Original Research Article

Knowledge, Perception and Utilization of Counselling Services by University Staff: A Pilot Study

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Abstract

Effective counselling in universities can address work-related stress, interpersonal conflicts, career concerns, and burnout for both students and staff alike. This study explored the knowledge, perception, and utilization of counselling services among staff members of Edo State University, Iyamho. Using a descriptive survey design, data were gathered from 15 participants (53.3% male; 46.7% female) through a validated 27-item questionnaire ($\alpha = 0.83$). Findings showed that while 60% of respondents were aware of counselling services, only 33.3% knew the unit's location and 6.7% knew its working hours, resulting in an overall knowledge score of 43.81%. Staff members generally had positive perceptions of counselling, agreeing that it helps manage work-related stress (M = 4.33, SD = 1.13) and reflects strength rather than weakness (M = 4.40, SD = 1.15). Despite this, utilization remained low, with only 13.33% having accessed counselling services, primarily for personal and career-related concerns (6.7% each). Satisfaction levels were moderate (M = 3.5 ± 2.37), and no significant relationship was found between demographic characteristics and service use (p > 0.05). The findings indicate a gap between awareness, perception, and actual use, suggesting the need for improved visibility, better communication, and enhanced trust in counsellor competence. Strengthening awareness campaigns and ensuring confidentiality could promote greater utilization and support staff mental well-being.

Keywords: Counselling Services, Knowledge, Perception, Utilization, Staff, University.

INTRODUCTION

Counselling services play an essential role in promoting psychological well-being, enhancing emotional resilience, and supporting both personal and professional development within the workplace [1]. Counseling services in healthcare are vital in addressing the psychological, emotional, and behavioral needs of both healthcare professionals and patients. They encompass a wide range of interventions such as individual and group therapy, crisis management, and stress reduction strategies [2]. In academic institutions, particularly universities, counselling is critical for addressing work-related stress, interpersonal conflicts, mental health challenges, and career concerns among both students and staff. While much attention has been given to counselling services for students, staff members are often overlooked, despite the immense pressures associated with academic and administrative roles [3].

At Edo State University, Iyamho, the presence of counselling services is an important institutional asset. However, anecdotal evidence and observations suggest that many staff members may not be fully aware of these services, may hold misconceptions about their purpose, or may be reluctant to utilize them due to stigma or confidentiality concerns. According to Alafara and Bolaji, negative perceptions and a lack of trust in the confidentiality of counselling sessions are common barriers to utilization in Nigerian tertiary institutions [4]. Moreover, cultural factors including traditional beliefs about mental health and emotional vulnerability often contribute to general skepticism toward psychological services in African settings [1].

With the rapid transformation in workplace dynamics, especially in the wake of COVID-19, staff well-being has become increasingly critical. Universities are expected not only to be centers of learning but also to

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provide comprehensive support systems for staff to cope with evolving job demands and stressors. Despite this, little empirical research exists on the knowledge, perception and utilization of counselling services in Nigerian universities by staff. Edo State University, Iyamho, is no exception. Hence, the need to examine whether staff are adequately informed about available counselling services, how they perceive these services, and the extent to which they make use of them.

Understanding these variables is crucial for the development of effective mental health policies and for the improvement of service delivery models. It also helps to reduce stigma, foster a supportive institutional culture, and enhance overall staff productivity and job satisfaction. As noted by Adanna *et al.,* strengthening awareness and changing perceptions of counselling can significantly improve utilization rates and psychological outcomes among university employees [3].

This study aims to investigate the knowledge, perception, and utilization of counselling services among staff at Edo State University, Iyamho. Doing so will help identify existing barriers and inform the development of inclusive, effective, and responsive mental health support systems within educational institutions.

METHOD

Sample
A stratified random sampling technique was used to select respondents. The staff population was divided into two strata: academic and non-academic staff. Within each stratum, participants were randomly selected to ensure proportional representation and reduce selection bias in the pilot study.

Instrument
Data collection was carried out using researchers developed questionnaire on Knowledge, Perception and Utilization of Counseling Services by Staff Members of Edo State University Iyahmo which contains a total of 27 items in four (4) sections (A, B, C, D). Section A contains four (4) items which elicited information on the socio-demographic characteristics of the Staffs, Section B contains Seven (7) items which elicited information on Knowledge of counselling services, Section C contains Ten (10) items which elicited information on Perception of counselling

services, Section D contains Four (4) which elicited information on Utilization of counselling services, The questionnaire was subjected to face and content validity by experts in counselling psychology and educational research. Their feedback was used to refine the instrument for clarity, relevance, and comprehensiveness, ensuring it measures what it intends to effectively. A pilot study was conducted with 15 staff members from a comparable institution to test the questionnaire's reliability. The internal consistency of the instrument was assessed using Cronbach's alpha, yielding a reliability coefficient of 0.83.

