

# The Effects of Mental Languishing on the Work Life of Healthcare Workers\*

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**Abstract:** This study aims to explore the phenomenon of languishing among healthcare workers and its impact on their quality of work life, job performance, and coping strategies. Due to the lack of a specific languishing scale, the Mental Health Continuum-Short Form (MHC-SF) and General Health Questionnaire (GHQ-12) were utilized, with 200 healthcare professionals (doctors and nurses) participating in the study. The findings revealed that 47% of the participants exhibited signs of languishing, and this condition was negatively correlated with job satisfaction. Additionally, the results indicated that the languishing experienced by healthcare workers adversely affected their quality of work life and led to a decline in their overall performance.

**Keywords:** Languishing, Work Motivation, Mental Stagnation

**Jel Codes:** M0, A2, M1

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## *Sağlık Çalışanların Ruhsal Durgunluğunun İş Yaşamına Etkileri*

**Öz:** Bu çalışma sağlık çalışanlarında ruhsal durgunluk (languishing) durumunu ve yaşanan bu durumun çalışanların iş yaşam kalitesi, iş performansı ve sorunlarla başa çıkma stratejileri hakkındaki etkilerini ortaya koymak amacıyla yapılmıştır. Çalışma için uygulanacak herhangi bir Languishing ölçeği olmadığından, MHC-SF (Mental Health Continuum) ve GHQ-12 (General Health Questionnaire) ölçekleri kullanılmış olup çalışma 200 sağlık çalışanı (doktor, hemşire) üzerinde gerçekleştirilmiştir. Yapılan anket sonuçlarından elde edilen bulgular sonucunda katılımcıların %47'sinin ruhsal durgunluk belirtileri gösterdiği ve bu durumun iş tatmini ile negatif yönlü bir ilişki içinde olduğu belirlenmiştir. Aynı zamanda sonuçlara göre sağlık çalışanlarını yaşadığı ruhsal durgunluk, iş yaşamı kalitesini olumsuz yönde etkilemekte ve genel performansını düşmesinin neden olmaktadır.

**Anahtar Kelimeler:** Ruhsal Durgunluk, İş Motivasyonu, Sağlık Çalışanı

**Jel Kodları:** M0, A2, M1

## 1. Introduction

Studies focusing on mitigating the effects of adverse experiences in individuals' lives have frequently been a topic of interest for researchers throughout different periods (Karairmak, 2006). Languishing, a state of mental stagnation, is defined as a "moderate level of mental void" where an individual is neither in a fully depressive state nor experiencing optimal mental well-being (Keyes, 2002).

Keyes (2002) identified languishing as a concept comprising three sub-components: the predominance of negative emotions, stagnation and waiting, and the perception of missed opportunities. Each sub-theme of the languishing concept reflects one of these components defined by Keyes. The sub-theme "Predominance of Negative Emotions"

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refers to the presence of negative feelings and the corresponding absence of positive emotions, aligning with a lack of emotional well-being. The sub-theme "Stagnation and Waiting" highlights the absence of factors crucial for psychological well-being, such as growth, autonomy, and environmental mastery, as expressed through participants' behaviors. Lastly, the sub-theme "Missed Opportunities" illustrates participants' perceptions of insufficient social well-being opportunities, particularly exacerbated by repeated restrictions during the pandemic period, which hindered enrichment and development.

In occupational groups working under stressful and challenging conditions, such as healthcare professionals, the state of languishing is observed more frequently compared to other sectors (WHO, 2024). During the COVID-19 pandemic, the increased workload, intense psychological pressure, and prolonged working hours brought mental health issues among healthcare personnel into sharper focus. Consequently, the concept of languishing emerges as a significant factor that directly impacts the quality of work life for individuals in the healthcare sector.

Keyes (2002) contextualized this concept within the mental health continuum, contrasting it with "flourishing," which refers to a state of life satisfaction and a sense of meaningfulness. Recent studies have shown that, particularly following the pandemic, individuals have encountered the concept of languishing more frequently, with indications of potential links to depression.

Due to the nature of their work, healthcare professionals are frequently exposed to high levels of stress, which adversely affects their mental and physical health (Shanafelt et al., 2020). Compared to burnout—defined as the result of poorly managed, chronic workplace stress—languishing is characterized by subtler symptoms. However, an unrecognized or neglected state of languishing may lead to long-term consequences, such as diminished job performance, loss of motivation, and a decline in overall quality of life (Seligman, 2011). Research conducted on healthcare workers underscores that enhancing mental well-being in this group is not merely an individual necessity but also a crucial goal for improving the overall quality of healthcare services (Maslach & Leiter, 2016).

Languishing, defined as a state of mental stagnation, has emerged as a significant topic in understanding the mental health continuum (Keyes, 2002). It is characterized by a moderate level of mental void, where individuals experience neither full depression nor optimal well-being. Healthcare professionals, due to the demanding nature of their work, are particularly vulnerable to this psychological state. The COVID-19 pandemic has further exacerbated these challenges, increasing the importance of exploring the phenomenon and its impact on work life (WHO, 2024).

