Effects of Mental Health on Productivity in the Manufacturing Industry

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ABSTRACT

The aim of the study was to look on the effects of mental health on productivity in industry, the case study of Capri Appliances Innscor Manufacturing Company. The objectives of the study were to determine the main aspects of mental health on employees, to analyse the effects of mental health on productivity and to proffer strategies that can be used to reduce the challenges of mental health on productivity. In this study the social interactionist theory and the labelling theory was be used. A quantitative approach in this research was adopted. A case study was used because it allows for much more detailed conclusive research as data collection is relatively easy. In this research study the target population was the entire population of Capri Appliance employees and a sample of twenty participants was selected using purposive sampling technique. In this study, the researcher used interview schedules. The study reviewed that burnout was a major source of stress in the workplace. It resulted from the constant feeling of exhaustion due to work overload, and caused emotional exhaustion, depersonalization and therefore affected the sense of personal accomplishment of an individual. In this study the findings also reviewed that most people periodically experience aspects of stress at work, and no employer can totally prevent this because it reduces performance of the company. The study recommends that there is need for the provision and facilitation of a competent therapy and psychiatric clinic as well as an equally competent medical cover to cater to employees' mental health needs and building and facilitating centers for reporting and treating mental health is necessary and encouraged.

INTRODUCTION

Mental health and well-being are essential for individuals to lead fulfilling lives, to realize their full potential and to participate productively in manufacturing companies. Although there has been increasing acknowledgement of the important role of mental health in achieving national and global development goals, there has been little investment in mental health in almost all parts of the world. The aim of the study is to look on the effects of mental health on productivity in industry, the case study of Capri Appliances Innscor Manufacturing Company. This chapter introduces the study by looking at the background to the study, the statement of the problem, research objectives and research questions, purpose of the study, research assumptions, significance of the study, the delimitations, the limitations of the study and definition of terms.

Mental health/illness has been in existence for some centuries but ironically, the levels of stigma attached to it were still unbelievably high. In most cases as soon as a person was given a diagnosis of any mental condition they earned themselves discriminatory names from the general public (Corrigan, 2020). The stigma of mental health, although more often related to context than to person's experience, remained a powerful negative attribute in all social relations. The stigmatization of mental illness was a serious problem affecting patients and their relatives as well as institutions and healthcare personnel working with people with mental illness. According to the WHO (2022), more than 450 million people across the globe suffer from mental illness. WHO (2020), estimated that about 40% of people attending outpatient clinics in Sub-Saharan Africa had problems related to emotional or mental health. According to the Refugee Review Tribunal Australia (2019) the number of people suffering from mental illness in Zimbabwe had been increasing due to the tough economic and social environment and one in every four people in Zimbabwe suffers from a mental disorder.

Mental health conditions do not only cause individual human suffering but also have negative economic impacts

at household, country and global levels. These include the financial burden on the health system and reduced productivity resulting from missed days of work (absenteeism), working at reduced capacity (presenteeism) and premature death. In addition to the health and economic consequences, mental, neurological and substance use conditions have important social implications. For example, alcohol use disorders may be related to violence and accidents, those affected by mental conditions may drop out of education or may underperform at work, and family members especially girls and women may lose opportunities because they have to take on the role of career. In addition, there is considerable stigmatization and discrimination against people with mental health conditions (Brandon 2023). According to WHO, (2022), most mental health conditions are treatable; however, the challenge in many parts of the world is lack of access to affordable, high-quality mental health services. Mental health promotion and prevention are also largely neglected.

More than 80% of people who have mental health conditions live in low- and middle-income countries (UNICEF, 2024). In these settings, there is frequently little or no access to affordable, high-quality mental health services, and mental health systems are often weak, with low ratios of mental health workers to population, poor governance and insufficient government expenditure, with other systemic challenges (UNICEF, 2022). In such settings, the negative health and socioeconomic impacts of mental health conditions are a major hindrance to the development agenda. Poor policies and limited investment in mental health have an impact in both public health and sustainable development, particularly in low and middle-income countries where the burden is high and systems under resourced and in Zimbabwe, the manufacturing industry has been affected by mental health issues.

