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The role of positive psychological capital in the mental health of mental health professionals in Cameroon

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ABSTRACT: It is recognised that mental health specialists practice in a difficult context marked by various problems, including stigmatisation and marginalisation of people with mental disorders. This context is also characterised by often inadequate mental health services, an insufficient number of specialists, a high workload and limited collaboration due to a lack of general awareness of mental health and its impacts on the health of people. patients. These conditions contribute to increased levels of workplace stress among mental health professionals. This stress can manifest itself as discouragement, regrets about the choice of profession, or even a desire to leave the profession. In such an environment, it is essential to understand the impact of psychological capital on the mental health of personnel working in mental health. Thus, the objective of this study is to examine the impact of positive psychological capital on the mental health of mental health professionals in Cameroon. A field survey was carried out using a paper-and-pencil questionnaire with 125 mental health specialists working in the city of Yaoundé. To test the hypotheses, we implemented structural equation modelling. The results confirmed that psychological capital improves mental health ($\beta=0.43$; $p<0.001$). The results from structural equation modelling show that the model which links psychological capital to mental health fits very well with the data collected. The study therefore shows the benefit of working on the development of psychological capital among mental health personnel, therefore, the profession is still under considered in Cameroon.

Keywords: Cameroon health personnel, mental health, positive psychological capital.

INTRODUCTION

In its WHO (2001) Global Mental Health Report, the WHO stated that around one in eight people suffer from a mental disorder. Anxiety and depressive disorders are the most common in both men and women.

It is established that mental health in Cameroon faces various challenges, including insufficient awareness leading to under-detection and under-reporting of cases of illness, social stigma, deficits in adapted infrastructure and qualified professionals, deficits amplifying the disparities and difficulties in accessing mental health services despite the efforts made by the ministerial department in charge of health (Menguene Mviena *et al*., 2024). For example, the community awareness campaign for the care of people with mental illness is a social activity initiated by the Town Hall of the City of Yaoundé under the supervision of the Ministry of Public Health, launched on May 5 (WHO, 2021). The main objective of the said campaign is to put an end to the problem of people suffering from mental illness and wandering, by bringing them to specialised health facilities in order to offer them appropriate care and give them a chance to reintegrate into society.

In the world, all countries are faced with issues related to mental health and associated disorders. Already, the WHO (2001) estimated that nearly 400 million people suffered in silence from severe mental disorders. More than 13% of adolescents would suffer from a mental health

disorder out of the 1.2 billion adolescents in the world in 2020. This represents 86 million adolescents aged 15 to 19 and 80 million older adolescents from 10 to 14 years old. Among these mental disorders, anxiety and depression represent approximately 40% of diagnosed mental disorders. And while these mental disorders affect children and young people all over the world, the report shows that it is in the Middle East, North Africa, North America and Western Europe that the prevalence rates of diagnosed disorders are the highest. However, despite these alarming figures, UNICEF recalls that these disorders are “often ignored” even though they have “significant repercussions” on the health and education of children.

In Canada, mental health problems represent 14% of the global burden of disease, 75% of this burden is in low- and middle-income countries. In the United States, mental illnesses are on the rise, suicides are on the rise, and access to psychiatric care is deteriorating (Weissman and Guerette, 2017). The survey reveals, in particular, that more than 8.3 million Americans suffer from psychological disorders. 3.4% of the population are victims of depression, stress or anxiety, which require medical monitoring. Ten years ago, the proportion was only 3% (Parks, 2017). The state of mental health of the French remains very worrying, despite the decline of the pandemic. Thus, in September 2021, 44% of French people considered that the health crisis had negative consequences on their mental health; 47% have depressive symptoms, and 1 in 4 French people have moderate to severe symptoms; More than a quarter of French people are now suspected of having generalised anxiety disorder.

The African continent is no exception: 10% of its population is today affected by a mental disorder. The prevalence is even higher in conflict zones. In general, one in five people lives there with mental disorders such as depression, anxiety, post-traumatic stress disorder, bipolar disorders or even schizophrenia. In Cameroon, mental health and the disorders associated with it constitute a real health problem. This state of affairs was reported in an information bulletin dedicated to the state of mental health in Cameroon in 2023. This bulletin makes it possible to highlight trends, progress and challenges in this area. It is believed this will inform political decisions and health actors to implement effective interventions in favour of mental health.

