

## Original Article

# Job Satisfaction of Mental Health Workers in Psychosocial Rehabilitation Centres in a Rural Area of Greece

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## Abstract

**Background:** The job satisfaction assessment is of great interest for organizations as it is one of the most reliable feedback factors that can provide meaningful information regarding the workers' evaluation of their working environment. These kind of evaluations can be appropriately used to prevent any underlying problems such as burnout, work-related stress, reduced performance, absence from work, retirements, and internal conflicts directly linked to job satisfaction.

**Methods:** The instrument of data collection derived as a combination of two job satisfaction scales, The Minnesota Questionnaire (MSQ) and the Job Describe Index (JDI). The factor analysis resulted to the formation of five factors; "work development", "work features", "work environment", "relations with colleagues" and "decision-making and initiatives". The Cronbach's alpha for the questionnaire items was 0.85, indicating excellent internal consistency of the questionnaire. A cross-sectional study using convenience sampling was conducted with 87 mental health workers derived from 9 psychosocial rehabilitation centres from the public sector in Chania (Crete, Greece). Statistical analysis included student's t-test, Spearman's correlation coefficient and multivariate linear regression. A two sided p-value of less than 0.05 was considered statistically significant. The Statistical Package for Social Sciences (SPSS) program, version 20.0, was used for the statistical analysis.

**Results:** More than two out of three participants (67.8%) were women, 44.8% of the participants were 36-40 years old, 43.7% were 50-64 years old and the remaining 7.23% of the participants were 22-35 years old. The sample majority (55.2%) were university graduates and only 3.6% were holders of post graduate degrees (MSc/PhD). The highest percentage of the participants were nurses (31%), 29.9% were assistant nurses and 11.5% were social workers. 37.9% had a job description of 20 to 29 years and only 18.4% were new entrants. Low to medium levels of job satisfaction were found, while the work features factor had the highest mean score, and the relations with colleagues factor had the lowest score. Multivariate linear regression analyses' results showed that women had higher mean work development score and work features score than men ( $p=0.022$  and  $p=0.039$ , respectively), nurses and/or assistant nurses had lower mean work features score and job satisfaction total score than the other mental health workers ( $p<0.001$  and  $p=0.002$ , respectively) and increased educational level was related with decreased work features score and job satisfaction total score ( $p=0.005$  and  $p=0.011$ , respectively).

**Conclusions:** The low to medium job satisfaction levels imply the need for radical changes regarding all dimensions related to the working conditions encountered in mental health care facilities in Greece.

**Keywords:** job satisfaction, psychosocial rehabilitation centres, mental health, mental health workers

## Background

Nowadays, the assessment of job satisfaction is of great interest from an organizational point of view as it is one of the most reliable feedback factors that can provide meaningful information with regard to the workers' evaluation of their working environment (Petrili, 2007). The data obtained from the evaluations can be appropriately manipulated to prevent any underlying problems such as burnout, work-related stress, reduced performance, absence from work, retirements, and internal conflicts directly linked to job satisfaction (Nika, 2008, Nicolaidou, 2010).

Job satisfaction has been investigated by many specialists (Koustelios, Koustelliou, 1998, 2001). In fact, there is no universally accepted definition (Pyrgiotakis, 1992, Dimitropoulos, 1998, Brouzos 2004), although, according to the international literature, all researchers agree that it is a multidimensional conceptual structure involving several distinct elements (Koutselios and Koustelliou, 2001, Makri-Botsari and Matsangouras, 2003, Brouzos, 2004).

According to Spector (1997), "job satisfaction is the extent to which people love or do not love their job or just how they feel about their work and its various aspects". According to Locke (Locke, 1976, Davis, 2004), job satisfaction is defined as "anything that can positively influence the worker in the direction of his or her work or conditions". Weiss (2002) concludes that "job satisfaction is a behavior". When considered as a matter of behavior, job satisfaction is the positive (or negative) judgement that one shapes for his job or for his working conditions" (Batu, 2009). According to Vroom (1964), job satisfaction is a function of the valence, the attractiveness of work for the individual. Thus, if the result is negative for the worker, the increase in cohesiveness entails a reduction in the workload. If this result is indifferent to the individual, the increase in coincidence will have no effect on valence, and if the result has positive vigor, the vigor of labor also increases. This means that the attractiveness of work and thus the satisfaction that derives for this person is a function of what the person thinks is getting from his/her work and the degree to which these results are desirable for himself/herself.

