

Exploring a group of South African psychologists' well-being: competencies and contests

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Abstract

The aim of this study was to establish the levels of well-being of South African psychologists by implementing a mixed method research design. Positive psychology was used as framework as psychosocial well-being is a core concept in this exciting subdiscipline in psychology. In the quantitative part of the study, participants ($n = 279$) completed questionnaires consisting of four standardised measures of well-being (The Mental Health Continuum Short Form, The Wagnild Resilience Scale, Meaningfulness in Life Questionnaire and Affectometer 2). Descriptive statistics, reliability indexes and construct validity were established and frequencies were determined for the constructs flourishing and languishing. In the qualitative part, unstructured interviews were conducted with 14 participants. Thematic analysis was utilised for data analysis. Data were synthesised by identifying areas represented in both data sets and by comparing or contrasting the results. The majority of the participants (93.9%) experienced flourishing and 6.1% experienced languishing. The qualitative data analysis resulted in the identification of four themes namely, work content and work context, relational functioning, self-care practices and personal resources. Based on deductive analysis, meaning, resilience and positive affect were found to contribute positively to the participants' high levels of well-being. South African psychologists' well-being may be the result of possessing strong competencies that sustain their well-being. High scores were also found for presence of meaning, resilience and positive affect. It is recommended that identified competencies and contests as depicted in the qualitative research ought to guide intentional efforts towards sustainable well-being.

Keywords

Meaning, mixed methods research, positive affect, psychologist, resilience, South African, well-being.

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South Africa (SA) experiences a serious shortage of psychologists. Years ago, Petersen et al. (2009) indicated that 16.5% of the population require mental health services, but only 25% of the 16.5% receive care. In personal communication with Ms De Wet (HPCSA Statistics, 5 May 2015), it was determined that there were 7910 psychologists in SA in 2015, compared to a population of 54,960,000 (Statistics South Africa, 2015), which translates to the availability of one psychologist per 7913 of the 9,068,400 people of the population requiring mental health services. These numbers are in contrast with US statistics, where 33.9 psychologists were available to every 100,000 people of the entire population (American Psychological Association, 2014).

Profession-specific difficulties, compounded by the difficult socio-economic situation in SA (Kagee, 2014), including violence, communicable disease, urbanisation, civil strife, poverty, sexual violence and abuse may impact the well-being of psychologists. Jordaan, Spangenberg, Watson, and Fouché (2007) found that 56.3% of SA psychologists reported symptoms of anxiety and 54.2% reported symptoms of depression.

Only 20% of adults in the United States (Keyes, 2007) experienced high levels of well-being, as was the case with a group of Setswana speakers in SA (Keyes et al., 2008). Research is needed to determine whether SA psychologists match this trend. Studies about psychologists in SA are scarce (De Lange, 2010; Roothman, 2010) and SA psychologists' well-being levels are unknown.

Since positive human health and well-being is a trademark of positive psychology, this approach was used in this study. Well-being is a multidimensional construct that is regarded as one of the most important issues in psychological research (Sanjuán, 2011). Keyes (2002, 2005, 2007) considered well-being as operating on a continuum with flourishing at the high end, moderate mental health in the middle, and languishing on the low end. For this study, well-being is used as an umbrella term to indicate complete mental health, that is, flourishing, as a state of mental health in which people are free of mental illness and filled with high levels of emotional, psychological, and social well-being (Keyes, 2007). Keyes's model integrates the markers of high levels of psychological well-being as indicated by Ryff (1989), adding facets of social well-being, also conceptualised from an eudaimonic perspective and emotional well-being and satisfaction with life as reflective of the hedonic approach. In terms of psychosocial functioning, this means that mentally healthy individuals show, for example, low levels of perceived helplessness and high levels of resilience, positive affect (PA), and meaning.

The quantitative research question that guided this investigation was: To what extent do SA psychologists experience well-being, with specific reference to meaning, resilience and PA? It was hypothesised that the findings of this research would reflect those of Keyes (2005) and Keyes et al. (2008) that only 20% of adults experience well-being.