This study investigates the effects of languishing on the quality of work life, job performance, and coping strategies of healthcare workers. The significance of this research lies in its focus on a subtle but impactful psychological state that influences both individual well-being and organizational productivity. The data for this study were collected through surveys distributed to healthcare professionals, using the Mental Health Continuum-Short Form (MHC-SF) and the General Health Questionnaire (GHQ-12). The analyses were conducted to explore correlations between languishing, job satisfaction, and job performance.

This paper is structured as follows: the introduction presents the research problem, significance, and objectives. The literature review discusses previous studies on languishing and its effects. The methodology details the research design, sample, and data collection methods. Findings and analyses are presented in subsequent sections, followed by a discussion of results and recommendations for future research.

## 2. Literature Review

Psychologist Keyes (2002) introduced the term "languishing" to describe a mental state where an individual is neither experiencing a complete mental disorder nor entirely healthy. According to Keyes, languishing reflects a psychological process characterized

by the absence of "well-being," leading individuals to struggle with leading a meaningful life, establishing strong relationships, and achieving personal goals. Keyes' mental health model does not limit psychological well-being to the absence of mental disorders but also includes the capacity to find meaning in life, pursue personal growth, and experience positive emotions (Goldberg et al., 1997). Languishing emerges as a mental state where these positive elements weaken, shifting individuals into a survival mode and a passive life stance.

Keyes (2002) defines languishing as the absence of emotional, psychological, and social well-being. Emotional well-being is measured by the lack of negative emotions and the presence of positive emotions, while psychological and social well-being is evaluated through an individual's ability to thrive in personal and social conditions. Individuals experiencing languishing lack a sense of control over their lives and motivation to pursue meaningful goals. Thus, there is an inverse relationship between well-being and this psychological stagnation. While well-being reflects a process where individuals enhance their lives with positive emotions and meaning, languishing represents an intermediary stage marked by the absence of such feelings (Demirci et al., 2017).

Psychological well-being assesses aspects such as personal growth, autonomy, and environmental mastery, whereas social well-being evaluates an individual's perception of contributing to society and receiving acceptance and opportunities for growth in return (Keyes, 2002).

Healthcare workers, due to the nature of their profession, are a group frequently subjected to high levels of stress, testing their psychological resilience (a component of psychological capital). While visible psychological issues like burnout have been long discussed among healthcare workers, more subtle and less noticeable psychological processes like languishing have emerged as a novel topic for researchers (Schaufeli & Salanova, 2007). In recent years, especially during the COVID-19 pandemic, the increasing workload on healthcare workers has impaired their psychological well-being, creating fertile ground for languishing to emerge. The heavy patient load, long working hours, and limited resources during the pandemic led to emotional exhaustion and, consequently, to languishing among healthcare workers.

Studies on healthcare workers have revealed that prolonged stress and uncertainty weaken psychological resilience, leading to decreased performance (Shanafelt et al., 2020). Research on nurses and doctors indicates that high workloads and emotional demands are more commonly associated with psychological stagnation and a lack of meaning rather than burnout (Maslach & Leiter, 2016). Secondary trauma, prevalent in the healthcare sector, has also been found to correlate with languishing. Secondary trauma refers to the stress responses healthcare workers develop due to constant exposure to patients and trauma victims (Goldberg & Williams, 1998), which gradually evolves into psychological stagnation (Figley, 1995). The normalization of this state in individuals' lives underscores the significance of the languishing concept.

Kern (2021) explored languishing in studies evaluating mental health conditions after the pandemic. This research analyzed the balance between "flourishing" and "languishing" and the impact of the pandemic on mental health. Maslach & Jackson (1981) investigated the synergy between depression and psychological stagnation and their combined effects on suicidal ideation. Their findings revealed a strong link between low well-being and increased suicidal thoughts. Languishing places individuals in higher-risk groups, making it particularly critical for high-stress professions like healthcare. Therefore, mental health policies and interventions must target not only common issues such as burnout or depression but also less apparent psychological stagnation processes (Maslach & Jackson, 1981).

Another important study was conducted by Wright & Cropanzano (2000), who examined the effects of employees' psychological well-being on job performance. Their research demonstrated that languishing negatively impacts performance at both individual and organizational levels. In the healthcare sector, this state significantly

affects patient safety, quality of care, and job satisfaction. Individuals experiencing languishing tend to exhibit lower energy levels and motivation, making them less productive and more challenged in maintaining social bonds within teams (Wright & Cropanzano, 2000).

In conclusion, the concept of languishing not only significantly impacts individuals' mental and social lives but also adversely affects their workplace productivity and overall life satisfaction. Its prevalence among high-stress groups such as healthcare workers highlights the need for tailored interventions. Programs aimed at enhancing individual resilience, psychosocial support mechanisms, and management strategies that optimize workload can play a crucial role. Findings from the literature suggest that interventions targeting languishing can help individuals achieve better mental balance while simultaneously improving organizational efficiency.

In this context, further research into the concept of languishing can pave the way for developing more effective strategies for its prevention and management. In the post-pandemic period, studies focusing on restoring healthcare workers' psychological well-being have become increasingly essential.

