

Psychological Adjustment of Counselling Psychologists in Nigeria During Covid-19 Pandemic Peak Period: Correlate of Self-Efficacy, Emotional Maturity and Religiosity

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Abstract

This examined investigated the relationship between counselling self-efficacy; emotional maturity and religiosity are correlated with psychological adjustment of Nigerian counselling psychologists during the peak of the covid 19 pandemic. Cross sectional design was adopted to sample three hundred and fifty-three (males=47.9 % females=52.1 %) with age range of 22-54 years from Counselling Psychologists in Nigeria. Web-based survey was utilized as platform to distribute the google link containing the questionnaire. Product Moment Correlation (PPMC), Multiple Regression Analysis (MRA) and t-test for independent samples were used as statistical tools and the margin of error for testing the hypotheses was .05. The result showed that there was significant difference in psychological adjustment of respondents based on gender ($t_{(351)} = 2.141, p < .05$). The females were more psychologically adjusted ($\bar{x} = 34.86$) than their male counterparts ($\bar{x} = 32.73$). Further, psychological adjustment was positively correlated with counselling self-efficacy $r(df=351) = .519 P < 0.05$, emotional maturity; $r(df=351) = .557 P < 0.05$ and religiosity ($r(df=351) = .397 P < 0.05$). Regression analysis indicates that the three variables can jointly account for 38 % of variance in predicting the psychological adjustment of counselling psychologists in Nigeria. Counselling self-efficacy was most potent ($\beta = .281, p < 0.05$). The result provided evidence to suggest that the factors considered in this contributed positively to the psychological adjustment of counselling psychologists during the peak period of covid 19 in Nigeria. Counselling psychologists should be screened in order to identify Practitioners who are deficit in these non-cognitive skills.

Keywords: Covid 19 pandemic, counselling psychologist, emotional-maturity, psychological-adjustment, religiosity

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1. Introduction

Workers are the most important factor of every organization because they contribute to increasing the productivity in that organization. This could justify Ariaway et al. (2020) assertion that “employees as the engine that drives the activities of the organisations to achieve goals”, The more psychologically adjusted they are, the better the performance of that organization which will culminate to success in achieving organizational goals. In the current context of covid 19, all employees are been affected or will be affected by the pandemic as there is no employee that is immune to coronavirus. Emergency situations such as the covid-19 pandemic have been associated with psychological maladjustment among workers (Roberts, et al. 2021). Early Studies suggest that covid -19 outbreak may led to an alleviated severity of psychological symptoms especially stress, anxiety and depression (Pierce, et al, 2020) and posttraumatic stress disorder (PTSD) symptoms (Tingo, 2020). Similarly, Pierce, et al, (2020) demonstrated that the covid -19 pandemic has led not only to an extreme state of anxiety among employees but also a decrease in job satisfaction and organizational commitment. Recently, Lai, et al., (2020) reported a covid -19 associated decline in the quality- of -life and psychological well beings of workers especially those in the helping profession such as counselling psychologists.

As a construct in psychology, adjustment is the behavioural process by which humans and other animals maintain an equilibrium among their various needs or between their needs and the obstacles of their environments. Dockett, Griebel and Perry (2017) refer to psychological adjustment as the process whereby a person is able to adapt to changes in their physical, occupational and social environments. It comprises emotional, behavioural, and cognitive aspects of individuals. Psychological adjustment is viewed from two important perspectives, namely, “as an achievement”, and “as a process” Achieving psychological adjustment implies that the individual is effective in doing what he or she was expected to do which has to be judged from certain parameters. However, adjustment as a process entails the interaction of the individual with the external world (Sharma, 2016). Those who are unable to adjust psychologically are more likely to have clinical anxiety, depression, feelings of hopelessness, anhedonia, difficulty concentrating, sleeping problems and reckless behaviour (Watson, 2020) unlike their counterparts who is psychologically adjusted.

Gender differences between male and female in psychological adjustment have been reported though the

finding was inconsistent. For example, For Navarro-Pardo et al., (2012) found that males were more psychologically maladjusted in their study. Noor and Gull (2013) corroborated Navarro-Pardo et al., (2012) findings when they discovered that out of a sample size of 70 Spinal Cord Injured (SCI) patients (35 males and 35 females) the males were more adjusted than the female. On the contrary, Muñoz-Silva et al, (2020) reported that the females were adjusted better than the male and this was achieved by their ability to internalize pathologies such as depressive and anxiety disorders (Navarro-Pardo et al., 2012).

Counselling Psychologists is group of one of the categories of employees who have not benefitted much from research and intervention despite the fact that there are at risk of psychological maladjustment. counseling psychologist assists people with emotional and mental health issues to improve and get rid of feelings of distress. They are responsible for bridging the gap between psychology and humanity. Their role-played major role in Psychological First Aid (PFA) to clients who were either infected with covid-19 or affected by the pandemic all of which placed additional burden on the counselling psychologists. Psychological First Aid (PFA) just as the name denotes is like medical “first aid” or the first-line support for people affected by an emergency, disaster, or other adverse event such as covid 19 pandemic. PFA involves five essential elements of counselling, namely; safety, calming, connectedness, self-efficacy, and hope (Hobfoll et al. 2007). Although higher levels of psychological maladjustment have been reported among the general population during covid 19 pandemic, counselling and other health professionals given their crucial role in managing emergency situations are said to be at greater at risk (Trumello, et. al., 2020). It is therefore, not uncommon that the Counselling Psychologists job which entails urgently assessing needs and concerns of clients who may have contacted the covid 19 virus or those who lost their loved ones to covid 19 (Wu, Styra, Gold & Mitigating, 2020). In addition, there is evidence that Counselling Psychologist focus on the needs of others while neglecting their own needs and personal problems (Ruíz-Fernández et al., 2020).

