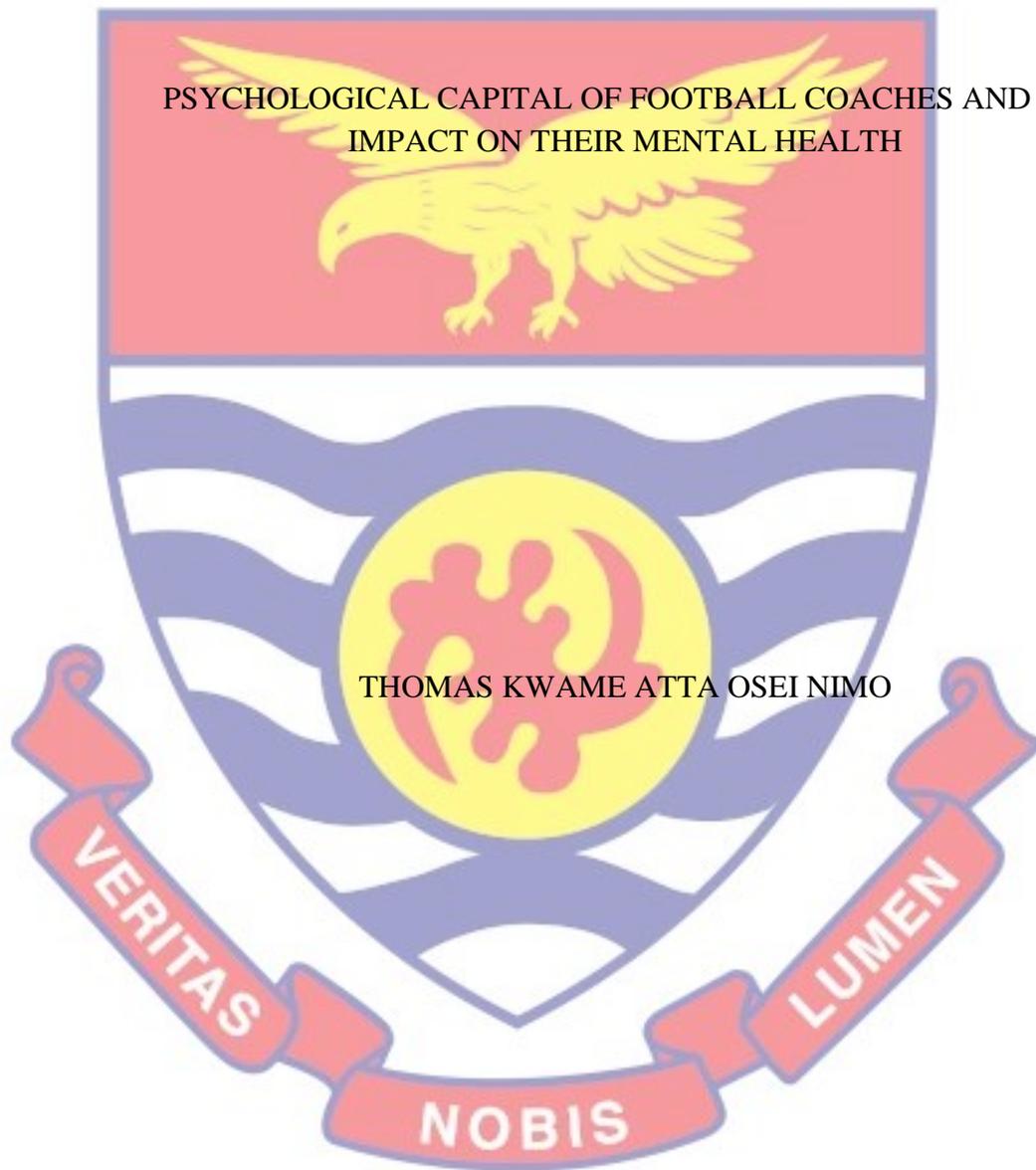


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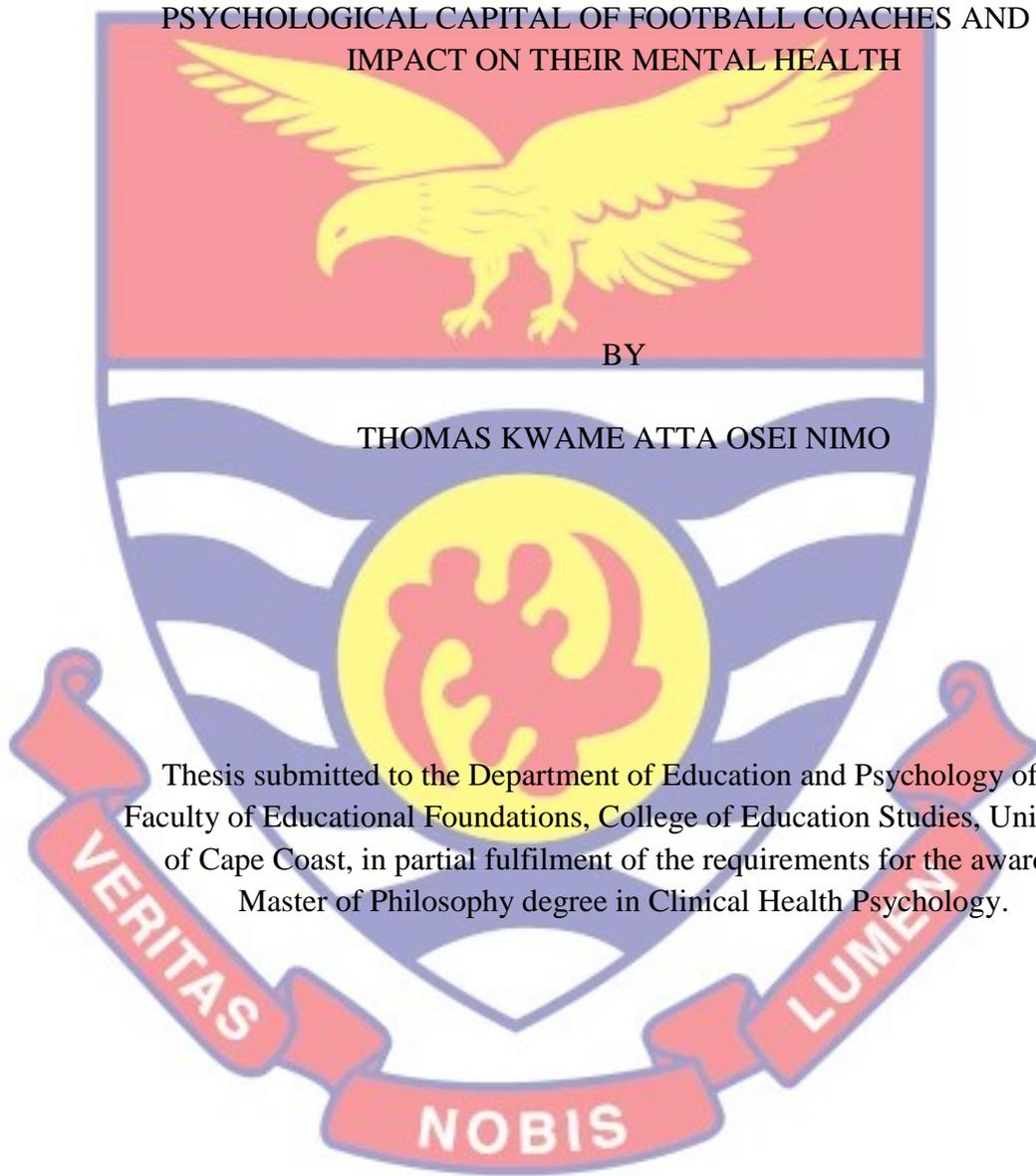
UNIVERSITY OF CAPE COAST

PSYCHOLOGICAL CAPITAL OF FOOTBALL COACHES AND ITS  
IMPACT ON THEIR MENTAL HEALTH

BY

THOMAS KWAME ATTA OSEI NIMO

Thesis submitted to the Department of Education and Psychology of the  
Faculty of Educational Foundations, College of Education Studies, University  
of Cape Coast, in partial fulfilment of the requirements for the award of  
Master of Philosophy degree in Clinical Health Psychology.



NOVEMBER 2021

## DECLARATION

### Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature:..... Date:.....

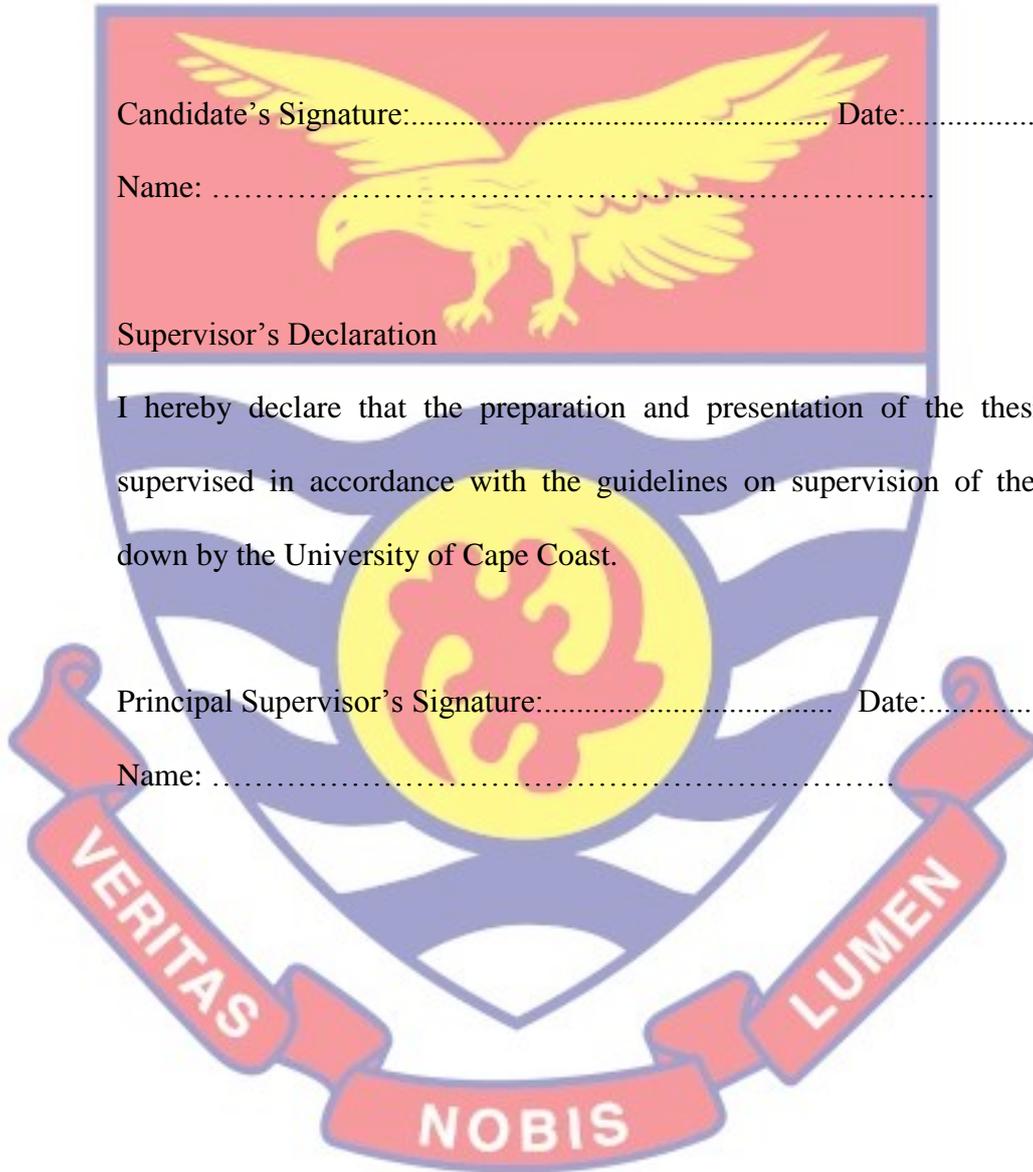
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### Supervisor's Declaration

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature:..... Date:.....

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## ABSTRACT

Psychological Capital (PsyCap) is a recently emerging concept that has piqued research interest and investigations in clinical psychology. While mental health and the self-help industry is equally booming with researches aimed at alleviating mental illnesses. This study sought to profile the PsyCap and mental health of all 51 registered football coaches in the Ghana Premier League with the PsyCap questionnaire (short form) and Keye's Mental Health Continuum Questionnaire. The study adopted a mixed methodology (embedded design) to explore on one hand, the predictive value of PsyCap on the mental health of this highly stressed population and on the other hand, investigate behaviours that elite coaches intentionally engaged in and believed attributed to their flourishing state of mental health. It was found that football coaches possess exceptional levels of mental health and PsyCap. The study found a significant predictive value of PsyCap on the mental health of football coaches. The study also identified music, meditation, religion and religious activity, social and professional support, exercise and physical activity, positive affirmations and attributes, relaxation and nature, and work life balance as protective factors that shielded football coaches from the stressors of their job. The study concluded that given the evidence of the presence of PsyCap and mental health in a population once thought to undergo a lot of stress, intentional healthy behaviours can help people thrive, but with a low predictive value obtained from the regression analysis, the study recommends that a larger sample be used and other factors that may affect the relationship be explored.

KEYWORDS

Psychological Capital (PsyCap)

Mental health

Mental toughness

Football coaches

Flourishing

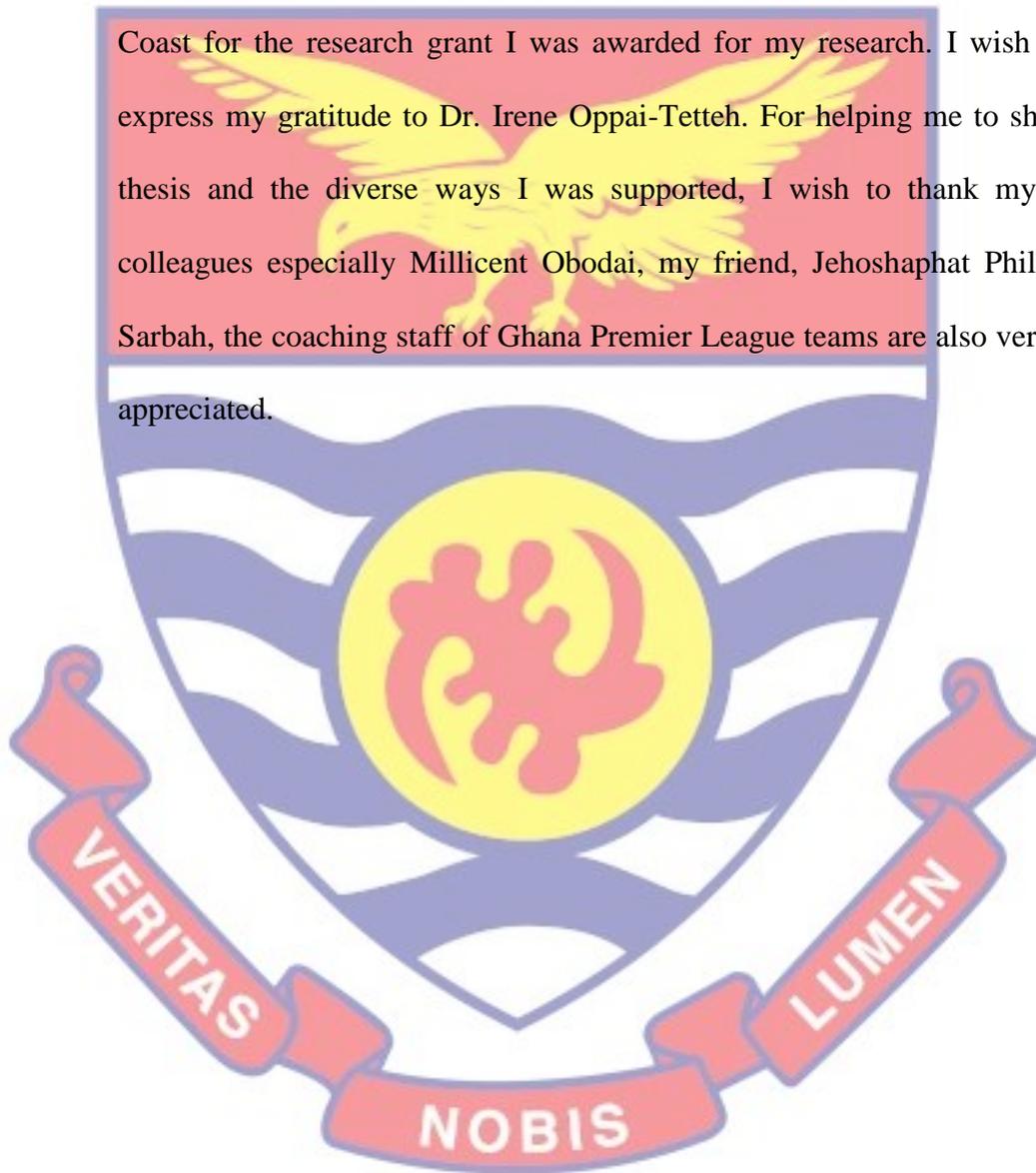
Moderately mentally healthy



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DEDICATION

To all who seek positive states of being



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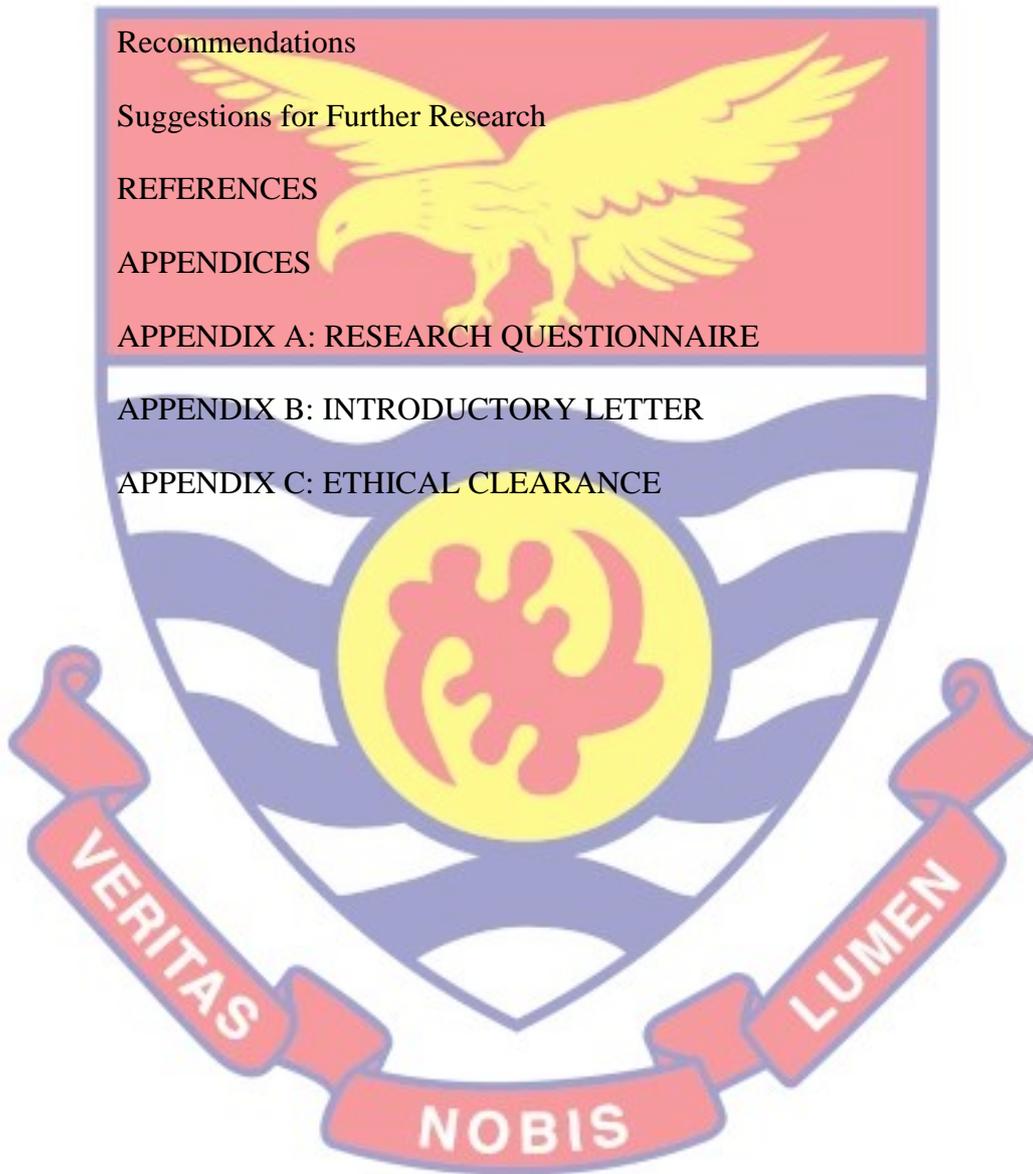
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## CHAPTER ONE

### INTRODUCTION

The ability of football coaches to ward off stress and maintain composure and sanity even when they lose matches is an intriguing area and the interest of most researches have been to explore the positive constructs that play a role in this. Other studies have explored PsyCap and mental health among health workers (Estiri et al., 2016; Selvaraj, 2015) with little or no work on these variables among football coaches. As a result, the PsyCap and mental health of Ghanaian football coaches were investigated in this study. The goal of this research was to look into the link between coaches' PsyCap and mental health, as well as the habits that may have influenced their levels of PsyCap and mental health, in order to highlight how difficult football coaching can be in Ghana.

#### **Background to the Study**

Research on sports coaching is growing and for the purposes of understanding the nuanced roles of coaches, the primary aim would be to understand the coaches' roles in athlete performance outcomes (Jones et al., 2016). Coaches' contribution to athletes outcomes have long been implicated as a quintessential part of a pool of contextual and social factors associated with positive athlete outcomes (Horn, 2008). Indeed, this suggests the indispensable nature of the coaching profession.

Sports coaches have become more important than ever as a component of the systematic process of enhancing athlete performance outcomes as a

result of the institutionalisation and subsequent monetisation of sports (Duffy et al., 2011). Moreover, as the role of participatory sports coaching has grown in society, it has been acknowledged as an important aspect of most governments' agendas as they strive to improve citizens' physical health (Grix & Carmichael, 2012). Coaches nonetheless are not immune from the pressures

of work. Even more than the average, they are consistently fraught with difficult situations—pressure from fans to always win, time and job demands and little or no time for relaxation in the course of performing their jobs which may impact their performance (Thelwell et al., 2008). Coaches are increasingly under pressure to perform well 'every time,' as the level of competition on and off the field rises (Osborne et al., 2016). Coaches who are dealing with these issues and the strain of high expectations may be coping effectively or poorly, putting their health in jeopardy.

Consequently, both athletes and coaches stand greater risks of receiving diagnosis of mental health problems, i.e., anxiety and depression (Rice et al., 2018). Therefore, understanding how to improve the psychological well-being of sports coaches has become an increasingly prudent topic for discussion in modern sports organisations (Kim et al., 2019). Ensuring an optimal level of emotional and psychological state is therefore paramount in the coaching profession (Thelwell et al., 2008). More so, in order to overcome or deal with the challenges in sports coaching, useful coping resources would have to be desperately assessed and their outcomes appraised for recommendation in other equally stressful working spheres.

In the course of understanding the coping resources that have been adopted by sports coaches, there has been the exploration of traits coaches

possess, that enhance their effectiveness and mental well-being and this is an emerging area in research. One of such popular traits emerging in literature is PsyCap (PsyCap). It has been popularised among employees and organisations all over the world. PsyCap has gained much attention in business and education literature (Burhanuddin et al., 2019), since extensive study has revealed that the development of PsyCap is favourably connected with employee mental health and work performance, including engagement, job happiness, and motivation to work (Kim et al., 2019). The PsyCap phenomenon garners the positive approach to life where the need to explore more positive traits is promoted.

The introduction of the positive psychology movement indicated the decision to shift away from the disease and illness model and toward a new way of looking at the world with positive attributes and strengthening positive qualities in people. It all started in 1998, when American Psychological Association (APA) president Martin Seligman used the concept of positive psychology as the focus of his annual address to the organisation. Positive psychology, he defined, is “the positive subjective experience.” According to Seligman, the former approach to psychology, which concentrated solely on mental diseases and human disease, was a product of history and was suitable at the time. He never dismissed the necessity for the dysfunctional and sick models; rather, he recommended the beginning of a new focus, a shift in attention and study toward more positive human approaches.

In this light, positive psychology gained a foothold in nearly every aspect of human functioning, particularly in the workplace. Researches took interests in areas like management, industries, health, and sports. Luthans

(2002) pioneered the wave of positive approaches in organisational behaviour by mapping the positive organisational behaviour (POB). To Luthans, rather than focusing on managing flaws, employers should focus on developing human strengths. Positive psychology, or POB, served as the foundation for Luthans' higher-order construct, Positive PsyCap, or simply PsyCap.

According to Luthans et. al. (2007), the term PsyCap considers the human and social capital to the actual self (who we are). For him, PsyCap as an individual's developmental state characterised by resilience, hope, self-efficacy and optimism. These four components, according to Luthans, make up the positive state of PsyCap, which can be calculated, developed, and efficiently controlled in today's workplace for performance improvement. (Luthans, 2002). Collectively, these dimensions have a positive effect on a person's performance and conduce a strong defence against internal and external stressors. Recent studies suggests that this potent new approach to the construct of PsyCap (PsyCap), might just be the key to understanding the human condition and its associated problems through its recognition and development of psychological differences among individuals (Luthans et al., 2007).

Despite the encouraging results, PsyCap within the sporting realm (Kim et al., 2017) have not seen a lot of development. There is however, a burgeoning demand to develop PsyCap within employees to ensure better work-related outcomes and improve their psychological wellbeing while preventing the negative consequences from work interactions, and task loads employees face within workspaces.

Developing PsyCap has been heavily linked with positive results (Burhanuddin et al., 2019) and these four positive constructs i.e., hope, efficacy, resilience and optimism or HERO, have been theoretically and empirically tested. In terms of conceptualisation of the constructs that make up PsyCap, (Snyder et al., 1991) conceptualised hope as a state of positive

motivation derived from the sense of successful willpower to pursue a goal, and developing the ability to generate alternative paths to achieve goals even when obstacles are hindering plans. Efficacy was drawn from Bandura's, (2000) social cognitive theory. It is a notion that explains a person's belief in his or her skills to assemble the energy, cognitive resources, motivation, and necessary actions to complete a specific activity at a specific time and place (Stajkovic & Luthans, 1998). Resilience has also been conceptualised as the ability to rebound from challenges, failures, adversities and even positive events and increased responsibility (Luthans, 2002). (Seligman, 1998) captured optimism as an attributive style where negative events are interpreted as external, temporary, and situation-specific with positive events having opposite causes.