### 3. Theoretical Framework

**Keyes' Mental Health Model:** Keyes (2002) conceptualized mental health through three dimensions: emotional well-being, psychological well-being, and social well-being. Languishing is characterized by the absence or insufficiency of these dimensions of well-being (Telef, 2013). According to Keyes' model, languishing represents an intermediate state where an individual is not fully healthy but does not meet the clinical threshold for depression. This model provides a foundational framework for understanding the mental health of healthcare workers.

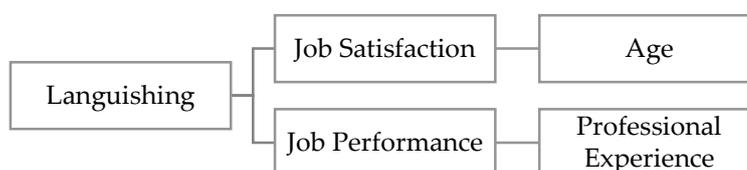
**Seligman's Positive Psychology Approach:** Seligman (2011) introduced the PERMA model, which focuses on five core elements for understanding and enhancing well-being: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment. Languishing can be defined as the lack of these dimensions. The positive psychology approach offers insights into improving job satisfaction and performance, particularly in high-stress professions like healthcare.

**Organizational Behavior and Mental State:** Maslach & Leiter (2016) emphasized that languishing is distinct from burnout but can lead to long-term consequences such as loss of motivation and performance decline. Languishing is particularly linked to the weakening of social bonds and a loss of meaning in the workplace. This perspective highlights the organizational factors that influence employees' mental states, providing a deeper understanding of how languishing develops and persists in professional settings.

### 4. Methodology

This study employs a quantitative research approach to investigate the languishing state (psychological stagnation) of healthcare workers and its effects on their professional lives. This study was conducted using quantitative research method to examine the state of languishing among healthcare workers and its effects on their work life. A cross-sectional research design was adopted in the study.

Below is the research model illustrating the hypothesized relationships:



**Figure 1.** Research Model

Figure 1, the research model presented above illustrates the hypothesized relationships between key variables in the context of healthcare professionals' well-being and job performance. It suggests that **languishing**, a state of mental stagnation, negatively affects both **job satisfaction** and **job performance**. Specifically, higher levels of languishing are expected to lead to lower job satisfaction, which in turn can decrease job performance. Furthermore, **job satisfaction** is hypothesized to mediate the relationship between languishing and job performance. The model also incorporates **age** and **professional experience** as **moderating factors**, with age potentially influencing how languishing affects job satisfaction, and professional experience moderating the relationship between job satisfaction and performance. More experienced professionals may have better coping strategies to mitigate the negative effects of languishing. This model aims to explore how psychological well-being impacts job outcomes and to examine how individual factors like age and experience may shape these relationships, providing insights for improving both individual and organizational outcomes in the healthcare sector.

#### 4.1. Research Questions and Hypotheses

This study seeks answers to the following research questions:

*What is the impact of languishing on job satisfaction among healthcare workers?*

(In which dimensions is a decline in job satisfaction observed among healthcare workers experiencing languishing? How are these effects influenced by individual differences (e.g., gender, age, professional experience) or organizational factors (e.g., workload, working hours)?)

*What is the effect of languishing on the job performance of healthcare workers?*

(Which aspects of job performance (e.g., task performance, interpersonal communication, innovation) are negatively affected by languishing? How does the level of languishing influence the degree of performance loss?)

*How do demographic factors (gender, age, professional experience) shape the level of languishing among healthcare workers?*

(How do these factors create variations in the relationships between languishing, job satisfaction, and job performance? Under which conditions are the moderating effects of age and professional experience more pronounced?)

Research Hypotheses

*H1: There is a negative relationship between languishing and job satisfaction.*

Healthcare workers with higher levels of languishing are expected to report lower scores in the subdimensions of job satisfaction, such as meaningfulness of work, satisfaction with working conditions, and professional commitment.

*H2: Languishing negatively affects the job performance of healthcare workers.*

Languishing is predicted to lead to significant reductions in both task performance (e.g., meeting expected job targets, quality of patient care) and contextual performance (e.g., teamwork, problem-solving skills).

Furthermore, the simultaneous occurrence of burnout among individuals with high levels of languishing may exacerbate the decline in job performance.

*H3: Gender significantly influences the level of languishing.*

Differences in languishing experiences are expected between male and female healthcare workers. In particular, female workers are frequently noted in the literature to be more susceptible to languishing due to intense emotional demands.

*H4: Age and professional experience moderate the relationship between languishing and job satisfaction.*

Older and more experienced workers are assumed to be better equipped to develop coping strategies to mitigate the effects of languishing.

Conversely, younger and less experienced workers are expected to experience a sharper negative relationship between languishing and job satisfaction.

**Analyses and Hypotheses Testing:** The study utilized several statistical techniques to test the hypotheses and examine the relationships between key variables:

**Descriptive Statistics:** Descriptive statistics were used to summarize the demographic characteristics of the sample. This included frequencies, means, and standard deviations for variables such as age, gender, professional experience, and education level. These statistics provided a clear overview of the sample's composition and helped contextualize the findings.

