

Multicultural Workplace Counselling and the Impact of Wealth, Health, Ability and Time (WHAT) on Mental Health under COVID-19 Pandemic

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How to cite this paper: Fong, C., & Tripathi, S. (2021). Multicultural Workplace Counselling and the Impact of Wealth, Health, Ability and Time (WHAT) on Mental Health under COVID-19 Pandemic. *Psychology*, 12, 1743-1755.
<https://doi.org/10.4236/psych.2021.1211105>

Received: September 5, 2021
Accepted: November 21, 2021
Published: November 24, 2021

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Abstract

The global coronavirus pandemic and the changes in people's daily lives that have resulted have taken a toll on people's mental health and created additional barriers for those seeking mental health care. Besides stress and concerns about contracting the virus, losing a job and childcare, and losing loved ones to COVID-19 are a few of how the pandemic can negatively impact mental health. Globalization refers to a process that increases the speed of movements (of human beings, goods, services, capital, and technologies) across the globe. Globalization also increases interactions between different cultures. The importance of many factors associated with subjective wellbeing has been explored in this context. This paper will critically discuss and clarify the concept of multi-culturalism in the context of multi-cultural counselling. It will also seek to explain important concepts related to this study such as concepts like multi-cultural counselling, multi-cultural competencies and workplace counselling under COVID-19 pandemic.

Keywords

COVID-19, Workplace Counseling, Pandemic, Quarantine, Mental Health, Stress-Related Disorders

1. Introduction

International Labour Organization estimated that there are 244 million migrants worldwide. Most of these migrants are unskilled or semiskilled workers living in overcrowded conditions. They face health and safety concerns because of poor sanitation (Koh, 2020). The global coronavirus pandemic and the changes in

people's daily lives that have resulted have taken a toll on people's mental health and created additional barriers for those seeking mental health care. Besides stress and concerns about contracting the virus, losing a job and childcare, and losing loved ones to COVID-19 are a few of how the pandemic can negatively impact mental health (Koh, 2020; Chan & Quan, 2020; Lee & Kawachi, 2019; Kasser & Ryan, 1996).

Globalization refers to a process that increases the speed of movements (of human beings, goods, services, capital, and technologies) across the globe. Globalization also increases interactions between different cultures (Matter, 2021). The importance of many factors associated with subjective wellbeing has been explored in this context. Personal values may affect daily life and significant decisions regarding lives and futures, shaping life paths, social relationships, and subjective wellbeing under the COVID-19 Pandemic (Koh, 2020; Chan & Quan, 2020; OECD, 2020). Globalization has operationalized in terms of mobility, economy, and healthcare systems. People's values, goals, and cultural influences affect their handling of money and their decisions about spending, borrowing, and investing. Culture has become so fundamental in human societies and weaved in nature that human beings often internalize it. Culture is so ingrained and programmed that its influence may often exist beyond our awareness even though it gives life structure and meaning. In most cases, time past and future in its practices, customs, rituals, traditions that it represents defined the impact of the existence of culture. Culture influences and shapes how individuals and groups create identities, values, norms, and ways of living, transferred from one generation to another, which goes beyond race and ethnicity (Chan & Quan, 2020; Lee & Kawachi, 2019; Kasser & Ryan, 1996, Fong, 2015; Fong, 2020).

Singapore's multicultural population is making the workplace diverse, with FTs and migrant workers from across the globe. There has been a lack of mental health services for this population because of language and cultural barriers that make it difficult for general health care providers to provide this level of service. Migrant workers' home countries also have high levels of stigma against mental illness, which adds to their unmet mental health needs (Koh, 2020; Chan & Quan, 2020; Fong, 2015; Fong, 2020).

The implication is an increased need for counsellors in workplace counseling to develop multicultural competencies and help them be more effective in working with the culturally diverse population in Singapore (Flanagan & Flanagan, 2013). Counsellors need to be competent in contextualizing traditional western counseling approaches when applying them to various clients. They also need to develop self-awareness and study to gain more cultural knowledge of diverse populations from different cultural backgrounds. Awareness, knowledge, and skills are three critical components of multicultural competencies (Collins & Arthur, 2010; Collins & Arthur, 2010; Harjana et al., 2021; Yamauchi & Templer, 1982). The World Health Organization has also affirmed the need to consider cultural and diversity issues in mental health. We will review multicultural workplace counseling and the Impact of Wealth, Health, Ability, and Time

(WHAT) on mental health under the COVID-19 pandemic in this article because individuals perceive an event like the COVID-19 pandemic as stressful because they perceive it as a threat to their lives, well-being, and mental or emotional health (Zepinic, 2021).