There are factors that affect positively the individual and contribute to job satisfaction, such

as the worker's autonomy, empowerment (Moraitis and Pepe, 2009, Weaver, 1977), cooperation with other colleagues, social recognition (Sakellaropoulos, 2006, Scott and Bishop, Chen, 2003), the communication among them (Charalambidou, 1996, Blegen, 1993), professional recognition (Sklerou, 2010, Lu, While and Barriball, 2005), professional development (Patsalis and Papoutsaki, 2016, Weaver, 1977), participation in decision making (Antoniadi, 2013, Driscoll, 1978), opportunities for education (Theodorakoglou and Theodorakoglou, 2014), age, gender, educational level (Lapanati, 2012, Clark, 1996) and financial gains (Sytichaki, 2014, Heywood and Wey, 2006).

But there are also factors that lead to job dissatisfaction. As such, the age (Kalleberg and Loscocco, 1983, Schultz and Schultz, 1994), past service, educational level (Charalambidou, 1996), workload (Karasek, Gardell and Lindell, 1987), working conditions and work routine, (Lee and Schuler, 1982), the collision of roles (Wood, Schemerhorn and Osborn, 1998), and the organizational conditions (Kazka and Kirk, 1968, Litwin and Stringer, 1968).

In Greece, a comparative survey of employees' satisfaction conducted in two large hospitals in Attica, a general hospital and a hospital specialising in psychiatric illnesses, showed that in both hospitals the variable of financial earnings was correlated to low levels of satisfaction while that of quality in work environment was correlated to high levels of satisfaction. The results showed that it is essential to find new ways of organising health organisations with a view to empowering employees as well as alternative ways of rewarding staff (Mougia, Capizioni and Andareli, 2009). On a European level, another study aiming exclusively at mental health professionals was conducted in Italy to examine the levels of job satisfaction in psychiatric staff at both hospital and community level. The results made it clear that the majority of the participants were not satisfied with many aspects of their work, while many of them did not even have moderate job satisfaction levels. According to the results, the level of satisfaction was positively correlated with the age of the employees and was significantly lower among hospital staff compared to outpatient staff or those working in the community (Gigantesco et al., 2003).

The **objectives** of this study were to evaluate the job satisfaction of the mental health workers in the psychosocial rehabilitation centres at the boarding schools as well as the hostels and sheltered apartments, where the former residents of psychiatric institutions in the prefecture of Chania now live, and identify the factors (i.e. gender, age, educational level, position in the organisation and years of experience) which positively or negatively affect their job satisfaction.

## Methods

### Study design and sample

A cross-sectional study using convenience sampling was conducted. The study population consisted of 87 mental health workers from 9 psychosocial rehabilitation centres from the public sector in Chania (Crete, Greece). The sample showed a variety of types of occupation: nurses, nursing assistants, psychiatrists, social workers, psychologists, health visitors, occupational therapists, cleaners, cooks assistants, drivers, warehouse keepers and administrative staff. It was a deliberate choice to include all the different types of occupation as dealing with mentally disturbed individuals requires inter-sectoral co-operation in order to meet both the needs of the patients and those of the respective centres.

### Measurement tool

The tool used to assess job satisfaction derived as a combination of two widely used job satisfaction measurement scales, The Minnesota Questionnaire (MSQ) and the Job Describe Index (JDI). The final version of the questionnaire included thirty (n=30) closed-ended questions (apart from the demographics and job characteristics i.e. gender, age, educational level, position in the rehabilitation centres and years of experience). The answers were given based on a 5-point Likert scale, where 1 stood for "Disagree" and 5 stood for "Agree". A higher score indicated a higher attributed level of satisfaction from a certain job characteristic, according to mental health workers' perceptions.

