KENYATTA UNIVERSITY

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

PSYCHOLOGICAL AND EMOTIONAL SELF-CARE PRACTICES AND LEVEL OF BURN-OUT AMONG COUNSELORS IN NAIROBI CITY COUNTY KENYA

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C50/CTY/PT/ 13493/09

A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS (COUNSELING PSYCHOLOGY) OF KENYATTA UNIVERSITY

JUNE, 2019
DECLARATION

The report is my original work and has not been presented for a degree in any other University or for any other award

Signature___________________________________Date___________________

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This report has been submitted for appraisal with my approval as University supervisors

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DEDICATION

I dedicate this project to my children Auxilia, Bryan and Alex and to all counselors.
ACKNOWLEDGEMENT

I wish to thank all those who have contributed to the completion of this project. I wish to start with my supervisor Dr, Olaly for being very patient with me and all the support she accorded me. Secondly, I thank the entire KU team for the support. I also would not forget Kiambu and Nairobi KCPA chairpersons and NACOSTI team for allowing me to carry out the research.

My children have been of great support and have been a great inspiration to me. I appreciate you.

To everyone who was there for me, accept my gratitude.
ABSTRACT

Counselling is an emotionally draining occupation that exposes counsellors to overwhelming levels of burn-out. As such counsellors need to find ways of dealing with the different levels of burn-out they may experience in the process of counselling. Psychological and emotional self-care practice is essential in reducing the effects of burnout especially with professions that deal with human service providers. It is on this ground that the current study is to investigate the relationship between psychological and emotional self-care practices and psychological burnout among counsellors in Nairobi County. The theory of Self-care by Orem served as the theoretical foundation of this study. This study utilised correlational design which provided a fuller understanding of the relationship between psychological and emotional self-care practices and psychological burnout. The target population included 800 registered members of the Kenya Counselors and Psychologists Association. The systematic random sampling method was used to sample 260 counsellors as respondents. Self-Care Assessment Work Sheet and Maslach Burnout Inventory were used to collect data. Professional, accredited and practising counsellors verified the validity of the instruments while the test re-test method was used to ensure reliability. Data collected was analysed quantitatively using SPSS version 23 and the ANOVA regression model at a significant level of 0.05 and presented in the form of tables, pie-charts and graphs. The study finding was a source of encouragement to other counsellors on the need of self-care and adds to the literature on self-care and burnout. Private and government organisations can make use of the results findings and use them to improve on the well-being of counsellors as they endeavour to offer professional services to their clients. The study found out that counselling work makes one feel frustrated, felt like counselling is breaking them down, and counselling makes them feel like they work hard. The study found out that there is a positive association between Psychological self-care, emotional self-care and level of burn-out. Therefore there is a need to come up with a workplace-based program to assist workers at their places of duty. There is a need to increase awareness about compassion fatigue and burnout syndrome among medical practitioners and nurse as well as the general public.
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## ABBREVIATIONS AND ACRONYMS

<table>
<thead>
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<th>Abbreviation</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>BAC</td>
<td>British Association of Counseling</td>
</tr>
<tr>
<td>CBI</td>
<td>Counselor Burn-out Inventory</td>
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<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
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<tr>
<td>KCPA</td>
<td>Kenya Counseling and Psychologist Association</td>
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<tr>
<td>MBI</td>
<td>Maslach Burnout Inventory</td>
</tr>
<tr>
<td>MBSRP</td>
<td>Mindfulness-Based Stress-Reduction Programs</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>The National Council of Science and Technology Institute</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SCAW</td>
<td>Self Care Assessment Worksheet</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>VT</td>
<td>Vicarious Traumatization</td>
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## OPERATIONAL DEFINITIONS OF TERMS

**Burn-out:** This refers to a stressful state that is characterised by psychological and emotional, exhaustion; lethargy and chronic fatigue.

**Counseling** means a professional relationship used to empower different people individually, in families and groups in order to attain mental health.

**Counsellor:** This refers to a trained psychologist who treats people's emotional and behavioural problems using talk therapy using theories, skills and techniques as tools for treatment.

**Depersonalization** This is used to mean emotional detachment from the client.

**Emotional exhaustion** this is the meaning feelings of being emotionally stretched and overwhelmed by clients’ issues.

**Fatigue:** low energy levels resulting from mental or physical exertion or illness after engaging with clients with complex problems which require supervision for the wellbeing of the counsellor.

**Psychological burnout** means a state of emotional, mental and physiological tiredness after a long period of stress due to the inability to deal with the emotional burden as a mental health professional.

**Reduced personal accomplishment** is used to mean reduced effectiveness in achieving the set goals.

**Self-Care** A way to prevent and treat burnout, i.e. activities that will help the body utilise energy in order to regain the physical, psychological, emotional and professional well being.
Supervision: Is that aspect management of the professional by an observer for an improved performance after interacting with client.

Wellness: The physical, mental, social and emotional well-being of the counsellor.
CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study was carried out in order to examine if a relationship exist between psychological and emotional self-care practices and burn-out among counsellors in Nairobi County. Chapter one outlines the background of the study, the problem statement, the purpose of the study, research objectives and research hypothesis. Justification and significance of the study, scope and limitations of the study are brought out in the chapter. The chapter concludes by defining the assumptions of the study.

1.2 Background of the Problem

Burnout can have an intense effect on counsellors work with clienteleles and can have a negative effect on the client. In order to avert the negative effect on clients, the author intended to explore the extent to which counsellors experience burn out and identify ways in which they can prevent experiencing the burnout through use of self-care strategies. Burnout is the emotional, mental and physical exhaustion that counselors who involve themselves with clients for a long time experience and this may lead to stressful situations as a result of ones expectations for high performance (Staechele, & Schuepbach, 2010). Cooper and O’Driscoll (2003) stressed on the psychological pressure that service provider’s encounter when attending to their clients. While addressing professionals in the man service field, Bakker and Heuven (2006) defined burn out as a “particular kind of occupational stress reaction among human service professions, resultant from demanding and emotionally charged interactions with recipients” Many counsellors find themselves drained and experience similar symptoms like their clients
suffer from; for example frustrations, anxiety, depression and feelings of helplessness, hopelessness and futility (Guay, 2018).

Lawson (2007) describes burnout as a deprivation of the counsellor’s ability to offer empathy to clients over a period. Kristensen, Borritz, and Christensen, (2005), say burnout results from accumulated work stress leading to feelings of hopelessness and helplessness. Hence it is a gradual process that occurs over a long period if the person does not pay attention to the cautionary signs in the body. It occurs without regard to the devastating results of burnout. Burn out can affect someone in many different ways such as emotionally, physically, psychologically, behaviorally to mention a few. However, one's personality plays a significant role in how one is affected by burnout as well as how to deal with it.

According to Rankin (2005), helping self is a norm that directly applies to counselling. Schoufeli and Enzmann (2001) both recognise burnout as a special kind of long-term professional stresses which the results are of inter-individual needs. Burnout researches carried out have tried to focus on professionals who offer their services to other human beings like police officers, ministers, lawyers, counsellors and teachers, (Rufo, 2015). According to Johns and Ossoff (2005), dealing directly with other peoples issues tends to increase the level of burnout. Healthcare-related professions commonly experience the risk of professional burn out, and this also includes counsellors and hence the purpose of the current study.

Ackler (2008) studied 460 mental health service providers in South America where he was trying to evaluate burn out levels. The results revealed that 56% of the respondents
experienced high levels of emotional exhaustion and about 45% of them suffered low levels of personal accomplishment. Higher amounts of stress and burn out were experienced more by therapists and social workers due to organisational factors in addition to personal factors (Morrissette, 2004). Factors like diminished self-esteem and the combined effects of low levels of personal accomplishment and emotional exhaustion affect the professional in these setups more than in others.