Previous studies have pointed out that PsyCap positively predicted employee outcomes, including work engagement (Avey et al., 2011), work performance (Luthans et al., 2008), job satisfaction (Luthans et al., 2007, 2008), and organisational citizenship behaviour (Beal III et al., 2013). It has also proven to influence stress-perception, coping, and ultimately the level of mental health for college students, lawyers and employees of various organisations (Knudson, 2015; Selvaraj, 2015; Youssef-Morgan & Luthans,

2013). In this feat, PsyCap has been implicated as having a relationship with mental health.

Mental and behavioural disorders represented 11% of the total disease burden in 1990 worldwide, expressed in terms of disability-adjusted life years (DALYs) (World Health Organization [WHO], 2001). A 15% increase was predicted by 2020. Mental health problems also result in a variety of other costs to the society (WHO, 2013). Depression was the fourth-largest contributor to the illness burden in 1990, and it is anticipated to be the second-largest contributor by 2020, after ischemic heart disease. Despite this, most governments and cultures have ignored mental health issues. WHO data shows that there is a significant gap between the resources available in nations for mental health and the burden caused by mental health issues (WHO, 2001). In contrast to global population health improvements in recent decades, the burden of mental disease has increased (Desjarlais, 1995).

Mental health is a neglected area of health care in Ghana, with few doctors and skilled researchers in the subject, as well as low quantity and quality of research. (Read & Doku, 2012). Mental health is frequently misunderstood as a term that refers to mental illnesses. However, mental health can be understood from a broader perspective that includes a positive aspect of the concept (WHO, 2003). Mental health is “a state of well-being whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities” (WHO, 2003). Individuals' ability to grow themselves, deal with life's challenges, and participate in society by contributing to it is referred to as mental health. (WHO, 2013).

Furthermore, mental health is a key term in the World Health Organisation's (2004) delineation of health, which is "a condition of complete physical, mental, and social well-being, rather than only the absence of sickness or infirmity." Mental disease, on the other hand, encompasses all diagnosable mental disorders that manifest as irregularities in cognition, emotion, or mood, as well as the most integrative aspects of human behaviour, such as social interactions (Satcher, 2001). Mental health and mental illness can be thought of as two ends of a spectrum that are linked together. Mental health concerns encompass all states of being, including mental health and mental illness, and will be the focus of this research.

The mere participation in sport has proven to be beneficial for health and wellbeing, however, the recent competitive nature of sports has been implicated in poor mental health among sport participants (Dvorak et al., 2016). There appears to be relatively scant research on the mental health of coaches particularly football coaches (Rice et al., 2016). However, they are just as likely prone to psychiatric disorders. Some of the issues that have been associated with poor mental health in literature include; negative emotional consequences of injury, increased risk of substance and alcohol abuse, long periods of separation from family, excessive worry on media reportage, being critical of failure and relationship problems (Breslin et al., 2017).

The nature of coaching therefore makes it crucial to investigate the PsyCap levels and mental health levels of coaches and to explore if there are any practices coaches employ to ward off challenges that come with the job.

## Statement of the Problem

Since the introduction of Positive Psychology, it has been focused on finding the specific enduring traits that, when improved, can predict total happiness and eradicate mental health problems in people (Kobau et al., 2011). Many studies have been committed to investigating the specific traits that, if possessed by sports coaches and elite athletes, can help them thrive in their very harsh and stressful working environments (Bailey et al., 2013; Charbonneau et al., 2001; Sharma & Nigam, n.d.).

Working within the dynamic 21st-century environment, a football coach may require a certain set of psychological resources to meet the club's demands and achieve global competitiveness. Studies on job resources i.e., task identity autonomy and PsyCap have been implicated as essential predictors of positive attitudes and behaviours of workers (Bakker & Demerouti, 2007). Nevertheless, research on the role of PsyCap on work-related behaviours and attitudes remains dearth. Moreover, PsyCap has been found to relate to increased work performance, organisational commitment, job satisfaction, psychological well-being and happiness (Avey et al., 2011). There is some evidence of a possible relationship between wellbeing and PsyCap, implying that PsyCap development improves good health (Avey et al., 2010; Luthans et al., 2007). Since coaches go through a substantive amount of stress (Thelwell et al., 2008), which can likely pose a threat to their mental health, there is a need to look at their levels of PsyCap and mental health to fill the gap in literature.

Contextually, while few studies have examined PsyCap and mental health, they were done among counselling students and nurses - (Estiri et al.,

2016; Selvaraj, 2015). There is but scarcity in the amount of work that has been done on exploring the association that exist between PsyCap and mental health among coaches in Ghana. PsyCap has been investigated in a lot of organisational settings and among many populations, including but not limited to management, military, health, law and education (Jafri et al., 2013; Knudson, 2015; Pradhan & Nath, 2012) and has been seen to predict positive organisational outcomes that is performance, job satisfaction, employee relations. Quintessential of them are researches that focus on the PsyCap of top management organisations that go through a substantive amount of stress (Thelwell et al., 2008). PsyCap has been implicated to predict positive performance outcomes and job satisfaction among this population. The interest therefore of this study is to find out if PsyCap can yet again predict mental states among a population that has a high stress job (coaches) in a country that is yet to also research into PsyCap (Ghana).

The self-help literature is always in search of positive experiences and intentional behaviours that can guide self-directed coping. More importantly to clinical psychology practice is finding practices that can be dubbed as evidence-based practices to help clients that undergo much work-related stress and have their mental health under siege. In the sport management literature, many studies have been committed to investigating the specific psychological resources that, if possessed by athletes, can help them thrive in their very harsh and stressful working environment (Bailey et al., 2013; Charbonneau et al., 2001; Sharma & Nigam, n.d.). The researcher therefore was interested in exploring what practices sports coaches use to insulate themselves from stress.

In methodology, PsyCap has been investigated using qualitative (Çimen & Ozgan, 2018; Kalman & Summak, 2017) and quantitative methodologies (Li et al., 2014; Safari et al., 2017). More importantly, quantitative researches have been given priority because of the ease with which the concept of PsyCap as a core construct can be substantiated with the questionnaire Fred Luthans developed (Burhanuddin et al., 2019). Again, mental health research has an affinity towards using questionnaires with psychometric properties that can be relied upon (Petrillo et al., 2015; Roldán-Merino et al., 2017). Recommendations of the recent books published by the propounders of PsyCap propose that more diversified tools be used in assessing PsyCap (Luthans et al., 2015). They believed that embedding researches in organisations to examine qualitatively how, for instance, PsyCap hope is developed and how it manifests in communications would be a very useful avenue to pursue in future research. The same is true for employing both qualitative and quantitative in a mixed-method design (Creswell et al., 2011). This work therefore adopted an embedded mixed-method approach to study the phenomenon.

Given the paucity of evidence into the links between PsyCap and other mental illnesses and mental health (languishing, moderately mentally healthy, and flourishing) in sports settings, this study aims to contribute to existing knowledge in sports psychology, positive mental health, and positive psychology by examining the constructs of mental health and PsyCap of sports coaches using a mixed methods approach. The work further delves into the practices the coaches use to improve their mental health.

### **Purpose of the Study**

This research sought to examine the PsyCap of football coaches and its impact on their mental health as well as the practices that improved their mental health. Specifically, the study investigated;

1. The level of PsyCap of football coaches
2. The level of Mental Health of football coaches
3. PsyCap as a predictor of mental health of football coaches.
4. The practices coaches use to improve their mental health.

### **Research Questions**

1. What is the level of PsyCap of football coaches?
2. What is the level of mental health of football coaches?
3. What are the practices coaches use to improve their mental health?

### **Research Hypothesis**

1.  $H_1$ : PsyCap will significantly predict the mental health of football coaches.

### **Significance of the Study**

The findings of this study provide policymakers with data on some of the useful coping practices and interventions coaches used to ward off stress and related conditions as well as an understanding on how coaches develop interventional strategies to improve mental toughness with wide applications for burnout, stress, anxiety, and depression across clinical, multiple organizational, or social settings.

The study also provides baseline data for the usefulness of the PsyCap attributes exhibited by football coaches and their application to everyday life in the general population.

This work has some merit on clinical psychology as the practices that coaches use to improve their mental health can be modeled as resistance strategies and therapeutic goals for clients and employees from high stressed job contexts. It can be very instrumental for self-directed behaviour against stress.

The findings of this study endeavour to expand the knowledge base of the discipline of clinical health psychology and the literature on the applications of PsyCap across multiple social and psychological domains, while equipping individuals with knowledge and skills for self-directed coping.

#### **Delimitation**

1. This study focused on PsyCap amongst sports coaches and found what cognitive practices and rituals enabled them to improve their mental sturdiness.
2. The study was limited to registered football coaches under the Ghana Football Association.
3. The respondents included registered football coaches who had more than one year of experience.

#### **Limitations**

Due to the allotted time to explore the practices coaches use to boost their mental health, not all practices that the coaches use was listed possibly because of memory decay or forgetfulness. The small population size contributed to the low predictive value of PsyCap on mental health.

## Definition of Terms

1. Psychological capital- Also known simply as PsyCap, the concept is operationalized as a positive psychological state of growth wherein an individual has the faith (self-efficacy) to take on and invest effort to accomplish at difficult challenges; making a positive attribution (optimism) about succeeding now and in the future; persevering toward goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and, when beset by problems, making a positive attribution (optimism) about succeeding (Luthans et al., 2007).
2. Mental health- Mental health is a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively, and can contribute to his or her community (WHO, 2013).
3. Football coaches- Football coaches are elite performers and professionals that work in sports industries as managers of football (soccer) clubs or teams. They instruct, organize and motive the sporting personnel (players and auxiliary professionals) towards the ends of attaining success on and off the field of play.

## Organisation of the Study

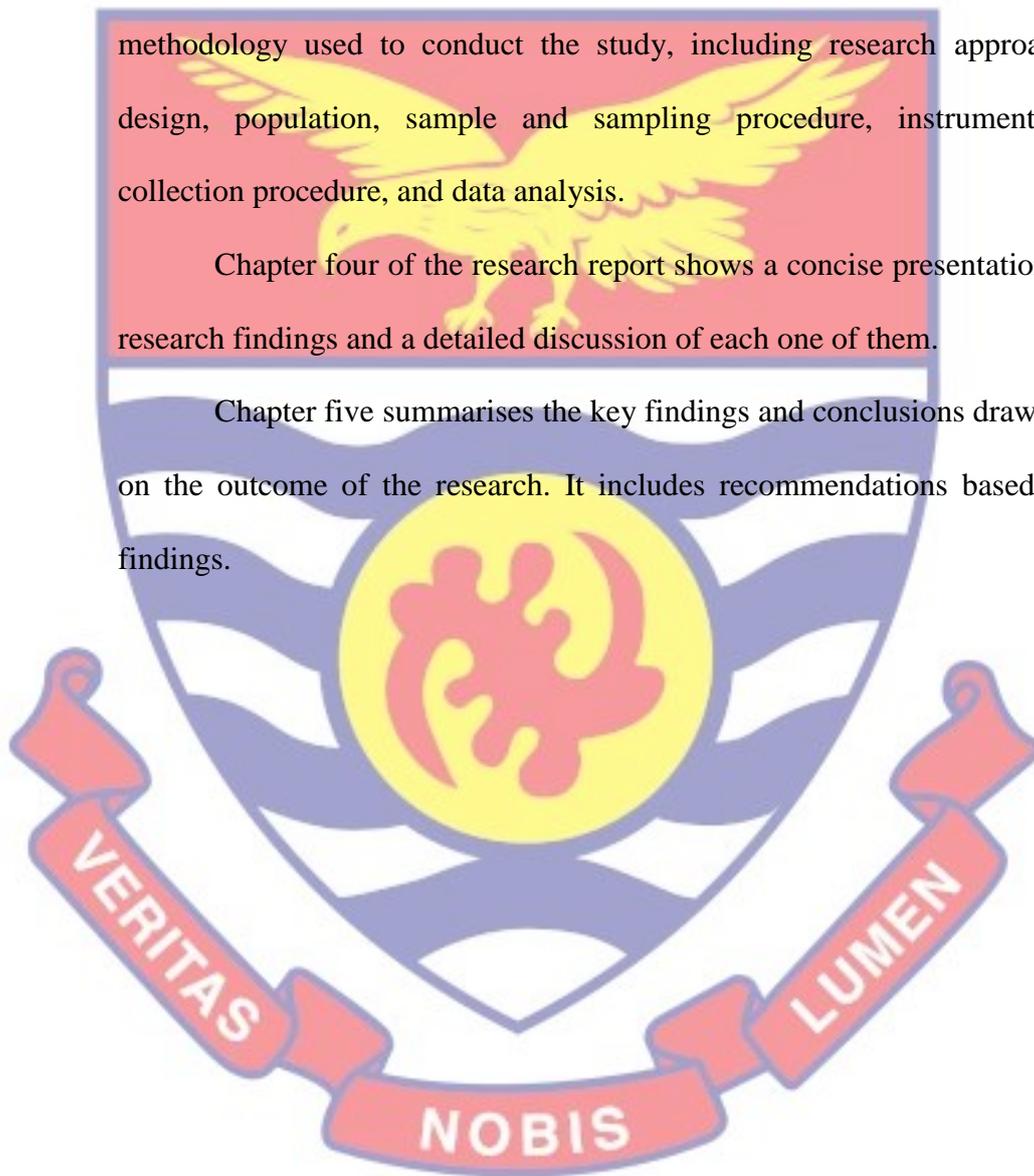
Chapter one provided a general picture of a detailed background to the study, the research problem, purpose of the study, objectives of the study, research questions and hypotheses of the study, significance of the study, delimitation of the study, limitation of the study, definitions of terms as well as the organisation of the study.

Chapter two entails a detailed review of the theoretical underpinnings of the research and an empirical review of literature based on the hypotheses formulated. A conceptual framework was also developed to help provide a simplified concept of the research.

Chapter three of the research captures all the aspects of the methodology used to conduct the study, including research approach and design, population, sample and sampling procedure, instruments, data collection procedure, and data analysis.

Chapter four of the research report shows a concise presentation of the research findings and a detailed discussion of each one of them.

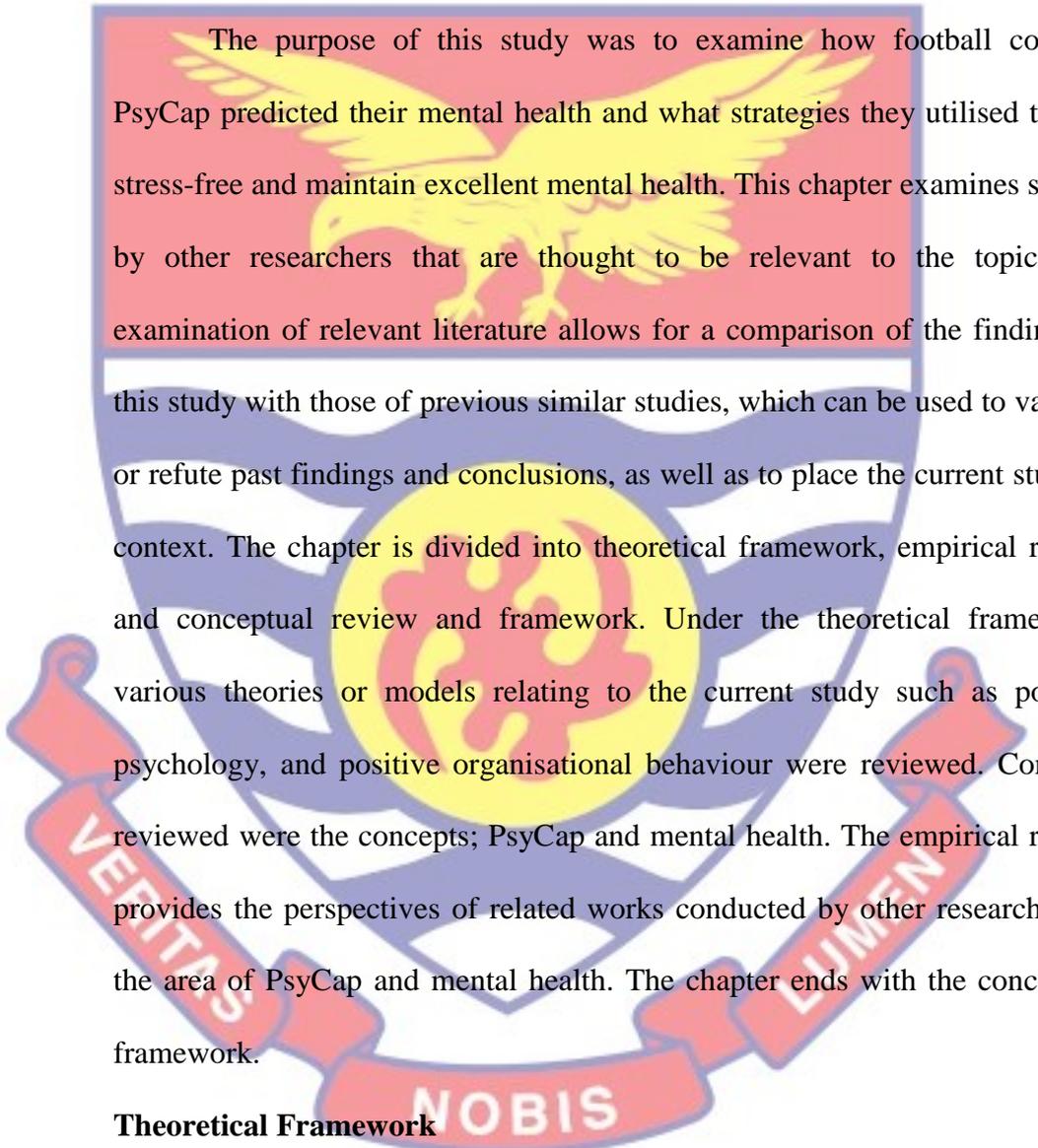
Chapter five summarises the key findings and conclusions drawn based on the outcome of the research. It includes recommendations based on the findings.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction



The purpose of this study was to examine how football coaches' PsyCap predicted their mental health and what strategies they utilised to stay stress-free and maintain excellent mental health. This chapter examines studies by other researchers that are thought to be relevant to the topic. The examination of relevant literature allows for a comparison of the findings of this study with those of previous similar studies, which can be used to validate or refute past findings and conclusions, as well as to place the current study in context. The chapter is divided into theoretical framework, empirical review and conceptual review and framework. Under the theoretical framework, various theories or models relating to the current study such as positive psychology, and positive organisational behaviour were reviewed. Concepts reviewed were the concepts; PsyCap and mental health. The empirical review provides the perspectives of related works conducted by other researchers in the area of PsyCap and mental health. The chapter ends with the conceptual framework.

#### Theoretical Framework

##### The theory of Positive Psychology

The positive-approach towards the human condition was propounded by Martin Seligman and since the advent of positive psychology in 1998, it has grown in influence and emphasis. Positive psychology is a phrase that has

been used to describe the study of positive, enabling institutions character traits and positive emotions (Seligman et al., 2005)

The positive approach directs psychology's attention to what makes people's lives more fruitful and fulfilling, thereby realising human potential. (Seligman, 2003; Seligman et al., 2005). Positive psychologists refer to these as the "buried tenants of psychology." This viewpoint is to determine what it is worth living for and what constitutes happiness (Selvaraj, 2015).

While psychotherapy has typically focused on human functioning from a deficiency viewpoint, drawing on the medical paradigm as a foundation, (Ryff & Keyes, 1995), Positive psychology, on the other side, is a scientific field that focuses on the enhancement of lives through a microscopic view of positive traits, positive emotions, strengths, and talents. It does not excuse the chance of human shortcoming or mental issues. It introduces itself as a subject of study deserving of examination and use (Seligman, 2002). As opposed to customary procedures of directing and mental administrations, which inspect individuals from the perspective of a shortfall model, positive brain science asserts that realizing what is most exceedingly terrible and most fragile with regards to people is less significant than finding what is ideal and boldest concerning people (Maddux, 2002). Positive psychology research and therapies focus on promoting positivity and versatile cerebral action, further developing astuteness, and developing an all the more remarkable and positive life (Mills et al., 2013).

As a result, proponents of positive psychological professionals have advocated for the development of strengths and the best elements of life, as well as the management of flaws and the repair of the worst aspects of life

(Mather, 2010). For instance, Lyubomirsky (2008) investigated the features of positive and joyful persons and discovered that they had superior physical and mental health and behaviour. They showed higher levels of positive thinking, social help strength, otherworldliness, appreciation, good faith and otherworldliness, to give some examples. Relating this to the present study throws light on the need to cross examine the positivity traits that make coaches flourish, considering their line of work.

The research into positive character traits, positive emotions, and positive institutions are among the many emerging studies that enhances understanding of flourishing (Seligman, 2012), in addition to augmenting established pain-relieving therapies. This theory therefore undergirds the present study as the interest is to examine the positivity that coaches exude which improves their mental wellbeing. Particularly because positive psychology and its components have been found as strong predictors of good mental well-being. Individuals can live healthier, happier, and thrived lives as a result of using a positive approach, accomplishing the objective of positive brain research in prosperity building human thriving.

Again, Positive psychology proves itself relevant in this literature because it accounts for flourishing mental states. As a theory, it lends itself as an approach towards a more positive appraisal of situations that allow individuals to thrive. It considers processes and outcomes that people who are considered mentally healthy do to stay thriving. Positive mental health is an offshoot of this theoretical approach. Other approaches that spring out of this theory is the concept of wellbeing, salutogenic approach, and Keye's mental health continuum. This study borrows the concept of Keye's mental health to

explain the mental states of coaches and explore practices that they use to maintain their mental health.

### **The theory of Positive Organisational Behaviour (POB)**

Workplace positivity has once again caught the attention of not only academia, but also the business world. The concept of positive organisational behaviour has seen incrementors growth over the past decade. According to Luthans (2002), positive organisational behavior (POB) was first conceptualised as the investigation and application of positive human capital qualities and psychological capacities that possess the ability to be assessed, nurtured and efficiently controlled to enhance performance outcomes at the workplace. This concept in 2013 was refined to mean an integrated system of antecedents, processes, practices and outcomes that can be readily identified and agreed upon by diverse observers and stakeholders as uniquely surpassing standards of adequate functioning and adding sustainable value to both the individual and the context (Youssef-Morgan & Luthans, 2013).

Positive organisational behaviour is in response to the pestilence of the negative approach model of understanding human functioning in the work place. This theory attempts to investigate positive character traits and behaviours that ensure its development and sustenance among individuals in a working climate. This is guaranteed to ensure more positive work outcomes like job satisfaction, decrease turn over intensions, reduce work place conflict, success and more importantly, mental health. Understanding positivity requires deeper investigation of the explanatory mechanisms that can account for exceptional positively deviant behaviours and outcomes.

The concept of positive organisational behaviours therefore, adopts a systems approach to look at the person in an organisation based on; antecedents or predispositions- they include internal resources, traits and attributes that can be highlighted to improve work efficacy and balance the toll of stress on the mind, PsyCap; hope, efficacy, resilience, optimism, attributes like gratitude, forgiveness and personality traits like openness and neuroticism; processes looks at the manipulation of these traits and internal dispositions on hassles at work that cause their activation; while the practices approach more positive activities, routines and rituals like exercising, meditation and prayer, music, relaxation and social support that produce outcomes of success, lower turn-over intentions, improve job satisfaction and improve general well-being and mental health (Luthans et al., 2015).

This theory is rightly placed in this body of literature because it forms the foundation for PsyCap and (adopting a system approach), peruses mundane activities of successful and exceptional people that heightens their mental states and improve their general outlook towards life and work.

### **Theory of Mental Toughness**

In recent times, researchers from various spheres have been interested in the factors that are linked to the ignition and sustenance of optimal performance. The field of psychology charts this course through the lenses of an interesting concept called mental toughness. Since sports is largely performance based and mainly concerned with excellence, the concept of mental toughness was attractive and popularised within the realms of sports and exercise psychology (Gucciardi, 2017). In context, Gucciardi and Hanton characterise mental toughness as an individual's ability to give off stellar

performances on a day-to-day basis in spite of varied situational nuances (Guccardi & Hanton, 2016).

The theory of mental toughness was pioneered by the American sports psychologist James Loehr in the early 1980's. His extensive work on a concept he termed 'the new toughness training for sports' paved the way for

more inquiry into the term mental toughness. To Loehr, athletes training should not merely focus on physical conditioning for sports success but should also consider emotional and mental conditions as quintessential to athletes' success. Loehr (1995) defined toughness as the 'ability to consistently perform toward the upper range of your talent and skills regardless of competitive circumstances'. Loehr's model conceptualised seven mental skills prerequisites for an athlete to be considered mentally tough (e.g., motivation, self-confidence) and also recognized two states of toughness (mental and emotional toughness). Mental toughness to him, encapsulated the tendency to create high performing outcomes, to access empowering emotions, and to mentally adapt and bounce back from adversity (Mack & Ragan, 2008).

Emotional toughness was marked by four indicators; one's flexibility, responsiveness to emotions, strength to endure and resiliency to bounce back.

Another major contribution of Loehr towards the concept he bore was the development of the Psychological Performance Inventory (PPI). This inventory became popular for measuring athlete's level of mental toughness until it became heavily criticized. Conceptually, mental toughness had an intuitive appeal but lacked enough umph in research evidence or the convincing theoretical backing. Researchers doubted the validity of the PPI to measure mental toughness and the model developed by Loehr (Crust, 2007).

The well-developed construct of hardiness was proposed by Clough and his colleagues in an attempt to save mental toughness. To them, hardiness was the bedrock and the foundation of the heavily criticized theory of mental toughness and had the zest to save it from ruin. Hardiness was conceptualised in the early 1970's by Kobasa as a personality trait that shielded an individual from life's stressors and influenced their coping (Clough et al., 2002). According to Clough and his colleagues applying hardiness in sports meant that athletes possessed four trait-like qualities that were cushions for the stress they went through. Exercising control and restraint over mind and emotions, feeling and acting as influencers of their own life, commitment to duty and involving themselves in the sport were the four attitudes that, to Clough et al., influenced how mentally tough people reacted to stress.

