in permanent posts. Fifteen had an academic within their department as line manager and fourteen had a non-academic line manager. Two report to an academic outside their department.

Table 1. Means and standard deviations for main variables.

<table>
<thead>
<tr>
<th></th>
<th>YEARS</th>
<th>HRSTEACH</th>
<th>HRSWORK</th>
<th>JSTOTAL</th>
<th>QWITOTAL</th>
<th>JStressSTOTAL</th>
<th>GHQTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>9.48</td>
<td>11.65</td>
<td>44.42</td>
<td>120.32</td>
<td>18.00</td>
<td>16.19</td>
<td>15.77</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>5.54</td>
<td>6.26</td>
<td>10.37</td>
<td>40.12</td>
<td>5.37</td>
<td>5.90</td>
<td>8.82</td>
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</table>

Twelve participants met the criteria for psychological distress on the GHQ, giving a caseness rate of 38.7% for the sample (Figure 1).

To understand what might predict cases, a binary logistic regression was conducted using the enter method with case (Yes= 1, No = 0) as the dependent variable and stress (r = .82), job satisfaction (r = -.72) and work load (QWI; r = .44) as predictors. These predictors were chosen from a correlation matrix due to having the only statistically significant relationships above an r of .3. A test of the full model versus a model with intercept only was statistically significant, $X^2(3, 31) = 26.66$, p < .001. The model had a good fit based of the H-L statistic (p=.999), explained between 57.7% (Cox & Snell R-square) and 78.3% (Nagelkerke R-square) of variance in cases and was able to correctly classify 87.1% of cases. Stress (OR = 2.04, 95% CI: 1.05 to 3.98) was the only variable to make a unique and statistically significant contribution to the model.
A second model using linear regression with stress as the dependent variable found that job satisfaction ($\beta = -0.64$, $p < .001$) and work load (QWI; $\beta = 0.31$, $p = .019$) were significant predictors. Satisfaction varied widely in the sample (Table 2). Respondents, on average, were satisfied with supervision, their co-workers and the nature of their work, but dissatisfied with pay, promotion, fringe benefits, and operating procedures. The sub-elements of satisfaction that contributed significantly to job stress were communication ($\beta = -0.80$, $p = .005$), supervision ($\beta = 0.58$, $p = .029$) and nature of work ($\beta = -0.31$, $p = .017$). Independent samples t-tests assessed whether these factors differed across categorical variables. There was a significant difference in satisfaction with communication for those with academic ($M=15.93$, $SD=4.35$) and non-academic ($M=8.93$, $SD=4.21$) line managers (LMs); $t(27)=4.399$, $p < .001$. Satisfaction with supervision also differed significantly between those with academic ($M=22.07$, $SD=2.15$) and non-academic LMs ($M=15.57$, $SD=4.75$); $t(17.86)=4.686$, $p < .001$. Total stress differed significantly between academic ($M=13.87$, $SD=5.58$) and non ($M=18.5$, $SD=5.6$); $t(27)=-2.231$, $p = .034$. (Figure 2).

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>St Dev</th>
<th>Min-Max</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion</td>
<td>9.03</td>
<td>6.02</td>
<td>4-24</td>
<td>4</td>
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<tr>
<td>Operating procedures</td>
<td>9.65</td>
<td>4.11</td>
<td>4-20</td>
<td>6</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>10.9</td>
<td>6.94</td>
<td>4-24</td>
<td>4</td>
</tr>
<tr>
<td>Pay</td>
<td>11.55</td>
<td>7.21</td>
<td>4-25</td>
<td>4</td>
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<tr>
<td>Communication</td>
<td>12.2</td>
<td>5.62</td>
<td>4-24</td>
<td>7</td>
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<tr>
<td>Contingent Rewards</td>
<td>12.48</td>
<td>5.67</td>
<td>4-20</td>
<td>10</td>
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<td>17.58</td>
<td>4.86</td>
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<td>5.62</td>
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<td>Nature of work</td>
<td>18.87</td>
<td>4.47</td>
<td>4-24</td>
<td>21</td>
</tr>
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</table>

Table 2. Descriptive statistics for Job satisfaction where mean scores of <12 (red) indicate dissatisfaction and >16 (green) indicates satisfaction.

Figure 2. Differences in total stress and satisfaction with communication, supervision and nature of work across academics with academic and non-academic line managers. *** $p < .001$, * $p < .05$, NS = non-significant.
4. Conclusions and Future Work

As psychologists we have a responsibility to ‘speak out if the policies, practices or regulations of the organisation within which [we] work seriously ignore or oppose any of the principles of this Code of Professional Ethics’ (3.1.9. PSI Code of Ethics, 2011). Those principles are 1) Respect for the rights and dignity of the person 2) Competence 3) Responsibility and 4) Integrity. We therefore have a responsibility to advocate for the rights and dignity of faculty that operate in an environment which, due to increasing word demands, might be limiting their competence and adversely affecting academic integrity (see for example Denisova-Schmidt, 2017).

The current research aimed to explore issues of workload, job stress, job satisfaction and ultimately mental health of academic psychologists teaching in Irish HEIs. The study found a caseness rate of 38.7% in the sample of respondents. This result suggests there is significant psychological distress among psychology faculty in Ireland. Although this rate is lower than the 55% caseness rate reported for academics generally (in a UK sample by Kinman & Wray, 2017), it is substantially higher than general working population averages of 22% in the UK (British Household Panel Survey, as cited by Kinman, 2014), and 23% in the USA (Bültmann, Kant, Kasl, Beurskens, van den Brandt, 2002). Stress was found to be the best predictor for cases. Increases in stress doubled the odds of being a probable case of psychological distress. In turn, job satisfaction and workload best predicted stress. Note that it was perception of workload, which captured work pace, rather than the objective measures of hours worked that mattered. Two of the elements of job satisfaction that seemed to contribute most to stress, i.e. communication and supervision differed by type of line management.

Future research aims to expand the survey with the cooperation of stakeholders across the sector to conduct an investigation of multiple academic disciplines and take in a larger sample of psychology faculty. These data signal the importance of further discussion on the topic of mental health in education. For psychology and mental health professionals particularly, having this discussion is vital for better practice as personal (friends, family, colleagues) rather than professional contact with mental illness is important for reducing stigma (Henderson et al., 2014).
References


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