According to the Direction de la promotion de la santé mentale (2024) bulletin, between 2021 and 2023 Cameroon recorded several cases of mental disorders, the most prevalent of which are in descending order: psychosis (41,631), depression (18,773) and drug consumption and its consequences (10,151). These disorders alone constitute 77.68% of all mental disorders recorded over the last three years. The report also indicates that in 2023, the number of admissions to health facilities saw an overall increase compared to the previous two years (2021 and 2022), for all mental disorders except depression. It is important to highlight a decrease in the incidence of depression between 2022 and 2023, while those of drug use disorders and psychosis show an increasing trend over the same period. In reality, the decline in the depression curve could be interpreted as a glimmer of hope, but the upward trend in drug use disorders and psychoses suggests the possibility that cases of untreated depression may have progressed towards drug use problems and/or psychotic disorders.

In 2023, the North West, Centre, South West and East regions were the most affected by the main mental health problems recorded (psychoses, depression, drug use). Young people aged under 30 represent the majority (72%) of cases admitted to specialised centres for reasons of substance addiction, with a significant representation of those under 15 (2.4%). This means that these psychoactive substances are accessible very early to Cameroonian youth. Seven hundred and sixty-five (765) PAMMEs were admitted and monitored at the Village De l'Amour (VDA) within the Jamot Hospital of Yaoundé (HJY), after 13 raids carried out in the 07 districts of the capital city. These actions were carried out under the aegis of teams of volunteers, including nurses, psychologists, psychiatrists and members of the Urban Community of Yaoundé.

These various statistics demonstrate that mental disorders are a reality in Cameroon and that the consequences on a personal and social level no longer need to be demonstrated. They have profound repercussions on the quality of family life. Not only do mental illnesses have a social cost and health expenditure, but those affected are also often victims of human rights violations, stigma and discrimination, both within and outside the psychiatric establishments (WHO, 2021). To reduce this problem and provide solutions, many actors are mobilising on a daily basis.

It should be emphasised that the transition from the traditionalist biomedical model to the biopsychosocial model has made it possible to highlight the undeniable contribution of biomedical, human and social sciences to the heart of the problems of health and mental illness. This paradigm shift that appeared during the 20th century made it possible to regulate, guide and organise, particularly in consultation with health professionals, the supply of health services, so as to meet the needs in terms of care and medical services. -social, and guarantee the efficiency of the health system. In this context, health or illness is no longer limited only to the individual in his or her singularity but also integrates the organisational components of the health system, whose resources must be managed. If the majority of mental health studies focus more on people with disorders or dysfunctions, it is also important to focus on the people who are in charge of these patients on a daily basis. Indeed, in the latest epidemiological bulletin of

mental health in Cameroon, we noted that no section was devoted to health personnel.

The profession of caregiver requires certain requirements, in particular the commitment to a helping relationship, which constitutes an essential element. However, this helping relationship can be hampered by demands and specificities of the job, such as stigmatisation or devaluation of the profession, poor working conditions, insufficient social support, and even violence at work. These ailments, which constitute a permanent challenge for healthcare workers, could have deleterious effects on their perception of the different tasks to be performed, but also on psychological health at work through professional stress. This is the case of mental health (psychiatry), a medical speciality dedicated to the understanding, diagnosis, prevention and treatment of mental illnesses. This speciality evolves in an international and local context marked by several situations whose effects could prove harmful for hospital organisations, workers and the patients in their care, while increasing the level of stress at work.

The WHO (2021) mentions the low funding allocated by states to psychiatric services and mental health programs to which is also compounded by a shortage of human resources. This observation is indisputable from an empirical point of view in Cameroon, despite the efforts made by the State. Despite the existence of these 04 hospitals specialising in psychiatry, accessibility to mental health care still remains difficult. To this end, we note the existence of a mental health service in each regional hospital in the country, however, these services remain very poorly functional. we note not only an insufficiency of mental health establishments, but also of human resources, made up mainly of women, or around 70% for the Jamot hospital in Yaoundé. Indeed, data relating to human resources dedicated to the care of patients suffering from pathologies linked to mental health attest that mental health remains the poor relation of public health (Atangana, 2020); for example, in 2011, our country counted 01 nurse specialized in mental health for 3,000,000 inhabitants (Dzoche Mengoué *et al*., 2012), while in 2020, Direction de la promotion de la santé mentale (2024) lists a total of 11 psychiatric doctors for nearly 25 million inhabitants in Cameroon.