In African countries, most burnout studies have only been done in the last decade. The risk of burn out can be increased among healthcare workers by giving attention to people with severe and long-lasting fatal ailments. Majority of nurses caring for Acquired Immune Deficiency Syndrome (AIDS) patients in the Limpopo province South Africa experienced burn out related conditions (Davhana-Maselesele and Igumbor 2008). Schepman and Zarate (2008) carried out a study on 32 employees in South Africa on the relationship of burnout, and its effects and the results which focused on all the main variables of burn out indicated that there was a significant positive relationship between organisational citizenship behaviour with negative affectivity. This therefore increases the need to carry out the study in Kenya to avert the negative effect on er citizens.

A referral hospital in Malawi also reported a high rate of burn out among mental health staff (Thorsen, Teten Tharp, & Meguid, 2011). In the study, 72% of the subjects showed emotional exhaustion, 43% of them indicated depersonalization, while 74% were reported to experience reduced personal accomplishment. In another study carried out in Mathari hospital by Ndetei, Mutiso, Khasakhala, Mathai, Mbwayo in Kenya in 2007, the following findings were recorded using the MBI scores on the subscales of emotional exhaustion, depersonalization and personal accomplishment, 95% of the respondents
suffered low levels of emotional exhaustion and 38% reported high level of depersonalization while 87.8% of the respondents and 38.6% experienced low levels of personal accomplishment. In a different study carried out in a Kenyan psychiatric hospital, Ndetei, (2008) found similar findings where 47.8% of psychiatric staff were found to experience high levels of depersonalization, and high levels of emotional exhaustion and personal accomplishment in 38% and 37.3% respectively.

Many studies have been done on the relationship between self-care practices and burn out among helping professions like teachers, doctors, nurses, counsellors, psychologists, call centres and many others. However, there is no study on the specific form of self-care practices and burn out. It is on this premise the researcher undertook the study to establish if a relationship exist between psychological and emotional self-care practices and psychological burnout.
1.3 Statement of the Problem

Numerous authors have comprehensively researched the perception of burnout in various fields and practice. However, limited research is available on specific counsellors’ self-care practices about their levels of burnout. The studies generate a gap in the literature in the area of counsellors on the specific topic on self-care practices to avert and lessen the issue of counselors becoming overwhelmed. According to Levert (2000), burned out workers lack the enthusiasm and are incapable of providing services effectively especially in the area of decision making and initiating clients involved in the treatment plan. Hence the challenge of counsellors’ burn-out in Nairobi county can no longer be overlooked and allowed to go unnoticed especially in Kenya. If nothing is done to curtail the conditions, its effects on the counsellors, their clients and organisations and the country at large could reach alarming levels. This current study is different from others formerly carried out, in that it provided data on explicit self-care practices that counsellors can apply about their levels of burnout. The study helps the counsellors to learn ways of taking care of themselves when burnout strikes during practice.

1.4 Purpose of the Study

The purpose of the study is to establish if a relationship exist between counsellors’ psychological and emotional self-care practices and burn-out especially those working in Nairobi County.

1.5 Objectives of the Study

The study seeks to establish the relationship between counselors’ psychological and emotional self-care practices and level of burn-out among counselors in Nairobi County.

i) To explore the level of burn out among counsellors in Nairobi County
ii) To establish the relationship between psychological self-care and level of burn-out among counsellors in Nairobi County.

iii) To establish the relationship between emotional self-care and level of burn-out level of among counsellors in Nairobi County.

iv) To identify self-care practices for counselors in Nairobi County

1.6 Hypothesis of the Study

i. There is no statistically significant relationship between burn-out and Nairobi counselors

ii. There is no statistically significant relationship between self-care practices and Nairobi counselors

iii. There is no statistically significant relationship between counsellors’ psychological self-care and level of burn-out.

iv. There is no statistically significant relationship between counsellors’ emotional self-care and level of burn-out.

1.7 Justification and Significance of the Study

The researcher sought to establish the relationship between psychological and emotional self-care practices and level of psychological burnout. During the researcher’s interaction with clients, the clients would express that they had been attended to by other counselors. The researcher was able to establish that, the counselors could not make proper diagnosis leaving the client in a worse situation. This indicated that the counselors may be experiencing burn-out and that is what prompted the researcher to carry out the study. The findings will help to create awareness on the counsellors on how burn-out presents
itself and thus determine when to seek help for example supervision or take a break from
the practice for a while for self-reflection. The findings on the level of burn out will help
the counsellors to be in a position to determine when burnout strikes and therefore
identify ways of dealing with the burnout. The findings will provide useful information
that will address issues of burn out to both the organisations and the counsellors. When
burnout related symptoms are diagnosed early, the clients will receive the necessary
action as the counsellor can avert the damage. This study will enable counsellors to detect
burnout-related indicators and uphold the need for self-care to avoid being overwhelmed.
As a result, the counsellors, organisations and clients will benefit. The findings on the
relationship between psychological, emotional self-care practices and burn out helped the
counsellor to boost their capacity for self-care. This study will provide explicit
information on the specific styles of self-care practices that can protect the counselor
from burnout as reported. The study outcomes will indicate the essentials for tailor-made
self-care interventions for counsellors. The results of this study will help the counsellor to
improve the provision of quality services to his/her clients and be objective with clients.
The findings will help the counsellor in working on their own personal and professional
development. The findings would also help the counselling association in coming up with
proper management strategies of counsellors’ workload and ensured that counsellors
apply self-care strategies to avoid burn out after a given period of client work. Policy
makers would also use the findings in formulating a policy on the employment of
counsellors in various sectors in the counties and the country at large where counselling
services are required. The interventions would help counselors manage burn-out when it
strikes.
1.8 **Scope and Limitations of the Study.**

Self-care strategies comprise of emotional, psychological, physical, spiritual, professional and sense of balance aspects. For the current study, the researcher focused on the psychological and emotional aspects of self-care in order to cover these aspects in depth.

The researcher carried out the study in Nairobi County. The researcher has chosen Nairobi County as this was the county that had many counsellors compared to other counties Kenya Counselors and Psychologists Association (KCPA 2008). Counselors in Nairobi county experience burn-out due to the issues they come across. Additionally, Nairobi being the capital city of Kenya has unique issues presented by clients; there is a lot of economic competition among people, corruption, loss of status and loss of lives due to terrorism, fires, among others.

1.9 **Assumptions of the Study**

Outlined below were the assumptions of the study

i) Practising counselors in Nairobi experienced burn out due to the unique clients they encounter.

ii) Practicing counselors in Nairobi did not use any form of self-care practices.

iii) Counsellor’s level of burnout can affect their effectiveness and productivity.

iv) Both the SCAW (Saakvitne & Pearlman, 1996) and MBI (Maslach & Leiter, 1996) precisely measured levels of burnout and self-care activities respectively.

v) Study participants truthfully answered the questionnaires
CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

Chapter two comprises of a review of the various relevant information on burnout among counsellors. It starts by giving the study’s theoretical framework followed by a critical review of related studies. The chapter is concluded with a summary of the literature review and a conceptual framework.

2.2 Theoretical Framework

The study is guided by Orem’s Theory Self-care. Orem (2001) postulated that self-care solely focuses on undertakings instigated and executed by persons for the preservation of their well-being. Active self-care practice sustains human development and functioning. Self-care behaviours are learnt, and they do not only focus on requirements, but also generate stability amidst stressors, day-by-day undertakings, relaxation and time-out.

Additionally, practicing self-care activities promote and preserve human life, functioning and well-being. This theory of self-care was applied among the nurses. However significant aspects of self-care theory can be related to counsellors as well in the current study. By relating Orem’s theory of self-care to this study, the researcher tried to emphasise and explain the importance of Self-care among counselors by impressing on them the need to practice self-care. Dorsey and Murdaugh (2003) define self-care management as “engaging in specific therapeutic behaviours and implementing social activities to access resources and improve health status and quality of life in chronic illness”.

Orem (2001) noted that self-care practices are activities that have to be initiated by the individual in order to sustain their wellbeing. According to Orem (2001), there are two orientations of self-care: internal and external. The internally oriented Self-care practices tend to regulate one’s feelings and thoughts thereby regulating internal factors or one’s external alignments” (Orem, 2001). Hence the external and the internal orientations have
to work together for the well-being of the counsellor. Thus thoughtful self-care undertakings have to be conducted for the sustenance of the counsellors’ well-being.