The health impact of these work-related stresses often neglected by organizations are enormous (Naser, et al. 2020). Previous studies on psychological adjustment examined focused mainly on how it correlates with resilience (Lai et al. 2020; Trumello, et al. 2020), psychological well-being (Roberts, et al. 2021; Varner et al., 2018), and life satisfaction (Nelson et al., 2018). There is therefore, paucity of researches that have examined the how non cognitive factors associated (counselling self-efficacy, emotional maturity and religiosity) correlates with psychological adjustment among counselling psychologist. Further, this research is therefore an attempt to provide empirical data to guide evidenced based prevention interventions for practicing counselling psychologists in Nigeria. As stated earlier that work dysfunctions contributes largely to decreased job satisfaction, increased stress-related problems and conflict situation in the work context. In order to diagnose and treat work dysfunctions there is need to have ample knowledge and understanding of factors associated with psychological adjustment among counselling psychologist. Literature suggests that psychological adjustment and occupational health is influenced by multiple factors. For the purpose of this study three of the factors were examined; work/counselling self-efficacy, emotional maturity and religiosity.

1.1 Work /counselling Self- efficacy

Bandura (1978) Self-efficacy has been widely established in the literature as a critical construct within Social Learning Theory. Self-efficacy is a construct which constitutes a judgement about one’s ability or otherwise to perform a particular behaviour pattern. Self-efficacy expectations are considered the primary cognitive determinant of whether or not an individual will attempt a given behavior. Self-efficacy is known to have considerable potential explanatory power over such behaviors as: self-regulation, achievement strivings, success, coping, and career competency (Ugwu et al, 2020) Further, work self-efficacy assesses workers' confidence in managing workplace experiences. The theoretical underpinning is that individuals with higher work self-efficacy are more likely to look forward to, and to be successful in, Counselling self-efficacy (CSE) is therefore, a counsellors’s self-beliefs in his or her ability to effectively conduct counselling-related activities, such as individual and group counselling (Bandura, 1978). There is preliminary evidence that links higher counselling self-efficacy with greater positive and less negative affect with regards to therapeutic roles, cognitive flexibility and emotional literacy (MalkoÅ§ & SÃ¼nbÃ¼l, 2020). However, the extent to which counselling self-efficacy predicts psychological adjustment during emergency situation is yet to be fully understood.

1.2 Emotional maturity

Generally, maturity implies that a person, plant or animal has reached the final growth with respect to his or her happiness, joy, sadness, hatred fear and relationship with people. Literature provided preliminary evidence to suggest that psychological adjustment correlates with emotional maturity, though the type of relationship existing between both is yet to be fully explored. The American Psychological Association (APA) defines emotional maturity as “a high and appropriate level of emotional control and expression. Emotional immaturity, on the other hand, is “a tendency to express emotions without restraint or disproportionately to the situation.” It therefore, implies that an emotionally matured counsellor unlike their less matured counterparts will have the

capacity to make effective adjustment with him or herself, members of the family, his or her peers in the work setting, society and culture. Kaplan and Baron (1986) and Ofole (2017) were of the opinion that emotionally matured counselling psychologists will have the capacity to delay satisfaction of needs, keep his or her emotions under control as well as suffer without self-pity. The literature on the relationship between psychological adjustment of counselling psychologists and emotional maturity is scarce.

1.3 Religiosity

Religiosity is typically operationalized as beliefs and practices associated with a particular religious worldview and community (Iannello et al., 2019). Religiosity has been found to be positive predictors of Subjective well-being even if results are not altogether consistent across studies (Kim-Prieto & Miller, 2018; Oloyede & Ofole, 2016). To explain these findings, it has been suggested that people who show high religious and spiritual involvement tend to have a more positive appraisal of their lives and work habits than their counterpart who is not spiritually inclined (Vishkin et al., 2019; Ramsay, et al., 2019). The sense of being in connection with a higher power, with others, and, in general is said to represent an effective way to maintain a positive evaluation of one's life, despite all the possible negative circumstances that one may encounter. Additionally, religious and spiritual involvement may benefit individuals' lives through empowering both internal (e.g., feeling of self-worth) and social (e.g., sense of belonging to a network) resources (Lim & Putnam, 2010).