Concerning the working conditions in these services, Abede Ekoumou *et al.* (2016) highlighting the inadequacies of mental health services in Cameroon, underlined in addition to this limit of human resources, the scarcity of budgets, the dilapidation of places of care, but above all the stigmatization and the discrimination suffered by the few staff working in these services. Added to all this context and conditions is the omnipresence of the risk of external violence. Moreover, in a psychiatric environment where the perception of violence is almost constant according to nursing staff, this perception generates a feeling of threat towards the security and integrity (physical, psychological) of the staff (Foster *et al*., 2007). The negative perception of work in psychiatry, due to factors such as stigmatisation, devaluation of staff and the omnipresence of violence, could have a negative impact on these workers. These situations create tensions among staff, particularly with regard to violence, because they are faced with a duality between security considerations and the clinical care to be provided; This then poses a threat to the well-being of professionals since this coexistence between care and safety can have repercussions on the distorted perception of their work, increasing the risk of emotional exhaustion and professional burnout (Simon *et al*., 2020). In carrying out these different tasks, caregivers encounter numerous difficulties and obstacles that can lead to suffering and a state of unhappiness. This state can manifest itself through discouragement expressed by staff, regrets at having chosen the profession or speciality, or even the desire to leave the profession. In such an environment, it therefore becomes interesting to question the mental health of mental health personnel.

As in the vast majority of studies carried out in Cameroon on health personnel (Menguene Mviena *et al*., 2024; Nyock Ilouga and Moussa Mouloungui, 2019), it was observed that despite the context and restrictive situations, the latter manage to carry out their functions. In this sense, the study by Menguene Mviena *et al.* (2024) emphasised that the careful analysis of the epidemiological situation in our country, according to daily reports, medical personnel seem to give a glimmer of hope or even hope. We clearly have the impression that the more caregivers are confronted with risks or difficult situations, the more they mobilise resources to deal with them. The study by Dzeufac (2020) carried out among medical staff at the Akwa polyclinic revealed that the perception of the risks of exposure to tuberculosis does not reduce the commitment to the task of caregivers. In psychiatry circles, the study by Dogmo (2024) indicates that, despite persistent stressful situations, psychiatry staff mobilise daily adaptation strategies allowing them to carry out their work. Also, the study by Menguene Mviena *et al*. (2024) showed that the meaning of work constitutes a resource very often mobilised by caregivers to ignore anxiety-provoking situations and fulfil their duties even in a context deemed difficult. It is therefore an important marker of resilience. It is commonly accepted that the perception we have of the activity we carry out as a caregiver constitutes an undeniable resource capable of keeping us alert even in complex situations. The analysis of the activity and the representations that emerge from it also deserves to be analysed if we want to understand the resources mobilised on a daily basis. Work and the meaning attached to it are, therefore, invaluable resources that health personnel management agents must focus on.

According to Dejours (1993), professional identity constitutes the central core of occupational health. Added to these various observations is the specificity of the work

in this speciality; indeed, on a practical level, one of the specificities of mental health care remains relational care, unlike other specialities in which somatic care predominates (Morasz *et al.,* 2004). This difficult to objectivate element would be the very essence of all psychiatric care: the caregiver-patient relationship, with the proximity it creates by exposing the caregiver to a potential risk of violence but also the probability of being confronted with emotionally difficult situations (Morasz, 2002). The work in this specialty also consists of being able to contain the patient's suffering, their emotions, their affects and helping them to verbalise their discomfort. In order to achieve these objectives, nursing staff in a mental health context sometimes resort to constrained care, isolation and restraint, potential sources of violence and ethical dilemmas. In addition, these personnel are constantly confronted with the notion of the chronicity of mental illnesses. Indeed, the profession of mental health caregiver is very emotionally demanding and emotional work, a real resource, must be effective to the extent that caregivers are constantly required to adapt to various profiles of the patients they receive. So, how do they cope with the constraints and difficulties inherent to their work activity and their professional environment?

