ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION OF SHIFT STAFFS WORKING IN A DRUG REHABILITATION CENTER AND PSYCHIATRIC REHABILITATION CENTER: A COMPARATIVE STUDY IN KARACHI, PAKISTAN

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ABSTRACT
The objective of the current research was to compare the psychological well-being and life satisfaction of shift staff working in a drug rehabilitation center and a psychiatric rehabilitation center. It was hypothesized that shift staff working in psychiatric rehabilitation centers would have lower levels of psychological well-being and life satisfaction compared to shift staff working in drug rehabilitation centers. The total sample size comprised 189 participants, including 178 males and 11 females. Participants were recruited via purposive sampling from shift staff working in both types of rehabilitation centers. They were surveyed using the Urdu version of Ryff's Psychological Well-Being Scale (Ryff, 1989; translated by Jibeen & Khalid, 2012) and the Urdu version of the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; translated by Butt, Ghani, & Khan, 2014). Hypotheses were tested using descriptive statistics and independent sample t-tests. Findings showed no significant difference in psychological well-being or life satisfaction between shift staff working in psychiatric rehabilitation centers and those working in drug rehabilitation centers.

Keywords: *Psychological well-being, drug rehabilitation, psychiatric rehabilitation, life satisfaction, shift staff working*

1. INTRODUCTION

A healthy working environment plays a critical role in supporting staff across all settings, enabling them to complete their duties effectively and to provide optimal care to clients (Ramli & Yudhistira, 2018; Ramli, 2016a; Ramli, 2016b). In this study, the working environment is defined as the physical, social, and psychological conditions surrounding staff, which affect their ability to perform assigned tasks efficiently (Ramli, 2016).
Previous research has shown that workplace factors such as stress, burnout, job satisfaction, work-family conflict, and role overload significantly influence staff well-being. A study conducted in the United States reported that job dissatisfaction, work-family conflict, and role ambiguity negatively impacted life satisfaction, and that age had an inverse relationship with turnover intentions (Pasupuleti, Allen, Lambert, & Tolar, 2009). Life satisfaction is closely associated with mental well-being, happiness, and cognitive evaluation of one's life circumstances, encompassing factors such as education, wealth, health, and marital status. High job demands can predict adverse psychological outcomes, including depression and anxiety (Plaisier et al., 2007).

1.1 Rehabilitation

Rehabilitation is defined as "a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments" (World Health Organization, 2011). The aim of rehabilitation is to facilitate the normalization of human functioning after injury, disease, or congenital conditions by providing tools for independence and self-determination (WHO, 2011). Work ability in rehabilitation is understood both as individual performance and as employability, encompassing actions that help a person obtain, retain, and advance in employment (Martimi & Takala, 2020). Rehabilitation

interventions aim to restore balance between the individual and work environment by strengthening personal resources, adapting work conditions, or retraining individuals for compatible roles.

Substance use disorder (SUD) is a major public health concern, with millions affected but only a fraction receiving treatment due to stigma and other barriers (Center for Behavioral Health Statistics and Quality, 2017; van Boekel et al., 2013; Kelly & Westerhoff, 2010). Stigma, both explicit and implicit, affects engagement with treatment and quality of care (Ashford et al., 2018a, 2018b; Link & Phelan, 2001). Studies show mixed findings regarding healthcare professionals' attitudes toward patients with SUD, ranging from stigmatizing to positive and non-discriminatory, often influenced by training and professional role (Ford et al., 2008; Pinikahana et al., 2002; Gilchrist et al., 2011).

1.1.1 Key Features of the Rehabilitation Team

Modern healthcare emphasizes enablement over traditional paternalistic approaches, promoting communication, collaboration, and empowerment within multidisciplinary teams (Liberman, Hilty, Drake, & Tsang, 2001). Staff motivation, competence, and continuous administrative support are critical for effective rehabilitation outcomes. Staff roles must be clearly defined, with constructive supervision, training, and consideration of individual attributes such as communication skills, cultural competency, and motivation.