In order to check for structural validity and reliability of the questionnaire, factor analysis was conducted and Cronbach's alfa coefficients were accordingly calculated.

The questionnaire items were categorized into five (5) factors which were determined by the

analysis of main components by rectangular rotation, and on the basis of the scree plot. The factor analysis conducted resulted to the formation of five factors:

- the 1<sup>st</sup> involving items on **work development** (it refers to promotion opportunities, goal achievement, and pay) (2, 4, 5, 6, 7, 14, 28),
- the 2<sup>nd</sup> involving items on **work features** (it refers to capacity utilisation, collaboration and social recognition) (1, 9, 10, 11, 12, 13, 20, 21, 25, 30),
- the 3<sup>rd</sup> involving items on **work environment** (it involves the relevance of the ethical principles of the profession, performance initiatives and the standing of the profession/occupation) (15, 18, 19, 24, 26),
- the 4<sup>th</sup> involving items on **relations with colleagues** (it relates to the nature of the professional relations with colleagues) (8, 16, 27, 29) and
- the 5<sup>th</sup> involving items on **decision-making and initiatives** (it refers to participation in decision-making, individual initiatives and insecurity from the possibility of losing work) (3, 17, 22, 23).

The Cronbach's alpha internal consistency coefficient for the items on work development was 0.80, for the items on work features was 0.91, for the items on work environment was 0.90, for the items on relations with colleagues was 0.91, for the items on decision making & initiatives was 0.89, and for the items on the job satisfaction total score was 0.85, which indicates excellent internal consistency of the questionnaire.

### Statistical Analysis

Categorical and continuous variables are presented as absolute (n) and relative (%) frequencies and mean (standard deviation), respectively. The normality assumption was evaluated using the Kolmogorov-Smirnov criterion ( $p > 0.05$  for all variables), histograms and normal probability plots. Bivariate analyses were conducted and included student's t-test so as to investigate group differences within continuous variables. Spearman's correlation coefficient was used to investigate the relationship between a continuous and a categorical variable. Also, multivariate linear regressions were performed; its results are presented by using the coefficients' beta, the 95%

CI's and the corresponding p-values. A two-sided p-value of 0.05 was considered statistically significant. The Statistical Package for Social Sciences (IBM SPSS) program, version 20.0, was used for statistical analysis.

### **Ethical issues**

Initially the Director of the Psychiatric Sector, the Chief Psychiatrist and the Managing Director of the Nursing Service were briefed and then the Committee in charge of the Mental Health Sector gave written permission for the questionnaire to be circulated within the centres under their control. Finally, the Director and the Head Scientific Officer of each centre were informed.

Participants were orally informed about the purpose and methodology of the study so as to decide whether or not they were willing to participate voluntarily and anonymously. Obviously, there was no pressure to participate in the study and all participants were assured that irrespective of their decision regarding the study, this would have no impact on their working conditions and prospects. Subsequently, the participants were asked to complete the questionnaire without mentioning their personal details (name and surname), which maintained their anonymity. Therefore the informed consent and anonymity of the participants, as well as the confidentiality of the information, were ensured in the best possible way.

The time limitation regarding the completion of the questionnaire was two (2) weeks so that participants were not to be pressured for time and not driven to hasty responses. For further clarifications regarding the ethics or the study the contact telephone numbers and the email addresses of the research team members were also available to the participants. The study was conducted in accordance with the Helsinki Declaration Principles.

### **Study Limitations**

The small sample size and the limited geographical study scope should be taken into consideration as the main methodological weaknesses of the study. Therefore, the results of this study relate to the sample group on which the study was conducted, and cannot be generalised.

## **Results**

### **Demographics and job characteristics**

The study population consisted of 87 health workers from 9 psychosocial rehabilitation centres from the public sector in Chania (Crete, Greece).

More than two out of three participants (67.8%) were women, 44.8% of the participants were 36-40 years old, 43.7% were 50-64 years old and the remaining 7.23% of the participants were 22-35 years old. The sample majority (55.2%) were university graduates and only 3.6% were holders of post graduate degrees (MSc/ PhD).