Early in this century, scientists noted that the medical and social sciences focused primarily on the disease model, devoting themselves almost exclusively to recovery from mental disorders and dysfunctional behaviours, and very little to facilitating a normal functioning and healthy growth and development of the individual (Seligman and Csikszentmihalyi, 2014). Questions about what made people happy, productive, creative, able to live, work and love remained secondary. Thus, Seligman *et al.* (2005) launched a call for “positive psychology” in 1998 with the aim of drawing attention to such issues. This current of thought will therefore give rise to the notion of psychological capital. Developed by Luthans *et al*. (2007), positive psychological capital is defined as a positive psychological state of individual development characterised by high degrees of self-efficacy, optimism, hope and resilience. According to Luthans *et al*. (2010), positive psychological capital plays a complementary role between human capital and social capital, because it is the mediator between what we are and what we are becoming. Several studies have demonstrated that positive psychological capital is linked to better performance, positive work attitudes such as job satisfaction and organisational commitment, and reduced turnover (Peterson *et al.*, 2011). Very often, the choice of psychological capital is motivated by three main reasons. First, it offers interesting perspectives to our study as it has been linked to an increased presence of positive emotions in the context of change (Avey *et al*., 2008), to lower levels of stress (Avey *et al.,* 2011; Avey *et al.,* 2009) as well as psychological well-being (Avey *et al*., 2010). Newman *et al*. (2014) argue in this vein that it is conceptually possible to anticipate that psychological capital plays an important role in protecting individuals from potentially harmful situations presenting themselves to them. Thus, these various main beneficial effects of psychological capital could contain a part of interaction with these harmful situations in order to moderate their negative consequences.

Psychological capital includes four dimensions: hope, self-efficacy, resilience and optimism. Hope is defined as a motivating state of mind that is based on the belief that one can achieve one’s goals through willpower and the ability to plan one’s path (Luthans *et al.,* 2007). Self-efficacy is the belief that one is capable of mobilising the resources necessary to successfully accomplish a task (Luthans *et al*., 2007). Optimism is a positive way of interpreting the world. Optimists see success as the result of their actions, as something lasting and general (Luthans *et al.*, 2007). Resilience manifests as a strength to overcome difficulties, whether they are setbacks, disagreements, failures or even positive changes such as advancement and increased responsibilities (Luthans *et al*., 2007).

It is therefore a positive psychological state where the individual has confidence in their abilities to succeed and to make the effort necessary to succeed in difficult tasks (feeling of self-efficacy); then attributes his present and future success to himself (optimism); then perseveres through goals and objectives and when necessary, redirects the path towards these goals/objectives in order to succeed in them (hope); and finally when plagued by problems and adversity or failure, maintains, overcomes and sometimes even goes beyond to achieve success (resilience). This appears promising to us for the study of individual reactions to potentially threatening demands, because psychological capital would favor positive responses to the two primordial questions posed by the (Lazarus and Folkman (1984) model, namely the meaning of the demand for their well-being by mitigating the potential negative effects associated with a more intense perception of demand as well as the possibility of successfully responding to perceived demand by acting directly and positively on individual reactions. Psychological capital is therefore understood as a construct made up of 4 components: self-efficacy, optimism, hope and resilience.

Study hypotheses

General hypothesis

As part of this study, we support the idea that psychological capital improves the mental health of mental health personnel in Cameroon.

Operational assumptions

H_{01}: The feeling of self-efficacy improves the mental health of mental health personnel in Cameroon.

H_{02}: Optimism improves the mental health of mental health personnel in Cameroon.
H_{03}: Hope improves the mental health of mental health personnel in Cameroon.
H_{04}: Resilience improves the mental health of mental health personnel in Cameroon.

Objective

The general objective of the present study is to verify whether positive psychological capital improves the mental health of mental health personnel in Cameroon.

METHODOLOGY

Site and participants

As part of this study, we carried out a survey among mental health personnel working in hospital structures in the city of Yaoundé. We interviewed 125 mental health professionals, namely psychiatrists, psychologists and mental health nurses. The participants were selected by the convenience sampling technique. We use this technique because the participants were recruited on a voluntary basis. The average age of the agents interviewed is 34 years old. Furthermore, the majority of respondents, 55 (44.4%), are single, and 48 (38.7%) are married. Overall, 84 officers (67.7%) are women, while 40 (32.1%) are men.