The qualitative research question that directed the research was: What is the nature of SA psychologists' well-being, with specific reference to meaning, resilience and PA?

Method

Participants

For the quantitative study, a random sample of 25% of the SA psychologist population was drawn for data collection. Randomisation entailed that of the 7910 registered psychologists in SA, including clinical, counselling, educational and industrial psychologists, a number was assigned to every person in the population. Number one on the list was regarded as the first person included in recruitment of the sample and every third person thereafter was alternatively selected. Thereafter, 1980 questionnaires were disseminated via land post to potential participants on 17 September 2014 and 279 were completed and returned by 20 January 2015. Szelényi, Bryant, and Lindholm

(2005) regard a response rate of 32% as acceptable. Only a 14% response rate was recorded for this study. For the quantitative part of the research, participants were recruited throughout South Africa.

The qualitative part of the study made use of purposive sampling and data were collected via unstructured interviews. Each interview was started by posing the question: 'Please tell me about your experience of well-being as a psychologist in terms of factors improving well-being, as well as those aspects that erode well-being'. Two 'gatekeepers' identified and recruited 14 participants who complied with the inclusion criteria. The sample was determined by physical proximity to the gatekeepers (and researcher). For both the qualitative and quantitative studies, clinical, counselling, educational and industrial psychologists were included and work settings included private practice, government institutions, academic institutions, nongovernment organisations (NGOs) and private companies.

Instruments

Mental Health Continuum Short Form (adapted). The Mental Health Continuum Short Form (MHC-SF) indicates levels of emotional, psychological and social well-being and indicates the degree of mental health described in this study as flourishing or languishing (Keyes, 2005). The MHC-SF has good internal consistency (Cronbach's alpha coefficient .80) and discriminatory validity. In a SA study applying the MHC-SF to a sample of Setswana-speaking participants, a Cronbach's alpha coefficient of .74 was obtained (Keyes et al., 2008). In this study, a Cronbach's alpha coefficient of .85 was obtained.

Resilience Scale. The Resilience Scale (RS) measures resilience, with higher scores reflecting higher resilience levels (Wagnild & Young, 1993). The authors reported good internal consistency with a Cronbach's alpha coefficient of .80. In a SA study investigating the resilience of nurses (Koen, Van Eeden, Wissing, & Koen, 2013), a Cronbach's alpha coefficient of .95 was obtained. In this study, a Cronbach's alpha coefficient of .95 was obtained.

Meaningfulness in Life Questionnaire. The Meaningfulness in Life Questionnaire (MLQ) assesses the presence of and the search for meaning (Steger, Frazier, Oishi, & Kaler, 2006). The authors of the scale reported a Cronbach's alpha coefficient of .88. In a study to validate the MLQ in a SA context (Temane, Khumalo, & Wissing, 2014), Cronbach's alpha values of .92 for presence of meaning and .92 for search for meaning were reported. In this study, a Cronbach's alpha coefficient of .73 was obtained.

Affectometer 2. The Affectometer 2 (AFM 2) measures general well-being on an affective level (Kammann & Flett, 1983). Overall, well-being relates to the extent to which positive emotions outweigh negative emotions. Kammann and Flett (1983) reported a Cronbach's alpha coefficient of .88. A SA study reported Cronbach's alpha coefficients of .69 for PA and .70 for negative affect (NA) (Khumalo, Temane, & Wissing, 2012). In this study, a Cronbach's alpha coefficient of .85 was obtained for PA and .82 for NA.

Procedure

Concurrent mixed method research was conducted (Creswell & Plano Clark, 2011). Participants for the qualitative study were identified via gatekeepers and unstructured interviews were conducted. The interviews were transcribed, data were analysed and conclusions and recommendations were made. Random sampling was utilised to identify participants for the quantitative part of

the study. Questionnaires were received back from ($n = 279$) participants. The data were analysed and conclusions and recommendations were made.