Externally oriented self-care “is the deliberate action performed by an individual that involves interactions with others or the environment”. Orem (2001) pointed out several self-care requisites which should be carried out in an attempt to complete the self-care acts. These include maintaining bowel movement, balancing activity and rest, food, water, air among others. Orem (2001) further noted that well-performed self-care practices contribute to the development of the person and maintains human functioning. People can learn self-care activities through family and friends. Easton (1993) indicated that self-care is a learnt behaviour and every individual has a responsibility to take care for themselves, which was also echoed by Orem.

Although self-care theory is a nursing theory, it will be applied to the current study to highlight the importance of self-care practices for individuals addressing health concerns and enhances the quality of life for counsellors. Thorsen (2011) asserted that, an individual working in the field of promoting health has to plan for a lifestyle change and apply the necessary skills required. Orem’s theory, therefore, identifies the challenges related to burn out symptoms among helping professions and the need for counsellors to practice self-care in order to achieve the expected results. The theory observes the need for self-care practices. Management of self is an essential aspect to providers of health services as it enables them to provide the desired therapeutic behaviour.

Orem (2001) indicated that self-care is inadequate to some individuals who have health problems which are out of their control and also due to limited knowledge. “Self-care
theory, similar to the medical model, proposes that a human service provider should take care of one’s self as a rational act and that human beings as rational beings are inherently inclined to engage in self-care”. Hence counsellors need to employ self-care practices so as a way of enhancing productivity in their work and also avoid self-harm.

If the counsellor ignores self-care practices, it may lead to self-neglect. Thus if one does not practice self-care activities is said to be practising self-neglect. In this regard, the counsellors should, therefore, take a check and balance to be able to make a decision and avoid harm to their clients by not being objective. When this happens, the counsellor will be able to recognise the psychological and emotional signs of stress, evaluate own life balance situation by minimising the stress of transitioning from home to work and purpose to exercise time management skills.

2.3 Review of Related Studies

2.3.1. Self-care and Burn-out

The World Health Organization, (2014) explains Self-care as the capability of personalities, community and families to uphold well-being, avert illness, and conserve health and to cope with ailment and infirmity without the provision of a health-care provider. According to Myers & Sweeney (2005), self-care refers to activities in which one proactively employs for prevention, growth stimulating habits and personal wellness. Counsellors who are compromised lack the ability to achieve the highest level of counselling performance and wellbeing for their clients. They experience a deprivation of their quality of life in various aspects among them physically, socially, emotionally and spiritually. According to Richards, Campenni and Muse-Burke (2010), there are four constituents of self-care that interact significantly.
Physical self-care involves the provision, maintenance and protection of the body’s health. The psychological aspects of self-care emphasise identifying and nurturing one's feelings, conscience and intellect and emotional well-being. Spiritual self-care is the exercise of connecting to a higher being and finding meaning at a personal level (Athina Kemp Sherer, 2001-2013). Support involves networking with other professionals and engaging other counsellors to fulfil an emotional necessity to avoid burn-out (Hawkins & Shohet, 2003).

It is essential to understand that in this field of counselling, counsellors should acquire wellness to ensure objectivity with their clients. The Code of Ethics of the American Counseling Association (ACA) (2005) explains that, counsellors should promote and maintain their physical, mental, spiritual and emotional wellness to enable them to practice professionalism. Counsellors should also be alert of diminishing wellness through self-awareness. Also, counsellors should abstain from meeting clients if they realise they are professionally impaired. They need to look for help for issues and problems that tend to reach a level that would compromise the performance of their counselling work and the wellbeing of the client, hence affecting their objectivity.

Hence they should terminate or suspend their professional responsibilities until they regain the ability to engage sufficiently and adequately with the client’s needs (ACA 2005). The Code of Ethics proposes that in order for counsellors to meet their professional responsibility adequately, they should engage in self-care practices, which will help to improve their well-being (ACA 2005). They should seek professional help. By utilizing skills that minimize anxiety and stress, the counsellors well-being is maintained and they can gain self-satisfaction that leads to a feeling of contentment and
thus able to clearly define their roles, duties and professional boundaries resulting in career mastery (Hattie, Myers & Sweeney, 2005).

Self-care practices aim to maintain overall wellbeing which should be encouraged including all health decisions an individual makes for their individual wellbeing and for the physical and mental wellness of their families. Other skills that should be taught include working as a team, tolerating others, flexibility, communication and competence. If this is observed, counsellors’ wellness which relates to counsellors’ confidence, clients outcome and competence emerge (Lawson, 2007). Deteriorating counsellors’ wellness due to burn out tends to compromise professionalism (Young & Lambie, 2007). According to Cummins, Massey and Jones (2007), the American Counseling Association requires that counsellors assess their wellbeing on regular bases in order for the individual to identify their vulnerabilities.

2.3.1.1 Aspects of Self Care

One way in which a counsellor can take care of self is by getting emotional support which tends to increase connection with others, and this lessens the burden. Cushway and Tyler (2002) reported that when one shares with a friend or colleague at work, they can cope effectively, which is equivalent to getting support which reduces the chances of burnout among counsellors. Counsellors who after working with HIV clients and experience backing from colleagues and co-workers report reduced emotional exhaustion and depersonalization and are able to accomplish more with their clients (Shoptaw, Stein & Rawson, 2000). If one can get involved with positive and supportive individuals, it decreases everyday on-going job stress and possible burnout. The continued, consistent and regular consultation with peers is identified as one way of reducing counsellors stress
and deficiency (O’Connor, 2001). Therefore counselors in Nairobi should identify peers who can act a support system and can offer supervision to each other to reduce the effect of burn-out.

Support is the aspect of getting in touch with others and interacting with them in order self-care. Counsellors can develop support from the profession and their connections. Professional support involves consulting with other counsellors and obtaining supervision and also engaging in continuing learning. (O’Conner, 2001; Stevanovic & Rupert, 2004). A counsellor can engage in personal support which involves enhancing relationships with friends or family members (Kostouros & McLean 2006).

Graham and Shier (2010) asserts that engaging in social supports is very important to avert burn out symptoms. It is also essential that the counsellor engage in events outside the profession in a way to gain wellness. (Ayers, 2006) asserts that mental health professionals and this may include counselor’s focus more of their time to family and friends as much as they do to their profession; they would be able to cope with the job stress and thus reduce burnout.

Burnout is the state of emotional, mental and physical fatigue caused by extreme and persistent strain (Figley 2002). The exhaustion is an indicator that ones inner resources are diminishing and hence is not able to manage the tasks presented to him by the client. More accurately Figley (2002) defined burnout as depletion of the emotional resource. Maslach (2002) states that burn out is a a reaction to the prolonged emotional tension of extensively dealing and attending to other people, primarily when they are anxious or having problems. Gachutha, (2009) defines burnout as “a diminished personal resource that lead to diminished empathy the insecure attachments and diminished effectiveness”.

14
She observes that burnout is a state that affects the body, mind and soul of the counsellor negatively thereby causing damage to the client. It is a problem that is experienced in many organisation, and professions and the need for continued educational programs is paramount (Ayers, 2006). These programs and services, if made accessible to the employees, will assist different people to resolve their needs (Ritchie, Kirche, & Rubens, 2006). Individually, professionals who are involved in providing services to others experience burnout symptoms due to increased job stress feelings of isolation from the colleagues and the environment where the worker may feel the skills are compromised (Ritchie, Kirche, & Rubens, 2006).

Bakker and Heuven (2006) described this state of fatigue as a “specific kind of occupational stress reaction among human service professions, resulting from demanding and emotionally charged interactions with recipients” Maslach (2003) looked at burnout while emphasizing on emotional fatigue, depersonalization, and reduced personal accomplishment. There are several causes of burnout, and the symptoms should be addressed in order to increase the counsellor’s confidence, use of time available appropriately and self-care. Self-confidence precedes burnout. Thus self-confidence is the certainty or the conviction certain people hold about the ability they possess to be successful in any tasks accorded to them. It is essential the counsellors attain a high level of self-confidence in order to acquire and use active coping strategies instead of concentrating on environmental difficulties which are mainly as a result of low self-confidence (British Association for Counseling and Psychotherapy, 2004).

