Predicting psychological service providers' empowerment in the light of the COVID-19 pandemic outbreak: A structural equation modelling analysis

Boshra A. Arnout

Abstract
This study aimed to investigate the predictors of psychological service providers' empowerment in the light of the COVID-19 pandemic outbreak. The researcher prepared a psychological service providers' empowerment scale that consisted of 28 items, and this scale was applied in a random sample consisting of 975 psychological service providers. The results showed that the empowerment scale has acceptable validity and reliability. The results of the exploratory factor analysis indicated that the 28 scale items saturate on seven factors, which accounted for 64.42% of the total variance of the scale: the first factor named expect psychological services effectiveness accounted for 27.86%, the second factor named self-stimulation accounted for 9.71%, the third factor named responsibilities and duties accounted for 7.12%, the fourth factor named psychological services work environment accounted for 6.51%, the fifth factor named psychological service providers' decision-making accounted for 5.37%, the sixth factor named creative psychological service provider behaviour accounted for 4.45%, and the seventh factor named psychological services confidence accounted for 3.82% of the total variance of a psychological service providers' empowerment. In order to study the ability to predict the empowerment among psychological service providers, the researcher developed a structural model for psychological service providers' empowerment and then used the structural equation model analysis. The results showed that the proposed structural model of a psychological service providers' empowerment has goodness-of-fit, and these results emphasised the ability to predict psychological service providers' empowerment by seven tested factors.

Keywords
confidence, COVID-19 pandemic, creative, empowerment, exploratory factor analysis, psychological service providers, skills, structural equation modelling (SEM)
1 | INTRODUCTION AND THEORETICAL BACKGROUND

The changes and developments in globalisation and the information revolution in all aspects of life, including the field of psychological services and psychotherapy, have created problems for individuals, such as a decrease in the focus of performance on quality and efficiency and decrease in the enhancement of capacities and spirit of integration, which are achieved only in the light of their psychological empowerment and administratively and environmentally. Empowering the individual increases their creativity, excellence and innovation. Because of the importance of the profession of psychological services in the preparation of members of society psychologically, it is necessary to pay attention to the empowerment of psychological service providers to achieve the quality of psychological services provided to beneficiaries, that is matching the current performance of the psychological service providers with the needs and expectations of psychological service providers at different ages and social and professional levels of society, and accuracy and comprehensiveness.

Arnout, Al-Dabbagh, et al. (2020) and Arnout, Alshehri, Assiri, and Al-Qadimi (2020) discuss the origins of COVID-19 as a new strain of virus that was discovered in 2019 and has not been previously identified in humans. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death (WHO, 2020). On 11 March 2020, the Director-General of the World Health Organisation (WHO) declared the spate of infections caused by SARS-CoV-2 (COVID-19) a pandemic.

As this situation continues without a specific date for the return of life to what it was before COVID-19, the stresses increase, and many suffer from the inability to adapt to the current circumstances. It is not easy for our professionals and health officials to ask us to ‘socialise’, but it is incompatible with human nature. Man is a social being by nature. Social divergence is simply avoiding gatherings and close contact with others. Health experts consider it crucial to slow the spread of the virus, to avoid overburdening healthcare systems and perhaps to protect them from collapse if infection rates rise to a level that cannot be dealt with efficiently (Arnout, 2020).

In quarantine, some of the psychological stresses that people suffer from include the following:

1. Longer periods of quarantine were associated with symptoms of post-traumatic stress, reluctance and anger.
2. Quarantined people feel fear for their health or have suffered fears of injuring others.
3. Quarantined people felt angry and bored, due to restrictions, daily routine loss and lack of social and material contact with others.
4. Inappropriate basic supplies (such as food, water, clothing or accommodation) during quarantine caused frustration, which was associated with anger and anxiety.
5. Obtaining inappropriate information, including clarity about the actions to be taken, the purpose of quarantine and the different levels of risk, has proven to be stressful.

These stresses are associated with the quarantine. If a person is not able to confront it with effective styles of coping, it may lead him or her to experience psychological problems, and perhaps mental illness. Many patients who recovered from the Spanish flu in 1918 suffered from long-term depression and lethargy, feeling dizzy, experiencing insomnia, hearing or odour loss, and blurring of vision. Some believe that an outbreak of coronavirus will lead to a similar explosion in depression after recovering from the virus. Caring for mental health in such difficult times is extremely important. That is why the need of community members for psychological services increases under these conditions of quarantine and social separation, and the psychological problems it creates.