1.4 Theoretical Framework

This study is premised on Transactional Model of Stress and Coping (TSC) (Lazarus, 1966; Lazarus & Folkman, 1984). The Transactional Model of Stress and Coping emphasizes that the level of psychological distress an individual experiences in the form of thoughts, feelings, emotions and behaviours is as a result of their assessment of the situation and the outcome of such assessment (Lazarus & Folkman, 1984). The TSC proposes that prototypical states arise from cognitive judgments of the meaning of a situation and one's ability to respond to the situation. If applied to the present study, it will imply that how the counselling psychologists judge their work condition during covid 19 pandemic will determine whether or not they will be psychologically maladjusted. They can perceive the stressful situations as either challenging or threatening. It becomes challenging when they perceive it as offering them the potential for growth, mastery, and gain (e.g., providing quality services despite the pandemic). On the other hand, if they perceive it as threatening it will potentially result in harm or loss (e.g., psychological distress) (Lazarus & Folkman, 1984).

1.5 Study Objective

The broad objective of this study is to examine if counselling self-efficacy, emotional maturity and religiosity correlates with psychological adjustment among counselling psychologists in Nigeria during the peak period of Covid 19 pandemic.

- i. To examine if significant differences exist in the psychological adjustment of counselling psychologists in Nigeria during peak period of Covid 19 pandemic based on gender.
- ii. To investigate if significant relationship exists between the independent variables (counselling self-efficacy, emotional maturity and religiosity) and psychological adjustment among counselling psychologists in Nigeria during peak period of covid 19 pandemic.
- iii. To investigate if the independent variables (counselling self-efficacy, emotional maturity, religiosity) jointly correlate with psychological adjustment among counselling psychologist in Nigeria during peak period of covid 19 pandemic.
- iv. To examine the extent to which each of the independent variables (counselling self-efficacy, emotional maturity and religiosity) correlates with psychological adjustment among counselling psychologist in Nigeria during peak period of covid 19 pandemic.

1.6 Hypotheses

The following hypotheses were tested at 0.05 level of significance.

- H0₁:** There is no significant differences in the psychological adjustment among counselling psychologist in Nigeria during covid-19 based on gender during peak period of covid 19 pandemic;
- H0₂:** There is no significant relationship between counselling self-efficacy and psychological adjustment among counselling psychologists in Nigeria during peak period of covid 19 pandemic;
- H0₃:** There is no significant relationship between emotional maturity and psychological adjustment among counselling psychologists in Nigeria during peak period of covid 19 pandemic;
- H0₄:** There is no significant relationship between religiosity and psychological among counselling psychologists in Nigeria during peak period of Covid 19 pandemic;
- H0₅:** The predictor variables (counselling self-efficacy, emotional maturity, and religiosity) will not have joint contributions to psychological adjustment among counselling psychologist in Nigeria during peak

period of Covid 19 pandemic:
H0₆: The predictor variables (counselling self-efficacy, emotional maturity, and religiosity) will not have significant independent contribution to psychological adjustment among counselling psychologist in Nigeria during peak period of Covid 19 pandemic.

2. Materials And Methods

Cross sectional survey design was adopted to collect data from counselling psychologists in Nigeria from April 15th -July, 5, 2020. The major inclusion criteria were that the respondent must be a working as a counselling psychologist, In Nigeria irrespective of educational status. The google link containing the questionnaire was shared in CASSON (Counselling Association of Nigeria) platforms and Telegrams groups. The first part of the questionnaire on google link was to obtain informed consent from the participants after informing them about the about the aim and the procedure of the study. They were requested to provide their informed consent before completing the questionnaires anonymously by responding *Yes* or *No* to the question” would you want to participate in this research? The google link was designed in such a way that those who responded yes could only proceed while those who selected *No* could not proceed to next page. The procedure and all the questionnaires used in this survey were fully compliant with the University of Ibadan Faculty of Education Ethical Standard for research. The study protocol was reviewed by the experts in measurement and evaluation in the Department of Counselling and Human Development Studies of the University. The following Four measures were used for data collection.

2.1 Measures

Criterion measure

Psychological adjustment scale developed by Diotaiuti et al. (2021) adopted for this study to measure the participants 'level of psychological adjustment. The questionnaire was originally designed to measure the psychological adjustment of officers of the Fire Department, Army officers, psychologists of between ages 18–40, 41–59, and >60 reported that who worked during emergency. The questionnaire consists 25 items with a response anchored on five scale Likert format which ranged from; always=5, very often=4, sometimes=3, rarely=2, never= 1. Typical items on the questionnaire include; “*helpful if someone is hurt, upset or feeling ill*” and “*often has temper tantrums or hot tempers*”. It has Cronbach alpha ranging from .79 to .73 which was satisfactory.

Predictor Variables.

The Counseling Self-Efficacy Inventory (COSE)

The Counseling Self-Efficacy Inventory (COSE) was adopted to measure counselling self-efficacy of the respondents. The inventory consists of 37 items with five sub domains, namely micro skills, in counselling process, dealing with difficult client behaviours, cultural competency, and awareness of values (Larson, et al., 1992). The scale response is anchored on 5-point Likert scale ranges from 1 (strongly disagree) to 6 (strongly agree). The Cronbach's alpha coefficients for the COSE total score was = .93 and the five subdomains are .88 for micro skills, .87 for dealing with difficult clients, .80 for behaviours, and .78 for cultural competence (Larson et al., 1992).