Ethical considerations

Approval to conduct this research was granted by the Research Ethics Committee of the participating university (approval number: NWU 00092-14-S1). Participants were informed that participation was voluntary and that they could withdraw at any time for any reason. A description of the purpose, duration, goals and benefits of the study as well as issues regarding confidentiality and anonymity were explained to participants. Consent was obtained to use audio recordings (Greeff, 2011). Participants received no payment, but participation did not incur costs. Participants could consult a psychologist if participation in the research made it necessary. Participants were invited to a workshop pertaining to this research and received access to individual results of the questionnaires.

Data analysis

The quantitative data were analysed utilising SPSS for Windows version 22 (SPSS Inc., 2015). Descriptive statistics, reliability indexes and construct validity were established for all the scales and subscales used. Confirmatory factor analysis was conducted to determine the validity of the scales. Correlations among scales were determined by means of Pearson product moment coefficients.

For qualitative data analysis, thematic analysis was utilised. Transcription and coding occurred (Creswell, 2013a) leading to the identification of themes (Creswell, 2013b). Four main themes were inductively identified, namely, work content and work context, relational functioning, self-care practices and personal resources. Inductive data analysis was deductively influenced by the main constructs of the research, namely, well-being, resilience, PA and meaning (Maree, 2007).

Trustworthiness as a measure of ethical, high-quality research (Merriam, 2009) was demonstrated through credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985), peer debriefing, an audit trail, member checks (Guba & Lincoln, 1981), crystallisation (Ellingson, 2008) and triangulation (Creswell, 2013a). Based on these principles, the findings can be considered to be trustworthy.

Results

Socio-demographic data of the participants were obtained for the quantitative and qualitative research of the study (Tables 1 and 2).

Descriptive statistics and reliability indices for the MHC-SF, RS, MLQ and AFM 2 are reported in Table 3. Cronbach's alpha reliability coefficient for the total MHC-SF was .85. The mean inter-item correlations ranged between .29 and .55, while the item-total correlations ranged between .38 and .67 for the MHC-SF.

Results indicated that 93.9% of participants were flourishing and 6.1% were languishing. Participants manifested with moderately high levels of resilience, with a range of 27–175 and a mean score of 146. More participants experienced presence of meaning in life (mean score, 29.83) than those who were searching for meaning in life (mean score, 20.85). More participants experienced PA (mean score, 39.43) than those who experienced NA (mean score, 16.58).

Table 4 presents the correlations between the MHC-SF markers of well-being and other measures of well-being.

Table 1. Socio-demographic data of participants from the quantitative part of the study.

		Frequency	Percent
	Age		
	20–30	19	7.5
	30–40	59	23.1
	40–50	74	29.0
	50–60	55	21.6
	60 and older	43	16.9
	Total	250	98.0
Missing	System	5	2.0
Total		255	100.0
	Qualification		
Valid	Master's degree	187	73.3
	Doctorate	68	26.7
	Total	255	100.0
	Gender		
Valid	Male	72	28.2
	Female	182	71.4
	Total	254	99.6
Missing	System	1	0.4
Total		255	100.0
	Registration category		
Valid	Clinical	91	35.7
	Counselling	68	26.7
	Educational	44	17.3
	Industrial	44	17.3
	Total	247	96.9
Missing	System	8	3.1
Total		255	100.0
	Years' experience as psychologist		
Valid	0–5	43	16.9
	6–10	50	19.6
	11–15	47	18.4
	16–20	36	14.1
	21–25	30	11.8
	26–30	24	9.4
	31 and more	25	9.8
	Total	255	100.0
	Province		
	Gauteng	104	40.8
	Limpopo	5	2.0
	Mpumalanga	2	0.8
	Western Cape	73	28.6
	North-West	6	2.4
	Eastern Cape	23	9.0
	Kwazulu Natal	25	9.8
	Free State	14	5.5
	Northern Cape	0	
	Total	252	98.8

(Continued)

Table 1. (Continued)

		Frequency	Percent
Missing	System	3	1.2
Total		255	100.0
	Daily work hours		
Valid	0–2	11	4.3
	3–5	43	16.9
	6–9	117	45.9
	10–11	65	25.5
	12 and more	15	5.9
	Total	251	98.4
Missing	System	4	1.6
Total		255	100.0
	Work setting		
Valid	Private practice	120	47.1
	Government	25	9.8
	Employee assistance programme	3	1.2
	NGOs	7	2.7
	Academic institutions	20	7.8
	Corporate	24	9.4
	Other	5	2.0
	Total	204	80.0
Missing	System	51	20.0
Total		255	100.0

NGOs: nongovernment organisations.

