

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

The Interrelationship between Spirituality, Burnout, and Psychological Well-being among
Mental Health Professionals in Addis Ababa Governmental Hospitals

By

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June, 2025

Addis Ababa, Ethiopia

Addis Ababa University

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Declaration

I, the undersigned, declare that the thesis entitled “The Interrelationship between Spirituality, Burnout, and Psychological Well-being among Mental Health Professionals in Addis Ababa Governmental Hospitals” is my original work under the guidance of Abera Getachew (Assi. Professor), and the thesis contains no material previously published by any other person except where proper citation and acknowledgement has been made. I do further assure that this thesis has not been presented or being submitted for any academic degree as part of requirements.

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Signature_____

Date of submission_____

This thesis has been submitted for examination with my approval as university advisor.

Abera Getachew (Assi. Professor)

Signature_____

Date_____

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List of Acronyms

Conservation of Resources Theory (COR)

Job Demands-Resources (JDR)

Maslach Burnout Inventory (MBI)

Mental Health Professionals (MHPs)

Multivariate Analysis of Variance (MANOVA)

Psychological Well-Being scale (PWB)

Self-Determination Theory (SDT)

Spirituality Experience Index Revised (SEI-R)

Statistical Package for the Social Science (SPSS)

World Health Organization (WHO)

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Abstract

The purpose of this study was to explore the intricate relationship between spirituality, burnout, and psychological well-being among mental health professionals (MHPs) in selected government hospitals in Addis Ababa, Ethiopia. Recognizing the emotionally demanding nature of mental health services, the study explore how spirituality may serve as a protective factor against burnout and a promoter of well-being. Employing a quantitative, correlational design, data were collected from 217 participants using standardized instruments: Spiritual Experience Index-revised, Maslach burnout inventory (MBI) and Ryff's Psychological Well-being scale (PWB). Both descriptive and inferential statistics including Pearson correlation, MANOVA, Independent sample t-test and multiple regression were applied to examine relationship and demographic variation across gender, age, marital status and professional experience. Result reflect a high prevalence of burnout, particularly emotional exhaustion and depersonalization. Spirituality demonstrated a significant inverse relationship with burnout ($r=-.45$, $p<.001$) and a positive association with psychological well-being ($r=.57$, $p<.001$). Regression analysis confirmed that spirituality significantly predicted lower burnout and higher psychological well-being, even after controlling for demographic factors. Additionally, gender based difference particularly in level of spiritual openness. The study highlights the need for institutional strategies that integrate spirituality and mental health support as part of professional wellbeing programs. It emphasizes the importance of evidence based interventions to reduce burnout and promote sustainable mental health. These findings also underscore the necessity for future longitudinal and mixed method research to further explore causal dynamics and context specific protective factors in low resource healthcare settings.

Keywords: *Spirituality, Burnout, Mental health professional, Psychological Well-being*

Chapter One: Introduction

1.1 Background of the study

Ethiopia, a country known for its diverse culture and rich spiritual heritage, recognizes the important role of spirituality as a coping mechanism for individuals facing various challenges (Mekonnen, Bires, & Berhanu, 2022). This recognition extends to the field of mental health, where the impact of spirituality on promoting well-being is widely acknowledged (Krok, 2008). However, despite its significance, there is limited research specifically examining the impact of spirituality on mental health professionals in Ethiopia (Seid & Abdo 2022).

The mental health profession is highly demanding and challenging, often leading to burnout and decreased psychological well-being among professionals (Thanki & Pestonjee, 2022). Mental health professionals, including psychiatrists, psychologists, counselors, and social workers, play a crucial role in providing care and support to individuals with mental health issues. However, the nature of their work, which involves dealing with complex emotional and psychological challenges, can take a toll on their own well-being (Daly, 2022; Krok, 2008).

Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a prevalent issue among mental health professionals worldwide (Ananya, 2016). This can be attributed to various factors such as the demanding nature of their work, exposure to clients' traumatic experiences, and a lack of adequate resources. Ultimately, burnout negatively impacts professionals' job performance, satisfaction, and overall well-being (Hunsaker, 2019).

Psychological well-being, encompassing emotional, cognitive, and social aspects of an individual's mental health, is also crucial for mental health professionals not only for their

personal lives but also in their ability to provide effective care (Caramenti & Castiglioni, 2022; Kar, & Singh, 2020). In recent years, there has been a growing interest in understanding the potential of spirituality to mitigate the negative effects of burnout and promote overall well-being among healthcare professionals (Ananya, 2016). Spirituality, with its beliefs, values, and practices related to the transcendent or sacred, has been recognized as a powerful resource for coping with stress, finding meaning and purpose in life, and fostering resilience (Park, 2006).

Considering Ethiopia's rich cultural and religious diversity, it offers a unique context to explore the relationship between spirituality, burnout, and psychological well-being among mental health professionals. However, there is a lack of specific research in Ethiopia that focuses on this relationship (Mekonnen et al., 2022). Consequently, it is crucial to assess this relationship to gain a better understanding of the factors contributing to burnout and to identify potential protective factors that can enhance the well-being of mental health professionals.

1.2 Statement of the problem

The shortage of healthcare workers globally, particularly in low- and lower-middle-income countries like Ethiopia, poses a significant challenge to the provision of quality healthcare services (World Health Organization, 2016). Ethiopia's health system has some of the lowest development levels in Sub-Saharan Africa and struggles to address larger health issues (Hailay et al., 2020). The scarcity of Mental Health Professionals (MHPs) in Ethiopia, as highlighted by the World Health Organization (WHO), further exacerbates the healthcare workforce crisis. Despite, the Ethiopian Ministry of Health report from 2019 counts only 769 MHPs working in national capacity (Health, 2020), which falls significantly below the recommended levels set by the WHO Atlas 2017 (World Health Statistics, 2017).

Contrary to the misconception that mental health professionals possess exceptional resilience, they are susceptible to mental health problems, stress, anxiety, depression and burnout, influenced by unreasonable demands, impacts the effectiveness, performance, and personal well-being of mental health practitioners (Kar & Singh, 2020). However, research on the psychological well-being of mental health professionals lags behind studies on burnout (Carson & Fagin 1996). Factors such as workload, professional experience, social demographics, interpersonal dynamics, and working environment qualities also play a role in their psychological well-being (Leiter & Harvie, 1996).

Furthermore, the potential benefits of spirituality on physical and mental health outcomes, including enhanced well-being, improved coping strategies, and faster recovery from mental illness, have been demonstrated (Schlarb et al., 2012; Laverdière, Kealy, Ogrodniczuk, Chamberland & Descôteaux., 2018, 2019; Summers et al., 2021). However, limited research exists on the relationship between spirituality, burnout, and psychological well-being specifically among mental health professionals (Laverdière et al., 2018; Brugnera et al., 2020).

Research has shown that spirituality may have a beneficial effect on physical and mental health, as well as other positive health outcomes including enhanced sense of well-being, better quality of life, improved coping strategies, faster recovery from mental illness, and decreased risk of addiction or suicide (Božek, Nowak & Blukacz 2020). While previous study has addressed the prevalence of burnout among nurses in different regions of Ethiopia (Hailay, et al, 2020).

In Southwest Ethiopia, a study was conducted aiming to evaluate the spiritual care competence and factors such as age and resilience skill among nurses (Seid & Abdo 2022). The study found that a higher score on the spirituality competence scale corresponded to greater competence in spirituality and spiritual care. The research concluded the spiritual care

competence among nurses was moderate, and indicated the need for spiritual care competence training for nurses (Krok, 2008). There are limited studies on the relationship of spirituality, burnout and psychological well-being of MHPs.

Therefore, the research aimed to assess and provide insight into the relationship between spirituality, burnout, and psychological well-being among mental health professionals (MHPs) in selected governmental hospitals in Addis Ababa, Ethiopia. The study intended to fill the knowledge gap and highlight the connection between these variables. Based on the aforementioned gaps, the study aimed to answer the following basic questions:

1. What was the extent of spirituality, burnout, and psychological well-being among mental health professionals in selected governmental hospitals in Addis Ababa, Ethiopia?
2. Was there a significant association among spirituality, burnout, and psychological well-being among mental health professionals in the selected governmental hospitals in Addis Ababa, Ethiopia?
3. Did demographic factors (age, gender, marital status, and years of experience) and their interaction significantly influence spirituality, psychological well-being, and burnout among mental health professionals in the selected governmental hospitals in Addis Ababa, Ethiopia?
4. What was the predictive power of spirituality and burnout on psychological well-being among mental health professionals in the selected governmental hospitals in Addis Ababa, Ethiopia?

1.3. Research Objectives

The major objective of the current study was to investigate relationship between spirituality, burnout, and psychological well-being among mental health professionals (MHPs) in selected governmental hospitals in Addis Ababa, Ethiopia. More specifically it aimed at addressing the following specific objectives.

- Investigate the extent of burnout among mental health professionals in the selected governmental hospitals in Addis Ababa, Ethiopia;
- See the relationship spirituality, burnout and psychological well-being among mental health professionals in the selected governmental hospitals in Addis Ababa, Ethiopia;
- Examine variance in spirituality, psychological well-being, and burnout across demographic factors (age, gender, marital status, and years of experience) among mental health professionals

1.4. Significance of the problem

This study offers benefits to MHPs and other health care related professionals by provide valuable insights into the well-being and mental health of MHPs, who play a crucial role in providing mental healthcare services to individuals in need. Understanding the factors that contribute to burnout and psychological well-being can help develop strategies to support and improve the overall well-being of MHPs.

Even, addressing the shortage of mental health professionals is a global concern, particularly in low- and lower-middle-income countries like Ethiopia. By studying the impact of spirituality on burnout and psychological well-being, this research can shed light on potential protective factors that can mitigate the negative effects of burnout and enhance the well-being of MHPs. This knowledge can inform interventions and support systems for

mental health professionals, ultimately contributing to the retention and recruitment of professionals in this field.

Furthermore, this research can also have implications for the quality of mental healthcare services provided to individuals seeking help. When MHPs experience burnout or have poor psychological well-being, it can impact their effectiveness and level of performance. By understanding the role of spirituality in influencing burnout and psychological well-being, strategies can be developed to promote the well-being of MHPs, leading to improved patient care and outcomes. On other hand, the study could also serve as a source to make further researches on the area.

Overall, studying the relationship between spirituality, burnout, and psychological well-being among MHPs is significant as it can inform interventions, support systems, and policies that benefit both mental health professionals and the individuals they serve.

1.5 Delimitation of the study

In terms of conceptual scope, this study delimited its focus to examining the relationship between burnout and spirituality among mental health professionals (MHPs) in four selected public hospitals in Addis Ababa, Ethiopia. While numerous factors may influence MHPs' psychological well-being, including job demands, social support, and personal characteristics, this study specifically narrowed its investigation to burnout and spirituality as key variables of interest. Consequently, other potential factors impacting MHPs' psychological well-being were not directly addressed within the conceptual framework of this study.

Regarding the area of scope, the study delimited its geographical focus to the city of Addis Ababa, Ethiopia, specifically targeting the selected public hospitals, namely St Amanuel Mental Specialized Hospital, Kotebe General Hospital, Tikure Anbesa Specialized

Hospital, and St. Paul's Hospital. Although other governmental hospitals within Addis Ababa could also have significant populations of MHPs, they were not included in the study due to practical constraints and the need for focused investigation within a manageable geographical area. Therefore, the findings of this study may not be generalizable to MHPs working in other regions or healthcare settings outside of Addis Ababa.

1.6 Limitation of the Study

This investigation was limited to four hospitals that have selected purposefully and not conducted without some practical and theoretical drawbacks. To this end, lack of recent and up to date related literature on spirituality relation to MHPs psychological well-being was a prime bottle neck. The other limitation was taking relatively small number of research participants even though there were a huge numbers of MHPs in Addis Ababa. The current study took only 218 participants were taken for this investigation.

Moreover, from 218 total participants, 23 participants did not complete the administered scaled questionnaires. Therefore, this might have an impact on the generalizability of the study. Further, this study used quantitative data only which were prone to response biased of respondents.

1.7 Operational definition

- **Burnout:** refers to a state of physical, emotional, and mental exhaustion caused by prolonged periods of stress. It is measured using the Maslach Burnout Inventory, which assesses three sub-scales: emotional exhaustion, depersonalization, and personal accomplishment.

- **Psychological well-being:** refers to an individual's overall state of health and happiness. It is measured using the Ryff Psychological Well-being Scale, which consists of six sub-scales: autonomy, environmental mastery, personal growth, positive relations with others, and purpose in life, and self-acceptance (Ryff, 1989).
- **Spirituality:** refers to an individual's beliefs, values, and experiences related to the transcendence of self and connection to something greater. It is measured using the Spirituality Experience Index Revised, which includes two sub-scales: spiritual openness and spiritual support (Genia, 1991).
- **Spiritual Maturity:** is defined as having firm spiritual convictions while maintaining high tolerance for a court of beliefs. It is associated with self-esteem, lower intolerance of ambiguity and lower dogmatism in participants (Genia, 1991).
- **Mental Health Professionals:** are mental health practitioners working as psychiatrists, clinical psychologists, counseling psychologists, psychologists, psychiatry residents and psychiatric nurses in providing health (Health, 2020).