Materials

The process which led to the collection of data was primarily based on the administration of a questionnaire composed of measuring instruments assessing mental health and positive psychological capital. A section devoted to information on the sociodemographic characteristics of the participants was also presented.

Positive psychological capital

The instrument used to measure psychological capital was designed based on the measurement tool of Luthans *et al.* (2007) including 24 items divided into four dimensions, namely: resilience (α=.67); self-efficacy (α=.78); optimism (α=.57) and hope (α=.80). Participants were asked to express their degree of agreement with each tense or proposition based on a 4-point House scale: 1: “strongly disapproves” 2 “a little disapproves”, 3: “a little approves”, 4 “approves strongly”.

Mental health

In this study, mental health was measured using Golberg (1972) measurement instrument comprising 12 items (α=.69). Participants were asked to express their degree of agreement with each tense or proposition based on a 4-point House scale: 1: “strongly disapproves”, 2 “somewhat disapproves”, 3: “somewhat approves”, 4 “strongly approves”.

Statistical processing

In the present study, two types of analysis were favoured, namely: descriptive analysis and inferential analysis. These first analyses make it possible to describe the results obtained for each of the study variables. To this end, the study presents the descriptive results (mean and standard deviation) relating to the different measurement tools. Inferential analysis was used to verify the study hypotheses. The choice of statistical processing tools used was dictated by the nature of the data collected (numerical) and according to the hypotheses of the study. To verify whether psychological capital improves mental health, we favoured correlation analyses, simple linear regressions and modelling via structural equations.

According to Roussel *et al*. (2002), the unique feature of structural equation modelling is that it handles multiple and simultaneous relationships between independent and dependent variables. These models are highly accurate because they take measurement errors into account in all estimation procedures.

RESULTS

Descriptive analyzes

In the context of this study, psychological capital and its dimensions constitute the independent variable. Mental health constitutes the dependent variable. The results (Table 1) of the descriptive analysis show that the average score of all dimensions of psychological capital is well above the theoretical average of a 4-point Likert scale. This means that 124 mental health professionals surveyed have significant psychological capital. They know how to demonstrate resilience, optimism, hope and self-efficacy even in difficult or restrictive times. In the same sense, the average score obtained in the mental health assessment indicates that the personnel surveyed working in mental health have fairly good mental health. This score, which is not very far from the theoretical average (2.5), shows the urgency of raising or improving the level of mental health of these professionals.

Correlational analysis

The results (Table 2) from the correlation analysis reveal that all dimensions of psychological capital are positively

Table 1. Descriptive analysis.

Parameters	Mean	Standard deviation
Self-efficacy	3.40	0.52
Hope	3.25	0.56
Resilience	2.87	0.58
Optimism	2.92	0.52
Health	2.,68	0.36

Table 2. Correlation matrix.

	1	2	3	4	5
Self-efficacy	-				
Hope	0.569**	-			
Resilience	0.405**	0.513**	-		
Optimism	0.395**	0.465**	0.432**	-	
Health	0.303**	0.324**	0.322**	0.261**	-

Table 3. Regression analysis of self-efficacy on mental health

	B	t	P	R^{2aj}
Self-efficacy	0.30	3.50	0.001	0.085

Table 4. Regression analysis of hope on mental health

	B	t	P	R^{2aj}
Hope	0.32	3.706	0.000	0.097

linked to mental health. Indeed, self-efficacy (R=.30; p=.001); hope (R=.32; p=.001), resilience (R=.32; p=.001) and optimism (R=.26; p=.001) have a statistically significant and positive relationship with mental health.

Hypothesis testing

H1: The feeling of self-efficacy improves the mental health of mental health personnel in Cameroon

The results (Table 3) reveal that the feeling of self-efficacy exerts a statistically significant influence on mental health (β=0.30; p=0.001). As expected, the feeling of self-efficacy regarding the value of the regression coefficient improves mental health. The contribution of self-efficacy in the explanation of mental health amounts to nearly 8.5% (R2aj). This observation is in line with what was predicted by our hypothesis. Hypothesis H1 is logically confirmed.

H2: Hope improves the mental health of mental health personnel in Cameroon

The results (Table 4) reveal that hope exerts a statistically significant influence on mental health (β=0.32; p=0.000). As expected, hope in terms of the value of the regression coefficient improves mental health. The contribution of hope in the explanation of mental health amounts to nearly 9.7% (R2aj). This observation is in line with what was predicted by our hypothesis. Hypothesis H2 is logically confirmed.