Mental health conditions are becoming major causes of morbidity and mortality in Zimbabwe. According to WHO, the prevalence of alcohol use disorders and alcohol dependence disorders in Zimbabwe is 6.4% and 2.2%, respectively (MHCC, 2023. These rates are higher than the overall rates for the WHO Africa Region, which are between 3.7% and 1.3% (MHCC 2023). Suicide accounts for 1.8% of all deaths, with higher rates among men than women and an even higher rate in the elderly (84.4 per 100 000) (WHO, 2023). A release from the Zimbabwe Republic Police in 2020 indicated that, between 2020 and 2022, 2058 men and 505 females died by suicide as a result of mental illness. As part of broader work to accelerate progress on SDG target 3.4, to promote mental health and well-being, and SDG target 3.8 to achieve universal health coverage, the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, WHO and UNDP, in partnership with ministries of health, has investments on cases mental health.

Statement of the problem

Mental health is a serious issue of concern but in Zimbabwean society and it has been taken for granted. Depression caused suicidal tendencies, absenteeism from work, underperformance and discharge of stress on workmates, increased hiring cost due to high turnover and overworking of the employees had led to decreased productivity of the employees in the company, which presented major problems to the shareholders. Mental health have detrimental consequences on patients and the manufacturing industries on productivity and has grossly affected productivity in manufacturing industry mentally and individuals in their recovery at large.

Research objectives

This study was guided by the following research objectives.

To determine the main aspects of mental health on employees.

To analyse the effects of mental health on productivity.

To proffer strategies that can be used to reduce the challenges of mental health on productivity.

Conceptual framework

Over the past few years the disconnection between the evidence of the risk factors for workplace mental ill-health, and the approaches to reducing mental ill-health and promoting psychological wellbeing in the workplace has become more evident. In general, interventions have been focused on individual employees either managing their stressors and becoming more mentally literate, and manager training. The current optimal approach

involves integrated interventions that operate at different levels of the complex systems that are organisations considering their context. La Montagne and Martin proposed a three-pronged approach that systematically integrates harm prevention by reducing work related risks to mental health, promoting the positive aspects of work and organisations, and responding effectively to mental ill-health (LaMontagne and Martin, 2019).

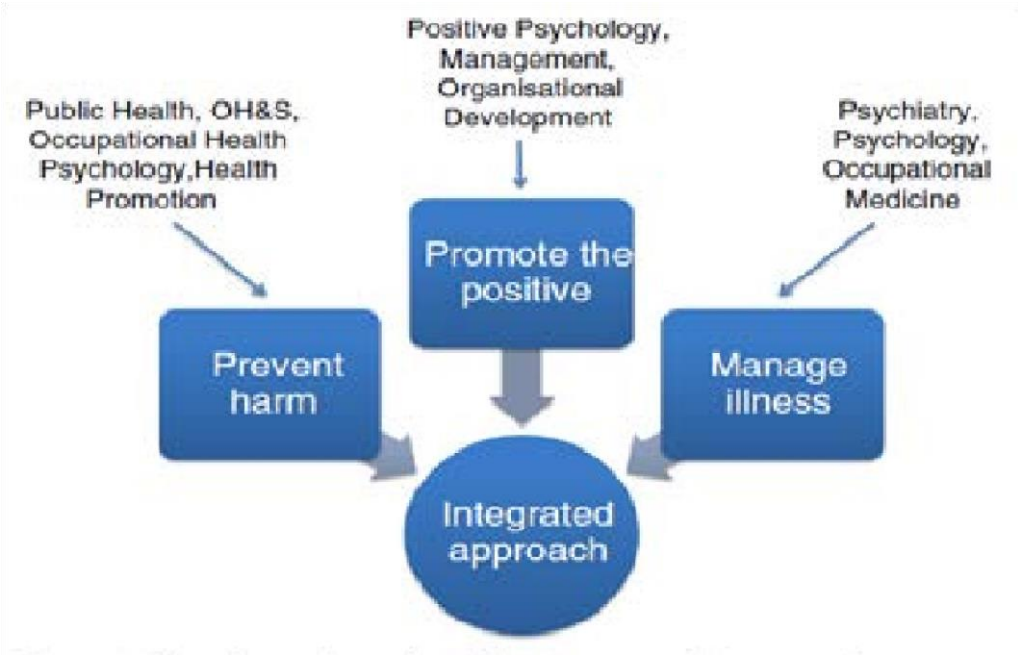

Figure 1.1: The three threads of the integrated approach to workplace mental health (LaMontagne and Martin, 2019)