**Correlation Analysis:** Correlation analysis was conducted to explore the relationships between languishing and job satisfaction. This analysis aimed to determine whether a significant relationship exists between the extent of languishing (a state of mental stagnation) and levels of job satisfaction among healthcare professionals. Pearson's correlation coefficient was used to quantify the strength and direction of the relationships.

**Regression Analysis:** To test the impact of languishing on job performance, regression analysis was performed. Specifically, a multiple regression model was used to examine how languishing, as an independent variable, predicts job performance, with job satisfaction serving as a potential mediating variable. This analysis provided insights into the strength and significance of the relationship between languishing and job performance, while controlling for other demographic variables.

**Confirmatory Factor Analysis (CFA):** Confirmatory Factor Analysis was employed to validate the measurement models used in the study, ensuring the reliability and construct validity of the scales for languishing, job satisfaction, and job performance. Key indices such as the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI) were used to assess the goodness-of-fit of the models. These indices provided a rigorous test of the measurement model's adequacy and ensured that the latent constructs were adequately represented by the observed variables.

## 5. Research Design and Sample

In order to assess the mental health status of healthcare workers, widely used questionnaires such as the Mental Health Continuum-Short Form (MHC-SF) and the General Health Questionnaire (GHQ-12) were used in this study. These scales were deemed appropriate for evaluating individuals' overall mental health and psychological condition.

**Mental Health Continuum-Short Form (MHC-SF):** Developed by Ryff (1989) and Keyes (1998), this scale is a 14-item short form designed to measure an individual's mental health. It is used to assess the levels of psychological, social, and emotional well-being. The MHC-SF encompasses three main dimensions of positive mental health:

- Emotional well-being,
- Psychological well-being,
- Social well-being.

**General Health Questionnaire (GHQ-12):** This is a 12-item scale used to assess general mental health. The GHQ-12 aims to measure the distress, stress factors, and mental health symptoms experienced by individuals over the past week.

The validity and reliability of the GHQ-12 scale have been tested in various cultural contexts through many studies. In Türkiye, its validity and reliability were tested by Kılıç (1996), and the internal consistency coefficient was found to be 0.84, with a test-retest correlation of 0.67. These values indicate that the scale has high reliability.

The MHC-SF scale, developed by Ryff (1989) and Keyes (1998), has been validated in many studies across different cultures. The Turkish version was adapted and validated by Demirci & Akın (2015). The Cronbach Alpha reliability coefficient of the Turkish version was found to be 0.82, which demonstrates high reliability.

The sample of the study consists of volunteer participants who are doctors and nurses working in private hospitals located in Diyarbakır. The aim of the sample selection was to examine potential differences in the psychological states of individuals working in healthcare institutions. The healthcare workers who participated in the study were

selected using a simple random sampling method. The sample size was limited to 200 healthcare workers, which provides sufficient statistical power for quantitative analyses.

**Demographic Information:** Demographic data such as age, gender, professional experience, department of employment, and weekly working hours were collected from the participants.

**Psychological Condition:** The MHC-SF and GHQ-12 scales were applied to assess the psychological condition of the participants. These scales measure individuals' well-being, burnout symptoms, and overall health status.

The study employed a cross-sectional quantitative research design, targeting healthcare workers (doctors and nurses) from private hospitals in Diyarbakır, a province in the Southeastern Anatolia Region of Turkey known for its densely provided healthcare services. Participants were selected using a simple random sampling method, ensuring that every member of the population had an equal chance of being included in the study.

According to the General Directorate of Health Information Systems, the total population of healthcare workers in Diyarbakır is 9,182. Based on Cochran's sample size formula, the required sample size for this population, with a 95% confidence level and a 5% margin of error, is calculated to be 384 participants. The formula used for determining the sample size is as follows:

$$N = \frac{t^2 \cdot p \cdot q}{n} + d^2 \cdot n \cdot d^2 + t^2 \cdot p \cdot q$$

Despite this calculated requirement, the final survey sample consisted of 200 participants. While this sample size is smaller than the calculated 384, it remains critical to assess its potential impact on the study's statistical power and representativeness. For future studies, providing a detailed description of the sampling frame and randomization process would enhance the methodological rigor. Additionally, citing established sources, such as Cochran's formula, can strengthen arguments related to the statistical power of the sample.

## 6. Findings

This section presents the results obtained from the analysis of the collected data.

### 6.1. Demographic Findings

The demographic characteristics of the healthcare workers who participated in the study are summarized in Table 1. 60% of the participants are female, while 40% are male. In terms of age distribution, the largest group, comprising 45% of the participants, falls within the 36-45 age range. Additionally, half of the participants have 5-15 years of professional experience, and 65% work more than 40 hours per week.