Steyn's (2009) guidelines for the effect size of correlations were used: $r = .1$ small, $r = 0.3$ medium, and $r = .5$ large. The effect size of presence of meaning in life and well-being were consequently large as were search for meaning and social well-being, PA and psychological well-being, PA and total well-being, affect balance and total well-being and resilience and psychological well-being.

Table 5 demonstrates that the Minimum Sample Discrepancy divided by Degrees of Freedom (CMIN/DF) indicated a good fit. A relatively acceptable comparative fit index (CFI) was found for the two-factor model while a root mean square of approximation (RMSEA) value of .78 with a 90% confidence interval was obtained.

The qualitative results were based on textual data. Four main themes were identified, namely, work content and work context (subthemes were boundaries, ethical obligations, scope of practice, workload, learning and training, impact of the interventions, receiving feedback, being expected to deal with their own as well as others' problems, resources and experiencing work as meaningful as a result of job satisfaction); relational functioning (subthemes were relationships, relational connectedness and support systems); self-care practices (subthemes were recognising personal needs and planning self-care activities, personal responsibility, counteracting the impact of general attitudes and beliefs about psychologists, religion and spirituality and self-awareness and self-knowledge) and personal resources (subthemes were individual traits, character strengths and emotional functioning). Inductive data analysis was deductively influenced (Maree, 2007) by the main constructs of the research, namely, well-being, resilience, PA and meaning. The following quotations relate to how work content and work context and specifically the subthemes of boundaries and workload influenced participants' well-being:

Table 2. Socio-demographic data from the qualitative part of the study (percentages and frequencies).

Tenure	Category of registration	Home language	Gender
1–10 years: 43% (6)	Clinical: 50% (7)	Afrikaans: 50% (7)	Female: 86% (12)
11–20 years: 36% (5)	Counselling: 14% (2)	English: 43% (6)	Male: 14% (2)
21–29 years: 14% (2)	Educational: 14% (2)	Zulu: 7% (1)	
29+ years: 7% (1)	Industrial: 22% (3)		
Workplace			
Private practice: 43% (6)			
Academic: 22% (3)			
Government: 14% (2)			
Corporate: 14% (2)			
NGO: 7% (1)			

NGO: nongovernment organisation.

Table 3. Descriptive statistics and alpha coefficients.

Measure	Mean	SD	Minimum range	Maximum range	α
MHC-SF_E	14.62	2.12	6.0	18.0	.78
MHC-SF_S	21.06	3.73	9.0	30.0	.67
MHC-SF_P	30.02	3.81	13.50	35.0	.78
MHC-SF_T	65.70	8.09	28.50	84.0	.85
MLQ_P	29.83	5.12	5.0	35.0	.85
MLQ_S	20.85	8.57	5.0	35.0	.84
MLQ_T	50.69	8.93	14.0	70.0	.72
AFM_P	39.43	5.31	20.00	50.0	.85
AFM_N	16.58	5.09	10.0	36.0	.82
RS	145.72	20.39	27.0	175.0	.94

MHC_E: Mental Health Continuum Emotional well-being; MHC_S: Mental Health Continuum Social well-being; MHC_P: Mental Health Continuum Psychological well-being; MHC_T: Mental Health Continuum Total; MLQ_P: Meaning in Life Questionnaire Presence of Meaning; MLQ_S: Meaning in Life Questionnaire Search for Meaning; MLQ_T: Meaning in Life Questionnaire Total; AFM_N: Affectometer Negative Affect; AFM_P: Affectometer Positive Affect; RS: Resilience Scale.