Mental Toughness 48 questionnaire (MT48) was consequently developed out of the merger of the construct of hardiness by Clough et al. (2002). This attempt also saw a lot of criticism as it did not provide sufficient justification to transferring the construct of hardiness (which has been grounded in health psychology) into mental toughness (which was a more sports-specific construct). The detractors also argued that modelling mental toughness based on hypothetical rather than research-relevant notions was improper, as was presenting only the bare minimum of statistical processes linked to how the MT48 was constructed and validated (Crust, 2007).

An athlete's level of motivation, their ability to maintain self-confidence, hardiness, goal-directedness, discipline and competitiveness became known as the early 2000's as what mental toughness was. Initiated by Fourie and Potgieter, these researchers forged these characteristics in an

attempt to fill the research gap in mental toughness in sports. They asked elite coaches and athletes about the characteristics they thought made up the concept of mental toughness. They analysed and ranked their responses and came up with the above-mentioned characteristics. Their approach was also criticized for not being grounded in an existing theoretical framework. Also, most concepts used were criticised for being operationalised wrongly and the methodology also seemed to have limited the depth of responses given by the participants (Gucciardi et al., 2009).

Jones et al. (2002), are attributed with being the first to apply a rigorous, empirical based approach to the investigation of the concept of mental toughness (Crust, 2007). In their attempt to add girth and conceptual clarity, the construct of mental toughness was carefully probed by conducting one-on-one and focus-group interview sessions with a group of elite international-level athletes. They were tasked to define and characterise mental toughness based on an idealization of the perfect mentally tough performer. Mental toughness, as revealed by the analysis of the research, was defined as a disposition or nurtured psychological edge, that makes athletes manage better, the demands that sports places on them, stay focused and radiate confidence, be determined and gain control of self during pressurizing situations. Belief in self, concentration, motivation etc. were characteristics that, according to Jones et al., made up the 'perfect mentally tough performer'.

The definition offered by Jones and his colleagues garnered research support as a lot of researchers cited their definition and conceptualization of mental toughness as an ideal characterization of the mentally tough athlete in sports (e.g., Bull et al., 2005; Thelwell et al., 2005). In more recent times,

Gucciardi et al. (2009) adopted Kelly's 1991 framework of personal construct psychology in their attempt to propel the comprehension of mental toughness. This framework essentially seeks to comprehend how one's subjective outlook of the world influences expectations and forecasts outcomes and what these implications eventually impacts behaviour and practices.

Gucciardi et al. (2008) and Coulter et al. (2010) endeavoured to recognize key attributes in intellectually extreme competitors. Gucciardi et al. studied male Australian-rules football coaches while Coulter et al. addressed elite male soccer mentors, alongside a little gathering of tip top male soccer players and their parents, and the consequences of their independent investigations uncovered a comparative arrangement of characterizing qualities of mental strength (for example self-conviction, hardworking attitude, extreme demeanour, adapting under tension). Additionally, Coulter et al. recognized an assortment of comprehensions (for example cheerful standpoint) and influences (for example love for sport) that were utilized by intellectually extreme competitors.

Both Gucciardi et al. and Coulter et al. tracked down that psychological strength was set apart by various general and contest explicit practices (for example perform at an undeniable level, do the 'seemingly insignificant details') and was required in both adversely (for example difficulty) and emphatically (for example challenge) understood circumstances. In view of these discoveries, Gucciardi and partners offered the accompanying build meaning of mental toughness that gives a helpful outline of the critical discoveries to date and catches the applied intricacy of the psychological durability build. To them, the presence of a few or the whole

assortment of experientially created and inborn qualities, perspectives, feelings, perceptions, and practices that impact the manner by which a singular methodology, reacts to, and assesses both adversely and emphatically interpreted tensions, difficulties, and afflictions to reliably accomplish their objectives (Coulter et al., 2010). Strength in game can best be perceived as a complex, moderately stable social-cognitive character build that can be adjusted over the long haul if new learning, advancement, or biochemical changes happen inside the competitor.

Literature on mental toughness is reaching. According to Tibbert et al. (2015), the research now considers the socio-cultural narrative of sports being masculine based. This, they report, justified sports organisations' abuse of athletes' physical and mental health. A critical review of literature titled 'mental health & mental toughness contradictory concepts' by Gucciardi et al. (2017) also suggested that mental toughness was a favourable indicator of positive mental health and had the tendency to facilitate its achievement contrary to some popular opinion (Gucciardi et al.).

Mental Toughness (MT) development is an important consideration when seeking to increase and maintain high levels of performance in sport settings (Anthony et al. (2020). While coaches are being considered as top-level athletes (e.g., Thelwell, 2008), mental health considerations in their research are just as important as that of the athletes they train (if not more). Mental toughness research is in its developments and is gathering research. It places in this particular study because it provides the compass to navigate coping factors that sequester coaches from the stresses of their job. The findings of this study lend a practical view of the intentional behaviours that

elite coaches engage in that, like Gucciardi et al. put it, birth the experientially created qualities, perspectives and practices that enable them to perform at such peak levels and also improves mental health.

## Conceptual review

### Concept of PsyCap

Luthans and his colleagues (2015) defined PysCap as one's positive psychological state of development that reveals itself in the manner a person completes tasks (self-efficacy), looks to immediate and future wins (optimism), cling to objectives and find other ways to achieve them (hope), and the capacity to recover and flourish when faced with difficulty and misfortunes (resilience).

Humans are driven to seek for, defend, and nurture favourable resources. In the face of hardship, these positive qualities make it unlikely that one's welfare and health will be compromised. Furthermore, according to Hobfoll (2002) they aid in problem-solving. Hobfoll believed that positive resources are chained. Good resources, he claims, are linked to other equally positive resources, allowing an individual's resource repertoire to grow over time. This concept connects to the PsyCap factor structure. Luthans et al. (2007), posits that efficacy, hope, optimism and resilience are fuelled by the same inspirational and etiquette factors. They have strong relationship, that link them to a single higher-order factor, PsyCap. These four positive constructs are not singled out to measure a person's level of PsyCap however, the four facets are tie together as one higher-order construct.

## Efficacy

Efficacy is concerned with assessments of one's ability to carry out actions required to deal with potential problems (Bandura, 1982). It entails the mobilisation of cognitive resources as well as the steps required to carry out a particular activity in light of any situation (Stajkovic & Luthans, 1998). For

Luthans et al. (2015), it is also considered as a skill that stimulates and energises people to achieve their goals, motivates people to take on new challenges, and, in many cases, allows people to thrive in situations. People with efficacy need not depend on someone else to create difficult situations for them, instead of reducing discrepancies through a process called as discrepancy reduction, they push themselves by setting high goals on a regular basis. (Luthans et al.,).

Foresight, vicarious learning, symbolising, self-regulation, and self-reflection have been identified, according to the social learning theory, as the five core cognitive processes (Stajkovic & Luthans, 1998). They enable individuals to form cognitive representations of what lies ahead, anticipate potential repercussions, and map out subsequent events appropriately, to acquire from others, to discern and address gaps between now and planned etiquette, as well as the ability to take lessons obtained from personal mistakes and prior events (Stajkovic & Luthans, 1998). Efficacy rises when good results are credited to one's ability. Efficacy is likely to decrease if people ascribe poor results to their ability (Bandura, 1977). Knowledge and the ability to discern are considered important to the development of efficacy.

According to Phillips and Gully, (1997) , a person's locus of control is another aspect that influences efficacy. Internal locus of control, they claim,

refers to the notion that one has control over the situation, whereas external locus of control refers to the assumption that events are governed by external forces. Since they accept, they are responsible for what is happening, those with an interior locus of control are bound to encounter more significant levels of adequacy. These mental processes help people cope more effectively in stressful situations. Employees' internal locus of control and efficacy, as a result is generally viewed as resources which protect them against work stress (Cascio & Luthans, 2014). According to Bandura (2009), directed affective expertise is a pretty efficient strategy for improving occupational efficacy standards. He claims that directed enactive mastering may be broken down into three parts. The needed skills are first modelled. Second, it is critical to practise with instruction in order to build the required skills. Employees are encouraged to use the taught knowledge in the workplace to gain mastery experience in the last step.

Efficacy refers to a range of desirable health, well-being, and performance results. In a difficult professional setting, such as the sporting world, where there is competition, it is positively linked to fewer negative feelings. Fida et al. (2015), claims that highly productive people's self-regulatory mechanisms reduce the likelihood of being overwhelmed by bitter feelings and enable individuals to adjust their conduct in the desired direction.

A reduced anxiety level and tension as a result of effective self-regulation seems crucial for employee well-being. Furthermore, those with high efficacy can utilize employment resources more effectively than people with poor efficacy (Tims et al., 2014). On the other side, low efficacy has been associated to stress and burnout (Yu et al., 2015), this can develop as a result

of inefficient utilisation of individual and professional resources, resulting in fewer positive encounters.

## Hope

Snyder et al. (1991), says that hope has been characterised as a mental state built on a mutually acquired sense of effective activity, goal-oriented decision-making and paths -concerning approaches to achieve objectives. As a pioneer in the field of hope theory, Snyder defined hope as a mental state that motivates people to achieve their goals. Hope's agency component seems to be a motivator that relates to the mental fortitude required to achieve a goal. They would have to examine different techniques to accomplish their target if they are unable to follow the designated track owing to difficulty.

Snyder (2002), says that the agency component is strengthened by this act of identifying different routes, which gives you more power and a feeling of control. Luthans et al. (2015), claims that those professionals are at risk of developing a depressive condition known as "learned helplessness" if they are unable to meet their goals or see no way forward. This was demonstrated in popular-known research with dogs who were subjected to electrocution in a box with no way out but made no attempt to flee when given the opportunity. The dogs had learned that they were powerless within the box and there was no way out (Seligman et al., 1979). When humans are unable to perceive a path out of their present situation, they experience the same phenomenon. In instances when low levels of hope lead to depression, it will be good to develop hope in employees to shield and improve well-being and health.

Due to the fact that hope is a mental state, it requires effective mental functions to flourish. All facets of PsyCap, including hope, can be nurtured

and targeted through specific interventions. It is therefore imperative to deliver information and knowledge to people, in training and therapy, in such ways that nurture creativity in cognitive expression and freedom.

To generate optimism among trainees and employees, Luthans et al. (2015) urge trainers to be interactive and participatory, encouraging broader thinking. Hope hasn't been studied as thoroughly as efficacy, yet the two concepts are related. Efficacy, like hope's agency component, is the expectation of being able to do a given task. Furthermore, Luthans and Jensen (2002), argue efficacy's outcome expectancy is related to hope's pathway component, which represents the conviction of certain action will result in a particular outcome. Bandura's efficacy sets itself apart from Snyder's hope construct significantly. Luthans and Jensen (2002), concur with the hypothesis of Bandura's thesis that posit that effective people's trust in their ability to accomplish a task triumphantly is more significant than outcome expectations. Positive thinking increases one's health and well-being while also improving one's performance. Hope is a private asset that is related with well-being and is adversely associated with depression and satisfaction and work happiness.

### **Optimism**

Optimists feel that positive things will happen to them rather than bad (Scheier & Carver, 1985). Non-professionals use this in regular conversation, and it is a little shallow. Although optimism appears to have this essence on the ground level, optimism is more than just a yearning for a brighter future looking it meaning from the psychological and scientific perspective. While some scholars define optimism as "global positive hopes for the future," (Carver et al., 2010), other researchers operationalize optimism as an

exceptional interpretive style of assigning failures to a variety of outward and temporary factors. A compelling argument is that rather than being divisive, these viewpoints provide substantial offerings to the systems that characterise optimism as a useful asset. Luthans et al. (2015) claims that only when experiences and expectations are processed with an optimistic explanatory approach do positive attitudes and outlooks on life, as well as favourable perceptions about life events, exist in optimism. People who are optimistic usually take the praise for great triumphs; claiming is due to their own abilities. Negative consequences and events, on the other hand, are thought to be the result of temporary, unfavourable external circumstances. The capacity to change one's degree of confidence is a vital component of PsyCap positive thinking.

For Luthans et al. (2015), optimists collect critical data about their actions and feedback while working toward a goal, permitting them to change their degree of positive thinking as conditions change. Attributing failure to external and non-personal reasons on a regular basis can be harmful and alter reality perspectives (Luthans et al.). In spite of the fact that confidence can be a demeanour, PsyCap positive thinking stresses its versatility and ability to develop (Luthans et al.). Various cognitive methods have been proven in studies to have a significant impact on optimism (e.g., Fosnaugh et al., 2009 & Meevissen et al., 2011).

Hope and optimism appear to be very identical on the surface, yet they act in very distinct ways, which is what divides them. The agency component of hope, which is described by a positive obligation to accomplish an objective, is identified with the positive outcome assumptions for confidence.

While positive thinkers anticipate great results, cheerful individuals expect as well as they make explicit ways that will prompt such results. As a result, because hopeful rationale adds a critical component to optimistic thinking, it can help you achieve your goals according to Youssef and Luthans (2007). Optimism, separates itself by ascribing positive results to innate, manageable

variables while seeing adverse results as unavoidable because of adventitious events (Seligman, 2002). Optimism has been demonstrated to have positive outcomes in many studies. Optimism is linked to happiness and good health (e.g., Desrumaux et al., 2015 & Krok, 2015). Some studies have found significant predictive value of realistic and flexible optimism on mental health and well-being. Adaptive goal modification has been found to regulate the correlation found to be existent in the relationship optimism has with happiness (Hanssen et al., 2015). In the workplace, having a positive attitude is also advantageous. Optimism has been linked to improved performance and work satisfaction in research (Mishra et al., 2016).

### **Resilience**

Resilience is a thoroughly researched construct with a variety of definitions. It has been conceptualized from one's ability to retain composure and normal functioning in the face of traumatic or stressful situations to portraying growth and tensile strength in the face of overwhelming odds and to a recognizable idiosyncratic intrinsic ability specific to people (Luthans et al., 2015). Although some researchers consider resilience to be a personality trait, other researchers hold that PsyCap resilience is a state of being and a malleable construct defined by the presence of unfavourable conditions that

probe one's ability to adapt to challenging circumstances, which engender development and growth (Luthans et al.,).

When people are exposed to trauma and stress, clinical psychologists generally see two probable outcomes. Either the person develops posttraumatic stress disorder or, in the best-case scenario, the person returns to normalcy (Achor, 2011). A third possible result, is post-traumatic growth, which is sometimes unnoticed. This is not only about rebounding back, but also about bouncing forward. Adversity, or what Luthans et al. (2015) refer to as liability, is a critical determinant when the development of resilience is considered. Drug misuse, burnout and stress, as well as traumatic events such as abuse and terrorism are all part of the risk factors for dysfunctional behaviour (Achor, 2011).

When people are exposed to risk factors, they are more likely to have bad outcomes and fail. These risk factors can help people grow if they are recognised and appraised in order to prevail over difficult situations. Luthans et al. (2015) claims that as a result, risk factors should be viewed not just as a warning, but also as a chance to grow abilities that might otherwise be uncovered under regular circumstances. Optimism, self-efficacy and hope are enhanced by resilience. Even though these are comparable in some ways, resilience is a separate concept (Luthans et al., 2006)

Hope's pliability in seeking alternate pathways may be analogous to adaptive behaviour's resiliency trait. Disruptive circumstances, on the other hand, do not trigger hope, as they do with resilience. Optimism often ignores the significance of adversity, which is a trait of resilience. Efficacy ideas are significant in the formation of resilience because they are process-oriented.

The reactive element of adversity resilience, on either side, is unique in that it re-establishes shattered efficacy beliefs (Luthans et al., 2006).

Resilience is a key component in maintaining and improving mental health and well-being (Stewart, 2016). Moreover, there is neurochemical proof that resilience, defined as the ability to cope with adversity, is linked to wellbeing. The impression of being in charge even with peril seems to cause changes in the cerebrum regions liable for dread handling. Even when exposed to a different stressor later in life, these alterations prevent stress and emotional response processes (Maier & Watkins, 2010). (Youssef & Luthans, 2007; Ju & Oh, 2016;) claim that happiness at work, a person's involvement in the work they do and their level of commitment towards the organization and its goals are all associated to resilience.

These characteristics impact and enhance one another because of its intercorrelation, and also contribute distinct value to an individual's cognitive skillset (Youssef & Luthans, 2007). Employees that are resilient are able to rebound from setbacks, which is a good attribute. These overall PsyCap cognitive strategies may act as buffers that guard people from the harmful effects of stress and hence account for well-being outcomes. It makes more sense to target all of PsyCap's components in a treatment to develop overall PsyCap because of its processes and malleability (Luthans et al., 2015).

In this study, the concept PsyCap is therefore conceptualised by the researcher as the higher-order construct of hope, efficacy, resilience and optimism which bind together to reflect the overall ability of coaches to thrive and go through life.

## Concept of Mental Health

The way mental health is defined is changing, from a disease-focused medical perspective to one that prioritises human well-being (Diehl et al., 2011). Keyes and Simoes (2012), says with this transformation came a focus on positive mental health and well-being in policy and science. This new perspective is reasonable with and mirrors the World Health Organization's meaning of emotional well-being: "a state of well-being in which an individual recognises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and can contribute to his or her community." (WHO, 2004). Mental health or well-being has been conceptualised as a multidimensional construct, encompassing hedonic (emotional wellbeing), eudaimonic (psychological and social wellbeing) components (Keyes & Annas, 2009; Westerhof & Keyes, 2010; Joshanloo et al., 2017). The existence of life satisfaction and pleasant feelings, as well as the absence of dissatisfaction and negative emotions, is referred to as hedonic (also known as subjective) well-being (Ryan & Deci, 2001). Conversely, the eudaimonic well-being encompasses all attributes that relate to maximum operation in psychological and social spheres (Ryan & Deci).

As part of a holistic idea of a mental health continuum, Keyes (2002) advocated thriving as the good conclusion of the mental health component, and outlined the metrics of his developed Mental Health Continuum Questionnaire. Mental health is defined by Keyes as subjective well-being, which is an individual's assessment of the quality of their life. In Keyes' concept, there are three elements of happiness: emotional (hedonic), social, and psychological (eudaimonic). with a strong emphasis on achieving

excellence (eudaimonic tradition). According to Keyes and Simoes (2012), there are two main branches of subjective well-being that emerge from the common stance on happiness: the hedonic tradition which is predictable with feeling better, agreeable, and good and working great throughout everyday life, while eudaimonic tradition places an accentuation on endeavoring toward greatness.

### **Hedonic dimension**

Feeling incredible for the duration of day-to-day existence is the main characteristic of the hedonic component of mental health.

### ***Emotional well-being***

Flourishing emotionally is an integral portion of successful experiential wellbeing and a subset of signs used to predict states of mental prosperity. It relies heavily on a person's self-reporting account of experiences and feelings of positivity and opposite impact (Keyes & Ryff, 2000). Portraying joy and fulfillment with life, and the right balance of positive to negative emotional influences and encounters throughout a time span represents the cluster of behaviours indicative and operationalized as signs of emotional flourishing and mental health (Keyes & Waterman, 2003).

The literature points out that, the recurrence or length of time people report feelings of positivity and negativity largely influences how they emotionally flourish (Keyes & Waterman, 2003). Manifestations of negative influence commonly consist of: feeling of guilt and shame, apprehensive, anxious or restless, sad, that everything was a work and useless (Keyes & Waterman). Then again, the indications of good influence generally mean, feeling bright, feeling great, very cheerful, quiet and serene, fulfilled and

brimming with life. As the gluttonous practice is associated with enthusiastic prosperity, researchers use proportions of fulfillment with life and positive effect to quantify it (Keyes, 2013).

### **Eudaimonic dimension**

The eudaimonic tradition is based on positive functioning. The eudaimonia tradition is mirrored in psychological study (Ryff: Happiness Is Everything, or Is It?). Researchers utilise multidimensional scales to catch people's assessments of how well they see themselves working in life as they endeavor to arrive at common guidelines of direction, commitment, coordination, independence, closeness, acknowledgment, and authority throughout everyday life (Keyes, 1998) and social well-being (Keyes, 1998) (Keyes, 2014). The eudaimonic dimension is conceptualized as an individuals' self-investigation of how well they are working in their lives, less the part that addresses their sentiments or feelings toward or about their lives.

Developing potential and the inclination towards striving to achieve of excellence (rather than pleasant feelings) are core to the conceptualisation of one's eudaimonic state (Keyes & Annas, 2009). Again, psychological (personal facets) and social well-being (social facets) represent eudaimonia. Ryff and Singer (2008) conceptualised psychological well-being as optimal functioning in a person's private life, consisting of strengths such as self-acceptance, purpose in life, and a sense of continued personal growth. Social well-being was defined by one's optimal functioning in social circumstances, as a member of various social groups (Keyes, 1998). Qualities such as having a sense of belonging to one's community, and a sense of worthiness as a member of society embody the concept of social well-being.

### *Psychological well-being*

Mental prosperity is seen as a for the most part private peculiarities focused on the deterrents that individuals face in their day-to-day routines (Keyes, 2014). Keyes et al. (2002), clarify the six components of mental prosperity as follows: individuals attempt to have a decent outlook on themselves in spite of monitoring their own impediments (self-acknowledgment). They additionally need to shape and support warm and confided in relational collaborations (great associations with others), just as adjust their environmental factors to fulfill their own needs and wants (natural authority). Individuals want a self-appreciation assurance and individual control to keep up with their distinction inside a bigger social structure (independence). Finding importance in one's work and snags is an essential undertaking (reason throughout everyday life). At long last, individual advancement (augmenting one's gifts and limits) is basic to mental prosperity.

### *Social well-being*

Individuals' social tasks in their social structures and communities are the focus of social well-being (Keyes, 2013). Various elements of social prosperity were operationalized by Keyes (1998), which demonstrate whether and how much people are working great and experiencing issues in their public activities, gatherings, establishments, and networks.

According to Keyes and Waterman (2003), the first dimension is social integration, which is the assessment of one's interaction with society and community. How much people experience a feeling of having a place with their networks and the sum to which they accept they share something

practically speaking with others is alluded to as friendly joining. The second part of social prosperity is social commitment, which is an appraisal of a singular's worth to society that incorporates the conviction that one is a significant citizen with something important to contribute (Keyes and Waterman). Moreover, Keyes (1998) underscores the significance of social soundness, which is he characterizes as the impression of the quality, association, and activity of the social climate, just as a craving to find out about it.

Following that, Keyes and Waterman (2003) clarified what social actualisation was as the measure of society's latent capacity and direction, which might be deciphered as putting stock in the public eye's acceptable movement and that society has a potential that can be acknowledged by foundations and residents. At long last, social acknowledgment (Keyes, 1998) is characterized as the development of society dependent on the person and characteristics of others (Keyes and Waterman). People with higher levels of social prosperity are more ready to exhibit these attributes.

Studies back up the three-sided worldview of passionate, mental, and social prosperity in surveying in general abstract prosperity (Gallagher et al., 2009; Keyes, 2005, 2006; Robitschek and Keyes, 2009). With corroborative factor examination, Keyes fostered a psychological test tool to assess the three components that characterize the model of mental health (ie flourishing, moderately mentally health and languishing) (Keyes, 2014). An individual's not set in stone by their psychological sickness status, yet in addition by their degree of positive prosperity. Thus, Keyes' instrument arranges individuals on a psychological well-being continuum, ordering levels of emotional well-

being on a continuum going from grieving at the base, gentle in the center, and prospering at the top (Keyes, 2009).

### **Mental health categories**

The mental health continuum consists of complete and incomplete mental health. Adults with complete mental health are flourishing in life with high levels of well-being. To be flourishing, then, is to be filled with positive emotion and to be functioning well psychologically and socially. Adults with incomplete mental health are languishing in life with low well-being. Thus, languishing may be conceived of as emptiness and stagnation.

Keyes (2014) called attention to certain ramifications of this model-(a) the shortfall of psychological instability does not infer the presence of emotional well-being, (b) the presence of dysfunctional behavior does not suggest the shortfall of psychological wellness, and (c) the shortfall of psychological instability does not ensure the presence of psychological wellness; however, the presence of psychological sickness does not infer the shortfall of specific degree of good emotional wellness.

The tripartite model conceptualizes quite comprehensively the core of what it truly means to be mentally healthy (Joshnloo, 2016; Keyes, 2002). The model hypothesises that components of hedonic, social, and psychological well-being are prerequisite to conceptualization and assessment mental health and well-being. The tripartite model stands robust because it justifies the inclusion of the three factors that make it up in a lot of independent researches that have run factor-analysis of these concepts across many cultures (Joshnloo et al., 2016).

## Empirical review

### The level of Psychological Capital of football coaches

Employees in general from any field of work experience challenges at work which may make them feel stressed, and a few studies have been conducted to investigate the level of PsyCap among employees with the aim of understanding how the use of PsyCap aids in the ability to stay at work and thrive.

In the course of exploring PsyCap among employees, Shelton and Renard (2015), make a tremendous exposition of the PsyCap of a very stressed working group- nurses. They explored nurses' levels of PsyCap with their reward preferences and reward satisfaction in South Africa. The purpose of this study was to establish whether relationships existed between nurses' levels of PsyCap and both their reward preferences and levels of reward satisfaction. The quantitative study, using a non-probabilistic sampling technique, saw 116 nurses within the public and private sectors of the Nelson Mandela Metropole medical industry completing the PsyCap Questionnaire and the Reward Preferences Questionnaire. The study found that the majority of the sample exhibited high levels of PsyCap with an overall PsyCap mean of 4.66 out of a possible 6.00. According to Shelton and Renard their study highly recommends that in order to maintain high PsyCap levels and ensure that nurses are satisfied, medical institutions should take individual reward preferences into account and reward their nurses accordingly.

In Yim et al., (2017) the significance of PsyCap as a mediating factor in the link between job stressors and nurse turnover intentions in Korea was explored. They found the PsyCap levels within a sample of 447 to be high.

In a similar study by Jin et al., (2020), PsyCap levels were investigated in medical residents who are typically overworked and endure both professional and personal hardship and significant levels of distress. This in turn affects the level of empathy they are likely to show to patients. The study which was conducted in China, explored the possibility of PsyCap having a mediating influence on the relationship between distress and empathy. The study was optimistic that PsyCap could be a buffer for the distress endured by these medical residents and also defend against the erosion of empathy. 620 first-year medical residents were sampled to answer the Chinese version of the Jefferson Scale of Physician Empathy and the PsyCap Questionnaire. Satisfaction in personal and professional life we assessed with the Satisfaction with Life Scale and the Occupational Distress Scale respectively. The male residents had a statistically significantly greater PsyCap level than female ones, according to the findings. This suggests that the respondents possessed some PsyCap and that gender could potentially account for some variance found in their study (Jin et al.).

