

Investigation of the quality of life among mental health professionals: The contribution of counseling

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Abstract

The present study aims to investigate the quality of life among mental health professionals. Dealing with everyday stressful situations and the responsibility of human life make these employees a vulnerable group. The present research seeks to study the relationship between the experience of counseling or psychotherapy on the part of employees and their quality of life. Forty-four mental health professionals participated in this quantitative research and the questionnaire used was the SF-36, which refers to the general health review. The group that stated that it has not experienced counseling or psychotherapy in the last five years was compared with the group that has experienced. The effect of the socio-demographic characteristics of the participants was also examined, with emphasis on the marital status and age between the two groups. The findings showed that the participation of employees in a counseling and / or psychotherapy process affects the physical role, as factor of quality of life ($p = 0.045 < 0.005$). Age is negatively correlated with physical function ($p = -0.571, p < 0.001$). The level of education affects general health ($p = 0.012$), with high school graduates excelling over the rest. Monthly income differentiates the factors of physical functionality ($p = 0.047$) and social functionality ($p = 0.016$). Gender and marital status do not affect the quality of life of employees. The findings highlight the need for Mental Health Centers to focus on counseling and psychotherapy programs for their employees, in order to improve their quality of life and consequently the quality of their services.

Keywords: Quality of life; Health; Mental health professionals; Counseling

1. Introduction

The quality of life of many workers is significantly affected by workload according to research. Intense anxiety takes over them, while dealing with several problems in their families and consequently in their work is a frequent phenomenon. Work and the financial surface are an important part of the identity, but also of the self-image of the modern man, since these areas structure his life and personality [1, 2]. A person's quality of life is enhanced by their work when it gives them great pleasure [3, 4]. The more dissatisfied an employee is, the more unfavorable impression they have of their mental health, describing problems in their interpersonal relationships and social life [5]. The interaction between the psychosocial environment, work stress, health and QoL of professionals in healthcare settings has been the subject of study in recent decades by many researchers [6-10]. Efficiency in the workplace can be reduced, since it has been observed that many mental health workers experience feelings of melancholy, as a result of which their quality of life is affected [11]. High workload, staffing issues or lack of resources are stressors associated with employee dissatisfaction with their work [12]. Research on nurses has shown that their effectiveness is reduced by increased stress, with the result that patient care is affected [13]. Health professions are governed by occupational stress and it has been observed that the nursing specialty is more affected by it than other health specialties [14].

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The relationship of quality of life with social support and the general well-being of the employee was studied in another study in Greece. The results showed that satisfactory positive support has a positive effect on reducing feelings of irritability and anxiety thus contributing to good mental health [15]. Mental health professions put a psychological burden on the workers who work in them because the work is demanding, since there is interaction with mentally ill people, with their families, but also with their social environment. Factors that can affect the physical and mental health of this particular category of employees are increased stress and increased workload, relationships with colleagues and superiors, lack of staff (15). Also, work stress can increase due to the ambiguity of the employee's role or the conflict of roles with other tasks, the unfavorable environment, the feeling of insecurity. Depression and psychosomatic symptoms may appear due to the increased stress of the health care worker. Also, the employee's personal life is affected, i.e. the relationships with his family, relatives and his social environment [15].

Research in nurses and doctors has shown that the female gender is more vulnerable to depression, and common causes for this are poor relationships with colleagues, disturbed sleep and working hours, which are usually burdensome. More generally, however, the existence of a mental disorder in health professionals presents an increased probability, since these workers have increased responsibility for human life [16]. Caring for vulnerable groups of the population burdens health professionals. Occupational stress is the consequence of providing care to vulnerable groups of the population. In the field of mental health, things become even more difficult, since the beneficiaries need nursing services, primary health care, education and professional rehabilitation. Continued exposure to mental health users, i.e. people experiencing psychological problems, often leads workers in such structures to experience states of burnout, compassion or fatigue. Research conducted in hospitals has shown that doctors and nurses are the specialties whose exposure to stressful factors is increased. The consequence of this is the burnout syndrome and chronic stress [17]. Other research shows that levels of stress and burnout in health workers are higher than workers in other services. This is explained by the fact that in health sectors the actions and possible omissions of employees can be serious for patients, since employees feel the burden of human life [18].

