Title: The mediating role of mental clarity in the relationship between health and cognitive processing

Abstract

Background. Previous research has linked health to cognitive processing. Cognitive processing is an important predictor of performance in the workplace and, thus, plays an important role for the productivity of organisations and for the well-being of individuals. However, the processes involved in the link between health and cognitive performance outcomes are unclear. Two possible underlying influences linking health and cognitive function are described in the literature on (a) sickness behaviour and in the literature on (b) executive function. Sickness behaviour is a term used to describe bodily and psychological responses to illness. The physical process here involves the body responding to threats by releasing pro-inflammatory proteins called cytokines. The effects of increased cytokine levels include, among other effects, a suppression in one's ability to concentrate and a depression of mood. Executive function is a term used to describe the underlying cognitive processes that guide behaviour, particularly in non-routine cognitive tasks. Given that sickness behaviour has been related to cognitive performance; by implication, sickness behaviour is likely to be related to executive function. However, the process by which sickness behaviour and executive function relate to outcome cognitive performance is unclear. A possible common linkage between health and cognitive performance could be explained by an emerging research stream on mental clarity, defined as a "clouding of mental operations" (Leavitt & Katz, 2011, p. 445).

Study Aim. We aim to present an initial test of the notion that mental clarity bears relevance to the relationship between health and cognitive processing. Our suggestion is that mental clarity potentially plays a mediating role in the relationship between health and cognitive functioning. Specifically, we hypothesize that symptoms of illness invoke a sickness behaviour response within the individual, which depresses mental clarity. We propose that this reduction in mental clarity, in turn, reduces an individual's capacity to process cognitively demanding stimuli.

Method. A cross-sectional survey using self-report measures of health and a cognitive processing task will be used to generate data, which will be tested using structural equation modeling. It is envisaged that the sample will consist of working professionals.

Results. Data collection is currently ongoing and will be completed by the end of 2015. Results of the study will be outlined and discussed at the conference.

Discussion. The findings of the current study will be considered in light of the available literature from a multi-disciplinary perspective. Implications for future research and workplace practices will be outlined and discussed by the authors.

References


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