Negative symptoms of burn out can make a therapist lose interest and commitment of being one. Figley (2002) reported additional physical and psychological symptoms of
burnout which included psychosomatic illnesses and inter-relationship conflicts with family and friends. Gachutha (2009) indicated that beginning specialists experience burnout symptoms and they tend to lose interest in their work and in counselling they express sympathy to the client instead of empathy.

Burn-out leads to reduced performance at work, decreased commitment to the organisation, decreased resourcefulness and novelty. This negativity flows down to the client who ends up being harmed by the counsellor (Maslach & Leiter, 2005). While not every counsellor report signs and symptoms of burn-out, Van Dierendonck, Garssen, and Visser (2005) reported counsellors are vulnerable to burnout if they show high levels of motivation and involvement in the counselling work.

2.3.2 Relationship between Psychological Self-care and Burn-out

Burnout usually has several causes, and it is important that the signs are dealt with at different levels depending on the cause; be it the person’s level of self-conviction, self-management, and self-care. For this study, the researcher will focus on psychological self-care. Psychological self-care also called “inner therapy” is a fundamental, endless and extremely significant activity which aims at ensuring that the professionals’ physical and mental health is in “good shape”. Thus counsellors have a clear obligation to provide support to their clients. A counsellors’ mental self-care strategies are meant to ensure that their daily work schedule do not cause any amount of fatigue.

Most researches carried out break down self-care into aspects that include emotional (Norcross & Guy, 2007; Weiss, 2004), psychological (Norcross, 2000; Stebnicki, 2007; Weiss, 2004), spiritual (Stebnicki, 2007; Valente & Marotta, 2005), physical (Schure, Christopher, & Christopher, 2008), workplace or professional (Guy, 2000), and balance
(Skovholt, Grier, & Hanson, 2001; Stebnicki, 2007). If the counsellors’ emotional resources are compromised or failing, it would be difficult to offer quality care.

Wee and Myers (2005) did a study of Oklahoma City trauma workers and found that 35.3% of counsellors were at moderate risk, 6.5% were at high risk, and 14.7% experienced burn out extremely, using the Compassion Fatigue Self-Test. In another study carried out in South Africa on mental health workers, the results showed a significant negative correlation between burnout and self-care (Venart, Vassos, & Pitcher-Heft, 2007).

Yager and Tovar-Blank (2007) noted that counsellors must be mindful in their work and endeavour to exercise self-care in order to maintain individual wellbeing for the rest of their work life as a way of enabling them to address the needs of the clients effectively and appropriately. There are many strategies for self-care among them Mindfulness-Based Stress-Reduction Programs (MBSRP), reflection, staff supervision, psychosocial work environment, self-reflectiveness, workout, and enjoyment activities. For this study on psychological and emotional self-care practices, clinical supervision, self-reflectiveness and creative writing were discussed under the psychological self-care and burnout while self-care planning and meditation were discussed under emotional self-care practices and burn out.

Edwards, Burnard, Coyle, Fothergill, and Hannigan (2000) reported that “clinical nursing supervision proved to be an effective way of supporting individuals in the field of nursing to address burnout and occupational stressors and the same concept can be used to counsellors in managing burn out”. While addressing health-care professionals in general,
Shinwell (2009) emphasized on the need for supervision among helping professional to access their inner resources when stressed and thus increase tolerance with clients. What counsellors need is to work in a reassuring atmosphere and have constructive connections with other counsellors who are encouraging and involve them in self-care practices as a way of reducing stress and burnout (Cummings, Massey & Jones 2007).

Hence engaging in quality supervision is vital to offer counsellors with the essential self-management skills and enable them to detect any form of anguish before the counsellor becomes unprofessional and unethical which may result in endangering the client (Cummings et al., 2007).

Self-reflectiveness is a strategy that focuses on building proficiency, preventing violation of boundaries and burnout, and protecting the client against any form of violence. (Urdang, 2010). Sanders (2009), explains that, reflection is a “metacognitive process that occurs before, during, and after a situation with the purpose of developing a greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters”. Urdang (2010) asserts that the growth an individual professionally and maturation foundations requires self-reflectiveness. Hence it is paramount for a counsellor to take time and reflect on their level of competence after dealing with a client and also reflect on the performance. The counsellor should do a self-evaluation exercise to try and assess how the process with the client has been.

Writing is one of the best approaches for dealing with thought-provoking occurrences, circumstances and communicating feelings (Gladding, 2007; La Torre, 2005), attaining
understanding, altering and restorative. Warren, Morgan, Morris, and Morris (2010) endorsed imaginative script as one of the ways to improve counsellors wellness, self-care, and writing about experiences of traumatic situations is helpful for both mental and physical wellbeing. In the field of medicine especially the field of medical education process, Wald and Reis (2010) reported that meditative writing or writing a journal improves the wellbeing of the person. This form of reflection promotes growth and enhances one’s ability and understanding (Epstein, 2003). Counsellors should be encouraged to take journal writing seriously and use it as one way of dealing with burnout as it allows one to express their inner feelings and thoughts without censoring hence bringing the actual feeling.

2.3.3 Relationship between Emotional Self-care and Burn-out

Counselling practice is emotionally draining and exposes the practitioners to devastating levels of burn-out (Kinga, Kariuki and Njoroge 2014). Counsellors are expected to relate deeply at an emotional level with their clients. Deary, Stephen, Iverson, Roderick, Walsh & Janet (2002) said that emotional exhaustion is as a result of frequent and intense emotional interaction with clients. The art of spending a whole day empathising with the client while maintaining boundaries as expected is quite draining; not forgetting that counsellors are supposed to behave in a pre-determined manner when working with clients. (Rupert & Morgan, 2005)

In 2002, Dreary carried out a study of examining work relationships in telephone call centres in Europe. He asserts that employees’ display of their feelings to customers can have profound effects on the quality of transactions. Thus the quality of interaction is often proportional to the service provided. DeJong and Berg (2002) found that there is a
positive relationship between psychological wellness and performance. In this regard, all practitioners in the field of counseling are therefore expected to subscribe to a professional code of ethics and guidelines on good practice (APA 2005).

In Saudi Arabia, the occurrence of burnout syndrome amongst multinational nurses was rated high. 45% were said to have high emotional exhaustion. Married nurses were seen to be predisposed to emotional fatigue (Al-Turki et al. 2010). The nurses who worked in the wards and clinics experienced emotional exhaustion with higher depersonalization, while non-Saudi nurses were only more prone to emotional exhaustion. In a Kenyan psychiatric hospital (Ndetei, Pizzo, Maru, Ongecha, Khasakhala and Mutiso, did a study and found 47% of the psychiatric staff had high levels of depersonalization, 38% had high levels of emotional exhaustion while 37.3% had high levels of personal accomplishment (Ndetei et al. 2008). The study displayed a positive relationship between burnout and depersonalization and significant negative relationship. Outlined below are some of the emotional self-care practices counsellors can apply in dealing with psychological burnout.

According to Jones (2005), it is essential for clinical staff members to identify ways for self-care for effective work balance between their individual needs and those of the clients. A good example is the workers in a hospice where they have individualised self-care plans which help them in relieving stress. A lot of emphasise has been put in the importance of maintaining an equilibrium between the input and output energies in the professionals work and in their personal lives. There are four aspects of self-care planning which can be applied. These are emotional or cognitive, physical, spiritual and relational.
The physical aspect addresses stress which is manifested in the persons’ body through the psychosomatic illnesses (Jones, 2005). As such physical aspect should be applied to reduce stress. Cognitive and emotional aspects of the self-care plan are marked by bouts of crying. However, people should be encouraged to cry as a way of expressing themselves in addition to writing and engaging in other activities that may be useful like riding, sailing, travelling among others as a way of reducing stress (Jones, 2005).

Kabat-Zinn (2005) referred to meditation as a “cognitive exercise that enhances one’s experience by quieting the mind and teaching recognition and control of intrusive thoughts”. It advocates for one to be pro-active to circumstances instead of being responsive (Valente & Marotta, 2005).

