



Occupational Stress and Psycho-Social Wellbeing among Health Workers in Selected Healthcare Centers in the Catholic Diocese of Konongo-Mampong, Ghana.

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ABSTRACT

Health care workers are the backbone of the medical System, providing essential care and support patients. The purpose of this study is to assess the relationship between occupational stress and psychosocial wellbeing among workers in selected healthcare centers in Catholic Diocese of Konongo-Mampong, Ghana. Using embedded mixed methods design the study assessed the relationship between occupational stress and psychosocial wellbeing among workers in selected healthcare centers in Catholic Diocese of Konongo-Mampong, Ghana. The study was ground on occupational stress theory of Robert Karasek Job Demand Control support model. The target population was 595 healthcare workers, while the sample size was 239 healthcare workers using Systematic and purposive sampling technique. Two standardized self- report questionnaires, the self-report occupational stress Index (OSI) and the Copenhagen Psychosocial wellbeing Questionnaire (COPSOQ) were used to measure both Quantitative data with the aid of the Statistical Package for the Social Science (SPSS) Version. Pearson's correlation test was performed to determine the relationship between occupational stress and psychosocial wellbeing among the participants. The results showed a moderate level of occupational Stress, a moderate and high level of psychosocial wellbeing, and a statistically significant negative correlation (moderate negative correlation) relationship between occupational stress and psychosocial wellbeing among workers ($r = 0.314$, $p < 0.05$).

Key words: Occupational stress, psychosocial wellbeing, Health care workers,

Occupational stress and psychosocial wellbeing among healthcare workers have emerged as critical issues, particularly in Ghana. The healthcare sector within the Catholic Diocese of Konongo-Mampong encountered unique challenges that can impact the mental health and job performance of its employees. Healthcare workers are particularly vulnerable to stress due to the demanding nature of their work environment. Significant number of Healthcare workers in Ghana experienced stress and the high level of stress is concerned, as it leads to diminished job performance, compromised patient care, and an increased desire to leave the profession.

Leka et al. (2022) and Ruotsalainen et al. (2022) conducted a study in Australia said Psycho-social wellbeing is essential for healthcare workers to maintain their physical and mental health, as well as to provide quality care to patients. However, healthcare workers often neglect their own psycho-social wellbeing due to the demands of their work.

Occupational stress has negative consequences on the economy, social, mental, and physical dimensions of life. In Iran, significant occupational stress is linked to physical injuries, cardiovascular issues, hypertension, depression, and adverse personal behaviors such as anger, anxiety, and irritability (Mohammad, 2014). Additionally, occupational stress can result in higher intentions to leave the job among employees. Job satisfaction is negatively affected by occupational stress, which in turn affects intention to leave and absenteeism. Increasing job satisfaction can help reduce employee occupational stress and subsequently decrease intention to leave and absenteeism. Occupational stress affects various stakeholders in an organization, including employees, employers, shareholders, and the government (Azizi et al, 2019).

World Health Organization carried out a study in China said healthcare workers are crucial to the delivery of quality healthcare services, but they often experience high levels of occupational stress, which can negatively impact on their psycho-social wellbeing (WHO, 2022). A study was carried out in Lanzhou, China said Occupational stress is a major concern in the healthcare sector, as it can lead to burnout, decreased job satisfaction, and reduced productivity (Liu et al., 2022). In Ghana, healthcare workers face numerous challenges, including inadequate resources, high workload, and limited career advancement opportunities, which can exacerbate occupational stress (Agyemang et al., 2022).

Healthcare workers operating in Outpatient and Emergency departments may exhibit greater tendencies toward stress due to the frequent rotation and shifting of responsibilities. The relationship between job satisfaction and stress is critical, as it directly impacts the clinical performance of healthcare workers. According to the Ministry of Health in Malaysia (2013), the healthcare workforce is predominantly female, with approximately two-thirds of nurses employed in the public sector. Enhanced job satisfaction is associated with improved job performance and a reduction in stress levels.

