

PSYCHOSOCIAL FACTORS AND MENTAL ILLNESS AMONG EMPLOYEES IN PRIVATE DEVELOPMENT COMPANIES IN MALAYSIA

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Abstract: Employee productivity has become the primary concern among many companies, irrespective of public or private companies. One of the determinants of productivity is mental illness (having negative thoughts or feelings most of the time) since employees had mental illness are having difficulties in working effectively. Mental illness is a common disease that affects a person's thinking, emotion, behaviour and also causes functional impairment. Employees working in private development companies are not excluded from experiencing the problem of mental illness. Therefore, this study is meant to investigate whether psychosocial factors (decision latitude, social support and working environment) contribute to mental illness among the employees. Furthermore, this study is also meant to examine the moderating effect of emotional distress on the relationship between psychosocial factors and mental illness. Using 216 responses from employees working in private development companies, the results of multiple regression analysis show that only decision latitude significantly contributes to explaining mental illness among employees in private development companies. On the other hand, emotional distress does not significantly moderate the relationship between psychosocial factors and mental illness, indicating that emotional distress does not play a significant role in affecting the connection between psychosocial factors and mental illness. The findings of the study suggest that employees should be provided with sufficient decision latitude (freedom to make decisions) so that they will not experience mental illness. As a consequence, they will work hard to increase the productivity of the company in general. Implications for future study are also discussed in the paper.

Keywords: Decision Latitude, Emotional Distress, Mental Illness, Social Support, Working Environment

1. Introduction

Mental illness is an emerging issue in the country around the world and should be taken seriously. It is an essential topic within and beyond the Malaysian context. Data from the National Health and Morbidity Survey in 2017 revealed that 29 per cent of Malaysians suffered from depression and anxiety disorders, a rise from 12 per cent in 2011. In Malaysia, mental illness is expected to be the second biggest health problem affecting Malaysians after heart disease in 2020. According to the latest National Health and Morbidity Survey, every three in ten adults aged 16 years and above in Malaysia suffer from some form of mental health issues (Bernama, 2020). Unfortunately, there is still a lack of understanding of the disease, especially in terms of common mental disorders, the causes and possible consequences as well as recognising the early signs of

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significant cognitive problems. There is also a strong social stigma associated with mental illness, from a cultural stand-point shaped by superstitious belief and misconception.

This negative perception often leads patients with mental illness to suffer in silence, often ostracised by society with little hope of acceptance, let alone recovery. Mental illness refers to a wide range of mental illness conditions that affect someone's thinking, feeling and behaviour. Examples of mental illness are depression, anxiety disorders, schizophrenia and bipolar disorder. Stressful experiences can cause common mental illnesses. But all these experiences are also absent; stressful experiences do not always lead to mental disorders (Toohey et al., 2016).

Previous studies have shown that psychosocial factors such as job demand, decision latitude, social support and physical environment are among the important determinants of mental illness among office workers (Butterworth et al., 2011; Bonde, 2008; Ahlin et al., 2018). There are several reasons why office workers become an interesting group in this study. First, these employees represent a growing sector of young employees (Nahit et al., 2003). Secondly, these employees are predominantly women. Thirdly, despite the availability of "top-of-the-line physical workplace design", workplace interventions on ergonomic improvements, the number of emotional distress among office workers are still increasing (Nordlund & Ekberg, 2004; Gibney & Wilson, 2004). Thus, this study aims to investigate the association between psychosocial factors such as decision latitude, social support and physical environment on mental illness among private development employees in Klang Valley, Malaysia.

2. Literature Review

2.1 Mental Illness

Mental illness is common around the world, and it causes a great deal of misery to those who are experience them. Whilst Patel, Saraceno and Kleinman (2006) believed mental illness is one of the leading contributors to chronic conditions worldwide, McNally (2011) stated that mental illness is diseases of the brain. In Malaysia, the Mental Health Policy was introduced in 1998, and The Mental Health Act was passed in 2001, but it only came into effect in the year 2010. This act defines a mental disorder as any mental illness, arrested or incomplete development of the mind, psychiatric disorder or any other disorder or disability of the mind however acquired; and "mentally disordered" shall be construed accordingly. Although there are many kinds of mental illness, among the severe and common types include schizophrenia, major depressive disorder and bipolar disorder (National Survey on Drug Use and Health, 2017).