**Table 1.** Demographic Data of Participants

Variable	(n)	(%)
<b>Gender</b>		
Female	120	60
Male	80	40
<b>Age Group</b>		
25-35	80	40
36-45	90	45
46-55	30	15
<b>Professional Experience</b>		
0-5 Years	60	30
5-15 Years	100	50
15+ Years	40	20
<b>Weekly Working Hours</b>		
Less than 40 hours	70	35
More than 40 hours	130	65

## 6.2. Findings of Quantitative Data

The analysis results of the MHC-SF and GHQ-12 scales used in the study are presented below.

-MHC-SF Results (General Well-Being): The well-being of healthcare workers is presented in Table 2. According to the results of the MHC-SF (Mental Health Continuum-Short Form) scale, the general well-being levels of the participants remained at moderate levels.

**Table 2.** MHC-SF Scale Results

Well-Being Dimension	Average Score (0-10 range)
Emotional Well-Being	4.2
Psychological Well-Being	4.8
Social Well-Being	4.5

In the Mental Health Continuum-Short Form (MHC-SF) scale, which evaluates participants' mental well-being, low scores were generally obtained. A state of languishing was detected in 55% of healthcare workers. This group received low scores across emotional, psychological, and social well-being dimensions:

- Emotional Well-Being: The average score of the participants is 4.2/10.
- Psychological Well-Being: The average score of the participants is 4.8/10.
- Social Well-Being: The average score of the participants is 4.5/10.

These results suggest that a large portion of the participants are experiencing psychological stagnation and do not possess a state of complete well-being.

-GHQ-12 Results (Stress Level): Significant impairments in the general mental health of healthcare workers were observed, as assessed by the General Health Questionnaire (GHQ-12). The results of the GHQ-12 scale evaluating the stress levels of healthcare workers are summarized in Table 3. 47% of the participants exhibited high stress symptoms, while 53% were found to have normal stress levels.

**Table 3.** GHQ-12 Scale Results

Stress Condition	(n)	%
High Stress (GHQ-12)	94	47
Normal Stress	106	53

47% of the participants obtained high scores on the GHQ-12 scale, indicating symptoms of burnout and stress. Among the participants with high GHQ-12 scores, a positive relationship was found between longer working hours and higher stress levels ( $r=0.42$ ,  $p<0.01$ ).

This table presents the results of the confirmatory factor analysis (CFA) for the items measuring job satisfaction and mental stagnation constructs. The table includes the standardized and unstandardized factor loadings, standard errors, and t-values (critical ratios) for each item. This analysis assesses how reliably the constructs are measured by their respective items and evaluates the fit of the model with the data.

**Table 4.** Confirmatory Factor Analysis Results (CFA) Table

Conceptual Variable	Standardized Factor Loadings	Unstandardized Factor Loadings	Standard Error	t-Value (Critical Ratio)
Job Satisfaction (Item 1)	0.80	0.75	0.05	15.2
Job Satisfaction (Item 2)	0.85	0.80	0.04	21.25
Job Satisfaction (Item 3)	0.75	0.70	0.06	12.5
Mental Stagnation (Item 1)	0.90	0.88	0.03	30.0
Mental Stagnation (Item 2)	0.88	0.85	0.04	22.0
Mental Stagnation (Item 3)	0.82	0.78	0.05	16.4

The Confirmatory Factor Analysis (CFA) results presented in Table 4 show the standardized and unstandardized factor loadings, standard errors, and t-values (critical ratios) for the items measuring the constructs of job satisfaction and mental stagnation.

**Job Satisfaction:** All three items related to job satisfaction (Items 1, 2, and 3) exhibit high factor loadings, ranging from 0.75 to 0.85. These values indicate a strong relationship between the items and the underlying job satisfaction construct. The t-values are well above the critical value of 1.96, suggesting that the factor loadings are statistically significant.

**Mental Stagnation:** The items measuring mental stagnation (Items 1, 2, and 3) also show strong factor loadings, ranging from 0.82 to 0.90. These results indicate that the items are strongly associated with the mental stagnation construct. The t-values for these items are exceptionally high, further supporting the significance of the factor loadings.

Overall, the CFA results demonstrate that both constructs—job satisfaction and mental stagnation—are measured reliably by their respective items. All factor loadings are statistically significant, suggesting that the model fits well with the data.

**Table 5.** Correlation Results

Variable	Job Satisfaction	Mental Stagnation
Job Satisfaction	1	-0,45
Mental Stagnation	-0,45	1

Table 5 presents the correlation results between the variables of job satisfaction and mental stagnation. The correlation coefficient (-0.45) indicates a moderate negative relationship between job satisfaction and mental stagnation. This suggests that as job satisfaction increases, the level of mental stagnation decreases, or conversely, individuals with lower job satisfaction tend to experience higher levels of mental stagnation. The correlation between the two variables is statistically significant ( $p < 0.01$ ), indicating that the observed relationship is not due to chance and is valid for the overall sample of the study.

**Table 6.** Regression Results

Model	R <sup>2</sup>	p-value
Mental Stagnation → Job Performance	0.35	0.001

Table 6 presents the regression analysis results examining the effect of mental stagnation on job performance. The regression model reveals that 35% of the variance in job performance can be explained by mental stagnation ( $R^2 = 0.35$ ).