Preventing harm is focussed upon 'job stress prevention and control' and is distinguished by its emphasis on primary or universal prevention, and the need to intervene at the level of work organisation as well as the individual.

Promoting the positive is not just attempting to reduce negative aspects of mental health but takes a strengths-based or positive approach to enhancing wellbeing. Whilst superficially attractive (and there is reasonable evidence for the use of such interventions in general with moderate immediate effects and a small long-term effect demonstrated), in the latest review (Weiss and Westerhof, 2016), there were only two trials in employees, only one of which had a positive effect.

Managing Illness. The final thread encompasses 'secondary and tertiary level' workplace interventions 'that aim to address mental health problems or disorders in the workplace, commonly use psychoeducation and aim to improve mental health literacy, or develop skills for early intervention and the promotion of help-seeking'. (LaMontagne and Martin, 2019). Although now endorsed by a range of organisations such as (University of Tasmania's Work 2017) and umbrella groups such as Superfriend, the impact of this integrated approach has not yet been assessed, and case studies show few organisations have adopted and evaluated it. Over the past two decades we have developed a framework (Petrie 2017) that considers the interaction of employees with their organisational context over time that we believe provides an easier framework within which organisations can design, implement and evaluate strategies to create mentally healthy workplaces, and will assess the evidence for interventions at each of these levels.

Theoretical framework

Mental health issues are increasingly being considered as a major psychosocial risk at the workplace (WHO, 2020). LaMontagne and Martin, (2019) shows that mental health issues if not managed properly at work can pose serious risks to performance and productivity. Employers and employees may be unwilling to talk about stress, anxiety and depression openly, in light of negative associations with weakness and failure. Mental health is defined as a state of wellbeing in which every individual realizes one's own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to one's community (World Health

Organisation, 2024). Similar to physical health, mental health can vary from good to poor. Mental health problems can therefore affect us irrespective of age, personality or background. They can appear as a result of experiences in both our personal and working lives or they can just happen. When mental health issues are not addressed properly, there can be considerable repercussions for both the employee and the organisation. Fortunately, through such measures as prevention, early treatment and support, many of these issues can be significantly reduced or possibly eliminated. This research was guided by the social interactionist theory and the labelling theory.

Social interactionist theory

Social interactionist theory was propounded by Goffman (1963). He theorized stigma as more of a social construct, wherein he concentrates on social interaction patterns and the fashion in which stigma operates within those social settings in mental health. He states that the stigmatized self-arises when there is an undesirable discrepancy between one's virtual social identity (what society expects of him or her in a given situation at a given point in time) and actual identity (what the person actually is). In this study on the effects of mental health at workplace, the stigma makes the person less desirable and different from the ones who are normal. In short, stigma arises when there is a feeling of inferiority, which arises from the failings versus social expectations that the person carrying stigma has. This feeling thus raises a question of acceptance of the stigmatized person by the normal.

Labelling theory

The labelling process is a process of stigmatization in in mental health which those who do not comply with accepted behaviours are marked out for avoidance and ostracism. The most explicit theory for viewing mental illness from a labelling perspective is studied by Thomas Scheff (1966). According to him, society has perceptions about people with mental illness, and everyone in society learns the stereotyped imagery of mental disorder through ordinary social interaction. From childhood, people learn to use terms like 'crazy' 'looney' 'nuts' and associate them with disturbed behaviours. The media also contributes to this bias against the mentally ill by associating them with violent crimes. Scheff (1966) believes that mental illness is a label given to a person who has behaviour which is away from the social norms and behaviours, so it is treated as deviant. The symptoms and deviant behaviours associated with mental illness are actually deviation from the social norms rather than just psychopathology.