Lancet Commission Report (2018) revealed that mental health disorders are on the rise in every country in the world and could cost the global economy up to \$16 trillion between 2010 and 2030 if a collective failure to respond is not addressed. This causes a great deal of concern, mostly when the Mentally Healthy Workplace Alliance Final Report (2019) recorded that 51% of the respondents have at least one dimension of work-related stress. Another alarming survey shows that 11% of respondents aged 18 to 24 years old stated that they had experienced mental health issues, compared to 2% per cent of those aged 55 years old and above (Prevalence of Mental Health Issues Malaysia, 2019). The fact that more youngsters were involved in this kind of illness was disconcerting. On top of that, those who have a mental illness will also have difficulty coping with day-to-day activities and may struggle in completing their work.

Previous studies also have shown that construction industry workers suffered from higher rates of mental health issues compared to the general population or other industries (Milner, 2016; Roberts, Jaremin & Lloyd, 2013). Construction workers are frequently putting themselves at risk for more injuries and mental health issues, including depression, anxiety, and even suicide, according to a 2013 study by a group of researchers at Harvard School of Public Health. Besides, according to a recent statistic by the Department of Statistics Malaysia, in the second quarter of 2020, the private sector

continued to propel the construction activity with 62.2% share of the value of construction work done. With significant challenges on the developer's shoulders and the number of employees engaged in this industry is growing, it is compelling to gain a better understanding of their mental illness.

2.2 Psychosocial Factors

Psychosocial work factors related more to the behaviour, beliefs and choices of employees than to actual physical stressors' limitations. The examples of psychosocial work factors such as job demand, social support, decision latitude, working environment. Psychosocial factors are elements that affect the psychological responses of employees to work and working conditions and potentially cause problems with psychological health. Referring to Samra, Gilbert, Shain and Bilsker (2012) psychosocial factors include the way in which work is carried out such as deadlines, workload, work methods and the context in which work takes place, including relationships and interactions with managers and supervisors, employee and clients. One of the important indicators to economic growth and social health was productivity. In order for the workers to contribute for better productivity, it was essential to identify key factors that describe workers' health in their workplace and life and so that they can make a significant contribution to productivity (Abdullah, Othman & Justine, 2016).

Researchers have investigated many psychosocial factors that contribute to mental illness. A systematic review of 16 studies of psychosocial factors at work and the risk of clinical depression found that associations were most substantial and most consistent for job strain defined as high demand and low decision latitude (Bonde, 2008). Decision latitude was defined as the control over the individual performance of his/her job and measured by two subscales which is skill discretion and decision authority (Lee, Wilbur, Kim & Miller, 2008).

Besides, poor working conditions have also been associated with poorer mental health among workers (Butterworth et al., 2011). The working environment can be described as the environment in which people work. However, it is an extensive category covering the physical environment (e.g. heat, equipment), characteristics of the job itself (e.g. workload, task complexity), broader organisational factors (e.g. culture, history) and even aspects of the different organisational environment. Not all aspects of the working environment are equally important or relevant to the psychological domain (Briner, 2000).

The third predictor of psychosocial factors contributes to mental illness is social support. Social support was defined as instrumental and socio-emotional support from co-workers and supervisors (Lee, Wilbur, Kim & Miller, 2008). Low social support at work and stressors such as bullying, unbalanced efforts, an unfavourable social climate, conflicts, job insecurity, long working hours and a lack of organisational justice have shown that common mental disorders including depression are predicted (Ahlin et al., 2018). Referring to Ariza-Montes et al., (2018), social support is an essential resource, which is emotionally sustainable and instrumentally supported, allowing workers to manage work stress. From this perspective, social support increases employees' ability to cope with stressful situations, thereby reducing strain if an employee is supported by colleagues (social or emotional support) and/or their supervisors (technical assistance). The previous study has also demonstrated the link between social support and mental illness.

A study conducted by Leach (2014) was revealed that social support could protect against mental distress and help people cope with the effects of mental health problems. Even though there were studies documented on mental illness, yet there is still limited research among private developers in Malaysia. In order to understand more profoundly the causes of mental illness issues among housing developers' employees, this study reviewed various psychosocial factors associated with it.