H3: Resilience improves the mental health of mental health personnel in Cameroon.

The results (Table 5) reveal that resilience exerts a statistically significant influence on mental health (β=0.32; p=0.000). As expected, resilience in terms of the value of the regression coefficient improves mental health. The contribution of resilience in the explanation of mental health amounts to nearly 9.6% (R2aj). This observation is in line with what was predicted by our hypothesis. Hypothesis H3 is logically confirmed.

H4: Optimism improves the mental health of mental health personnel in Cameroon

The results (Table 6) reveal that optimism exerts a statistically significant influence on mental health (β=0.32;

Table 5. Regression analysis of resilience on mental health.

	B	T	P	R^{2aj}
Resilience	0.32	3.74	0.000	0.096

Table 6. Regression analysis of optimism on mental health.

	B	T	P	R^{2aj}
Optimism	0.26	2.97	0.003	0.061

Table 7. Structural equation analysis.

Indices	X^2/dl	CFI	GFI	TLI	NFI	RMSEA
Model	0.47	0.98	0.98	0.97	0.98	0.02

p=0.000). As expected, optimism regarding the value of the regression coefficient improves mental health. The contribution of optimism in the explanation of mental health amounts to nearly 9.6% (R2aj). This observation is in line with what was predicted by our hypothesis. Hypothesis H4 is logically confirmed.

Overall, regression analyses indicate that psychological capital dimensions improve the mental health of mental health workers in Cameroon. However, the linear regression tests implemented analyse the relationship between capital and mental health in isolation.

To circumvent the limitations attributable to this approach, modelling by structural equations was favoured. These models are very precise since they take into consideration measurement errors in all estimation procedures. As a confirmatory statistical method, modelling via structural equations makes it possible to check whether the data collected fits the postulated theoretical model. Most often, this theoretical model accounts for a causal-type explanatory mechanism between the variables studied. The structural model is a combination of all possible relationships existing between the highlighted variables and their underlying dimensions in the same model. The validity or not of a structural model is given by the structuring indices (TLI, CFI, 2/dll, GFI, NFI, SRMR, NNFI, etc.).

Structural equation modelling results

The results (Table 7) show that the value of the X2/dl ratio is .047. When this value is less than 2, it reflects an excellent fit. This first index allows us to affirm that the proposed model offers an adequate representation of the sample data.

The comparative fit index (CFI), coming from the comparison between the proposed model and the null model (in which no link is postulated between the variables), reveals a good level of fit of the model to the data. Very often, its value is between 0 and 1; the higher its value, the more adequate the adjustment. Indeed, in this model, the CFI (0.98) meets the criterion (0.95) of an appreciable fit of the data.

The goodness-of-fit index (GFI), which is a measure of the fit between the hypothetical model and the observed covariance matrix, has a value of 0.98. This value meets the criterion of adequate data fit. Also, the Tucker-Lewis index (TLI) has a value of 0.97. This value meets the criterion of adequate data fit. The standardised fit index (NFI) has a value of 0.98, indicating an excellent fit of the model.

The value of the root mean square of the estimate (Root Mean Square Error of Approximation; RMSEA) attests to an excellent fit of the model. This value is 0.02.

These structuring indices logically attest that the model which links psychological capital and resilience fits well with the data collected. Apart from this model adjustment, structural equation analysis also reveals that the relationship between the two variables is very real. The two variables move in the same direction.

As expected, psychological capital improves the mental health of the mental health personnel surveyed (β=0.43; p< 0.001). In accordance with initial predictions, positive psychological capital can constitute an undeniable resource for improving the mental health of mental health personnel in Cameroon.

The diagram (Figure 1) shows the empirical relationship that exists between the two variables.