Effects of Mental Health on Employees Productivity

The five effects of mental health on employee productivity are work overload, burnout, poor performance, loss of employment, accidents due to stress.

Work Overload

Work overload is where an employee had a heavy workload with close deadlines that he or she unwillingly forgoes his or her basic and usual needs, such as lunch break. It was also characterized by the extension of work hours, expansion of workdays, etc., all of which could led to physical, mental, and emotional stress. Some symptoms of work overload included lack of sleep, headaches, unhealthy eating habits, immobility or reduced mobility, irritability, and living in denial of the problem. Work overload affected the employees and led to mental health complications, such as depression. Moreover, it could cause episodes of anxiety attacks, and detachment from family members and friends. In most cases, work overload is usually involuntary (Abbasi, 2015).

Burnout

Burnout was a major source of stress in the workplace. It resulted from the constant feeling of exhaustion due to work overload, and caused emotional exhaustion, depersonalization and therefore affected the sense of personal accomplishment of an individual. It decreased the feeling of job satisfaction, happiness, mental health stability and well-being of the employees. Victims of burnout suffered from insomnia, back pain, and had coronary problems. They were also predisposed to unhealthy coping mechanisms, such as smoking, drinking, and

substance abuse. Employees who suffered from burnout developed a negative attitude towards their career and lacked enthusiasm, proactivity, and diligence in their work (Rupert, Miller and Dorociak, 2015).

Poor performance

Most people will periodically experience aspects of stress at work, and no employer can totally prevent this because it reduces performance of the company. However, when employees become so stressed that their health and functioning are affected, there will usually be characteristic signs and symptoms (Rupert, 2019). Furthermore, unmanaged stress for long periods of time may lead to burnout and other mental health issues. The earlier a problem is addressed, the better. Whether the issue is stress-related or a mental health problem, early action can help prevent the problem from escalating. Certain warning signs may be the result of personal issues, as well as other work-related issues such as harassment, bullying and/or discrimination. It could also be that the organisation and design of work is contributing to or causing distress in other ways such as excessive workloads, tight deadlines and unclear roles. These factors may lead to changes in work performance. It is therefore of utmost importance that these situations are addressed, so that the workplace can support the wellbeing of its employees.

Loss of employment

Loss of employment and or lower salary cause both loss of income and loss of status (Wilkinson, 2020). Loss of income in high-income countries alone has a complex range of effects, some improving health such as the increased time for physical exercise and reduction in alcohol intake and, more rarely, reduction in smoking, but loss of employment and lower salary predominantly have negative effects, both on behaviour and mental health. Loss of employment can result in poor diet and increasing high-risk behaviour and violence. It can also lead to loss of social contacts, including divorce, and social withdrawal. The loss of job status can result independently in physical disorders such as high blood pressure, stroke and cardiovascular disease (Marmot, 2023. In combination, the negative effects of loss of employment and/or reduction in salary are directly correlated with harmful stress and depression, which in turn are correlated with a range of physical disorders.

Accidents due to stress

The stress concept was always accompanied by several notions such as accidents at workplace performance, motivation and the well-being of the employees and organization. It was very difficult to keep up with the rapid daily life changes and the present societal demands from an individual. These demands pressured an individual to keep up with the modern complexities of life, without having time to reflect. Stress occurred when the preset conditions to achieve certain goals became overwhelming. This precipitated psychological problems among individuals. In the workplace, for example, shareholders exerted pressure on managers who in turn transferred the same pressure to the employees to achieve the company's objectives, which was to maximize shareholders' wealth (Mutsvunguma and Gwandure, 2021).

Research methodology

A quantitative approach in this paper was adopted. According to Weathington, Cunningham and Pittenger, (2020), quantitative research involves collecting and analyzing numerical data to understand a phenomenon or relationship. It often uses statistical methods to identify patterns, tends and correlations. A case study was used because it allows for a much more detailed conclusive research as data collection is relatively easy (Yin, 2019). The researcher chose twenty low-income employees most affected by stigma as they grossly interacted with the general staff as compared to management who spent most of their time within the offices. Statistics indicated that Capri Appliance have 60 employees. According to Morgan and King (2016), sampling is a process of selecting a set of individuals or measurement from a large population of possible individuals or measurements. Thus, to select the most suitable participants, this particular research utilized the random sampling method.