The effort of health professionals to save the lives of their patients and the pain and death they often face, leads them to increased stress in their workplaces [19]. The levels of emotional exhaustion and personal achievement were shown to be high in workers whose quality of life was shown to be low, in terms of the dimensions of physical and psychological health, social relationships and the environment. In this specific research, the lowest levels of quality of life were presented by nurses compared to mental health professionals of other specialties [19]. So, it seems that there have been several investigations in health or mental health areas that investigate specific areas, such as the level of stress, burnout, efficiency, the existence of psychiatric disorders, which in essence affect some dimensions of the quality of life of employees. We have not come across any research directed exclusively at a Mental Health Center. An attempt is therefore made to make a first attempt to present some results from a community care workplace, which of course cannot be generalized to the general population, but can be the trigger for a longitudinal study. Mental health workers are a burdened category of workers, whose needs and difficulties in carrying out their daily work deserve to be recorded, evaluated and suggestions made to facilitate their functioning.

The purpose of the proposed research is to investigate the influence of the experience of the counseling process on the quality of life of mental health professionals. We hypothesize, therefore, that professionals who have participated in counseling or psychotherapy programs will evaluate their quality of life more positively compared to those professionals who have not experienced counseling or psychotherapy. Also, we assume that there will be some effect of the socio-demographic characteristics of these employees, such as their age and their family status in the evaluation of their quality of life.

2. Methods

2.1. Research design

This is a quantitative cross-sectional study. The main independent variable is the counseling process (that is, whether or not someone undergoes a counseling or psychotherapy process). Other independent variables are the remaining socio-demographic characteristics, namely gender, age, marital status, educational level and monthly income. The dependent variables are quality of life and its subscales, as defined below.

2.2. Sample

The sample of our research consists of all the employees of a Mental Health Center in Crete that is 44 people (reference population). These employees belong to various specialties, such as psychiatrists, child psychiatrists, psychologists, child psychologists, social workers, health visitors, occupational therapists, nurses, and administrative staff and make

up the multidisciplinary team. The criteria for entering the research are: the participants know the Greek language, are over 18 years old, have worked as professionals in this Mental Health Center for at least one year and there is a good level of cooperation with the researcher. The exclusion criterion from the research is the existence of a psychiatric disorder.

2.3. Psychometric tool

2.3.1. SF-36 questionnaire was used.

The investigation of the physical and mental health of individuals is the objective of this tool. It is valid and reliable since it has been translated into Greek and into more than 50 languages and consists of 36 descriptive questions with 8 scales of general health, social functioning and emotional health [20]. The specific questionnaire is one of the widely used questionnaires, since it is considered one of the most valid and reliable, its psychometric characteristics are well documented in the Greek population [21,22]. It investigates 8 parameters in total and consists of 36 questions. Physical functioning, physical role, physical pain, and general health make up the scales of the physical health factor. Vitality, social functioning, emotional role, and mental health constitute scales of psychological health [20].

2.4. Procedure

The present quantitative cross-sectional survey was carried out in February and March 2020 in a Mental Health Center in Crete. The final approval for the conduct of this study was given by the 7th Ministry of Health of Crete. Ensuring the anonymity of the participants was a primary concern and therefore all the prescribed rules of conduct and ethics were observed. They were assured that the results of the survey would be used only for the purposes of the present study. It was very important to emphasize confidentiality and the observance of anonymity, and this also concerned their sensitive personal data, but also their individual answers in the context of completing the specific questionnaire that was provided.

3. Results

The sample consisted of 5 men (11.4%) and 39 women (88.6%). The largest percentage of Mental Health Center workers in terms of their age range was 46-55, with 45.5%. This was followed by the 56-65 age group, with 15 workers (31.4%). Employees between 36 and 45 years old were 8 (18.2%). Finally, there was only one worker (2.3%) aged 25-35. Regarding marital status, there were 31 married employees, which corresponds to 70.5% of the sample. 13.6% declared single and the remaining 15.9% divorced. 100% of the respondents worked as civil servants at the Chania Mental Health Center. Regarding the level of education, 70.5% had a university education, 18.2% had a master's degree, 4.5% were high school graduates, and 4.5% Institutes of Vocational Training graduates and only one worker was a high school graduate (2, 3%). Regarding their financial situation, 33 respondents (75.0%) reported that they have a monthly salary of €1001-2000, 10 employees (22.7%) receive €501-1000 and only 1 (2.3%) has a salary above of €2000. Of the total of 44 participants, 19 (43.2%) have taken part in a counseling or psychotherapy process during the last five years, while 25 (56.8%) have not.