2.3 Emotional Distress

Emotional distress is a term defined as a measure of depressive or anxious feelings assessed through valid questionnaires or structured psychological interviews. It can also be called stress or psychological distress, and in the literature, both terms denote hostile emotional conditions. (Veltman-Verhulst, 2012). It is becoming a significant concern and is more common in both developed and developing countries (Amin et al., 2018). In Malaysia, in 2003, it was estimated that over 450 million people suffered from mental or behavioural disorders with depression and stress being the most prevalent with an annual prevalence of up to 20% (WHO, 2006). Furthermore, the Third National Health and Morbidity Survey (NHMS) reported that 29.2% of Malaysian adults aged above 16 years experienced a mental problem and surprisingly, at least one out of three workers sustained emotional distress (Ministry of Health Malaysia, 2015).

Emotional distress is the result of external stressors having an internal response. If any person meets a distressing condition, they will conduct an internal and generally subconscious assessment of the situation. They will look to their views, sense of control, situational demands or constraints, resources such as social networks, perceptions of harm, and styles of coping, thus will also create positive or negative feelings and associated physiological changes (McKenzie & Harris, 2013). Therefore, it is important in this study to investigate the role of emotional distress on the relationship between psychosocial factors and mental illness. From the above discussion, there are several research hypotheses can be developed as follows:

- H1: Decision latitude has a significant influence on mental illness
- H2: Social support has a significant influence on mental illness
- H3: Physical environment has a significant influence on mental illness
- H4: Emotional distress moderates the relationship between psychosocial factors and mental illness.

3. Methodology

The study adopted a correlational research design in describing the relationship between the studied variables. This is a cross-sectional study, and the sampling frame is based on a list of employees in selected development companies in Klang Valley, Malaysia comprising Selangor Properties Berhad, Felcra Properties Sdn Bhd, Perbadanan Kemajuan Negeri Selangor, Paramount Properties Sdn Bhd Land & General Berhad, Glomac Berhad and NAZA TTDI Sdn Bhd.

A total of 250 sets of questionnaire were distributed to the respective respondents within four months, starting from August to November 2018. A total of 216 sets of the questionnaire were returned, recording the return rate of 86.4%. The questionnaire was adapted from the established research instrument, and the items were modified to match with the research questions of the study. Psychosocial factors such as decision latitude, social support and environmental factors were measured using the items taken from the Job Content Questionnaire (JCQ) (Karasek et al., 1998; Li et al., 2004). Emotional distress was measured using the items taken from Perceived Stress (PSS-10) (Cohen, Kamarck & Mermelstein, 1983; Cohen, Kessler & Underwood, 1995) while mental illness was measured using the items developed by Bubonya, Cobb-Clark and Wooden (2017).

4. Results and Findings

4.1 Profile of Respondents

Describing the participants involved in the study, 137 respondents or 63.4 per cent were female, and 79 respondents' or 36.6 per cent were male. As for marital status, 70 per cent were married while 30 per cent of them were single. Regarding the participants' range of age, 88 respondents (40.7 per cent) were from 26 to 35 years old, 67 respondents (31 per cent) were from 36 to 45 years old, 29 of them (13.4 per cent) were from 46 to 55 years old, 24 respondents (11.1 per cent) were below 25 years of age while eight of them (3.7 per cent) aged 56 years old and above. Most of the respondents (42.6 per cent) obtained at least bachelor degree for their highest education, 29.2 per cent of them gained diploma, followed by 15.3 per cent of them having Sijil Pelajaran Malaysia (SPM) and 5.6 per cent of them having a master degree.

Exploring the sampling distribution based on the working experience in a current job, 76 (35.2 per cent) of the respondents had been working for less than 5 years, 75 (34.7 per cent) of them had been working between 5 to 10 years while 65 (30.1 per cent) of them had more than 11 years of working experience in their current job. In the context of the current job position, the majority of them (65.3 per cent) worked as executive/officer, and 33.7 per cent of them worked as non-executive/clerks.