Chapter Two: Review of related literature

2.1 Introduction

This chapter reviews the existing literature relevant to the study's objectives, focusing on the experience of burnout among mental health professionals, the relationships between spirituality, burnout, and psychological well-being, and the potential variances in these constructs across demographic factors. The chapter provides a comprehensive overview of previous research findings, theoretical frameworks, and empirical evidence that underpin the current study's hypotheses and research questions. The aim is to contextualize the study within the broader field of mental health professional well-being and to highlight the gaps and contributions that this research seeks to address.

2.2 Burnout experience of mental health professionals

Burnout among mental health professionals is a serious issue that can impact the quality of care provided to individuals seeking help for mental health concerns. Several studies have explored this topic and provided valuable insights into the experiences of mental health professionals facing burnout. One study conducted by Maslach and Jackson (1981) examined the dimensions of burnout and identified emotional exhaustion, depersonalization, and reduced personal accomplishment as key components. Another study by Awa, Plaumann, and Walter (2010) investigated the factors contributing to burnout among mental health professionals. They found that high job demands, a lack of social support, and low job control were significant predictors of burnout.

Furthermore, a systematic review by Farber, et al. (2018) explored the impact of burnout on mental health professionals' well-being and job performance. The review highlighted the negative consequences of burnout, including decreased job satisfaction, increased turnover intentions, and compromised patient care. In Ethiopia context researches have highlighted various factors contributing to burnout among mental health professionals in

Ethiopia, including high workload, limited resources, lack of support from supervisors, and exposure to traumatic experiences of clients. Additionally, stigma surrounding mental health in the country can also add to the stress experienced by professionals working in this field (Krok, 2008).

2.3 Mental health professionals Spirituality and burnout

Research on the relationship between mental health professional spirituality and burnout has gained attention in recent years. Several studies have explored the role of spirituality in mitigating burnout and promoting well-being in this population.

Studies have shown that spirituality can play a significant role in buffering against burnout among mental health professionals. In Ethiopia, where spirituality and religion are integral parts of the culture, exploring the intersection of spirituality and burnout among mental health professionals is particularly relevant (Mekonnen et al., 2022).

One study by Koenig, et al. (2012); Rosmarin, et al. (2011); Vanhooren, et al. (2017) examined the association between spirituality and burnout among mental health professionals. They found that higher levels of spirituality were associated with lower levels of burnout, suggesting that spirituality can serve as a protective factor against burnout. That means they have an inverse relationship between the two variables.

Some literature suggests that mental health professionals who draw on their spirituality as a source of strength and resilience may be better equipped to cope with the stress and emotional demands of their work (Laverdière et al., 2018). Spirituality can provide a sense of purpose, meaning, and connection to something greater than oneself, which can help professionals navigate the challenges of working in the mental health field. However, it is important to note that the relationship between spirituality and burnout is complex and may vary depending on individual beliefs and practices (Mekonnen et al., 2022).

Additionally, a study by Fitchett, Johnson, and Hicks (2011) explored the role of spirituality in the well-being of mental health professionals. The findings revealed that mental health professionals who reported higher levels of spiritual well-being also reported higher levels of job satisfaction and lower levels of burnout. This suggests that spirituality can play a significant role in promoting well-being and job satisfaction among mental health professionals.

2.4 Mental health professionals spirituality and psychological well-being

The topic of mental health professionals, spirituality and psychological wellbeing is a compelling area of study. Numerous researchers have explored the relationship between spirituality and mental health, particularly among mental health professionals themselves. Studies conducted by Dierendonck et al. (2019); Rosmarin et al. (2017); Smith et al. (2018) examined the impact of spirituality on psychological wellbeing among mental health professionals. The study found that mental health professionals who reported higher levels of spirituality also reported better psychological wellbeing, including lower levels of stress and burnout. A mental health professionals who had a strong sense of spirituality experienced higher levels of job satisfaction, engagement, and overall psychological wellbeing (Dierendonck et al., 2019). Similarly, spirituality was associated with positive mental health outcomes, including lower levels of depression and anxiety, and higher levels of life satisfaction and resilience.

Research depicts on the relationship between mental health professional spirituality and psychological well-being has shown that spirituality can be a protective factor against stress and burnout in this population. Studies have indicated that mental health professionals who incorporate spiritual practices into their lives may experience higher levels of psychological well-being, including lower levels of anxiety, depression, and emotional exhaustion (Hunsaker, 2019; Park, 2006).

As we know in our context, spirituality and religion are deeply ingrained in the culture, understanding how mental health professionals' spiritual beliefs and practices impact their psychological well-being is crucial. So, it needs a deep digging.

2.5 Mental health professionals burnout and psychological well-being

The topic of mental health professional burnout and psychological wellbeing has received a lot of attention in recent years. Many researchers have explored the relationship between burnout and psychological wellbeing among mental health professionals. A study conducted by Maslach et al. (2017) focused on the prevalence and impact of burnout among mental health professionals. The study found that high levels of burnout were associated with decreased psychological wellbeing, including increased levels of stress, anxiety, and depression.

Another study by Mealer et al. (2018) examined the factors contributing to burnout among mental health professionals and its impact on psychological wellbeing. The findings revealed that factors such as high workload, lack of support, and emotional exhaustion were significant predictors of burnout, which in turn had negative consequences for psychological wellbeing. Overall several studies have depict how burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, can impact the psychological well-being of mental health professionals.

Findings suggest that mental health professionals experiencing burnout are more likely to report symptoms of anxiety, depression, and overall reduced psychological well-being. The demands of the job, exposure to clients' trauma, high workload, and lack of organizational support are some factors that contribute to burnout among mental health professionals, leading to negative effects on their psychological well-being (Ananya, 2016).

2.6 Gender and spirituality, burnout and psychological wellbeing

The topic of mental health professional gender and spirituality is an interesting area of study that explores the potential differences in spirituality among male and female mental health professionals. A study conducted by Hall (2016); Smith et al. (2018) examined the relationship between gender and spirituality among mental health professionals. The findings indicated that female mental health professionals reported higher levels of spiritual wellbeing compared to their male counterparts. This suggests that there may be gender differences in the experience and expression of spirituality in this professional context. Similarly study by Tixier et al. (2018) investigated the role of gender in the spiritual beliefs and practices of mental health professionals. The study found that female mental health professionals were more likely to engage in spiritual practices and hold spiritual beliefs compared to male professionals.

These findings suggest that there may be gender variations in the ways mental health professionals incorporate spirituality into their personal and professional lives (Thanki & Pestonjee, 2022). Smith et al. (2018) found that female mental health professionals reported higher levels of burnout compared to their male counterparts. This could be attributed to various factors such as work-related stress, societal expectations, and the emotional demands of the profession. However, it is important to note that this study had a small sample size and may not be generalizable to all mental health professionals. On the other hand, a meta-analysis by Johnson et al. (2019) found no significant gender differences in burnout among mental health professionals. The researchers analyzed data from multiple studies and concluded that factors such as workload, job satisfaction, and organizational support were stronger predictors of burnout than gender.

Regarding the relationship between mental health professional gender and psychological wellbeing, several studies have found that both male and female mental health

professionals play a crucial role in promoting positive mental health outcomes (Krok, 2008; Lyonette & Yardley, 2006; Tréhout & Bui, 2023). However some studies have found that female mental health professionals tend to be more empathetic and nurturing, which can create a supportive environment for clients (Ananya, 2016; Hugo, 2001). On the other hand, male mental health professionals may bring a different perspective and communication style, which can also be beneficial for certain individuals (Hunsaker, 2019; Watson, 2015). However, it is important to note that the impact of mental health professional gender on psychological wellbeing is complex and can vary depending on multiple factors, such as the individual's personal preferences and the specific nature of the mental health concern.

It is also crucial to consider the cultural and societal contexts in which mental health services are provided, as these factors can influence individuals' perceptions and experiences.

2.7 Work experience and spirituality, burnout, psychological well-being

According to Koenig, McCullough, and Larson (2001) study finding indicate that mental health professionals who had a strong sense of spirituality reported higher levels of psychological well-being and lower levels of burnout. This suggests that spirituality can serve as a protective factor against burnout and contribute to overall psychological well-being in this profession. Another study by Sinclair et al. (2016) examined the relationship between work experience and burnout among mental health professionals. The findings indicated that mental health professionals with more years of experience were less likely to experience burnout. This suggests that work experience may contribute to the development of coping strategies and resilience, which can help mitigate the risk of burnout in this field.

2.8 Age and spirituality, burnout, Psychological well-being

The relationship between age, with spirituality, burnout, and psychological well-being among mental health professionals is an interesting area of study. On the study of Wachholtz and Rogoff (2013) explored the relationship between age, spirituality, and psychological

well-being among mental health professionals. They found that older mental health professionals tend to have higher levels of spiritual well-being, which in turn is associated with greater psychological well-being. This suggests that age of MHP's influence spirituality, which in turn impacts the psychological well-being of mental health professionals.

In terms of burnout, a study by Maslach, Schaufeli, and Leiter (2001) examined the relationship between age and burnout among various professions, including mental health professionals. They found that younger mental health professionals tend to experience higher levels of burnout compared to their older counterparts.

2.9 Theoretical and conceptual framework

2.9.1 Theoretical framework

Mental health professional wellbeing research has made extensive use of quite a number of theoretical frameworks to account a better care and service for clients. However, Conservation of resource theory (Stevan E. Hobfoll), Self-Determination theory (Edward L. Deci and Richard M. Ryan) and Job demand resource model (Arnold B. Bakker and Evangelia Demerouti) are the major one that the current study employees as general framework in order to understand the relationship between burnout, psychological wellbeing and spirituality of MHP's. Need of multiple theory is helps to understand the variables form various view of point.

2.9.1.1 Conservation of Resources (COR) Theory

This theory posits that individuals strive to obtain, retain, protect, and foster resources, and that resource loss or a lack of resource gain can lead to stress and burnout (Sun & Pan, 2008). In the context of mental health professionals, this theory could help explain how the depletion of personal, social, or job-related resources may contribute to burnout. The Conservation of Resources Theory was proposed by Stevan E. Hobfoll in 1989, suggests that

individuals are motivated to acquire, preserve, and protect their valued resources to prevent resource loss or gain additional resources. In the context of this study, spirituality can be viewed as a personal resource that mental health professionals may utilize to cope with burnout and enhance their psychological well-being (Allen, 2023).

To measure the concepts related to the Conservation of Resources Theory in this study, expected to use a validated scales and instruments. For spirituality, could use tools; Spiritual Experiences index to assess the spiritual beliefs and practices of mental health professionals. For burnout, could utilize the Maslach Burnout Inventory (MBI) to measure emotional exhaustion, depersonalization, and reduced personal accomplishment. Finally, for psychological well-being, could employ scales like the Ryff Psychological Well-Being Scale (RPWB) to evaluate mental health professionals' overall psychological functioning and sense of well-being. By utilizing these measurement tools, it's possible to gather quantitative data that will allow to assess the relationships between spirituality, burnout, and psychological well-being among mental health professionals in governmental hospitals in Addis Ababa, Ethiopia, in line with the Conservation of Resources Theory.

2.9.1.2 Self-Determination Theory (SDT)

This theory emphasizes the importance of intrinsic motivation, autonomy, and relatedness in promoting psychological well-being. In the context of the study objectives, SDT could help explore how spirituality, as an intrinsic motivator, influences the psychological well-being of mental health professionals and how autonomy and relatedness needs impact burnout levels (Babenko, 2018). The Self-Determination Theory (SDT) is a macro theory of human motivation and personality developed by Edward L. Deci and Richard M. Ryan in the 1980s. SDT focuses on the intrinsic and extrinsic motivations that drive human behavior and emphasizes the role of autonomy, competence, and relatedness in fostering psychological well-being and optimal functioning (Ryan & Deci, 2000).

In the context of this study on spirituality, burnout, and psychological well-being among mental health professionals in governmental hospitals in Addis Ababa, Ethiopia, the Self-Determination Theory can provide insights into how the fulfillment of basic psychological needs influences individuals' motivation, engagement, and well-being in the workplace.