The highest percentage of the participants were nurses (31%), 29.9% were assistant nurses and 11.5% were social workers. 37.9% had a job description of 20 to 29 years and only 18.4% were new entrants (Table 1).

### **Job satisfaction**

Participants' responses regarding their job satisfaction are shown in Table 2. For 11 items, the mean values were lower than the mid-point of the scale (=3) indicating low to medium levels of job satisfaction. Mean job satisfaction total score was 3.1, standard deviation was 1.2, minimum value was 1.5 and maximum value was 4.1.

Factor analysis identified five (5) job satisfaction factors. Job satisfaction scores on these five factors are shown in Table 3. Work Features factor had the highest mean score, while relations with colleagues factor had the lowest score.

### **Correlations**

Bivariate correlations between the independent variables (gender, age, educational level, position in the rehabilitation centres and years of experience) and the job satisfaction scores and multivariate linear regression analyses' results are shown in Tables 4 and 5, respectively. Multivariate linear regression analyses' results ( $\alpha=0.05$ ) showed that:

- Women had higher mean work development score and work features score than men (standard deviation 0.9 and 0.6, respectively)
- Nurses and/or assistant nurses had higher mean work features score and job satisfaction total score than other mental health workers ( $p<0.001$  and  $p=0.002$ , respectively).
- Increased educational level was related with decreased work features score and job satisfaction total score ( $p=0.005$  and  $p=0.011$ , respectively).

**Table 1:** Demographics and job characteristics of the study participants

Characteristic	N (%)
<b>Gender</b>	
Male	28 (32.2)
Female	59 (67.8)
<b>Age</b>	
22-35 years old	6 (6.9)
36-49 years old	39 (44.8)
50-64 years old	38 (43.7)
<b>Educational level</b>	
High School graduate	14 (16.1)
Graduate of the School of Nursing, Assistant Nursing	22 (25.3)
Graduate of University Education	48 (55.2)
Master of Postgraduate/PhD degree	3 (3.5)
<b>Position in the rehabilitation centres</b>	
Nurse	27 (31.0)
Assistant Nurses	26 (29.9)
Social Worker	10 (11.5)
Other (Psychiatrist, Head of Nursing service Sector, Occupational Therapist, Psychologist, Secretary, Director, Nurse-Coordinator, Head of the Health Center, Driver, Storekeeper, Health Visitor)	24 (27.6)
<b>Years of experience</b>	
1-9	16 (18.4)
10-19	27 (31.0)
20-29	33 (37.9)
30-39	10 (11.5)

Values are presented as absolute (N) and relative (%) frequencies

**Table 2:** Participants' responses regarding their job satisfaction

Item	Mean value	Standard deviation
Q1: My profession is using my abilities and skills	3.6	1.0
Q2: My profession contributes to my professional goals	3.5	1.0
Q3: My profession encourages the perception of individual initiatives	3.6	0.9
Q4: My profession, my ensures an adequate remuneration	3.0	1.2
Q5: The pay of my job corresponds to my qualifications and abilities	2.8	1.2
Q6: The promotion system in my work is fair and meritocratic	2.7	1.3
Q7: Recruitment to my job is done solely on the basis of abilities	2.8	1.4
Q8: Relations with my colleagues are warm and friendly	4.1	0.9
Q9: My profession gives me the prerequisites for working with others	4.0	1.0
Q10: My profession gives me social recognition and acceptance	3.5	1.3
Q11: If I had the choice, I would re-choose the same profession	3.6	1.5
Q12: I would advise others to follow my profession	3.4	1.4
Q13: My profession promotes the community	4.1	0.8
Q14: The policy and guidelines of the structure fit my personality	3.5	1.1
Q15: My profession is not contrary to my moral principles	3.9	1.2
Q16: There is intense competition among my colleagues	2.1	1.1
Q17: The bosses in my job are tough and strict with the existing ones	2.0	1.2
Q18: My profession gives me incentives to increase my performance	2.5	1.2
Q19: The work environment makes a positive contribution to my performance	3.2	1.2
Q20: I'm happy with my working hours	3.9	1.1
Q21: In my work there is clarity about the roles, the duties of each one	2.8	1.3
Q22: It is possible employee involvement in decision-making	3.2	1.6
Q23: I feel insecure about the possibility of losing my job	3.0	1.5
Q24: My work in no case becomes tedious or boring	3.1	1.4
Q25: I face my professional duties as a creative challenge	3.6	1.2
Q26: My work environment is tiring	2.9	1.4
Q27: I'm often absent from my job	1.5	1.1
Q28: My job is fairly remunerating all employees according to their performance	2.0	1.2
Q29: I find ways to avoid too much work	1.5	1.0
Q30: I'm happy with my profession or my job	3.7	1.2