4.2 Factor Analysis

A principal component factor analysis with varimax rotation was used to examine the dimensionality of the independent variables; decision latitude, social support and working environment, as shown in Table 1. The results of factor analysis indicate the existence of three factors as initially conceptualized. However, some items have to be removed due to high cross-loadings or items loaded under different components. The KMO value of .83 indicates the correlation matrix is suitable for factor analysis to be conducted. The MSA values are in the range of .699 and .928, indicating sampling adequacy for each item. Examining each component, the first component explains 29.155 per cent of the total variance. This component has eight items reflecting social support, thus the name is retained. The second and third component contains four items concerning decision latitude and working environment, which contribute 16.609 and 16.404 per cent of the total variance, respectively, therefore, the names are used in the subsequent analysis.

Table 1: Results of Factor Analysis for the Independent Variables (n=216)

	Component		
	1	2	3
My supervisor has managed to make employees work together as a team.	.826		
My supervisor pays attention to what I say.	.824		
People I work with take a personal interest in me.	.781		
My supervisor is very helpful in getting the job done.	.777		
My supervisor is concerned about the welfare of those under him/her.	.775		
People I work with are competent in doing their jobs.	.750		
People I work with are helpful in getting the job done.	.715		
People I work with are friendly.	.595		
I was given the freedom to decide on how to do my own work.		.843	
I can give opinion about what is happening in my job.		.833	
My job allows me to make my own decision.		.809	
I have the privilege to develop my skills and abilities.		.660	
The overall quality of the physical environment in my workplace is good.			.886
I receive enough equipment (such as desktop, printer, fax machine etc.) to work effectively.			.774
The level of air circulation in my office is good.			.757
I am satisfied with the layout of workstation in my office.			.753
Initial Eigenvalues	4.965	2.917	2.065
% of Variance Explained	29.155	16.609	16.404
Total Variance Explained			62.167
Measures of Sampling Adequacy (MSA)			.699 – .928

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.830
Bartlett Test of Sphericity	Approx. Chi-Square	1711.101
	df	120
	Sig.	.000

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.a
 a. Rotation converged in 5 iterations.

For the dependent variable, a principal component factor analysis with varimax rotation was also performed as illustrated in Table 2. The results indicate the existence of one factor, explaining 50.1 per cent of the total variance. The KMO value of .868 shows the suitability of the correlation matrix for factor analysis to be conducted. The MSA values that range from .805 to .905 denote the sampling adequacy for each item. Nine items represent mental illness, and the name of the variable will be used in the subsequent analyses.

Table 2: Results of Factor Analysis of Dependent Variable (n=216)

	Component 1
Have you been anxious or worried?	.793
Have you felt restless, fidgety or impatient?	.788
Have you been moody, or depressed about something?	.786
Have you felt so down and nothing could cheer you up?	.758
Have you felt downhearted and blue?	.710
Have you ever been in low or very low spirit?	.662
Did you feel depressed?	.650
Did you feel you had nothing to look forward to?	.602
Have you ever felt a lasting tense?	.579
Initial Eigenvalues	4.505
% of Variance Explained	50.055
Total Variance Explained	50.055
Measures of Sampling Adequacy (MSA)	0.805 – 0.905
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.868
Bartlett Test of Sphericity	Approx. Chi-Square
	df
	Sig.
	803.588
	36
	.000

Extraction Method: Principal Component Analysis.
 a. 1 components extracted.

Table 3 presents the results of principal component factor analysis with a varimax rotation that show the existence of one component to represent emotional distress. The KMO value of .895 indicates the suitability of the correlation matrix to continue with the analysis. The MSA values that range from .869 to .926 denote sampling adequacy for each item. This uni-dimensional factor explains 65.543 per cent of the total variance. The component contains six items to represent emotional distress.

Table 3: Results of Factor Analysis of Emotional Distress (n=216)

	Component 1
How often do you feel that difficulties come in so many times and you find it difficult to overcome them?	.857
How often have you found that you could not cope with all the things you had to do?	.832
How often have you been angry due to things that are beyond your control?	.826
How often have you felt unable to control the important things in your life?	.809
How often have you felt nervous or stressed?	.802
How often have you been upset because of something that happened unexpectedly?	.726
Initial Eigenvalues	3.933

% of Variance Explained		65.543
Total Variance Explained		65.543
Measures of Sampling Adequacy (MSA)		.869 - .926
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.895
Bartlett Test of Sphericity	Approx. Chi-Square	685.107
	df	15
	Sig.	.000

Extraction Method: Principal Component Analysis.
a. 1 components extracted.