2.9.1.3 Job Demands-Resources Model

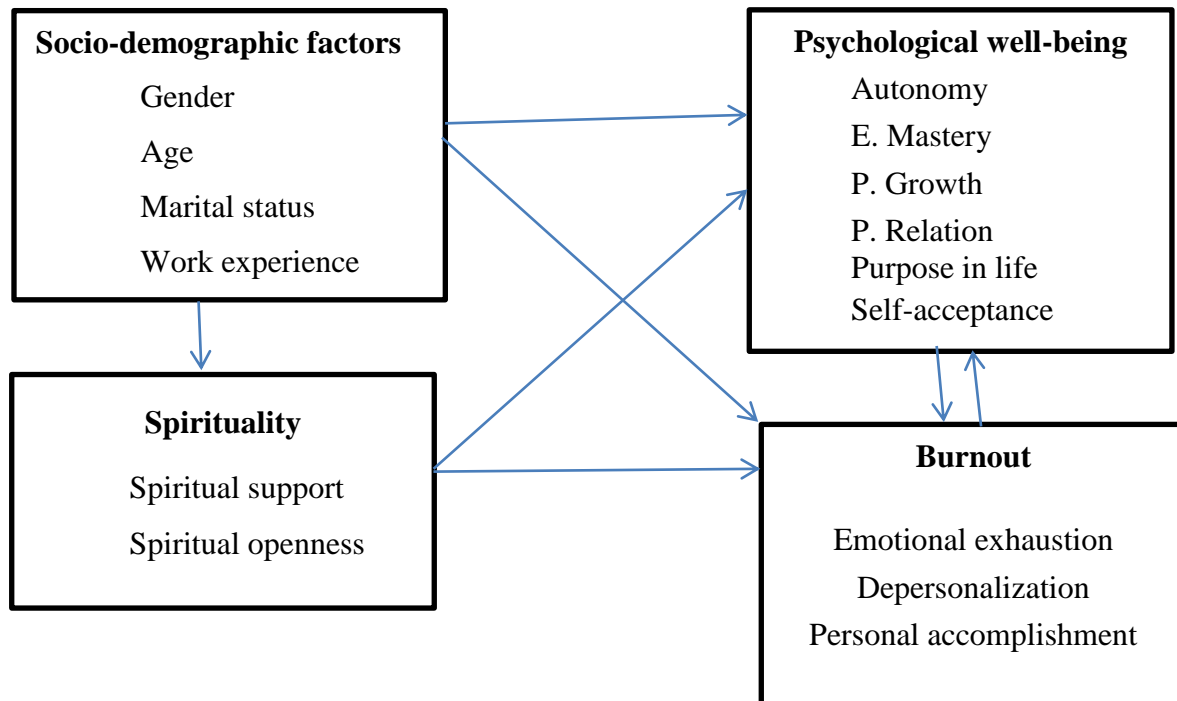
This model suggests that job demands (such as workload, emotional demands) and job resources (such as social support, autonomy) influence employee well-being and performance. Within this study, spirituality could be considered as a personal resource that may buffer the negative effects of burnout on psychological well-being among mental health professionals in governmental hospitals in Addis Ababa. These theories can help provide to understand the relationships between spirituality, burnout, and psychological well-being.

The Job Demands-Resources (JDR) Model was developed by Arnold B. Bakker and Evangelia Demerouti in the early 2000s. This model proposes that job demands and job resources have distinct impacts on employee well-being and performance. Job demands refer to aspects of the job that require sustained effort and are associated with physiological and psychological costs, such as workload and emotional demands. Job resources, on the other hand, refer to aspects of the job that help employees achieve work goals, reduce job demands, and stimulate personal growth and development, such as social support and autonomy (Baka, 2015).

Within this study, the JDR Model can frame the understanding of how job demands (e.g., workload, emotional demands related to dealing with patients' mental health issues) and job resources (e.g., social support from colleagues, opportunities for professional development) may influence the mental health professionals' well-being outcomes (Baka, 2015; Tesi, 2021). By incorporating the concepts of the JDR Model and using appropriate

measurement tools, this study will assess the job demands and resources interact with mental health professionals' spirituality, burnout, and psychological well-being in the selected governmental hospitals in Addis Ababa, Ethiopia.

2.9.2 Conceptual framework



Chapter Three: Research Methodology

3.1 Introduction

This chapter presents how study was conducted. Further describes the research design, study area, participant of the study, population of the study, sample size and techniques, data collection instrument, pilot testing, data collection procedure, methods of data analysis and ethical consideration of the present investigation.

3.2 Research Design

The aim of this study was to assess the relationship between mental health professionals' spirituality, burnout, and psychological well-being in some selected governmental hospitals in Addis Ababa, Ethiopia. The study used quantitative approach and a correlation research design to examine how the independent variable (age, experience, marital status and gender) and predictor variable (spirituality) are correlated with the dependent variable (burnout and psychological well-being). The logic behind using correlation research design, because it provides an opportunity to measure the degree of relationship between two or more variables (Croswell, 2012). It can be used to assess behavior as it occurs in people's everyday life (Stangor, 2011). The study also employed cross-sectional study that enabled to investigate population with different demographic characteristics in the sometime. Therefore, it is suitable research method to the present study.

3.3 Research Site

The study was conducted in selected governmental hospitals in Addis Ababa, Ethiopia. The following four public hospitals were chosen as target sites: St. Amanuel Mental Specialized Hospital, Kotebe General Hospital, Tikure Anbesa Specialized Hospital, and St. Paul's Hospital. According to the National Mental Health Strategic Plan, St. Amanuel Mental Specialized Hospital and Kotebe General Hospital have a combined total of 418 inpatient

beds, making them the only two public hospitals with extensive inpatient services. Additionally, Tikure Anbesa Specialized Hospital and St. Paul’s Hospital are among the top facilities with a higher number of mental health professionals (MHPs).

These four hospitals were selected due to their superior mental health services and focus, which results in a higher number of cases being referred to these hospitals. Given the national shortage of MHPs, the concentration of cases in these hospitals was expected to be a significant predictor of burnout among the professionals.

3.4 Population of the study

The study targeted 480 mental health professionals (MHPs) selected from four public mental health hospitals in Addis Ababa, Ethiopia. Specifically, the targeted population included 351 MHPs from Amanuel Mental Specialized Hospital, 52 from Kotebe General Hospital, 33 from Tikure Anbesa Specialized Hospital, and 28 from St. Paul’s Hospital. The MHPs included psychiatrists, clinical psychologists, counselling psychologists, psychologists, psychiatry residents, and psychiatric nurses working or practicing within these selected hospitals. To ensure a comprehensive inclusion of potential participants, a minimum work period of one year was set due to the limited number of MHPs. The total estimated population size from the four hospitals was 480.

Table 1: Sample Frame

Name of the Center	Male (n)	Female (n)	Total (n)
Tikure Anbesa Specialized Hospital	17	16	33
St. Paul's Hospital	12	16	28
Amanuel Mental Specialized Hospital	168	183	351
Yeka Kotebe General Hospital	52	16	68
Total	249	231	480

3.5 Sampling and Sample Size Determination

Participants for the research were selected using a probability sampling method to ensure a representative sample of the population. To achieve gender proportionality and avoid over- or under-representation, a proportional stratified random sampling technique was employed, following Creswell's (2014) guidelines. This approach ensured that both genders were proportionally represented based on their actual distribution within the population.

Samples were taken from each hospital, with mental health professionals (MHPs) categorized based on sex using stratified sampling. The proportional allocation technique was applied; meaning the sample size of each stratum was proportional to the number of individuals within that stratum. This method helps to ensure that the sample accurately reflects the population's demographics.

The sample size was determined using Yamane's (1967) formula, which is known for providing a more robust sample size compared to traditional sample size determination tables and online calculators.

The formula used was:

$$n = \frac{N}{1 + (e)^2} = \frac{N}{1 + N(e)^2}$$

Where: n = sample size

N = population size (480)

e = margin of error (0.05)

Applying this formula:

$$n = \frac{480}{1 + 480(0.05)^2} \approx 218$$

Thus, the calculated sample size was approximately 218 MHPs, representing the population of 480 with a 95% confidence interval and a 5% margin of error. To account for potential non-responses, an additional 10% (approximately 22 MHPs) was included, bringing the total sample size to 240 respondents. This sampling strategy ensured that the selected

sample was representative of the broader population of MHPs, facilitating reliable and valid research findings.

Table 2: Sample size by gender per stratum

S.N	Categories	Gender		Total Sample
		<i>Male</i>	<i>Female</i>	
1	Tikure Anbesa Specialized Hospital	8	7	15
2	St. Paul's Hospital	6	7	13
3	Amanuel Mental Specialized Hospital	76	83	159
4	Yeka Kotebe General Hospital	24	7	31
Total		113	105	218

3.6 Research Variables

Research variables are variables of interest that can be verified during the research process and treated as dependent, predicted and independent group.

3.6.1 Independent Variable

- Gender
- Age
- Work experience
- Marital status
- Spirituality; spiritual openness and spiritual support.

3.6.2 Dependent Variables

- Psychological well-being; autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance.
- Burnout; emotional exhaustion, depersonalization, and personal accomplishment.

3.7 Data Collection Instruments

For his study, the data were collected using standardized scales such as 23 items Spiritual Experience Index, 22 items Maslach Burnout Inventory and 42 items Ryff's Psychological Well-Being Scales adopted and validated by the researchers in the current context. Data related to socio-demographic factors of participants were also collected via demographic questions (age, gender, marital status, and years of experiences).

3.7.1 The Spirituality Experience Index - Revised (SEI-R)

The Spiritual Experience Index was developed to measure spiritual maturity in persons of diverse religious and spiritual beliefs (Genia, 1991). The goal of the 23-item scale that assesses faith and spiritual journey is to avoid imposing any particular faith as part of the questions (Genia, 1997). This is the revised version of the original Spiritual Experience Index which has been shortened into two subscales: Spiritual Support (13 questions) and Spiritual Openness (10 questions). It includes questions such as —I often feel strongly related to a power greater than myself, Sharing my faith with others is important for my spiritual growth., —Learning about different faiths is an important part of my spiritual development and is scored on Likert Scale Rating Systems from strongly disagree to strongly agree.

The reliability coefficient of Spiritual Experience Index – Revised (SEI-R) was found to be very high, with a score of 0.93. This indicates that the test is highly reliable, meaning that it produces consistent results (Genia, 1991). Before conducting the pilot test and main study, a pre-test conducted to check and contextualize the SEI-R scale to Ethiopian context. The SEI-R scale checked for reliability in the pilot testing. The SEI-R further validated to the Ethiopian context by modifying words from Items that are found to be vague or inapplicable.

3.7.2 Maslach Burnout Inventory

The Maslach Burnout Inventory, established by Maslach and Jackson in 1981, used to assess burnout. It was created to assess emotional weariness, depersonalization, and personal achievement (Maslach, Jackson, & Leiter, 1997). It is a 22 item self-report inventory with three sub-scales: emotional exhaustion, depersonalization and personal accomplishment. It includes questions such as —I feel emotionally drained from my work, —I can easily understand how my recipients feel about things, —I feel I treat some recipients as if they were impersonal _objects'.

The frequency column has a 6-point Likert type format which is —Never, —A few times per year, —Once a month, —A few times per month, —Once a week, —A few times per week, and —Everyday. The intensity column is 7 points. The Cronbach alpha of Maslach Burnout Inventory ranges from 0.71 to 0.90 and once a month test retest is 0.60 to 0.80 (Coker, & Omoluabim, 2009). In the pilot testing, the MBI scale was checked for reliability. Afterwards, the was validated to the Ethiopian context by modifying words from Items that are found to be vague.

3.7.3. Ryff's Psychological Well-Being Scales (PWB)

The Ryff Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. Developed by psychologist Carol D. Ryff, the 42-item Psychological Well-being (PWB) Scale measures six aspects of well-being and autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff et al., 2007) adapted from Ryff, 1989).

It includes questions such as I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people, —The demands of everyday life often get me

down], —My daily activities often seem trivial and unimportant to me. Internal consistency coefficients were quite high (between 0.86 and 0.93), as were test-retest reliability coefficients for a subsample of individuals over a six-week period (0.81-0.88) (Springer, & Hauser, 2006). In the pilot testing, the PWB scale checked for reliability and validated to the Ethiopian context. Items that are found to be inapplicable or vague will be removed or modified to improve the reliability of the instrument.

3.8. Procedure

3.8.1. Pilot Study

A pilot study was conducted to assess the clarity, feasibility, and relevance of the data collection instruments before the final data collection phase. The final English version of the questionnaire, which included the Spiritual Experience Index (SEI-R) with 23 items, the Burnout Inventory with 22 items, and the Psychological Well-Being Scale with 42 items, was administered to 22 mental health professionals (MHPs) from Zewditu Memorial Hospital in Addis Ababa. Participants were purposefully selected (9 female and 13 male). The data collected were analyzed using SPSS version 26.

The reliability analysis revealed excellent internal consistency across the scales and sub-scales. The SEI-R demonstrated a Cronbach's Alpha of .93. Sub-scales within the SEI-R, namely Spiritual Support (11 items) and Spiritual Openness (8 items), showed reliabilities of .95 and .79, respectively, after removing four items to enhance reliability. This high reliability for Spiritual Support aligns with previous research indicating that well-defined constructs of spirituality tend to yield higher internal consistency (Underwood & Teresi, 2002). The somewhat lower reliability of Spiritual Openness may reflect the complexity and varied personal interpretations of spiritual openness (MacDonald, 2000).

The Burnout Inventory, with 22 items, showed strong reliability (Cronbach's Alpha = .89). Its sub-scales-Emotional Exhaustion (7 items), Depersonalization (7 items), and Personal Accomplishment (8 items)-demonstrated reliabilities of .84, .91, and .85, respectively.

These findings are consistent with the original validation of the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996) and underlined the robustness of the Depersonalization sub-scale in measuring detachment aspects of burnout (Wright & Cropanzano, 1998). The Psychological Well-Being Scale (42 items) demonstrated excellent reliability (Cronbach's Alpha = .95).