Almutairi, Adlana, Balkhya, Abbas, (2018) stated that the spread of infectious viruses such as SARS and others provokes emotional, ethical and cultural conflicts in the healthcare providers’ work environment, which affects the quality of care they provide to patients with infection. The findings of Arnout, Al-Dabbagh, et al. (2020) and Arnout, Alshehri, et al. (2020) indicated that the increased prevalence of COVID-19 has a negative effect on the mental health of individuals. In the same context, infection with deadly viruses results in self-stigma and external stigma. Recently, Overholt et al. (2018) found that during follow-up, stigma levels were stable. Baseline stigma significantly increased during enrolment and following clusters of Ebola re-emergence in Liberia. Survivors encountered primarily enacted and perceived external stigma rather than internalised stigma. In addition, James, Wardle, Steel, and Adams (2020) found that EVD-related stigma (internalised and enacted) is prevalent among EVD survivors since their return to their communities.

Almutairi and his colleagues in their qualitative study in 2018 found that the healthcare providers who survived MERS-CoV in Saudi Arabia perceived prejudice behaviours and stigmatisation, lived moments of traumatic fear and despair, and denial and under-estimation of the seriousness of the disease at the individual and organisational levels, and they recommend further studies to investigate the public’s perceptions of the nature of the MERS-CoV infection and their views and reactions. Thus, it is clear that the spread of the COVID-19 pandemic negatively affects the professional performance of healthcare providers, and thus reduces the quality of the professional assistance services they provide to the clients and their ability to perform their professional work. Previous studies (Robinson et al., 2004) recommended to examine the coping and stress management techniques for healthcare workers in conditions of infectious disease outbreaks.

Empowerment is a relatively new term, referring to a mental state that qualifies an individual to do something through a sense of inner commitment, self-control and a sense of trust, which contributes to the generation of human activity, the realisation of reason and creativity and the achievement of the desired goals in life in all its aspects. Empowerment has therefore become a prerequisite for...
living in the modern age, full of changes and developments in various aspects of life. Empowerment is essential for students, employees, parents and all members of society of all ages and their personal, mental and professional qualities, especially for humanitarian workers (Arnout, 2019).

Empowerment refers to the extent to which an individual has control over his or her sources of strength. Empowerment is therefore linked to a qualification aimed at assisting an individual with a physical, mental or sensory disability to reach the maximum performance an individual can achieve in his or her personal tasks, for example where he or she is a member of an institution or in the community in which he or she lives. The concept of empowerment has recently entered the field of social sciences, which means that an individual can gather and use all sources of power in his or her social life, including his or her relationships and work (Kafafi & Salem, 2008).

Empowering the psychological service provider in their work enables them to become aware of all of their responsibilities and duties. The psychological service provider is fully and comprehensively in control of all parts, components and steps of the psychological services process, thus ensuring his or her continued success in performing this work with different individuals and in all cultures because they possess the skills and abilities that raise their self-efficacy and professional competence. The practice and performance of renewable and changing roles are used in the light of current and new developments in technology.

Kaddour and Mohammed (2013) noted that empowerment refers to the increasing delegation of authority and participation in decision-making among the organisation’s affiliates (the context of the organisation) or to an interest in the possible environment for collaborative work and for improving the quality of life in it (the community context), or for empowering the individual from their sources of strength, for example self-employment and employment in their social life, including their relationships and work (the context of the individual). Empowerment has become the subjective experience of the individual as a catalyst and motivation to strengthen the feelings of self-efficacy and is linked to rehabilitation within the limits of possibilities and not determinants and is part of the framework of today’s main research, application and measurement in the field.

Al-Nawajjah (2015) stated that empowerment is a broad concept that accommodates many synonyms, meanings and concepts such as strengthening and enhancing efficiency and improving the situation and attribution. The study of the subject of psychological empowerment is a relatively recent topic in the humanities, especially in the science of educational and psychological management. Its manifestations are efficiency, self-efficacy, the ability to perform tasks and influence work, a sense of the value and meaning of work, self-motivation and ability to overcome feelings of frustration and despair.

Empowering the psychological service provider is one of the pillars of the success and excellence of the psychological services process. In the light of the technological development and its implications on the psychological services process on the one hand, and the change in life in all its aspects, and the increasing challenges imposed on members of society, and the responsibilities, duties and burdens imposed on psychological service providers’ empowerment as a result of the increasing suffering of the members of the community and the stress on them, there is a need to improve psychological service providers’ empowerment in their work, increasing their level of performance and increasing interest in the psychological services process. Previous studies emphasised the role of empowerment in the workplace. Hardina (2005) and He, Murrmann, and Perdue (2010) found that employee empowerment has positive effects on job satisfaction and the service quality they provide to their clients.