Effects of mental health on productivity

The participants were asked to give views on the major cause of job stress in your workplace and the findings are indicated in figure 1.2 below.

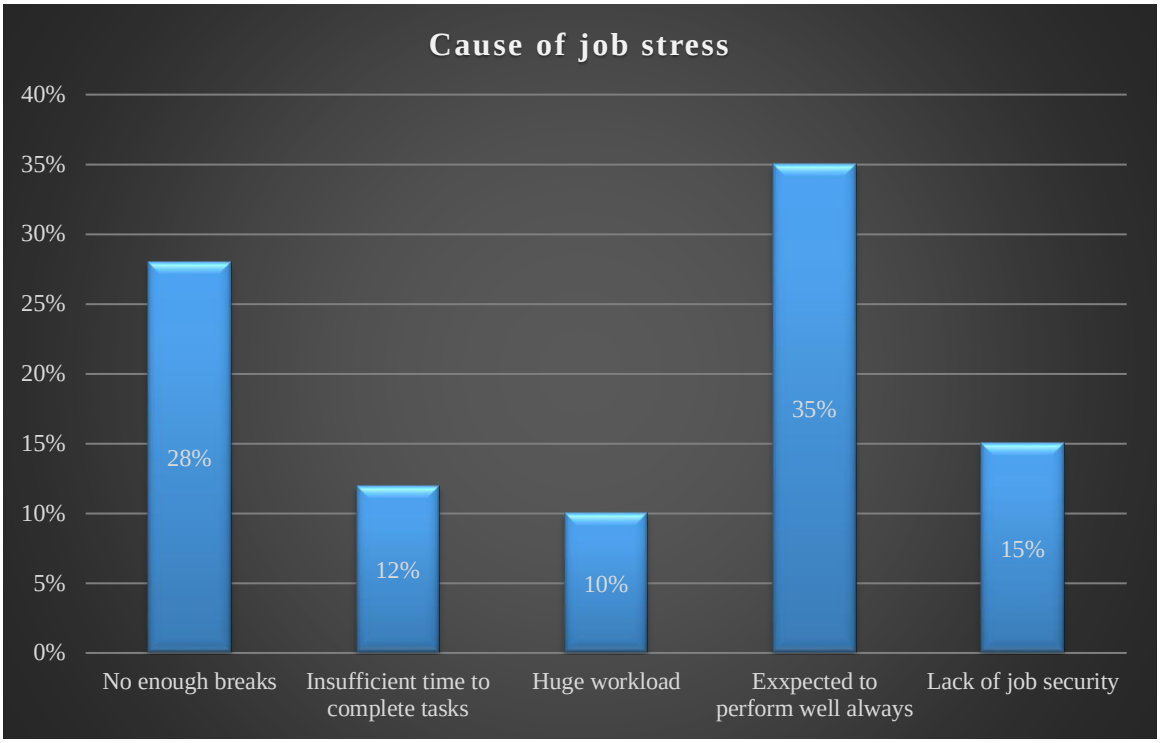

Figure 1.2 Cause of job stress

From the findings on cause of job stress 28% indicated that they don't have enough breaks to relax, 12% indicated that they don't have sufficient time to complete tasks, 10% had indicated huge workload with unrealistic deadlines, majority 35% the major cause of job stress is constantly expected to perform well at work and 15% shows that lack of job security can cause job stress. Other participant's states that they had leave the house, sometimes for days staying elsewhere looking for peace of mind. Participants were asked the extent work-related stress have on the mental and physical health of employees and the findings are shown in figure 1.3 below.