4.3 Reliability and Correlation

Table 4 presents the results of reliability analysis indicating that all items are reliable to measure the intended variables; decision latitude ($\alpha=.811$), social support ($\alpha=.987$), working environment ($\alpha=.811$), emotional distress ($\alpha=.894$) and mental illness ($\alpha=.869$). The results of correlation analysis show that all independent variables are significantly correlated with each other, indicating convergent validity. The highest correlation is between decision latitude and working environment ($r=.217$; $p<.01$) and the lowest correlation is between social support and working environment ($r=.113$; $p<.01$). Emotional distress is significantly correlated with all independent variables and also with the dependent variables, showing potential moderating effect. The lowest correlation is between emotional distress and social support ($r=-.148$; $p<.05$) and the highest correlation is between emotional distress and mental illness ($r=.433$; $p<.01$). The results of the study also signify that mental illness is significantly correlated with two independent variables (decision latitude and working environment). At the same time, there is no significant correlation between mental illness and social support ($r=-.076$, $p>.05$).

Table 4: Results of Correlation & Reliability Analysis (n=216)

No	Variables	Mean	SD	1	2	3	4	5
1	Decision Latitude	3.71	.528	(.811)				
2	Social Support	3.79	.621	.18**	(.987)			
3	Working Environment	3.70	.716	.217**	.113**	(.811)		
4	Emotional Distress	2.95	.701	-.192**	-.148*	-.165**	(.894)	
5	Mental Illness	3.85	.788	-.256**	-.076	-.168**	-.433**	(.869)

Notes: **. Correlation is significant at the 0.01 level (2-tailed); *. Correlation is significant at the 0.05 level (2-tailed); Cronbach's alphas in the parentheses along the diagonal.

4.4 Hierarchical Regression Analysis

Hierarchical regression analysis was performed to examine the moderating effect of emotional distress on the relationship between psychosocial factors and mental illness. To analyse the result, the independent and the dependent variables were entered into the regression equation in the first step. The moderating variable was entered in the second step, and the interaction terms between the independent variables and the moderating variable were entered in the third step.

In Model 1, the results show the R Square of .079 which implies that 7.9% of the variance in the regression model is explained by the independent variables and the regression model is significant ($F(3,212)=6.089$; $p<0.01$). The results also show that one factor is significant in influencing mental illness, which is decision latitude ($\beta=.227$; $p<0.01$). Social support ($\beta=.022$; $p>0.05$) and working environment ($\beta=.117$; $p>0.05$) are not significant in influencing mental illness.

In Model 2, the moderating variable, which is emotional distress, was entered into the regression equation. The inclusion of this variable increases the percentage of explanation of variance by 14.4% to be 22.4%. However, the strength of emotional distress in influencing mental illness is not significant ($\beta=-.392$; $p>0.05$). Nevertheless, the F change is significant ($F(4,211)=39.177$ $p<0.01$), indicating that the moderating variable should be considered as one of the independent variables in future studies.

In Model 3, the interaction terms between the independent variables and the moderating variable were entered into the regression equation. The inclusion results in the increase in the explanation of variance by 2.1%, which is not significant ($F(7,208)=9.602$; $p>0.05$). Therefore, it can be concluded that emotional distress does not moderate the relationship between psychosocial factors as the independent variables and mental illness as the dependent variable.

The findings are in contrast with those found by Othman et al., (2017); Karimi and Alipor (2011) that emotional distress is highly correlated with productivity and performance. Besides, the relationship between self-assessed occupational stress and certain demographic factors such as gender, age, a position also contributed significantly to the occupational prediction stress among construction professionals (Bowen et al., 2014). Although they are different, the findings provide some evidence that in a particular situation, emotional distress does not play a significant role in affecting the relationship between psychosocial factors and mental illness.