Emotional Maturity Scale by Singh and Bhargava (1991)

Emotional Maturity Scale by Singh and Bhargava (1991) was used to assess the emotional maturity of respondents. This scale measures a list of five broad factors of emotional immaturity-emotional instability, emotional regression, social total maladjustment, personality disintegration and lack of independence. It is a self-reporting five-point scale of Likert using “always, mostly, uncertain, usually, never”. The positively worded items were scored as 5,4,3,2,1 respectively. Therefore, the higher the score on the scale, the greater the degree of the emotional immaturity and vice versa. The Cronbach's Alpha ranged from 0.661 to 0.724 while the product moment correlation coefficient was found to be 0.758, which is high.

Religiosity Scale (DR Scale by DiDuca and Joseph (1997).

All respondents completed the 24-item Dimensions of Religiosity Scale by DiDuca and Joseph (1997). The instrument has four dimensions of religious thinking and behaviour: (1) preoccupation (e.g., my thoughts often drift to God)/Allah, (2) guidance (e.g., I pray for guidance in everyday matters), (3) conviction (e.g., I am sure that Christ exists) and (4) emotional involvement (e.g., I feel happy when I think of God/Allah). Each item was answered on a 5-point Likert scoring system, ranging from strongly agree (5) to strongly disagree (1), with the scoring reversed for negatively worded items The reliability of each of the four scales was satisfactory with Cronbach's alphas (Cronbach, 1951) of 0.93 for emotional Involvement, 0.94, Conviction, 0.94 for Preoccupation, and 0.87 for Guidance. The software used for data analysis was Statistical Package for the Social Sciences Version 20.0 Descriptive statistics was used to summarize the characteristics of the sample (frequency, mean, age range) while inferential statistics (Multiple Regression, Pearson Product Moment Correlation and t-test) were used to make inferences regarding the independent and joint contributions of

predictor variables (counselling self-efficacy, emotional maturity and religiosity) to psychological adjustment. The alpha level (α) was set at 0.05.

3.0 Results

The result of the demographic profile of the respondents is presented on Table 1.

Table 1: showing the Demographic Profile of Respondents

S/N	Variable	N=(353)	Percentage (%)
1	Gender		
	Female	184	52.1
	Male	169	47.9
2	Age Range		
	22-25	22	6.2
	26-29	107	30.4
	30-33	65	18.4
	34-36	47	13.3
	37 and above	112	31.7
3	Highest Educational qualification		
	Bachelor Degree	115	32.6
	Master's Degree	122	34.6
	Mphil PhD	60	16.9
	PhD	38	10.8
	Others	18	5.1
4	Employer		
	MDAs	162	45.9
	Universities/Tertiary Inst.	85	24.1
	NGO	27	7.6
	Hospitals	22	6.2
	Private Practice/Rel. Inst.	57	16.1
	Location of Organisation		
	Rural	97	27.5
	Urban	171	48.4
	Semi urban	85	24.1
5	Relationship Status		
	Married	295	83.6
	Single	21	5.9
	Divorced/Separated	05	1.4
	Widowed/widower	07	2.0
	Engaged	25	7.1

It is evident from the result on Table 1 that female participants were more 184 (52.1%) than the male 169 (47.9%). This is not surprising because of the reported feminization of the mental health field. (Ndungo & Wango, 2020) due to preference of female counsellors. Who were rated as being caring, nurturing and understanding? With regards to the age distribution, it shows that majority of the respondents (31.7%) were in the age range of 37 years and above. This was followed by those in 26 to 29 years (30.4%); 30-33 years represented 65% of the sample. The least age groups were 34-36 years (13.3%) and 22-25 years (6.2%) respectively. Table 1 also indicated that 122 representing 34.6 % of the study population has a Master's Degree, 115 (32.6%) has Bachelor degree, while those with MPhil PhD were 60 representing 16.9% of the study population. The participants with doctor of philosophy (PhD) constituted 10.8 %. The least (5.1) was others eg (HND, and other certificates) who provides counselling serves as para counsellors. The respondents were classified based on their employers. The result show that majority (45.9%) work in Ministries, Agencies and Agencies (MDAs) while 85representing 24.1% work with the Universities. Fifty-seven of the participants representing 16.1% were into private practice (personal clinics, church, Mosque etc). Of the 353 participants

27(7.6%) and 22 (6.2%) work with Non-Governmental Organizations and Hospitals respectively. The demographic profile also showed that counsellors from both urban, (48.4%) rural (24.1%) and semi urban 27.5%) participated in the study. Of the three hundred and fifty-three participants, 295 representing 83.6% were married. It further reveals that 25 (7.1%) were engaged while 21(5.9%) were single. Those who were widowed/widower and divorced were 2.0% and 1.4 % respectively.

H0₁ The first hypothesis stated there is no significant differences in the psychological adjustment among counselling psychologist in Nigeria during covid-19 based on gender. This hypothesis was analysed with t –test for independent samples. The result is presented on Table 2

Table 2: Summary showing t-test comparing psychological adjustment of Counselling Psychologists in Nigeria based on gender

	Gender	n	\bar{x}	SD	df	t	Sig
Psychological Adjustment	Male	169	32.73	9.87	351	2.141	.000
	Female	184	34.86	12.85			

The result presented on Table 2 show that there was significant difference in psychological adjustment of Counselling psychologists in Nigeria during Covid 19 pandemic based on gender ($t_{(351)} = 2.141, p < .05$). Table 2 depict that female counsellor were more psychologically adjusted ($\bar{x} = 34.86$) than their male counterpart ($\bar{x} = 32.73$).