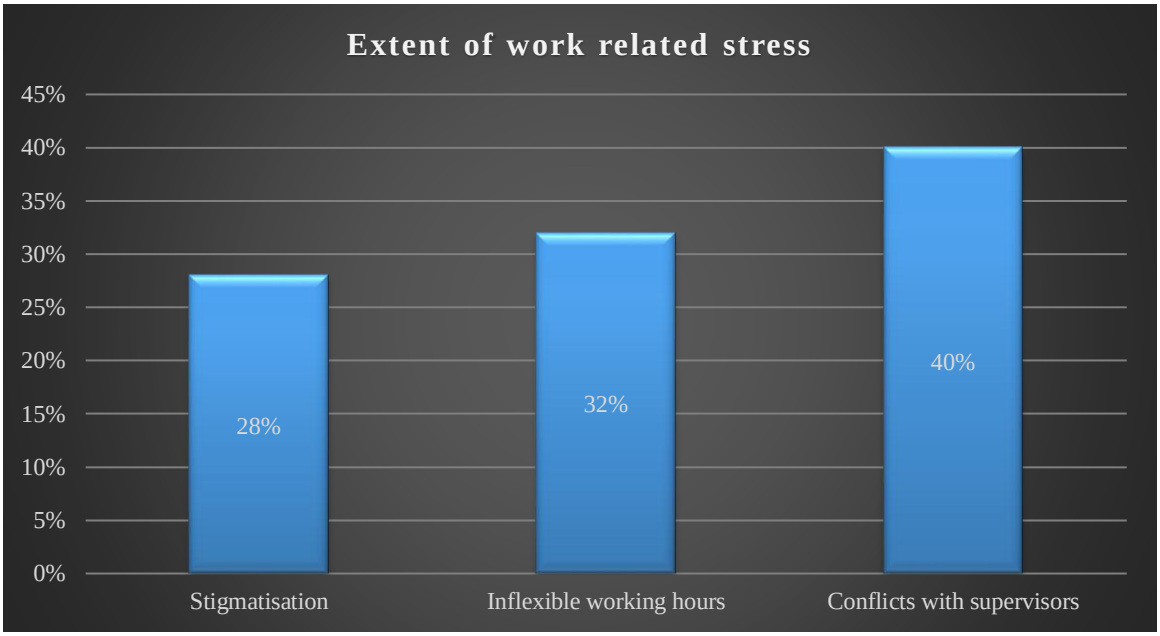

Figure 1.3 Extent work-related stress have on the mental and physical health of employees

With regard to the extent work-related stress have on the mental and physical health of employees, this research investigated that stigmatization in the company affected employee productivity as indicated by 28% who strongly agreed. The research also investigated the opinion that inflexible working hours directly affected employee turnover decisions. In this, 32%% of the respondents strongly disagree with the statement. The

research further investigated the on conflict with an immediate supervisor affected an employee's decision to stay with the company. 40% of the respondents strongly disagree with this statement as indicated in figure 1.3 above.