Krasikova et al. (2015) also investigated PsyCap levels among another high stressed work group- US Army soldiers. 1,889 U.S. Army serving soldiers were assessed to find how PsyCap impacts on objective health outcomes. Results analysed from the study prior to deployment demonstrated that some soldiers possessed high PsyCap levels, and were less likely to be diagnosed of mental health problems post deployment (e.g., PTSD, anxiety, and depression). Abuse and addiction to substances (e.g., alcohol and drug abuse) was also less probable for individuals who had high psychological prior to deployment. The study builds on Luthans' work on health-related effects of

PsyCap (Luthans et al., 2013). It discovered strong evidence for PsyCap's beneficial impacts on psychological wellness.

In the sports management literature however, the spotlight of finding internal strengths has often been shone on the athletes, ignoring the coaches. A number of the works in literature were done with respondents outside the sports world. This leaves more to be desired of research to investigate what the management of sports performers use to thrive at their jobs. A gap this work seeks to fill. The lack of research in the field of PsyCap in Ghana also leaves a gap the researcher looks to fill.

#### **The level of Mental Health of football coaches**

Finding a way to get the world populations to attain positive mental health states is the aim of most researches in psychology and medicine. This has caused the development of many tools and methodologies to study the phenomenon. One of such tools is the Keyes Mental health continuum scale which assesses positive functioning in categories of flourishing, moderately mentally health and languishing. Empirical studies of the levels of mental health categorised as flourishing, moderately mentally health and languishing are presented in this review.

More recently Küttel et al. (2021) for example, conducted a study titled 'To Flourish or Languish, that is the question: Exploring the mental health profiles of Danish elite athletes. Their research zeroed in on an examination of mental well-being and the incidence of anxiety related and depressive symptoms among elite Danish athletes of both genders. In their study, they identified latent profiles in athletes based on their mental health and ill health, and examined the extent of variability in the different profiles in selected

protective and risk factors concerning mental health. A total of 612 Danish athletes from 18 different sports completed an online version of the Holistic Athlete Mental Health Survey that assessed well-being, depression, and anxiety together with potential risk and protective factors (e.g., injuries, stress, sleep, social support, sport environment). Through a latent profile analysis, three distinctive mental health profiles (flourishing, moderate mental health, languishing) were discovered and 64.2% of the athletes (69.5% of the male and 57% of the female athletes) fit the flourishing profile, 29.3% of the athletes were named moderately mentally healthy and 6.5% were labelled under the languishing profile.

Guo et al. (2018) investigated the occurrence and correlates of positive mental health among Chinese adolescents, however not with a sample of coaches or athletes. The cross-sectional study sampled 5,399 grade 8 and 10 students in Weifang. Among the questionnaires administered was the Mental Health Continuum-Short Form (MHC-SF). The study analyzed the data obtained with the multivariate logistic regression analysis. The interest was to find correlations between likely indicators of poor health and positive mental health. Guo et al. analyzed socio-economic conditions, life style, support structures and the toll of school life on positive mental health. They diagnosed 57.4% (representing more than half of the sample) as flourishing. Conclusions of this study vehemently refutes reports from previous studies that places Chinese adolescents as languishing in the mental health scale. The results indicate that positive mental health among Chinese adolescents had a higher incidence than as reported in studies using the same MHC-SF.

Another study by Bariola et al. (2017) switched attention to sexual minority populations, who's positive mental health has not been focused on in the past. Data were collected using an online survey. Although 29.4% of the sample met the Patient Health Questionnaire (PHQ-9) criteria for depression and 23.3% met the Generalized Anxiety Disorder Scale (GAD-7) criteria for generalized anxiety disorder, astonishingly, 47.1% met the Short Form of the Mental Health Continuum (MHC-SF) criteria for flourishing mental health (Bariola et al.,). This is testament that positive mental health resources may co-exist with mental health problems if not activated.

Góngora and Solano, (2017) tested the brief version of the mental health continuum questionnaire and compared the mental health prevalence. The sample consisted of 627 Argentinean adults (49.8% males and 50.2% females). The Symptom Checklist-90-Revised and the Mental Health Continuum-Short Form were used in the study. Results from the study indicated that a high proportion of adults had flourishing mental health, and only a minority had languishing mental health.

Keyes et al. (2008) also attempted to assess and categorically diagnose mental health (described as flourishing) and absence thereof (characterized as languishing) among some randomly sampled 1,050 Setswana-speaking adults in the Northwest province of South Africa. The mental health continuum-short form (MHC-SF) mirrored the three-component structure of emotional, psychological, and social well-being identified in samples from the United States, according to factor analysis. The results indicated that 20% were flourishing. 67.8% and 12.2% represented moderately mentally healthy and languishing respectively (Keyes et al.,).

Keyes et al.'s (2008) further assessed and diagnosed mental health (flourishing and languishing) among a sample of 1,234 young between the age range of 12–18. Flourishing had the most incidence among the sample that fell between the ages of 12 and 14. The young people between the ages of 15-18 were prominently diagnosed as moderately mentally healthy. The presence of depressive symptoms declined as mental health increased, constituting a positive association between the two variables. More importantly, the study reported that the incidence of behavioural problems (e.g., Being arrested, skipping school, abusing alcohol, smoking cigarettes, and using marijuana) decreased and measures of psychosocial functioning (e.g., Positive self-concept, self-determination, school integration and social interaction) increased the sample also saw an increase in mental health. The findings of this study have good implications and recommendations for future research in positive mental health exploration for adolescent development researches.

#### **The impact of PsyCap on the mental health of football coaches**

The PsyCap and mental health of coaches is very crucial and it is imperative that these factors that play instrumental roles in insulating these coaches from the stresses the job places on them be thoroughly investigated. Selvaraj (2015), investigated the correlation that existed between the PsyCap and mental health of college students adopting the academic version of the PsyCap Questionnaire and Keyes Mental Health Continuum-Short Form. The cross-sectional explorative study brought to the fore that there was a significant correlation effect between PsyCap and mental health of the sample under study. The findings of the study indicated 61.8% (representing 209 of the participants and the majority) were categorised as flourishing. Individuals

who were neither flourishing nor languishing were categorised as moderately mentally healthy (n = 122, 36.1%) and such individuals categorised into these groups had a high positive relationship with PsyCap.

In a similar study by Chen, (2020) the relationship between PsyCap, job stress and job burnout of special education workers was explored. Through a questionnaire survey on 30 special education workers in a typical special education institution, the author analysed the PsyCap and job burnout of the respondents, and then organised a psychological suggestion training for the respondents. The variations in PsyCap and job burnout of the respondents through the training were measured and examined. The results showed that the special education workers generally have high job stress and low PsyCap, resulting in a strong feeling of job burnout. The research results provide some insights into the alleviation of mental pressure of special education workers.

A study by Finch, Farrell and Waters (2020) employed a convenience sampling method to select 456 Australian students. Finch et al. measured PsyCap on depression and anxiety symptoms as well as flourishing. They found significant correlates between the PsyCap construct and depression and anxiety symptoms as well as flourishing. The findings of this study direct research interest towards student PsyCap.

More recently, Younas et al., (2020) did an empirical exploration of PsyCap and mental health based on gender. The study revealed that there was a significant positive relationship between PsyCap and mental health. Hence, their study endeavoured to explore the differences across gender on PsyCap (measured through PsyCap Questionnaire) and mental health (measured through Strength and Difficulty Questionnaire (SDQ). The study sample

included 200 university students of Islamabad and Rawalpindi. Findings suggested that PsyCap negatively related with emotional problems and positively predicted pro-social behaviour. According to Younas et al. (2020) Young adults with high PsyCap were less likely to have emotional problems and pro-social behaviour. The reverse was true about the relationship between low PsyCap and emotional problems and pro-social behaviours.

Since works on PsyCap and mental health have established a relationship between these two, establishing one as the predictor of the other have also been explored. Estiri et al. (2016) for instance studied the impact of PsyCap on mental health among 450 Iranian nurses. They obtained their data via a survey conducted among selected Iranian nurses in public hospitals. Collected data were analysed using Structural Equation Modelling (SEM). Findings showed that PsyCap had a positive effect on mental health.

Research on positive organisational behaviour has explored the value-added contributions of PsyCap in predicting various workplace outcomes. As at 2015, PsyCap research had yet the relationship between PsyCap and job stress. Abbas and Raja (2015) therefore explored the gap and measured the impact PsyCap has on work related stress. Abbas and Raja collected data from a random sample of 237 workers from various working spheres in Pakistan. They found that PsyCap had negative correlates with work related stress. High PsyCap individuals were rated as exhibiting more innovative behaviours and lower levels of job stress as compared to their low PsyCap counterparts (Abbas & Raja).

A study by Lupşa and Vîrgă (2020) studied the unique role of PsyCap in the protection social workers from developing burnout and Secondary

Traumatic Stress (STS). A randomly selected 193 social workers from Romania took part in the research. The data sampled were analysed with the structural equation modelling framework. The study results indicate that PsyCap had a protective role against job burnout and Secondary Traumatic Stress. The study was aimed at preventing and reducing the negative repercussions sustained by employees in helping professions (specifically social workers) and also protecting their general health and wellbeing. The findings of this study point to a consented, intentional effort invested into increasing the level of PsyCap of social workers. This, they propose, inadvertently enhances the sustainability of their positive work outcomes.

Another similar study by Turliuc and Candel (2021) titled; ‘the impact of PsyCap on mental health during the Covid-19 pandemic: A longitudinal mediation model’, focused on the need for personal positive resources that help individuals during tumultuous life threatening conditions like the global corona virus pandemic. The longitudinal study enrolled 290 participants and compared the relationship between PsyCap measures, at the beginning of the lockdown period and some indicators of mental health (depression, anxiety, satisfaction with life) measured after 2 months of the lockdown. Following structural equation modelling analyses, the results showed that PsyCap had a significant positive effect on satisfaction with life and significant negative effects on depression and anxiety.

A research by Krasikova et al. (2015) studied effects of psychological capital on mental health and substance abuse. Krasikova and his colleagues propose a more holistic approach towards the examination of mental after analysing the consequent effect of a variety of life domains, such as

employment conditions, personal and social relations and general health on a soldier. Employing a large data sample of 1,889 U.S. Army soldiers, Krasikova et al. demonstrated that soldier's general health perceptions mediated the impact of psychological on mental health diagnosis.

Estiri et al. (2016) concentrated on the effect of PsyCap on mental wellness among Iranian nurses: considering the mediating role of occupational burnout. The data utilized in the exploration was gotten by means of a survey directed among some selected Iranian nurses in public hospitals Altogether, 450 polls were conveyed and 384 were finished and returned. Gathered information was examined utilizing Structural Equation Modeling (SEM). The findings indicated that PsyCap had positive and significant effect on mental health as demonstrated thus, an increase in the PsyCap of Nurses positively affects their mental health.

### **Practices coaches use to improve their mental health**

The multiple roles and tasks coaches must fulfil from managerial to personal, make their job inherently stressful. They also have expectations and goals set by themselves, management, fans, and the players to meet in their very unpredictable work environment. This has proven to have implication on their well-being; however, a variety of coping strategies have been identified in literature that show how coaches escape or overcome stress in their jobs (Norris et al., 2017). There are several strategies that have been illustrated as possible predictors of good mental health including the use of music, mindfulness, meditation, engaging in religious activities, exercise, and engaging and enjoying nature (Biddle & Asare, 2011; Bradshaw et al., 2015;

Breslin et al., 2017; Calogiuri & Chroni, 2014; Garssen et al., 2021; González-Valero et al., 2019; Oken et al., 2018).

To that extent, a systematic review by González-Valero et. al. (2019) among students who seem to be battling with mental health problems showed that interventions such as meditation and cognitive behavioural strategies were helpful in reducing the students' level of stress, depression and anxiety. The 122 articles that were reviewed were both pre-experimental and quasi experiments contrasting results between pre-test and post-tests.

In another such similar study, Oken et. al. (2018) explored the usefulness of mindfulness meditation and how it improves mental health. Using a randomised control clinical trial, 134 participants were recruited for the study. These individuals were rated as experiencing severe stress and the goal was to see how mindfulness meditation could ameliorate their levels of stress. The findings of this study showed that mindfulness meditation had the ability to improve the mental health levels of individuals who were categorised as having worse mental health.

Catalino and Fredrickson (2011) intimated in their study that mindfulness plays a role in optimal mental health that is a state known as flourishing. According to them, flourishers are likely to thrive because they capitalise on the processes featured in the broaden-and-build theory of positive emotions. People that flourish experience much greater positive emotional reactivity to pleasant events and build more resources over time through mindfulness and this was reflected in their results. The results further indicated that research participants who were not flourishing exhibited signs of depression while research participants that were flourishing generally

responded with higher boosts in their positive emotions in response to pleasant events every day (helping, interacting, playing, learning, spiritual activity). Consequently, this greater positive emotional reactivity, over time, predicted higher levels of two facets of the cognitive resource of mindfulness. Catalino and Fredrickson concluded in their study that higher levels of mindfulness positively correlated with increased flourishing levels. These results may have implications in health promotion. Increasing one's level of well-being may be catalysed by intentional behaviours that elicit positive emotions every day. These conscious experiences though infinitesimal, may make up all the difference between flourishers and languishers.

Despite the worldwide growing threats to the natural environment, the potential emotional benefits of nature greatly exist. Extant literature supports that there is a positive relationship between relaxation by enjoying the natural environment and mental health (Barton & Pretty, 2010; Pretty, 2012). Living things in both rural and urban settings have an effect on moods, cognition and health on humans (Capaldi et al., 2014)

Barton and Pretty (2010) conducted a meta-analysis to assess the influence of green exercise i.e., visiting the woods, wilderness, waterfalls or water bodies, green spaces in the urban areas and visiting the country side, on mental health. The results were that exposure to any of these natural environments no matter the location, your gender, age and duration, the moods of the individuals were greatly improved.

Pretty (2012) supports this finding with an investigation of the synergistic benefit of adopting physical exercises while being exposed to nature. The goal was to see how beneficial these two would be concurrently.

Using 20 subjects, she first exposed these to nature while they were running and then measured their blood pressure and mood afterwards. What she found was a positive effect on blood pressure and mood after the experiment.

Capaldi et al. (2014) reiterates Pretty's findings by conducting a meta-analysis where it was found in the literature that having contact with nature leads to improvements in mood, health and cognition. Individuals who were more connected to nature experienced more positive feelings, life satisfaction and vitality compared with those who were less connected.

In the quest to investigate the usefulness of physical activity on mental health, Atlantis et al. (2004) investigated the effectiveness of a 24-week aerobic and weight-training exercise on mental health and quality of life (QOL) outcomes. Employees from a single work-site were randomised into either treatment or wait-list control groups. It was found that multimodal exercises were effective for depressive symptoms.

Similarly, a systematic review by Biddle and Asare (2011) on the influence of physical activity on mental health among children and adolescents, it was found that there was a clear relationship nevertheless the data were small and inconsistent.

Music may be therapeutic and beneficial to one's health, since it uses musical experiences and the relationships that emerge as dynamic agents of change (Bruscia, 1998). Music provides rhythmical or tonal grounding, clarifies, confronts, and or challenges the individual's expression in the music (Wigram, 2004). Music has also been found to improve the dopaminergic neurotransmitters which consequently improves mental health (Sutoo & Akiyama, 2004).

Bradshaw et al. (2015) conducted a study with the purpose of unearthing how music, particularly religious music, decrease anxiety and increase life satisfaction, self-esteem and increase in sense of control. His study found that listening to music, in particular, gospel music decreases levels of anxiety and increases a person's sense of control.

Sutoo and Akiyama (2004) implicated the role of music in the activity of the dopamine neurotransmitter in their study. They found that Mozart music led to a reduction in blood pressure and anxiety. Similarly, Krout, (2007) also found in his study that listening to music facilitates relaxation and promotes wellness.

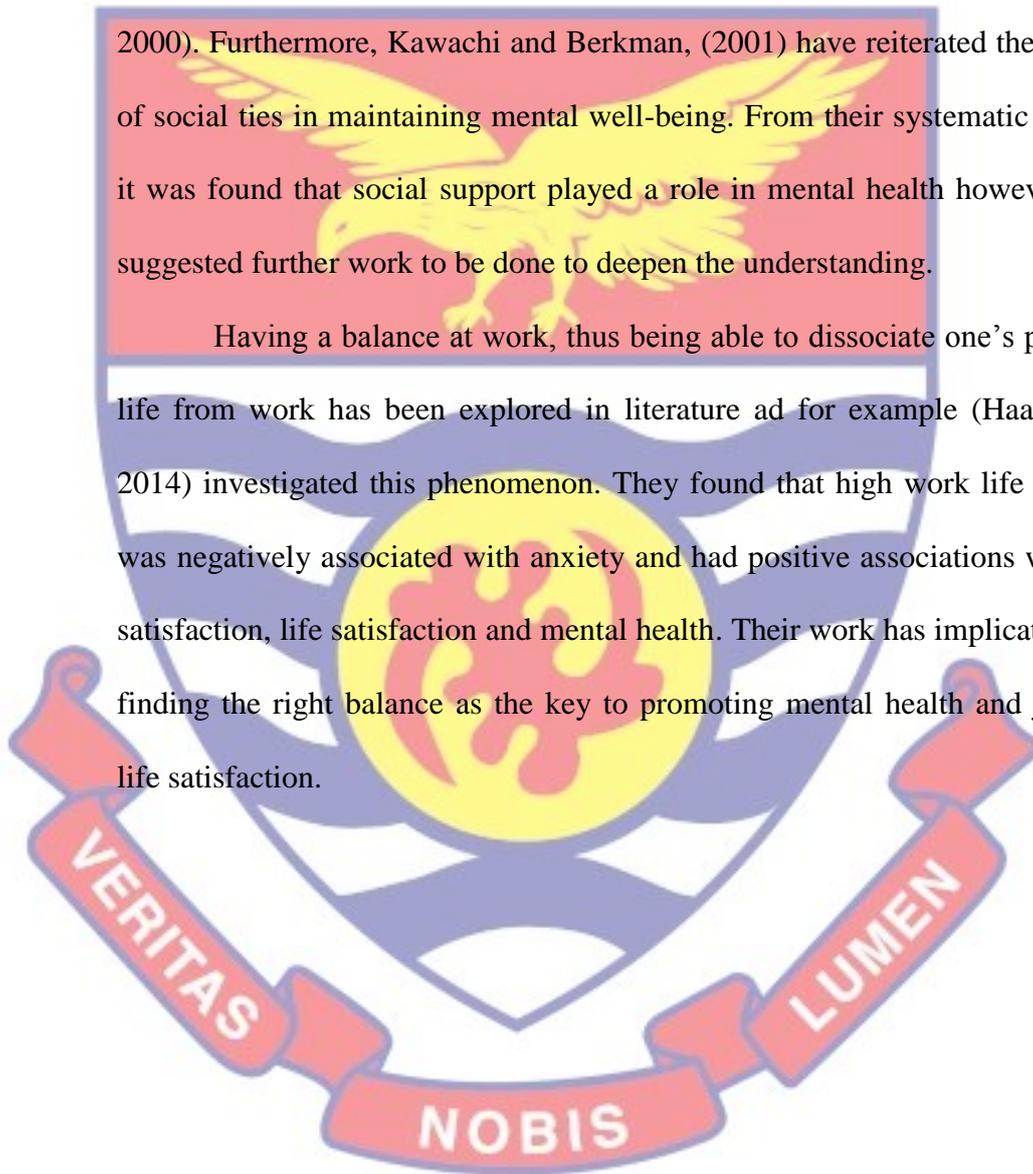
Researchers have recently begun to study the optimal conditions under which positive activities such as increase happiness and the mechanisms by which these effects work. They propose the positive-activity model. According to the model, positive activities (e.g., their dosage and variety), features of persons (e.g., their motivation and effort), and person-activity fit moderate the effect of positive activities on well-being. The model posits such activities as enjoying music, exercising to feel good and healthy as well as engaging in positive affirmations. In terms of positive affirmations and attributes, health promotion theories including positive psychology affirm the importance of positive affirmations (Kobau et al., 2011).

The long term and short-term effectiveness of religiosity and or religious activities on mental health have been explored and quite recently Garssen et al. (2021) in their longitudinal study analysed the effect of religion or spirituality on mental health. They found out in 48 longitudinal studies that, participating in private or public religious activities including praying, getting

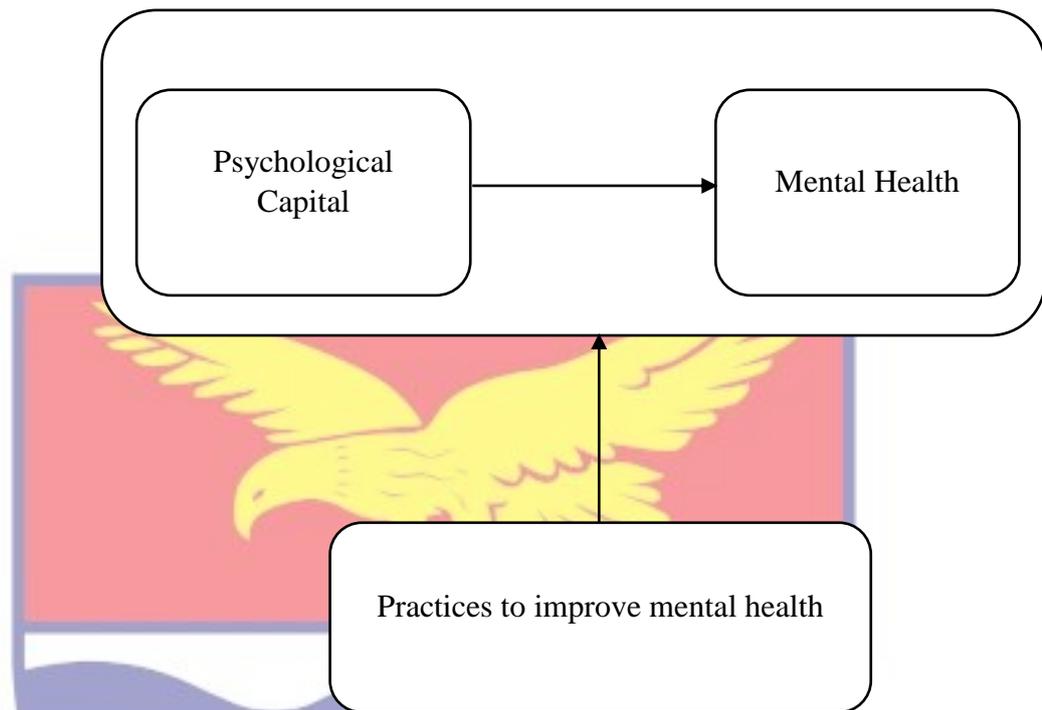
support from church members, meaningfulness, intrinsic religiousness or the feeling that one is religious and positive religious coping significantly related to mental health.

The importance of social support has been identified in mental health, particularly, emotional support has been largely found (Berkman & Glass, 2000). Furthermore, Kawachi and Berkman, (2001) have reiterated the benefit of social ties in maintaining mental well-being. From their systematic review, it was found that social support played a role in mental health however they suggested further work to be done to deepen the understanding.

Having a balance at work, thus being able to dissociate one's personal life from work has been explored in literature and for example (Haar et al., 2014) investigated this phenomenon. They found that high work life balance was negatively associated with anxiety and had positive associations with job satisfaction, life satisfaction and mental health. Their work has implications on finding the right balance as the key to promoting mental health and job and life satisfaction.



### Conceptual Framework



**Figure 1: Conceptual Framework**

Source: Author's Own Construct

This framework depicts (drawing inference from the empirical and theoretical reviews) that PsyCap predicted mental health of football coaches. The mixed methodology used in this study (the embedded/nested concurrent design) allows for the use of two designs- one as the main design (which in this case is the quantitative design) and the other (the qualitative design), providing support for the likely interaction found between the initial quantitative data set- in this case, the impact PsyCap has on mental health. The qualitative data collected on the practices coaches use to improve their mental health. This study acknowledges mental health as the independent variable (the variable whose outcomes are measured after the manipulation of the dependent variable- PsyCap). After the interaction has been established, a perusal of the outcome in the form of a qualitative study can likely explain

mental health scores. The practices coaches engage in was a necessary logical step to understanding the levels of PsyCap and mental health obtained by the football coaches. The explorative study formed the basis of interpreting the quantitative findings of this study.

### Chapter Summary

This chapter took a careful look at the theories and concepts that undergird this study. It provides the rationale for the choice of variables and justifications for the specified research areas under the broad concepts of PsyCap and mental health. The foundations and roots of both positive organizational behaviour and positive psychology highlight the importance of experiencing positive affects in life. The researcher further elucidated the reader in this chapter on the PsyCap HERO dimensions and brought to bear various perspectives of positive mental health as well as the dearth in knowledge on the practical application of the theories in real life situations. This chapter also entailed a thorough empirical review of literature that closely tied in the concepts, theories and methodologies used by other researchers. The various gaps in empirical evidences and in methodology draw attention to the need to explore this phenomenon among football coaches using the mixed method research approach.

## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

This study sought to investigate the PsyCap and mental health levels of football coaches in Ghana and also explore the practices that coaches engage in to improve their psychological states. The present chapter detailed the methodology used to explore the constructs of PsyCap and mental health. The methods section details the rationale for applying specific procedures or techniques to identify, select, and analyse information applied to understanding the research problem, thereby allowing the reader to critically evaluate the study's overall validity and reliability (Kallet, 2004). The research design, study area, population, sample and sampling procedure, research instrument, validity and reliability, data collection, and data analysis procedure are presented in the ensuing pages.

#### Research Approach

Research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation (Creswell, 2014). The researcher aligned himself with the mixed-method approach because the philosophical underpinning of the study was the pragmatism paradigm. According to Trochim, (2006) a research approach provides the glue that holds the research together, thereby showing how all the major parts work together to address the central research question.

Johnson et al., (2007) defined mixed methods research as the type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches (e. g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purpose of providing breadth and depth of understanding and corroboration. From this view, part of the data was collected quantitatively and another part qualitatively (Creswell & Creswell, 2017). The quantitative data was collected using a questionnaire from the census, while the qualitative data was collected using an open-ended question with probes during an interview. Using both quantitative and qualitative data was essential to understanding the level of PsyCap and the mental health of football coaches and how they were maintaining their mental health. Again, the use of the mixed-method approach offers the opportunity for the data to support each other because the qualitative phase strengthened the weakness of the quantitative phase.