Sub-scales, Autonomy (7 items), Environmental Mastery (7 items), Personal Growth (7 items), Personal Relations (7 items), Purpose in Life (7 items), and Self-Acceptance (7 items) showed reliabilities of .77, .73, .80, .71, .71, and .72, respectively. These results align with Ryff's (1989) findings, confirming high internal consistency across these dimensions of psychological well-being.

Slightly lower reliabilities for sub-scales such as Environmental Mastery and Personal Relations may be attributed to their multifaceted nature (Clarke et al., 2001). Overall, the instruments demonstrated adequate to excellent internal consistency, supporting their reliability for assessing spirituality, burnout, and psychological well-being constructs (see appendix B1,B2,&B3) respectively.

Table 3: Reliability statistics for all scales and sub-scales of the study (N=22)

S.N.	Scales	No items	Reliability (Cronbach's Alpha)
1.	Spirituality experience index	19	.93
1a	Spiritual support	11	.95
1b	Spiritual openness	8	.79
2.	Burnout Inventory	22	.89
2a	Emotional exhaustion	7	.84
2b	Depersonalization	7	.91
2c	Personal accomplishment	8	.85
3	Psychological well-being scale	42	.95
3a	Autonomy	7	.77
3b	Environmental mastery	7	.73
3c	Personal growth	7	.80
3d	Personal relation	7	.71
3e	Purpose in life	7	.71
3f	Self-acceptance	7	.72

3.8.2. Administration of Data Collection

The data collection process for the study involved meticulous preparation, ethical considerations, participant recruitment, and distribution of questionnaires among mental health professionals (MHPs) in selected governmental hospitals in Addis Ababa, Ethiopia. Formal letters of support were obtained from the Addis Ababa University, School of Psychology, and discussions were held with hospital representatives to ensure adherence to ethical guidelines. Participants were recruited based on their willingness to participate voluntarily, and informed consent was obtained before distributing the questionnaires. Clear instructions were provided to participants, and research assistants were available to assist with any queries during the data collection sessions. The completed questionnaires were

collected, and data were entered into a computerized database for analysis, ensuring accuracy and confidentiality throughout the process.

Quality control measures were implemented to monitor data collection procedures, minimize errors, and ensure the integrity of the dataset. Data verification and cleaning procedures were conducted to address any discrepancies or missing information in the collected data. Once the data were cleaned and prepared, they were ready for statistical analysis to examine the relationships between spirituality, burnout, and psychological well-being among MHPs. Overall, the data collection process was conducted systematically, adhering to ethical guidelines, and aimed to gather high-quality data that could provide valuable insights into the well-being of mental health professionals in governmental hospitals in Addis Ababa, Ethiopia.

3.8.3. Scoring

After the data was collected, incomplete questionnaires were identified and mean replacement technique was used to deal missing values. Reversed and negatively stated items were appropriately arranged. Then, the data carefully encoded in to the statistical package for social science (SPSS) and items measure the same domain or subscales were encoded continuously and participants' response for each item were encoded based on the scale value. This scoring criteria delineates proposed cut-off scores for three widely used assessment instruments: the Spirituality Experience Index - Revised (SEI-R), Maslach Burnout Inventory (MBI), and Ryff's Psychological Well-Being Scales (PWB), drawing upon existing evidence and expert recommendations.

Spirituality Experience Index - Revised (SEI-R): The SEI-R, evaluating spiritual support and openness, crucial facets of spirituality, proposes cutoff scores derived from research and expert opinions (Genia, 1991; Genia, 1997). For Spiritual Support, the suggested

cutoffs are: low (13-39), moderate (40-52), and high (53-65). Similarly, for Spiritual Openness, the proposed ranges are: low (10-27), moderate (28-37), and high (38-50).

Maslach Burnout Inventory (MBI): The MBI, assessing burnout across emotional exhaustion, depersonalization, and personal accomplishment domains, proposes cutoff scores delineating levels of burnout (Maslach et al., 1997; Coker & Omoluabim, 2009). For Emotional Exhaustion, the recommended cutoffs are: low (0-9), moderate (10-18), and high (19-36). For Depersonalization, the suggested ranges are: low (0-5), moderate (6-11), and high (12-18). Additionally, for Personal Accomplishment, the proposed categories are: low (0-9), moderate (10-17), and high (18-36).

Ryff's Psychological Well-Being Scales (PWB): The PWB, assessing autonomy, personal growth, environmental mastery, positive relations with others, purpose in life, and self-acceptance, establishes cutoff scores essential for interpreting psychological well-being comprehensively (Ryff et al., 2007; Springer & Hauser, 2006). Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance are classified into low (6-18), moderate (19-27), or high (28-36) categories based on individuals' scores and interpreted accordingly.

3.8.4. Data Analysis

3.8.4.1. Preliminary Data Analysis

Prior to conducting inferential statistical analyses, several assumptions were assessed to ensure the validity and reliability of the results. The assumptions tested included normality, homogeneity of variances, linearity, and independence of residuals.

Normality

Normality of the data distributions was examined through skewness and kurtosis statistics. For the variable Exhaust, the skewness value was 0.458, indicating a slightly positively skewed distribution. Similarly, for the variables Depersonalization and Acceptance, skewness values were 0.452 and -0.462, respectively, also indicating slight positive and negative skewness.

Kurtosis values for these variables were within the acceptable range (-0.210 to 0.329), suggesting approximately normal distributions. However, for the variable Accomplishment, the skewness value was -0.770, indicating a negatively skewed distribution, but the kurtosis value fell within the acceptable range (-0.037) (see appendix, C1).

Homogeneity of Variances

Homogeneity of variances was assessed for the variables Burnout and Psychological Wellbeing. Levene's test of equality of variances was conducted, yielding non-significant results ($p > 0.05$) for both variables, indicating homogeneity of variances across groups (appendix, C3).

Linearity

Linearity assumptions were tested through scatterplot inspections between independent and dependent variables. Visual inspection of scatterplots did not reveal any discernible non-linear patterns, suggesting that the assumption of linearity was met (appendix, C2).

Independence of Residuals

The Durbin-Watson statistic was computed to assess the independence of residuals. The obtained Durbin-Watson value was 1.633, falling between the acceptable range of 1.5 to

2.5. This indicates that there was no significant autocorrelation present in the residuals, thus satisfying the assumption of independence of residuals (see appendix, C4).

Therefore, based on the assumption testing, the results suggest that the data meet the necessary assumptions for conducting a multiple linear regression analysis. Therefore, it is appropriate to proceed with the regression analysis to explore the predictive power of burnout (Emotional Exhaustion and Depersonalization) and spirituality (Spiritual Support and Spiritual Openness) on psychological well-being among mental health professionals

3.8.5. Data Analysis Techniques

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 26. Descriptive statistics, including percentages, means, and standard deviations, were employed to compute demographic variables. Additionally, descriptive statistics were used to examine the extent of spirituality and burnout among mental health professionals concerning age and sex, with tests of significance conducted at an alpha level of 0.05 for all statistical processes.

Pearson's correlation (Pearson's R) was utilized to analyze the relationships between spirituality and burnout, spirituality and psychological well-being, and burnout and psychological well-being among mental health professionals. Independent sample t-test was also computed to assess spirituality, burnout, and psychological well-being as a function of gender.

Furthermore, multivariate analysis of variance (MANOVA) was conducted to determine if there were significant differences among dependent variables (spirituality, psychological well-being, and burnout) simultaneously across demographic factors (marital status and years of experience, of the mental health professionals) simultaneously.

Finally regression analysis was calculated to see the predictive power of spirituality and burnout on psychological well-being.

3.9 Ethical Considerations

In this study, the researcher placed significant emphasis on addressing ethical issues associated with conducting research. Prior to the main data collection phase, formal contact was established with representatives from the selected hospitals by submitting a support letter from the School of Psychology at Addis Ababa University. Subsequently, discussions were held with hospital representatives regarding the research objectives, the instruments to be used, and the institutional ethical guidelines to be followed.

The researcher clearly presented the objectives of the study and ensured that the instruments did not pose any psychological harm to the participants (mental health professionals), as reviewed by the hospital's research board within a week. Approval was then obtained from the hospital coordinators, confirming that the researcher could collect the proposed research data according to the schedule with the possible support of the staff.

Participants were orally informed about the purpose of the study and assured that the information they provided would be kept confidential and used solely for research purposes. After obtaining full consent from the participants, the researcher arranged a convenient location for data collection. Participants were stratified and randomly selected based on their work level. Questionnaires were distributed, with clear instructions provided on how to complete them. Finally, the collected instruments were retrieved by assistant data collectors, and the researcher expressed oral gratitude to the participants.

Chapter Four: Results

The purpose of the present study was to investigate the Relationship between Spirituality, Burnout, and Psychological Well-being among Mental Health Professionals in Some Selected Governmental Hospitals in Addis Ababa, Ethiopia. To this end, scaled quantitative data was performed and sequentially presented in line with research questions. Hence, descriptive statistics (frequency, mean and standard deviation) and inferential statistics such as MANOVA, Pearson product moment correlation coefficient and multiple regression analysis techniques were employed.

4.1. Demographic Characteristics of Participants

The study comprised 217 participants, predominantly male (64.97%) compared to females (35.03%). Age distribution revealed that the majority fell within the 31-40 years age bracket (52.53%), followed by the 20-30 years group (45.16%), with a smaller proportion aged over 40 years (2.52%). Regarding marital status, most participants were married (59.44%), followed by single individuals (30.41%), and a minority were divorced (10.15%). In terms of professional experience, over half of the participants had more than 15 years of experience (54.85%), while smaller percentages had 6-10 years (17.05%) and 11-15 years (14.28%). Fewer participants had less than 5 years of experience (13.82%).

Among the current workplaces, Amanuel Mental Specialized Hospital had the highest representation (67.74%), followed by Yeka Kotebe General Hospital (15.66%), Tikur Anbessa Specialized Hospital (9.69%), and St. Paulos Hospital (6.91%). These demographic insights provide a comprehensive understanding of the participant composition, ensuring the study's relevance and applicability within the context of mental health professionals in similar settings.

Table 4: Demographic characteristics of participants (N=217)

Demographic information	Attributes	Frequency	Percent (%)
Gender	Male	141	64.97
	Female	76	35.03
Age	20-30 years	66	45.16
	31-40 years	129	52.53
	>40 years	22	2.52
Marital status	Single	98	30.41
	Married	114	59.44
	Divorced	5	10.15
Year of experience	<5 years	30	13.82
	6-10 years	37	17.05
	11-15 years	31	14.28
	>15 years	119	54.85
Current place of work	St. Paulos Hospital	15	6.91
	Yeka Kotebe Hospital	34	15.66
	Amanuel Hospital	147	67.74
	Tikur Anbessa	21	9.69

4.2. The Extent of Spirituality among Mental Health Professionals

Descriptive analysis was computed to see the extent of Spiritual Support and Spiritual Openness among 217 participants. The finding portrayed that, Spiritual Support subscale, participants' scores ranged from 12 to 66, with a mean score of 57.06 (SD = 9.01). Based on the cutoff scores, Spiritual Support is categorized into low (13-39), moderate (40-52), and high (53-65) levels. The mean score of 57.06 falls within the high category, indicating that, on average, participants experience a high level of spiritual support. This suggests that the majority of participants perceive themselves as having substantial spiritual resources and a

strong sense of spiritual well-being, which can be crucial for coping with life's challenges and maintaining overall mental health.

In terms of Spiritual Openness, participants' scores ranged from 16 to 47, with a mean score of 33.05 (SD = 6.31). The cut-off scores for Spiritual Openness categorize it into low (10-27), moderate (28-37), and high (38-50) levels. The mean score of 33.05 falls within the moderate category, indicating that participants generally exhibit a moderate level of spiritual openness to spiritual experiences and beliefs. This moderate level of spiritual openness suggests that while participants are receptive to spiritual ideas and practices, there may be variability in their engagement and exploration of spiritual matters.

Table 5: Descriptive statistics of Spirituality (N=217)

<i>Dimensions</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
Spiritual Support	12.00	66.00	57.05	9.00
Spiritual Openness	16.00	47.00	33.04	6.30

4.3. The Extent Burnout among Mental Health Professionals

Descriptive statistical analysis was computed to evaluate the levels of burnout experienced by the participants. The finding revealed the mean score was 21.80 (SD = 8.11). According to the proposed cut-off scores, a mean score of 21.80 falls into the high category (19-36), indicating that, on average, the mental health professionals in this study experience high levels of emotional exhaustion. The Depersonalization subscale had a range of 39, with scores ranging from 0 to 39. The mean score was 17.80 (SD = 8.50). This means score falls into the high category (12-18) based on the proposed cut-off scores, suggesting that the participants generally experience high levels of depersonalization.

The Personal Accomplishment subscale had a range of 38, with scores ranging from 10 to 48. The mean score was 37.00 (SD = 8.45). According to the proposed cut-off scores, a mean score of 37.00 is categorized as high (18-36). However, for this subscale, higher scores

indicate lower levels of burnout. Thus, the results suggest that the participants generally feel a high sense of personal accomplishment, which is a positive aspect and indicates lower levels of burnout in this dimension.