2. Purpose of This Research Study

The literature review will help to provide the context and clarify the research question and identify existing gaps in research and provide the reasoning for this proposed research study. Its Mental Health Action Plan, 2010-2013, states that mental health and mental disorders are determined by individual characteristics such as coping with stress and mental illness and by one's ability to regulate their thoughts, emotions, behaviour's, etc., interactions. Economic, social, cultural, political, and environmental factors, such as national policies, social protections, living standards, and community social services, must also be considered (Pedersen, 1990; Harjana et al., 2021; Banks, 1994; Manchanda, 2012; Yamauchi & Templer, 1982; Slattery, 2004). This paper will critically discuss and clarify the concept of multi-culturalism in the context of multi-cultural counselling. It will also seek to explain important concepts related to this study such as concepts like multi-cultural counselling, multi-cultural competencies and workplace counselling under COVID-19 pandemic.

3. Determinants of Mental Health under Contextual Approach

Singapore has experienced tremendous growth during the past 50 years, and to fuel this growth, migrant workers have been instrumental. A series of socio-environmental factors, such as loss of social status, separation from the family, and discrimination, also contribute to mental health problems faced by migrant workers and FTs in the current COVID-19 pandemic (Kasser & Ryan, 1993). Because of the COVID-19 pandemic, migrants were more likely to suffer from mental health issues. Many migrant workers and foreign talents suffer from various socio-economic variables, such as losing their social status and discrimination. These determinants of mental health are considered in the systemic and contextual approach to understanding the client in multi-cultural counseling (Koh, 2020; Chan & Quan, 2020; Lee & Kawachi, 2019; Kasser & Ryan, 1996).

In Singapore, most workplace counseling counsellor's do not consider diversity or systemic issues when working with transnational clients. Lack of a framework that could help them identify multi-cultural issues in counseling. Hence, the wealth, health, attitude, and time (WHAT) model (as shown in **Table 1**) hopes to contribute to existing research by providing a multidimensional framework to improve multi-cultural competencies, as well as to embrace a broader definition of culture, to consider diversity issues through the inter-relationship between the dimensions of wealth, health, values and beliefs (Mollen et al., 2003; Daya, 2001; Delsignore et al., 2010; Pedersen, 1990). Globalization has played a significant role in

Table 1. Personal risk/values inventory.

| | Finances | Family | Fitness | Future |
|---------|---|---|--|--|
| WEALTH | How's the current state of my own finances? E.g. loans, financial liabilities, budget, savings, assets etc. | Based on my goals, how are my current finances, savings, investment plans performing in terms of returns, bonuses and interests? | How's my current state of financial knowledge and ability to invest, save, buy and do financial planning for myself. | How is my current time length before I get my financial returns and dividends? |
| HEALTH | How's my current financial commitment towards my domestic budget and other related family expenditures monthly. | How's my current health state of my family members e.g. disabilities, medical conditions, psychological, behavioural and general wellbeing. | How's my current commitment to my family as a child, parent, Spouse, caregiver, guardian etc. | How is the quality of time spent with my loved ones? |
| ABILITY | How's my current commitment towards saving money for the future/intended studies, retirement and other plans needing budget for myself? | How's my current state of my own health, motivation, mental well-being to any existing medical condition needing long term management? | In planning for my future, how am I in meeting certain skill, ability, knowledge, academic papers, life or work experiences in preparation for my expected future? | How do I feel about the time needed to reach my goals? |
| TIME | How's my current state of Financial commitment towards health insurances, budget for gym membership, supplements & health products to emotional wellbeing programs? | How's my current health? No prior medical health issues warranting medical visits and medication | Here my ability in managing my physical and emotional well-being? | How's my current state of time devoted to physical training and/or emotional well-being exercises as well. |

improving workplace conditions in recent years. In order to evaluate a workplace as healthy, they look at five key areas: staff involvement, the work-life balance, growth and development, and safety and health. Psychosocial factors, organizational culture, and work for organizations have been gaining attention in recent years. Organizations have developed criteria that include these areas to ensure the psychological well-being of professionals (Kasser & Ryan, 1993; Fong, 2020; Collins & Arthur, 2007; Delsignore et al., 2010; Pedersen, 1990; Manchanda, 2012).

