



Predictors of personal accomplishment among the professionals working in community mental health settings

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ABSTRACT

Background: Community mental health professionals experience personal accomplishment as a result of emotional stressors and deficiency of perceived personal accomplishment. The purpose of this study was to measure the levels of personal accomplishment, their correlation with the levels of social support and psychological disorders, and whether social support and psychological disorders can act as factors of personal accomplishment among professionals working in community mental health settings.

Methods: In this cross-sectional study conducted in 2018, 80 professionals working in community mental health settings from the Association for Regional Development and Mental Health completed three scales: the Multidimensional Scale of Perceived Social Support, the General Health Questionnaire-28 (GHQ-28), and the subscale “Personal Accomplishment” of the scale Maslach Burnout Inventory to measure social support, psychological disorders, and personal accomplishment, respectively. The technique of convenience sampling was applied. The statistical analysis was performed via the IBM *statistical package for the social sciences* version 22.0. The statistical significance level was set up at 0.05.

Results: The levels of personal accomplishment were low (Mean: 9.85, Standard Deviation: 5.9). No statistically significant effect of social support and psychological disorders on personal accomplishment was revealed among professionals working in community mental health settings. However, a statistically significant effect of “Social Dysfunction” ($F = 4.564$, $p = 0.036$)—as a dimension of psychological disorders—on personal accomplishment was found. Also, low correlations between Personal Accomplishment and the dimensions of GHQ-28 “Social Dysfunction” ($r = 0.235$, $p = 0.018$) and “Severe Depression” ($r = 0.202$, $p = 0.036$) were observed.

Conclusions: Personal accomplishment does not seem to be influenced by social support or psychological disorders. However, social dysfunction seems to have a significant impact on personal accomplishment. Therefore, further research should be conducted in order to investigate potential buffering coping mechanisms of personal accomplishment, and in turn, burnout among mental health professionals.

ARTICLE HISTORY

Received November 11, 2019

Accepted February 17, 2020

Published XX

KEYWORDS

Community mental health professionals; personal accomplishment; psychological disorders; social support

Introduction

The issue of burnout has been under on-going research over the last years, especially for individuals occupied in mental health settings. One rather

interesting finding emerging as a result of the aforementioned research is the aspect of the setting and the kind of patients that appear to have a significant contribution to the frequency and severity of

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detected burnout [1]. For instance, divergent estimates of burnout have been observed among professionals working in community mental health settings with patients with physical impairments, the economically underprivileged and sex offenders [2].

In particular, high occupation requirements seem to be more often than not related with emotional exhaustion as they usually have a considerable impact both in psychological and physiological terms for professionals working in community mental health settings, whereas deficiency of occupational resources are mostly associated with complication inadequately accomplish job requirements, which in turn contributes to professionals' tendency to withdraw or dissociate from work [3,4]. As a result, the aforementioned exhaustion and dissociation may lead professionals to depersonalization and eventually decreased the quality of care. Several studies have indicated that increased levels of burnout are strongly linked with decreased self-reported quality of care [5,6].

In the same manner, Rupert and Morgan [7] found that excessive working hours have been considerably linked with high emotional exhaustion regarding psychologists occupied in independent practice. In addition, in research concerning nurses working in community mental health settings in Japan, researchers found that working overtime hours can be a rather important causal factor for burnout development [8]. Drawing on that, in accordance with another research [9], it was indicated that working for 45 hours or more during a week was linked with higher levels of burnout in military mental health professionals.

Undoubtedly, there is a close relationship between high levels of stress and the dimensions of burnout, especially in mental health settings. In particular, several studies have shown an escalation of emotional exhaustion and depersonalization, and more importantly, lower levels of personal accomplishment due to high stress levels among mental health professionals [10]. The identification of the causes of stress, in conjunction with circumstantial and personal factors that contribute to stress, may have as an outcome the deterioration of stress levels and provide occupational security to mental health professionals [11].

In another noteworthy study conducted in Italy, lower personal accomplishment was found concerning oncology and HIV health care professionals as a result of problem denial as a defense mechanism to

psychological distress [12]. Similarly, evidence has shown that having to deal with demanding patients may have an impact to healthcare professionals' psychological well-being which in turn can lead to diminished personal accomplishment [13].