1.1.2 Psychological Well-Being

Psychological well-being (PWB) is a core element of positive mental health, encompassing six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). Two approaches exist: hedonic well-being, emphasizing happiness and satisfaction with life (Carruthers & Hood, 2004), and eudaimonic well-being, emphasizing meaningful functioning and personal growth (Keyes, 2002; Ryan & Deci, 2001). The World Health Organization (2004) defines psychological health as awareness of one's capabilities, the ability to manage life stressors, perform effectively, and contribute to society.

Shift staff include personnel working rotating shifts (morning, evening, night), such as nurses, recovery staff, and administrative staff, typically spending 6–8 hours per shift with clients. Low psychological well-being can lead to absenteeism, turnover, and health issues, highlighting the importance of this research.

1.2 Life Satisfaction

Life satisfaction represents a cognitive evaluation of one's overall quality of life, including fulfillment of needs across various life domains (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Veenhoven, 1996). Work is central to life satisfaction, affecting self-concept and self-esteem. Adverse work conditions can diminish life satisfaction, leading to stress, reduced quality of life, and family-role conflicts (Skoufi et al., 2017). Life satisfaction can be assessed globally or within specific domains, such as housing, finances, and social contacts, which interact to influence overall well-being (Siljeg, Maric, & Cavric, 2018; Mugenda, Hira, & Fanslow, 1990).

1.3 Problem Statement

This study aims to compare the psychological well-being and life satisfaction of shift staff working in drug rehabilitation centers and psychiatric rehabilitation centers.

1.4 Research Objectives

To compare psychological well-being and life satisfaction of shift staff working in drug rehabilitation centers and psychiatric rehabilitation centers.

1.5 Research Question

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

What is the difference in psychological well-being and life satisfaction of shift staff working in drug rehabilitation centers versus psychiatric rehabilitation centers?

1.6 Significance of the Study

The findings may inform policy and practice by highlighting the importance of improving psychological well-being and life satisfaction among shift staff. Insights could guide administrators in designing supportive work environments, reducing stress, and enhancing social support to promote mental health and satisfaction at work. The relationship between social capital and job satisfaction among staff members of addiction rehabilitation facilities was examined in a research study. The findings indicate that social capital and its various facets are positively associated with factors such as gender, age, residence, and professional experience. Higher levels of personal social capital were observed among men, older employees, those residing in smaller communities, and individuals with longer work experience.

Regarding job satisfaction, 61.5% of respondents reported feeling neutral, 21.8% were satisfied, and 16.7% were dissatisfied with their jobs. In contrast, 85.7% of staff were highly satisfied with the nature of their work, 80.8% with overall interactions with coworkers, and 77.2% with management. Conversely, 77% of employees were least satisfied with compensation, 69.9% with promotion opportunities, and 60.3% with additional benefits. Overall, staff members' place of residence and income appeared to be related to their general job satisfaction.

Among rehabilitation practitioners, a significant positive association was found between social capital and job satisfaction (Tsounis, Niakas, & Sarafis, 2017). Work satisfaction was also linked to higher performance standards, the quality and effectiveness of services, and client experience. Additionally, social capital contributes to reducing work-related stress and burnout, which is particularly important in substance abuse treatment settings, where annual attrition rates reach 18.5% (Tsounis, Niakas, & Sarafis, 2017).

Research suggests that the workplace environment influences levels of employee well-being. Changes in the workplace can impact immediate outcomes, such as mood, alertness, and preferences, as well as long-term outcomes, including skills, health, and personality. Poor workplace conditions may contribute to additional exhaustion, affecting mental well-being and overall happiness.

Based on the literature reviewed, the following hypotheses are proposed:

H1: Shift staff working in a Psychiatric Rehabilitation Center will have lower levels of psychological well-being compared to shift staff working in a drug rehabilitation center.