**Table 3:** Job satisfaction scores on the five factors that were identified after factor analysis

Job satisfaction factor	Mean value	Standard deviation
Work development	2.4	0.9
Work features	3.2	0.9
Work environment	2.8	0.6
Relations with colleagues	2.0	0.5
Decision Making & Initiatives	2.5	0.6

**Table 4:** Bivariate analyses between independent variables and job satisfaction scores (dependent variables).

Independent variable	Mean(standard deviation)	P value
<b>Dependent variable: Work development score</b>		
<b>Gender</b>		<b>0.022<sup>a</sup></b>
Male	2.6 (0.7)	
Female	3.0 (0.9)	
<b>Age<sup>b</sup></b>	-0.037 <sup>b</sup>	0.737 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	-0.088 <sup>b</sup>	0.418 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		0.161 <sup>a</sup>
Nurses/Assistant Nurses	2.8 (0.9)	
Other	3.1 (0.7)	
<b>Years of experience<sup>b</sup></b>	-0.040 <sup>b</sup>	0.715 <sup>b</sup>
<b>Dependent variable: Work features score</b>		
<b>Gender</b>		<b>0.014<sup>a</sup></b>
Male	3.3 (0.8)	
Female	3.8 (0.9)	
<b>Age<sup>b</sup></b>	0.052 <sup>b</sup>	0.639 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	-0.175 <sup>b</sup>	0.106 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		<b>&lt;0.001<sup>a</sup></b>
Nurses/Assistant Nurses	3.4 (0.9)	
Other	4.0 (0.6)	
<b>Years of experience<sup>b</sup></b>	0.006 <sup>b</sup>	0.953 <sup>b</sup>
<b>Dependent variable: Work environment score</b>		
<b>Gender</b>		0.214 <sup>a</sup>
Male	3.0 (0.6)	
Female	3.1 (0.6)	
<b>Age<sup>b</sup></b>	0.010 <sup>b</sup>	0.928 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	-0.096 <sup>b</sup>	0.378 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		0.127 <sup>a</sup>
Nurses/Assistant Nurses	3.0 (0.6)	
Other	3.2 (0.5)	
<b>Years of experience<sup>b</sup></b>	-0.078 <sup>b</sup>	0.476 <sup>b</sup>
<b>Dependent variable: Relations with colleagues score</b>		
<b>Gender</b>		0.172 <sup>a</sup>
Male	2.4 (0.6)	

Female	2.3 (0.5)	
<b>Age<sup>b</sup></b>	0.097 <sup>b</sup>	0.382 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	0.028 <sup>b</sup>	0.795 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		0.758 <sup>a</sup>
Nurses/Assistant Nurses	2.3 (0.5)	
Other	2.3 (0.5)	
<b>Years of experience<sup>b</sup></b>	0.116 <sup>b</sup>	0.290 <sup>b</sup>
<b>Dependent variable: Decision making &amp; initiatives score</b>		
<b>Gender</b>		0.649 <sup>a</sup>
Male	2.9 (0.6)	
Female	3.0 (0.6)	
<b>Age<sup>b</sup></b>	-0.084 <sup>b</sup>	0.450 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	-0.163 <sup>b</sup>	0.132 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		0.882 <sup>a</sup>
Nurses/Assistant Nurses	2.9 (0.6)	
Other	2.9 (0.5)	
<b>Years of experience<sup>b</sup></b>	-0.139 <sup>b</sup>	0.201 <sup>b</sup>
<b>Dependent variable: Job satisfaction total score</b>		
<b>Gender</b>		<b>0.030<sup>a</sup></b>
Male	2.9 (0.5)	
Female	3.2 (0.6)	
<b>Age<sup>b</sup></b>	0.023 <sup>b</sup>	0.836 <sup>b</sup>
<b>Educational level<sup>b</sup></b>	-0.159 <sup>b</sup>	0.142 <sup>b</sup>
<b>Position in the rehabilitation centres</b>		<b>0.008<sup>a</sup></b>
Nurses/Assistant Nurses	3.0 (0.6)	
Other	3.3 (0.4)	
<b>Years of experience<sup>b</sup></b>	-0.014 <sup>b</sup>	0.897 <sup>b</sup>