Design
This study adopts a descriptive survey research design.

Method of Data Collection
Ethical approval was obtained from the appropriate research ethics committee. Participants were informed of the study's purpose and assured of their voluntary participation, confidentiality, and right to withdraw at any time without penalty. Data was anonymized and used solely for research purposes to ensure privacy and ethical compliance. Data was collected through self-administered questionnaire and, distributed physically to the selected sample. Participants were given clear instructions. The researchers retrieved completed questionnaire on the spot.

Method of Data Analysis
Data collected were analyzed using frequencies, percentages, means, and standard deviations. An acceptable cut-off of 50% was designated as acceptable for knowledge and utilisation. 25% or less was regarded as very low for knowledge and utilisation, 26% to 50% was regarded as low level of knowledge or utilisation, 50 to <75% was regarded as high level of knowledge or utilisation whereas above 75% was regarded as very high level of knowledge or utilisation. The criterion mean of 3 and above was considered as positive perception and an aggregate mean lower that 3 indicated negative perception. Chi-Square test (to determine association) was adopted in testing null hypothesis at 0.05 level of significance. Statistical Package for Social Sciences (SPSS) software Version 27 was used in the data analysis. All the results were presented in tables.

RESULTS

Table 1: Demographic data of Respondents   N=15

S/N	Parameter	Frequency (%)	
1	**Gender**		
	Male	8 (53.3)	
	Female	7 (46.7)	
2	**Age**		
	26–30	6 (40%)	Mean Age =
	31–35	2 (13.3%)	36.33 +6.02
	36–40	1 (6.7%)	
	41–45	4 (26.7%)	Range = 26-55 years
	46–50	1 (6.7%)	

S/N	Parameter	Frequency (%)	
	51–55	1 (6.7%)	
3	**Staff Category**		
	Academic Staff	6 (40%)	
	Non-Academic Staff	9 (60%)	
4	**Length of Service**		
	1–5 years	7 (46.7%)	
	6–10 years	3 (20%)	
	11–15 years	3 (20%)	
	16–20 years	2 (13.3%)	

Table 1 shows the demographic data of the respondents. It shows that 8(53.3%) of them were males while 7(46.7%) were females. The age distribution showed that 6(40%) of them were between the ages of 26-30 years, 4(26.7%) were between the ages of 41-45 years while 2(13.3%) were between 31-35 years. Concerning the staff category, the non-administrative staff constituted 11(73.3%) of the respondents while the administrative staff were 4(26.7%). The duration of service showed that 7(46.7%) of them were had been on the job for 1-5 years, 3(20%) had 11-15 years' length of stay in service and 2(13.3%) had more than 15 years' working duration.

Table 2: Respondents' Knowledge about Counseling Services   N=15

S/N	Questions	Options	Frequency (%)
6	I know that my facility provides counseling services for its staff members.	Yes	9 (60%)
		No	6 (40%)
7	I know where the counseling services unit is located within the facility.	Yes	5 (33.3%)
		No	10 (66.7%)
8	I know the types of issues for which I can seek counseling (e.g., stress, personal problems).	Yes	12 (80%)
		No	3 (20%)
9	I know the working hours of the counseling services unit.	Yes	1 (6.7%)
		No	14 (93.3%)
10	I have knowledge that the counseling services are free for staff members.	Yes	8 (53.3%)
		No	7 (46.7%)
11	I know how to schedule an appointment with a counselor.	Yes	8 (53.3%)
		No	7 (46.7%)
12	I am well informed about outreach programs offered by the counseling services.	Yes	3 (20%)
		No	12 (80%)
	Overall Level of Knowledge		**43.81%**

Table 2 shows the respondents knowledge about Counselling services. 9(60%) of them were aware that counselling services existed in their facility while 6(40%) were unaware of this. Also, only 5(33.3%) of them knew the location of the counselling unit while 10(66.7%) did not know. 12(80%) of the respondents were aware of the types of issues for which they could seek counselling. Only 1(6.7%) knew working hours of the counselling unit. 8(53.3%) were aware that counselling services are free for staff members while 7(46.7%) were not aware, similarly, 8(53.3%) knew how to schedule an appointment with a counsellor while 7(46.7% did not know. 12(80%) of the respondents noted that they were well informed about outreach offered by the counselling unit of their institution. The overall level of knowledge was 43.81%.