Table 1 Descriptive statistics of quality-of-life dimensions

Dimension	Minimum value	Maximum value	Mean value	Standard deviation
Quality of life	26.29	94.25	75.52	15.85
Physical function	15.00	100.00	84.65	18.08
Physical role	0.00	100.00	78.40	29.82
Physical pain	0.00	100.00	75.00	24.86
General health	35.00	97.00	67.29	13.93
Vitality	35.00	100.00	67.61	15.30
Social function	25.00	100.00	76.98	21.21
Emotional role	0.00	100.00	78.03	31.28
Mental health	32.00	92.00	76.18	12.49
N=44				

The minimum and maximum values, mean values and standard deviations of the quality of life and its subscales were measured and the results are presented in Table 1. It is observed that the mean value of the overall quality of life is $M=75.52$ ($SD=15, 85$). General health has the lowest mean value of all indicators ($M=67.27$, $SD=13.93$) and physical functioning the highest mean value ($M=84.65$, $SD=18.08$).

In this section, it is investigated whether following a counseling program by employees has a positive effect on their quality of life. From the comparison of the mean values of the two sample groups, included in Table 2, it appears that employees who have attended a counseling program in the recent past have better quality than others, both overall and individually factors.

Table 2 Differences between the 2 groups (counselling/no counselling) regarding quality of life

Dimension	Yes (N=19) M (SD)	No (N=25) M (SD)	U	p-value
Quality of life	77.94 (18.24)	73.68 (13.86)	U=164.50	0.084
Physical function	86.05 (19.83)	83.60 (16.98)	U=202.00	0.391
Physical role	85.52 (30.40)	73.00 (28.79)	U=161.50	0.045
Physical pain	77.84 (27.50)	72.84 (23.01)	U=196.50	0.320
General health	67.73 (15.61)	66.96 (12.82)	U=214.50	0.583
Vitality	71.05 (18.30)	65.00 (12.33)	t=1.243	0.224
Social function	76.97 (24.03)	77.00 (19.32)	U=227.50	0.808
Emotional role	80.70 (30.05)	76.00 (32.65)	U=219.00	0.620
Mental health	77.68 (14.80)	75.04 (10.60)	U=178.50	0.157

Indicators differentiation tests (Independent Samples T-tests for vitality and Mann-Whitney for the other factors) confirm a statistically significant difference only in the "natural role" factor ($U=161.50$, $p\text{-value}=0.045<0.05$).

The association between quality-of-life factors with age was investigated for quality-of-life factors by calculating the non-parametric Spearman coefficient and vitality by the parametric Pearson coefficient. The results recorded in Table 3 confirm a statistically significant negative correlation, of moderate strength, between age and physical functioning ($p=-0.517$, $p\text{-value}<0.001$). This means that as a worker's age increases, his physical functionality decreases.

Table 3 Correlation between age and quality of life

Dimension	Correlation	p-value
Quality of life	$\rho = -0.140$	0.366
Physical function	$\rho = -0.571^{**}$	<0.001
Physical role	$\rho = -0.175$	0.256
Physical pain	$\rho = -0.178$	0.248
General health	$\rho = -0.091$	0.555
Vitality	$r = 0.135$	0.383
Social function	$\rho = -0.232$	0.130
Emotional role	$\rho = -0.002$	0.989
Mental health	$\rho = -0.023$	0.881

**Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed).

To investigate the quality of life of employees in relation to their level of education, it emerged that employees with a secondary education level excel over the rest of the employees in all psychosocial functions, that is, more in the

emotional role (M=93.33, SD=14.90) and less in social functioning (M=90.00, SD=16.29), mental health (M=82.40, SD=9.20) and vitality (M=70.00, SD=12.24). Corresponding are the results for physical pain (M=90.40, SD=8.76) and general health (M=80.00, SD=2.73). In physical functionality and physical role higher scores are obtained by master's degree holders (M=90.62, SD=8.63 and M=81.25, SD=29.12, respectively). In general, secondary school graduates (M=83.39, SD=6.36), followed by postgraduates (M=75.39, SD=18.26) and finally university/tei graduates (M=74.28, SD=16.28).