H2: Shift staff working in a Psychiatric Rehabilitation Center will have lower levels of life satisfaction compared to shift staff working in a drug rehabilitation center.

METHODOLOGY

4.1 Research Design

The present study employed a comparative research design. The survey method was used to assess the psychological well-being and life satisfaction of shift staff working in drug and psychiatric rehabilitation centers.\

4.2 Participants

A total of 189 participants (178 males, 11 females) were selected from drug and psychiatric rehabilitation centers located in Karachi, Pakistan. Ninety-six participants were recruited from the psychiatric rehabilitation center, and ninety-three participants were recruited from the drug rehabilitation centers.

4.2.1 Inclusion Criteria

Participants were included if they were above 18 years of age, able to understand Urdu, and employed at drug or

psychiatric rehabilitation centers in Karachi.

4.2.2 Exclusion Criteria

Participants were excluded if they were younger than 18, unable to understand Urdu, or not employed at drug or psychiatric rehabilitation centers in Karachi.

4.3 Measures

4.3.1 Informed Consent Form

Consent was obtained from shift staff working in various drug and psychiatric rehabilitation centers who were willing to participate in the study. The form ensured confidentiality and informed participants about any potential risks or discomforts associated with the study. It also stated that their responses would remain confidential and that they had the right to withdraw from the study at any time.

4.3.2 Demographic Information

A demographic form was used to collect information regarding participants' age, gender, marital status, job title, qualifications, job position, years of experience in the organization, and duty timings. The form ensured that only participants meeting the study criteria were included.

4.3.3 Urdu Version of Ryff's Psychological Well-Being Scale (Jibeen & Khalid, 2012)

Ryff's Psychological Well-Being Scale, developed by Carol Ryff in 1989, assesses psychological well-being across six dimensions: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy. For this study, the translated Urdu version by Jibeen and Khalid (2012) was used. Inter-correlations among the six subscales ranged from $r = .25$ to .65, with all correlations significant at $p < .01$: autonomy and environmental mastery ($r = .43$), autonomy and personal growth ($r = .25$), autonomy and positive relations ($r = .34$), autonomy and purpose in life ($r = .28$), autonomy and self-acceptance ($r = .39$), environmental mastery and personal growth ($r = .38$), environmental mastery and purpose in life ($r = .56$), environmental mastery and self-acceptance ($r = .65$), environmental mastery and positive relations ($r = .64$), personal growth and positive relations ($r = .46$), personal growth and purpose in life ($r = .50$), personal growth and self-acceptance ($r = .35$), positive relations and purpose in life ($r = .58$), positive relations and self-acceptance ($r = .60$), and purpose in life and self-acceptance ($r = .46$).

4.3.4 Urdu Version of the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985; translated by Butt, Ghani, & Khan, 2014)

The Satisfaction with Life Scale (SWLS) assesses global life satisfaction. It is a 5-item scale designed to measure cognitive judgments of one's life satisfaction rather than positive or negative affect. Participants rate each item on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scale demonstrates discriminant validity from emotional well-being measures and is recommended as a complement to scales focusing on psychopathology or emotional well-being, as it evaluates an individual's conscious judgment of life using personal criteria.

4.4 Procedure

Permission to conduct the research was obtained from the Institute of Professional Psychology, Bahria University, Karachi Campus. A total of 189 participants were approached from drug and psychiatric rehabilitation centers in Karachi. Permission was obtained to use the Urdu version of Ryff's Psychological Well-Being Scale (Jibeen & Khalid, 2012) and the Urdu version of the Satisfaction with Life Scale (Butt,

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

Ghani, & Khan, 2014). Institutional permission was also obtained from the centers to collect data from their shift staff. Participants provided informed consent prior to participation. Confidentiality was assured, and participants were informed that they could withdraw at any time without penalty. Debriefing about the study was provided before data collection. Demographic information was collected using a structured form. Subsequently, participants completed the Urdu versions of Ryff's Psychological Well-Being Scale and the Satisfaction with Life Scale to assess psychological well-being and life satisfaction.