DISCUSSION

The descriptive analysis revealed that the mental health personnel interviewed had a good level of mental health. Indeed, the average mental health score obtained by the 124 professionals questioned is 2.68. These professionals, in

terms of score, seem to present a level of balance on a psychological level, regardless of their workload. In the same sense, psychological capital was studied according to the 4 components from the Luthans *et al*. (2007) model, namely: self-efficacy, hope, resilience and optimism. The descriptive analysis shows that the staff interviewed in this study seem to have a good level of psychological capital overall. It is a resource really mobilised by the health workers summoned. The indices of central tendency (mean) and dispersion (standard deviation) indicate that self-efficacy (avg = 3.40; SD = 0.52) is the most mobilised dimension of capital. This dimension is followed by hope (avg = 3.25; SD = 0.56) then follows optimism (avg = 2.92; SD = 0.52) and resilience (avg = 2.87; SD = 0.58). This result shows that the participants have full confidence in their abilities to succeed and mobilise more effort in order to succeed when the tasks are recognised as difficult. Alongside confidence, they know how to hang on or persevere in achieving objectives and redirect their efforts when these objectives are not achieved; this aspect allows agents to make projections. Let us also point out that the feeling of self-efficacy, optimism, hope and resilience intertwine and interact. Due to their mutual influences, a certain synergy exists between them, where the whole is greater than the sum of the parts (Luthans *et al*., 2007). This means, for example, that a person who has the will and a clear idea of the path they must follow to achieve their goals will be more motivated and able to overcome challenges. A person who is confident in themselves will be able to use hope, optimism and resilience for specific tasks in different areas of their life. A resilient person will be able to use their coping mechanisms to adjust to the problems and situations inherent in their workplace. Feelings of self-efficacy, hope and resilience can also in turn contribute to developing a positive attribution style to actions judged to be within one's control.

The results obtained from the hypothesis tests confirmed the idea that positive psychological capital improves the mental health of mental health workers. It is therefore recognised that psychological capital plays a complementary role in the experience of people in a work situation. As work situations become increasingly complex due to contextual developments, new forms of work organisation and new user requirements, workers need resources to maintain themselves and overcome the limitations specific to their work. By showing that psychological capital improves mental health, these results show that this capital protects individuals from harmful situations that present themselves to them. It is therefore recognised that workers who have a high level of psychological capital manage work-related demands better and feel less arduous about their work. This means, for example, that a person who has the will and a clear idea of the path they must follow to achieve their goals will be more motivated and able to overcome challenges (Luthans *et al*., 2007). A person who is confident in themselves will be able to use hope, optimism and resilience for specific tasks in different areas of their life. A resilient person will be able to use their coping mechanisms to develop realistic and flexible optimism.

It is a resource that encourages and serves the development of positive behaviours in the workplace. It therefore improves the health of mental health personnel because the positive state of an individual characterized by the fact of having self-confidence, of accepting and devoting the necessary efforts to succeed in stimulating activities, of making attributions positive on one's present and future success, to persevere in one's objectives and, if necessary, to modify one's trajectory according to one's objectives in order to succeed, and in the event of problems or adversity, to resist and bounce back to succeed. In this study, mental health was combined with the four components of mental health.

Self-efficacy and mental health

The term personal effectiveness or self-efficacy has its origins in the social cognitive theory developed by Bandura (1997) Self-efficacy refers to an individual's beliefs (or confidence) in their ability to mobilize the motivation, cognitive resources, and actions necessary to successfully perform a specific task in a given context (Stajkovic and Luthans, 1998). This component has the merit of showing that an individual's personal effectiveness varies from one task to another, depending on the specificity involved in each work situation. Also, if an individual works to increase his level of mastery of a task, he could thereby improve his feeling of personal effectiveness in relation to it. Finally, contextual variables can influence the feeling, personal effectiveness of an individual. This characteristic improves mental health to the extent that taking care of the psychological life of people is not obvious enough, so identifying the aspects specific to such a profession boosts the health worker. Knowledge of work and even care activity constitutes a considerable resource for the worker who can face the realities of his environment and manage unforeseen events when they arise. Knowledge of his work and the difficulties associated with it constitutes a well-being resource for the worker and strengthens their confidence and desire to work.

Optimism and mental health

Optimism is defined as the expectation that positive outcomes tend to result from life events (Scheier and Carver, 1985). The optimism dimension within the concept of psychological capital is also based on the definition proposed by Seligman (1998) which states that optimism consists of the adoption of an internal attribution style (attribution to personal factors and permanent) positive

events and adopting a style of external attribution (attribution to contextual and temporary factors) negative events. Luthans *et al.* (2007) specify that these attributions are not limited only to cognitive aspects, but also include attributions regarding emotions, motivations, as well as the individual's inclination towards the future. This component makes it possible to puts into perspective the difficulties he encounters in his work. An optimistic worker is influenced by the idea that things that happen have a specific meaning and that we must look for solutions instead of feeling sorry for ourselves. This dimension also shows that we must remain positive in the face of life situations and the realities of the profession. In the context of mental health, the results of therapy are never immediate. The practitioner must arm himself with a lot of patience, constantly revisiting his protocols. An optimistic worker gives confidence to his patients and gives confidence to himself. This state generates a positive atmosphere, a good mood and a desire to do better.