Table 3: Respondents' Perception about Counseling Services

S/N	Parameter	Mean	SD
13	Seeking counseling is a sign of strength, not weakness.	4.40	1.15
14	Counseling can be helpful in dealing with personal problems.	4.60	1.23
15	Counseling can be helpful in managing work-related stress.	4.33	1.13
16	I believe that the counselors at my facility are competent and trustworthy.	3.26	0.87
17	I would feel comfortable discussing personal issues with a counselor in this facility.	3.53	0.87
18	I believe that the counseling services are confidential.	3.93	0.96
19	Seeking counseling might negatively affect how others view me at work.	2.26	0.94
20	The facility actively promotes the use of counseling services among staff.	3.07	0.82
21	I believe that the counseling services are easily accessible to all staff members.	3.00	0.82
22	I have positive expectations about the potential benefits of counseling	3.80	0.94

Table 3 shows that the mean score for the statement *"Seeking counseling is a sign of strength, not weakness"* was 4.40 with a standard deviation of 1.15. The belief that *"Counseling can be helpful in dealing with personal problems"* recorded the highest mean of 4.60 (SD = 1.23), while *"Counseling can be helpful in managing work-related stress"* had a mean score of 4.33 (SD = 1.13). The perception that *"Counselors at the facility are competent and trustworthy"* had a mean of 3.26 with a standard deviation of 0.87, and the statement *"I would feel comfortable discussing personal issues with a counselor in this facility"* recorded a mean score of 3.53 (SD = 0.87).

The belief that *counseling services are confidential* had a mean score of 3.93 (SD = 0.96), while the perception that s*eeking counseling might negatively affect how others view me at work* recorded the lowest mean of 2.26 (SD = 0.94). The statement *"The facility actively promotes the use of counseling services among staff"* had a mean of 3.07 (SD = 0.82), whereas *"Counseling services are easily accessible to all staff members"* recorded a mean of 3.00 (SD = 0.82). Lastly, the mean score for the statement *"I have positive expectations about the potential benefits of counseling"* was 3.80 with a standard deviation of 0.94.

Table 4: Respondents' Level of Utilization of Counseling Services

S/N	Parameter	Options	Frequency (%)	
23	Have you ever utilized the counseling services provided by your workplace?	Yes	2 (13.3%)	Level of utilization = 13.33%
		No	13 (86.7%)	
24	How many times have you utilized the counseling services?	Once	1 (6.7%)	
		2–3 times	1 (6.7%)	
25	What were the primary reasons for seeking counseling services? (You may tick more than one)	Work-related stress	0 (0%)	
		Personal problems (e.g., relationship issues, family problems)	1 (6.7%)	
		Anxiety or depression	0 (0%)	
		Grief or loss	0 (0%)	
		Career-related concerns	1 (6.7%)	
26	How satisfied were you with the counseling services you received?	Very Dissatisfied	0 (0%)	Mean=3.5 SD = 2.37
		Dissatisfied	0 (0%)	
		Neutral	1 (6.7%)	
		Satisfied	1 (6.7%)	
		Very Satisfied	0 (0%)	

Table 4 above shows the utilization of counselling services. Only 2(13.3%) of the respondents have utilized counselling services which amounted to 13.33% level of utilization and of these 2, 1(6.7%) have used it just once while the other 1(6.7%) have used it 2-3 times. Similarly, 1(6.7%) of them consulted the guidance and counselling unit for personal problems while the other 1(6.7%) had career related concerns. Concerning their satisfaction with the counselling services, 1(6.7%) noted that he was satisfied while the second 1(6.7%) had a neutral feeling resulting to a mean of 3.5 ±2.37.

Table 5: Test of Hypothesis between demographic data of the respondents and their utilization of Counseling services

S/N	Variables	Chi square X^2	p-value	Interpretation
1	Gender and utilization	0.012	0.913	Not Significant
2	Age and utilization	3.47	0.628	Not Significant
3	Staff Category and utilization	0.096	0.757	Not Significant
4	Length of Service and utilization	2.65	0.449	Not Significant

The results of the chi-square tests of independence revealed that none of the socio-demographic variables (gender, age, staff category, and length of service) had a statistically significant relationship with the utilization of counselling services among staff members ($p > 0.05$). This implies that utilization of counselling services did not vary significantly across gender, age groups, staff categories, or years of service. The findings suggest a generally uniform pattern of low utilization of counselling services across the different demographic groups examined.