Table 5: Result of Moderated Multiple Regression Analysis (n=216)

Variables	Model 1	Model 2	Model 3
Independent Variable			
Decision Latitude	-.227**	-.169	.396
Social Support	-.022	.020	.159
Working Environment	-.117	-.069	-.399
Moderator			
Emotional Distress		.392	.707
Interaction Term			
Decision Latitude x Emotional Distress			-.732
Social Support x Emotional Distress			-.184
Working Environment x Emotional Distress			.483
R	.282	.473	.494
R Square	.079	.224	.244
Adjusted R Square	.066	.209	.219
R Square Change	.079	.144	.021
F Change	6.089	39.177	1.901
Significance F Change	.001	.000	.131
Durbin-Watson			2.138

5. Discussion and Conclusion

Among the three independent variables, only decision latitude is proven to influence mental illness negatively among the employees working in private development companies. Employees with high decision latitude such as work freedom in their daily work will be reduced their level of mental illness. Therefore, H1 is supported. This finding is in line with the one found by Hansson, Hurtig, Lauritz, and Padyab (2017) and Rose, Mueller, Freude, and Kersten (2018). The other two independent variables (social support and working environment) do not act as the significant predictors of mental illness. They are similar to the findings by Ogunyemi, Babalola, and Akanbi, (2019) who studied on the moderating effect of perceived organisational support on the relationship between job demands and mental strain among Nigerian immigration officers. Thus the H2 and H3 are not supported in this study.

The most probable justification for the significant finding is that if the employees are given some decision latitude, they will be happy working with the company; otherwise, they will always experience negative thoughts and feelings at work. Why is only decision latitude significant and not the other two? Most employees will feel valued if they are given some freedom to use their judgement in making a decision. Their self-esteem level will increase. As a consequence, they will always feel happy and motivated to execute their roles and responsibilities. Therefore, the management must always consider empowerment as a strategic tool to motivate employees to work harder and to void them from experiencing mental illness.

Regarding social support, most employees perceive this factor as necessary, it does not affect their mental illness. Most people, especially Millennials, perceive the workplace as a place for work, not for socialization. Whether they receive social support or not at the workplace, they will feel happy working there as long as some decision latitude is allocated for them. The findings are in line with those of Ogunyemi et al., (2019) who found that social support does not significantly moderate the relationship between job demands and mental strain. However, the findings are in contrast with others such as Wang, Mann, Lloyd-Evans, Ma, and Johnson, (2018). This aspect should be given some consideration in future research.

Similarly, the working environment does not predict mental illness among the employees, because this factor can always be tolerated by employees, especially among the new generation employees. However, most studies found that work environment is the critical factor that affects mental illness (e.g. Roelen, van Hoffen, Waage, Schaufeli, Twisk, Bjorvatn, & Pallesen, 2018; Yamawaki, Kelly, Dresden, Busath, & Riley, 2016). This aspect should be given some consideration in future research.

Another concern from the present study is that emotional distress does not moderate the relationship between psychosocial factors and mental illness, therefore, the H4 is not supported. Employees may not necessarily feel distressed to experience mental illness. There is a direct relationship between decision latitude and mental illness and the other psychosocial factors with mental illness are. Another possible explanation is that the two concepts are quite similar; the only difference is that emotional distress is temporarily felt emotions while mental illness is more prevalent and sustainable for an extended time. Employees are more concerned with the prolonged effect of individual factors rather than the short-termed variables. However, future studies should relook into this matter for clarification of its role.

6. Conclusion

The varying levels of psychosocial factors established in organisations, employees are exposed to mental illness that may bring negative consequences to the organisational outcome. Realising the importance of psychosocial factors in affecting employee mental illness, this study was conducted in an effort to provide the empirical evidence to support the expected link. Using the data collected from employees working in selected private development companies, it was proven that decision latitude has a significant but negative relationship with mental illness. Other hypothesised relationships were not supported. The findings indicate the importance of decision latitude in ensuring that the employees are free from mental illness, thus allowing them to concentrate on their effort to enhance organisational productivity.

Furthermore, future research is expected to look into the role of social support and working environment as these factors did not receive support as hypothesised. Similarly, the role of emotional distress should also be re-examined as in current active situation, and most employees inevitably experience the emotional pain. The only difference is the extent of the painful experience the employees had to endure.

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