Thulasigam et al. (2020) carried out a study in India said at the familial level, the implementation of lockdown measures, travel restrictions, and the closure of schools were presented original challenges in the provision of care for families, with limited or no assistance from relatives or hired caregivers. The requirement for quarantine and isolation following potential exposure to confirmed cases of COVID-19 further exacerbates the stress experienced by families. Within the community, healthcare workers (HCWs) may encounter instances of violence from the public during active surveillance and contact tracing efforts. Additionally, some HCWs face stigmatization in public settings such as shops and market stalls. Reports also indicate instances of discrimination against HCWs, including being pressured to vacate their rented accommodations.

Razu et al. (2020) conducted a study in Bangladesh said Healthcare workers (HCWs) were confronted with numerous obstacles amidst the COVID-19 pandemic. Insufficient handling of these challenges significantly impacts their physical and psychosocial well-being. The pandemic has led to a disproportionate negative psychological impact. Research conducted in China by Tang et al. (2022) revealed that 34% to 71% of HCWs experienced psychological disturbances such as depression, anxiety, and insomnia. These psychological distresses may stem from personal beliefs and workplace, family, or societal conditions. Healthcare workers are concerned about the possibility of getting infected and transmitting the disease to their families, especially due to the uncertainties and rumors related to the spread of COVID-19. Additionally, the emotional response to the illness or death of their colleagues or family members exacerbates their distress, especially in the absence of definitive treatment and a vaccine (Thulasigam et al., 2020).

Research by Akweenda and Cassim (2016) and Kurki (2018) was conducted in Finland highlights that nurses often face occupational stress, leading to psychological distress and heavy workloads. This stress negatively impacts the overall health quality of nurses. The International Labor Organization (2016) characterizes occupational stress as a detrimental physical and emotional reaction that arises from a disparity between perceived demands and the resources available to manage those demands. In the context of healthcare professionals, work-related stress is shaped by factors such as work organization, work design, and labor relations, all of which play a significant role in the experience of occupational stress.

Gebeyeh et al. (2017) carried a study in Bahir Dar City, Northwest Ethiopia indicated that healthcare workers with limited experience in hospital environments are more susceptible to occupational stress. Specifically, individuals with 0-4 years of experience are at a greater risk of experiencing such stress compared to their counterparts with 5-10 years of experience. Furthermore, findings from Bahir Dar City, Northwest Ethiopia by Gebeyeh et al. (2017) suggested that healthcare workers with over 10 years of experience report lower levels of work-related stress. Notably, burnout is particularly prevalent among physicians and nurses, especially those with over a decade of experience who engage in overtime work. Overall, work experience plays a crucial role, both directly and indirectly, in influencing occupational stress levels among healthcare workers in hospital settings.

Baye et al. (2020) conducted a study in Ethiopia said workplace stress is a global issue with negative impacts on physical, emotional, and psychological well-being Occupational stress is a significant health challenge worldwide, costing \$5.4 billion annually in lost productivity. Studies show varying prevalence rates of occupational stress among health workers globally. Studies from the UK, Nigeria, and Ghana reported prevalence rates of 68% and 75% among health workers. Prevalence (Guppy & Tim, 2017; Kassa et al., 2019; Kyreaa, 2014; Mohite et al., 2018).

Thorsteen et al. (2014) conducted a study in South Africa, when employees feel engaged in the workplace, they are better able to deal with everyday work-related pressures (Cropanzano et al, 2017). Workers create preconceptions about how important they are to a company, according to Eisenberger et al. (2016), and this, along with their evaluation of how the protection agreements about them, is referred to as their perceived organizational support. Part-time employees express less psychological stress when perceived organizational support is high, implying that they see fewer risks in the workplace. Wissing et al. (2018) investigated the impact of perceived occupational stress on psychological well-being among health workers in South Africa's Gauteng province. The data indicated that perceived work stress and psychological well-being of health officers had a favorable connection.