Another additional factor that appears to be very important in the burnout phenomenon and its implication in personal accomplishment is the existence or absence of social support. The significance supervisor and co-worker social support, as a mean for the encounter of employee stress and burnout, especially in mental health settings, has been under the microscope of researchers for the past few decades [14].

Social support is regularly examined in the context of coping, stress, and psychological health issues, like burnout. The research has indicated the beneficial contribution of social support in the employment of coping strategies at the workplace as well as in buffering psychological mechanisms [15]. More specifically, there appears to be evidence highlighting the significant profitable effects of social support in depressive symptoms on gynecologic cancer survivors and also in depression levels of mental health professionals occupied in settings which are in support of patients with developmental disabilities [16]. In addition, as it is illustrated above, an important amount of research has preceded evaluating the contribution of social support as a mediator concerning mental health and burnout processes [17]. Furthermore, research findings indicate that the presence or absence of social support has been considerably associated with the progress of burnout [18]. Most of the studies are oriented in the examination of the efficiency of social support systems in the workplace framework which consists of peers, co-workers, and supervisors [19,20].

Thus, social support paired with perceived high levels of personal accomplishment are two elements that seem to act as positive contributors in terms of stress response attenuation in mental health professionals [21]. Findings of a study examining communication patterns and job satisfaction in mental health settings indicated high levels of personal accomplishment as well as feelings of increased occupational satisfaction as a result of a large number of informal contacts with coworkers in an occupation-oriented manner [22]. In the same manner, results from another study, addressing the issue of social support as a mediator or a moderator of burnout in mental health professionals working

with intellectual disability patients, showed that higher levels of reported social support led to higher personal accomplishment levels as well although when perceived occupational requirements were considered to be relatively low [23].

Drawing on the above, interestingly, it has been indicated that social support provided by supervisors and colleagues can act as a protective factor toward burnout, whereas the lack of it can be considered as a significant occupational stressor and may produce substantial consequences in all aspects of burnout syndrome [24]. In particular, in their study, Coady et al. [25] concluded that even though there was no significant relationship of social support with neither emotional exhaustion nor depersonalization with regard to social workers' perception, higher personal accomplishment scores were found on those social workers who considered their team to be supportive.

Additionally, the impact of agitated conscience in mental health professionals occupied in residential settings in support of older patients has been underlined as an outcome of the inadequacy of social support [26]. Furthermore, research has indicated that high levels of social support are linked with low levels of burnout among nursing staff [27]. In particular, it has been shown that hospital nurses who experience high social support levels from interpersonal relationships, such as family, display lower levels of burnout, and compassion fatigue [28]. Moreover, in a systematic review, findings suggested that the absence of social support from colleagues, co-workers, supervisors, peers, and family was positively linked with high emotional exhaustion and depersonalization as well as it was negatively associated with Personal Accomplishment regarding hospital nurses [29].

Hence, the aim of the current project was to examine whether social support and psychological disorders can act as significant predictors of Personal Accomplishment among professionals working in community mental settings. It is hypothesized that social support and mental health will have a significant effect on the prediction of personal accomplishment in professionals working in community mental health settings.

Materials and Methods

Design

The present study used a cross-sectional design while the sample was a sample of convenience.

Participants

All ninety-one professionals working in community mental health settings occupied in different settings of the Association for Regional Development & Mental Health (<http://www.epapsy.gr/index.php/english>), Athens, were invited to take part. More specifically, the aforementioned settings included community homes, day centers, residential units for patients suffering from psychiatric disorders, and mobile mental health units which are located in Greek islands. Participants were comprised a variety of expertise, namely, clinical/counseling psychologists, psychiatric nurses, psychiatric social workers, occupational therapists, speech and language therapists, scientific, and administratively responsible professionals. Inclusion criteria were comprised the following: participants had to be adults older than 18-year old, Greek, with more than 1 year of occupation in a community mental health setting. Exclusion criteria were: students of Nursing Schools and those who refused to sign informed consent. The rationale for inclusion of professionals of a diverse array of fields was the fact that those professionals are occupied in different settings of the Association for Regional Development & Mental Health on a daily basis. Therefore, their contribution and in turn the examination of predictors regarding their personal accomplishment in those settings was considered as significant. Finally, 80 ($N = 80$) questionnaires were completed (response rate: 87.9%). The study was carried out between January and March 2018.

Measures

The tool was designed via Google and more specifically in Google forms. Three questionnaires were applied for the purposes of the current research.