'I'm learning . . . to distance myself from their pain and . . . be more objective in terms of what is right for them . . . I can't fix everything, I can't change everything' (P7f = Participant number 7, f = female) and 'I was working . . . in correctional services . . . I actually had . . . burn out . . . because I was the only psychologist with 3000 inmates and the workload was overwhelming' (P5f).

From a dualistic perspective, research confirms that boundaries can alleviate stress (De Lange, 2010). Similarly, time boundaries and demarcation of 'self' and 'other' are important relative to psychologists' well-being (Ruysschaert, 2009). Existing literature confirms participants' concerns that excessive workload is a risk factor and is associated with burnout (Schaufeli & Bakker, 2004), lower levels of well-being (Coffey, Dugdill, & Tattersall, 2009) and negative relationships (Shier & Graham, 2013).

In terms of relational functioning, the importance of relationships is described in the following extract:

Table 4. Correlations.

		MHC_EWB	MHC_SWB	MHC_PWB	MHC_T
MLQ_P	Correlation coefficient	.470**	.381**	.476**	.555**
	Sig. (two-tailed)	.000	.000	.000	.000
	N	274	274	274	274
MLQ_S	Correlation coefficient	-.088	-.019	-.137*	-.121*
	Sig. (two-tailed)	.147	.753	.023	.045
	N	274	274	274	274
MLQ_T	Correlation coefficient	.138*	.182*	.045	.134*
	Sig. (two-tailed)	.022	.003	.459	.026
	N	274	274	274	274
AFM_PA	Correlation coefficient	.500**	.422**	.491**	.568**
	Sig. (two-tailed)	.000	.000	.000	.000
	N	276	276	276	276
AFM_NA	Correlation coefficient	-.467**	-.416**	-.419**	-.527**
	Sig. (two-tailed)	.000	.000	.000	.000
	N	276	276	276	276
AFM_PN Coefficient	Correlation coefficient	.521**	.451**	.494**	.593**
	Sig. (two-tailed)	.000	.000	.000	.000
	N	276	276	276	276
RS	Correlation coefficient	.380**	.333**	.504**	.520**
	Sig. (two-tailed)	.000	.000	.000	.000
	N	276	276	276	276

MHC_EWB: Mental Health Continuum Emotional well-being; MHC_SWB: Mental Health Continuum Social well-being; MHC_PWB: Mental Health Continuum Psychological well-being; MHC_T: Mental Health Continuum Total; MLQ_P: Meaning in Life Questionnaire Presence of meaning; MLQ_S: Meaning in Life Questionnaire Search for meaning; MLQ_T: Meaning in Life Questionnaire Total; AFM_NA: Affectometer Negative affect; AFM_PA: Affectometer Positive affect; AFM_PN: Affectometer Positive-Negative Balance; RS: Resilience Scale.

*. Correlation is significant at the .05 level (two-tailed).

**. Correlation is significant at the .01 level (two-tailed).

What is it that drives me . . . what is it that rocks my boat or blows my hair back . . . and what brings me to work on a daily basis . . . what I have to have in my environment is the ability to form relationships with people. (P11f)

Research confirms that relationships are extremely important in the context of well-being (Lyubomirsky, King, & Diener, 2005). Family relationships create meaning in life (Peterson, Park, & Seligman, 2005), while social exclusion reduces meaning (Stillman et al., 2009).

In relation to the impact of self-care practices on well-being, the following verbatim account explains psychologists' perceptions:

To be well means you have to take care of yourself and to be able to take care of yourself, you must know yourself very well, you can't . . . just go on and on and . . . not take care of yourself, you really have to

Table 5. CFI, RMSEA, and goodness of fit.