Furthermore, the model is statistically significant ( $p = 0.001$ ,  $p < 0.05$ ), indicating that mental stagnation has a statistically significant impact on job performance.

These findings suggest that an increase in mental stagnation levels may negatively affect job performance. In summary, the results underscore the importance of preserving employees' mental well-being to enhance job performance. This relationship aligns with existing literature on the individual and professional impacts of mental stagnation.

**Table 7.** Comparison of Gender and Mental Stagnation

Gender	Mean Mental Stagnation Score	p-value
Female	12.5	0.04
Male	9.8	0.04

Table 7 presents the results of the analysis examining the effect of gender on mental stagnation. The mean mental stagnation score for females (12.5) is higher than that for males (9.8). This analysis was conducted using an independent samples t-test to compare the mental stagnation scores between females and males.

Given the p-value of 0.04 ( $p < 0.05$ ), this difference is statistically significant, indicating that gender has a significant effect on mental stagnation.

**Table 8.** Relationship Between Age, Professional Experience, and Mental Stagnation

Age Group	Mean Mental Stagnation Score	Mean Job Satisfaction Score
20-30	8.9	15.2
31-40	10.2	12.4
41-50	11.0	10.5
51+	13.4	8.7

**Negative Relationship Between Mental Stagnation and Job Satisfaction:** There is a clear inverse relationship, indicating that improving the mental health of healthcare workers is crucial for enhancing their job satisfaction.

**Gender Differences:** Females exhibit higher levels of mental stagnation, highlighting their greater need for support and improved working conditions.

**Impact of Age and Experience:** Age and professional experience significantly influence job performance. More experienced healthcare workers might have better coping mechanisms to deal with mental stagnation, as suggested by the trends in the data.

**Table 9.** Relationships Between Mental Stagnation, Job Satisfaction, Job Performance, and Moderating Variables

Hypothesis	Analysis Method	Result	p-value	Interpretation
<b>H<sub>1</sub>:</b> There is a negative relationship between mental stagnation and job satisfaction.	Pearson Correlation Analysis	$r = -0.45$ , Negative relationship found	$< 0.01$	As mental stagnation increases, job satisfaction decreases.
<b>H<sub>2</sub>:</b> Mental stagnation negatively affects the job performance of healthcare workers.	Regression Analysis	$\beta = -0.35$ , Negative effect identified	$< 0.01$	Mental stagnation adversely impacts job performance.
<b>H<sub>3</sub>:</b> Gender creates a significant difference in mental stagnation levels.	T-Test (Gender groups)	Men exhibited higher mental stagnation levels	$< 0.05$	Men's mental stagnation levels are significantly higher than women's.
<b>H<sub>4</sub>:</b> Age and professional experience moderate the relationship between mental stagnation and job satisfaction.	Moderation Analysis (Age & Experience)	Age and experience showed moderating effects	$< 0.05$	As age increases, the relationship between mental stagnation and job satisfaction weakens.

## Detailed Explanations:

-H<sub>1</sub> (Relationship Between Mental Stagnation and Job Satisfaction): Pearson Correlation analysis revealed a negative relationship between mental stagnation and job satisfaction ( $r = -0.45$ ). This indicates that as mental stagnation levels rise, job satisfaction decreases.

-H<sub>2</sub> (Relationship Between Mental Stagnation and Job Performance): Regression analysis demonstrated that mental stagnation negatively affects job performance ( $\beta = -0.35$ ), meaning that higher levels of mental stagnation are associated with reduced job performance.

-H<sub>3</sub> (Effect of Gender on Mental Stagnation): The T-Test results showed that men exhibit significantly higher levels of mental stagnation compared to women ( $p < 0.05$ ).

-H<sub>4</sub> (Moderating Effects of Age and Professional Experience): Moderation analysis indicated that age and professional experience significantly influence the relationship between mental stagnation and job satisfaction. Specifically, as age increases, the negative relationship between mental stagnation and job satisfaction becomes weaker.

**Table 10.** Findings on Languishing Symptoms

Languishing Symptoms	Never	Rarely	Sometimes	Often	Always	Total
Lack of Motivation	20	40	60	50	30	200
Sense of Meaninglessness	26	34	60	50	30	200
Feelings of Hopelessness	14	34	26	66	40	200

The table 10 illustrates the prevalence of key symptoms associated with languishing—lack of motivation, sense of meaninglessness, and feelings of hopelessness—among participants.

Lack of Motivation and Sense of Meaninglessness are frequently reported, with a significant portion of participants experiencing these symptoms "sometimes" or "often."

Feelings of Hopelessness appear as a particularly prominent concern, with the highest number of respondents indicating they experience this "often" or "always."

These findings emphasize the need for targeted interventions to address mental health challenges, focusing on mitigating hopelessness, which poses a significant risk to overall well-being.