In over all, the descriptive statistics indicated that mental health professionals in this study experience high levels of emotional exhaustion and depersonalization, suggesting significant burnout in these areas. The high mean score in the Personal Accomplishment subscale indicates a strong sense of competence and achievement among the participants, which may serve as a protective factor against burnout. These findings highlight the need for interventions aimed at reducing emotional exhaustion and depersonalization while fostering personal accomplishment to enhance the well-being of mental health professionals.

Table 6: Descriptive statistics for Burnout (N=217)

Variable	Range	Minim	Maxim.	Mean	Std.
Emotional	37.00	2.00	39.00	21.7972	8.11294
Exhaustion					
Depersonalization	39.00	.00	39.00	17.7972	8.50084
Personal	38.00	10.00	48.00	37.0046	8.44728
Accomplishment					

4.4. The Extent of psychological well-being Among Mental Health Professionals

The present study assessed the psychological well-being of mental health professionals using Ryff's Psychological Well-Being Scales (PWB), which evaluated six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Each dimension's scores were categorized into low (6-18), moderate (19-27), and high (28-36) categories, as established by Ryff et al. (2007) and Springer and Hauser (2006). The descriptive statistics for each dimension are presented below.

Participants' scores on the Autonomy dimension ranged from 14 to 40, with a mean score of 28.05 (SD = 5.49). The mean score fell within the high category, indicating that, on average, mental health professionals perceived themselves as having a strong sense of self-determination and independence. This high level of autonomy suggested that these professionals typically felt confident in their ability to make personal decisions and resist social pressures to conform.

Scores for Environmental Mastery ranged from 12 to 41, with a mean score of 26.96 (SD = 5.63). This mean score was in the moderate category, suggesting that participants generally felt moderately competent in managing their life situations and controlling their environment effectively.

This indicated that while mental health professionals felt capable in their ability to handle daily demands, there might have been areas where they experienced challenges in maintaining control and effectiveness. The Personal Growth dimension had scores ranging from 14 to 40, with a mean score of 27.73 (SD = 5.51). This score was on the cusp between the moderate and high categories, indicating that participants felt they were continually developing and realizing their potential, although there might have been variability in this perception.

This suggested a general trend of personal development and self-improvement among mental health professionals, though individual experiences might have varied. Participants' scores on Positive Relations with Others ranged from 16 to 41, with a mean score of 30.11 (SD = 4.81). This mean score was within the high category, suggesting that mental health professionals generally had warm, satisfying, and trusting relationships with others.

This high level of positive relations indicated strong interpersonal connections and a supportive social network among participants. Scores for the Purpose in Life dimension ranged from 17 to 39, with a mean score of 28.17 (SD = 5.39). This mean score was in the

high category, indicating that participants typically felt their lives had meaning, purpose, and direction. This suggested that mental health professionals were likely to experience a strong sense of purpose and direction, which could contribute positively to their overall psychological well-being.

The Self-Acceptance dimension had scores ranging from 15 to 39, with a mean score of 30.83 (SD = 5.75). This score fell within the high category, suggesting that participants generally possessed a positive attitude toward them and accepted multiple aspects of their personalities.

This high level of self-acceptance indicated that mental health professionals tended to have a favourable view of them, which was crucial for maintaining psychological health and professional efficacy. The findings from this study indicated that mental health professionals generally reported high levels of psychological well-being across most dimensions of Ryff's PWB. Specifically, the high mean scores in Autonomy, Positive Relations with Others, Purpose in Life, and Self-Acceptance suggested that these professionals perceived themselves as independent, capable of maintaining meaningful relationships, having a sense of purpose, and accepting themselves positively.

Moderate scores in Environmental Mastery and Personal Growth suggested areas where some professionals might have felt less competent or perceived a slower rate of personal development. These dimensions highlighted potential areas for targeted support or professional development to enhance overall well-being.

Table 7: Descriptive statistics of psychological well-being (N=217)

Dimensions	Minimum	Maximum	Mean	Std. Deviation
Autonomy	14.00	40.00	28.05	5.49
Environmental	12.00	41.00	26.96	5.63
Mastery				
Personal Growth	14.00	40.00	27.73	5.51
Personal Relation	16.00	41.00	30.11	4.81
Purpose in life	17.00	39.00	28.17	5.39
Self-Acceptance	15.00	39.00	30.83	5.75

4.5. The relationship among Spirituality, Burnout and Psychological Well-Being

The correlation analysis revealed significant positive associations between spirituality and psychological well-being dimensions. Specifically, spiritual support exhibited significant positive correlations with personal growth ($r = .26, p < .01$), personal relationships ($r = .40, p < .01$), purpose in life ($r = .14, p < .05$), and acceptance of self ($r = .21, p < .01$). Similarly, spiritual openness correlated positively with personal growth ($r = .24, p < .01$), personal relationships ($r = .40, p < .01$), purpose in life ($r = .50, p < .01$), and acceptance of self ($r = .44, p < .01$). These findings suggest that higher levels of spirituality are associated with enhanced psychological well-being among mental health professionals in the study context.

Regarding the relationship between burnout and psychological well-being, significant correlations were observed. Emotional exhaustion demonstrated a significant positive correlation with depersonalization ($r = .67, p < .01$) and personal accomplishment ($r = .01, p < .05$). Depersonalization also correlated positively with personal accomplishment ($r = .01, p < .05$). These findings imply that higher levels of emotional exhaustion and depersonalization, indicative of burnout, may negatively impact certain dimensions of psychological well-being, such as personal accomplishment, among mental health professionals in the study setting.

The significant positive correlations between spirituality and various dimensions of psychological well-being underscore the importance of spiritual well-being in promoting overall psychological health among mental health professionals. Higher levels of spiritual support and openness are associated with greater personal growth, stronger personal relationships, a clearer sense of purpose in life, and greater acceptance of self. However, elevated levels of emotional exhaustion and depersonalization are linked to decreased feelings of personal accomplishment, which may compromise overall psychological well-being.

Table 8: Correlation of among Spirituality, Burnout and Psychological Well-Being (N=217)

Variables	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>
1.Support	-										
2.Openness	.29**	-									
3.Exhaustion	.12	.42**	-								
4.Personalization	.07	.23**	.17*	-							
5.Accomplishment	.09	.27**	.20**	.13	-						
6.Autonomy	.15*	.36**	.29**	.45**	.45**	-					
7.Mastery	.07	.20**	.16*	.60**	.64**	.28**	-				
8.Growth	.26**	.24**	.31**	.51**	.66**	-.02	.53**	-			
9.Relation	.40**	.40**	.49**	.39**	.42**	.43**	.58**	.71**	-		
10.Purpose	.14*	.50**	.35**	.35**	.36**	.13*	.39**	.49**	.33**	-	
11.Acceptance	.21**	.44**	.38**	.37**	.38**	.37**	.53**	.64**	.54**	.45**	-

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

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

4.6. Spirituality, Burnout and well-being difference as a function of gender

An independent samples t-test was conducted to compare the means of dimensions of Spirituality, Burnout and psychological well-being between male and female mental health professionals. There was a significant difference in spiritual openness scores between male and female mental health professionals, $t(215)=-2.12, p=.035$. Female professionals reported significantly lower spiritual openness ($M = 32.38, SD = 6.41$) compared to their male counterparts ($M = 34.28, SD = 5.95$). The mean difference was -1.89 , with a 95% confidence interval ranging from -3.65 to -0.14 . This indicated that female mental health professionals may experience lower levels of spiritual openness in their professional roles.

Spiritual openness, often associated with being receptive to new experiences and ideas, is crucial in the dynamic field of mental health. Lower scores in this area could suggest that female professionals might face challenges in adapting to new methodologies or changes in their work environment, potentially impacting their ability to provide flexible and innovative care. There was also significant difference in the sense of accomplishment between male and female mental health professionals, $t(167)=-2.20, P=.029$.

Female professionals reported significantly lower feelings of personal accomplishment ($M = 36.11, SD = 8.67$) compared to male professionals ($M = 38.66, SD = 7.81$). The mean difference was -2.54 , with a 95% confidence interval ranging from -4.89 to -0.19 . This suggests that female mental health professionals might feel less accomplished in their work compared to their male colleagues.

Measure	Gender	M	SD	Levene's F	Df	P
Spiritual Support	Female	57.01	9.26	0.03	215	.919
	Male	57.14	8.58			
Spiritual Openness	Female	32.38	6.41	1.77	215	.035
	Male	34.28	5.95			
Emotional Exhaustion	Female	21.78	8.20	0.06	215	.966
	Male	21.83	8.01			
Depersonalization	Female	18.06	7.84	4.55*	129	.566
	Male	17.32	9.64			
Personal Accomplishment	Female	36.11	8.67	3.50	167	.029
	Male	38.66	7.81			
Autonomy	Female	28.20	5.40	0.16	215	.602
	Male	27.79	5.69			
Environmental Mastery	Female	27.04	5.59	0.02	215	.791
	Male	26.83	5.76			
Personal Growth	Female	28.26	5.18	1.20	215	.054
	Male	26.75	6.00			
Positive Relations	Female	30.12	4.85	0.05	215	.982
	Male	30.11	4.78			
Purpose in Life	Female	28.35	5.38	0.00	215	.517
	Male	27.86	5.45			
Self-Acceptance	Female	30.85	5.68	0.02	215	.953
	Male	30.80	5.93			

Table 9: Spirituality, Burnout and well-being difference as a function of gender (N=217)

4.7. The influence of Age, Gender, and their Interaction on dimensions of spirituality, burnout, and psychological well-being

The multivariate analysis of variance (MANOVA) conducted to explore the impact of age, gender, and their interaction on dimensions of spirituality, burnout, and psychological well-being yielded significant findings.

Across all multivariate test statistics, including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root, the intercept displayed highly significant effects (Pillai's Trace = .979, Wilks' Lambda = .021, Hotelling's Trace = 46.548, Roy's Largest Root = 46.548, $F(11, 169) = 715.148$, $p < .001$).

This indicates substantial differences in the overall mean psychological well-being based on age, gender, and their interaction. Specifically, age exhibited a significant effect on psychological well-being dimensions (Pillai's Trace = 2.759, $F(231, 1969) = 2.853$, $p < .001$), suggesting its considerable influence on individuals' psychological well-being experiences. Similarly, gender also demonstrated a significant effect (Pillai's Trace = .046, $F(11, 169) = .741$, $p = .698$), although the effect size was relatively small, indicating that gender accounts for only a minor proportion of the variance in psychological well-being outcomes. This suggests that while gender plays a role in shaping individuals' well-being experiences, its impact may be overshadowed by other factors such as age, socio-economic status, or cultural background.

Moreover, the interaction effect between age and gender emerged as significant (Pillai's Trace = .787, $F(165, 1969) = .920$, $p < .001$), underscoring the combined influence of these demographic factors on psychological well-being dimensions. Despite a modest effect size (partial eta squared = .072), this finding underlined the intricate relationship between age, gender, and psychological well-being. It suggests that the impact of age on psychological well-being may vary depending on an individual's gender.

Therefore, the findings underscore the significant role played by age, gender, and their interaction in shaping individuals' psychological well-being experiences. Acknowledging these demographic influences provides valuable insights for crafting interventions aimed at improving psychological functioning and fostering well-being. By considering the interplay between age

and gender, practitioners and policymakers can tailor interventions to address the unique challenges and requirements of diverse demographic groups effectively.

Table 10: MANOVA on Influence of Gender and Age on Spirituality, Burnout, and Psychological Well-being Dimensions (N = 217)

Effect	Test statistics	Value	F	Hypo. Df	Error. df	Sig.	Partial Eta ²
Intercept	Pillai's Trace	.97	715.14 ^b	11.00	169.00	.00	.97
	Wilks' Lambda	.02	715.14 ^b	11.00	169.00	.00	.97
	Hotelling's Trace	46.54	715.14 ^b	11.00	169.00	.00	.97
	Roy's Largest Root	46.54	715.14 ^b	11.00	169.00	.00	.97
Age	Pillai's Trace	2.75	2.85	231.00	1969.00	.00	.25
	Wilks' Lambda	.03	3.10	231.00	1681.49	.00	.27
	Hotelling's Trace	4.57	3.31	231.00	1839.00	.00	.29
	Roy's Largest Root	1.41	12.08 ^c	21.00	179.00	.00	.58
Gender	Pillai's Trace	.04	.74 ^b	11.00	169.00	.69	.04
	Wilks' Lambda	.95	.74 ^b	11.00	169.00	.69	.04
	Hotelling's Trace	.04	.74 ^b	11.00	169.00	.69	.04
	Roy's Largest Root	.04	.74 ^b	11.00	169.00	.69	.04
Age * gender	Pillai's Trace	.78	.92	165.00	1969.00	.75	.07
	Wilks' Lambda	.42	.92	165.00	1531.19	.73	.07
	Hotelling's Trace	.91	.93	165.00	1839.00	.72	.07
	Roy's Largest Root	.28	3.39 ^c	15.00	179.00	.00	.22

a. Design: Intercept + Age + gender + Age * gender

b. Exact statistic

4.8. The Influence of Marital Status, experience, and Their Interaction on dimensions of spirituality, burnout, and psychological well-being

Multivariate analysis of variance (MANOVA) was conducted to examine the effects of marital status, year, and their interaction on dependent variables included dimensions of spirituality (spiritual support and openness), burnout (emotional exhaustion, depersonalization, and personal accomplishment), and psychological well-being (autonomy, environmental mastery, personal relations, personal growth, purpose in life, and self-acceptance). The results revealed Significant effects emerged for marital status, year, and their interaction across dimensions of spirituality, burnout, and psychological well-being (MANOVA, Pillai's Trace = .477, $F(22, 372) = 5.292$, $p < .001$, $\eta^2 = .238$; Pillai's Trace = 2.197, $F(143, 2145) = 3.744$, $p < .001$, $\eta^2 = .200$; Pillai's Trace = 1.228, $F(66, 1140) = 4.443$, $p < .001$, $\eta^2 = .205$, respectively).