4. Wealth & Values

Several socio-economic and cultural contexts have been investigated for money attitudes, and researchers have suggested multidimensional (Taneja, 2012). Researchers have discovered that money has many dimensions, revealing different meanings in people's lives and entrusting many facets to it (Manchanda, 2012; Vontress & Jackson, 2004; Valentine & Varner, 2001; Banks, 1994). Yamauchi and Templer (1982) noted that specific individuals held the attitude or belief that money represents success and that money relieved their anxiety or provoked anxiety; for this group of people's money associated with success and for this group, the money associated with anxiety (Muzikante & Škuškovnika, 2018;

Parks, 2011; Chung & Bemak, 2002; Ridley & Lingle, 1996). According to research, closely connected people who believe money with status are more likely to be loss averse than those in the general population because they believe lower levels of wealth will lead to a loss of social standing (Muzikante & Škuškovnika, 2018). It is reasonable to assume that people who score higher on Power, which is associated with social status, will make informed financial decisions. We wanted to test in our research whether values affect attitudes toward money and financial behaviour? One aspect of money power attitudes particularly interests our study, and a common significant Asian cultural value is that of “face”. This translates that one’s reputation is deemed of great value and importance. It is necessary to protect oneself from any situation that might be disgraceful or shameful at all costs (Burton & WHO, 2010; Kasser & Ryan, 1993; Georgellis et al., 2009; Fong, 2020; Luthans et al., 2006; WHO, 2021). In multi-counselling, counselors are helpful to be aware and sensitive to the cultural value of “saving face”. This would ensure the counselor remains respectful, sensitive to non-verbal cues of their Asian clients, and perhaps to use a more indirect and gentle way of communicating when trying to confront any inconsistencies or weaknesses during counseling. In some shame-based Asian cultures, families or individuals may avoid seeking professional help when faced with problems. Keeping problems hidden is their preference to avoid bringing disgrace to the family. The Coronavirus threatens the world’s financial contagion in an economy still recovering from the Great Recession (Burton & WHO, 2010; Kasser & Ryan, 1993; Georgellis et al., 2009; Fong, 2020). Many households have to deal with the prospect of falling into poverty because of a drop in their income linked to the health crisis and limited financial buffers under the coronavirus pandemic (Pedersen, 1990; Pedersen, 1991; Muzikante & Škuškovnika, 2018; Slattery, 2004; Parks, 2011).

5. Health Beliefs & Hygiene

Culture and social context influences health behavior. However, limited data is evaluating these influences on COVID-19 response (Hsing, 2021). Often, this cannot be guaranteed that workers will enjoy excellent health by preventing hazards in the workplace and preventing diseases’ excellent health (WHO 2021). Their health practices also influenced an employee’s health. Does the worker smoke? Eat a nutritious diet? Get enough exercise? Enough any excellent quality sleep? Drive safely? Abuse of alcohol or drugs? Smoke-free workplaces are associated with reduced chronic disease rates, and science has long demonstrated the health benefits of these behaviors. Smoking prevalence fell because of lower employee cigarette consumption, and workplace smoking rose because of increased employees Stress can lead to increased cigarette smoking (Koh, 2020; Chan & Quan, 2020; Parks, 2011; OECD, 2020; WHO, 2021).