In the light of the increasing stresses resulting from the outbreak of the COVID-19 pandemic, given the importance of empowering mental health service providers, healthcare institutions and organisations are responsible for development of clients through planning training programmes.

1.1 Psychological service providers’ empowerment definition

The theoretical basis of the concept of empowerment is the theory of social exchange. It depends on the process of self-perception of the importance of the individual and his or her role in the work performed. Bowen and Lawler (1995) defined it as an internal state of mind that needs to be adopted and represented by the individual, in order to have self-confidence and conviction with the cognitive abilities that help them to make decisions and choose the results that they want to reach (Al-Nawajjah, 2015).

Empowering the psychological service provider means ‘giving the psychological service providers the opportunity to perform all his or her duties and responsibilities and fully exercise his or her authority at all stages and aspects of the psychological services work, making him or her able to face the challenges, stresses, professional development and changes in all aspects of life, and overcome obstacles that they may face during the psychological services practice and affect positive effectiveness of the professional guide and increases in his or her loyalty to the profession and motivation towards excellence and creativity in performance’.

This empowerment of the psychological service provider is the first building block of creativity in the work of psychological services, because it allows the growth of mutual trust between the service provider and the client, and between them and their colleagues, and provides an opportunity for the psychological service provider to enable themself during the stages of the psychological services process and involve themself in decision-making and taking responsibility and carrying out activities and duties to improve the feelings of motivation, self-efficacy of the individual, positive behaviour, building of positive relationships with clients, rooting respect, trust, understanding, participatory cooperation and enjoying psychological services work.
1.2 | The dimensions of psychological service providers' empowerment

Kaddour and Mohammed (2013) stated that one of the earliest perceptions of the concept of empowerment was developed by Zimmerman (1995), in which they presented three dimensions of measuring psychological empowerment: values, processes and outcomes. In addition, Spreitzer (1995) introduced four dimensions to measure psychological empowerment: sense of sense, efficiency, self-determination and impact. Menon (2001) envisaged three dimensions of empowerment: perceived control of the individual environment, perceived competence in task accomplishment and goal entry. Al-Nawajah (2015) also mentioned the dimensions of psychological empowerment according to Thomas and Velthouse (1990), which consider that psychological empowerment has four dimensions:

1.2.1 | Giving meaning to work

This is concerned with the values of the goal and tasks that are judged by the criteria or ideas of the individual, and includes giving meaning to the work comparison between the requirements of the role of work and beliefs of the individual.

1.2.2 | Efficiency

The degree to which an individual can perform the activities and tasks assigned to them with high skill when trying.

1.2.3 | Sensory or cognitive impact

The degree to which behaviour is perceived to make a difference in relation to the achievement of a goal or task, which in turn has the intended effect in an individual's environment.

1.2.4 | Choice

Includes causal responsibility for the actions of the individual, and the opportunity to choose the tasks that are meaningful to him or her and perform in a manner that seems appropriate.

From the above, we can determine the following seven dimensions of psychological service providers' empowerment:

1. Expect psychological services effectiveness: This refers to the psychological service provider's expectation of their ability to perform their duties and responsibilities, as well as their ability to provide psychological services to the client, and their awareness that they are capable of solving the problem of the client, their self-determination and independence. The more empowered a psychological service provider is, the more effective they will be in carrying out their work and tasks.

2. Self-stimulation: It is intended for the psychological service provider to feel that they have the authority to take personal responsibility in the psychological services process and to receive recognition and support from colleagues and clients of the psychological services, and to help them feel the achievement of the psychological services' aims.

3. Responsibilities and duties: This means that the psychological service provider has a clear vision of the role assigned to perform as a psychological service with rights, duties and responsibilities, in accordance with the ethical charter of the profession of psychological services issued by one of the government bodies or institutions approved.

4. Psychological services work environment: It is intended to provide a professional environment conducive to work, in which the work proceeds according to a specific vision and special aims, while preserving the values, principles and ethics that shape and define the nature of their relations with clients and colleagues, which enables the psychological service provider to perform their role and fulfil their responsibilities and duties to the fullest, and feel the value and the meaning of the work performed. There is no doubt that the psychological service provider's awareness of the meaning and value of the work affects the extent of their satisfaction and compatibility in it and the formation of good relations with clients, as well as the level of efficiency impact on their clients and colleagues.