A popular classification of purposes of mixed methods research was first introduced in 1989 by Greene, Caracelli, and Graham, based on an analysis of published mixed methods studies. In Creswell and Creswell (2017), they elaborate on Greene et al's five purposes for conducting a mixed method research. They include; the popular triangulation method- which seeks convergence, corroboration, correspondence of results from different methods; complementarity- which seeks elaboration, enhancement, illustration, clarification of the results from one method with the results from the other method; development- which aims to use the results from one method to help develop or inform the other method, where development is broadly construed

to include sampling and implementation, as well as measurement decisions; initiation- seeks the discovery of paradox and contradiction, new perspectives of frameworks, the recasting of questions or results from one method with questions or results from the other method; expansion- which seeks to extend the breadth and range of inquiry by using different methods for different inquiry components. This study is contemplative in nature and it seeks to elaborate and clarify results from one methodology with the explanatory (qualitative) methodology playing a complementary role to the main (quantitative) methodology.

### Research Design

Research design is defined as the specific methods used in gathering and analysing data based on the research approach chosen (Dawson, 2019). An embedded design was applied in this research. In this design, the researcher collects and analyses both qualitative and quantitative data within a traditional quantitative design or qualitative design (Creswell et al., 2011; Greene, 2007). It can take several forms, depending on the specific purpose or the stage of the project i.e., concurrent or sequential (Creswell et al., 2008). In embedded design, one data set (the quantitative or qualitative data set) is supportive in a study based primarily on the other data type. This type of design assumes that a single data set is not sufficient, that different questions need to be answered, and that each question requires different types of data (Creswell et al.). This design is particularly useful when a researcher embeds a qualitative component within a large, quantitative study. The supplemental data set is collected to enhance the overall study, and it can be collected

before, during, or after the collection and analysis of the dominant data type in a particular study (Creswell, 2009; Sandelowski et al., 2012).

The category of embedded design to be used in this study is the embedded concurrent design. The approaches of the embedded concurrent design are useful when a researcher collects both quantitative and qualitative information at the same time (Creswell et al., 2011).

The researcher therefore adopted the embedded concurrent design, which consisted of one distinct phase where the researcher collected and analysed both the quantitative data to fit the research objectives 1, 2, 3 & 4 and the qualitative data using an open-ended question intended as supporting data to help explain or elaborate on the quantitative results in the first phase and to answer research question 3. It was necessary because research objective 5 (research question 3) required that the coaches elaborated on practices they used to improve their mental health. This could not be obtained with a quantitative methodology. The qualitative data, was therefore supplementary to the quantitative data. The rationale for this approach is that the quantitative data and its analysis provides comprehensive information about PsyCap and mental health. The qualitative data and its analysis on the other hand, also provided depth and explained the statistical results by exploring participants' views in more detail (Creswell, 2003). In clinical practice, it is essential to have anecdotal information on practices that help coaches to flourish and possess high PsyCap.

### **Study Area**

The study was conducted in Ghana. Ghana (officially the Republic of Ghana), is a country along the Gulf of Guinea and the Atlantic Ocean in the

sub-region of West Africa. Spanning <https://en.wikipedia.org/wiki/Landmass> 238,535 km<sup>2</sup> (92,099 sq mi), Ghana is bordered by the Ivory Coast in the west, Burkina Faso in the north, Togo in the east, the Gulf of Guinea, and the Atlantic Ocean in the south. Ghana means "Warrior King" in the Soninke language (Jackson, 2015).

The first permanent state in the territory of present-day Ghana dates back to the 11th century, the Bono State (Meyerowitz, 1975). Numerous kingdoms and empires emerged over the centuries, of which the most powerful were the Kingdom of Dagbon (Danver, 2015) and the Ashanti Empire. Beginning in the 15th century, the Portuguese Empire, followed by numerous other European powers, contested the area for trading rights until the British ultimately established coast control by the late 19th century. Following over a century of native resistance, Ghana's borders follow the lines of four separate British colonial territories: Gold Coast, Ashanti, the Northern Territories, and British Togoland. These were unified as an independent dominion within the Commonwealth of Nations on 6 March 1957 (*The Story of Africa*/ BBC World Service, n.d.)

Ghana's population of approximately 30 million spans various ethnic, linguistic, and religious groups (Ghana Statistical Service, 2013). According to the 2010 census, 71.2% of the population was Christian, 17.6% was Muslim, and 5.2% practiced traditional faiths (Ghana Statistical Service,). Its diverse geography and ecology range from coastal savannahs to tropical rain forests (Jackson, 2015).

Ghana is a unitary constitutional democracy led by a president who is both head of state and head of government (Ghana, 2021). Ghana's growing

economic prosperity and democratic political system have made it a regional power in West Africa (Kacowicz, 1998). It is a member of the Non-Aligned Movement, the African Union, the Economic Community of West African States (ECOWAS), Group of 24 (G24), and the Commonwealth of Nations (Ghana, 2013)

Association football is the most popular sport in Ghana. Since 1957 till date, the Ghana Football Association has had the oversight and management responsibility of all footballing activities in Ghana. In national team football, the Black Stars is the male senior national team and the Black Queens is the female senior team. Domestically, the Ghana Premier League and the Ghana Women's Football League are the elite homegrown football associations. Football is the most popular game in the country ("Football in Ghana," 2021).

Historically, the sport of football enters the shores of the Gold Coast area towards the end of the nineteenth century by shippers from Europe. It was played among sailors largely for recreation. The sailors started involving the natives in the game and it quickly gained prevalence and prominence along the coast. In 1903, Excelsior became the first known football club. It was founded by Mr. Briton, a Jamaican-conceived Brit, who was then the Head Teacher of Philip Quaiocoe Government Boys School in Cape Coast ("Football in Ghana," 2021).

The Ghanaian Premier League is the highest pro football division in the country's football league system (*Ghana Premier League: An Idiot's Guide / Goal.Com*, n.d.). Formed officially in 1956, after the last Gold Coast Club Competition was held in 1953–54, the league is organized by the Ghana Football Association and was ranked as the 11th best league in Africa by the

IFFHS from 2001–2010 (“International Federation of Football History & Statistics,” 2021), and the league was also ranked 65th in the IFFHS' Best Leagues of the World ranking, in the 1st Decade of the 21st Century (2001-2010) on 4 February 2014 (*First Capital Plus Rescues Premier League with \$10million Sponsorship - Graphic Online*, n.d.). Asante Kotoko and Hearts of Oak have dominated the Ghana Premier League since its initiation. The 65th season (2020-2021) of Ghana's highest professional association football competition of the Startimes Ghana Premier League started on 14 November 2020. The league featured eighteen teams- each club had the opportunity to play each other twice (playing at the home turf and an away turf). The three lowest ranked clubs are relegated to the Division One League (“Football in Ghana,” 2021). This season featured 18 football teams competing for the title. Since 1980, this season has only become the second season that saw more than 16 football clubs competing in the Ghana Premier League (*Ghana Resolve to Keep 18-Team Premier League beyond 2019-20 | Goal.Com*, n.d.). The league after halting for a while due to financial reasons got further plunged into disarray by the global COVID-19 pandemic that saw the suspension of the league on the 15<sup>th</sup> of March, during match-week 15 (*Coronavirus*, n.d.). On May 31<sup>st</sup>, the league was stopped again until at least June 31<sup>st</sup>. The Ghanaian FA met on June 30 and decided to cancel the league owing to the COVID-19 pandemic. On August 27, 2020, league stakeholders convened to weigh in on the restart date and assess feasibility of restarting the halted 2020–21 season (*Covid-19: Blow for Premier League as Ghana Extends Ban on Contact Sports | Goal.Com*, n.d.).

The (GFA) inaugurated the 65th Ghana Premier League season, as well as the association's other products, such as the Division One League, Women's Premier League, and MTN FA Cup, on Friday, November 5, 2020. The event which was aired on Max TV and Adepa Channel 247, was hosted in the studio of Broadcast partner StarTimes. Consequently, the football players, coaching staff and match officials and partners who were required to be at stadiums during matches were tested by the Ghana Football Association (GFA) on October 22, 2020, because to the COVID-19 pandemic (MyJoyOnline.Com - "Covid-19: GFA to Start Testing of Ghana Premier League Players and Officials Today, n.d.), (MyJoyOnline.Com - "All Premier League Clubs Have Completed Covid-19 Testing – GFA, n.d.).



SOURCE: (Info-Graphic: Location of Ghana Premier League Clubs - Ghana Latest Football News, Live Scores, Results - GHANAsoccernet, n.d.)

**Figure 2: Geographical Location of Ghana Premier League Clubs in Ghana**

## Population

The population is the total number of members targeted by the research as defined by the aims and objectives of the study (Etikan et al., 2016). The study's target population comprised all football coaches in Ghana registered in Ghana Premier League in the league's year under review (2019/2020). The

total number of registered and active football coaches in the league's year under review were 51. All 51 coaches recruited for the study were males with years of experience in coaching ranging from 2 years to 22 years. They were dispersed across the age groups of 23 and 58.

## Sampling procedure

At the quantitative phase, the researcher decided to use the census approach by approaching all 51 coaches participating in the league. These coaches are all over the country and they were all contacted and specific dates were set to meet each one of them at convenient locations for the data collection. However, purposive sampling was used at the qualitative phase to select 18 head coaches of the various football clubs participating in the Premier League. The 18 head coaches were sampled purposively because they represented the sample that was interviewed for the qualitative phase of this research. As head coaches, the researcher operated under the assumption that they (the head coaches) undergo the most pressure amongst the coaches that participated in the quantitative study. This necessitated the use of this cohort in the qualitative data collection.

## Inclusion Criteria

Participants included coaches meeting the following eligibility criteria:

1. Football coaches registered under the Ghana Football Association

2. Licensed football coaches with more than one year of experience
3. Licensed football coaches within Ghana during the duration of the research

### **Exclusion Criteria**

1. Football coaches not registered under the Ghana Football Association
2. Football coaches with less than one year of experience
3. Football coaches that are not present in Ghana during the duration of the research

### **Data Collection Instruments**

The researcher used a questionnaire and conducted an unstructured interview to elicit responses from the participants. The questionnaire was used to collect data from all the coaches. The researcher adopted the short forms of the Luthans PsyCap scale and the Keyes Mental Health questionnaire. The questionnaire consisted of the following sections; Section A: Demographics, Section B: PsyCap dimension, Section C: Mental Health dimensions.

An unstructured interview was used to collect data from the head coaches to explore their views on what rituals or practices in their own experiences they used to increase their mental health and improve their well-being. These instruments supported the data collected from their respective uses and complemented each other in the understanding of PsyCap and the mental health of football coaches.

### **Keyes' mental health instrument**

The instrument which was used to measure the mental health of football coaches was the short version of Keyes' mental health questionnaire. From the DSM approach to the diagnosis of major depression this is employed

as a theoretical guide for the diagnosis of mental health and empirically mimics the symptom clusters for depression. Mental health is best operationalised as a syndrome that combines symptoms of emotional well-being with symptoms of psychological and social well-being. The instrument has 14 items with responses rated from 0 (never), 1 (once or twice), 2 (about once a week), 3 (about 2 or 3 times a week), 4 (almost every day), 5 (every day). The mental health questionnaire has three subscales and reports an overall Cronbach alpha of .89. For emotional well-being, (.83) for psychological well-being, (.83), and social well-being (.74). These three subscales are also categorised into languishing, moderately mentally healthy and flourishing when calculating for a person's score. To be categorised as languishing, individuals must have a score of 0-23, to be moderately mentally healthy, a score of 24 - 46 and to be flourishing, 47-70.

### **Luthans' PsyCap instrument**

The PsyCap scale (Luthans et al., 2007) was adopted for the study. It has an internal consistency of .91. The reported reliability of Luthans et al. ranged from 0.72 to 0.80 for hope, 0.66 to 0.72 for resilience, 0.75 to 0.85 for self-efficacy, and 0.69 to 0.79 for optimism. The instrument has 12 statements where 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree). The scores are categorised into low (12-32), moderate (33-52) and high (53-72) (Luthans et al.,).

### **Pre- Testing**

The instruments were pre-tested among professional football coaches of minor division clubs within the Cape Coast and Accra Metropolis. This was done to authenticate the research instruments. According to Sarantakos (1998),

a pre-test is a small test of single elements of the research instrument, which are predominantly used to check the eventual mechanical problems of the instrument. Creswell (2017) pointed out that when one modifies an instrument or combines instruments in a study, the original validity and reliability may be distorted, and it becomes important to re-establish validity and reliability.

The prepared items were pre-tested on 30 football coaches. This was justified by the work of Hertzog (2008) who report appropriateness in using a sample of 10-40 participants for pilot testing. This enabled the researcher to clarify all ambiguous questions, identify possible challenges likely to be encountered in the actual exercise, and address them. The pre-test was to provide data for the researcher to determine the reliability of the instrument. The researcher again considered, for the pilot-testing sample study, football coaches that possessed similar or same characteristics as those considered for the main study. After pre-testing, the questionnaire was analysed to report the reliability coefficient (Cronbach alpha coefficient reliability). The Cronbach alpha measures the internal consistency, and according to Nunnally Jr. (1970) a Cronbach alpha value of 0.7 and above is considered reliable. The overall Cronbach's alpha reliability coefficients obtained for PsyCap and the mental health questionnaire were .764 and .794 respectively.

#### **Data Collection Procedure**

Ethical approval for the present study was obtained from the University of Cape Coast Institutional Review Board and an introductory letter was sought from the Department of Education and Psychology. The 51 football coaches across the country were approached individually and made to complete a consent form. Hitherto completing the consent form, an elaborate

explanation of the purpose of the study was explained to the respondents. Consented participants were asked to complete the questionnaire with the help of the researcher. In collecting the qualitative data, however, the head coaches were purposefully sampled and they numbered 18. They were interviewed by the researcher for the qualitative data. The researcher used a period of eight weeks for the data collection exercise.

During the process, the researcher introduced himself and his qualifications to the respondents. The purpose or objectives of the study were presented. All aspects of the study were fully explained. These included telling participants where and when the study would take place, stressing the participants' time involvement, and all activities participants would perform. Any invasion of privacy was discussed to make respondents comfortable and consent to participate. Potential benefits of the research were described to participants. Anonymity and confidentiality were assured. Due to ethical considerations, the names of respondents were not recorded. Participants were made aware that they could withdraw from the study any time they wished to do without any penalty. Participants were allowed to ask any question they had about the study. The researcher informed participants that he would be available by phone or mail if questions arose later.

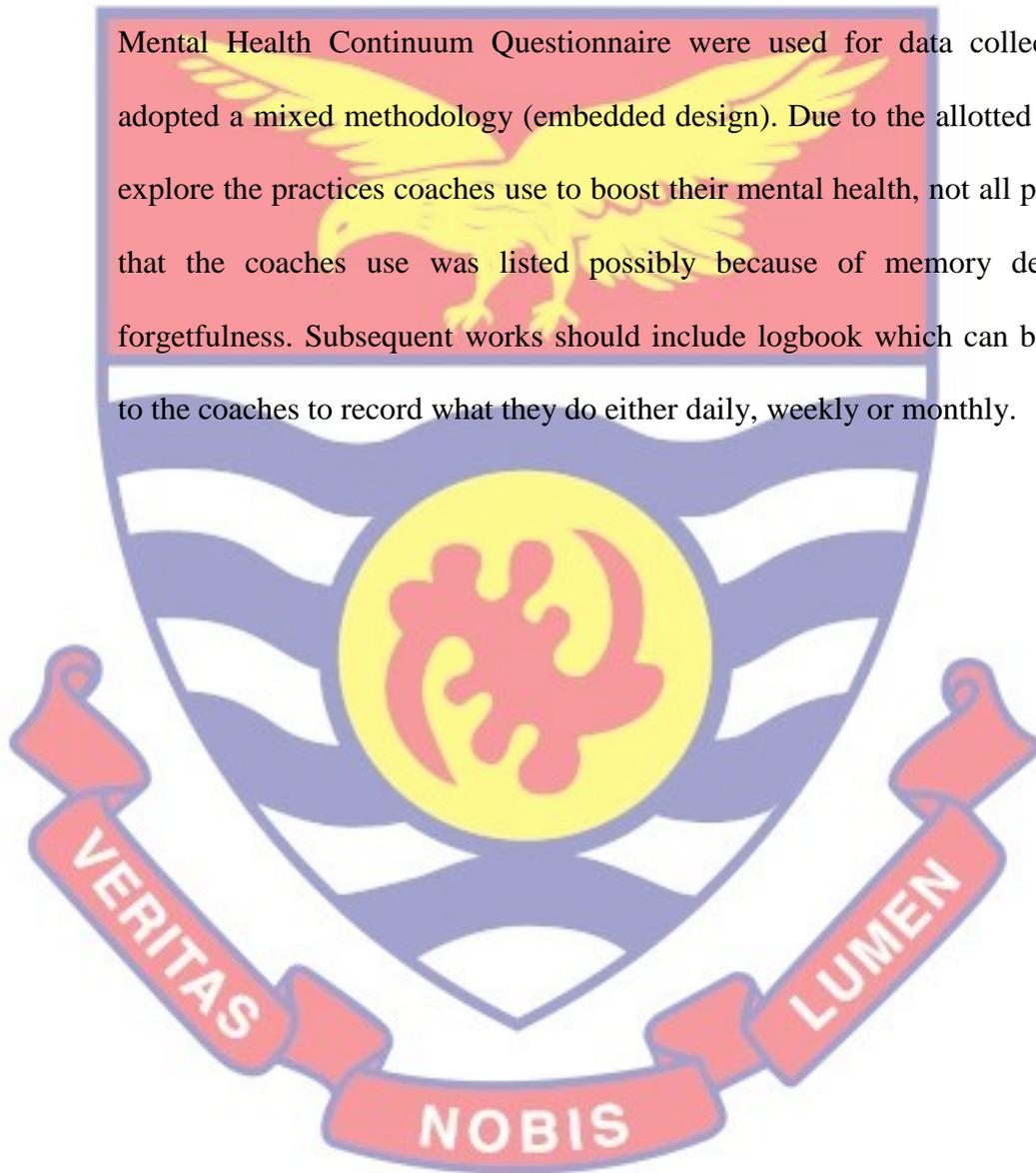
### **Data Processing and Analysis**

Demographics were analysed using frequencies and percentages. Research hypothesis 1 was analysed using Pearson product-moment correlation while hypothesis 2 was analysed using linear regression. Research questions 1 and 2 were analysed using descriptive statistics, and research

question 3 being an objective demanding qualitative data, it was thematically analysed.

### Chapter Summary

The study was a census study with 51 registered football coaches in Ghana Premier League. The PsyCap questionnaire (short form) and Keye's Mental Health Continuum Questionnaire were used for data collection. I adopted a mixed methodology (embedded design). Due to the allotted time to explore the practices coaches use to boost their mental health, not all practices that the coaches use was listed possibly because of memory decay or forgetfulness. Subsequent works should include logbook which can be given to the coaches to record what they do either daily, weekly or monthly.



## CHAPTER FOUR

### RESULT AND DISCUSSIONS

#### Advanced organiser

The purpose of the research was to explore the impact of PsyCap on mental health of football coaches. The fifty-one coaches who met the inclusion and exclusion criteria in Ghana were approached for the census. With the use of a questionnaire, quantitative data were collected and with the use of open-ended questions, qualitative data were also collected. Data from the interview were analysed in the context of the discussion which allowed the information from each participant to be retained and not lost.

For anonymity sakes, the 18 head coaches in the qualitative study were coded using serial numbers. In all the 18 head coaches were identified with code names of HC1, HC2, CH3, HC4, HC5, HC6, HC7, HC8, HC9, HC10, HC11, HC12, HC13, HC14 HC15, HC16, HC17 and HC18. The data were subsequently analysed using descriptive statistics, Pearson product-moment correlation, linear regression and thematic analysis.

All the 51 football coaches were males between the ages 23-58 years. Majority of the coaches had about 22 years of experience in coaching football clubs. This chapter presents the results, some in tables, and discusses the findings and analysis with respect to each research question and hypothesis.

**Table 1: Demographic background of respondents (n= 51)**

Variables	Subscale	Frequency	Percentage
Age	23-35 years	11	21.6
	36- 47 years	30	58.8
	48-58 years	10	19.6
Gender	Male	51	100%
Years of coaching	2-9 years	36	70.6
	10-17 years	11	21.6
	18-22 years	4	7.8

Source: Field survey, (2021)

Table 1 shows the demographic data of respondents of this study who summed up to 51. The age characteristic showed that most coaches (58.8%) were between the ages 36-47 years and they were all males. In terms of experience, i.e., years of coaching, most were with 2-9 years of experience as coaches. The implication of these findings is that football coaching seems to be an attractive job mostly for men with few women showing interest. Again, the age range of the coaches shows that most of them are between the middle and late adulthood and might seem to be more vibrant and active.

## Main Results

### Research questions

Table two shows the result of the levels of PsyCap and mental health levels of respondents.

**Table 2: Descriptive statistics of PsyCap and Mental Health.**

Variable	Levels	Frequency	Percentage
PsyCap	Moderate	1	2.0
	High	50	98.0
Mental health	Moderately mentally healthy	3	5.9
	Flourishing	48	94.1

Source: Field survey, (2021)

#### Research question 1:

*What is the level of PsyCap of football coaches?*

From table 2, it was seen that the levels of PsyCap of the football coaches were represented in only two out of the three categories of PsyCap. Where 98% of the coaches were found to have high PsyCap and only 2% with moderate PsyCap, indicating that none of the coaches had low PsyCap.

#### Research question 2:

*What is the level of mental health of football coaches?*

Table 2 showed that majority of the coaches had high mental health indicating 94.1% as flourishing with only 5.9% being moderately mentally healthy. This means that of the three categories of mental health none of the coaches fell in the category of languishing which is low mental health.

### Research question 3:

*What are the practices coaches use to improve their mental health?*

This section investigated what head coaches do to improve their mental health. In this regard, all the eighteen head coaches were asked: 3) ‘What are the practices you use to improve your mental health?’ ‘Talk about as many as you can.’ However, probing questions were asked in line with responses the coaches gave. The research question provides details into the practices coaches use to stay mentally healthy as support for the data above that proved that they were mentally flourishing. The following themes were developed out of the interviews.

1. Music
2. Meditation
3. Religion and religious activity
4. Social and professional support
5. Exercise and physical activity
6. Positive affirmations and attributes
7. Relaxation and nature
8. Work life balance

The respondents’ responses are presented below in line with the themes:

#### **Music**

About 6 coaches identified music at some part of the interview as an integral part of their mental health improvement regimen. To HC1 in an interview:

*For me music works perfectly for me. When I listen to songs, especially religious songs, I become mentally fit. It even works*

*better for me when I sing along. My favorite is 'It is well with my soul' by Brooklyn Tabernacle choir, anytime I listen to this song I become mentally ok.*

Another head coach's response was:

*Can you imagine what this world would have been without music. The only thing that helps me to become mentally stable and healthy is music. All I need to do when am mentally exhausted is to listen to music even after a terrible lost. For me I love music oo. Ah when I get my jazz music paa any problem I have will just vanish. So as for me this is how I improve my mental health oo. (HC7)*

Among HC11's list of activities, he mentioned that:

*I listen to very serene music like Mozart. The Fur Elise type. I also love choral music. I'm Catholic."*

HC13 had an interesting take on music. He said:

*Me I enjoy reggae music and on the drive home, I turn it up and scream singing alongside. No stress reliever tops that I'm telling you, my brother."*

HC14 mentioned music in passing as a part of his meditation ritual. He said:

*I love music and I meditate every now and then. It calms me down when we are away from home camping.*

Lastly HC18 also mentioned that as part of keeping his environment soothing for his meditation, he plays slow, calming tunes. He said:

*I always like a positively charged environment so I play soothing music in my car and at home.*

### *Meditation*

Most coaches identified reflection, meditation and solitude as an activity they actively engaged in on a very regular basis. HC18 said:

*I guess meditation works for me. I always like a positively charged environment so I play soothing music in my car and at home... In the coaching job there's always pressure week in week out. So, when I'm out of here I try to relax and meditate so I can calm down and face the stress every time.*

To HC17:

*I try to leave work at work. I don't take my work life home so as I'm driving to the house after a game or training, I'm alone with my thoughts and calculate my actions before I get to face my other life at home.... I also reflect a lot on my actions so I'm always ok with myself.*

HC14 pointed out that he *meditates every now and then.*

HC 13 reported that he philosophizes the world a lot. In his interview, he iterated that:

*I'm a philosopher. I get into my thoughts every time and rationalize the world. First, I think you need to know your limitations. Very important.*

HC12 also reported that:

*I also have some alone time to reflect and strategize for work. Coaching is about strategy oh so you have to think a lot about what to do.*

According HC6, he isolates himself to reflect every now and then. The quite ambiance and the solitude of being alone calms him down and relieves him off external pressures. He had this to say;

*Anytime I am mentally stressed all I have to do is to isolate myself.*

*I lock up myself in a very very quiet place where there is no noise.*

*All I have to do is to lie down very quietly and reflect the whole day and by the following day I am well. Being alone in very quiet environment is a perfect way for me to get away from mental stress. We lost our last two games and believe me it really drained me mentally. All I did was to lock myself in my room alone and reflect and I was fine. I'm sure you can see I am very fit mentally today. Smirks.*

#### ***Religion and religious activity***

Religion played a central role in most of the coaches lives and how they maintained their mental stability. It reflected in the music they listened to and the activities they engaged in after work. To some of the coaches their religion guided some meditational practices and their rituals in solitude. They referred to religious books as a guide for living and they expressed how life was easy because of its guiding tenets.