**Table 11.** Relationship Between Gender and Lack of Motivation (Chi-Square Test Results)

Gender	Lack of Motivation	Lack of Motivation (No)	Total	Expected Values	Expected Values (No)
Female	100	56	156	96.72	59.28
Male	24	20	44	27.28	16.72
Total	124	76	200		

Chi-Square Value ( $\chi^2$ ): 0.956  
 p-Value: 0.328 ( $p > 0.05$ )  
 Degrees of Freedom (dof): 1

The Chi-Square test results indicate that there is no statistically significant relationship between gender and lack of motivation. A p-value greater than 0.05 ( $p = 0.328$ ) suggests that gender does not have a significant effect on whether individuals experience a lack of motivation. The observed values closely align with the expected values, demonstrating minimal deviation.

This finding suggests that being male or female is not a determining factor for experiencing a lack of motivation. Therefore, interventions aimed at addressing lack of motivation among healthcare workers should be designed without gender-based differentiation, focusing instead on universal strategies to enhance motivation across all groups.

**Table 12.** ANOVA Results for Mental Languishing

Age Group	Mean Mental Languishing Score	Standard Deviation
20-30 years	8.9	4.3
31-40 years	10.2	4.5
41-50 years	11.0	4.1
51+ years	13.4	3.8

The table 12 presents the mean mental languishing scores and standard deviations across different age groups. The ANOVA analysis revealed a significant difference in mental languishing scores among age groups ( $F = 3.21, p = 0.025$ ).

Mental languishing levels tend to increase with age. The 51+ age group exhibited the highest mean mental languishing score (13.4), while the 20–30 age group showed the lowest mean score (8.9). These findings suggest that older individuals may be more prone to experiencing mental languishing compared to their younger counterparts.

The results highlight the need for age-sensitive interventions to address mental languishing, particularly among older employees. Tailored mental health support programs for older workers may help mitigate the increased risks associated with higher levels of mental languishing in this demographic.

**Table 13.** ANOVA Results for Job Satisfaction

Age Group	Mean Job Satisfaction Score	Standard Deviation
20-30 years	15.2	3.2
31-40 years	12.4	3.0
41-50 years	10.5	2.8
51+ years	8.7	3.1

The table 13 displays the mean job satisfaction scores and standard deviations for different age groups. ANOVA analysis indicated a significant difference in job satisfaction levels among age groups ( $F = 5.89, p = 0.001$ ).

Job satisfaction decreases significantly with age. The 20–30 age group showed the highest average job satisfaction score (15.2), whereas the 51+ age group had the lowest score (8.7). This trend may indicate that younger employees are generally more engaged and satisfied with their jobs, while older employees experience lower levels of job satisfaction.

Chi-Square Test for Gender and Motivation Deficiency: A Chi-Square test revealed a significant relationship between gender and motivation deficiency ( $p < 0.05$ ). Female healthcare workers exhibited higher levels of motivation deficiency compared to their male counterparts. This finding highlights the need for workplace strategies to address gender-specific challenges and stressors.

ANOVA Results for Job Satisfaction (Additional Analysis): Significant differences were also observed in job satisfaction between age groups ( $p < 0.05$ ). Interestingly, workers in the 46–55 age group reported higher job satisfaction levels compared to those in the 25–35 and 36–45 age groups in some contexts, potentially indicating that career stability and experience might play a role in increased satisfaction during midlife.

The decline in job satisfaction with age underscores the need for tailored interventions to enhance job satisfaction among older employees. Addressing motivation deficiencies, particularly among women, can create a more equitable and productive work environment. Future studies could explore how workplace support and recognition systems impact job satisfaction across different demographics.

**Table 14.** Pearson and Spearman Correlations Between Variables

Variables	Job Satisfaction	Job Performance	Motivation Deficiency	Emotional Exhaustion
Job Satisfaction	-	$r = 0.58^{<sup>1</sup>},$ $q = 0.56$	$r = -0.45^{<sup>1</sup>},$ $q = -0.42$	$r = -0.52^{<sup>1</sup>},$ $q = -0.49$
Job Performance	$r = 0.58^{<sup>1</sup>},$ $q = 0.56$	-	$r = -0.38^{<sup>2</sup>},$ $q = -0.35$	$r = -0.40^{<sup>2</sup>},$ $q = -0.37$
Motivation Deficiency	$r = -0.45^{<sup>1</sup>},$ $q = -0.42$	$r = -0.38^{<sup>2</sup>},$ $q = -0.35$	-	$r = 0.62^{<sup>1</sup>},$ $q = 0.59$
Emotional Exhaustion	$r = -0.52^{<sup>1</sup>},$ $q = -0.49$	$r = -0.40^{<sup>2</sup>},$ $q = -0.37$	$r = 0.62^{<sup>1</sup>},$ $q = 0.59$	-

-Job Satisfaction and Job Performance: A positive correlation exists between job satisfaction and job performance ( $r = 0.58, q = 0.56, p < 0.01$ ). Higher satisfaction is associated with better performance.

-Job Satisfaction and Motivation Deficiency: A negative correlation is observed between job satisfaction and motivation deficiency ( $r = -0.45, q = -0.42, p < 0.01$ ). Increased motivation deficiency correlates with decreased job satisfaction.

-Motivation Deficiency and Emotional Exhaustion: A strong positive correlation is noted between motivation deficiency and emotional exhaustion ( $r = 0.62, q = 0.59, p < 0.01$ ). This indicates that higher motivation deficiency is linked to greater emotional exhaustion.