According to Oman, Hedburg, and Thoresen (2006), consistent reflection leads to “increased mental clarity, improved concentration, and the ability to withstand and repel the stresses of everyday life, and provide physical benefits”. Baruch (2004) added more benefits of meditation as offering a network for developing and clarifying personal values and ethics, social support and relationships, self-monitoring, altruism and enhancing self-awareness. It is hence important that health care providers including counsellors make use of meditation as they deal with clients and for their health. As Davis (2008) indicated, “Mindful meditation can be that source of strength and rejuvenation to help prevent the insidious effects of stress and burnout”. Hence practitioners are encouraged to use mediation for alleviating stress and burnout.
2.4 Summary of Literature Review and Theoretical Framework

The demanding roles played by mental health professionals lead to work-related stress. Hence it's possible that they experience exhaustion, depersonalization and a decreased efficacy making it impossible for the counsellor to be efficient and effective. Regarding this, it is therefore imperative that self-care practices have to be put in place to alleviate burnout. Burnout affects persons employed in different fields and caregiving affairs, and may result in a more complex inter-relations at the workplace, social and personal dynamics leading to negative consequences on health, safety, the well-being of workers, output and cost-effectiveness of the fields and services they work for. Counsellors have a responsibility to develop as well as maintain their health.

The APA (2005) states that should counsellors experience problems that may interfere with adequate performance; they should address the issues appropriately. In this regard, the counsellors should, therefore, take a check and balance to be able to make a decision and avoid harm to their clients by not being objective. When this happens the counsellor can recognise the psychological and emotional signs of stress, assess themselves, acquire and implement skills of time management.

2.5 Conceptual Framework

Figure 2 shows the relationship between the independent variables which are the psychological and emotional self-care practices and the dependent variable which is burn-out. The psychological self-care practices involve self-reflection, self-awareness and reducing the stress level. The emotional self-care practices involve interactions with self, others and the environment; that is intrapersonal and interpersonal relationships. Burn-out may be as a result of lack of supervision, working many hours with clients, working with
clients who are not willing to change among others. When these factors work together with each other, they tend to control the level of burn out experienced by the counsellor that may result to reduced personal accomplishment, depersonalization and emotional exhaustion.

The extraneous variables are other factors that may lead to burnout but have not been considered in this study. These variables which may be personal, workplace, family and nature of work were controlled by using an exclusive and inclusive selection criterion whereby only those counsellors who were trained, registered, licensed and practising and exclusively did counselling were included in the sample. Counsellors who combined counselling with other professions will not form part of the sample.
INDEPENDENT VARIABLE
SELF CARE PRACTICES

DEPENDENT VARIABLE
LEVELS OF BURN OUT

PSYCHOLOGICAL SELF CARE PRACTICES
- Self-reflection
- Self-awareness
- Reducing stress levels

EMOTIONAL SELF CARE PRACTICES
- Intrapersonal and
- Interpersonal relationship

EXTRANEOUS VARIABLES
- Personal
- Workplace
- Family
- Nature of work
- Emotional exhaustion
- Depersonalization
- Reduced personal accomplishment

Figure 2: Relationship between Psychological and Emotional Self-care practices and Burn out
3.1 Introduction

This chapter discusses the methodology used in this study. It starts with a description of the research design employed. This is then followed by study variables and site of the study. Target population is provided with sampling procedure and sample size. Research instruments are explained and this is followed by validity and reliability of the instruments. Pilot study is then explained which is followed by data collection procedure. This is followed by data analysis, presentation, interpretation and discussion. The chapter ends with a discussion of data management and ethical consideration.

3.2 Research Design

The researcher employed the correlational design to determine the relationships between the independent variable, self-care practices, and dependent variable, burnout, among the counsellors in Nairobi County. According to Lanier (2002), the strength of correlations is due to predictions that result from at least two variables. Based on this premise, correlational research design is selected because there could be predictions regarding the relationship between self-care practices and burnout symptoms (Lawson, 2007).

Nachmias and Nachmias (2008) explained that the most predominantly used design in social sciences is the correlational design. The relationship patterns between variables are described in terms of strength and direction of the association between the variables. Hence this design was used as it best addressed the research objectives. Self-care variable was operationalized to reporting of self-care activities. Maslach Burn-out Inventory
(MBI) was used to measure the burn out variable that included depersonalization, emotional exhaustion, and decreased personal accomplishment.

3.3 Study Variables

3.3.1 Independent Variables
The independent variable was the psychological and emotional self-care practices that counsellor should use when they experience psychological burnout. Self-care variable was operationalised by using self-care practices among them meditation, taking vacations and inter-personal relationships with family and friends.

3.3.2 Dependent Variables
The dependent variable was the counsellors burn-out which is characterised by depersonalization, emotional exhaustion and reduced personal accomplishment and was measured using MBI.

3.4 Site of the Study
The study was carried out in Nairobi County. The County borders Kiambu County to the North, East and West and Machakos County and Kajiado County to the South. The researcher carried out the study in Nairobi Country because it was the county that had the largest number of registered counsellors by Kenya Counseling and Psychologists Association (KCPA) compared to other counties in the country. The counselors also were experiencing burn-out as the researcher found out when confronted by several clients.

3.5 Target Population
The target population for the study involved 800 trained, registered, licensed and practising counsellors who were registered members of the Kenya Counselors and
Psychologists Association within Nairobi County (KCPA, 2016). The participants were obtained from the KCPA database.

3.6 Sample Procedure and Sampling Size

The researcher used systematic random probability sampling method. The list of the registered, licensed and practising counsellors was obtained from the KCPA Nairobi office, and the respondents were randomly selected using the nth value. 800 / 260 = 3.07. Hence after every two counsellors, the third formed part of the respondents. The sample will form a representation of the population of counsellors in the county. The sample size according to the formula by Viechtbauer, 2015 was calculated.

Sample size \( n \) = \( X^2 \cdot NP \cdot (1-P) / d^2 \cdot (N-1) + X^2 \cdot P \cdot (1-P) \)

Where \( n \) = the required sample size

\( X^2 \) = confidence level of 95\% (3.841)

\( N \) = the population size

\( P \) = the proportion of population assumed to have the problem under study (Assumed to be 0.5)

\( d \) = the degree of accuracy or significant level (0.05)

Thus \( n = 1.96^2 \times 800 \times 0.5(1-0.5)/0.05^2 (800-1) + 1.96^2 \times 0.5(1-0.5) \)

\[ = 259.75 \]

\[ = 260 \]
The information derived from the sample was used to develop useful generalization about the population.

3.7 Research Instruments
The researcher adopted and used two different instruments regarding the area of study; Maslach Burnout Inventory (MBI) and Self Care Assessment Worksheet (SCAW). The MBI (Maslach, 2005) is one of the most widely used inventories for measuring burnout amongst helping professionals. It is divided into three subscales; the Emotional Exhaustion subscale, the Depersonalization subscale, and the Personal Accomplishment subscale.

According to Maslach (2005), the Emotional Exhaustion subscale contains seven items that focuses on emotional exhaustion resulting from the practitioners’ engagement with clients. The Depersonalization subscale has seven items that focus on certain emotions towards clients hence a sense of detachment with the client. The Personal Accomplishment subscale that has eight questions addresses feelings of accomplishment and competence in ones career. The adapted instrument has twenty-two items where the respondent ticked accordingly. The respondents were to rate themselves on a 5-point Likert scale regarding frequency (0- Strongly disagree, 1- Disagree, 2- Not sure, 3- Agree and 4 – Strongly agree).

For the emotional exhaustion and depersonalization sub-scales, the expected total score ranges from 0 to 35. Thus a total of 0 to 12 which was indicated a low level of burn out, 13 to 24 which was indicated a moderate level of burn out and 25 to 35 which was indicated a high level of burn out. For personal accomplishment sub-scale, expected total scores range from 0 to 40. Hence, a total of 0 to 13 was indicated a high level of burn out,
14 to 26 is moderate level, and 27 and above is a low level of burn out. If the first two sections give a high score and the last give a low score that was an indicator of burn out.