H0₂: The second hypothesis stated that there is no significant relationship between counselling self-efficacy and psychological adjustment among counselling psychologists in Nigeria during peak period of covid 19 pandemic. This hypothesis was tested with Pearson Product Moment Correlation (PPMC). The result is presented on Table 3

Table 3: PPMC showing the relationship between counselling self-efficacy and psychological adjustment

Variable	n	\bar{x}	Std.	df	R	Sig
Psychological adjustment	353	87.09	16.52	351	.519	.000
Counselling Self-Efficacy		99.86	15.54			

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

Result presented on Table 3 reveal that there was positive significant relationship between counseling self-efficacy and psychological adjustment among counselling psychologists in Nigeria during Covid 19 pandemic; $r = (351) = .519 P < 0.05$. The null hypothesis was therefore, rejected since the calculated value was greater than the tabulated value at 0.05 level of significance. The implication of this finding was that the higher the counselling self-efficacy, the higher the likelihood that the counsellor will be psychologically adjusted during covid 19 pandemic.

H0₃: The third hypothesis stated there is no significant relationship between emotional maturity and psychological adjustment among counselling psychologists in Nigeria during peak period of covid 19 pandemic. The result is presented on Table 4.

Table 4: PPMC showing the relationship between emotional maturity and psychological adjustment

Variable	N	\bar{x}	Sd	df	R	Sig
Psychological Adjustment	353	87.09	16.52	351	0.557	000
Emotional Maturity		74.46	11.25			

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

The result presented on Table 4 shows that there was significant relationship between emotional maturity and psychological adjustment among counselling psychologists in Nigeria during covid 19 pandemic; $r (351) = .557 P < 0.05$. The null hypothesis was, therefore rejected. The implication is that the more a counselling psychologist is emotionally matured, the higher the likelihood of being psychologically adjusted.

H0₄: Hypothesis four predicted no significant relationship between religiosity and psychological adjustment among counselling psychologist in Nigeria during Covid 19 pandemic. The result is presented on Table 5.

Table 5: PPMC showing the relationship between religiosity and psychological adjustment

Variable	N	\bar{x}	df	r	sig
Psychological Adjustment	353	87.09	16.52		
Religiosity		93.34	4.82	0.397	.000

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

Table 5 reveals that there was significant relationship between religiosity and psychological adjustment among counselling psychologist in Nigeria during Covid 19 pandemic. The study revealed that there was positive but weak relationship between religiosity and psychological Adjustment among counselling psychologist in Nigeria during Covid 19 pandemic; $r(351) = .397$ $P < 0.05$. The implication is that the more counselling psychologists in Nigeria is religious, the more the likelihood of being psychologically adjusted.

H0₅: Hypothesis five states that predictor variables (counselling self-efficacy, emotional maturity, and religiosity) will not have joint contributions to psychological adjustment among counselling psychologist in Nigeria during peak period of Covid 19 pandemic. The result is presented on Table 6.

Table 6: Multiple Regression Analysis showing the joint contribution of the predictor variables on Psychological Adjustment among Counselling Psychologists in Nigeria

R	R Square	Adjusted R Square	Std. Error of the Estimate		
0.622	0.387	0.380	54.850		
(ANOVA)					
Model		Df	Mean Square	F	Sig.
Regression	37151.463	4	9287.866	54.850	.000 ^b
Residual	58927.637	348	169.322		
Total	96079.099	352			

Table 6 show that the analysis of variance for the regression yielded of F (54.850, $p < 0.05$). It implies that there was joint contribution of the predictor variables (counselling self-efficacy, emotional maturity and religiosity) to the criterion variable (psychological adjustment) of counselling psychologist in Nigeria during Covid 19 pandemic. The Table further show the coefficient of multiple correlations (R) of 0.622 and multiple R square of 0.387. The result reveal t Adj. $R^2 = 0.380$ which suggest that 38 % of the variance in the psychological adjustment of counselling psychologist in Nigeria during Covid 19 pandemic was accounted for by the joint contribution of the three predictor variables considered in this study.