Hope and mental health

In the literature, to define hope as a dimension integrated into the concept of psychological capital (Luthans *et al*., 2004) are based on the work of Snyder *et al*. (1991) for whom hope is defined as being the process of reflection on our own goals, while taking into account our motivation to strive towards these goals (objectives) and to achieve them (action plan). In connection with the “objectives” and “action plan” components, the authors insist on the fact that they are reciprocal, additional and positively linked, but are not necessarily synonymous with each other (Snyder *et al*., 1991). The term objective can be defined as the willingness to undertake and maintain the necessary effort in order to achieve a goal (Snyder, 2000). In this conception, the words undertake and maintain are of equal importance in the sense that it is not only a question of being enthusiastic about starting the project, but of being mobilised in the long term and of making constant efforts until the desired result is achieved.

The term action plan, for its part, can be defined as the belief that the individual has with regard to his abilities to generate plans and alternatives which make it possible to confront or circumvent the obstacles which separate him from his goal (Snyder, 2000). However, the notion of adaptability is at issue in this definition. Indeed, the concept of an action plan cannot be reduced to the idea that the individual has a basic plan from the start that could help achieve the goal. What the latter implies is more the idea that, throughout their journey, the person adapts to the difficulties they encounter by modifying their initial plan and developing alternative plans. This state of affairs logically contributes to improving the mental health of mental health personnel.

Resilience and mental health

Within the framework of positive psychology, Luthans *et al*. (2007) propose that resilience allows one to bounce back from negative events (conflicts, failures), as well as to bounce back from positive events (increased responsibilities, progress). In some cases, facing adversity could even allow resilient individuals to become even more successful than they were before (Luthans *et al.,* 2006). As a dimension of psychological capital, three elements are identified as influencing a person's level of resilience. These are the protective factors, risk factors and values of the individual (Luthans *et al.,* 2004).

Protective factors result in the sum of available resources that allow the person to protect themselves during stressful situations. They are psychological in nature, such as emotional stability (Masten, 2001) or social in nature, such as peer support (Gorman, 2005). Risk factors are, as opposed to protective factors, variables which increase the vulnerability of the individual during stressful situations. From an individual perspective, these risk factors can take the form of dysfunctional experiences or behaviours, such as drug and alcohol abuse, anxiety, burnout, as well as multiple other conditions that can afflict an individual (Luthans *et al*., 2004). From an environmental perspective, risk factors can take the form of organisational restructuring, in the workplace or even a difficult economic context (Luthans *et al*., 2006). Ultimately, the individual's value system influences resilience by allowing the person who finds themselves faced with significant life events, whether positive or negative, to attribute meaning to them and rise above them. current difficulties (Luthans *et al*., 2004).

Finally, it is important to understand that one of the main characteristics that distinguishes psychological capital from other similar constructs is the level of temporal stability of the concept in a given individual (Luthans *et al.,* 2007). The level of stability of psychological capital has two specificities. The first implies that psychological capital is a relatively fixed component in an individual. The second implies, for its part, that psychological capital is not crystallised and that it is open to development. In other words, psychological capital is stable enough to remain approximately the same over time, but it is also sufficiently changeable that it is possible to modify or improve it if we work on it. This study therefore shows the benefit of working on the development of psychological capital among mental health personnel, as the profession is still under considered in Cameroon.

Several limitations should be considered in the interpretation and generalisation of the results of this study. The reliability study carried out as part of this research revealed Cronbach's alphas, which were generally acceptable. This confirms the need to rework our tools for better adaptation to the context. On the other

hand, the measurement instruments used in this study have not been subject to local adaptation, guaranteeing their operationality in the context of the study. This mainly concerns the mental health measurement tool. Indeed, this study would have made it possible to research the dimensions of each of the variables which are specific to our context and our population.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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