4.5 Ethical Considerations

Participants had the right to withdraw from the study at any time. Informed consent was obtained prior to data collection. Confidentiality was maintained throughout the study, and participants were informed of any potential risks or consequences of participation.

5.Results

Table 1

Descriptive: Frequency and Percentages of Demographic Variable Analyzed by Descriptive Statistics (N=189)

Descriptive	Frequency	Percentage
Gender		
Male	178	94.17
Female	11	5.82
Age		
18 to 25 Years	94	49.73
26 to 35 Years	86	45.50
36 and above	9	4.76
Marital Status		
Single	111	58.7
Married	73	38.6
Divorced	3	1.6
Separated	2	1.1
Qualification		
Primary	12	6.34
Middle	31	16.4
Matriculation	59	31.2
Intermediate	68	36.0
Graduation	14	7.4
Post-graduation	5	2.6

ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

Experience		
Less than 6 months	12	6.3
6 Months	16	8.5
1 Year	27	14.3
2 Year	49	25.9
3 Year	30	15.9
4 Year	29	15.3
5 Year	13	6.9
6 Year	13	6.9
Duty Timing		
Morning	105	55.6
Evening	63	33.3
Night	21	11.1
Organization		
Psychological Rehab Center	96	50.8
Drug Rehab Center	93	49.2
Income		
15,000-35,000 PKR	185	97.88
36,000-50,000 PKR	2	1.1
51,000 PKR and above	2	1.1

The demographic profile of the 189 participants indicates that the sample was predominantly male (94.2%) and relatively young, with nearly half aged 18 to 25 years (49.7%) and 45.5% aged 26 to 35 years. Most participants were single (58.7%) and possessed intermediate (36%) or matriculation (31.2%) level education, while only a few had graduation (7.4%) or post-graduation (2.6%) qualifications. Work experience varied, with the largest group having two years of experience (25.9%), and most staff worked morning shifts (55.6%). Participants were almost evenly distributed across psychological rehabilitation centers (50.8%) and drug rehabilitation centers (49.2%), and the vast majority earned a monthly income between 15,000 to 35,000 PKR (97.9%). Overall, the sample reflects a young, predominantly male workforce with moderate educational qualifications, varied experience, and modest income, providing context for interpreting their psychological well-being and life satisfaction.

Table 2

Mean Differences Between Staff Working at Psychiatric Rehabilitation Centers and Drug Rehabilitation Centers with Respect to Psychological Well-Being (N = 185)

							95% CI	
	N	*M*	*SD*	*t*	*df*	*p*	*LL*	*UL*

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ISSN P: 3006-1458
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CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.04 No.01 (2026)

PSW	PRC	96	148.041	7.989	-1.470	134.461	0.144	-6.358	.936
	DRC	93	150.752	15.950					

PSW: Psychological Well-being, PRC: Psychological Rehab Center, DRC: Drug Rehab Center

Table 3 shows the mean differences in psychological well-being between staff working at Psychiatric Rehabilitation Centers and Drug Rehabilitation Centers. The results indicate that there is no significant difference in psychological well-being between the two groups, $t(134.46) = -1.47$, $p = .144$. Staff working at Psychiatric Rehabilitation Centers (M = 148.04, SD = 7.99) reported slightly lower psychological well-being compared to staff working at Drug Rehabilitation Centers (M = 150.75, SD = 15.95); however, this difference was not statistically significant. Therefore, the findings suggest that the type of rehabilitation center does not significantly influence the psychological well-being of the staff in this sample.