<sup>a</sup>Student's t-test <sup>b</sup>Spearman's correlation coefficient

**Table 5:** Multivariate linear regression analyses with work development score, work features score and job satisfaction total score as dependent variables

Independent variable	Coefficientbeta	95% CI for coefficient beta	P value
<b><u>Dependent variable:</u></b>			
<b>Work development score</b>			
Gender	0.432	0.064 to 0.799	<b>0.022</b>
<b><u>Dependent variable:</u></b>			
<b>Work features score</b>			
Gender	0.382	0.020 to 0.744	<b>0.039</b>
Position in the rehabilitation centres	0.724	0.363 to 1.085	<b>&lt;0.001</b>
Educational level	-0.318	-0.535 to -0.100	<b>0.005</b>
<b><u>Dependent variable:</u></b>			
<b>Job satisfaction total score</b>			
Position in the rehabilitation centres	0.365	0.133 to 0.596	<b>0.002</b>
Educational level	-0.183	-0.322 to -0.044	<b>0.011</b>

## Discussion

This study focused on the assessment of job satisfaction of employees in psychosocial rehabilitation structures for specific factors and then their correlation with demographic data.

The 87 subjects studied are all officials of the public sector. Men represented the minority with 32.2%, while women represented 67.8% of the sample.

The 83 people who completed the age range, 77 were from 36-64 years of age, while only 6 were from 22-35 years of age. The fact can be explained mainly by the memorandum policies of the last few years in Hellas, where public sector recruitment has been reduced to a minimum when retirements are kept at a constant rate (Biskanaki and Charalambous, 2017). For the same reason, the survey shows that 49.4% of employees (43 people) working in the area of 20-39 years, while only 18.4% (16 people) is relatively new employees (1-9 years service).

On the educational level of workers, the majority (48) are presented as higher education graduates, while only 3 people declare holders of postgraduate or doctoral degrees. The increased percentage of higher education graduates demonstrates the conscious choice of employees for the particular health care area beyond the pay factors.

The most frequented specialty consists of nurses of middle and high education with 60.9%, as their contribution to health care is considered to be the most necessary, followed by social workers with 11.5%.

In relation to the research tool used, five individual dimensions of job satisfaction were studied, including workplace development, work characteristics, working environment, relations between colleagues and participation in decision-making, and the possibility of taking initiatives.

Since the dimension of the working development shows that the relationship between capacity, qualification, performance and ensuring a satisfactory payment carries averaged neutral disposal (answer 3). It is speculated that this is due to the fact the salary of civil servants is entirely delimited by law (years of service-rating scale), so the increase in income is not directly related to performance and employee satisfaction. On the other hand, answers satisfaction greater than 3 are attributed to the

perception of the employee for his contribution to the achievement of professional goals and the harmonization of rules and directives of each structure.

The second dimension concerns the characteristics of the work, referring to the use of work skills and competences, the conditions for working with others, providing social recognition and acceptance, choosing the same profession and encouraging others to pursue the same profession, social promotion, working hours and responsiveness as a creative challenge, on average have a positive mood (answer 4). This follows from the nature of work that forces the staff to develop innovative thought to promote the community. It is noteworthy that, with regard to the clarity that exists as to the roles and responsibilities of the workers in the Work Structure, the majority indicates dissatisfaction (answer  $\leq 2$ ). Role of ambiguity relates to the uncertainty experienced by the worker due to his ignorance of the demands of the work and the way in which he/she will meet the expectations of his/her colleagues.