The second instrument was the Self Care Assessment Worksheet (SCAW) (Saakvitne & Pearlman, 1996) which has information on various aspects of self-care but the researcher only used the psychological and emotional aspects which are the areas of study.

The SCAW outlines the activities the counsellor should undertake as a way of dealing with burn out. The SCAW being a self-care indicator that measures the degree to which individuals engage in a variety of psychological and emotional self-care activities and strategies, the counselors were to rate themselves accordingly (Saakvitne & Pearlman, 1996). The instrument has ten items on psychological self-care and emotional self-care practices respectively. Respondents were asked to rate themselves on whether they perform the activity on a 5-point Likert scale (0- Not at all, 1- Rarely, 2- Sometimes, 3- Often and 4- Very often).

Expected scores were ranging from 0 to 50. For both psychological and emotional self-care practices, hence 0-18 indicated no psychological or emotional self-care practice is employed, 19-36 indicated the moderate practice of psychological and emotional self-care and 37-50 indicated psychological and emotional self-care practices are well carried out. The demographic form collected information from participants on gender, age range, and years of counselling practice and the highest level of education in the counselling field.

A third instrument is the demographic information of the subjects. It captures age, gender, highest level of education attained and number of years of counseling experience.
3.8 Validity and Reliability

3.8.1 Validity of the Questionnaires
Validity, as explained by Robinson (2002), is the extent to which results obtained from the analysis of the data represent the occurrence under research. The researcher gave the instruments to ‘experts’. These are the trained, registered and licensed practising counselors who assisted in identifying any ambiguous items and statement construction as emphasised by Cooper and Schindler (2003). The validity of the test instruments was done through content validity method where the experts verified that the test items covered the content as per the objectives.

3.8.2 Reliability of the Questionnaires
Reliability refers to the measure of the extent to which research instruments yield consistent results (Mugenda & Mugenda, 2003). In this study, reliability was ensured by using the test-retest method which means administering the questionnaire to the pilot sample at different times. Thus the researcher sent the instruments to the respondents. Once they finished answering and sent back, the researcher sent the second copy to them after three days to answer the questionnaire a second time. The activity helped to check for errors amongst the test and deem it reliable or unreliable (Cohen & Swedlik, 2010) which helped the researcher to determine the reliability coefficient of the instruments.

3.9 Pilot Study
A pilot test was carried out to ensure the validity of the study instruments. The pilot study helped to identify any ambiguity with the items of the instruments and whether the tools met the study objectives. The study was done among twenty registered, licensed and practising counsellors in Kiambu County. The researcher used Kiambu County because
the county is near Nairobi County and the experiences are closely related regarding clients’ issues. The researcher sought permission from the KCPA chairman in Kiambu to use the database for licensed and practising counsellors from Kiambu County.

Once granted, the data collecting tools were sent to the counsellors by e-mail and asked to send back after ten days. The instruments were sent to the pilot sample a second time after three days in order to check on the reliability of the tests. The counsellors’ responses were used to collect the items of the instruments before they were given to the actual respondents. The pilot samples were not included in the final sample.

3.10 Data Collection Procedure
The process started with the researcher receiving a letter of introduction from the University’s graduate school to the National Council of Science and Technology Institute (NACOSTI). The researcher then applied for a research permit to NACOSTI for data collection.

Once granted permission, the researcher obtained a list of the KCPA members and sent a letter outlining a brief plan of the study and for subjects to give their consent to participate. Only those who showed their interest participated in the study. Once they provided their consent, the subjects were explained to that the study is confidential and hence should not include their names, phone number, e-mail or residential address.

They were also informed that the information they would provide would be used only for the stated objectives and purpose and that their participation had no financial benefit to the researcher. It was also brought to the participants’ awareness that they could withdraw from participating in the study. The questionnaires were then given to the
respondents to fill in. They were allowed one hour when they were expected to hand over the tool back to the researcher.

3.11 Data Analysis and Presentation

Data were analyzed using quantitative analysis. Regarding quantitative, analysis of the data was through cross-tabulations, percentages and measures of central tendency. Pearson Product Moment Correlation Coefficient was calculated to establish if a relationship exists between psychological self-care and burn out and emotional self-care and burn out. A correlation coefficient of roughly +1 indicates that a relationship exists while a co-relation coefficient of approximately -1 indicates that no relationship exists. In order to determine the relative importance of each of the four variables in the study, a multivariate regression model was employed. Statistical Package for Social Sciences 23.0 (SPSS) version was used to generate quantitative reports. The data obtained was then presented in the form of tables and pie charts.

3.12 Data Management and Ethical Considerations

The researcher was careful to avoid any strategies that would compromise the subjects’ values or put them at risk. Informed consent and confidentiality were the main ethical issues that were checked critically. Hence ethical standards were observed and maintained at all levels of the process which included administering the questionnaires and collection of data, data analysis, interpretation and publishing of the findings.

Consent as according (Kothari, 2004) is process of giving the subjects an opportunity to make a decision on whether they want to participate in data collection process or not. The researcher gave all the necessary information about the study to the respondents and after
that asked them to fill a consent form. By so doing the respondents declared their interest to participate.

For purposes of confidentiality, the respondents were not required to indicate their names on the questionnaires and the information received was coded to hide the identity of the respondents. In addition, once the information was used it was destroyed immediately. After completing the process of filling the questionnaire, the respondents were debriefed. Once the researcher completed carrying out the study, the Kenyatta University ethics and research committee (KUerc) reviewed to ensure that all the study ethics had been followed.
CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction
The chapter discusses the analysis of data, interpretation, presentation and discussion of the research findings. Data analysis is the process of reducing or summarizing a large amount of raw data to data that addresses the initial proposition of the study (Chandran, 2004). This chapter presents the research findings as related to the research questions and objectives that guided the study. The main purpose of the study was to determine the psychological and emotional self-care practices and level of burn-out among counselors in Nairobi County (Kenya).

4.2 Questionnaire Response Rate

Table 1: Response rate

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>122</td>
<td>46.9%</td>
</tr>
<tr>
<td>Not completed</td>
<td>138</td>
<td>53.1%</td>
</tr>
<tr>
<td>Total</td>
<td>260</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The study targeted 260 counselors whereby 122 respondents completely answered the questions. This is translated to 46.9% response rate which is sufficient to make conclusion on the population. The response rate is appropriate being an external study. According to Fincham (2008), an internal survey should get a response rate of 80% while an external survey should range between 30-40% response rate.

4.3 General Information
This section presents the demographic characteristics of the respondents. The characteristics were age, gender, education level and experience.
4.3.1 Age of the Respondents

The study sought to determine the age of the respondents. The findings are shown in Table 2 below.

<table>
<thead>
<tr>
<th>Age of the respondents (yrs)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>49.18%</td>
</tr>
<tr>
<td>31-40</td>
<td>31.97%</td>
</tr>
<tr>
<td>41-50</td>
<td>12.30%</td>
</tr>
<tr>
<td>50-60</td>
<td>6.557%</td>
</tr>
</tbody>
</table>

Figure 4.1: Age

The Figure above presents the respondent's age whereby majority (49.18%) were aged between 20 and 30 years, 31.97% aged between 31 and 40 years, 12.3% aged between 41 and 50 and 6.557% aged between 50 and 60 years. This is an indication that respondents were well distributed in terms of age.

4.3.2 Gender

The study sought to determine the gender of the respondents. The findings are shown in Table below.

Table 3: Gender
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>41</td>
<td>33.6%</td>
</tr>
<tr>
<td>Female</td>
<td>81</td>
<td>66.4%</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The Table above shows that majority 66.4% of the total population sampled were females while 33.6% were males.

4.3.3 Education Level

The respondents were asked to indicate their education level the findings are shown in the Figure below;

![Education Level Pie Chart](image)

**Figure 4.2: Education Level**

The majority (40.98%) of respondents had a diploma, 20.49% had a bachelor’s degree, 15.57% masters, while some 9.84% were Ph D holders. The findings show that the respondents are well distributed based on the level of education. This indicates that most respondents were educated therefore information obtained will be reliable.