Table 3

Mean Differences Between Staff Working at Psychiatric Rehabilitation Centers and Drug Rehabilitation Centers on the Satisfaction With Life Scale (N = 185)

								95% CI	
		N	*M*	*SD*	*T*	*df*	*P*	*LL*	*UL*
SWLS	PRC	96	21.458	5.761	1.875	187	0.062	-0.076	3.015
	DRC	93	19.989	4.968					

SWLS: Satisfaction with Life satisfaction scale, PRC: Psychological Rehab Center, DRC: Drug Rehab Center

Table 3 presents the mean differences in life satisfaction between staff working at Psychiatric Rehabilitation Centers and Drug Rehabilitation Centers. The results indicate that there is no statistically significant difference in life satisfaction between the two groups, $t(187) = 1.88$, $p = .062$. Staff working at Psychiatric Rehabilitation Centers (M = 21.46, SD = 5.76) reported slightly higher life satisfaction compared to staff working at Drug Rehabilitation Centers (M = 19.99, SD = 4.97); however, this difference was not statistically significant. Therefore, the findings suggest that the type of rehabilitation center does not significantly influence the life satisfaction of staff in this sample.

6. Discussion

The present study hypothesized that shift staff working in Psychiatric Rehabilitation Centers would have lower levels of psychological well-being and life satisfaction compared to shift staff working in drug rehabilitation centers. However, the results indicated that there was no significant difference in psychological well-being and life satisfaction between shift staff working in Psychiatric Rehabilitation Centers and those working in drug rehabilitation centers.

There may be several reasons for these non-significant findings. The results suggest that staff members working in both drug rehabilitation centers and Psychiatric Rehabilitation Centers experience similar levels of psychological well-being and life satisfaction. It is possible that employees in both settings deal with comparable daily stressors and job demands, which may lead to similar levels of psychological well-being and life satisfaction. The environment of rehabilitation settings is also an important factor related to employees' psychological well-being. The demanding nature of rehabilitation work, long working hours, and

the emotional challenges associated with caring for vulnerable individuals may make it difficult for staff to distance themselves from the stress of their jobs. However, consistent social support within the workplace may help employees cope with these challenges.

Furthermore, continuous rotation and shift work in rehabilitation centers may create difficulties for employees in maintaining personal life priorities. This aspect could be further explored in future studies, particularly considering long working hours. In addition, employees working in psychological rehabilitation or drug rehabilitation settings may also have personal experiences or past traumas that increase their emotional vulnerability. In some cases, working in such environments may help them relate to patients' experiences and seek personal growth, acceptance, or therapeutic support, which may contribute to maintaining their psychological well-being and life satisfaction. These factors may partly explain the non-significant differences found in the present study. There is also a need to explore emerging trends in the mental health field by conducting research with larger sample sizes across different rehabilitation centers while considering variables such as socioeconomic background and gender.

A survey conducted by Baker (2008) examined mental health services provided in child welfare residential treatment centers in New York State. Thirty-seven out of 43 agencies (86%) responded to the survey regarding service provision, satisfaction with services, and suggestions for improvement across several domains, including therapeutic milieu, individual therapy, group therapy, family therapy, and psychiatric services. The results indicated that due to funding constraints, many agencies hired direct care staff with limited formal education to work with children experiencing severe emotional and behavioral problems. This situation contributed to high turnover rates and moderate levels of satisfaction with services. These findings highlight the increasing demands placed on the mental health system while resources remain limited. The study emphasized the need for advocacy, clinical intervention, staff development, and further research (Baker, 2008). These findings suggest that staff working in both Psychiatric Rehabilitation Centers and drug rehabilitation centers require professional support and ongoing mental health assistance. Higher psychological well-being and life satisfaction may enhance employees' performance in rehabilitation settings.

The findings of the present study differ from much of the existing literature, which suggests that staff working in rehabilitation settings often perform emotionally demanding work that may lead to stress and burnout. Previous research has indicated that workers in psychiatric units often report high levels of job dissatisfaction due to the emotionally intensive nature of their work and frequent exposure to patients in vulnerable conditions (Cahill, Barkham, Richards, Bee, & Glanville, 2009).