The third dimension relates to the working environment, relates the profession with ethical principles of worker and incentives to improve its performance, presents an average response close to 3, ie neutral. Incentives for workers in mental health is not only limited to economic but include goal setting for improving the care for the guests in the psychosocial structures and achieve their maximum level of reintegration into society. However, the exhaustion of people involved in providing mental health services to humans, a direction that requires a high psychological involvement, results in workers experiencing burnout symptoms after a reasonable period of time.

The fourth dimension concerns the relationship between colleagues, where the average in the question arises with a particularly positive sign ( $\geq 4$ ), which tends to absolute job satisfaction. This dimension reflects the nature of work that requires a collective and sustained effort to improve the quality of life for mentally ill patients and it does not involve competition, as there are no personal incentives for performance.

The fifth and last dimension refers to participation in decision making and the ability to take initiatives and attitudes of superiors towards subordinates presenting an average response that tends to 3 (neutral). The result is

likely to be due to a limited amount of interest and / or partial administrative support for the applicability of innovative thoughts and actions, given and the strict framework of defined protocols at work.

### Conclusions

The psychiatric care sector faces a more general trend of change (Marketos, n.d.). Due to the economic crisis of recent years in Hellas, the population is changing with an ever-increasing number of mental illnesses, the number of mental health professionals is constantly shrinking (Gaki, 2014), while close economic surveillance imposes a reduction in expenditure without affecting the quality of health care services provided (Biskanaki and Charalambous, 2017). In an unstable work environment that combines a demanding or excessive continuous effort, the worker may be confronted with exhaustion abnormal and distancing himself from his work (Rachiotis et al., 2014, Montero-Marin et al., 2011). This has as a consequence a reduction in productivity and efficiency at work, stress, mobility, absenteeism, burnout and work dissatisfaction of mental health professionals. This survey shows that mental health workers are neutral to most of the dimensions surveyed through this research. In particular, with regard to the first dimension of work development, the third dimension concerning the working environment and the fifth dimension of decision-making, the possibility of initiatives and the attitude of superiors towards subordinates, there is a neutral mood on the part of employees. The fourth dimension of the relationship between colleagues enjoys a positive response, in line with the second dimension of work characteristics, where positive mood is also emerging. However, employees' concern and dissatisfaction is associated with ambiguity, shortcomings and gaps in the duties and responsibilities of the employee.

### Suggestions

In the particularly sensitive and difficult area of service provision in the field of psychosocial care, it is estimated that, depending on the circumstances, there is sufficient room for improvement to bring about the necessary modifications as appropriate to the extent possible, in order to further improve work satisfaction workers in psychosocial rehabilitation structures, while improving the daily lives of the mentally diseased. Effective

proposals that could make a positive contribution to professional satisfaction, after adjusting according to the Scope, are:

- Link performance and pay.
- Updating the institution of praise and recognition.
- Improving environmental working conditions.
- Application of worker mobility, every two years between different psychiatric structures (apartments, boarding schools, etc.), after checking and evaluating the conditions of each Structure.
- Encouraging interdepartmental and cross-sectoral communication between mental health care providers.
- Increased participation in decision-making and management policies.
- Accurate clarification of the role of all specialties in the organization/structure.
- Ensuring fair professional development based on qualifications and not mainly on the basis of years of service.
- Life-long learning (conferences, seminars, specialization, postgraduate studies).

The implementation of the above improvement proposals is recorded according to the results of the survey but also taking into account Herzberg's theory of two factors, according to which even if reasons of dissatisfaction are removed, it is not certain that job satisfaction will be achieved. Work satisfaction will be achieved through the application of motivation factors (nature of work, personal sense of success, responsibility), since purely hygienic factors (characteristics of the working environment, business policy, management and supervision, interpersonal relationships) hinder the appearance of dissatisfaction at work (Herzberg, Mausner and Snyderman, 2011, Kondopodi and Dafnomili, 2010).

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