5. Psychological service providers' decision-making: It is intended that the ethical framework of the psychological services profession defined the right of the psychological service provider to take the decisions governing the psychological services work and move in the direction of achieving the desired aims, whether the decision to continue work with a client and professional assistance specialist, or the decision to choose the appropriate method and techniques to solve the problem of the client for which the psychological services came, or the decision to terminate the relationship with the client and refer them to another psychological service provider, because this enables the psychological service provider to take responsibility to solve the problem of the client and satisfy the psychological needs.

6. Creative psychological service behaviour: It is intended to distinguish professional psychological services, in providing new psychological services in unusual ways, which enables them to solve the problem of the psychological service in creative ways. It collects data and analyses them in a new way and evaluates alternatives to solve them and selects the most appropriate alternative to achieve greater benefits for the psychological services.

7. Psychological services confidence: It is intended to guide the confidence of the psychological service provider in their performance, as well as confidence between them and their colleagues in the profession, and between them and their clients so that they can perform their duties and responsibilities in a sound manner successfully and distinctly. Whenever there is confidence in the
guidance from the parties of the psychological services process and colleagues, they can increase creativity and excellence in their work, improve performance and job satisfaction, and increase the ability of the psychological service provider to respond to environmental and societal changes.

1.3 | Empowering psychological service providers’ skills

Empowering the psychological service provider in their psychological services process requires four basic skills:

1.3.1 | Problem-solving skills

Psychological services offer specialised help provided by a trained person to another person who needs it either to solve a problem or to develop their abilities and invest their optimal development. Therefore, the psychological service provider must have problem-solving skills, but given the importance of these skills in their work, psychological service providers must receive training to increase their ability to solve the problem with sound scientific steps from the collection of information and also identify alternatives and choose the best option to solve the problem. This skill increases the confidence of the psychological service provider, and it achieves a high level of satisfaction with the performance of the client in solving their problem, which contributes to the empowerment of the professional provider and their ability to make decisions during the psychological services process and increase the level of personal satisfaction with the performance of their psychological service work.

1.3.2 | Self-awareness skills

The self-awareness of the psychological service provider means understanding and accepting it in a peaceful manner, managing it efficiently and then developing its potentials and making the best use of them. The more self-awareness they have, the more the powerfully and personally they will do the job. Self-awareness skills refer to those skills that help the psychological service provider to know the strengths and weaknesses of their personality. It also includes the psychological service provider’s knowledge of their personal rights, professional obligations and duties towards their profession and clients, and what they want to achieve from their work and from life in general. There is no doubt that this skill, if available to the psychological service provider and covered in training to increase their professional and personal empowerment, gives them the ability to make decisions. If the psychological service provider lacks sufficient self-awareness, they behave without full consciousness, and they will miss the knowledge of the consequences of the decisions they make, and thus be exposed to many mistakes that they could have remedied if they had enough self-awareness.

1.3.3 | Skills of perseverance and determination

These are necessary skills needed by the psychological service provider during their professional practice, and attempts to solve the problem of the client; it must not rush the results of psychological services and not rush to choose between alternatives to solve the problem of the client; and the choice between methods and techniques must be carefully chosen according to the nature of the client problem and the integrated diagnosis of them and the nature of their personality. Because psychological services work is hard and painstaking, the psychological service provider is in urgent need to persevere in order to achieve professional empowerment in their professional practice, and to reach the level of creative professional behaviour, not just traditional. There is nothing else that can play this role, since perseverance is the key to success and the basis of effectiveness and efficiency.

1.3.4 | Effective communication skills

Communication skills are a set of skills that an individual needs in their daily dealings, through which an individual can convey his or her thoughts, attitudes, values and feelings to others either verbally or in writing or through body language and facial gestures. Communication skills are essential skills in psychological services work. Psychological services is a face-to-face communication process, in which specialised assistance is provided to a person with a problem. Therefore, if a psychological service provider wants to do their job well and be successful, they must have communication skills and receive training in them because this makes them skilled in their work and able to perform their duties and responsibilities towards the psychological service providers. Effective communication skills help the psychological service provider to achieve their planned aims, as well as strengthen the relationship between the parties of the psychological services process through increased understanding and empathy. It can be said that 85% of the success in the psychological services work is due to mastery of communication skills and psychological services skills, and only 15% of it is attributed to science and specialised knowledge.