Similarly, a study conducted among Iranian nurses examined the impact of occupational burden on life satisfaction. The results revealed that work-related burden negatively affected the life satisfaction of nurses. Several factors, particularly social support, were found to play a crucial role in improving life satisfaction among healthcare professionals, highlighting the importance of proper organizational planning and supportive workplace environments (Plaisier et al., 2007).

Another systematic review investigated psychosocial interventions designed to improve the psychological well-being of palliative care staff. The review, conducted according to methodological guidance from the UK Centre for Reviews and Dissemination, evaluated interventions such as relaxation training, educational programs, social support initiatives, and cognitive training aimed at reducing stress, fatigue, burnout, and depression while improving job satisfaction. The findings indicated that randomized controlled trials did not significantly improve the psychological well-being of palliative care staff, highlighting the urgent need for better intervention development and high-quality research in this field (Hill, Dempster, Donnelly, & McCorry, 2016).

Poor staff morale can negatively affect patient care and may also lead to economic inefficiencies within healthcare systems. Therefore, workforce planning should receive the same level of attention as patient care

when considering evidence-based strategies to improve staff morale and reduce burnout. Interventions that enhance staff skills and capabilities have been widely evaluated and have shown positive effects on several outcomes. Organizational strategies such as restructuring shifts, promoting continuous care models, and implementing primary nursing approaches have also demonstrated potential in improving job satisfaction among staff working in psychiatric units (Cahill et al., 2009).

Plaisier et al. (2007) also investigated the relationship between work environment, social support, and the onset of depressive and anxiety disorders among male and female employees. The findings revealed that psychological stressors in the workplace can predict the development of depressive and anxiety disorders in both genders. Although social support can act as a protective factor, it may not fully compensate for the negative mental health effects associated with unfavorable work environments.

Given the increasing prevalence of mental health concerns, there is a need for more research with larger and more diverse samples. Such research would help identify significant relationships and facilitate the development of intervention programs and awareness initiatives aimed at improving the psychological well-being and life satisfaction of staff working in mental health and rehabilitation settings.

6.1 Implications

Limited research has been conducted on the psychological well-being and life satisfaction of staff working in drug rehabilitation centers. Although some literature exists regarding caregivers of individuals with conditions such as dementia, cancer, and psychological disorders, the relationship between caregiving roles and psychological well-being among rehabilitation staff remains underexplored. Staff working with individuals experiencing substance use disorders often face emotional stress and psychological challenges; however, this topic has received limited research attention.

The present research may help rehabilitation staff better understand and manage workplace stressors by utilizing psychological well-being interventions. Enhancing psychological well-being among staff can improve their overall functioning and quality of life. Research suggests that lower levels of psychological well-being may contribute to serious health problems, including cardiovascular disease, impaired blood sugar control such as diabetes, and immune system dysfunction (Chandola et al., 2008). The findings may also support the need for psychological interventions and multi-tiered support systems for staff working with challenging populations in rehabilitation settings (Paris et al., 2021).

6.2 Limitations

The findings of the present study should be interpreted in light of several limitations. First, the study sample was limited to rehabilitation centers located in Karachi, which restricts the generalizability of the findings to other regions of the country. Second, the relatively small sample size and limited socioeconomic diversity of participants may have affected the representativeness of the results. Third, participants were recruited only from rehabilitation facilities, which may have limited the diversity of occupational experiences.

Additionally, some respondents required assistance while completing the questionnaires, and despite the measures being available in Urdu, certain terms may still have been difficult for participants to understand, potentially influencing their responses. The short duration of the study and other uncontrolled factors may also have contributed to the non-significant findings.

6.3 Recommendations for Future Research

The following recommendations are suggested for future research:

- Larger sample sizes should be used to improve the generalizability of findings.
- Participants should be recruited from rehabilitation centers located in different cities.

- Future studies may explore gender differences in psychological well-being and life satisfaction among rehabilitation staff.
- Additional variables such as job stress, burnout, social support, and organizational climate may also be examined.

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