			Standardised estimate	SE	CR	p
Standardised regression weights: (Group number 1 – default model)						
EWB←MLQ			-.389	.032	-2.145	.032
EWB←AFM			.495	.006	3.000	.003
EWB←Resilience			.035	.025	0.639	.523
Estimate						
Correlations: (Group number 1 – default model)						
MLQ↔AFM			-.750			
Resilience↔MLQ			-.343			
Resilience↔AFM			.410			
Model	NPAR	CMIN	DF	p	CMIN/DF	
Default model	102	1399.875	458	.000	3.056	
Saturated model	560	0.000	0			
Independence model	32	5730.407	528	.000	10.853	
Model	NFI Delta 1	RFI rho 1	IFI Delta2	TLI rho2	CFI	
Default model	0.756	0.718	0.821	0.791	0.819	
Saturated model	1.000		1.000		1.000	
Independence model	0.000	0.000	0.000	0.000	0.000	
Model	RMSEA	LO 90	HI 90	PCLOSE		
Default model	0.086	0.081	0.091	0.000		

CFI: comparative fit index; RMSEA: root mean square of approximation; SE: standard error; EWB: emotional well-being; MLQ: Meaningfulness in Life Questionnaire; AFM: Affectometer; DF: degrees of freedom.

sit and ask yourself, what do you need right now? . . . if you need to do something, don't neglect your needs . . . if you need to go out . . . you do that . . . if you need to . . . have a proper academic supervision session, then you do that, but look out for your needs, don't . . . neglect that, because that will influence your career. (P9f)

Existing literature supports participants' accounts concerning the relevance of self-care in achieving well-being (Wise, Hersh, & Gibson, 2012).

Finally, the following quotations provide insight into the influence of personal resources on psychologists:

My frustrations and my emotions sometimes that goes um hand in hand with my work, and what happens here. (P9f)

It's almost like the, the platform from which you . . . the diving plank from which you can then dive into the pool of life . . . and the higher that plank is off the ground, and with higher I just mean the stronger it is, the more spins you can make in the air to make it worthwhile . . . character strength, resilience, optimism . . . is so important. (P11f)

Existing research alludes to the potential of positive emotions to build personal resources associated with well-being (Fredrickson, 2001). Also, although traits are fixed, there is a relationship between some traits and some character strengths. For example, the traits of agreeableness and extraversion are related to the character strengths of love and gratitude and curiosity and zest, respectively (Keyes, Kendler, Myers, & Martin, 2015).

The expectation that approximately 20% of SA psychologists would experience flourishing levels of well-being was not confirmed. Instead, 93.9% experienced flourishing. Being a first study of its kind, no comparisons could be made for the quantitative part of this research. The qualitative data contribute significantly to the investigation of SA psychologists' well-being, through providing a vivid description of their experiences of meaning, resilience and PA.

Significant positive correlations between the scales and subscales (MHC-SF, MLQ, RS, and AFM 2) indicate that the underlying constructs have features in common. The high level of correlation between the various subscales of the MHC-SF is indicative of the subscales' influence on each other. The strong correlation noted between the MHC-SF subscales in the study of de Bruin and du Plessis (2015) and Koen et al. (2013) is confirmed in this study.

Strong relationships were noted between the MLQ and the AFM (.75), and the MHC-SF subscale of emotional well-being and the AFM 2 (.50). Strong correlations were found between PA and all the subscales of the MHC-SF (.50, .42, .49, and .57), while negative correlations were found between NA and all the MHC-SF subscales (-.47, -.42, -.42, and -.53). There was a strong correlation between PA balance and all the subscales of the MHC-SF (.52, .45, .49, and .59).

There was a strong correlation between the MHC-SF psychological well-being subscale and the MHC-SF total well-being subscale (.50 and .52). Presence of meaning strongly correlates with all the MHC-SF subscales (.47, .38, .48, and .56), whereas the search for meaning shows negligible correlations with the various MHC-SF subscales (-.89, -.2, -.14, and -.12). Table 4 depicts the correlations described above.

In terms of the MHC-SF subscales, the .7 measure of acceptability was not achieved for social well-being (.67). The following qualitative account may shed light on this finding: 'I was very negatively impacted by, by family relationships'. 'One of the biggest challenges for me is balancing my, my social life' (P11f).

Although social well-being was the lowest indicator of well-being in the quantitative study, many of the participants in the qualitative part of the study suggested that isolation provided a space for self-regulation and maintaining their balance. This suggests a discrepancy between existing research and this study that warrants future research attention.