1.4 | The current study

Undoubtedly, the community’s efforts to seek psychological services have increased in the light of these conditions of quarantine and social separation, and the psychological problems it creates. This increased demand for psychological services puts pressure on providers of psychological services and may reduce the efficiency of their professional performance and reduce the effectiveness of the services provided, and for this reason, the interest of the current study came in revealing the factors that predict their professional empowerment while providing psychological services to clients. It is worth noting that the literature has scarce information on the effect
of the COVID-19 outbreak on psychological service providers’ job performance. This study seeks to determine the indicators of psychological service providers’ empowerment in the light of the outbreak of the COVID-19 pandemic to provide professional, effective and successful psychological services to clients, especially with the continuous increase in the demand for psychological assistance services as a result of the prevalence of psychological problems resulting from the COVID-19 pandemic. Hence, the importance of the current study represents the standard model testing that predicts psychological service providers’ empowerment.

## 2 | METHOD

### 2.1 | Participants

The statistical population of this study includes all psychological service providers. From this population, a random sample consisting of 975 psychological service providers (598 males and 377 females) was selected, with an age range of between 32 and 50 years. Participants were first informed about the aims and the content of the study. Then, they were assured about the confidentiality of their answers. They were asked to check a box if they agreed to participate in this study.

### 2.2 | Procedures

Institutional Review Board approval was obtained, and participants’ informed consent in this study was secured prior to data collection. The study applied a descriptive method to test the psychometric properties of a statistical psychological service providers’ empowerment scale. Participants completed the psychological service providers’ empowerment scale (PSPES-28). All analyses were performed with SPSS 26.0 (Statistics Package for the Social Sciences) and Amos (v.25) by maximum likelihood method to evaluate the measurement modelling proposed by psychological service providers’ empowerment and test the validity and reliability of the scale prepared in this study.

### 2.3 | Instruments

#### 2.3.1 | Psychological service providers’ empowerment scale (PSPES-28)

The self-report psychological service providers’ empowerment scale was prepared by the researcher, and consists of 28 items distributed on seven dimensions (see Table 1): the first dimension is expect psychological services effectiveness, consisting of six items (8, 9, 10, 11, 12 and 13), the second dimension is self-stimulation, consisting of six items (20, 21, 25, 26, 27 and 28), the third dimension is responsibilities and duties, consisting of three items (2, 3 and 4), the fourth dimension is psychological services work environment, consisting of three items (17, 18 and 19), the fifth dimension is psychological service providers’ decision-making, consisting of three items (22, 23, 24), the sixth dimension is creative psychological service provider behaviour, consisting of three items (14, 15 and 16), and the seventh dimension is psychological services confidence, consisting of four items (1, 5, 6 and 7). The individual responds with a 5-point Likert scale (fully agree = 5 to not fully agree = 1).

### 3 | RESULTS

The present study aimed to test the psychometric properties of a psychological service providers’ empowerment scale and evaluate the proposed measurement modelling to predict psychological service providers’ empowerment.

#### 3.1 | Reliability indices

The reliability of the scale was assessed on the study sample. Regarding internal consistency, the correlation coefficients of the items with seven dimensions of the scale (see Table 2), and the correlation coefficients between the seven dimensions and the total score (see Table 3) were 0.800, 0.698, 0.702, 0.596, 0.669, 0.581, and 0.746, respectively. The Cronbach’s alpha values for dimensions and for the scale as a whole (see Table 4) were $\alpha = 0.815$.

| Factors                              | Number of items | Items       |
|--------------------------------------|-----------------|-------------|
| Expect psychological services         | 6               | 8, 9, 10, 11, 12, 13 |
| effectiveness                        |                 |             |
| Self-stimulation                      | 6               | 20, 21, 25, 26, 27, 28 |
| Responsibilities and duties          | 3               | 2, 3, 4     |
| Psychological services work environment | 3               | 17, 18, 19  |
| Psychological service providers’      | 3               | 22, 23, 24  |
| decision-making                      |                 |             |
| Creative psychological service        | 3               | 14, 15, 16  |
| provider behaviour                   |                 |             |
| Psychological services confidence    | 4               | 1, 5, 6, 7  |

### TABLE 1 Items of psychological service providers’ empowerment scale
\[ \alpha = 0.789, \alpha = 0.798, \alpha = 0.700, \alpha = 0.701, \alpha = 0.724, \alpha = 0.746 \text{ and } \alpha = 0.900, \text{ respectively. These results indicate that the psychological service providers' empowerment scale is valid and reliable.} \]

3.2 | The validity indices

3.2.1 | Exploratory factor analysis (EFA)

The principal components analysis (PCA) method was used to derive psychological service providers' empowerment factors. The factor was also considered if the value of the underlying root eigenvalue was correct and the expression was capped at 0.40 or higher, according to the Kaiser test as a minimum for the acceptance of the factor, and the items with the lowest determinations were excluded (see Figure 1). In accordance with these determinants, the exploratory analysis produced seven factors that accounted for 80.82% of the total variance of the scale. The results are shown in Tables 5 and 6.