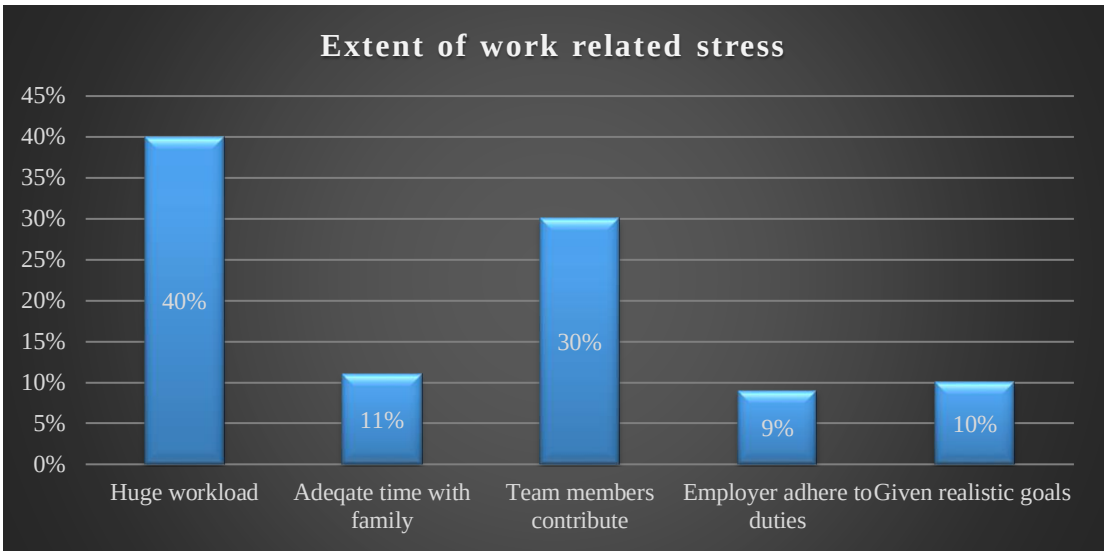

Figure 1.4 Relationship between workload and performance

With regard to the relationship between workload and performance, this research investigated the statement that employees had huge workload with unrealistic deadlines. To this, 40% of the respondents agreed that they are given huge workload. The research also investigated the statement that employees had time for their family and to attend their children's playdates. In this, 11% strongly disagree don that statement. The research also investigated the statement that team members made the same effort as employees do in their work. In responding to this 30% answered that team members supported each other. The research also investigated the statement that employers adhered to the duties that employees were supposed to perform on the contract they signed. 9% of the respondents disagreed on this statement. The research also investigated the statement that employees were given realistic goals that were achievable to benefit the business. In this, 10% disagreed on the statement as indicated in figure 1.4 above.

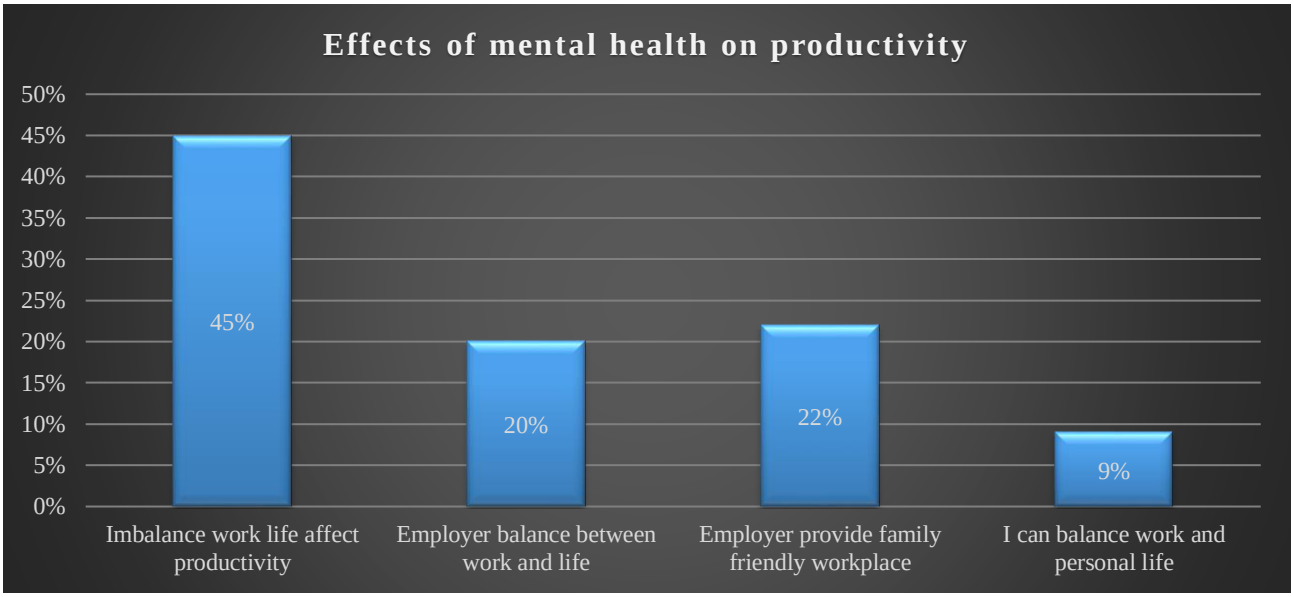

Figure 1.5 The effects of mental health on productivity

With regard to effects of mental health on productivity, this research investigated the statement that work-life imbalance directly affected employees' productivity. 40% of the respondents strongly disagreed to the statement. The research also investigated the statement that employers balance between work and life and 20% agreed on

that statement. The research also investigated the statement that employers provided their employees with a family-friendly workplace and 22% of the respondents disagree. The research further investigated the statement that employees could balance their work and their personal life on which only 9% agreed as indicated in figure 1.5 above.