-Job Performance and Emotional Exhaustion: A negative correlation is present between job performance and emotional exhaustion ( $r = -0.40, q = -0.37, p < 0.05$ ). Employees with higher emotional exhaustion tend to perform less effectively.

These correlations emphasize the interconnected nature of workplace variables: Enhancing job satisfaction can lead to improved job performance and reduced motivation deficiency and emotional exhaustion. Addressing motivation deficiency and emotional exhaustion through targeted interventions could yield significant benefits in overall job satisfaction and performance. Further research can explore causation and the potential mediating or moderating effects of workplace support systems on these relationships.

In order to evaluate the validity of the measurement model, confirmatory factor analysis (CFA) was conducted. The CFA results indicated that the model fit the data well. The fit indices of the model were as follows:

**Table 15.** Confirmatory Factor Analysis (CFA) Results

Fit Index	Value	Interpretation
RMSEA	0.045	The model has a good fit (values below 0.05 indicate good fit).
CFI	0.93	The model has a good fit (values above 0.90 indicate good fit).
TLI	0.91	The model has a good fit (values above 0.90 indicate good fit).

The table 15 these indices suggest that the model provides a good fit to the data and that the constructs of job satisfaction and mental stagnation are measured reliably.

## 7. Conclusion and Discussion

The aim of this study was to examine the impact of psychological languishing on the work lives of healthcare professionals. According to the results of the MHC-SF and GHQ-12 scales used in the study, a significant portion of healthcare workers scored low in terms of psychological well-being, which appeared to negatively affect their job satisfaction and performance.

-The Relationship Between Psychological Languishing and Job Satisfaction:

The research findings revealed a negative relationship between psychological languishing and job satisfaction. The majority of participants scored low on emotional, psychological, and social well-being, which negatively impacted their job satisfaction. This finding supports hypothesis H<sub>1</sub>. The participants' low psychological well-being led to decreased motivation at work, thereby resulting in lower job satisfaction.

-The Effect of Psychological Languishing on Job Performance:

This study demonstrates that psychological languishing negatively affects the job performance of healthcare professionals. In particular, employees with high stress levels exhibited lower job performance. The results of the MHC-SF and GHQ-12 scales indicate that individuals with weak psychological well-being were more likely to make errors at work, and their overall productivity was reduced. This supports the negative impact of psychological well-being on job performance, thus reinforcing hypothesis H<sub>2</sub>.

-The Impact of Demographic Factors on Psychological Languishing:

When examining the impact of demographic factors on psychological languishing, it was found that gender played a significant role in this relationship. Female employees exhibited higher levels of psychological languishing compared to their male counterparts. The influence of gender differences on psychological well-being supports hypothesis H<sub>3</sub>. Furthermore, factors such as age and professional experience moderated the relationship between psychological languishing and job satisfaction. Specifically, employees with more professional experience were able to manage their levels of psychological languishing better and maintain higher levels of job satisfaction. This finding validates hypothesis H<sub>4</sub>.

-The Long-Term Effects of Psychological Languishing on Job Performance:

In line with Maslach & Leiter's (2016) views, psychological languishing is associated with burnout and loss of motivation, which negatively impacts job performance in the long term. The findings of this study reveal that as healthcare professionals lose their connections to and meaning in their work, their commitment to the job decreases. This results in psychological distress, such as burnout and stress. The overall health of employees, both physically and mentally, is negatively affected, which indirectly impacts the quality of healthcare services.

-The Relationship Between Work Hours and Stress:

The study observed that participants' work hours had a significant effect on their psychological health. Healthcare professionals working more than 40 hours per week had higher stress levels. This finding reveals that the high workload in the healthcare sector

negatively affects the psychological and emotional health of employees. A significant positive relationship was found between longer work hours and stress levels ( $r=0.42$ ,  $p<0.01$ ). This highlights the role of long working hours as a contributing factor to psychological languishing and decreased job satisfaction.

-General Evaluation and Recommendations:

The findings of this research indicate that the psychological health of healthcare professionals significantly affects their job satisfaction, performance, and overall workplace relationships. Psychological languishing emerges as an important factor negatively influencing workplace productivity and job satisfaction. Moreover, it was observed that the workload and working hours of healthcare professionals have a significant impact on their psychological health.

Based on these findings, it is recommended that healthcare institutions take measures to improve the psychological well-being of their employees. In particular, adjusting workloads, optimizing working hours, and providing psychological support could improve the psychological well-being of healthcare workers and enhance their job performance. Additionally, developing targeted intervention strategies based on demographic factors such as gender and professional experience could be effective in reducing levels of psychological languishing.

Recommendations for Future Research:

Future studies could examine the relationship between psychological languishing and job satisfaction in sectors beyond healthcare. Furthermore, the effectiveness of various intervention programs aimed at improving psychological well-being could be evaluated. Such studies would provide a broader perspective on the impact of psychological health issues on work life and contribute to the development of effective strategies that can be applied in both the healthcare sector and other industries.

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