It is clear from the results shown in two Tables 5 and 6 that the subcomponents of the psychological service providers' empowerment scale are saturated on seven factors, which explained 64.42%
of the total variation of psychological service providers’ empower-
ment, so that the proposed model of psychological service provid-
ers’ empowerment and the theoretical basis of the scale are fully
matched.

3.3 | Structural equation model to predict empowerment among psychological service providers

In order to find how the seven factors of empowerment relate to
produce an overall measure of empowerment among psychological
service providers’ empowerment, a empowerment model was de-
designed (see Figure 2). To confirm that the theoretical structure of
the scale has goodness-of-fit and to test hypotheses about the rela-
tionship between certain variables belonging to common hypothesis
factors, a confirmatory factor analysis was used by maximum likeli-
hood method, assuming that the subcomponents saturate on only
seven factors. The results of the exploratory factor analysis are as
follows:

1. Expect psychological services effectiveness factor: saturated
on four measured indicators (c8, c9, c10, c11, c12, c13).
2. Self-stimulation: saturated on four measured indicators (c20, c21,
c25, c26, c27, c28).
3. Responsibilities and duties: saturated on four measured indicators
(c2, c3, c4).
4. Psychological services work environment: saturated on four meas-
ured indicators (c17, c18, c19).
5. Psychological service providers’ decision-making: saturated on
four measured indicators (c22, c23, c24).
6. Creative psychological service provider behaviour: saturated on
four measured indicators (c14, c15, c16).
7. Psychological services confidence: saturated on four measured
indicators (c1, c5, c6, c7).

The measurement components of the model are designed to en-
sure the accuracy of the measurement of the latent variables of the
model. In this model, as seen in Figure 2, ellipses represent latent
variables, and rectangles represent measured variables. Figure 2
illustrates the measurement component of the structural model of
the variable dimensions of psychological service providers’ empow-
erment. Seven factors with their measured indicators are shown in
Figure 2.

The statistical findings obtained for the empowerment model
resulted in many goodness-of-fit indicators (see Table 7), which
showed that the validity of the proposed theoretical construction
model through good matching indicators indicates the availability
of the proposed model on the goodness-of-fit; therefore, we can
predict empowerment among psychological service providers from
these seven factors. The standard chi-square divided by the stan-
dard is 4.038, and the GFI quality index of 0.913 is good because it is
greater than 0.90 and the square root of the RMSEA with the value
of 0.067 is less than 0.1; the NFI of 0.953; the RFI of 0.943; the IFI
of 0.963; the TLI of 0.939; the CFI of 0.920; the PNFI of 0.783; the
comparative index of the economy PCFI of 0.789; and the PRATIO
of 0.854. All of these economic indicators are above the 0.60 mark,
thus enhancing the availability of the measurement model on a fit.

Finally, the default model for the AIC (default model: 1,526.141),
the default model for the Brown–Cudeck BCC (default model:
and the default cross-expected ECVI (default model: 2.281) far surpassed their independent models that are equal to 4,591.557, 4,596.632 and 6.863, respectively.

We should identify the implications of these indicators on the factors to which they belong. Figure 3 shows that the indications of items range from 0.47 to 0.59 for the expect psychological services effectiveness factor, from 0.44 to 0.57 for self-stimulation, from 0.61 to 0.77 for the responsibilities and duties factor, from 0.50 to 0.67 for the psychological services work environment factor, from 0.48 to 0.74 for the psychological service providers’ decision-making factor, from 0.48 to 0.75 for the creative psychological service provider behaviour, and from 0.49 to 0.53 for the psychological services confidence factor (see Figure 3).

**TABLE 5** Total variance explained

| Component                                             | Total | % of variance | Cumulative % |
|-------------------------------------------------------|-------|---------------|--------------|
| Expect psychological services effectiveness           | 7.800 | 27.86         | 27.86        |
| Self-stimulation                                      | 2.718 | 9.71          | 37.56        |
| Responsibilities and duties                          | 1.993 | 7.12          | 44.68        |
| Psychological services work environment               | 1.712 | 6.12          | 50.80        |
| Psychological service providers’ decision-making      | 1.503 | 5.37          | 56.16        |
| Creative psychological service provider behaviour      | 1.245 | 4.45          | 60.61        |
| Psychological services confidence                     | 1.068 | 3.82          | 64.42        |