Table 4 Differences between levels of education in relation to quality of life

Dimension	High School/Institute of vocational training (N=6) M (SD)	University education (N=31) M (SD)	Master (N=7) M (SD)	H	p-value
Quality of life	83.39 (6.36)	74.28 (16.28)	75.39 (18.26)	H=1.090	0.580
Physical function	86.00 (16.73)	82.90 (20.03)	90.62 (8.63)	H=0.280	0.869
Physical function	75.00 (25.00)	78.22 (31.45)	81.25 (29.12)	H=0.398	0.819
Physical pain	90.40 (8.76)	69.90 (26.11)	85.12 (20.72)	H=5.026	0.081
General health	80.00 (2.73)	64.51 (14.32)	70.12 (12.22)	H=8.845	0.012
Vitality	70.00 (12.24)	66.93 (14.12)	68.75 (22.16)	F=0.109	0.897
Social function	90.00 (16.29)	77.01 (18.28)	68.75 (31.33)	H=2.619	0.270
Emotion role	93.33 (14.90)	79.56 (28.12)	62.50 (45.20)	H=2.038	0.361
Mental health	82.40 (9.20)	75.22 (12.95)	76.00 (12.49)	H=1.444	0.486

When studying the effect of employees' monthly income on quality of life, only one employee was found who declared an income of more than €2000 and no employee had an income of less than €500. Thus, two salary categories of employees emerged, those who received a salary of €500-1000 and those who were paid more than €1000. After combining the categories, it appears that the mean values in quality of life and its subscales, except for vitality, are higher among the lowest paid workers (Table 5).

Table 5 Differences between levels of income in relation to quality of life

Dimension	501-1000€ (N=10) M (SD)	>1000€ (N=34) M (SD)	U	p-value
Quality of life	81.63 (10.16)	73.72 (16.87)	U=128.00	0.239
Physical function	92.50 (13.17)	82.35 (18.83)	U=100.50	0.047
Physical role	80.00 (22.97)	77.94 (31.84)	U=164.00	0.852
Physical pain	87.10 (14.96)	71.44 (26.21)	U=104.50	0.066
General health	73.50 (10.55)	65.47 (14.40)	U=105.50	0.069
Vitality	40.00 (15.45)	66.91 (15.42)	t=0.556	0.587
Social function	90.00 (18.44)	73.16 (20.67)	U=86.50	0.016
Emotional role	80.00 (35.83)	77.45 (30.39)	U=153.00	0.590
Mental health	80.00 (8.64)	75.05 (13.32)	U=138.00	0.365

The non-parametric Mann-Whitney test statistically confirmed these differences in physical functioning (U=100.50, p-value=0.047) and social functioning (U=86.50, p-value=0.016).

No statistically significant differences found in relation to gender and family status.

4. Discussion

The purpose of this research was to study the quality of life of the employees of a Mental Health Center in Crete in relation to whether they have attended a counseling or psychotherapy program in the last five years. Also, it was studied whether the socio-demographic characteristics of age and marital status play a role in the dimensions of quality of life.

Summarizing the results of the present paper, the main research hypothesis regarding the positive effect of attending counseling programs is partially confirmed for the "natural role" factor. Further investigation of the effect of socio-demographic characteristics on quality-of-life factors was conducted. Although the sample shows men to have a better quality of life in all areas examined, statistical tests do not confirm this indication. The results showed that age is negatively correlated with physical functioning. This means that over the years, the bodily functions of employees follow a downward course, as is expected and determined by human nature. The remaining factors as well as the overall quality of life are not affected by age. The quality-of-life factors do not differ significantly from the marital status of the workers. Education level affects the general health of workers, with secondary school graduates scoring the highest. Next are the holders of a master's degree and finally the TEI/HEI graduates. Monthly income creates a statistically significant difference in physical and social functioning. More specifically, low-wage workers show significantly higher performance in physical activities such as running, lifting objects, vigorous exercise, shopping, climbing stairs, bending, kneeling, walking, etc. Likewise, the same group of workers report significantly higher social activity. Assessment of social functioning relates to both the degree and duration of the impact of physical or emotional problems on daily social life. Since lower income workers experience lower limitation of physical activities, thus fewer physical problems, this is expected to keep their social life at high levels.

Suggestions for future research

Perhaps it would be appropriate to do a comparative study before and after counseling / psychotherapy and assess the difference in quality of life. The existence of statistically significant differences confirms the effectiveness of the methods. Finally, a comparative study is proposed with the corresponding staff of other Mental Health Centers with very different conditions that may determine the quality of life of the employees (e.g. more frequent handling of difficult incidents, higher workload, larger city, lower level of financial status due to increased expenses). More extensive research would be useful, helping to better understand how mental health professionals perceive their work and how their morale can be improved.

5. Conclusion

It appears that workers who have attended a counseling program in the recent past have a better quality of life than those who have not, both overall and on individual factors. The modern management methods of the administrations of the health units through the correct management, but also the motivation of the employees could contribute to the improvement of the working conditions and the satisfaction of the employees.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Bouras A, Lykouras M. Economic crisis and its effects on mental health. Publications Egefalos. 2011; 48: 54-61.
- [2] Fatourou M. Employment and unemployment: psychological consequences. Egefalos. 2010; 47(4): 176-180.