There are proven ways that a workplace can influence health behaviors. In addition, it negatively related physical activity during leisure time to energy ex-

penditure during working hours. There are many “common sense” answers to this question that are not supported by scientific evidence. For example, suppose a company has a cafeteria for its employees that serve only “junk food” at reasonable prices, free or even subsidized. In that case, this will likely induce workers to eat unhealthy food while at work. Stressful work situations can develop bad habits such as excessive drinking or excessive cigarette smoking (OECD, 2020; WHO, 2021). Physical activity will be challenging to incorporate if working long hours and overtime is required. Work influences personal health choices that can increase acute and chronic, communicable and non-communicable diseases alike. It is not always gender-neutral to determine how work-related factors influence a worker’s ability to lead a healthy lifestyle. In addition, they know that women who work outside the home do more unpaid labor in the home, before and after work, than men do. Most men fix the household and maintain the car, while women clean, cook, and care for young children and the elderly. A task of this nature cannot be postponed. (NIH, 1999; Collins & Arthur, 2007; OECD, 2020; WHO, 2021)

The belief system serves as the cultural backbone that drives one’s behavior and perception of others (Slattery, 2004). It might seem acceptable for a twelve-year-old girl to kiss her father on the cheeks in one culture but not sufficient in another. The judgments made by the individual culture may show the particular culture is valuing decisions. These decisions will determine one’s actions and how other cultures viewed. Membership in culture brings meaning and identity to an individual (Slattery, 2004). This explains why the pressure to conform to one’s cultural beliefs, values, and social conventions may be so strong in influencing the individual’s behaviors and the choices they would make in life.

6. Ability & Norms

Research suggests that social isolation, misinformation, unpredictability, and uncertainty about the reasons for COVID-19 can contribute to stress and mental health concerns.

According to research, social isolation, misinformation, and uncertainty about the seriousness of COVID-19 can all contribute to stress and mental health issues. It has long been observed that workers suffering from mental illnesses can harm their work performance. Enlightened employers also see the workplace as an ideal place to identify mental illnesses and facilitate treatment. However, little is known about how work may affect mental health or increase the risk of mental illness or disorders. Most mental illnesses have multiple causes, including family history, health behaviors, gender, genetics, personal life history and experiences, support access, and coping skills (OECD, 2020; WHO, 2021). A collective of mental health researchers and consultants from Simon Fraser University, Canada, have reviewed the literature in this area. As a result, they conclude that a workplace environment can increase the risk of mental disorders, make existing disorders worse may contribute to mental distress (demoralization, depression,

anxiety, burnout, etc.). People can suffer from considerable mental distress without being diagnosed with a mental disorder. Deviation or violation of norms despite established values results from maximizing gains. Such deviance can disrupt group cohesion, so most would guard against it by developing a punishment system to deter nonconforming norms (Parks, 2011). Hence, non-conformity to standard behaviors or practices may render the individual an outsider or outcast in collectivistic communities. Before the African civil rights movement, African Americans being punished for violating social norms were enforced by the white community. An example in many Asian societies, including Singapore today, is for a wife to take on her husband's first name after marriage.

7. Multi-Culturalism & Traditional Interventions for Culturally Diverse Clients

With increased cultural diversity because of the influx of an increasing number of migrants to the Singapore society and workplace, it has become pertinent for counselors to be better equipped in multicultural competencies to be more effective when working with a global and diverse workforce. Because of significant demographic changes in the United States, multi-culturalism grew in importance. It became the “fourth force” in helping to complement the three classical dimensions of psychodynamic, humanistic/existential, and behavioral psychology (Pedersen, 1990; Pedersen, 1991). According to Pedersen (1991), multi-culturalism is a powerful force within the school counseling profession. It aids individuals in understanding diverse cultural groups better and promotes self-awareness and a greater understanding of one's own culture. In the 1980s, the first framework of multicultural competencies was initially published in *The Counseling Psychologist* with 11 foundational competencies, a decade later, a revised version published with 31 competencies categorized into 1) “Counselor's awareness of own assumptions, values and biases”; 2) “Understanding the worldview of the culturally diverse client”; and 3) “Developing appropriate intervention strategies and techniques” (Sue et al., 1992: p. 481). In the 1990s, it made intentional efforts to operationalize the competencies and extend them to include systemic and organizational issues. It included organizational development as a fourth category of multicultural competence by the end of the decade (Fong, 2015; Fong, 2020; Banks, 1994).