HC2 while recounting his experiences in tough times when he uses religion as defense mentioned that he takes advantage of the solitude to pray. He said;

*So when I lock myself in my room and pray I become mentally ready for anything life throws at me. It is some sacred alone time with your God.*

From HC2:

*I am a strong Christian so whenever I go through any difficult moment I go down on my knees and pray. As a head coach of this club, believe me I'm going through very very tough times almost all the time and that affects my mental health. But like I told you I am a very strong Christian and I believe in prayers. So when I lock myself in my room and pray I become mentally ready for anything life throws at me. It is some sacred alone time with your God. I do this anytime I am mentally down and it works like something.*

To HC8, he is a staunch religious person, faithful to his doctrines and precepts of his religion. He reported that:

*For me I am a firm believer of the bible and prayers so as a Christian anytime I go through any challenge I read my bible and pray. So anytime I go through any kind of mental imbalance all I do is go down on my knees, pray to God and read my bible and I will be well. You know losing a game can really put you in a very very difficult situation that can even affect your mind. So as for me when I encounter situations like this, I read my bible and pray to God and that is all. So this is what I do to stay mentally fit and healthy.*

According to HC11:

*“Oh prayers! The mood and peace prayer brings you is different. I'm always praying” he said while slinging a rosary. “I am always involved in church activities if I'm not at training. I have a lot of accomplishments at church that I'm proud of. I helped build 2*

*churches and I give a lot to charity. I've also adopted some children I take care of. Trust me giving gives me soo much joy... I also love choral music. I'm Catholic."*

### ***Social and professional support***

Most of the coaches identified one support or the other as a very important part of their ability to stay mentally optimal. They recognised social support in friendship, family and companionship at work (teammates) and professional guidance from therapists and elder and more experienced mentors.

To HC4, he reported that he found some support with his family. In his words, he indicated that;

*Family is everything for me. Any time I return home mentally stressed my family is always available for me. I have a very very supportive wife. As soon as I come home and she realise that am not myself she will quickly run to me, hold me by the hand and encourage me with very positive words. My daughter has been supportive too. She encourages me all the time even if I lose matches. So as for family I don't joke with them at all because they help me to be mentally fit. They are my secret weapons hahahahahahah.*

HC5 when asked what he did to improve his mental health, recounted professional support he gets from the sports therapist as a way he improves his mental. He said;

*We have a counsellor who talk to the whole team especially me because I am the head coach. Even yesterday he was around. He*

*talks to me anytime I'm work stressed and it helps a lot. He has this nice therapy he uses and honestly it really improves my mood generally. So anytime I'm going through my tough times as a manager, I invite him to talk to me especially if matches do not go the way I wanted it to go. So the counselling has been very useful so far.*

HC9's rather brief and concise activity he does to improve his mental health. He had this to say:

*When I am down mentally, I go out with my friends to have fun. We drive to town, get some drinks and by the time come home I am mentally sound. It doesn't matter the day or time, we have made it a ritual to meet at nights to have conversations and its cool to talk to them.*

HC10 also had a lot of regard for the people in his life and the role they play in improving his mental health. He emphasised the quality of his relationships by saying this;

*"I never really think about what I'm doing to intentionally improve my mental health. Now that I think about it, I guess my mental health is improved whenever I'm with the boys. Playing with them, exercising together... But then I enjoy my family. Herrrr I love my wife, her cooking, the sex, the children and how they are beautiful. I'm just blessed from above so I cannot be down."*

With HC14, time with his family and his daughter was a time he considered as very impactful to his mental. He felt:

*I love spending time with my family. My daughter, she's 8, I enjoy being a father to her. Her innocence, it's just nice to hang out with children. Look if you are ever stressed, master, visit a children's playground. You will forget all your troubles.... But when I'm around, it's my family.*

HC16 felt a sense of community and belongingness with his team. One that keeps him up and motivates him for life. He found some sense of fulfilment in the quality of impact he is making in the lives of his boys. He said:

*...seeing the boys grow. Charley, they could have been robbers or even worse. I'm like a father figure to all of them and they all like me. I guess that's why we keep winning. They come around my house, they all know my wife and children. We are like one big happy family here. We pray together, sing songs to boost our morale, it's all fun and games at camp. Sometimes it doesn't even feel like work...*

HC15 briefly remarked that he takes a lot of inspiration from older, experienced people. He said:

*All my friends are old people and they give very good advice.*

HC17 also felt his mental health is improved with the professional help he gets from older, more experienced mentors. He said;

*...Oh, I talk to professionals in the field too. I have mentors I'm always on the phone with. They influence my coaching a lot and they advise me too. I think that if you think about good thing, good things will come to you... In ranking based on priority, he felt his cordial relationship with his bosses ranked top in his list of 'hows'*

to stay mentally healthy. He said *Ei! That's a long list of things but if I was to rank, I would say I talk to my bosses first...*

HC18 was explicit about his attachment to friends and family. In his words;

*..I also seek support from my friends and family when I'm under pressure. In the coaching job there's always pressure week in week out...*

### ***Exercise and physical activity***

For coaches, exercising is a part of their job description but a few coaches identified its role and impact in their general life and optimal functioning.

To HC10:

*I guess my mental health is improved whenever I'm with the boys. Playing with them, exercising together. Training is always fun and you know it boosts your adrenaline so you always feel good...*

HC12 also felt that exercising helped him feel good. He said:

*I'm always exercising so I feel fit and that's nice...*

HC17 also responded to the question by saying:

*... I exercise a lot as you can see....* He ranked exercise as the third most important thing he feels makes him mentally healthy. He said this while attempting to list and rank all he has said *...third, I exercise a lot...*

### ***Positive affirmations and attributes***

This theme recognises in the data all the positive affirmations and recognized positive attributes of the research participants. They include contentment, gratitude, growth, positive affirmations and thoughts.

HC10 after stating his list of things that improves his mental health, stated that:

*... I'm just blessed from above so I cannot be down."*

HC13 responded that

*"I'm content. They say man know thyself. You are who you are when no one is watching..."*

HC17 highlighted that his recognition of his positive thoughts contributed tremendously to his mental health. He said;

*I think that if you think about good thing, good things will come to you. So in my mind I stay positive. I try to avoid problems with people and I always think positive thoughts... while ranking his activities that kept him mentally fit, he ranked his positive thoughts second.... he said; *I think positive things second...**

#### ***Relaxation and nature***

A few coaches expressed that their mental health was improved through relaxation and their closeness to nature.

HC3 said:

*I take vacations oh. Whenever I am mentally stressed and exhausted, I travel far away to a very nice place. Some the places I go to are beaches, safari, zoo and places where I can appreciate nature. You they say nature is medicine so anytime I am mentally stressed and exhausted I take a vacation to any of these places. The beach is my favorite hahahahah. By the time I return to the camp you naa you'll see me mentally sound and ready to work.*

HC12 responded that:

*...Nature is relaxing and beautiful. Anytime I get back from a vacation you can see my skin glowing and my smiles are broader...*

### **Work life balance**

Work life balance is associated with how most coaches manage expectations, balance work life and overall life, wins and losses.

HC15 responded by saying:

*I think my job is rather simple. The outcomes are win, draw or lose. And don't go to relegation. I have actions I undertake when I get any of the outcomes so my job doesn't stress me...*

HC16 said:

*Oh your wins are reinforcement. They keep you going. You know growth or when you see that what you are doing is yielding results it makes you really relax. My wins are, you know apart from being where I am on the league which is good, seeing the boys grow. Charley, they could have been robbers or even worse. You need to be an experienced coach to be able to maintain such professional and friendly relationship with work. It can backfire easily. Balance is the key. I think my experience makes me able to handle stress better. You know I'm very experienced." With a smile.*

HC17 responded with:

*I try to leave work at work. I don't take my work life home so as I'm driving to the house after a game or training, I'm alone with my thoughts and calculate my actions before I get to face my other life at home...and I keep a good work and home life balance.*

### Testing of Hypothesis

Table 3 shows the simple linear regression test and how PsyCap predicts mental health.

**Table 3: Linear Regression between PsyCap and Mental Health**

Variables	<i>B</i>	Rsquared ( $R^2$ )	$\beta$	<i>T</i>	<i>P</i>
Constant	19.605			2.156	.036
PsyCap	.649		.562	4.752	.000
Source: Field survey, 2021			F= 22.584	df = (1,50)	

#### Research Hypothesis 1:

*H<sub>1</sub>: PsyCap will significantly predict the mental health of football coaches.*

A simple linear regression was run to predict the influence of PsyCap on mental health of football coaches in the Ghana Premier League. A significant regression equation was found,  $F(1, 50) = 22.584, p = .000$  with an  $R^2$  of .302. Thus, PsyCap explained 30% of the variance in the Mental Health of the football coaches. Additionally, PsyCap significantly predicted mental health of football coaches ( $\beta = .562, p = .000$ ).

#### Discussion of Main findings

In this section, the main findings of the study would be discussed. This discussion would be done in reference to the empirical data espoused earlier. Every finding was evaluated critically, examining their implication with respect to the empirical data. The implication and practical position of the study are also discussed. The chapter ends with a summary of key findings.

### The level of PsyCap of football coaches

The first research question in this present study was: what is the level of PsyCap of football coaches? The findings showed that the football coaches had high levels of PsyCap. An astonishing 98% of the population of coaches in this study had high PsyCap, with only 2% exhibiting moderate levels of PsyCap and none possessing low PsyCap. In the literature, the levels of PsyCap of football coaches specifically are limited. However, the levels of PsyCap as a concept have been investigated across different fields and work contexts.

The findings obtained from this study (the presence of high PsyCap) corroborates with some studies in literature (Çelik, 2018; Jin et al., 2019; Shelton & Renard, 2015), which suggest that despite the stressful nature of the job or situation (be it coaching, nursing, physician, student, soldier or even being in sexual minority) there seem to be some high levels of PsyCap. Implying that PsyCap traits can co-exist with the turmoil of life hassles and stressors of living in a high stress condition. For example, in a study by Jin et al. (2019), they investigated the mediating role of PsyCap on distress and empathy however the interest in this work is the result they reported of the level of the PsyCap of the respondents who were medical doctors. They found that overall, they had higher levels of PsyCap. This corroborates with the findings of this study. A possible explanation for this is that both sets of respondents are individuals who work in high stress jobs, but what is even more pressing is that they reported a significant difference in PsyCap based on the gender of the respondents. They noted that men had significantly higher levels of PsyCap than women in their study. Considering that this current was

done among a population of men, it could account for the high levels of PsyCap among coaches.

Conversely, in another study that corroborated the findings of this present study, even though among a different but similarly stressed population (i.e., employees of the tourism sector), it was found that, among the 719 respondents who participated in the study, most of them possessed above average levels of PsyCap (Çelik, 2018). Shelton and Renard (2015) also explored PsyCap among nurses and the purpose of their study was to establish whether relationships existed between levels of PsyCap and levels of reward satisfaction. The study found that the majority of the sample exhibited high levels of PsyCap. The researches above however were conducted in jobs that are female dominated. Denoting some inconsistency in gender based PsyCap levels. This implies that there could be some merit in investigating PsyCap on gender basis but more importantly, this research opens a new window of inquiry into psychological functionality as is consistent with the samples above and their high levels of PsyCap.

In a similar study on levels of PsyCap among yet another different kind of respondents- US army soldiers. Soldiers with stronger PsyCap before deployment were less likely to be diagnosed, post deployment, with mental health issues (i.e., depression, anxiety and PTSD) and addiction and substance abuse related problems, according to Krasikova et al. (2015). They imply in their study, the presence of high PsyCap among the soldiers used. This study leans heavily on Luthans et al.'s (2013) thesis on the health-related effects of PsyCap. It found substantive evidence to support PsyCap's beneficial impacts on psychological health. What this means is that possessing high PsyCap has

huge implications on one's susceptibility to experiencing mental health flourishing and functionality. Psychological functionality denotes one's ability to achieve set goals within oneself and the external environment. Since low PsyCap implies mental health problems and impaired function among a plethora of job contexts including army personnel as reported by Krasekova et al., the functionality of elite coaches can be logically pinned on their high levels of PsyCap. This can be translated as, (especially for people working in high stressed jobs) the tendency of the research participants to be highly functional even in their stressful roles as coaches

Logically, considering the job description of a football coach, it cannot be refuted that they go through high levels of stress and yet they manage to thrive and keep showing up at matches. There obviously must be something they do or have which aids them to be able to for instance, lose a game today and make an appearance tomorrow to play a match again. It is therefore not too surprising that this study took an interest in unravelling the possible reasons behind this feat. It appears that almost all football coaches have high PsyCap which makes them thrive.

The theory of positive psychology serves as a framework in explaining the high levels of PsyCap of football coaches in this study. This is on the grounds that the theory concretises the positive characteristics and positive feelings that people have that makes their lives more useful and significant and eventually actualising (Seligman, 2003). So, in this case, coaches seem to have positive traits i.e., high PsyCap which helps them to ward off the stress they encounter on their jobs. The implication of this study is that, despite the stress coaches go through, building their PsyCap can have a huge impact in their

daily lives. This study therefore adds to the debate on how to increase employee resistance levels against the stress that plunges them into malady.

PsyCap is 'state-like'. As a state-like concept, it emphasizes on the engagement of intentional behaviours. PsyCap being state-like implies that as a higher-order construct, it is more stable over time than pure states or feelings

but less stable than a trait. The advantage of a state-like construct and what ties in with the relevance of this concept in clinical psychology practice. That is, PsyCap can be developed through training. Practice based approaches to develop PsyCap have been the focus of researches aimed towards the relevance of PsyCap in practical settings. PsyCap has become relevant in the

area of neuroplasticity. Considering that our brain is malleable and docile, PsyCap can be developed. This backdrop sets the tone for a logical analysis of

the possibility of the behaviours coaches engage in to improve their mental health concurrently increasing their PsyCap. Luthans et al., (2007) establishes that PsyCap can be developed through intentional behaviours. Goal-setting

and perceived ability can be likened to themes generated in this work. An effective work-life balance and positive affirmations and engagements relates

closely to ways to increasing hope in PsyCap. Motivation (agency of thoughts) can also be attained through mindfulness-based activities like meditation,

music, religious activity, exercise and physical activity and relation and nature). Social modeling and support has also been merited to contribute to

PsyCap development. This work also finds that coaches rely immensely on social and professional support to improve their mental health. A consequent

attribution can be made that social support improves PsyCap. Searching for meaning and facing reality (without the exercise of judgement) provides a

better basis to endure hard times. This develops one's resilience in PsyCap. Practices that also support this idealogue is meditation and reflection. They form the base of searching for meaning and facing reality.

### **The level of mental health of football coaches**

The second research question aimed at investigating the level of mental health of football coaches. Mental health is an integral part of health and as a state of well-being, the results from this study then portrays that the football coaches have a good state of well-being i.e., flourishing. This is because the results showed majority of the coaches (94%) were indicated as high score for mental health. This means that one can still mentally flourish despite the nature and stress one encounters at work. This result is in line with what literature in the workspace have established. The reason for this is that there might be some activities or practices that serve as a buffer for the employees to maintain such consistent states of mental well-being.

The prevailing categorisation of mental health; flourishing, moderately mentally healthy and languishing are in consonance with literature (Bariola et al., 2017; Guo et al., 2018; Kuettel et al., 2021; Linley, 2008). However, of all three categorizations, flourishing mental health was predominantly high among the workforces just as was seen in this present study (Góngora & Solano, 2017; Keyes et al., 2008). As far as researches go, varied factors can account for recordings of languishing and flourishing among different samples and characteristics. Of relevance to this study are study samples that record high levels of PsyCap. In Góngora and Solano, they recorded flourishing states among a sample of 627 adults in Argentina. They observed that the sample showed two features that accounted for their state of flourishing. To

them, having income and the absence of a mental disorder accounted to the observed scores among the sample. Even though this study did not probe into the level of income of the football coaches and also did not run an assessment of mental disorders, it can be assumed that their gainful employment as elite football coaches in renowned football clubs and high functionality can be translated as a solution to one part of their flourishing state puzzle. Another possible explanation for these recordings of high levels of mental health or majority of the respondents flourishing rests in the positive organisational behaviour theory. This approach stresses how people in today's workplace use proper human assets, strengths, and psychological attributes to improve their performance (Luthans, 2002). In this regard, the mental health of individuals is high or low depending on their innate resources. An important conclusion from the findings of the present study is that mental health of coaches was tied to the availability of psychological resources.

Küttel et al.'s, (2021, p. 2164) "To Flourish or Languish, that is the question: Exploring the mental health profiles of Danish elite athletes" not only possessed a catchy title but provided an intriguing analysis of their results that was consistent with the results of this present study. The implications for their study are very applicable to this current study. They reported that male athletes possessed higher mental well-being than women. It could have been argued out if this study had participants that were women. Considering that all participants in this study were men, it can be deduced that men in the sporting arena generally have high mental health. They also reported that two-thirds of the athletes were flourishing, reported less stress and were receiving high social support in life and in sports. This current study had all coaches in

flourishing states. The implication is that, if tested on their level of stress (no matter their stressors), they are very likely to report less stress. The level of social support is analysed in the practices coaches use to improve their mental as most coaches reported some degree of social support as a buffer for them against stress. Küttel et al. (2021) propose a bespoke approach to support athletes' mental health. I propose that mental health support can be imitated based on models that prove effective in alleviating stress. I therefore propose that it should be possible that what coaches use to obtain high scores in mental health and PsyCap should be modelled and imitated by all people working in high stressed jobs.

#### **What are the practices coaches use to improve their mental health?**

In line with the positive psychology and positive organisational behaviour theories, the study shows how practices coaches engage in improve their mental health despite the risk they face at their workplaces. For this reason, when people keep practicing such activities, they are bound to experience an improvement or high rates of mental health i.e., flourishing. Küttel and Larsen (2020) in their scoping review of studies concerning the mental health of elite athletes identified a cascade of factors that are concerned with mental health states of athletes. This work prioritizes the personal protective factors meta-analysis. To Küttel and Larsen, personal protective factors are categorized into the broad themes of protective behaviour, feelings of competence, recovery factors, positive social support, feeling of autonomy and basic need satisfaction. The themes drawn out of the analysis of this study's qualitative data were; music, meditation, religion and religious activity, social and professional support, exercise and physical activity,

positive affirmations and attributes, relaxation and nature, work life balance. All of which fall under one categorization or the other as set by Küttel and Larsen.

Music, meditation, religion and religious activity, positive affirmations and attributes, relaxation and nature, work life balance fall under protective behaviours as set by Küttel and Larsen (2020). Social and professional support falls under positive social support, and exercise and physical activity fall under recovery factors. Positive affirmations and attributes can also be categorized under both Küttel and Larsen's feelings of competence and feelings of autonomy.

The activity of listening to music or just singing along has been consistent in literature as a key in promoting positive mental health (Bradshaw et al., 2015; Bruscia, 1998; Drieschner & Pioch, 2002; Krout, 2007; Sutoo & Akiyama, 2004). Respondents in this current study expressed how they feel distressed after enjoying some music every day after work.

A systematic review elucidated meditation as very helpful in reducing levels of stress, depression and anxiety (González-Valero et al., 2019). Just as it was found in this study, that the high levels of mental health could be explained by engaging in practices like meditation. Other such studies that explored meditation and its impact on mental health suggested the promotion of meditation following its positive yields.

Furthermore, participation in religious activities i.e., praying has been found to predict mental flourishing (Garssen et al., 2021). Garssen et al. found that participating in private or public religious activities including praying, getting support from church members, meaningfulness, intrinsic religiousness

or the feeling that one is religious and positive religious coping significantly related to mental health.

Social and professional support have been identified in mental health, particularly, emotional support has been largely found (Berkman & Glass, 2000). Furthermore, Kawachi and Berkman (2001) have reiterated the benefit of social ties in maintaining mental well-being. It is true that support from others who show the desire and willingness to make this support readily available can improve mental health. Just as this study found that the coaches were receiving support from their families, friends and professionals.

From the study, the usefulness of exercise or physical activity on mental health was iterated. Atlantis et al. (2004) saw the benefit of aerobics and weight training to be very useful and Biddle and Asare (2011) also confirmed this in their study. Despite the fact that coaches are in the sport industries, it may be worth noting that exercising or engaging in physical activities consciously by the coaches and not necessarily exercising as part of the job, has an influence on their wellbeing.

Positive affirmations and attributions from the study were found as practices coaches indulge in which could explain why they were flourishing. It was found in a study by Kobau et al. (2011) that having a positive-activity model where one can engage in positive affirmations, helps the person's mental health.

Many analyses and reviews have concluded that, at least for some individuals in some circumstances, exposure to nature can lead to improvements in multiple mental and physical health parameters and that this applies for both contemplative and adventurous activities and over at least the

past 4 decades, many countries have trialled a wide range of public health programs aimed to increase public participation in outdoor activities, including visits to parks (Barton & Pretty, 2010; Buckley, 2017; Pretty et al., 2005; Pretty, 2012).

Furthermore, maintaining a balance at work and home keeps the individual sane and prone to positive mental health. Haar et al. (2014) found this relationship, where, individuals with a good work life balance had great mental health than those without work life balance. Therefore, in this study it was found that having a good work balance as some reported to have influenced their mental health.

While protective factors fostering mental health has been assessed in a minority of the studies. Researchers have used mostly quantitative and, to a lesser extent, qualitative methods across both genders and various types of sports and groups. This work sought to use a qualitative approach to examine protective factors that improve the mental health of football coaches.

### **The impact of PsyCap on the mental health of football coaches**

The study hypothesised that PsyCap will significantly predict mental health. The findings confirmed this expectation because there was a significant positive relationship between PsyCap and mental health. Suggesting that as the PsyCap of football gets high, their mental health also gets high or vice versa.

PsyCap has been reported in literature as a factor that associates positively with mental health and or stress (e.g., Salveraj, 2015; Chen, 2019; Finch 2020; Younas et al., 2020). Logically this is not surprising considering

that these two constructs are positive constructs and could therefore have some associations.

The positive psychology theory and the positive organisational behaviour theory which served as the framework of this study maintains that individuals have resources that when applied helps them to ward off stressors.

Moreover, the ability to go within yourself and optimise the use of these resources has proven to be even on the high when one encounters stressful situations. Therefore, the onus on the individual is to cultivate the habit of maintaining resilience, optimism, hope and efficacy while consciously making the efforts to effectively engage in more positive emotions in the lives i.e., feeling happy, showing gratitude, maintain good social ties and others.

The implication of the result here is that high PsyCap relates with mental health and it seems the football coaches in their own ways were building and sustaining their levels of PsyCap to increase or maintain their good levels of mental health and they were doing this through activities such as meditating, praying, listening to music and enjoying nature.

Since in the literature the relationship between PsyCap and mental health have been established to some extent, hypothesising that PsyCap will predict mental health of football coaches was not out of place (e.g., Chen, 2019; Finch 2020; Salveraj, 2015; Younas et al., 2020). The study's hypothesis was therefore supported as PsyCap positively predicted mental health of football coaches.

Logically this interaction was expected as it was for example in a study by Estiri et. al. (2016) also found this same result however using nurses as respondent. Abbas and Raja (2015) also used diverse employees and a found

PsyCap predicting mental health. More recently, Nicoleta and Sorin (2021) in their longitudinal study during the pandemic saw a positive effect of PsyCap on mental health. Again, this does not come out as a surprise as in order to predict an effect there must have been a relationship.

The study reported, the level of prediction of PsyCap on the mental health of football coaches after running the regression analysis. With the exceptionally high scores obtained on both PsyCap and mental health questionnaires and the literature that support a strong relationship and predictive between the two constructs, it appeared surprising to obtain scores that indicate PsyCap predicted only 30% of the variance in mental health of football coaches. The number of the study subjects, upon perusal of related literature, could be culpable and may likely account for such a low predictive value. According to Creswell (2002), this is possible in cases where small sample sizes are used. This study however did not have the luxury of a large sample size-.the whole population of 51 coaches was used. The consequences of this finding could mean a deeper analysis should be made into investigating other correlates that can account for some degree of variance in mental health outcomes, or a bigger sample size (considering elite coaches of other sporting activities) should be looked at in similar studies baring the effect of their independent disciplines on the findings.

#### **Chapter summary**

The results from the quantitative part of this study indicate that the coaches who participated in the study had high levels of PsyCap and high levels of mental health. These optimal levels of mental health categorised them as flourishing in mental wellbeing. PsyCap had a correlation and

significantly predicted mental health levels of the football coaches. The focus of the qualitative part of the study, was to gain depth into the practices that coaches adopted to improve their mental health. The themes generated from the qualitative analysis were music, meditation, religion and religious activity, social and professional support, exercise and physical activity, positive affirmations and attributes, relaxation and nature, and work life balance.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Overview

The aim of this present study was to generate a psychological profile of football coaches by exploring their levels PsyCap and mental health. Thus, the study explored the predictive value of PsyCap on mental health and what practices the football coaches engaged in to help them ward off the stress. Fifty-one football coaches making up a census were recruited for the embedded concurrent design study from the Ghana premier league. Quantitative data were collected with the use of a questionnaire and the qualitative bit was gathered with the use of an open-ended question with probes or cues. Quantitative data was analysed using descriptive statistics, correlation tests, regression tests and qualitative data was analysed thematically.

#### Summary

The sport industries especially, the football industries over the years have been fraught with challenges of consequences of the stress of both coaches and athletes. Meanwhile the literature has been more favourable to elite athletes with little to no attention on coaches and how they deal with their stressors in Ghana most especially. This study therefore investigated the PsyCap and mental health levels of football coaches paying attention to understanding what they do to ward off their stress. The results from the quantitative aspect of the study showed that the coaches who are deemed as

individuals working in high stressed jobs, had high levels of PsyCap and high mental health and were categorised as flourishing, and PsyCap both had a relationship and predicted levels of mental health among the coaches. The qualitative part of the study, which was conducted using an open-ended question to probe in depth what the coaches were doing to improve their mental health, showed that the coaches engaged in practices such as music, meditation, religion and religious activity, social and professional support, exercise and physical activity, positive affirmations and attributes, relaxation and nature, and work life balance.

The study employed an embedded concurrent design. The theories that formed the framework of the study were the Positive Psychology theory and the Positive Organisational Behaviour theory. The quantitative data were analysed using descriptive statistics, correlational tests and regression test however the qualitative data was collected via asking an open-ended question with probes in an interview. The respondents were coaches from the Ghana Premier League who were in good standing and had coached teams for more than a year as one of the inclusion criteria.

The researcher aimed at answering three research questions; the first question probed the level of PsyCap of football coaches in Ghana and the data indicated that the football coaches possessed impressively high levels of PsyCap. Again, the level of mental health of football coaches were queried and the data showed that the coaches had high levels of mental health thus they were flourishing. In this way, the question was further asked to know why and how they were flourishing? This open-ended question- what practices do you use to improve your mental? Opened the gateway to get an insight into

the activities coaches were engaging in which obviously was helping them to ward off the stress they go through at their jobs, and some of these practices included, listening to music, engaging in meditation, religion and religious activity, social and professional support, exercise and physical activity, positive affirmations and attributes, relaxation and nature, and work life balance.