Occupational stress among nurses is exacerbated by high workload pressures, particularly when attending to clients or patients. Consequently, there is a correlation whereby increased job performance may lead to elevated stress levels. Samiei et al. (2016) conducted a study in River State, Nigeria said deficiencies in communication skills can contribute to occupational stress, whereas proficient communication skills can enhance performance and mitigate stress.

According to Erick (2015) in Ghana said Occupational stress refers to the negative emotional and physical reactions that occur when job demands exceed an individual's resources, needs, or abilities. It involves changes in an employee's mental and physical well-being in response to stressors in the workplace that are perceived as threatening or challenging. A certain amount of stress can be helpful for motivation and personal development, but too much stress can harm an employee's physical and mental well-being, which in turn affects their performance.

Elliason (2022) conducted a study in Ghana said Occupational stress is linked to job dissatisfaction, reduced productivity, emotional issues, physical ailments, high turnover rates, and absenteeism. It is widely acknowledged as a significant concern for both employee well-being and organizational health. Researchers like Mark and Smith have emphasized the significant impact that job-related stress can have on both the growth of organizations and the mental well-being of workers.

A study conducted by Kaburi et al. (2019) at Salaga Government Hospital in Ghana revealed that a significant number of healthcare professionals, particularly nurses (healthcare workers), indicated that their mental health was negatively impacted by job-related stress. In particular, 20% of these nurses reported facing high to extreme levels of stress associated with their work. The study revealed that a significant majority (82.0%) of nurses believe that work-related stress has a more severe impact on their mental health compared to 44.3% who feel it adversely affects their physical health.

According to Dartey (2023) there is existing literature on occupational stress among nurses in Ghana. However, there is limited information specifically regarding the impact of occupational stress on nurses in the Ho Municipality. Understanding the stress experiences of nurses is crucial for developing effective strategies and stress management programs. These strategies aim to enhance overall productivity among nursing professionals. The current

study utilized embedded design to explore the experiences of occupational stress among nurses in selected hospitals in the Ho Municipality. In Ghana, there is a need to prioritize the psycho-social wellbeing of healthcare workers, particularly in rural areas where resources are limited (Agyei-Baffour et al., 2022).

The Catholic Diocese of Konongo-Mampong, located in the Ashanti Region of Ghana, has a number of healthcare centers that provide essential healthcare services to the local population. However, little is known about the occupational stress and psycho-social wellbeing of healthcare workers in these centers. This study aims to assess the prevalence of occupational stress and psycho-social wellbeing among healthcare workers in selected healthcare centers in the Catholic Diocese of Konongo-Mampong, Ghana.

Kokoroko et al. (2019) said occupational stressors in the Ghanaian healthcare settings include high workloads, emergency responsibilities, and time pressures. For example, numerous healthcare professionals in Western Ghana have indicated that they face stress due to heavy workloads. The lack of clear job expectations intensifies this stress, especially in facilities with limited resources where responsibilities often go beyond official job descriptions. Additionally, exposure to inadequate infrastructure contributes to this issue. The conceptual framework have occupational stress as independent variables with the subscales: role overload, role conflict, role ambiguity, peer group relations, unreasonable group and political pressure, responsibility for persons, under participation, powerlessness, internal deprivation, low standing, difficult working environment, lack of profitability.

Psychosocial well-being, as measured by the Copenhagen Psychosocial Questionnaire (COPSOQ), is negatively impacted by high patient-to-staff ratios and extended shifts (greater than 48 hours per week), which correspond to the quantitative demands scale associated with burnout. Low COPSOQ scores in the social relations category indicate strained teamwork and poor communication among leadership, issues that are prevalent in Ghanaian hospitals. Additionally, workers struggle with work-life balance, facing conflicts between job demands and family responsibilities, which exacerbates stress.

The conceptual framework have psychosocial wellbeing as dependent variables with the subscales: quantitative demand, work pace, emotional demand, influence at work, meaning of work, role clarity, role conflict, quality of leadership, social support from colleagues, sense of community at work, commitment to work, job security, job satisfaction, work life conflict and organizational justice.