Adapting traditional interventions for including cultural differences in the intervention can be as simple as including some context for the intervention or more complex as including unique cultural elements. Working with diverse clients does not imply that all traditional counseling methods should be abandoned counseling practices but orientating those clients to the interventions and the counseling process and aim (Fong, 2015; Fong, 2020; Pederson, 1990). The approach to multicultural counseling is then defined as being capable of integrating awareness, knowledge, and skills specific to different cultures into counseling interactions (Pedersen, 1990; Pedersen, 1991; Muzikante & Skushovnik, 2018;

Slattery, 2004; Parks, 2011; Chung & Bemak, 2002). To be multiculturally competent, Counsellors must be aware of their own biases and values. Arredondo and colleagues (1996) identified Counsellors with cultural competence have specific counseling competencies that pertain to their attitudes and beliefs.

Additionally, counselors should be self-aware of their cultural background, personal life experiences, and biases and prejudices shaped by these factors. In addition, these competencies would include acknowledging their limitations in multicultural competency and the ability to mitigate social and cultural differences or misalignments that may arise during the therapy process. Arise in the therapeutic process (Pedersen, 1990; Pedersen, 1991).

The concept of multicultural competence is connected to intercultural interaction, where the need to develop an understanding of the culture of others is to be appreciated (Valentine & Varner, 2001). From a broader perspective, multicultural competence comprises four different dimensions: skills, cognition, attitudes, and action (Banks, 1994). A person's attitudes, behaviours, and actions, rather than their memory, must demonstrate multicultural competence (Clough & Holden, 1996).

Interculturally competent people are adept at working with different cultures, different people, and in different situations. By making decisions based on values, principles, values, and beliefs, they are not constrained by bias or prejudice. With experience working with multicultural clients and improved communication skills, this competence can improve. In this way, the counselor can overcome stereotypes, prejudices, and assumptions (Yamauchi & Templer, 1982; Muzikante & Škuškownika, 2018; Parks, 2011; Ridley & Lingle, 1996; Chung & Bemak, 2002).

In diverse counseling clients, empathy, cultural empathy is pertinent to the therapeutic relationship. It described empathy in counseling as the Counsellor's ability to experience the world as the client does, both cognitively and emotionally (Chung & Bemak, 2002). When the client's cultural diversity is also taken into account, they know it as cultural empathy. The term "cultural empathy" comes from the fact that this also includes dimensions of client cultural diversity. Cultural empathy is defined by Ridley and Lingle (1996) as the counselor's ability to relate to varied clients by extending beyond the knowledge of culture to understanding their specific emotional needs (Ridley & Lingle, 1996).

8. Limitations of Some Existing Multicultural Models

Both of these models may place more emphasis on socio-cultural influences and the family on the individual, they are, however, limited in providing a holistic view of the individual without considering the emotional, cognitive, behavioural issues related to the individual schema of the client, and it also seems to neglect aspects related to religious, spiritual and other philosophical issues. In addition, they also do not take into consideration the dynamic interaction and correlation between the social-cultural systems and the individual but emphasize more on

understanding the individual based on static racial/ethnic/social-cultural categories (Daya, 2001; Pedersen, 1991; Slattery, 2004; Parks, 2011; Chung & Bemak, 2002; Ridley & Lingle, 1996).

In recent years of multicultural counseling research, there have been more studies that investigate the relationship between the Counsellor's self-awareness of his own ethnic identity and multicultural counseling competency. One such model is the Person(al)-As-Profession(al) (P-A-P) transtheoretical framework proposed by Delsignore and colleagues (2010). Their framework is based on Helms' (1990) racial identity development (RID) theory and multicultural counseling competency.

RID explores how one's racial and ethnic background and experiences influence one's attitudes, beliefs, perceptions towards people of other ethnic groups. The premise of the P-A-P framework is that "aspects of one's person(al) Identifying as a mental health practitioner does not require mutually exclusive attributes and identities" (Pedersen, 1990; Harjana et al., 2021; Banks, 1994; Manchanda, 2012).

Due to the undesirable consequences of stress, interventions are thus needed to reduce or eliminate stress. Stress management has traditionally focused on reducing the presence of stressors, with efforts targeted at increasing individual resistance to stressors generated at work. These days, stress management takes on a two-pronged approach of prevention and intervention (Harjana et al., 2021; Helms, 1990; Chung & Bemak, 2002; Hsing et al., 2021).