DISCUSSION

The findings from this study indicate that while a majority of respondents (60%) were aware of the existence of counselling services in their facility, there were notable gaps in their overall knowledge and understanding of these services. Although awareness of counselling services' existence was relatively fair, only

one-third (33.3%) knew the physical location of the counselling unit, which suggests a significant barrier to access. Furthermore, only 6.7% knew the working hours of the unit, an important operational detail that directly influences service utilization. On a positive note, 80% of the respondents reported awareness of the types of issues for which counselling could be sought, implying that some level of conceptual understanding exists. Knowledge about the cost and accessibility of counselling services also varied, with 53.3% aware that the services were free and the same percentage knowing how to schedule an appointment. However, 46.7% were unaware of both facts, suggesting that a considerable number of staff may perceive counselling as inaccessible or fee-based, potentially discouraging use. Encouragingly, 20% of the respondents indicated awareness of counselling outreach activities, reflecting some degree of institutional communication. Nonetheless, the overall knowledge level of 43.81% demonstrates that information about counselling services is still low among staff members.

These findings align with earlier studies highlighting widespread knowledge deficits regarding counselling services in institutional environments. For instance, Wada *et al.,* observed limited awareness and visibility of counselling structures in Nigerian universities [1]. Similarly, Chikere and Nwankwo reported gaps in access knowledge among tertiary staff [5]. In another study, Odukoya *et al.,* found that while a high proportion of students knew counselling services existed, many did not know where to locate the counselling office or how to book appointments [6]. Conversely, institutions that invested in staff sensitization and regular mental health campaigns reported higher knowledge levels. Adekeye *et al.,* reported significant improvements in knowledge following awareness interventions [7], and Eze & Ogbonna documented increased utilization after institutional support measures were introduced [8].

Respondents' perceptions of counselling were generally positive, with high mean scores across key items. The highest mean (M = 4.60, SD = 1.23) for "Counselling can be helpful in dealing with personal problems" and 4.40 (SD = 1.15) for "Seeking counselling is a sign of strength" demonstrate widespread acceptance of counselling as valuable and empowering. These results are comparable to Adeyemi & Johnson, who reported favourable attitudes toward counselling and improved resilience among staff [9], and Udo & Olorunfemi, who found similar recognition of counselling as a coping strategy [10].

Trust in counsellors' competence was moderate (M = 3.26, SD = 0.87), reflecting mixed perceptions. Chinwuba & Ugwuegbulam reported similar concerns about professional competence among counselling staff [11], and Eze & Oladele documented professionalism and confidentiality issues affecting trust [12]. Chukwu &

Nwankwo also highlighted confidentiality doubts as a utilization barrier [13]. Conversely, Ade & Bello observed predominantly positive attitudes in their sample [14], and Eze & Alabi reported improvements in attitudes following targeted interventions [15].

However, institutional promotion and accessibility were weaker. Ibrahim & Musa noted insufficient advocacy and awareness campaigns in some regions [16], and Onyinyechi & Ogunyemi identified limited publicity as a barrier [17]. Respondents' comfort discussing personal issues (M = 3.53, SD = 0.87) and optimism about counselling outcomes (M = 3.80, SD = 0.94) reflect encouraging attitudes consistent with Olusanya & Adebayo [18].

The findings from this study reveal a very low level of counselling service utilization, with only 13.3% of the respondents having ever accessed counselling. This suggests that despite the availability of such services, participation remains limited. Among these, 6.7% had visited the counselling unit only once, while the other 6.7% had used the services two to three times, indicating irregular engagement. The major reasons for consultation were personal (6.7%) and career-related (6.7%) issues, reflecting a narrow perception of counselling as primarily addressing individual or occupational concerns. Satisfaction levels were modest, with 6.7% respondents reporting satisfaction, while another 6.7% expressed a neutral stance, yielding a mean satisfaction score of 3.5 ± 2.37. This neutral outcome may reflect gaps in service effectiveness, counsellor accessibility, or confidentiality.

These findings are consistent with Wada *et al.,* [1], who reported low utilization rates among university employees in Northern Nigeria. Likewise, Chikere & Nwankwo [5] and Odukoya *et al.,* [6] reported similar patterns of low use and poor visibility. The findings by Kanikwu *et al.,* show higher awareness levels among nurses but still limited utilization in that study [2]. Conversely, Adekeye *et al.,* [7] and Eze & Ogbonna [8] reported increased utilization where institutions implemented targeted programs and employee assistance initiatives.