Asante et al. (2019) in China carried out a study on Healthcare professionals frequently encounter challenging working conditions that adversely impact their quality of life. This study aimed to explore the interrelationship between psychosocial risk factors, stress, burnout, and quality of life among primary healthcare workers in general medical practice within the cities of Qingyuan and Chaozhou in Guangdong province. The method used was a cross-sectional study was carried out in 108 primary healthcare facilities, which included 36 community health centers (CHCs), in these two developing cities. A total of 873 healthcare workers participated by completing questionnaires. Results and the findings revealed that 74.6% of the surveyed healthcare workers reported poor quality of life. Notably, a significant correlation was found between general poor quality of life and higher levels of burnout ($\text{Beta} = -0.331, p < 0.001$). Poor quality of life in the environmental domain was particularly evident among workers dissatisfied with their jobs and those earning lower salaries. In developing cities in China, primary healthcare workers face a challenging and stressful work environment, which negatively impacts their quality of life. Reducing job-related stress and improving working conditions could greatly enhance the overall well-being of these healthcare professionals. Since the study was not done in selected healthcare center in Konongo-Mampong Diocese. The researcher identified a gap in the existing literature due to an emphasis on the theoretical framework utilized in the study. Consequently, the current study sought to fill this gap by applying the Job Demand-Control-Support theory.

Elliason et al. (2022) in Ghana carried out a study to examine the correlations between occupational stress, workplace social relationships, and psychological well-being in nurses and midwives within the Catholic Health Service in the Western Region, Ghana. The research employed a descriptive cross-sectional design and was carried out in four specifically chosen Catholic Hospitals in the Western Region of Ghana. A sample of 300 nurses and midwives participated in the study. Data collection utilized a questionnaire based on the Nurses' Occupational Stress Scale to assess occupational stress levels, Ryff's Psychological Wellbeing Scale (PWB 18 items) to gauge psychological well-being, and the Worker Relationship Scale developed by Biggs, Swailes, and Baker to evaluate social relationships at the workplace among nurses and midwives. In this study, a one-sample t-test and Pearson Moment Correlation Coefficients were utilized for statistical analysis. The results indicated a notable prevalence of occupational stress among nurses and midwives within the Catholic Health Service of the Western Region of Ghana, as well as a favorable social dynamic and positive psychological well-being within this group. Additionally, the study demonstrated that there exists a moderate to weak relationship between occupational stress and psychological well-being, as well as workplace social relationships. The reviewed study was quantitative in nature and thus lacked qualitative findings for generalization. The research specifically was conducted among nurses and midwives. Hence, the present study adopted embedded mixed method with a focus on healthcare workers in the Catholic Diocese of Konongo-Mampong to fill in the gap in literature.

Reddy et al. (2023) in India conducted a study to evaluate the association between psychological well-being and occupational stress among blue-collar workers, while also investigating the notable differences in these variables based on income levels. Data were collected from a sample of 150 blue-collar workers utilizing psychological well-being and occupational stress scales. A correlational analysis was conducted to examine the relationship between psychological well-being and occupational stress within this demographic. Additionally, an independent samples t-test was conducted to compare psychological well-being and occupational stress between fixed income and variable income groups. The findings revealed a significant disparity between these income groups concerning both occupational stress and psychological well-being. Furthermore, the research was conducted with a focus on a target population of 150 blue-collar workers. Hence, the current study will focus on healthcare workers in Ghana, with a target population of 595. This study aims to cover the knowledge gap within the academic literature.

Methodology

The study employed quantitative research method. The expected sample size was 239 then the response rate was 202. The study used a sample design embedded design. Two standardized self-report tools, the self-report occupational stress Index (OSI) and the Copenhagen Psychosocial wellbeing tool (COPSOQ) were used. To carried out the statistically test Statistical Package for the Social Science (SPSS) Version 2021 was used.