Organizational initiatives in the former include onsite physical fitness, exercise and meditation, and time management programs, while the latter involves counseling, social support groups, and EAPs. Nurturing a positive climate is essential for engaging employees. Engagement has a direct impact on organizations' financial performance. The Corporate Leadership Council (CLC) defines employee engagement as "the level of commitment your employees demonstrate toward something in your organization and the degree to which they work hard and stay as a result of that commitment". A study by Towers Perin involving fifty multinational companies indicated that organizations with high levels of engagement achieved financial success in operating income, net income growth, and earnings per share annually (OECD, 2020).

Engagement is vital for enhancing employee productivity and performance. It is a state of intense, concentrated attention and effort in the service of a task or problem that is highly valued by the individual (Shepell, 2016). Disengagement has a significant impact on organizations' bottom lines. The annual cost of disengaged employees for an organization of 1000 employees is 1.8 million (Shepell, 2016). Positive workplace culture has to exist to improve the emotional climate. This can be achieved by minimizing stress levels, leveraging employees' strengths, and promoting well-being with interest to improve employees' quality of life. Overload, ambiguity, and conflict in roles are typical job stressors (Shepell, 2016; NIH, 1999). For example, to build resiliency and self-efficacy, organizations can

reward employees by providing benefits that can help develop their talents, reduce stress and improve health. Resiliency describes employees' abilities to bounce back from setbacks. With a greater sense of purpose, commitment from employees will be high. Research suggests that self-efficacy has demonstrated a correlation between employees' confidence in skills and superior job performance than extrinsic rewards (Luthans et al., 2006; Mollen et al., 2003).

9. Conclusion

Globally, COVID-19 has been confirmed in millions of cases and is still spreading in all affected countries. This enormous epidemic is causing severe and even fatal diseases across thousands of countries. There are long-term effects on people's health, happiness, and well-being. Beyond the obvious physical risks and economic effects, the epidemic also affects mental health and social relationships (Helms, 1990; OECD, 2020). These factors result in anxiety and worry and affect people's connection to institutions, work, and income. COVID-19 has caused enormous pain and suffering to people, which has consequences for their well-being, health, and quality of life. OECD, with close to millions of cases confirmed worldwide, and the scale of contagion still rise in most affected countries. The epidemic affects people's physical health and economic well-being and social welfare, Job security, incomes, and connections and imposes considerable anxiety and burden (Koh, 2020; Chan & Kuan, 2020; Lee & Kawachi, 2019; OECD, 2020).

It has demonstrated that self-perceived job insecurity may be the most important predictor of various psychiatric conditions, including minor depression. This is especially noticeable in cases of long-term job insecurity. The fact remains that even if those exposed to chronic job insecurity gain some job security, they struggle to keep it. When the threat is removed, the psychological effects are not always reversed.

Cultural competence has been criticized for overemphasizing race and ethnicity while ignoring and overlooking other aspects of one's identity that make up one's cultural identity excluded or neglected (Coleman, 2004). The literature in the field has increasingly argued for the importance of considering a broader definition of culture that takes into account diversity issues such as gender, race, ethnicity, linguistic heritage, sexual orientation, and age (Daya, 2001; Pedersen, 1990). By including social-cultural and contextual factors and identity factors, they proposed a more multi-dimensional approach to understanding one's cultural identity (Collins & Arthur, 2007; Collins & Arthur, 2010; Daya, 2001). Collins & Arthur (2007) introduced the culture-infused counseling model, which focuses on building a culturally sensitive working alliance between counselors and clients. The findings among White mental health practitioners support a direct relationship between an individual's RID and multicultural counseling competency. The study's implication shows that counselors' ethnic background and personal experiences shape their attitudes and beliefs towards clients of different

ethnic cultures and affect their professional multicultural competency in counseling (Delsignore et al., 2010; Luthans et al., 2006; OECD, 2020). Like many of such research literature in this area, while the study provided insights into the importance of Counsellor's self-awareness to multicultural competency. It lacks in terms of its practical application as in providing practical handles or tools that could aid in the development of Counsellor's self-awareness aspect of multicultural competencies. These are important issues as they are precipitating factors highlighting retention and recruitment challenges today at the workplace in Singapore. Promoting healthy work cultures would help better meet the needs of a culturally diverse workforce in multicultural Singapore (Coleman, 2004; Daya, 2001; Pedersen, 1991; Luthans et al., 2006; Vontress & Jackson, 2004).

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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