Maslach Burnout Inventory (MBI) [30] appears to be the most widely employed instrument for the measurement of burnout. MBI is divided into three aspects (Emotional Exhaustion, Depersonalization, and Personal Accomplishment) comprised of a total of 22 items which are completed on a 7-point Likert scale (0 = never to 6 = every day) and coincide to the extent to which participants experienced burnout in their field of occupation. The factor structure and psychometric properties of The Greek version have been studied [31]. In this study, only the dimension of "Personal Accomplishment," consisted of eight items, was used.

Concerning social support, the Greek version of the Multidimensional Scale of Perceived Social

Support (MSPSS) was applied [32] MSPSS was first designed in 1988 and at first, it was addressed to university students [31]. MSPSS is comprised a total of 12 items rated on a 7-point Likert scale (1 = Very strongly disagree to 7 = Very strongly agree) evaluating three aspects (sub-scales) of perceived social support (Family, Friends, and Significant Others). A total score of 84 can be achieved with higher totals suggesting higher social support [33,34].

Regarding psychological disorders, the Greek version of the General Health Questionnaire-28 (GHQ-28) was applied [35]. GHQ-28 was first developed by Goldberg and Hillier [36] and it appears to be one of the most widely psychiatric screening instruments. It has been constructed to measure minor psychiatric disorders (non-psychotic) in the general population, occupational health, and screening psychiatric disorders. GHQ-28 comprises 28 items which are completed in the form of a 4-point Likert scale (from 0 = not at all to 3 = more than usual) and these items are divided into four subscales (Somatic Symptoms, Anxiety/Insomnia, Social Dysfunction, and Severe Depression) (<https://www.gi-assessment.co.uk/products/general-health-questionnaire-ghq/>) [37].

Data analysis

The mean values and standard deviations were used to describe the quantitative variables. Absolute (N) and relative (%) frequencies were used to describe the qualitative variables. Multiple linear regression was performed in order to examine whether social support and psychological disorders can act as significant predictors for personal accomplishment. In addition, multiple linear regression was used with the stepwise method to examine whether dimensions of social support and psychological disorders could predict personal accomplishment. One model was produced consisting of the subscale GHQ-28 of social dysfunction. To test the relationship between personal accomplishment with psychological disorders and social support, the correlation coefficients of Spearman (r) were used. The statistical significance was set at 0.05. The statistical program IBM *statistical package for the social sciences 22.0* was used for the analysis.

Ethical considerations

Permission for recruitment was obtained by the Head of the Department and the President of the Association for Regional Development & Mental Health. A written consent form was obtained from the participants along with the purpose and the

aims of the study, contained the anonymity guarantee, the choice of withdrawal from the study at any time, and the personal details of the researcher in order for participants to be able to make contact for any queries they would like to be answered.

Results

The age range of the participants was between 23 and 62 years old ($M = 36.59$, $SD = 8.04$). Most of the participants were females ($n = 62$, 77.5%) while the mean years of work was 8.83 ($SD = 5.89$) (Table 1). All participants were full-time workers (8 hours per day for 5 days per week) while the income per month was according to the typical salary of all public employees.

Table 1 shows social support, psychological disorders, and personal accomplishment scores. Higher scores indicate better social support, psychological disorders, and personal accomplishment (Table 2).

Multiple linear regression

Multiple linear regression was performed in order to examine whether social support and psychological disorders can act as significant predictors for personal accomplishment. The model has not

Table 1. Demographic characteristic of participants ($N = 80$).

	Frequency	%
Gender		
Male	18	22.5
Female	62	77.5
Educational level		
Secondary School	3	33.8
MSc/PhD	47	58.8
University Graduates	30	37.5
Specialty		
Psychiatric Nurses	9	11.2
Psychiatrists	5	6.25
Clinical/Counseling Psychologists	38	47.5
Psychiatric Social workers	12	15.0
Occupational Therapists	4	5
Administrative Managers	7	8.7
Others	5	6.25
Marital status		
Unmarried	50	62.5
Divorced	3	3.8
Married	27	33.8
Years of work	Mean (SD) 8.83 (5.89)	Minimum: 2 Maximum: 30

significantly predicted changes in personal accomplishment as $F(2,77) = 1.072, p = 0.347$ and adjusted r -square 0.002.