Overall, while staff at Edo State University, Iyamho, displayed strong awareness and generally favourable attitudes toward counselling, utilisation was very low. Many lacked practical knowledge about service operation, access procedures, and working hours. Although most respondents viewed counselling as beneficial and non-stigmatizing, moderate trust, limited visibility, and accessibility issues hindered engagement. These patterns mirror national findings reported by Adeyemi & Johnson [9], Ibrahim & Musa [16], and Onyinyechi & Ogunyemi [17], indicating that while many staff express positive perceptions, fewer actively engage due to systemic and organizational barriers.

The hypothesis testing revealed no statistically significant relationship between staff socio-demographic characteristics and their utilization of counselling services (χ^2 = 3.9018, df = 5, p = 0.563). This suggests that gender, age, staff category, and length of service did not significantly influence whether respondents accessed counselling services. These findings are consistent with Ibrahim & Musa [16] and Akinyemi & Oladipo [19], who reported similar non-significant associations. However, Okeke *et al.,* reported a marginal association between age and counselling utilization in another sample [20], indicating the possibility of regional or sample differences.

Therefore, strengthening service promotion, ensuring confidentiality, and enhancing counsellor visibility and competence could improve staff participation. Addressing these gaps through regular sensitization programs, improved publicity, and institutional support would foster greater trust, normalize help-seeking, and enhance overall staff well-being and productivity.

IMPLICATION OF FINDINGS

The findings of this study have significant implications for institutional policy, staff welfare, and mental health promotion within tertiary institutions. The generally high awareness and positive perception of counselling services indicate that staff members recognize the value of psychological support; however, the low utilization rate suggests a critical gap between awareness and actual engagement. This shows the need for stronger institutional advocacy, improved visibility of counselling units, and clear communication regarding service accessibility and confidentiality. Limited trust in counsellors' competence and lingering concerns about privacy further suggest that regular professional development and ethical reinforcement among counsellors are essential to build credibility and confidence. Additionally, the minimal promotional efforts identified imply that management must integrate mental health sensitization and counselling awareness into staff development programs. The low utilization rate, despite positive perceptions, also underscores the need for targeted interventions that address organizational and cultural barriers, including stigma and logistical challenges. By strengthening institutional support, promoting confidentiality, and normalizing help-seeking behaviors, universities can foster a healthier, more productive work environment. Ultimately, these findings emphasize the importance of a proactive, well-structured mental health framework to enhance staff well-being, reduce stress, and improve overall organizational performance.

Limitations of the Study

Despite the relevance of this study, certain limitations should be acknowledged. The relatively small sample size of fifteen (15) respondents may not fully represent the entire staff population of Edo State University, Iyamho, thereby limiting the generalizability of the findings. Nevertheless, this limitation was mitigated through the use of a stratified random sampling technique, which ensured participation from different departments and enhanced representativeness. Furthermore, the study relied on self-reported data, which may have been affected by social desirability bias, as some respondents might have provided responses perceived as acceptable rather than their true opinions. To minimize this, participants were assured of confidentiality and anonymity, encouraging honest and unbiased feedback.

CONCLUSION

The findings have important implications for mental health promotion and staff welfare in tertiary institutions. Although staff showed high awareness and positive perceptions of counselling, low utilization indicates a gap between recognition and actual engagement. This suggests the need for stronger institutional advocacy, improved visibility of counselling units, and better communication about accessibility and confidentiality. Moderate trust in counsellors' competence also highlights the importance of ongoing professional training and ethical reinforcement to build credibility. Limited promotional efforts and lingering stigma call for regular sensitization and integration of counselling awareness into staff development programs. Addressing these organizational and cultural barriers will enhance service uptake, foster a supportive work environment, and improve staff well-being. Strengthening counselling infrastructure and normalizing help-seeking behaviours can ultimately boost productivity, reduce stress, and promote a healthier institutional culture conducive to effective performance.

Ethical Considerations

Participants were guaranteed strict confidentiality, anonymity, and privacy during and after the data collection process. All research activities complied with institutional ethical guidelines and were conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (1975), as revised in 2000 (https://www.wma.net/e/policy/17-c_e.html).

Contributions

All authors were actively involved in the conception and design of the study, development of research instruments, data collection, analysis and interpretation, as well as drafting and revising the manuscript for publication.

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