H0₆: The sixth hypothesis predicted that the predictor variables (counselling self-efficacy, emotional maturity, and religiosity) will not have significant independent contribution to psychological adjustment of counselling psychologists in Nigeria during covid-19 pandemic. The result is presented on Table 7

Table 7: Independent contribution of the predictor variables to psychological adjustment of Counselling Psychologists during Covid 19 peak period.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	-3.836	10.076		-.381	.704
Counselling self-efficacy	.299	.057	.281	5.233	.000
emotional maturity,	.293	.129	.115	2.279	.023
Religiosity	.258	.165	.175	1.961	.119

Table 7 revealed the independent contribution of each of the predictor variables (counselling self-efficacy, emotional maturity and religiosity) to psychological adjustment among counselling psychologist in Nigeria during covid-19 pandemic. Each of the three independent variables individually contributed to psychological adjustment of counselling psychologists in Nigeria during covid-19 pandemic. In term of magnitude counselling self-efficacy was most potent ($\beta = .281$, $p < 0.05$). It was followed by religiosity ($\beta = .175$, $p < 0.05$). Emotional maturity made the least contribution to the prediction of psychological adjustment among counselling psychologist in Nigeria during covid-19 ($\beta = .115$, $p < 0.05$)

4. Discussion

This study examined if psychological adjustment of Counselling Psychologists in Nigeria during the peak of the Covid-19 pandemic correlated with counselling self-efficacy, emotional maturity and religiosity. First outcome from the study which has intervention implication was that there were significant differences in the psychological adjustment of counselling psychologists in Nigeria during covid-19 pandemic based on gender. The outcome suggests that the female was better psychologically adjusted. This outcome corroborated the findings Noor and Gull (2013) and Muñoz-Silva et al, (2020) who reported that female participants in their study have more psychological adjustment than the male. On the contrary, Thanikaive and Priya, (2016) reported that males were more psychologically adjusted. The probable reason for the inconsistency in finding could be as a result of differences in the target populations of the two studies which spread across students, patients with diabetics and adolescents.

Another outcome of the study is the positive relationship between counseling self-efficacy and psychological adjustment among counselling psychologists in Nigeria during Covid-19 pandemic. This finding supported the result of previous studies (Oparaugo & Ebenebe, 2021; Curtis, et al., 2014) who found positive relationship between self-efficacy and psychological adjustment. However, unlike the present study which utilized specific type of self-efficacy, Oparaugo et al. (2021) and Curtis, et al. (2014) used generic self-efficacy. The possible reason for this outcome could be because the counsellor who believe that he or she has the capacity to perform their counselling task will less likely to experience maladjustment (Bandura, 1978). Such counsellors according to Thompson (1991) will effectively meet life's challenges, deal with stress, build healthy relationships, and achieve psychological adjustment. Although there is also a counter argument that sense of control, competence or mastery does not ensure good psychological adjustment (Maddux & Lewis, 1995).

Further, the outcome suggests that there was significant relationship between emotional maturity and psychological adjustment among counselling psychologists in Nigeria during Covid-19. This outcome is in tandem with Latika, Vijayshri and Vinu. (2018) who reported positive relationship between emotional maturity and psychological adjustment using sample drawn from Patna city. This finding is plausible in line with (Mahanta, & Kannan, 2016) argument that emotionally matured person will have the ability to deal constructively with reality, have capacity to adapt to changes as well as be free from symptoms that are produced by tensions and anxieties. Positive relationship was also found between religiosity and psychological Adjustment among counselling psychologist in Nigeria during Covid 19 pandemic. This outcome is in agreement with Vishkin et al., (2019) and Ramsay et al., (2019) finding. The possible explanation for this outcome could be due to researchers (Vishkin et al., 2019; Ramsay et al., 2019) assertions that individuals who show high religious and spiritual involvement tend to give a more positive appraisal of their lives and become more psychologically adjusted. Another result which emanates from this study is that the predictor variables (counselling self-efficacy, emotional maturity and religiosity) jointly correlate to predict psychological adjustment of counselling psychologist in Nigeria during Covid 19 pandemic. This finding is in support of the Ecological models of health behaviour which emphasize that multiple factors account for individuals' psychological adjustment (Gruenewald et al., 2014). The multiple factors include factors within the individual, interpersonal factors as well as institutional factors.

5. Intervention and Policy making Implications

- i. Though the study confirms that male and female counselling psychologists differ in experiencing psychological adjustment the psychological health adjustments of both need to be improved. However, intervention programmes should be designed to suit both males and females.
- ii. A counselling psychologist who will be effective during emergencies such as covid 19 should have counselling self-efficacy. There is therefore need to conduct counselling self-efficacy diagnostic assessment to identify counselling psychologists who have deficit counselling skill. This is because without this skill the counselling psychologist may not have been effectively providing quality services to the client (s). Self- efficacy of such individuals should be enhanced by organizing seminars and workshops for them.
- iii. To become an effective counsellor psychologist, the individual need to be emotionally matured. This implies be Ability to control one's impulses; thinking before acting; Willingness to hold oneself accountable and take responsibility for choices/decisions; Maintaining a sense of symmetry and equanimity in times of stress of anxiety and maintaining self-control during times of stress, adversity, and perceived failure. Counsellors who were identified to be immature should be retooled to have control over one's own emotions, prejudices, biases, and privileges. Achieving emotional maturity is no easy feat. It can mean addressing some parts of ourself which we have previously chosen to ignore, admitting to
- iv. The last but not the least is that in designing intervention for psychological adjustment, ecological approach should be considered because it focuses on both individual factor and other determinants of

psychological adjustment. The suggestion is in line with that of Sabouripour, Roslan, Ghiami and Memon, (2021).