Overall, the results of the study support the two theories that formed the framework of the study. The positive psychology theory and the positive organisational behaviour theory postulated that having high psychological resources and constantly engaging in positive emotional activities are likely to boost an individual towards achieving a goal. Therefore, encouraging such positive traits as PsyCap will go a long way to improving the mental health of individuals.

### **Conclusions**

To sum up, coaches spend most of their lives in work-related activities. Giving that this field is one that generates some income for the country, the workplace should be made to provide individuals with purpose and meaning with less or reduction in the psychological and even physical harm they encounter at work. This would go a long way to translate into the results the coaches together with their team players present.

With the nature of the job of a coach, it was however quite revealing that such a population working in a high stress environment could be mentally flourishing, with high levels of PsyCap. Nevertheless, the embedded design which was used for this study proved itself useful by helping the researcher to

concurrently identify the supposed activities the coaches were indulging which could possibly explain to some extent the reasons for this study's findings.

### Recommendations

The health and wellbeing of coaches have not been increasingly explored therefore, this study added on to the already existing literature in a methodology that seems to have not been spotted before in the literature, making this study a refreshing one. Clearly, to improve the wellbeing of football coaches it is imperative for the stakeholders to become aware of what is on the ground, which is the essence of conducting research primarily.

The job of a coach is nerve-racking and it could lead to frustrations and negative consequences, therefore an established system to support coaches will go a long way. The study therefore recommends the following for clinical health practice and policy.

1. The study has exposed the practices the coaches use to help them ward off stress, consequently, it is recommended that the methods could be harnessed, improved upon and institutionalised as means to make the coaches constantly flourish and have high PsyCap and this could be done by organising workshop to intentionally instil these activities in the field.
2. The study recommends that these practices that coaches engaged in i.e., listening to music, exercising, praying, meditation, relation and nature, work life balance, social and professional support and positive affirmations and attributes should not be exposed to only just individuals in high stressed jobs. These practices could be heralded by

the public health sectors to create the awareness on the importance of all these practices to ward off stress in the lives of individuals.

3. Positive psychology and positive organisational behaviour are budding fields and intentional investment by clinicians to bring these concepts and tenets in clinical practice settings will ameliorate the effect of work-related stress and personal life hustles.

#### **Suggestions for Further Research**

1. The current study suggests that other researchers should invest into other professional areas that have high stress prevalence to add more literature to what exists because there is paucity in literature.
2. Other researchers are also encouraged to study this phenomenon using different methodologies such as measuring PsyCap mental health with different instruments to compare the findings.
3. It also suggested that other researchers should invest in the investigation of PsyCap and mental health of various personnel in sporting industries as well as those in the entertainment industries.
4. Future research may also look at developing a positive mental health model that can be adopted in clinical settings.
5. Researchers can further conduct comparative contextual studies that would be done to see what other factors cause high or low mental health and PsyCap levels as well as investigating the demographic factors that may explain any factor.
6. Subsequent works should include logbook which can be given to the coaches to record what they do either daily, weekly or monthly.

## REFERENCES

- Abbas, M., & Raja, U. (2015). Impact of psychological capital on innovative performance and job stress. *Canadian Journal of Administrative Sciences/Revue Canadienne Des Sciences de l'Administration*, 32(2), 128–138.
- Achor, S. (2011). *Growth after disaster: Going beyond resilience*. Harvard Business Review.
- Alarcon, G. M., Bowling, N. A., & Khazon, S. (2013). Great expectations: A meta-analytic examination of optimism and hope. *Personality and Individual Differences*, 54(7), 821–827.
- Anthony, S., Subhan, S., Saleem, S., & Mahmood, Z. (2020). Mental Toughness Scale for Pakistani University students: A validation study. *Pakistan Journal of Psychological Research*, 35(4), 693–706.
- Association, G. F. (n.d.). *GFA launches 2020/2021 football season*. <https://www.ghanafa.org/gfa-launches-2020-2021-football-season>
- Atlantis, E., Chow, C.-M., Kirby, A., & Singh, M. F. (2004). An effective exercise-based intervention for improving mental health and quality of life measures: A randomized controlled trial. *Preventive Medicine*, 39(2), 424–434.
- Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*, 15(1), 17-28.
- Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H. (2011). Meta-analysis of the impact of positive psychological capital on employee

attitudes, behaviors, and performance. *Human Resource Development Quarterly*, 22(2), 127–152.

Bailey, R., Cope, E. J., & Pearce, G. (2013). Why do children take part in, and remain involved in sport? A literature review and discussion of implications for sports coaches. *International Journal of Coaching Science*, 7(1), 56-75.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309-328.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37(2), 122-147.

Bandura, A. (2000). *Self-efficacy: The foundation of agency*. Lawrence Erlbaum Associates Publishers.

Bandura, A. (2009). Social cognitive theory goes global. *The Psychologist*, 22(6), 504-506.

Bariola, E., Lyons, A., & Lucke, J. (2017). Flourishing among sexual minority individuals: Application of the dual continuum model of mental health in a sample of lesbians and gay men. *Psychology of Sexual Orientation and Gender Diversity*, 4(1), 43-53.

Barton, J., & Pretty, J. (2010). What is the best dose of nature and green exercise for improving mental health? A multi-study analysis. *Environmental Science & Technology*, 44(10), 3947–3955.

Beal III, L., Stavros, J. M., & Cole, M. L. (2013). Effect of psychological capital and resistance to change on organisational citizenship behaviour. *SA Journal of Industrial Psychology*, 39(2), 1–11.

Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. *Social Epidemiology*, 1(6), 137–173.

Biddle, S. J., & Asare, M. (2011). Physical activity and mental health in children and adolescents: A review of reviews. *British Journal of Sports Medicine*, 45(11), 886–895.

Bradshaw, M., Ellison, C. G., Fang, Q., & Mueller, C. (2015). Listening to religious music and mental health in later life. *The Gerontologist*, 55(6), 961–971.

Breslin, G., Shannon, S., Haughey, T., Donnelly, P., & Leavey, G. (2017). A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches and officials. *Systematic Reviews*, 6(1), 1–15.

Bruscia, K. E. (1998). An introduction to music psychotherapy. *The Dynamics of Music Psychotherapy*, 5(976), 1–15.

Bull, S. J., Shambrook, C. J., James, W., & Brooks, J. E. (2005). Towards an understanding of mental toughness in elite English cricketers. *Journal of Applied Sport Psychology*, 17(3), 209–227.

Burhanuddin, N. A. N., Ahmad, N. A., Said, R. R., & Asimiran, S. (2019a). A systematic review of the psychological capital (PsyCap) research development: Implementation and gaps. *International Journal of Academic Research in Progressive Education and Development*, 8(3), 133–150.

Burhanuddin, N. A. N., Ahmad, N. A., Said, R. R., & Asimiran, S. (2019b). A systematic review of the psychological capital (PsyCap) research development: Implementation and gaps. *International Journal of Academic Research in Progressive Education and Development*, 8(3), 133–150.

Calogiuri, G., & Chroni, S. (2014). The impact of the natural environment on the promotion of active living: An integrative systematic review. *BMC Public Health*, 14(1), 1–27.

Capaldi, C. A., Dopko, R. L., & Zelenski, J. M. (2014). The relationship between nature connectedness and happiness: A meta-analysis. *Frontiers in Psychology*, 5(976), 1-15 .

Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. *Clinical Psychology Review*, 30(7), 879–889.

Cascio, W. F., & Luthans, F. (2014). Reflections on the metamorphosis at Robben Island: The role of institutional work and positive psychological capital. *Journal of Management Inquiry*, 23(1), 51–67.

Catalino, L. I., & Fredrickson, B. L. (2011). A Tuesday in the life of a flourisher: The role of positive emotional reactivity in optimal mental health. *Emotion*, 11(4), 938-950.

Charbonneau, D., Barling, J., & Kelloway, E. K. (2001). Transformational leadership and sports performance: The mediating role of intrinsic motivation 1. *Journal of Applied Social Psychology*, 31(7), 1521–1534.

Chen, J. (2020). Relationship between psychological capital, job stress and job burnout of special education workers. *Revista Argentina de Clínica Psicológica*, 29(1), 1325-1338.

Cheung, F., Tang, C. S., & Tang, S. (2011). Psychological capital as a moderator between emotional labor, burnout, and job satisfaction among school teachers in China. *International Journal of Stress Management, 18*(4), 348-371.

Choi, Y., & Lee, D. (2014). Psychological capital, big five traits, and employee outcomes. *Journal of Managerial Psychology, 29*(2), 122-140.

Çimen, İ., & Ozgan, H. (2018). Contributing and damaging factors related to the psychological capital of teachers: A qualitative analysis. *Issues in Educational Research, 28*(2), 308–328.

Clapp-Smith, R., Vogelgesang, G. R., & Avey, J. B. (2009). Authentic leadership and positive psychological capital: The mediating role of trust at the group level of analysis. *Journal of Leadership & Organizational Studies, 15*(3), 227–240.

Clough, P., Earle, K., & Sewell, D. (2002). *Mental toughness: The concept and its measurement*. Thomson.

Coronavirus: Ghana Football Association suspends Premier League after presidential directive | *Goal.com*. (n.d.). <https://www.goal.com/en-gh/news/coronavirus-ghana-football-association-suspends-premier/lj6rk3p2k21u1x0twtmmfz3vz>

Coulter, T. J., Mallett, C. J., & Gucciardi, D. F. (2010). Understanding mental toughness in Australian soccer: Perceptions of players, parents, and coaches. *Journal of Sports Sciences, 28*(7), 699–716.

Covid-19: Blow for Premier League as Ghana extends ban on contact sports | *Goal.com*. (n.d.). <https://www.goal.com/en-us/news/covid-19-more->

blow-for-premier-league-as-ghana-extends-

ban/8usari43jmby14fnn1o04qmgq

Creswell, J. W. (2009). *Mapping the field of mixed methods research*. SAGE Publications.

Creswell, J. W. (2014). *Qualitative, quantitative and mixed methods approaches*. Sage.

Creswell, J. W. (2017). *Research Design*. Sage.

Creswell, J. W., & Creswell, J. D. (2005). Mixed methods research: Developments, debates, and dilemmas. *Research in Organizations: Foundations and Methods of Inquiry*, 2(1), 315–326.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Creswell, J. W., Klassen, A. C., Plano Clark, V. L., & Smith, K. C. (2011). Best practices for mixed methods research in the health sciences. *Bethesda (Maryland): National Institutes of Health*, 2013, 541–545.

Creswell, J. W., Plano Clark, V. L., & Garrett, A. L. (2008). Methodological issues in conducting mixed methods research designs. *Advances in Mixed Methods Research*, 1(1), 66–83.

Crust, L. (2007). Mental toughness in sport: A review. *International Journal of Sport and Exercise Psychology*, 5(3), 270–290.

Culbertson, S. S., Fullagar, C. J., & Mills, M. J. (2010). Feeling good and doing great: The relationship between psychological capital and well-being. *Journal of Occupational Health Psychology*, 15(4), 421–433.

Danver, S. L. (2015). *Native peoples of the world: An encyclopedia of groups, cultures and contemporary issues*. Routledge.

Dawson, C. (2019). Introduction to research methods 5th edition: A practical guide for anyone undertaking a research project. Robinson.

Desjarlais, R. (1995). *World mental health: Problems and priorities in low-income countries*. Oxford University Press, USA.

Desrumaux, P., Lapointe, D., Sima, M. N., Boudrias, J.-S., Savoie, A., &

Brunet, L. (2015). The impact of job demands, climate, and optimism on well-being and distress at work: What are the mediating effects of basic psychological need satisfaction? *European Review of Applied Psychology*, 65(4), 179–188.

Diehl, M., Hay, E. L., & Berg, K. M. (2011). The ratio between positive and negative affect and flourishing mental health across adulthood. *Aging & Mental Health*, 15(7), 882–893.

Ding, Y., Yang, Y., Yang, X., Zhang, T., Qiu, X., He, X., Wang, W., Wang, L., & Sui, H. (2015). The mediating role of coping style in the relationship between psychological capital and burnout among Chinese nurses. *PloS One*, 10(4), e0122128.

Drieschner, K., & Pioch, A. (2002). Therapeutic methods of experienced music therapists as a function of the kind of clients and the goals of therapy. *Music Therapy Today*. [http://Www. MttD. Com/Modules/Mmmagazine/Issues/20021018120155/2002101812064 5/DrieschnerMTT. Pdf](http://Www.MttD.Com/Modules/Mmmagazine/Issues/20021018120155/20021018120645/DrieschnerMTT.Pdf).

Duffy, R. D., Manuel, R. S., Borges, N. J., & Bott, E. M. (2011). Calling, vocational development, and wellbeing: A longitudinal study of medical students. *Journal of Vocational Behavior*, 79(2), 361–366.

Dvorak, J., Junge, A., Chomiak, J., Graf-Baumann, T., Peterson, L., Rosch, D., & Hodgson, R. (2016). Risk factor analysis for injuries in football players. *The American Journal of Sports Medicine*, 28(5), 69-74.

Estiri, M., Nargesian, A., Dastpish, F., & Sharifi, S. M. (2016). The impact of psychological capital on mental health among Iranian nurses: Considering the mediating role of job burnout. *SpringerPlus*, 5(1), 1–5.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4.

Fida, R., Paciello, M., Tramontano, C., Fontaine, R. G., Barbaranelli, C., & Farnese, M. L. (2015). An integrative approach to understanding counterproductive work behavior: The roles of stressors, negative emotions, and moral disengagement. *Journal of Business Ethics*, 130(1), 131–144.

Finch, J., Farrell, L. J., & Waters, A. M. (2020). Searching for the HERO in youth: Does psychological capital (PsyCap) predict mental health symptoms and subjective wellbeing in Australian school-aged children and adolescents? *Child Psychiatry & Human Development*, 51(6), 1025–1036.

First Capital Plus rescues Premier League with \$10million sponsorship—Graphic Online. (n.d.). <https://www.graphic.com.gh/sports/sports-news/first-capital-plus-rescues-premier-league-with-10million-sponsorship.html>

Football in Ghana. (2021). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=Football\\_in\\_Ghana&oldid=1032640075](https://en.wikipedia.org/w/index.php?title=Football_in_Ghana&oldid=1032640075)

Fosnaugh, J., Geers, A. L., & Wellman, J. A. (2009). Giving off a rosy glow: The manipulation of an optimistic orientation. *The Journal of Social Psychology, 149*(3), 349–364.

Gallagher, M. W., Lopez, S. J., & Preacher, K. J. (2009). The hierarchical structure of well-being. *Journal of Personality, 77*(4), 1025–1050.

Garssen, B., Visser, A., & Pool, G. (2021). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *The International Journal for the Psychology of Religion, 31*(1), 4–20.

US-Ghana relations (2013, April 5).

<https://web.archive.org/web/20130405184830/http://m.state.gov/md260.htm>

Ghana. (2021). The world factbook. Central Intelligence Agency. <https://www.cia.gov/the-world-factbook/countries/ghana/>

Ghana Premier League: An idiot's guide | Goal.com. (n.d.). <https://www.goal.com/en-gh/news/4372/features/2016/02/19/20523402/the-idiots-guide-to-the-ghana-premier-league>

Ghana resolve to keep 18-team Premier League beyond 2019-20 | Goal.com. (n.d.). <https://www.goal.com/en-gh/news/ghana-resolve-to-keep-18-team-premier-league-beyond-2019-20/9ymi03fs7g7o1gre2nzjc8p9w>

Góngora, V. C., & Solano, A. C. (2017). Assessment of the mental health continuum in a sample of Argentinean adults. *Psychology, 8*(03), 303–319.

González-Valero, G., Zurita-Ortega, F., Ubago-Jiménez, J. L., & Puertas-Molero, P. (2019). Use of meditation and cognitive behavioral

therapies for the treatment of stress, depression and anxiety in students.

A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 16(22), 4394-4441.

Gooty, J., Gavin, M., Johnson, P. D., Frazier, M. L., & Snow, D. B. (2009). In the eyes of the beholder: Transformational leadership, positive psychological capital, and performance. *Journal of Leadership & Organizational Studies*, 15(4), 353-367.

Greene, J. C. (2007). *Mixed methods in social inquiry* (Vol. 9). John Wiley & Sons.

Grinde, B., & Patil, G. G. (2009). Biophilia: Does visual contact with nature impact on health and well-being? *International Journal of Environmental Research and Public Health*, 6(9), 2332-2343.

Grix, J., & Carmichael, F. (2012). Why do governments invest in elite sport? A polemic. *International Journal of Sport Policy and Politics*, 4(1), 73-90.

Gucciardi, D. F. (2017). Mental toughness: Progress and prospects. *Current Opinion in Psychology*, 16, 17-23.

Gucciardi, D. F., Gordon, S., & Dimmock, J. A. (2009). Evaluation of a mental toughness training program for youth-aged Australian footballers: I. A quantitative analysis. *Journal of Applied Sport Psychology*, 21(3), 307-323.

Gucciardi, D. F., & Hanton, S. (2016). Mental toughness: Critical reflections and future considerations. In Schinke, R.J., McGannon, K.R. & Smith B. *Routledge international handbook of sport psychology* (pp. 469-478). Routledge.

Guo, C., Tomson, G., Keller, C., & Söderqvist, F. (2018). Prevalence and correlates of positive mental health in Chinese adolescents. *BMC Public Health*, *18*(1), 1–11.

Haar, J. M., Russo, M., Suñe, A., & Ollier-Malaterre, A. (2014). Outcomes of work–life balance on job satisfaction, life satisfaction and mental health: A study across seven cultures. *Journal of Vocational Behavior*, *85*(3), 361–373.

Hanssen, M. M., Vanclief, L. M. G., Vlaeyen, J. W. S., Hayes, A. F., Schouten, E. G. W., & Peters, M. L. (2015). Optimism, motivational coping and well-being: Evidence supporting the importance of flexible goal adjustment. *Journal of Happiness Studies*, *16*(6), 1525–1537.

Hertzog, M. A. (2008). Considerations in determining sample size for pilot studies. *Research in Nursing & Health*, *31*(2), 180–191.

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, *6*(4), 307–324.

Horn, T. S. (2008). Coaching effectiveness in the sport domain. In T.S Horn (Ed.), *Advances in sport psychology*, (pp.309-354).

Info-graphic: Location of Ghana Premier League Clubs—Ghana Latest Football News, Live Scores, Results—GHANAsoccernet. (n.d.). <https://ghanasoccernet.com/info-graphic-location-of-ghana-premier-league-clubs>

International Federation of football history camp; Statistics. (2021). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=International\\_Federation\\_of\\_Football\\_History\\_%26\\_Statistics&oldid=1041800778](https://en.wikipedia.org/w/index.php?title=International_Federation_of_Football_History_%26_Statistics&oldid=1041800778)

Jackson, J. G. (2015). *Introduction to African civilizations*. Ravenio Books.

Jafri, R. Z., Ali, A., Messonnier, N. E., Tevi-Benissan, C., Durrheim, D., Eskola, J., Fermon, F., Klugman, K. P., Ramsay, M., & Sow, S. (2013). Global epidemiology of invasive meningococcal disease. *Population Health Metrics, 11*(1), 1–9.

Javaheri, S., Barbe, F., Campos-Rodriguez, F., Dempsey, J. A., Khayat, R.,

Javaheri, S., Malhotra, A., Martinez-Garcia, M. A., Mehra, R., & Pack, A. I. (2017). Sleep apnea: Types, mechanisms, and clinical cardiovascular consequences. *Journal of the American College of Cardiology, 69*(7), 841–858.

Jin, J., Li, H., Song, W., Jiang, N., Zhao, W., & Wen, D. (2020). The mediating role of psychological capital on the relation between distress and empathy of medical residents: A cross-sectional survey. *Medical Education Online, 25*(1), 1710326.

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a definition of mixed methods research. *Journal of Mixed Methods Research, 1*(2), 112–133.

Jones, G. (2002). What is this thing called mental toughness? An investigation of elite sport performers. *Journal of Applied Sport Psychology, 14*(3), 205–218.

Jones, R. L., Allison, W., & Bailey, J. (2016). *Candidates' experiences of elite FA coach education: Tracking the journey*. Routledge.

Joshanloo, M. (2016). Revisiting the empirical distinction between hedonic and eudaimonic aspects of well-being using exploratory structural equation modeling. *Journal of Happiness Studies, 17*(5), 2023–2036.

Joshanloo, M., Bobowik, M., & Basabe, N. (2016). Factor structure of mental well-being: Contributions of exploratory structural equation modeling. *Personality and Individual Differences, 102*, 107–110.

Joshanloo, M., Jose, P. E., & Kielpikowski, M. (2017). The value of exploratory structural equation modeling in identifying factor overlap in the Mental Health Continuum-Short Form (MHC-SF): A study with a New Zealand sample. *Journal of Happiness Studies, 18*(4), 1061–1074.

Joshanloo, M., Rizwan, M., Khilji, I. A., Ferreira, M. C., Poon, W.-C., Sundaram, S., Ho, L. S., Yeung, V. W., Han, G., & Bae, J. (2016). Conceptions of happiness and life satisfaction: An exploratory study in 14 national groups. *Personality and Individual Differences, 102*, 145–148.

Ju, S. J., & Oh, D. (2016). Relationships between Nurses' resilience, emotional labor, turnover intention, job involvement, organizational commitment and burnout. *Indian Journal of Science and Technology, 9*(46), 1–5.

Kacowicz, A. M. (1998). *Zones of peace in the Third World: South America and West Africa in comparative perspective*. Suny Press.

Kahneman, D., Diener, E., & Schwarz, N. (1999). *Well-being: Foundations of hedonic psychology*. Russell Sage Foundation.

Kalman, M., & Summak, M. S. (2017). Revitalizing the HERO within teachers: An analysis of the effects of the PsyCap development training. *The Qualitative Report, 22*(3), 655.

Kallet, R. H. (2004). How to write the methods section of a research paper. *Respiratory care, 49*(10), 1229-1232.

Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78(3), 458–467.

Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 207–222.

Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539.

Keyes, C. L. (2006). Subjective well-being in mental health and human development research worldwide: An introduction. *Social Indicators Research*, 77(1), 1–10.

Keyes, C. L. (2009). The Nature and Importance of Positive Mental Health in America's Adolescents. In *Handbook of positive psychology in schools* (pp. 27–42). Routledge.

Keyes, C. L. (2013). *Mental well-being: International contributions to the study of positive mental health* (Vol. 8). Springer.

Keyes, C. L. (2014). *Mental health as a complete state: How the salutogenic perspective completes the picture*. Springer.

Keyes, C. L., & Annas, J. (2009). Feeling good and functioning well: Distinctive concepts in ancient philosophy and contemporary science. *The Journal of Positive Psychology*, 4(3), 197–201.

Keyes, C. L., Fredrickson, B. L., & Park, N. (2012). *Positive psychology and the quality of life*. Springer.

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121–140.

Keyes, C. L. M., & Ryff, C. D. (2000). Subjective change and mental health: A self-concept theory. *Social Psychology Quarterly*, 63(3), 264–279.

Keyes, C. L. M., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the mental health continuum–short form (MHC–SF) in setswana-speaking South Africans. *Clinical Psychology & Psychotherapy*, 15(3), 181–192. <https://doi.org/10.1002/cpp.572>

Keyes, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82(6), 1007.

Keyes, C. L., & Simoes, E. J. (2012). To flourish or not: Positive mental health and all-cause mortality. *American Journal of Public Health*, 102(11), 2164–2172.

Keyes, C. L., & Waterman, M. B. (2003). *Dimensions of well-being and mental health in adulthood*. Springer.

Keyes, M. A., Sharma, A., Elkins, I. J., Iacono, W. G., & McGue, M. (2008). The mental health of US adolescents adopted in infancy. *Archives of Pediatrics & Adolescent Medicine*, 162(5), 419–425.

Kim, M., Kim, A. C. H., Newman, J. I., Ferris, G. R., & Perrewé, P. L. (2019). The antecedents and consequences of positive organizational behavior: The role of psychological capital for promoting employee well-being in sport organizations. *Sport Management Review*, 22(1), 108–125.

Kim, M., Perrewé, P. L., Kim, Y. K., & Kim, A. C. H. (2017). Psychological capital in sport organizations: Hope, efficacy, resilience, and optimism

among employees in sport (HEROES). *European Sport Management Quarterly*, 17(5), 659–680.

Knudson, M. (2015). *Building attorney resources: Helping new lawyers succeed through psychological capital*. [Unpublished master's thesis].

Kobau, R., Seligman, M. E., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental health promotion in public health: Perspectives and strategies from positive psychology. *American Journal of Public Health*, 101(8), e1–e9.

Krasikova, D. V., Lester, P. B., & Harms, P. D. (2015). Effects of psychological capital on mental health and substance abuse. *Journal of Leadership & Organizational Studies*, 22(3), 280–291.

Krok, D. (2015). The mediating role of optimism in the relations between sense of coherence, subjective and psychological well-being among late adolescents. *Personality and Individual Differences*, 85, 134–139.

Krout, R. E. (2007). Music listening to facilitate relaxation and promote wellness: Integrated aspects of our neurophysiological responses to music. *The Arts in Psychotherapy*, 34(2), 134–141.

Kuettel, A., Durand-Bush, N., & Larsen, C. H. (2021). Mental Health Profiles of Danish youth soccer players: The influence of gender and career development. *Journal of Clinical Sport Psychology*, 1(aop), 1–18.

Küttel, A., & Larsen, C. H. (2020). Risk and protective factors for mental health in elite athletes: A scoping review. *International Review of Sport and Exercise Psychology*, 13(1), 231–265.

Küttel, A., Pedersen, A. K., & Larsen, C. H. (2021). To Flourish or Languish, that is the question: Exploring the mental health profiles of Danish

elite athletes. *Psychology of Sport and Exercise*, 52, 101837.  
<https://doi.org/10.1016/j.psychsport.2020.101837>.

Li, B., Ma, H., Guo, Y., Xu, F., Yu, F., & Zhou, Z. (2014). Positive psychological capital: A new approach to social support and subjective well-being. *Social Behavior and Personality: An International Journal*, 42(1), 135–144.

Lifeng, Z. (2007). Effects of psychological capital on employees' job performance, organizational commitment, and organizational citizenship behavior [J]. *Acta Psychologica Sinica*, 2, 18-24.

Linley, A. (2008). *The how of happiness: A scientific approach to getting the life you want*. Taylor & Francis.

Loehr, J. E. (1995). *The new toughness training for sports*. Plume.