4.4 Maslach Burnout Inventory (MBI)

Objective one of this study sought to assess the level of burn out among counsellors in Nairobi County. The respondents were therefore presented with statements and questions
where they were expected to express their opinion. This was pursued by use of a structured question, and the possible responses were structured as follows; 4 represented strongly agree, 3= Agree, 2= Not sure, 1= Disagree and 0= Strongly Disagree, the findings were presented in the Table below;

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling leaves me feeling emotionally drained</td>
<td>0.0%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>45.7%</td>
<td>51.4%</td>
</tr>
<tr>
<td>It requires effort to work with people the whole day</td>
<td>60.9%</td>
<td>0.0%</td>
<td>2.2%</td>
<td>37.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Counseling work makes me feel frustrated</td>
<td>0.7%</td>
<td>1.4%</td>
<td>8.0%</td>
<td>36.2%</td>
<td>53.6%</td>
</tr>
<tr>
<td>I feel like counseling is breaking me down</td>
<td>0.7%</td>
<td>0.0%</td>
<td>13.0%</td>
<td>50.0%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Counseling makes me feel like I work too hard</td>
<td>0.7%</td>
<td>1.4%</td>
<td>14.5%</td>
<td>44.2%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Working in direct contact with people stresses me</td>
<td>0.0%</td>
<td>0.0%</td>
<td>9.4%</td>
<td>47.8%</td>
<td>42.8%</td>
</tr>
<tr>
<td>I feel like I am at the end of my rope</td>
<td>0.0%</td>
<td>0.7%</td>
<td>13.0%</td>
<td>48.6%</td>
<td>37.7%</td>
</tr>
</tbody>
</table>

From the Table above majority (51.4%) of the respondents strongly disagreed that counselling leaves them feeling emotionally drained. The Table also shows that the majority (60.9%) of counselors strongly agreed that counselling requires effort to work with people the whole day. Moreover, majority (53.6%, 36.2%, 39.1%, 42.8% and 37.7%) strongly disagreed that counselling work makes me feel frustrated, felt like that counselling is breaking them down, and counselling makes them feel like they work hard, working in direct contact with people stresses me, and they feel that counseling make them at the end of the rope respectively.

Table 5: MBI on depersonalization
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain clients makes me feel impersonally, as if they are objects</td>
<td>1.4%</td>
<td>35.5%</td>
<td>4.3%</td>
<td>58.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>When I imagine another day to engage in counseling I feel overwhelmed</td>
<td>0.0%</td>
<td>44.9%</td>
<td>5.1%</td>
<td>49.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Some clients make me feel responsible for their problems</td>
<td>1.4%</td>
<td>50.7%</td>
<td>31.2%</td>
<td>2.9%</td>
<td>13.8%</td>
</tr>
<tr>
<td>At the end of my counseling day, I feel I lose patience</td>
<td>55.8%</td>
<td>2.2%</td>
<td>22.5%</td>
<td>1.4%</td>
<td>18.1%</td>
</tr>
<tr>
<td>What happens to my clients does not bother me</td>
<td>50.0%</td>
<td>2.2%</td>
<td>13.0%</td>
<td>0.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Counseling has made me insensitive to people</td>
<td>0.0%</td>
<td>47.8%</td>
<td>10.9%</td>
<td>2.2%</td>
<td>39.1%</td>
</tr>
<tr>
<td>I am afraid that counseling is making me uncaring</td>
<td>1.4%</td>
<td>48.6%</td>
<td>15.2%</td>
<td>2.2%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

The Table 5 above shows that majority (58.7%, 49.3% and 50.7%) disagreed that certain clients make me feel impersonal, as if they are objects and when they imagine another day to engage in counselling they feel overwhelmed and some clients make me feel responsible for their problems respectively. The findings show that 55.8% and 50.0% reveals that at the end of a counselling day, they feel that they lose patience and what happens to the clients does not bother them respectively. Finally, the study shows that 47.8% and 48.6% of respondents agreed that counselling has been insensitive to people and they are afraid that counselling is making the counselor heartless respectively. The study found out what Young, (2007) revealed when he did his study in Florida State that some clients make the counsellors feel impersonal, as if they are objects. When they think about another day to engage in counselling feel they overwhelmed. The beginning
professionals experience burn out symptoms and they tend to lose interest in their work and in counseling they express sympathy to the client instead of empathy.

Table 6: Maslach Burnout Inventory (MBI) on personal accomplishment

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel I am not effective in counseling</td>
<td>0.0%</td>
<td>52.9%</td>
<td>4.3%</td>
<td>3.6%</td>
<td>39.1%</td>
</tr>
<tr>
<td>During counseling sessions I tend to be lethargic</td>
<td>0.0%</td>
<td>50.7%</td>
<td>6.5%</td>
<td>0.0%</td>
<td>42.8%</td>
</tr>
<tr>
<td>I am not able to empathize with my clients</td>
<td>0.0%</td>
<td>47.1%</td>
<td>8.0%</td>
<td>2.2%</td>
<td>42.8%</td>
</tr>
<tr>
<td>I do not look after my clients problems very effectively</td>
<td>0.0%</td>
<td>0.7%</td>
<td>5.1%</td>
<td>53.6%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Emotional issues have become difficult to handle in my counseling sessions</td>
<td>0.0%</td>
<td>0.7%</td>
<td>9.4%</td>
<td>53.6%</td>
<td>36.2%</td>
</tr>
<tr>
<td>I do not influence my clients positively during the counseling sessions</td>
<td>0.0%</td>
<td>0.0%</td>
<td>11.6%</td>
<td>44.8%</td>
<td>43.6%</td>
</tr>
<tr>
<td>I don’t find my clients relaxed during the counseling sessions</td>
<td>0.0%</td>
<td>51.4%</td>
<td>5.1%</td>
<td>43.5%</td>
<td></td>
</tr>
<tr>
<td>When I am close to my clients at work, I do not feel enthusiastic</td>
<td>0.0%</td>
<td>52.9%</td>
<td>10.9%</td>
<td>1.4%</td>
<td>34.8%</td>
</tr>
</tbody>
</table>

The findings show that majority (39.1% and 42.8%) of respondents strongly agreed that they are not useful in counselling and during counselling sessions they tend to be lethargic respectively. The findings also stated that 47.1% are not able to emphasise with the customers. The Table also indicates that majority (53.6%, 44.8% and 43.5%) of respondents disagreed that they do not look after their clients problems very effectively, emotional issues have become difficult to handle in their counselling sessions, they do not influence their clients positively during the counselling sessions and they don’t find their clients relaxed during the counselling sessions respectively. The Table also shows
that 52.9% strongly agreed that they are close to their clients at work they do not feel enthusiastic.

4.5 Self-Care Assessment Worksheet

The objective of the study sought to establish the self-care practices among counsellors in Nairobi County. The respondents were asked to specify their level of agreement in respect to the adoption of innovation. Their responses were as shown below; 1 represented often, 0 = very often, 2 = sometimes, 3 = rarely, 4 = not at all.