- [3] Faragher EB, Cass M, Cooper CL. The relationship between job satisfaction and health: a meta-analysis. *Occupational & Environmental Medicine*. 2005; 62: 105-112.
- [4] Winkelmann L, Winkelmann R. Personality, work, and satisfaction: evidence from the German Socio-Economic Panel. *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice*. 2008; 3(4): 266-275.
- [5] Nadinloyi KB, Sadeghi H, Hajloo N. Relationship between job satisfaction and employees mental health. *Procedia – Social and Behavioural Sciences*. 2013; 84: 293-297.
- [6] De Jonge C, Hopmans EC, Zell CI, Kim JH, Schouten S, Damsté JSS. Occurrence and abundance of 6-methyl branched glycerol dialkyl glycerol tetra ethers in soils: Implications for palaeoclimate reconstruction. *Geochimica et Cosmochimica Acta*. 2014; 141: 97-112.
- [7] Ford BQ, Shall cross AJ, Mauss IB, Floerke VA, Gruber J. Desperately seeking happiness: Valuing happiness is associated with symptoms and diagnosis of depression. *Journal of social and clinical psychology*. 2014; 33(10): 890-905.
- [8] Schaufeli WB, Taris TW. A critical review of the job demands-resources model: Implications for improving work and health. In G. F. Bauer & O. Hämmig (Eds.), *Bridging occupational, organizational and public health: A transdisciplinary approach* (pp. 43–68). Springer Science + Business Media.
- [9] Van Hooff ML, Taris TW. Let's study how worker health affects the psychosocial work environment. *Scandinavian journal of work, environment & health*. 2014; 40(5): 437-440.
- [10] Van Vegchel N, De Jonge J, Landsbergis PA. Occupational stress in (inter) action: The interplay between job demands and job resources. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*. 2005; 26(5): 535-560.
- [11] Marvaki C, Dimoula Y, Kabitsioulis E, Christopoulou I, Vastardis L, Gourni I et al. The effect of profession on nurses' life. *Nursing*. 2007; 46(3): 406-413.
- [12] Graham KR, Davies BL, Woodend AK, Simpson J, Mantha SL. Impacting Canadian public health nurses' job satisfaction, *Canadian Journal of Public Health/Revue Canadienne de Sante'epublique*. 2011; 102(6): 427-431.
- [13] OnasogaOlayinka A, Osamudiamen OS, Ojo AA. Occupational stress management among nurses in selected hospital in Benin City, Edo state, Nigeria, *European Journal of Experimental Biology*. 2013; 3(1): 473-481
- [14] Moustaka E, Constantinidis TC. Sources and effects of work-related stress in nursing. *Health science journal*. 2010; 4(4): 210.
- [15] Kafetsios K, Sideridis G. Attachment, social support and well-being across the life course. Paper presented at the Symposium on Multi-level models of wellbeing. 1st International Conference: Quality of life and Psychology, Aristotle University, Thessaloniki. December 2004; 3-5.
- [16] Koinis A, Saridi M. Occupational stress and its effect on the professional and personal life of health professionals. *Vima Asklipiou*. 2014; (4): 300-315.
- [17] Toukas D, Touka A. Analysis and management of occupational stress within the hospital environment. From the scientific perspective to practical implementation. *Archives of Hellenic Medicine*. 2011; 28(1): 20-26.
- [18] Stefanidou A, Varvogli L, Livaditis M, Argiropoulou-Pataka R. Biopsychosocial perspective of occupational stress in health professionals. *Nursing*. 2010; 49(4): 366–374.
- [19] Liceto P, Pompili M, Spencer-Thomas S, Ferracuti S, Erbutto D, et al Occupational stress and psychopathology in health professionals: an explorative study with the multiple indicators multiple causes (MIMIC) model approaches. 2013; 16(2):143-152.
- [20] Ware JE, Kosinski MA, Dewey JE. How to score version 2 of the SF-36 health survey. Lincoln, RI: Quality Metric Incorporated. 2000.
- [21] Anagnostopoulos F, Niakas D, Pappa E. Construct validation of the Greek SF-36 health survey. *Quality of Life Research*. 2005; 14(8): 1959-1965.
- [22] Anagnostopoulos F, Niakas D, Toundas Y. Comparison between exploratory factor-analytic and SEM-based approaches to constructing SF-36 summary scores. *Quality of Life Research*. 2009; 18: 53-63.