In addition, a multiple linear regression was used with the stepwise method to examine whether dimensions of social support and psychological disorders could predict personal accomplishment. One model was produced consisting of the subscale GHQ of social dysfunction. The model significantly predicted changes in personal accomplishment [$F(1,78) = 4.564, p = 0.036$ and adjusted r -square 0.043]. Therefore, the model explained 4.3% of the dependent variable with $\beta = 0.235$. All other

independent variables were not significant. Table 3 shows the results of multiple linear regression with the stepwise method.

Table 4 gives the correlation between the scale of personal accomplishment (GHQ-28) with the scales of social support (MSPSS) and psychological disorders (GHQ-28). Results show that there is a low correlation of the dimension “Social dysfunction” with Personal Accomplishment and “Severe Depression” with Personal Accomplishment.

Discussion

The purpose of the current study was to examine the levels of personal accomplishment, the relationship with social support, and psychological disorders and whether social support and psychological disorders can act as significant predictors of personal accomplishment among professionals working in community mental health settings. Concerning the decision of examining only the dimension of Personal Accomplishment of the Maslach Burnout inventory, it was based on the indication that in settings that offer ongoing mental health services it seems that personal accomplishment is a major factor for such services to be effective and thus, predictors that may affect personal accomplishment should be examined [38].

As far as, the levels of personal accomplishment among professionals working in community mental health settings results indicated that these are low

Table 2. Mean scores and standard deviations of social Support, psychological disorders, and personal accomplishment.

	Mean	SD ^a
Personal Accomplishment	9.85	5.9
GHQ-28 Somatic Symptoms	0.88	0.54
GHQ-28 Anxiety/Insomnia	0.93	0.59
GHQ-28 Social Dysfunction	0.87	0.40
GHQ-28 Severe Depression	0.25	0.39
GHQ-28 Total	0.25	0.39
MSPSS Total	5.63	0.39
MSPSS Significant Others	5.90	0.95
MSPSS Family	5.31	1.15
MSPSS Friends	5.67	1.06

^aStandard Deviation.

Table 3. Results of multiple linear regressions using stepwise method.

Variables entered/removed*			
Model	Variables entered	Variables removed	Method
1	GHQ-28 Social Dysfunction	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

ANOVA*						
Model		Sum of Squares	df	Mean Square	F	p
1	Regression	153.909	1	153.909	4.564	0.036**
	Residual	2630.291	78	33.722		
	Total	2784.200	79			

Coefficients*						
Model		Unstandardized Coefficients		Standardized Coefficients	t	p
		B	SE ^a	Beta		
1	(Constant)	6.823	1.558		4.379	0.000
	GHQ-28 Social Dysfunction	3.473	1.626	0.235	2.136	0.036

*Dependent Variable: Personal Accomplishment.

**Predictors: (Constant), GHQ-28-Social Dysfunction, Statistically significant outcome at significance level of <0.05.

^aSE: Standard Error.

Table 4. Correlation between personal accomplishment with social support and psychological disorders.

	Personal accomplishment
MSPSS Family	
<i>r</i>	-0.072
<i>p</i>	0.264
MSPSS Friends	
<i>r</i>	-0.114
<i>p</i>	0.158
MSPSS Significant Others	
<i>r</i>	-0.143
<i>p</i>	0.103
MSPSS Total	
<i>r</i>	-0.126
<i>p</i>	0.132
GHQ-28 Somatic Complaints	
<i>r</i>	0.075
<i>p</i>	0.253
GHQ-28 Anxiety/Insomnia	
<i>R</i>	0.059
<i>P</i>	0.302
GHQ-28 Social Dysfunction	
<i>R</i>	0.235
<i>P</i>	0.018
GHQ-28 Severe Depression	
<i>R</i>	0.202
<i>P</i>	0.036

*Statistically significant outcome at a significance level of <0.05.

(Mean: 9.85). Furthermore, findings from a survey [36] investigating burnout syndrome among mental health professionals occupied in settings with patients suffering from disorders of consciousness, showed percentages of 14.4% regarding high emotional exhaustion reports, 12.6% concerning depersonalization high scoring and again more importantly, and a relatively higher percentage of 22% pertaining to low rates of personal accomplishment as well as a considerably higher percentage of 41.7% of participants exhibited high levels of burnout at least in one of the dimensions of Maslach Burnout Inventory. In the same manner, Umene-Nakano [39] in their study showed that 21% of the participants exhibited high levels of emotional exhaustion, 12% of them produced high depersonalization levels and more importantly, a considerably larger ratio of the participants reaching 72% has been found to generate low levels of personal accomplishment.