Marital status demonstrated a notable influence on the dependent variables, indicating its importance in shaping individuals' psychological well-being experiences (MANOVA, Pillai's Trace = .477, $F(22, 372) = 5.292$, $p < .001$, $\eta^2 = .238$). This underscores the relevance of considering marital status as a significant demographic factor in understanding and promoting psychological well-being outcomes.

For instance, married individuals may benefit from higher levels of social support and companionship, contributing to enhanced psychological well-being compared to their unmarried counterparts. Similarly, the significant effect of year highlights the temporal dynamics influencing spirituality, burnout, and psychological well-being (MANOVA, Pillai's Trace = 2.197, $F(143, 2145) = 3.744$, $p < .001$, $\eta^2 = .200$).

Changes in societal norms, economic conditions, or cultural values over time may impact individuals' psychological well-being experiences. For example, societal progress or economic

fluctuations may affect individuals' perceptions of purpose in life and levels of emotional exhaustion. Understanding these temporal variations is crucial for designing interventions that address the evolving psychological well-being needs of individuals across different time periods. Furthermore, the significant interaction between marital status and year suggests that their combined effect on well-being is not merely additive (MANOVA, Pillai's Trace = 1.228, $F(66, 1140) = 4.443$, $p < .001$, $\eta^2 = .205$). This finding underscores the intricate interplay between demographic factors and temporal contexts in shaping individuals' psychological well-being outcomes.

Table 11: MANOVA on Influence of Marital Status and Experience on Spirituality, Burnout, and Psychological Well-being Dimensions (N=217)

<i>Effect</i>	<i>Test statistics</i>	<i>Value</i>	<i>F</i>	<i>Hypo.</i> <i>Df</i>	<i>Error.</i> <i>df</i>	<i>Sig.</i>	<i>Partial Eta</i> ²
Intercept	Pillai's Trace	.96	432.57 ^b	11.00	185.00	.000	.96
	Wilks' Lambda	.03	432.57 ^b	11.00	185.00	.000	.96
	Hotelling's Trace	25.72	432.57 ^b	11.00	185.00	.000	.96
	Roy's Largest Root	25.72	432.57 ^b	11.00	185.00	.000	.96
Marital	Pillai's Trace	.47	5.29	22.00	372.00	.000	.23
	Wilks' Lambda	.57	5.30 ^b	22.00	370.00	.000	.24
	Hotelling's Trace	.63	5.31	22.00	368.00	.000	.24
	Roy's Largest Root	.39	6.67 ^c	11.00	186.00	.000	.28
Experience	Pillai's Trace	2.19	3.74	143.00	2145.00	.000	.20
	Wilks' Lambda	.06	4.19	143.00	1585.33	.000	.21
	Hotelling's Trace	3.47	4.44	143.00	2015.00	.000	.24
	Roy's Largest Root	1.04	15.67 ^c	13.00	195.00	.000	.51

		Root					
Marital * Experience	Pillai's Trace	1.22	4.44	66.00	1140.00	.000	.20
	Wilks' Lambda	.23	4.66	66.00	995.36	.000	.21
	Hotelling's Trace	1.713	4.760	66.000	1100.00	.000	.22
	Roy's Largest Root	.548	9.459 ^c	11.000	190.00	.000	.35

a. Design: Intercept + Marital + Experience + Marital * Experience

b. Exact statistic

The post-hoc analysis, conducted using the Tukey Honestly Significant Difference (HSD) test, revealed statistically significant disparities in various psychological dimensions across different marital statuses. Notable differences emerged when contrasting single individuals with their married counterparts.

Single individuals exhibited significantly higher levels of spiritual support (Mean Difference = -3.2189, SE = 1.03976, $p = .006$), spiritual openness (Mean Difference = -2.3353, SE = 0.82659, $p = .014$), emotional exhaustion (Mean Difference = -3.9418, SE = 0.90161, $p < .001$), depersonalization (Mean Difference = -3.6108, SE = 0.99045, $p = .001$), autonomy (Mean Difference = -2.9361, SE = 0.61568, $p < .001$), environmental mastery (Mean Difference = -1.6464, SE = 0.65623, $p = .034$), persona; relation (Mean Difference = -2.8296, SE = 0.54069, $p < .001$), and self-acceptance (Mean Difference = -2.6740, SE = 0.66187, $p < .001$) compared to married individuals. However, no significant differences were discerned between divorced and married individuals in most psychological variables, indicating potential parallels in psychological experiences between these groups.

Table 12: Post Hoc Comparisons of Psychological Variables by Marital Status

<i>Variable</i>	<i>Marital Status Comparison</i>	<i>Mean Difference</i>	<i>Std. Error</i>	<i>Sig.</i>
Support	Single vs. Married	-3.21*	1.03	.00
	Divorced vs. Married	0.37	3.46	.93
	Divorced vs. Single	-3.59	3.44	.55
Openness	Single vs. Married	-2.33*	0.82	.01
	Divorced vs. Married	-6.32	2.75	.05
	Divorced vs. Single	3.59	2.75	.05
Exhaustion	Single vs. Married	-3.94*	0.90	.00
	Divorced vs. Married	-5.39	3.00	.17
	Divorced vs. Single	5.39	3.00	.17
Depersonalization	Single vs. Married	-3.61*	0.99	.00
	Divorced vs. Married	-0.10	3.29	.99
	Divorced vs. Single	0.10	3.29	.99
Accomplishment	Divorced vs. Single	-8.70*	3.21	.02
Autonomy	Single vs. Married	-2.93*	0.61	.00
	Divorced vs. Married	5.64*	2.04	.01
	Divorced vs. Single	-5.64*	2.04	.01
Mastery	Single vs. Married	-1.64*	0.65	.03
	Divorced vs. Married	-0.91	2.18	.90
	Divorced vs. Single	0.91	2.18	.90
Relation	Single vs. Married	-2.82*	0.54	.00
	Divorced vs. Married	3.71	1.79	.10
	Divorced vs. Single	-3.71	1.79	.10
Purpose	Divorced vs. Single	-4.83	2.26	.08
	Divorced vs. Married	5.70*	2.25	.03
	Single vs. Married	-0.86	0.67	.41
Acceptance	Single vs. Married	-2.67*	0.66	.00
	Divorced vs. Married	3.51	2.20	.25
	Divorced vs. Single	-3.51	2.20	.25

4.9. Exploring the Predictive Power of Spirituality and Burnout on Psychological Well-Being among Mental Health Professionals

A multiple regression analysis was computed to examine the relationship among burnout, spirituality, and psychological well-being among mental health professionals. As the result

indicated, the overall regression model was statistically significant $F(5, 211) = 56.576, p < .001$, indicating predictors accounted for significant amount of variation on the criterion variable in nexus.

The model explained 57.3% of the variance in psychological well-being (criterion variable). Separately, Depersonalization ($\beta = .492, p < .001$), Spiritual openness ($\beta = .192, p < .001$), and Personal accomplishment ($\beta = .232, p < .001$) were significant predictors of psychological well-being. Thus, these finding implied that higher level of personalization, spiritual opens, and personal accomplishment were associated with better psychological well-being status of mental health professionals.

Table 13: Regression Analysis Summary (N=217)

Model	R	R Square	Adj. R	F	t	Sig
1.	.757	.573	.563	16.86	56.57	.000
Predictors	Unstandardized Coefficients	Standardized Coefficients				
Constant	64.86	-			7.07	.000
Spiritual Support	.36	.13			2.77	.006
Spiritual Openness	.77	.19			3.61	.000
Emotional Exhaustion	.36	.11			1.77	.078
Depersonalization	1.47	.49			8.02	.000
Personal Accomplishment	.70	.23			4.94	.000

Dependent Variable: Psychological Wellbeing

Predictors: (Constant), Personal Accomplishment, Depersonalization, Spiritual Support, Spiritual Openness, Emotional Exhaustion

Chapter Five: Discussion of findings

The main purpose of this study was to examine the Relationship between Spirituality, Burnout, and Psychological Well-being among Mental Health Professionals in Some Selected Governmental Hospitals in Addis Ababa, Ethiopia. The study addressed several research questions: the extent of burnout among mental health professionals in Addis Ababa's governmental hospitals, the relationship between spirituality and burnout, how spirituality relates to psychological well-being, the relationship between burnout and psychological well-being, and the influence of demographic factors (age, gender, marital status, years of experience) on spirituality, burnout, and psychological well-being.

5.1. Extent of Burnout among Mental Health Professionals

The study found that mental health professionals in the selected governmental hospitals in Addis Ababa experienced significant levels of burnout, particularly in the dimensions of emotional exhaustion and depersonalization. The mean scores for Emotional Exhaustion (21.80) and Depersonalization (17.80) were high, indicating that a substantial proportion of participants felt overwhelmed and detached from their work. This high level of burnout suggests a critical need for interventions aimed at reducing workload and improving support systems within these hospitals. Local studies corroborate these findings, with Molla, Gedif, and Tadesse (2021) highlighting high burnout levels due to heavy workloads and limited resources in Ethiopian hospitals.

5.2. Relationship between Spirituality and Burnout

The analysis revealed a significant negative correlation between spirituality and burnout among the mental health professionals surveyed. Higher levels of spiritual support and openness were associated with lower levels of emotional exhaustion and depersonalization. This suggests

that spirituality may serve as a protective factor against burnout, potentially by providing a sense of purpose and coping mechanisms for managing stress. Therefore, integrating spiritual resources and support into workplace wellness programs might help mitigate burnout among mental health professionals.

Mekonnen, Yenealem, and Endale (2022) found similar results in Ethiopia, indicating that spirituality helps reduce burnout. However, contradictory findings by Smith et al. (2018) suggest that the relationship between spirituality and burnout can be complex and may not always be straightforward, with some professionals not experiencing significant burnout relief from spiritual practices.

5.3. Relationship between Spirituality and Psychological Well-Being

The study found a significant positive relationship between spirituality and psychological well-being. Higher scores in spirituality dimensions, such as Spiritual Support and Spiritual Openness, were associated with higher scores in psychological well-being dimensions, including Autonomy, Positive Relations with Others, Purpose in Life, and Self-Acceptance.

These findings indicate that spirituality contributes positively to the overall psychological well-being of mental health professionals, suggesting that enhancing spiritual practices and support could improve their well-being. Local evidence supports this, with Tefera, Girmay, and Tadesse (2023) showing that spirituality enhances psychological well-being among Ethiopian healthcare workers. However, Fitchett, Johnson, and Hicks (2011) found no significant relationship in some contexts, indicating that individual differences in spiritual beliefs and practices might lead to varied outcomes.

5.4. Relationship between Burnout and Psychological Well-Being

There was a significant negative relationship between burnout and psychological well-being. High levels of emotional exhaustion and depersonalization were negatively correlated with feelings of personal accomplishment and overall psychological well-being. Conversely, a high sense of personal accomplishment was associated with better psychological well-being.

These findings highlight the detrimental impact of burnout on mental health professionals' well-being and underscore the importance of addressing burnout to enhance their psychological health. Ethiopian research by Fekadu, Abebe, and Alemayehu (2022) supports this, showing that burnout significantly reduces psychological well-being. However, Sinclair et al. (2016) found that in some cases, experienced professionals developed resilience strategies that mitigated the negative impact of burnout on well-being.

5.5. Variance in Spirituality, Psychological Well-Being, and Burnout across Demographic Factors

The MANOVA results indicated significant variances in spirituality, psychological well-being, and burnout across demographic factors such as age, gender, marital status, and years of experience. Age was found to have a considerable impact on well-being experiences, with younger professionals reporting different levels of psychological well-being compared to their older counterparts. Gender showed a minor influence, but the interaction between age and gender revealed complex patterns in how these factors affect well-being. Marital status and professional experience also significantly influenced spirituality, burnout, and psychological well-being. Married professionals and those with more years of experience reported different levels of spirituality and burnout compared to their single and less experienced colleagues.

These findings suggest that tailored interventions considering these demographic variables could be more effective in addressing the specific needs of different groups of mental health professionals. Ethiopian studies by Yigzaw, Alemu, and Mengistu (2023) showed similar demographic influences, though Hall (2016) and Tixier et al. (2018) found inconsistent gender differences in spirituality and burnout, indicating that cultural contexts might affect these relationships.