**TABLE 6** Rotated\(^a\) component matrix

| Sentences | Components |   1 |  2 |  3 |  4 |  5 |  6 |  7 |
|-----------|------------|-----|----|----|----|----|----|----|
| 1         | 0.376      |     |    |    |    |    |    |    |
| 2         | 0.746      |     |    |    |    |    |    |    |
| 3         | 0.852      |     |    |    |    |    |    |    |
| 4         | 0.779      |     |    |    |    |    |    |    |
| 5         |            | 0.457|    |    |    |    |    |    |
| 6         | 0.404      |     |    |    |    |    |    |    |
| 7         |            | 0.700|    |    |    |    |    |    |
| 8         | 0.526      |     |    |    |    |    |    |    |
| 9         | 0.529      |     |    |    |    |    |    |    |
| 10        | 0.396      |     |    |    |    |    |    |    |
| 11        | 0.478      |     |    |    |    |    |    |    |
| 12        | 0.634      |     |    |    |    |    |    |    |
| 13        | 0.704      |     |    |    |    |    |    |    |
| 14        |            | 0.367|    |    |    |    |    |    |
| 15        | 0.782      |     |    |    |    |    |    |    |
| 16        |            | 0.792|    |    |    |    |    |    |
| 17        |            | 0.680|    |    |    |    |    |    |
| 18        |            | 0.772|    |    |    |    |    |    |
| 19        |            | 0.534|    |    |    |    |    |    |
| 20        | 0.482      |     |    |    |    |    |    |    |
| 21        | 0.517      |     |    |    |    |    |    |    |
| 22        |            | 0.633|    |    |    |    |    |    |
| 23        |            | 0.664|    |    |    |    |    |    |
| 24        |            | 0.758|    |    |    |    |    |    |
| 25        |            | 0.506|    |    |    |    |    |    |
| 26        |            | 0.675|    |    |    |    |    |    |
| 27        |            | 0.670|    |    |    |    |    |    |
| 28        |            | 0.450|    |    |    |    |    |    |

\(^a\)Rotation method: Promax with Kaiser normalisation.
4 | DISCUSSION

The present study applied SEM, an advanced statistical method, to test the construct validity of the psychological service providers’ empowerment scale. The exploratory factor analysis was used to demonstrate a more realistic representation of the relationship between the items and factors. The seven factors modelling the psychological service providers’ empowerment scale were confirmed, which means that we can predict psychological service providers’ empowerment from these seven factors. The study that was conducted by Süürucü and Besen (2018) showed that we can predict empowerment of type 2 diabetic individuals from education about diabetes, high school, university, age, social support and employment status; these variables were statistically significant predictors. In addition, the study of Wallach and Mueller (2006) revealed that role ambiguity, role overload, participation, supervisor–supervisee relationships and peer support predict statistically the empowerment of paraprofessionals within human service organisations. Regarding the effects of employee empowerment on their professional performance, He et al. (2010) found that employee empowerment has positive effects on job satisfaction and the quality of services they provide to their clients. Similarly, Macinga, Sulea, Sărăscu, Fischmann, and Dumitru (2015) concluded that personality and psychological empowerment were predictors of organisational outcomes. Hardina (2005) found that employee empowerment increased effectiveness and reduced staff turnover.

This study contributes to the steadily increasing literature on psychological service providers’ empowerment, which is considered an important research area, and it has also become increasingly important to measure this multifaceted construct with an appropriate instrument. Although empowerment behaviour has been investigated in many studies, there is still no research regarding to psychological service providers’ empowerment, within the limits of researcher knowledge. By employing SEM, important information has been discovered about the psychological service providers’ empowerment scale. The seven specific factors have
been confirmed from goodness-of-fit indices. The results show that the confirmatory factor analysis provided further evidence of the validity of the factorial structure of the psychological service providers’ empowerment scale. Thus, the main objective of the research has been achieved. These results are consistent with the results of previous studies that empowerment is a multi-factor variable (Al Eid, Alqahtani, et al., 2020; Al Eid, Arnout, & Almoied, 2020; Al-Nawajah, 2015; Arnout, 2019a, 2019b; Arnout & Almoied, 2020a, 2020b; Arnout & Al-Qadimi, 2019; Arnout, Alshehri, et al., 2020; Kaddour & Mohammed, 2013; Menon, 2001; Spreitzer, 1995; Thomas & Velthouse, 1990; Zimmerman, 1995).

The factorial structure of the scale prepared by the researcher showed a great compatibility between the theoretical aspect of the scale and the analysis data obtained from the study sample, and this increases the confidence in the ability of the scale to measure psychological service providers’ empowerment and also indicates that the scale has the implications of internal consistency.