6. Limitation of Study

Regardless of the fact that the web-based survey has some advantages which has the potential to guide the generalizability of this study. One major problem is using the sample size of three hundred and fifty-three respondents. Though it is representative sample but it cannot represent the over 10,000 Counselling Psychologists in Nigeria. In addition, the survey design did not allow the researcher to draw cause-effect relationships. Future studies should use qualitative method in order to have more insights into the counsellor's psychological adjustment.

7. Conclusion

Overall, the findings highlight gender difference in psychological adjustment among psychologist in Nigeria during covid 19 pandemic. It shows that counselling self-efficacy, emotional maturity and religiosity are correlated with psychological adjustment. Of the three factors Counselling self-efficacy was found to be most potent in predicting psychological adjustment among the professionals. Taken together, these results indicate that the psychological adjustment of counselling psychologists requires further consideration and that targeted prevention and intervention programs are necessary to support these professionals who are neglected frontline workers.

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Data Availability Statement

The author confirms that the data supporting the findings of this study are available within the article.

Conflicting Interest

The author declares no conflicting interests

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References

- Ackesjö, H. (2019). Transition as a two-way window: Separation and adjustment in transition through the eyes of children starting school. In Dockett, S., Einarsdóttir, J., Perry, B. (Eds.), *Listening to children's advice about starting school and school age care* (pp. 42-54). Routledge.
- Ariawaty R.R. N (2020). Improve Employee Performance through Organizational Culture and Employee Commitments. *J. Apl. Manaj.* 18:318–325.doi: 10.21776/ub.jam.018. 02.12. [CrossRef] [Google Scholar] [Ref list]
- Bandura, A. (1978). Reflections on self-efficacy. *Advances in Behavioral Research and Therapy*, 1(4), 237–269.
- Curtis, R., Groarke, A. & Sullivan, F. (2014). Stress and self-efficacy predict psychological adjustment at diagnosis of prostate cancer. *Sci. Rep.*4, 5569; DOI:10.1038/srep05569.
- DiDuca, D., & Joseph, S. (1997). Schizotypal traits and dimensions of religiosity. *British Journal of Clinical Psychology*, 36, 635–638
- Dockett, S. Griebel, W. & Perry, (2017). *Families and transition to school*. Cham, Switzerland. ISBN 9783319583297. OCLC 992988904.
- Hobfoll, S. E, Watson, P, Bell, C. C, Bryant, R. A, Brymer, M. J, & Friedman M. J, (2007). Five essential elements of immediate and mid-term mass trauma intervention. *Empirical evidence*. *Psychiatry*. 70:283–315. [PubMed] [Google Scholar]
- Iannello, N. M., Hardy, S. A., Musso, P., Lo Coco, A. & Inguglia, C. (2019). Spirituality and ethnocultural empathy among Italian adolescents: the mediating role of religious identity formation processes. *Psychol. Relig. Spiritual.* 11, 32–41. doi: 10.1037/rel0000155
- Kaplan, B. (1986). Status quo of Emotions and Emotional behaviour. Retrieved from wikieducator.org/Status_quo_of_Emotions_and_Emotional_behaviour.
- Kim-Prieto, C., & Miller, L. (2018). Intersection of religion and subjective well-being. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being*. Salt Lake City, UT: DEF Publishers. DOI:nobascholar.com
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T. & Li, R. (2019). Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease.