Chapter Six: Summary, Conclusion, and Recommendation

6.1. Summary of findings

The study aimed to examine the relationships between spirituality, burnout, and psychological well-being among mental health professionals in selected governmental hospitals in Addis Ababa, Ethiopia. To the research problem, the study sought to answer the following research questions.

1. What was the extent of spirituality, burnout, and psychological well-being among mental health professionals in selected governmental hospitals in Addis Ababa, Ethiopia?
2. Was there a significant association among spirituality, burnout, and psychological well-being among mental health professionals in the selected governmental hospitals?
3. Did demographic factors (age, gender, marital status, and years of experience) and their interaction significantly influence dimensions of spirituality, psychological well-being, and burnout among mental health professionals?
4. What was the predictive power of spirituality and burnout on psychological well-being among mental health professionals in the selected governmental hospitals?

The study used a correlation research design to examine how the independent variable (age, experience, marital status and gender) and predictor variable (spirituality) are correlated with the dependent variable (burnout and psychological well-being). Participants for the research were selected using a probability sampling method to ensure a representative sample of the population.

Data was collected and analysed from 217 participants and Key findings are summarized as follows. The finding indicated mental health professionals experienced higher and moderate

level of spiritual support and spirituality openness respectively. Regarding the dimensions of burnout, they showed high level of emotional exhaustion and depersonalization. The extent of Psychological well-being was generally high, particularly in autonomy, positive relation, and purpose in life, while environmental mastery and personal growth were found to be moderate.

The study found a significant positive relationship between spirituality and psychological well-being. Higher scores in spirituality dimensions were associated with higher scores in psychological well-being dimensions (autonomy, positive relations with others, purpose in life, and self-acceptance), indicating that spirituality contributes positively to overall psychological well-being. A significant negative relationship was found between burnout and psychological well-being. High levels of emotional exhaustion and depersonalization were negatively correlated with feelings of personal accomplishment and overall psychological well-being.

There was a significant gender difference between male and female on spirituality. Male professional reported higher level of spirituality (openness) and psychological well-being (personal accomplishment) compared to their female counter parts. Age and marital status also showed on spirituality, burnout and psychological well-being dimensions. Health profession with advanced in age, married, and have more year of experience reported better spirituality, reduced burnout, and psychological well-being dimensions. The regression analysis indicated the overall predictor variables explained 57.3% of the variance on psychological well-being. Spiritual openness, depersonalization, and personal accomplishment were significant predictors of the outcome variable.

6.2. Conclusion

The current study has drawn the following conclusions based on the results obtained: The high levels of burnout, particularly in emotional exhaustion and depersonalization, underscore

the urgent need for interventions to alleviate stress and improve support systems within these hospitals. The significant negative correlation between spirituality and burnout suggests that spiritual support and openness may serve as protective factors against burnout. Integrating spirituality into workplace wellness programs could potentially mitigate burnout among mental health professionals.

The positive relationship between spirituality and psychological well-being indicates that enhancing spiritual practices and support could improve the overall well-being of mental health professionals. This underscores the importance of incorporating spiritual dimensions into holistic well-being interventions. The significant variances in spirituality, burnout, and psychological well-being across demographic factors emphasize the importance of tailored interventions. Understanding how age, gender, marital status, and professional experience influence well-being experiences can inform targeted support strategies for different groups of mental health professionals.

6.3. Recommendations

Based on the findings of this study, the following recommendations are made:

- ❖ As the finding reflect the prevalence of emotional exhaustion and depersonalization among MHPs underscore the urgent need for burnout specific interventions. So, hospitals needs institutionalize periodic stress assessments and mental health screenings to identify at risk professionals.
- ❖ Spirituality was fond to have an inverse relationship with burnout and direct relation with psychological well-being, so, it's recommended that government hospitals needs to integrate a structured spiritual support system in to employee wellness programs. This

may adhere the establishment of dedicated reflection space, access to voluntary interfaith or spiritual counseling, and the organization of resilience based workshops.

- ❖ The Ministry of Health needs to value the psychological well-being of MHPs within its national mental health strategy. This may involve incorporating spirituality and emotional resilience training into pre-service and in-service education for mental health professionals.
- ❖ Future researchers should conduct longitudinal studies on the effects of spirituality on burnout, expand research to diverse healthcare settings, design and evaluate specific interventions to enhance spirituality and reduce burnout, and study how demographic factors influence burnout and well-being to develop tailored interventions.

Reference

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APPENDICES

Appendix A: English version survey questionnaire

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Counseling Psychology Regular Program

A. Description of the Study

The purpose of this study is to explore Spirituality, Burnout and Psychological Well-being among mental health professionals. The questionnaire has four parts which includes demographic data, Spiritual Experience Index, Maslach Burnout Inventory, and Ryff's Psychological Well-being Scales. The information that you provide is highly valuable for the completion of this study. Please note that all responses and information you provide will be kept anonymous and confidential. Thank you for your cooperation.

B. Demographic Data Questions

1. Age _____

2. Gender

Female

Male

3. Marital status

Single

Married/ Partnered

Divorced

Widowed

Separated

4. Years of Experience _____

5. Profession:

Psychiatrist Psychologists Clinical Psychologist Counseling Psychologist

Psychiatric Nurse Psychiatric Residents Other (Specify): _____

6. Your current workplace hospital: _____

A. Spiritual Experience Index (SEI-R)

Direction: Please read each item separately and choose the most accurate answer for you from the alternatives by putting a tick mark “✓” in the box.

1 = *Strongly Disagree*

4 = *Somewhat Agree*

2 = *Disagree*

5 = *Agree*

3 = *Somewhat Disagree*

6 = *Strongly Agree*

Spiritual Support Subscale Questions	1	2	3	4	5	6
1. I often feel strongly related to a power greater than myself.						
2. My faith gives my life meaning and purpose.						
3. My faith is a way of life.						
4. My faith is an important part of my individual identity.						
5. My relationship to God is experienced as unconditional love.						
6. My faith helps me to confront tragedy and suffering.						
7. I gain spiritual strength by trusting in a higher power.						
8. My faith is often a deeply emotional experience.						
9. My faith enables me to experience forgiveness when I act against my moral conscience.						
10. Sharing my faith with others is important for my spiritual growth.						
11. My faith guides my whole approach to life						
Spiritual Openness Subscale Questions	1	2	3	4	5	6
12. I believe that there is only one true faith						
13. Ideas from faiths different from my own may increase my understanding of spiritual truth.						
14. One should not marry someone of a different faith.						
15. I believe that the world is basically good.						
16. Learning about different faiths is an important part of my spiritual						

development.						
17. My spiritual beliefs change as I encounter new ideas and experiences.						
18. Persons of different faiths share a common spiritual bond.						
19. I believe that the world is basically evil.						

B. Maslach Burnout Inventory (MBI)

Direction: Please read each item separately and choose the most accurate answer for you from the alternatives by putting a tick mark “✓” in the box.

0 = *Never*

4 = *Once a week*

1 = *A few times per year*

5 = *A few times per week*

2 = *Once a month*

6 = *Everyday*

3 = *A few times per month*

Section A Questions	0	1	2	3	4	5	6
1. I feel emotionally drained by my work.							
2. Working with people all day long requires a great deal of effort.							
3. I feel like my work is breaking me down.							
4. I feel frustrated by my work.							
5. I feel I work too hard at my job.							
6. It stresses me too much to work in direct contact with people.							
7. I feel like I'm at the end of my rope.							
Section B Questions	0	1	2	3	4	5	6
8. I feel I look at certain patients/clients impersonally, as if they are objects.							
9. I feel tired when I get up in the morning and have to face another day at work.							
10. I have the impression that my patients/clients make me responsible for some of their problems.							

11. I am at the end of my patience at the end of my workday.							
12. I really don't care about what happens to some of my patients/clients.							
13. I have become more insensitive to people since I've been working.							
14. I'm afraid that this job is making me uncaring.							
Section C Questions	0	1	2	3	4	5	6
15. I accomplish many worthwhile things in this job.							
16. I feel full of energy.							
17. I am easily able to understand what my patients/clients feel.							
18. I look after my patients'/clients' problems very effectively.							
19. In my work, I handle emotional problems very calmly.							
20. Through my work, I feel that I have a positive influence on people.							
21. I am easily able to create a relaxed atmosphere with my patients/clients.							
22. I feel refreshed when I have been close to my patients/clients at work.							

C. Ryff's Psychological Well-being (PWB)

Direction: Please read each item separately and choose the most accurate answer for you from the alternatives by putting a tick mark “✓” in the box.

1 = *Strongly Disagree*

2 = *Disagree*

3 = *Disagree slightly*

4 = *Agree slightly*

5 = *Agree*

6 = *Strongly Agree*

Questions	1	2	3	4	5	6
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.						
2. In general, I feel I am in charge of the situation in which I live.						
3. I am not interested in activities that will expand my horizons.						
4. Most people see me as loving and affectionate.						
5. I live life one day at a time and don't really think about the future.						
6. When I look at the story of my life, I am pleased with how things have turned out.						
7. My decisions are not usually influenced by what everyone else is doing.						
8. The demands of everyday life often get me down.						
9. I think it is important to have new experiences that challenge how you think about yourself and the world.						
10. Maintaining close relationships has been difficult and frustrating for me.						
11. I have a sense of direction and purpose in life.						
12. In general, I feel confident and positive about myself.						
13. I tend to worry about what other people think of me.						
14. I do not fit very well with the people and the community around me.						
15. When I think about it, I haven't really improved much as a person over the years.						

16. I often feel lonely because I have few close friends with whom to share my concerns.						
17. My daily activities often seem trivial and unimportant to me.						
18. I feel like many of the people I know have gotten more out of life than I have.						
19. I tend to be influenced by people with strong opinions.						
20. I am quite good at managing the many responsibilities of my daily life.						
21. I have the sense that I have developed a lot as a person over time.						
22. I enjoy personal and mutual conversations with family members or friends.						
23. I don't have a good sense of what it is I'm trying to accomplish in life.						
24. I like most aspects of my personality.						
25. I have confidence in my opinions, even if they are contrary to the general consensus.						
26. I often feel overwhelmed by my responsibilities.						
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
28. People would describe me as a giving person, willing to share my time with others.						
29. I enjoy making plans for the future and working to make them a reality.						

30. In many ways, I feel disappointed about my achievements in life.						
31. It's difficult for me to voice my own opinions on controversial matters.						
32. I have difficulty arranging my life in a way that is satisfying to me.						
33. For me, life has been a continuous process of learning, changing, and growth.						
34. I have not experienced many warm and trusting relationships with others.						
35. Some people wander aimlessly through life, but I am not one of them.						
36. My attitude about myself is probably not as positive as most people feel about themselves.						
37. I judge myself by what I think is important, not by the values of what others think is important.						
38. I have been able to build a home and a lifestyle for myself that is much to my liking.						
39. I gave up trying to make big improvements or changes in my life a long time ago.						
40. I know that I can trust my friends, and they know they can trust me.						
41. I sometimes feel as if I've done all there is to do in life.						
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.						

Thank you for your time and cooperation!

Table 11: Post Hoc Comparisons of Psychological Variables by Marital Status

<i>Variable</i>	<i>Marital Status Comparison</i>	<i>Mean Difference</i>	<i>Std. Error</i>	<i>Sig.</i>
Support	Single vs. Married	-3.21*	1.03	.00
	Divorced vs. Married	0.37	3.46	.93
	Divorced vs. Single	-3.59	3.44	.55
Openness	Single vs. Married	-2.33*	0.82	.01
	Divorced vs. Married	-6.32	2.75	.05
	Divorced vs. Single	3.59	2.75	.05
Exhaustion	Single vs. Married	-3.94*	0.90	.00
	Divorced vs. Married	-5.39	3.00	.17
	Divorced vs. Single	5.39	3.00	.17
Depersonalization	Single vs. Married	-3.61*	0.99	.00
	Divorced vs. Married	-0.10	3.29	.99
	Divorced vs. Single	0.10	3.29	.99
Accomplishment	Divorced vs. Single	-8.70*	3.21	.02
Autonomy	Single vs. Married	-2.93*	0.61	.00
	Divorced vs. Married	5.64*	2.04	.01
	Divorced vs. Single	-5.64*	2.04	.01
Mastery	Single vs. Married	-1.64*	0.65	.03
	Divorced vs. Married	-0.91	2.18	.90
	Divorced vs. Single	0.91	2.18	.90
Relation	Single vs. Married	-2.82*	0.54	.00
	Divorced vs. Married	3.71	1.79	.10
	Divorced vs. Single	-3.71	1.79	.10
Purpose	Divorced vs. Single	-4.83	2.26	.08
	Divorced vs. Married	5.70*	2.25	.03
	Single vs. Married	-0.86	0.67	.41

Acceptance	Single vs. Married	-2.67*	0.66	.00
	Divorced vs. Married	3.51	2.20	.25
	Divorced vs. Single	-3.51	2.20	.25