The COVID-19 pandemic crisis and the stresses associated with quarantine and social distancing have increased the need for specialists in psychological counselling and psychotherapy and those responsible for psychological service centres to prepare and plan counselling and psychological therapy programmes via the Internet for community members who suffer from symptoms of mental disorders resulting from the increasing outbreak of COVID-19, and provide psychological services to patients with COVID-19 to increase their coping skills and to recover from serious physical and psychological symptoms (Arnout, Al-Dabbagh, et al., 2020).

Thus, the spread of the COVID-19 pandemic increases the continuous professional burdens or stresses of psychological service providers, causing pressure that affects the quality of their performance, resulting in them requiring professional assistance to enable them to do their work. This is confirmed by Barnett et al.’s (2007) findings that continued work stresses affect helping professionals’ mental health and leads to burnout and other stress-related disorders.

4.1 | Recommendations

From the findings of this study, we can predict psychological service providers’ empowerment from seven factors. Therefore, we recommend looking at ways to increase psychological service providers’
empowerment, which requires his or her skillful empowerment, that is gaining and developing their skills in psychological services work on the one hand, as well as empowering them in managing psychological services work with clients and the freedom to choose psychological services methods and techniques, planning the psychological services process and recognising that they have the ability to influence the clients, which improves job satisfaction, encouraging them to respond quickly to guide the needs of clients, solve their problems and work in positive ways, and create a climate of trust between psychological service providers and clients. We can list the benefits of empowering a psychological service provider in their work as follows:

1. Increase creative psychological services practice.
2. Ability to make decisions related to the psychological services process.
3. Effective participation of the psychological service providers and the ability to influence the psychological services process and co-workers.
4. Increase the ability to solve problems that they may face during their work.
5. Increase job satisfaction and psychological services confidence.
6. Raise the level of satisfaction of the beneficiaries of the psychological services provided to them.
7. Performance excellence and take risks effectively.
8. The high level of psychological services provided to clients.
9. Abandon the traditional methods of professional practice.
10. Professional, moral and community commitment.

Psychological service providers’ empowerment can lead to a sense of belonging, satisfaction in their profession of psychological services, perception of the importance of their work in providing assistance to clients, increase in their responsibility towards them and the direction of the profession and active participation in the development of their professional performance, as a result of their psychological, cognitive and professional empowerment at the physical, sensory or moral level. This enables them to achieve the objectives of the psychological services process and the personal aims of the clients, and even the profession of psychological services and the organisation in which they work, as a result of providing the conditions that make them able to accomplish the responsibilities of their job.

5 | CONCLUSION

In the light of this study’s results, we need future studies on psychological service providers’ empowerment, as there are no studies dealing with this variable by investigation and analysis. In addition, the results of this study will direct the future studies to develop programmes to increase empowerment among psychological service providers according to the seven factor model proposed, which was tested in this study.

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CONFLICT OF INTEREST

The author of this manuscript declared that they have no conflict of interests.

COMPLIANCE WITH ETHICAL STANDARDS

The author of this manuscript has complied with ethical principles in their treatment of individuals participating in the research policy described in the manuscript.

DATA AVAILABILITY STATEMENT

All data underpin this study found in this manuscript, and there are no any additional data.

ORCID

Bosha A. Arnout https://orcid.org/0000-0003-3418-5667

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AUTHOR BIOGRAPHY

Boshra A. Arnout is a professor of counselling and psychotherapy in the Department of Psychology, Faculty of Education, King Khalid University, and in the Psychology Department, Faculty of Arts, Zagazig University. She is a member of the American Psychological Association, a member of the American Psychological Counseling Association, a member of the Advisory Board of a number of journals and counselling centres, and a member of several Arab and international journals. She has published several books in psychology such as The Secret of Extremism, Applications of Positive Psychology in Counseling and Psychotherapy, Encyclopedia of Counseling and Psychotherapy, Global–Vocational Counseling and Psychotherapy, Psychological Measurement, Stress of Life, Mental Disorders of Children, Readings in Modern Psychology, Spiritual Intelligence and Counseling and Psychotherapy etc. She has also published more than 50 psychological scales. In addition, she has published about 60 scientific papers in different fields of psychology. She has also supervised a number of master’s and doctoral students. She has more than 24 years of experience in studying in Universities such as Zagazig University in Egypt, and Umm Al Qura University and King Khalid University in Saudi Arabia. Her Web of Science Researcher ID is: AAF-7107-2019, and her RG account is: https://www.researchgate.net/profile/Boshra_Arnout.

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