Results and discussion

Table 1: correlation of Occupational Stress and Psychosocial Wellbeing

		Occupational Stress	Psychosocial Wellbeing
Occupational Stress	Pearson Correlation	1	-.314**
	Sig. (2-tailed)		.000
	N	202	202
Psychosocial Wellbeing	Pearson Correlation	-.314**	1
	Sig. (2-tailed)	.000	
	N	202	202

Correlation is significant at the 0.01 level (2-tailed).

Table 10 shown the Pearson correlation coefficient of $-0.314(p < 0.05)$ indicated a negative relationship between occupational stress and psychosocial well-being among healthcare workers in selected healthcare centers within the Catholic Diocese of Konongo-Mampong, Ghana. The relationship was statistically significant p-value (0.000), suggesting that higher levels of occupational stress are associated with lower levels of psychosocial wellbeing. The key findings of the correlation analysis was a negative correlation (-0.314). Occupational stress inversely affects psychosocial wellbeing, meaning that as stress increases, wellbeing decreases. The findings aligns with previous research indicated that work-related stress negatively impacts mental health, job satisfaction, and overall quality of life (Pejtersen et al., 2010).

The significance level indicated that the observed relationship is not attributable to chance and accurately reflects real world dynamics among healthcare workers. Sample Size ($N = 202$), A substantial sample size enhanced the reliability of the findings and supports their generalizability within the study population. A study conducted by Pejtersen et al. (2010) utilized the Copenhagen Psychosocial Questionnaire (COPSOQ) identified significant negative correlations between workplace stress and psychosocial factors such as social support, job satisfaction, and a sense of community. In Ghana, Dartey et al. (2023) reported that healthcare workers experiencing elevated levels of stress exhibited diminished psychosocial well-being, characterized by emotional exhaustion and strained interpersonal relationships.

Healthcare workers in Ghana frequently encounter challenges such as understaffing, insufficient resources, and high patient loads, all of which contribute to occupational stress (Ghana Health Service, 2022). These issues are consistent with the findings from the Occupational Stress Index (OSI), which identified role overload and responsibility as significant stressors. Despite elevated stress levels, elements such as a strong sense of community at work (as indicated by COPSOQ data: 51% always) can alleviate the negative impact on psychosocial wellbeing. The findings aligns with research demonstrating that supportive workplace environments diminish the adverse effects of occupational stress.

The integration of the Occupational Stress Index (OSI) and the Copenhagen Psychosocial Questionnaire (COPSOQ) offers a comprehensive framework for understanding the relationship between occupational stress and psychosocial well-being. Occupational Stress Index (OSI) focused on specific job related stressors, including role overload, ambiguity, and interpersonal strain. It quantified the extent to which these factors contribute to psychological strain. Copenhagen Psychosocial Questionnaire (COPSOQ) assesses a range of psychosocial factors, including social support, leadership quality, job satisfaction, and organizational justice. It emphasizes protective elements such as a sense of community and meaningful work. The integrated framework illustrated how specific stressors from Occupational Stress Indicators (OSI) impact broader psychosocial results as measured by the Copenhagen Psychosocial Questionnaire (COPSOQ).

Embedded mixed-method approach was enhanced to the findings by integrating quantitative correlation analysis with qualitative insights. In Quantitative Data the Pearson correlation measured the strength of the relationship between occupational stress and psychosocial wellbeing. In Qualitative Insights the Interviews explore coping strategies for occupational stress among workers in selected healthcare centers in the Catholic Diocese of Konongo-Mampong influenced the relationship. The study revealed a statistically significant negative correlation between occupational stress and psychosocial wellbeing among healthcare workers in the Catholic Diocese of Konongo-Mampong, Ghana. Elevated levels of occupational stress stemming from factors such as role overload and increased responsibilities diminish psychosocial wellbeing indicators, including job satisfaction, sense of community, and emotional resilience.

The findings align with global literature on workplace stress while highlighting contextual challenges unique to healthcare settings in Ghana. Addressing these issues through interventions such as Psycho-spiritual Interventions, Self-care practices social support, workload management, leadership training, and the promotion of supportive workplace environments could enhance both occupational health outcomes and psychosocial well-being.

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