Lupşa, D., & Virgă, D. (2020). Psychological capital, health, and performance: The mediating role of burnout. *Psihologia Resurselor Umane*, 18(1), 7–22. <https://doi.org/10.24837/pru.v18i1.458>

Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 23(6), 695–706.

Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60(3), 541–572.

Luthans, F., & Jensen, S. M. (2002). Hope: A new positive strength for human resource development. *Human Resource Development Review*, 1(3), 304–322.

Luthans, F., Norman, S. M., Avolio, B. J., & Avey, J. B. (2008). The mediating role of psychological capital in the supportive organizational climate—Employee performance relationship. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 29(2), 219–238.

Luthans, F., Vogelgesang, G. R., & Lester, P. B. (2006). Developing the psychological capital of resiliency. *Human Resource Development Review*, 5(1), 25–44.

Luthans, F., Youssef, C. M., & Avolio, B. J. (2015). *Psychological capital and beyond*. Oxford University Press.

Luthans, F., Youssef, C. M., Sweetman, D. S., & Harms, P. D. (2013). Meeting the leadership challenge of employee well-being through relationship PsyCap and health PsyCap. *Journal of Leadership & Organizational Studies*, 20(1), 118–133.

Lyle, J., & Cushion, C. (2010). *Sports coaching E-book: Professionalisation and practice*. Elsevier Health Sciences.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. Penguin.

Mack, M. G., & Ragan, B. G. (2008). Development of the mental, emotional, and bodily toughness inventory in collegiate athletes and nonathletes. *Journal of Athletic Training*, 43(2), 125–132.

Maddux, J. E. (2002). Stopping the “madness.” *Handbook of Positive Psychology*, 3(9), 13-19.

Maier, S. F., & Watkins, L. R. (2010). Role of the medial prefrontal cortex in coping and resilience. *Brain Research, 1355*, 52–60.

Mather, P. C. (2010). Positive psychology and student affairs practice: A framework of possibility. *Journal of Student Affairs Research and Practice, 47*(2), 157–173.

Meevissen, Y. M., Peters, M. L., & Alberts, H. J. (2011). Become more optimistic by imagining a best possible self: Effects of a two week intervention. *Journal of Behavior Therapy and Experimental Psychiatry, 42*(3), 371–378.

Meyerowitz, E. L. (1975). *The early history of the Akan states of Ghana*. Red Candle Press.

Mills, J. M., R. Fleck, C., & Kozikowski, A. (2013). Positive psychology at work: A conceptual review, state-of-practice assessment, and a look ahead. *The Journal of Positive Psychology, 8*(2), 153–164.

Mishra, U. S., Patnaik, S., & Mishra, B. B. (2016). Role of optimism on employee performance and job satisfaction. *Prabandhan: Indian Journal of Management, 9*(6), 35–46.

Moyle, W., Clarke, C., Gracia, N., Reed, J., Cook, G., Klein, B., Marais, S., & Richardson, E. (2010). Older people maintaining mental health well-being through resilience: An appreciative inquiry study in four countries. *Journal of Nursing and Healthcare of Chronic Illness, 2*(2), 113–121.

Mroczek, D. K., & Kolarz, C. M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology, 75*(5), 1333.

MyJoyOnline.com—"All premier league clubs have completed Covid-19 testing – GFA. (n.d.). <https://www.myjoyonline.com/?param=>

MyJoyOnline.com—"Covid-19: GFA to start testing of Ghana Premier League players and officials today. (n.d.). <https://www.myjoyonline.com/?param=>

Nafei, W. (2015). Meta-analysis of the impact of psychological capital on quality of work life and organizational citizenship behavior: A study on Sadat City University. *International Journal of Business Administration*, 6(2), 42-48.

Norris, L. A., Didymus, F. F., & Kaiseler, M. (2017). Stressors, coping, and well-being among sports coaches: A systematic review. *Psychology of Sport and Exercise*, 33, 93–112.

Nunnally Jr., J. C. (1970). *Introduction to psychological measurement*. McGraw-Hill.

Oken, B. S., Goodrich, E., Klee, D., Memmott, T., & Proulx, J. (2018). Predictors of improvements in mental health from mindfulness meditation in stressed older adults. *Alternative Therapies in Health and Medicine*, 24(1), 48-55.

Osborne, S. P., Radnor, Z., & Strokosch, K. (2016). Co-production and the co-creation of value in public services: A suitable case for treatment? *Public Management Review*, 18(5), 639–653.

Petrillo, G., Capone, V., Caso, D., & Keyes, C. L. (2015). The Mental Health Continuum–Short Form (MHC–SF) as a measure of well-being in the Italian context. *Social Indicators Research*, 121(1), 291–312.

Phillips, J. M., & Gully, S. M. (1997). Role of goal orientation, ability, need for achievement, and locus of control in the self-efficacy and goal-setting process. *Journal of Applied Psychology, 82*(5), 792.

Pradhan, R. K., & Nath, P. (2012). Perception of entrepreneurial orientation and emotional intelligence: A study on India's future techno-managers.

*Global Business Review, 13*(1), 89–108.

Pretty, J. (2012). *The earth only endures: On reconnecting with nature and our place in it*. Earthscan.

Pretty, J., Peacock, J., Sellens, M., & Griffin, M. (2005). The mental and physical health outcomes of green exercise. *International Journal of Environmental Health Research, 15*(5), 319–337.

Read, U. M., & Doku, V. C. K. (2012). Mental health research in Ghana: A literature review. *Ghana Medical Journal, 46*(2), 29–38.

Rice, S. M., Parker, A. G., Rosenbaum, S., Bailey, A., Mawren, D., & Purcell, R. (2018). Sport-related concussion and mental health outcomes in elite athletes: A systematic review. *Sports Medicine, 48*(2), 447–465.

Rice, S. M., Purcell, R., De Silva, S., Mawren, D., McGorry, P. D., & Parker, A. G. (2016). The mental health of elite athletes: A narrative systematic review. *Sports Medicine, 46*(9), 1333–1353.

Riolli, L., Savicki, V., & Richards, J. (2012). Psychological capital as a buffer to student stress. *Psychology, 3*(12), 1202.

Robitschek, C., & Keyes, C. L. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology, 56*(2), 321.

Roldán-Merino, J., Lluch-Canut, M. T., Casas, I., Sanromà-Ortíz, M., Ferré-Grau, C., Sequeira, C., Falcó-Pegueroles, A., Soares, D., & Puig-Llobet, M. (2017). Reliability and validity of the Positive Mental Health Questionnaire in a sample of Spanish university students. *Journal of Psychiatric and Mental Health Nursing*, 24(2–3), 123–133.

Ryan, R. M., & Deci, E. L. (2001). On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. *Annual Review of Psychology*, 52(1), 141–166. <https://doi.org/10.1146/annurev.psych.52.1.141>

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–725.

Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13–39.

Ryff: *Happiness is everything, or is it? Explorations...* - Google Scholar. (n.d.). [https://scholar.google.com/scholar\\_lookup?title=Happiness%20is%20everything%2C%20or%20is%20it%3F%20Explorations%20on%20the%20meaning%20of%20psychological%20well-being&journal=Journal%20of%20Personality%20and%20Social%20Psychology&volume=57&pages=1069-](https://scholar.google.com/scholar_lookup?title=Happiness%20is%20everything%2C%20or%20is%20it%3F%20Explorations%20on%20the%20meaning%20of%20psychological%20well-being&journal=Journal%20of%20Personality%20and%20Social%20Psychology&volume=57&pages=1069-1081&publication_year=1989&author=Ryff%2CCD)

[1081&publication\\_year=1989&author=Ryff%2CCD](https://scholar.google.com/scholar_lookup?title=Happiness%20is%20everything%2C%20or%20is%20it%3F%20Explorations%20on%20the%20meaning%20of%20psychological%20well-being&journal=Journal%20of%20Personality%20and%20Social%20Psychology&volume=57&pages=1069-1081&publication_year=1989&author=Ryff%2CCD)

1081&publication\_year=1989&author=Ryff%2CCD

Safari, F., Mahmoodi, M., & Amiranzadeh, M. (2017). Forecast quality of life in connection with psychological capital and family communication

patterns in students. *Indian Journal of Health & Wellbeing*, 8(2), 45-54.

Sandelowski, M., Voils, C. I., Leeman, J., & Crandell, J. L. (2012). Mapping the mixed methods–mixed research synthesis terrain. *Journal of Mixed Methods Research*, 6(4), 317–331.

Santisi, G., Lodi, E., Magnano, P., Zarbo, R., & Zammitti, A. (2020). Relationship between psychological capital and quality of life: The role of courage. *Sustainability*, 12(13), 5238.

Sarantakos, S. (1998). Data collection. In S. Sarantakos (Ed.), *Social research* (pp. 291–309). Macmillan Education UK. [https://doi.org/10.1007/978-1-349-14884-4\\_13](https://doi.org/10.1007/978-1-349-14884-4_13)

Sarwar, H., Nadeem, K., & Aftab, J. (2017). The impact of psychological capital on project success mediating role of emotional intelligence in construction organizations of Pakistan. *Journal of Global Entrepreneurship Research*, 7(1), 1–13.

Satcher, D. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. US Department of Health and Human Services.

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4(3), 219.

Seligman, M. E. (1998). *Building human strength: Psychology's forgotten mission*. Sage.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of Positive Psychology*, 2(2002), 3–12.

Seligman, M. E. (2003). Fundamental assumptions. *Psychologist*, 16(3), 126-135.

Seligman, M. E. (2012). *Positive psychology in practice*. John Wiley & Sons.

Seligman, M. E., Maier, S. F., & Geer, J. (1979). Alleviation of learned helplessness in the dog. Elsevier.

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410-418.

Selvaraj, P. R. (2015). *Using positive psychological capital to predict mental health in college students: Implications for counseling and higher education* [Unpublished doctoral, Ohio University].

Service, G. S. (2013). *2010 Population & Housing Census: National Analytical Report*. Ghana Statistics Service.

Sharma, R., & Nigam, A. K. (n.d.). A comparative study of personality traits of coaches and physical education teachers. *A Journal of Tourism, Hospitality and Sports*, 4(2015), 2312-2320

Shelton, S. A., & Renard, M. (2015). Correlating nurses' levels of psychological capital with their reward preferences and reward satisfaction. *SA Journal of Industrial Psychology*, 41(1), 1-14.

Simsek, E., & Sali, J. B. (2014). The role of internet addiction and social media membership on university students' psychological capital. *Contemporary Educational Technology*, 5(3), 239-256.

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249-275.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570-585

Souri, H., & Hasanirad, T. (2011). Relationship between resilience, optimism and psychological well-being in students of medicine. *Procedia-Social and Behavioral Sciences*, 30, 1541–1544.

Southern Times-The Politics of Soccer How Kwame Nkrumah built a team of winners. (n.d.).

[https://web.archive.org/web/20131210182642/http://www.southerntimesafrica.com/news\\_article.php?id=9181&title=The%20Politics%20of%20Soccer%20%20%20How%20Kwame%20Nkrumah%20built%20a%20team%20of%20winners](https://web.archive.org/web/20131210182642/http://www.southerntimesafrica.com/news_article.php?id=9181&title=The%20Politics%20of%20Soccer%20%20%20How%20Kwame%20Nkrumah%20built%20a%20team%20of%20winners)

Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. *Psychological Bulletin*, 124(2), 240.

Stewart, R. (2016). *Dissonance, discord and the discourses of military trauma: Listening differently to “disorder.”*

Sutoo, D., & Akiyama, K. (2004). Music improves dopaminergic neurotransmission: Demonstration based on the effect of music on blood pressure regulation. *Brain Research*, 1016(2), 255–262.

<https://doi.org/10.1016/j.brainres.2004.05.018>

The Story of Africa| BBC World Service. (n.d.).

<https://www.bbc.co.uk/worldservice/africa/features/storyofafrica/14chapter3.shtml>

Thelwell, R. C., Weston, N. J., Greenlees, I. A., & Hutchings, N. V. (2008). Stressors in elite sport: A coach perspective. *Journal of Sports Sciences*, 26(9), 905–918.

Thelwell, R., Weston, N., & Greenlees, I. (2005). Defining and understanding mental toughness within soccer. *Journal of Applied Sport Psychology*, 17(4), 326–332.

Tibbert, S. J., Andersen, M. B., & Morris, T. (2015). What a difference a “Mentally Toughening” year makes: The acculturation of a rookie. *Psychology of Sport and Exercise*, 17, 68–78.

Tims, M., Bakker, A. B., & Derks, D. (2014). Daily job crafting and the self-efficacy–performance relationship. *Journal of Managerial Psychology*, 29(5), 490–505.

Trochim, W. M. (2006). Qualitative measures. *Research Measures Knowledge Base*, 361(1), 2–16.

Turliuc, M. N., & Candel, O. S. (2021). The relationship between psychological capital and mental health during the Covid-19 pandemic: A longitudinal mediation model. *Journal of Health Psychology*, 13591053211012772.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110–119. <https://doi.org/10.1007/s10804-009-9082-y>

World Health Organisation. (2001). *The World Health Report 2001: Mental health: new understanding, new hope*.

World Health Organisation (2003). *Sixth meeting of the European national counterparts for the WHO European Mental Health Programme: Report on a WHO meeting, Madrid, Spain 28-30 April 2003*. WHO Regional Office for Europe.

World Health Organisation (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. World Health Organization.

World Health Organisation (2013). *Building back better: Sustainable mental health care after emergencies*. World Health Organization.

Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators, and students*. Jessica Kingsley Publishers.

Yim, H.-Y., Seo, H.-J., Cho, Y., & Kim, J. (2017). Mediating role of psychological capital in relationship between occupational stress and turnover intention among nurses at veterans administration hospitals in Korea. *Asian Nursing Research*, 11(1), 6–12. <https://doi.org/10.1016/j.anr.2017.01.002>

Younas, S., Tahir, F., Sabih, F., Hussain, R., Hassan, A., Sohail, M., Zer, S., Hafa, N., Munawar, A., & Kanwal, R. (2020). Psychological capital and mental health: Empirical exploration in perspective of gender. *International Journal*, 76(1/1).

Youssef, C. M., & Luthans, F. (2007). Positive organizational behavior in the workplace: The impact of hope, optimism, and resilience. *Journal of Management*, 33(5), 774–800.

Youssef-Morgan, C. M., & Luthans, F. (2013). *Psychological capital theory: Toward a positive holistic model*. Emerald Group Publishing Limited.

Yu, X., Wang, P., Zhai, X., Dai, H., & Yang, Q. (2015). The effect of work stress on job burnout among teachers: The mediating role of self-efficacy. *Social Indicators Research*, 122(3), 701–708.





APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

RESEARCH QUESTIONNAIRE

This questionnaire seeks to elicit information on your expert view as a sports coach. The interest is to find out which psychological capital traits are most dispensed in your role and what your level of mental health is (considering your role) according to Keye's Mental Health Continuum (2009). This questionnaire is strictly for academic purposes and you are kindly required to provide accurate information to help the researcher obtain accurate data for the research. Your responses will be treated with utmost confidentiality.

Informed consent

I have read and understood the informaton above and I willingly agree to complete the questionnaire.

Please tick the box if you agree [  ]

Please read the following instructions carefully and provide answers or tick the box(es) wherever appropriate.

SECTION A

SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. What is your current age? .....
2. What is your gender? Male [  ] Female [  ] Other [  ]
3. Level of coaching(Number of years coaching)  
.....

**SECTION B**

**Research Question 1: What is the level of PsyCap of football coaches?**

**PSYCHOLOGICAL CAPITAL (PsyCap) Questionnaire (PCQ)**

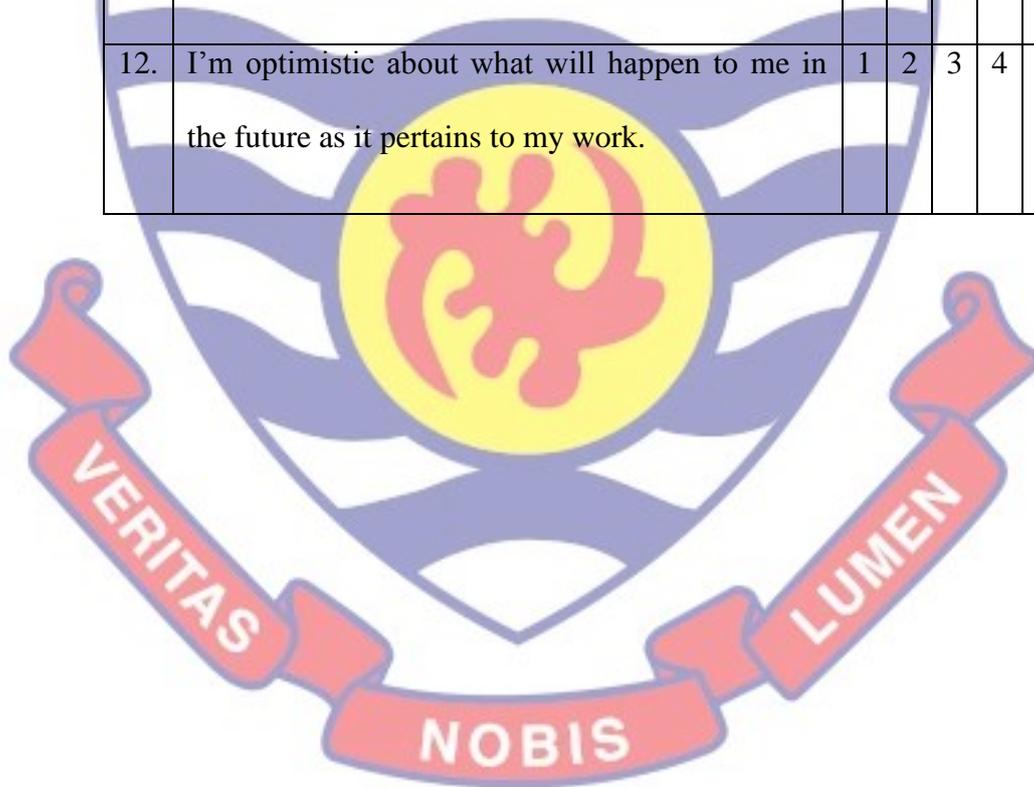
Instructions: Below are statements that describe how you may think about yourself **RIGHT NOW**. Use the following scale to indicate your level of

agreement or disagreement with each statement.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1.	I feel confident in representing my work area in meetings with management	1	2	3	4	5	6
2.	I feel confident contributing to discussions about the organization's strategy.	1	2	3	4	5	6
3.	I feel confident presenting information to a group of colleagues.	1	2	3	4	5	6
4.	If I should find myself in a jam at work, I could think of many ways to get out of it.	1	2	3	4	5	6
5.	Right now, I see myself as being pretty successful at work.	1	2	3	4	5	6
6.	I can think of many ways to reach my current work goals.	1	2	3	4	5	6

7.	At this time, I am meeting the work goals that I have set for myself.	1	2	3	4	5	6
8.	I can be “on my own”, so to speak, at work if I have to.	1	2	3	4	5	6
9.	I usually take stressful things at work in stride.	1	2	3	4	5	6
10.	I can get through difficult times at work because I’ve experienced difficulty before	1	2	3	4	5	6
11.	I always look on the bright side of things regarding my job.	1	2	3	4	5	6
12.	I’m optimistic about what will happen to me in the future as it pertains to my work.	1	2	3	4	5	6



**SECTION C**

**Research Question 2: What is the level of mental health of football coaches?**

**Mental Health Continuum-Short Form (MHC-SF; Keyes, 2009)**

The following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

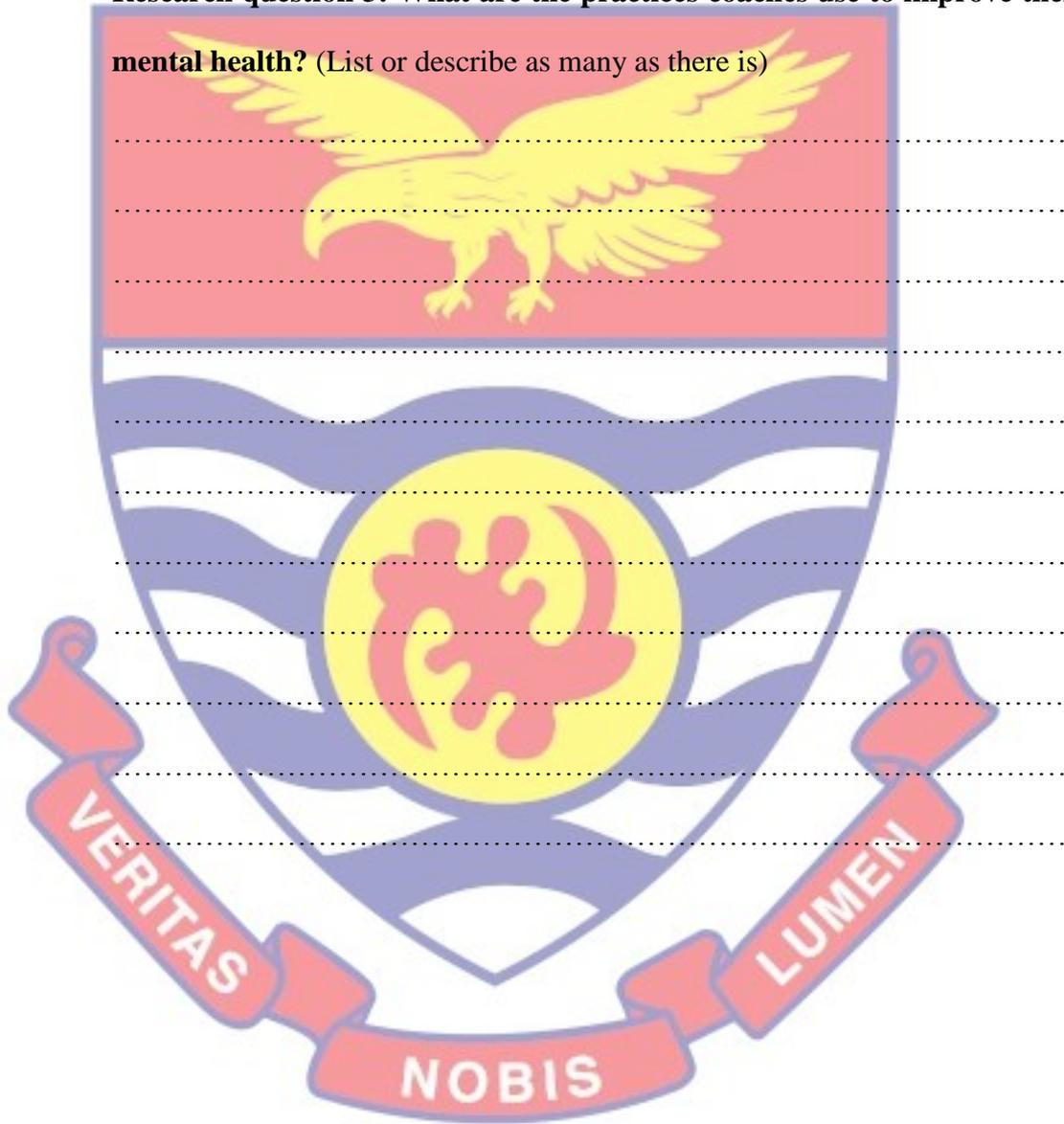
During the past month, how often did you feel ...	Never	Once or Twice	About Once A Week	About 2 or 3 Times A Week	Almost Every Day	Every Day
1. happy						
2. interested in life						
3. satisfied with life						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, or your neighborhood)						
6. that our society is a good						

place, or is becoming a better place, for all people						
7. that people are basically good						
8. that the way our society works makes sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that challenged you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense						

of direction or meaning to it						
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**SECTION D**

**Research question 3: What are the practices coaches use to improve their mental health? (List or describe as many as there is)**



## APPENDIX B

### INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST  
COLLEGE OF EDUCATION STUDIES  
FACULTY OF EDUCATIONAL FOUNDATIONS  
**DEPARTMENT OF EDUCATION AND PSYCHOLOGY**

Telephone: 0332091697  
Email: dep@ucc.edu.gh



UNIVERSITY POST OFFICE  
CAPE COAST, GHANA

Our Ref:

Your Ref:

6<sup>th</sup> January, 2021

#### TO WHOM IT MAY CONCERN

Dear Sir/Madam,

**THESIS WORK  
LETTER OF INTRODUCTION  
MR. THOMAS KWAME OSEI ATTA NIMO**

We introduce to you Mr. Nimo, a student from the University of Cape Coast, Department of Education and Psychology. He is pursuing Master of Philosophy degree in Clinical Health Psychology and he is currently at the thesis stage.

Mr. Nimo is researching on the topic:

**"IMPACT OF PSYCHOLOGICAL CAPITAL ON THE MENTAL HEALTH OF FOOTBALL COACHES."**

He has opted to collect or gather data at your institution/establishment for his thesis work. We would be most grateful if you could provide him the opportunity and assistance for the study.

Any information provided would be treated strictly as confidential.

We sincerely appreciate your co-operation and assistance in this direction.

Thank you.

Yours faithfully,

  
Ama Atta Ocran (Ms.)  
*Principal Administrative Assistant*  
For: HEAD

## APPENDIX C

### ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST  
COLLEGE OF EDUCATION STUDIES  
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE  
CAPE COAST, GHANA



Our Ref: CES-ERB/UCC/edu/VS/21-06  
Your Ref: .....

Date: 5th January 2021

Dear Sir/Madam,

#### ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

Chairman, CES-ERB  
Prof. J. A. Omotosho  
[jomotosho@ucc.edu.gh](mailto:jomotosho@ucc.edu.gh)  
0243784739

Vice-Chairman, CES-ERB  
Prof. K. Edjah  
[kedjah@ucc.edu.gh](mailto:kedjah@ucc.edu.gh)  
0244742357

Secretary, CES-ERB  
Prof. Linda Dzama Forde  
[lforde@ucc.edu.gh](mailto:lforde@ucc.edu.gh)  
0244786680

The bearer, Thomas O. K. A. Nimo, Reg. No. EF/CHP/191001 is an M.Phil. / Ph.D. student in the Department of Education and psychology..... in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. He / She wishes to undertake a research study on the topic:

Psychological capital of football coaches and its impact on their mental health.....

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed his/her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence his/her study. The ERB would be grateful if you would give him/her the necessary assistance to facilitate the conduct of the said research.

Thank you.  
Yours faithfully,

Prof. Linda Dzama Forde  
(Secretary, CES-ERB)