CONCLUSION

The study concludes that mental health problems in the workplace adversely affects the national economy. In Zimbabwe, for example, it is estimated that the cost of mental health problems in the workplace may amount to 3-4% of the gross national product (GNP) (Gabriel, 2020). The cost of mental health problems to the overall community includes the cost of treatment, particularly when this includes hospitalization. The most important component of the cost of treating depression is hospitalization, accounting for around half of the total in the United Kingdom and three-quarters in the United States. In addition, other costs to the community include those related to the loss of productivity, loss of lives, consequences of untreated illnesses (for example, increased numbers of people in prison), social exclusion and human rights abuses. Families also experience the impact of mental health problems. They may have economic difficulties related to the reduced income and increased health care costs, the stress of coping with altered behaviour, disruption to the household routine, and restricted social activities.

The study concludes that loss of employment and or lower salary cause both loss of income and loss of status. Loss of income in high-income countries alone has a complex range of effects, some improving health such as the increased time for physical exercise and reduction in alcohol intake and, more rarely, reduction in smoking, but loss of employment and lower salary predominantly have negative effects, both on behaviour and mental health. Loss of employment can result in poor diet and increasing high-risk behaviour and violence. It can also lead to loss of social contacts, including divorce, and social withdrawal. The loss of job status can result independently in physical disorders such as high blood pressure, Mental health problems in the workplace adversely affects the national economy. In Zimbabwe, for example, it is estimated that the cost of mental health problems in the workplace may amount to 3-4% of the gross national product (GNP) (Gabriel, 2020). The cost of mental health problems to the overall community includes the cost of treatment, particularly when this includes hospitalization. The most important component of the cost of treating depression is hospitalization, accounting for around half of the total in the United Kingdom and three-quarters in the United States (Berto et al., 2020). In addition, other costs to the community include those related to the loss of productivity, loss of lives, consequences of untreated illnesses (for example, increased numbers of people in prison), social exclusion and human rights abuses. Families also experience the impact of mental health problems. They may have economic difficulties related to the reduced income and increased health care costs, the stress of coping with altered behaviour, disruption to the household routine, and restricted social activities (World Health Organization, 2021).

In combination, the negative effects of loss of employment and/or reduction in salary are directly correlated with harmful stress and depression, which in turn are correlated with a range of physical disorders. As jobs are threatened and more people need to seek new employment, competition for jobs is expected to intensify and tolerance of employment difficulty will diminish. Opportunities for people with a history of mental disorders will fall even further, and discrimination against people with mental disorders will increase, resulting in a potential spiral of deterioration and deprivation.

The researcher concludes to increase mental health visibility within the factory, cafeteria and dormitories to promote mentally healthy life. Display more posters and flyers in factory premises, dormitories and cafeteria. Provide workers with links to video or articles related to a mentally healthy life. Organize more events and activities among workers to increase commutation between them, and increase their understanding different cultures as this enhances a healthy life among the different nationalities. Give support to new workers, especially migrant workers, including orientation training, to help them adapt to the new environment and increase their understanding of the organizational culture, policies and procedure. Provide pre-departure orientation regarding the mental health policy within the organization to improve the recognition of depression and anxiety disorders among workers with physical health problems. Provide support for workers who are nearing retirement or end contract to make the transition easier.

RECOMMENDATIONS

The researcher recommends the following:

There is need for the provision and facilitation of a competent therapy and psychiatric clinic as well as an equally competent medical cover to cater to employees' mental health needs.

Building and facilitating centers for reporting and treating mental health is necessary and encouraged.

For manufacturing industry to benefits from increased productivity, employees needed to be provided with a conducive work environment.

There was need for fair remuneration, well-coordinated training as well as a balanced work-life experience.

Maintenance of a stable work life equilibrium assisted employees to rest and rejuvenates their creativity.

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