Participants displayed higher levels of PA than NA. This could be related to the character strengths that were mentioned by the participants, such as gratitude, creativity and love. Feeling engaged (Bakker & Sanz-Vergel, 2013; Soane et al., 2013) and experiencing flow as being absorbed in meaningful activities also seemed to influence participants' higher levels of PA and these aspects have been confirmed in existing empirical research (Durayappah, 2011; Mirowska, 2011; Tobert & Moneta, 2013; Vella-Brodrick, 2011).

The positive correlations among all the scales used in this study support existing research findings that indicate that well-being, meaning, resilience and PA are strongly interrelated (Fredrickson, 2001, 2006, 2013; Keyes, 2005, 2007, 2009; Ryff, 2013, 2014; Seligman, 2011). This evidence can be useful in the continuous refining of the definition of well-being and its related constructs.

Discussion

The primary finding of this study was that most psychologists experience high levels of well-being and could be categorised as flourishing. The qualitative data were valuable and illuminated the

quantitative findings pertaining to psychologists' high levels of well-being. Vivid descriptions of flourishing revealed how psychologists have mastered specific competencies relative to well-being. However, flourishing is a dynamic process and psychologists also experienced contests that may have restrained their flourishing. Therefore, consistent awareness and effort is required to ensure sustainable well-being.

Also, the quantitative data provided insight regarding possible warning signs, such as lower scores for social well-being. Participants showed insight about the complexity as to the negative aspects pertaining to relationships that could adversely impact their well-being, such as significant others' poor understanding of their work. Therefore, participants stressed the need to distinguish between relationships that could potentially sustain their well-being and relationships that posed threats and potential languishing. Nonetheless, it is important to note that simply patching up weaknesses is not the route to optimal levels of well-being.

Although psychologists seem to be flourishing, they should continuously reinforce their efforts to promote their well-being. The high levels of correlation between the various scales and subscales used in this study confirm the interrelationships between well-being, meaning, resilience and PA. Future research remains important to purposefully explore the effect of these indicators on the protection and promotion of SA psychologists' well-being.

Since the empirical study indicated that psychologists do not experience optimal levels of social well-being, it is recommended that psychologists observe competencies such as boundaries and supportive relationships, while becoming aware of the expressed need for isolation and considering the value of isolation in relation to their overall well-being. Although psychologists at times isolate themselves to recuperate, this form of isolation is distinct from the isolation that is associated with burnout and pathology (Webb, 2011). It is recommended that future research investigate the issue of isolation and effective management of negative spill-over with regard to psychologists' social well-being.

Participants for the quantitative study were recruited nation-wide from the professional register of psychologists, were from different registration categories and worked in various settings, but the possibility of self-selection bias remains, which relates to the qualitative study as well, considering that within the context of purposive sampling, convenience sampling occurred, limiting participants to the Gauteng region of SA. The low response rate of 14% (279 from 1980) may have been due to a SA Post Office strike at the time, causing loss and late deliveries of posted documents and may indicate that the numbers of psychologists who were flourishing could be much lower and that those psychologists who responded may have been the 'cream' of a population who may not be flourishing to the same extent. Findings should therefore be generalised cautiously. Nonetheless, in comparison to other studies relating to psychologists in SA, this study has had a relatively high number of participants.

Conclusion

Psychologists succeed in their efforts towards sustainable well-being by fortifying competencies and managing of contests. While competencies may imply pathways for positive functioning, contests might hint at vulnerabilities. Flourishing is a dynamic process that must be cultivated intentionally.

Ultimately, psychologists as providers of care in the SA health sector must make the commitment suggested by Keyes (2010, p. 26), namely that 'if we want better mental health, we must focus on positive mental health'. Specific actions lead to flourishing and need to be actively pursued to ensure the well-being of SA psychologists. The study provides empirical evidence indicating that

an overwhelming number of psychologists in SA experience flourishing. Meaning, resilience and PA impact well-being and those constructs represent markers of fulfilling lives.

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