Regarding the relationship of social support with personal accomplishment, the results of this study are not in line with other studies. Research findings from a study [40] exploring social support and coping as predictors of burnout on mental health professionals occupied on settings with patients who suffer from intellectual disabilities pointed out that there was a rather small effect in the prediction of Personal Accomplishment. An interesting research [41] examined the potential beneficial contribution of perceived social support on health, well-being and personal accomplishment expressed by emergency and oncology nurses, findings indicated that emergency nurses reported a high rate of psychological disorders, depersonalization, and emotional exhaustion. On the other hand, oncology nurses displayed a higher sense of gratitude with regard to patients' perceived social support and demonstrated a considerably higher sense of Personal Accomplishment than emergency nurses. In the same manner, in another study [42] hospice professionals exhibited lower burnout levels as a result of social support provided at their field of occupation as the most ordinary form of support as it is suggested by the literature [42].

Regarding the effect of social support and psychological disorders on personal accomplishment, it was expected that social support and psychological disorders will have a significant effect on personal accomplishment in professionals working in community mental health settings. This hypothesis was not confirmed as no statistically significant result was found in the regression analysis between the total scores of the MSPSS measuring social support and GHQ-28 measuring psychological disorders concerning personal accomplishment.

However, an additional stepwise regression analysis was performed in order to examine the dimensions of both MSPSS (namely family, friends, and significant others) as well as the dimensions of GHQ-28 (namely somatic complaints, anxiety and insomnia, social dysfunction, and severe depression) as potential significant predictors concerning Personal Accomplishment. Interestingly, findings indicated a statistically significant outcome regarding the dimension of social dysfunction of GHQ-28 and personal accomplishment. Therefore, it seems that Social Dysfunction can act as a significant predictor concerning Personal Accomplishment among professionals working in community mental health settings. This result appears to be consistent with a longitudinal study [43] conducted the main aim

of which was to examine the effect of psychosocial job characteristics on burnout among nurses. More specifically, findings showed that there was no significant outcome between low social support and burnout. More importantly, concerning personal accomplishment, findings of the above-mentioned study indicated that high rates of job demands and job control were linked with high levels of Personal Accomplishment which was inconsistent with the study hypothesis.

Scores on all questionnaires seem surprisingly low. This could be explained by the fact that the study was conducted during the financial crisis in Greece which negatively affects the domains of personal accomplishment, psychological disorders, and social support.

Nevertheless, as it occurs in almost every research, the current study comes with some limitations that should be taken into consideration. To start with, the inconvenience should be considered as a limitation of this study; therefore, the results cannot be generalized. Probably, a larger number of participants would achieve a normal distribution and therefore a more statistically significant outcome could be yielded. Drawing on that, again with regard to the sample, as it is apparent in the methodology, it consists of considerably more females than males a fact that might be accountable for the outcome as sex differences appear more often than not to play an important role on the findings of a study. Last but not the least, the methodology that was followed regarding data collection was performed electronically which despite the fact that is gaining an on-going applause and repeated employment in research data collection due to the time convenience of data collection that it provides, it might be considered notably responsible for the significance of the outcome, especially with regard to the focus and quality of time that participants devoted when filling the questionnaires.

Conclusion

In brief, the current study investigated the role of social support and psychological disorders as potential significant predictors of Personal Accomplishment among professionals working in community mental health settings. Despite the fact that there was no significant result concerning the total scores of social support and psychological disorders as predictors of Personal Accomplishment, the dimension of the psychological disorders "Social Dysfunction" yielded a significant outcome

in the prediction of Personal Accomplishment in professionals working in community mental health settings. Hence, as burnout syndrome continues to march among various fields of occupation, further research should be conducted in order to distinguish the causes and coping mechanisms which in turn can shed more light for the reduction of occurrence of such a matter, especially regarding professionals working in community mental health settings aiding them to provide more efficient and productive services to mental health recipients and patients.

Acknowledgments

The authors would like to thank professionals working in community mental health settings of the Association for Regional Development & Mental Health (<http://www.epapsy.gr/index.php/english>).

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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