- JAMA Netw. Open* 2020, 3, e203976. [CrossRef] [PubMed].
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and Validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology*, 39(1), 105-120. <https://doi.org/10.1037/0022-0167.39.1.105>.
- Latika V., Vinu, & Vijayshri V. (2018). Emotional Maturity in Relation to Adjustment among High School Adolescents of Joint and Nuclear Families. *International Journal of Research and Analytical Reviews*. 142-148 <https://doi.org/10.1729/Journal.18264>
- Lazarus, R., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York: Springer
- Lim, C., & Putnam, R. D. (2010). Religion, social networks, and life satisfaction. *American Sociological Review*, 75(6), 914–933. <https://doi.org/10.1177/0003122410386686>
- Maddux, J. E., & Lewis, J. (1995). Self-Efficacy and Adjustment. In: Maddux, J.E. (eds) *Self-Efficacy, Adaptation, and Adjustment*. The Plenum Series in Social/Clinical Psychology. Springer, Boston, MA. https://doi.org/10.1007/978-1-4419-6868-5_2
- MalkoÅš, A., & ŠA¼nbÅ¼l, Z. A. (2020). The relationship between emotional literacy, cognitive flexibility and counseling self-efficacy of senior students in psychology and psychological counseling and guidance. *Educational Research and Reviews*, 15(1), 27-33. <https://doi.org/10.5897/ERR2019.3848>. <https://academicjournals.org/journal/ERR/article-abstract/6388FBA62590>
- Muñoz-Silva, A., Corte, C. & Lorence, B. & Sanchez-Garcia, M. (2020). Psychosocial Adjustment and Sociometric Status in Primary Education: Gender Differences. *Frontiers in Psychology*. 11. 1-9. [10.3389/fpsyg.2020.607274](https://doi.org/10.3389/fpsyg.2020.607274).
- Naser, A. Y, Dahmash, E. Z, Al-Rousan, R, Alwafi, H, Alrawashdeh, H. M, Ghoul, I, Abidine, A, Bokhary, M. A, H. T AL-H, Ali D (2020). Mental health status of the general population, healthcare professionals, and university students during 2019 coronavirus disease outbreak in Jordan: a cross-sectional study. *medRxiv*.10(8): e01730
- Ndungo, C. & Wango, (2020). Gender Preference of Counsellors Among University Students Seeking Counselling Services. *IOSR Journal of Humanities and Social Science*. 25. 20 - 28. [10.9790/0837-2502042028](https://doi.org/10.9790/0837-2502042028).
- Ofole N. M. (2017). Impact of emotional maturity on coping with stress among freshmen in South-Western Nigeria universities. *Journal of Emerging Trends in Educational Research and Policy Studies* 8. 1: 64 – 73
- Oloyede, G K. & Ofole N. M. (2016). Media Usage, Religiosity and Gender as Determinant of Performance in Chemistry Subject. *Journal of Education and Practice* .7. 7: 47-56.
- Oparaugo, U. I. & Ebenebe, R.C. (2021). Self-Efficacy as A Correlates of Psychological Adjustment Among Secondary School Adolescents In Awka Education Zone. *International Journal of Innovative Social & Science Education Research* www.seahipaj.org 9 (2): 107 ISSN: 111, 2360 April-- 8978 J
- Pierluigi, D., Giuseppe, V. Stefania, M. (2021). Development and Preliminary Italian Validation of the Emergency Response and Psychological Adjustment Scale. *Frontiers in Psychology* 12. DOI=10.3389/fpsyg.2021.687514 URL=https://www.frontiersin.org/article/10.3389/fpsyg.2021.687514.
- Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B. & Watson, J. D. (2020). The COVID19 telepsychology revolution: a national study of pandemic-based changes in U.S. mental health care delivery. *Am. Psychol.* doi: 10.1037/amp0000722. [Epub ahead of print]. Google Scholar
- Ramsay, J. E., Tong, E. M., Chowdhury, A., & Ho M. H. R. (2019). Teleological explanation and positive emotion serially mediate the effect of religion on well-being. *J. Pers.* 87, 676–689. [10.1111/jopy.12425](https://doi.org/10.1111/jopy.12425) [PubMed] [CrossRef]
- Roberts, N. J., McAloney-Kocaman, K., Lippiett, K., Ray, E., Welch, L., & Kelly, C. (2021). Levels of resilience, anxiety and depression in nurses working in respiratory clinical areas during the COVID pandemic. *Respiratory medicine*, 176, 106219. <https://doi.org/10.1016/j.rmed.106219>.
- Ruiz-Fernández, M. D., Pérez-García, E., & Ortega-Galán, Á. M. (2020). Quality of life in nursing professionals: Burnout, fatigue, and compassion satisfaction. *International Journal of Environmental Research and Public Health*, 17(4), <https://doi.org/10.3390/ijerph17041253>
- Sharma, J., & Dhar, R. L. (2016). Factors influencing job performance of nursing staff: mediating role of affective commitment. *Personnel Review*, 45(1), 161-182.
- Sl, M., Hanakeri, P.A., & Aminabhavi, V.A. (2016). Impact of gadgets on emotional maturity, reasoning ability of college students. *International journal of applied research*, 2, 749-755.
- Singh, Y., & Bhargava, M. (1991). Emotional Maturity Scale (EMS). *Applied and community Psychology*, Retrieved from: www.ssmrae.com/admin/.../c97ef4fd50416f3d5e80ef6233d02e76.pdf on 8/4/2014
- Tingbo, L. (2020). *Handbook of COVID-19 Prevention and Treatment*. ALNAP. Available online

- at: <https://covid-19.alibabacloud.com>
- Trumello, C., Bramanti, S. M., Ballarotto, G., Candelori, C., Cerniglia, L., Cimino, S., Crudele, M., Lombardi, L., Pignataro, S., Viceconti, M. L., & Babore, A. (2020). Psychological Adjustment of Healthcare Workers in Italy during the COVID-19 Pandemic: Differences in Stress, Anxiety, Depression, Burnout, Secondary Trauma, and Compassion Satisfaction between Frontline and Non-Frontline Professionals. *International journal of environmental research and public health*, 17(22), 8358.
- Ugwu, C. C., Okonkwo, E. A. & Ngwoke, C. I. (2020). Role-Based Stress and Burnout among Nigerian Sample: The Moderating Role of Self-Efficacy. *International Journal of Social and Administrative Sciences*, 5(2), 94–108.
- Vishkin, A., Bloom, P. B. N., & Tamir, M. (2019). Always look on the bright side of life: religiosity, emotion regulation and well-being in a Jewish and Christian sample. *J. Happiness Stud.* 20, 427–447. doi: 10.1007/s10902-017-9956-9
- Watson, R., Harvey, K., & McCabe, C. (2020). Understanding anhedonia: a qualitative study exploring loss of interest and pleasure in adolescent depression. *Eur Child Adolesc Psychiatry* 29, 489–499.
- Wu, P.E.; Styra, R.; Gold, W.L.(2020). Mitigating the psychological effects of COVID-19 on health care workers. *Can. Med. Assoc. J.* 192, E459–E460.