Appendix B

Cronbach's Alpha and item total statistics of data collection instruments

B1 Spirituality scale

Cronbach's Alpha		N of Items		
.935		19		

Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I often feel strongly related to a power greater than myself.	81.18	339.870	.762	.929
My faith gives my life meaning and purpose.	80.82	356.346	.687	.931
My faith is a way of life.	80.91	344.944	.749	.929
My faith is an important part of my individual identity.	80.82	334.632	.865	.927
My relationship to God is experienced as unconditional love.	80.82	353.013	.659	.931

My faith helps me to confront tragedy and suffering.	81.00	344.381	.767	.929
I gain spiritual strength by trusting in a higher power.	80.86	354.504	.718	.930
My faith is often a deeply emotional experience.	81.23	328.374	.884	.926
My faith enables me to experience forgiveness when I act against my moral conscience.	80.82	358.061	.753	.930
Sharing my faith with others is important for my spiritual growth.	80.95	342.426	.867	.927
My faith guides my whole approach to life	80.73	353.255	.730	.930
I believe that there is only one true faith	80.64	365.195	.554	.933
Ideas from faiths different from my own may increase my understanding of spiritual truth.	81.27	349.732	.609	.932
One should not marry someone of a different faith.	81.55	353.212	.541	.934

I believe that the world is basically good.	81.95	366.141	.346	.938
Learning about different faiths is an important part of my spiritual development.	81.32	356.037	.621	.932
My spiritual beliefs change as I encounter new ideas and experiences.	81.77	363.708	.461	.935
Persons of different faiths share a common spiritual bond.	82.36	353.671	.525	.934
I believe that the world is basically evil.	82.09	371.991	.218	.941

Appendix B2: Burnout inventory

Cronbach's Alpha	N of Items
.891	22

Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I feel emotionally drained by my work.	78.29	522.014	.456	.888
Working with people	76.86	534.629	.380	.889

all day long requires a great deal of effort.				
I feel like my work is breaking me down.	78.38	499.548	.693	.881
I feel frustrated by my work.	78.67	489.833	.676	.881
I feel I work too hard at my job.	77.71	511.814	.518	.886
It stresses me too much to work in direct contact with people.	78.10	492.590	.633	.882
I feel like I'm at the end of my rope.	79.38	479.848	.788	.877
I feel I look alter certain patients/clients impersonally, as if they are objects.	78.67	478.833	.746	.878
I feel tired when I get up in the morning and have to face another day at work.	78.10	500.090	.564	.885
I have the impression that my patients/clients make me responsible for some of their problems.	78.00	501.700	.614	.883
I am at the end of my patience at the end of	78.81	503.462	.631	.883

my workday.				
I really don't care about what happens to some of my patients/clients.	79.48	494.962	.707	.880
I have become more insensitive to people since I've been working.	78.10	491.790	.733	.879
I'm afraid that this job is making me uncaring.	78.10	492.990	.738	.879
I accomplish many worthwhile things in this job.	77.29	537.514	.281	.892
I feel full of energy.	77.43	562.557	.008	.897
I am easily able to understand what my patients/clients feel.	76.62	557.048	.138	.893
I look after my patients'/clients' problems very effectively.	76.81	555.262	.118	.895
In my work, I handle emotional problems very calmly.	76.62	540.848	.372	.890
Through my work, I feel that I have a positive influence on people.	76.90	556.890	.109	.894
I am easily able to	76.76	556.590	.084	.896

create a relaxed atmosphere with my patients/clients.				
I feel refreshed when I have been close to my patients/clients at work.	76.95	538.848	.307	.891

Appendix B3: Psychological Well-Being Scale

Cronbach's Alpha	N of Items
.950	42

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	165.60	1316.989	.299	.950
In general, I feel I am in charge of the situation in which I live.	165.70	1285.800	.574	.949
I am not interested in activities that will expand my horizons.	166.45	1271.524	.627	.948
Most people see me as loving and	165.40	1306.042	.385	.950

affectionate.				
I live life one day at a time and don't really think about the future.	166.50	1264.053	.706	.948
When I look at the story of my life, I am pleased with how things have turned out.	164.95	1325.734	.282	.950
My decisions are not usually influenced by what everyone else is doing.	165.50	1323.526	.290	.950
The demands of everyday life often get me down.	166.45	1271.418	.685	.948
I think it is important to have new experiences that challenge how you think about yourself and the world.	165.35	1282.450	.598	.949
Maintaining close relationships has been difficult and frustrating for me.	166.35	1282.661	.511	.949
I have a sense of direction and purpose in life.	165.25	1298.934	.405	.950
In general, I feel	165.30	1328.011	.210	.951

confident and positive about myself.				
I tend to worry about what other people think of me.	166.15	1257.608	.681	.948
I do not fit very well with the people and the community around me.	166.60	1279.200	.575	.949
When I think about it, I haven't really improved much as a person over the years.	166.65	1269.292	.583	.949
I often feel lonely because I have few close friends with whom to share my concerns.	166.50	1259.737	.654	.948
My daily activities often seem trivial and unimportant to me.	167.00	1253.053	.773	.947
I feel like many of the people I know have gotten more out of life than I have.	166.30	1262.537	.773	.948
I tend to be influenced by people with strong opinions.	166.20	1254.063	.758	.948
I am quite good at managing the many	165.15	1336.345	.149	.951

responsibilities of my daily life.				
I have the sense that I have developed a lot as a person over time.	165.55	1273.418	.612	.949
I enjoy personal and mutual conversations with family members or friends.	165.20	1295.747	.466	.950
I don't have a good sense of what it is I'm trying to accomplish in life.	166.90	1245.042	.783	.947
I like most aspects of my personality.	165.30	1305.695	.390	.950
I have confidence in my opinions, even if they are contrary to the general consensus.	165.15	1301.924	.529	.949
I often feel overwhelmed by my responsibilities.	165.95	1299.524	.511	.949
I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	166.45	1250.366	.828	.947
People would describe me as a giving person, willing	165.95	1291.629	.516	.949

to share my time with others.				
I enjoy making plans for the future and working to make them a reality.	165.35	1300.871	.506	.949
In many ways, I feel disappointed about my achievements in life.	166.30	1277.168	.635	.948
It's difficult for me to voice my own opinions on controversial matters.	166.40	1275.411	.606	.949
I have difficulty arranging my life in a way that is satisfying to me.	166.20	1293.747	.498	.949
For me, life has been a continuous process of learning, changing, and growth.	165.50	1282.684	.580	.949
I have not experienced many warm and trusting relationships with others.	166.15	1291.503	.437	.950
Some people wander aimlessly through life, but I am not one of them.	165.80	1327.642	.186	.951

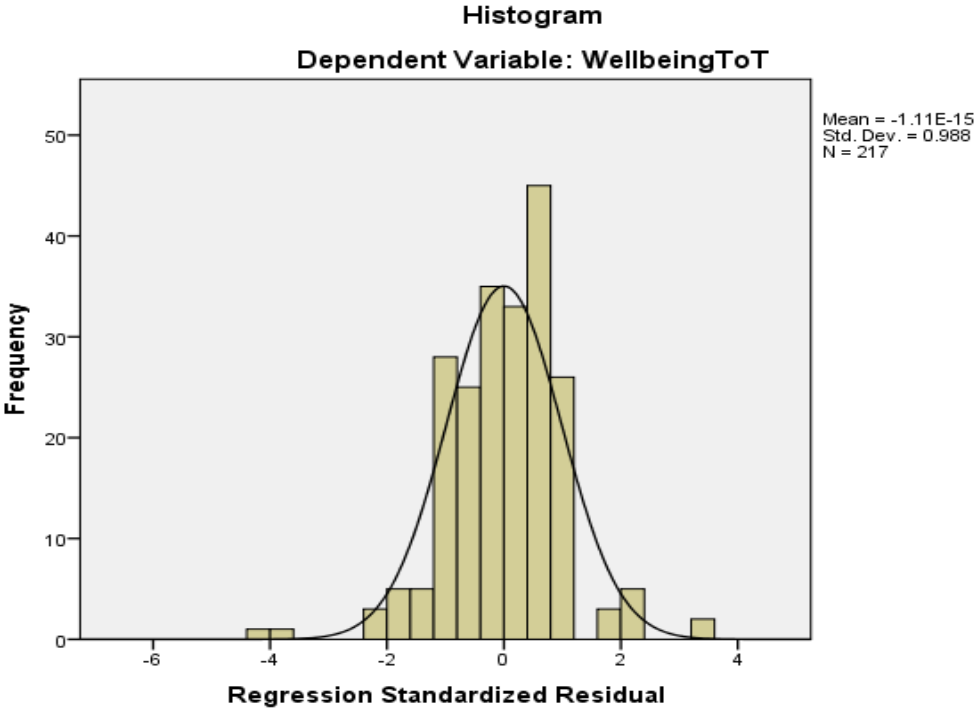
My attitude about myself is probably not as positive as most people feel about themselves.	166.30	1264.642	.676	.948
I judge myself by what I think is important, not by the values of what others think is important.	165.55	1273.734	.665	.948
I have been able to build a home and a lifestyle for myself that is much to my liking.	165.50	1292.474	.620	.949
I gave up trying to make big improvements or changes in my life a long time ago.	165.95	1272.050	.642	.948
I know that I can trust my friends, and they know they can trust me.	165.50	1299.947	.534	.949
I sometimes feel as if I've done all there is to do in life.	165.95	1311.734	.335	.950
When I compare myself to friends and acquaintances, it makes me feel good about who I am.	165.70	1301.695	.473	.949

Appendix C: Test of statistical assumptions Appendix

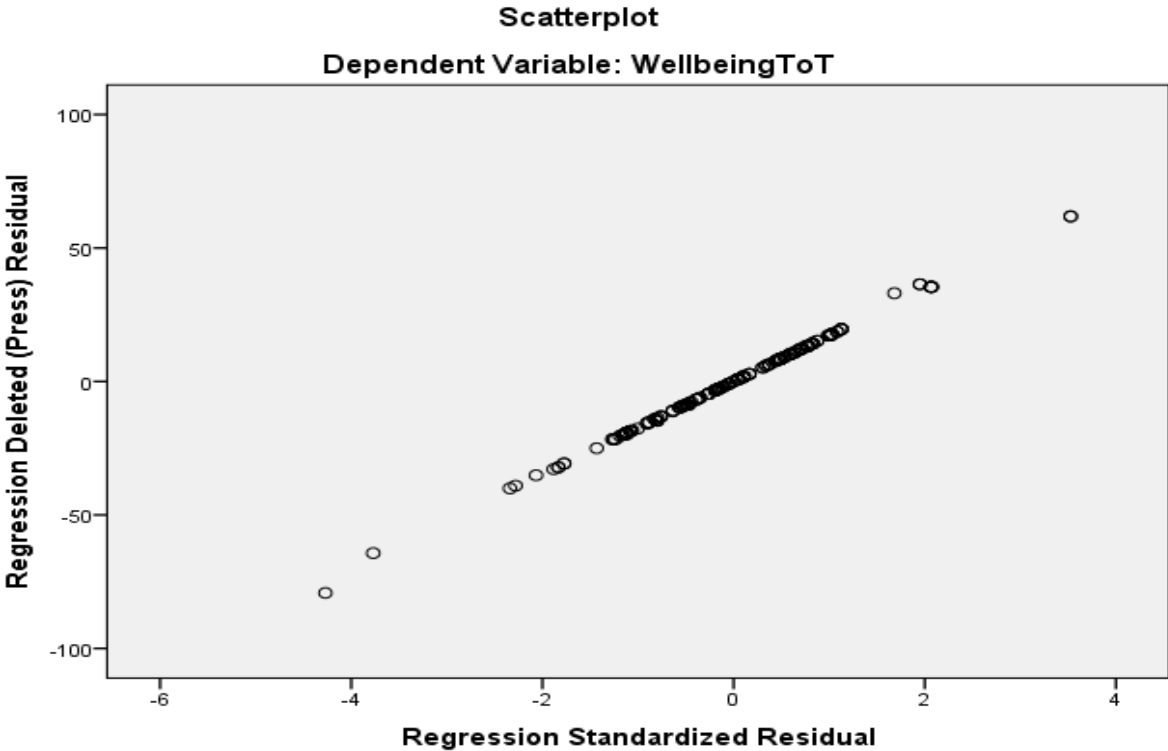
Appendix C1: Normal distribution measure of Skewness and kurtosis

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Exhaust	217	21.797 2	8.11294	.458	.165	-.210	.329
Deprsonalizat ion	217	17.797 2	8.50084	.452	.165	.235	.329
Acomplishme nt	217	37.004 6	8.44728	-.770	.165	-.037	.329
Autonomy	217	28.055 3	5.49467	.085	.165	-.458	.329
Mastery	217	26.967 7	5.63750	.465	.165	.368	.329
Growth	217	27.732 7	5.51450	.075	.165	-.113	.329
Relation	217	30.115 2	4.81323	-.503	.165	.560	.329
Purpose	217	28.179 7	5.39633	.554	.165	-.437	.329
Acceptance	217	30.834 1	5.75665	-.462	.165	-.604	.329
Wellbeing Total	217	171.88 48	25.50691	.419	.165	.296	.329

Appendix C2: Normal probability plot



Appendix C3: Scatterplot of the data (equality of variance Measures)



Appendix C4: Normality Distribution Measures by normal P-P plot of Regression
Standardized Residuals