Table 7: Self-Care Assessment Worksheet on psychological self-care

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Self Care</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I make time for self-reflection after my counseling sessions</td>
<td>0.0%</td>
<td>0.7%</td>
<td>6.5%</td>
<td>35.5%</td>
<td>57.2%</td>
</tr>
<tr>
<td>Whenever stressed I seek supervision</td>
<td>0.0%</td>
<td>0.0%</td>
<td>8.7%</td>
<td>44.2%</td>
<td>47.1%</td>
</tr>
<tr>
<td>I take time to write a journal after my counseling sessions</td>
<td>0.0%</td>
<td>0.7%</td>
<td>9.4%</td>
<td>45.7%</td>
<td>44.2%</td>
</tr>
<tr>
<td>I like reading literature that is not related to counseling</td>
<td>0.7%</td>
<td>2.9%</td>
<td>8.0%</td>
<td>50.7%</td>
<td>37.7%</td>
</tr>
<tr>
<td>I like doing other things at which I am a starter</td>
<td>4.3%</td>
<td>11.6%</td>
<td>21.7%</td>
<td>32.6%</td>
<td>29.7%</td>
</tr>
<tr>
<td>I consider working on reducing stress in my life</td>
<td>0.7%</td>
<td>1.4%</td>
<td>5.8%</td>
<td>34.8%</td>
<td>57.2%</td>
</tr>
<tr>
<td>I notice my inner experiences- dreams, thoughts, imagery and feelings</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.6%</td>
<td>39.1%</td>
<td>57.2%</td>
</tr>
<tr>
<td>I make time to attend my personal therapy</td>
<td>2.9%</td>
<td>0.7%</td>
<td>14.5%</td>
<td>37.0%</td>
<td>44.9%</td>
</tr>
<tr>
<td>I say no to extra responsibilities</td>
<td>0.7%</td>
<td>0.7%</td>
<td>7.2%</td>
<td>45.7%</td>
<td>45.7%</td>
</tr>
<tr>
<td>I spend time out doors with family and friends</td>
<td>0.0%</td>
<td>0.0%</td>
<td>4.3%</td>
<td>47.8%</td>
<td>47.8%</td>
</tr>
</tbody>
</table>
The findings show that majority (57.2% and 47.1%) of respondents revealed that they very often make time for self-reflection after their counselling sessions and whenever stressed they seek supervision. The findings also show that 45.7%, 50.7% and 32.6% often take time to write a journal after their counselling sessions and like reading literature that is not related to counselling and like doing other things at which they are a starter.

Moreover (57.2%, 44.9%, 45.7% and 47.8%) of the respondents revealed that they very often they consider working on reducing stress in their lives, noted that their inner experiences- dreams, thoughts, imagery and feelings, make time to attend their therapy, say no extra responsibilities and spend time outdoors with family and friends respectively. These findings concur with the conclusion made by Stevanovic & Rupert, (2004) in Oklahoma City, who indicated that it takes time to attend to their therapy and they have noticed inner experience and feelings. The study also indicated that mental health professionals and this might include counselor’s focus more of their time to family and friends as much as they do to their work; they would be able to cope with the job stress and thus reduce burnout.

4.6 Emotional Self Care
The study sought to establish the relationship between emotional self-care and level of burn-out level among counsellors in Nairobi County. The respondents were asked to specify their level of agreement in respect to the adoption of innovation. Their responses were as shown below; 1 represented often, 0= very often, 2=sometimes, 3= rarely, 4= not at all.
Table 8: Emotional Self Care

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Self Care</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I like spending my free time in the company of others whom I enjoy</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.8%</td>
<td>50.0%</td>
<td>44.2%</td>
</tr>
<tr>
<td>I keep close contact with those important in my life</td>
<td>0.0%</td>
<td>2.2%</td>
<td>6.5%</td>
<td>50.0%</td>
<td>41.3%</td>
</tr>
<tr>
<td>I affirm myself after a counselling session, and I appreciate myself</td>
<td>0.0%</td>
<td>0.7%</td>
<td>2.2%</td>
<td>44.9%</td>
<td>52.2%</td>
</tr>
<tr>
<td>I take time to reread favorite books or review favorite movies</td>
<td>0.7%</td>
<td>0.7%</td>
<td>4.3%</td>
<td>45.7%</td>
<td>48.6%</td>
</tr>
<tr>
<td>I seek for comforting activities, objects, people, relationships and places</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.1%</td>
<td>40.6%</td>
<td>54.3%</td>
</tr>
<tr>
<td>I express outrage in social action, letters, donations, marches, protests</td>
<td>0.0%</td>
<td>2.9%</td>
<td>9.4%</td>
<td>51.4%</td>
<td>36.2%</td>
</tr>
<tr>
<td>I take time to meditate after a counseling session</td>
<td>0.0%</td>
<td>0.7%</td>
<td>3.6%</td>
<td>50.0%</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

The table above shows the respondents distribution based on their views on emotional self-care whereby 50% stated that they often like spending their free time in the company of others that they enjoy and keeping close contact with those important in their life. The Table also revealed that 52.2%, 48.6% and 54.3% indicated that they very often affirm themselves after a counseling session and they appreciate themselves, take time to reread favorite book or reviewing their favorite movies and seek for comforting activities, objects, people, relationships and places respectively. Lastly the table shows that 51.4% and 50.0% often express outrage in social action, letters, donations, marches, protests and take time to meditate after a counseling session. The findings goes hand in hand with the study carried out by Skovholt, (2001) in New Yolk, that counselors express outrage in social action, letters, donations, marches, protests and take time to meditate after a counseling session. The researcher noted that supervision can be utilized in helping
professionals to access their inner resources when stressed and thus increase tolerance 
with clients. The results indicate that counselors experienced emotional exhaustion.

A summary of regression analysis between the independent variables including 
counselors’ psychological, self-care emotional self-care and level of psychological burn-
out has been outlined below.

**Table 9: Regression Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.675 a</td>
<td>.456</td>
<td>0.645</td>
<td>.123</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), psychological self-care and emotional self-care

From the model summary above the *R* value represents the level of association where *R*
is 0.675 which indicates a strong positive association between psychological self-care,
emotional self-care and level of psychological burn-out.

**Table 10: ANOVA Results for Psychological and Emotional Self-care**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>258.284</td>
<td>4</td>
<td>64.571</td>
<td>130.446</td>
<td>.007b</td>
</tr>
<tr>
<td>Residual</td>
<td>27.204</td>
<td>55</td>
<td>.495</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>285.487</td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: level of burn-out

b. Predictors: (Constant), Psychological self-care and emotional self-care
The ANOVA Table above indicates that Psychological self-care and emotional self-care, significantly predict the level of burn-out as shown by the P value which is <0.05. ANOVA statistical technique was used to show the relationship between the variables. A correlation coefficient of +1 indicates there is a relationship. R value being 0.675 indicates there is a strong positive relationship between psychological and emotional self-care practices and level of psychological burn-out.

Table 11: Regression Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>-1.282</td>
<td>.275</td>
<td>-4.664</td>
<td>.000</td>
</tr>
<tr>
<td>Psychological self-care</td>
<td>.305</td>
<td>.178</td>
<td>-.225</td>
<td>-1.709</td>
</tr>
<tr>
<td>Emotional self-care</td>
<td>.495</td>
<td>.175</td>
<td>.130</td>
<td>1.826</td>
</tr>
</tbody>
</table>

a. Dependent Variable: level of burn-out

The Coefficients in Table 11 provides us with a Constant ($\beta_0$) (1.282) and the co-efficient of Psychological self-care variable (.305), Emotional self-care (0.495), which helps in formulation of the linear regression equation

$$Y = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + E$$

$Y = \text{level of burn-out}$

$\beta_0 = \text{Intercept}$

$\beta_1 = \text{slope of a line of variable 1, Psychological self-care.}$

$X_1 = \text{variable 1, Psychological self-care}$
\[ \beta_2 = \text{Slope of line variable } 2, \text{Emotional self - care} \]

\[ X_2 = \text{Variable 2, Emotional self - care} \]

\[ \varepsilon = \text{error term} \]

\[ Y = -1.282 + 0.305X_1 + 0.495X_2 \]

The regression analysis reveals that Psychological self-care 30.5%, and emotional self-care 49.5% to a level of burnout. Therefore, this study confirms that there is a positive relationship between Psychological self-care, emotional self-care and level of psychological burn-out. Barnett et al., (2007) noted that:

Self-care is essential for one is overall physical health and well-being, as well as the well-being of one’s clients. If a therapist is not taking care of himself or herself, this may influence the care of the clients as well.

The study concurs with the findings by Code of Ethics of the ACA (2005), which indicated that there is a significant relationship between Psychological self-care, emotional self-care and level of burn-out.

Thus counsellors should find it necessary to employ self-care strategies in order to sustain and promote their mental, emotional, physical and spiritual well-being so as to engage with their clients responsibly and professionally. They also need to be vigilant and sensitive to the signs and symptoms of deficiency by being aware of their mental, physical, or emotional problems.
CHAPTER FIVE
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
The chapter presents the summary of the research findings, conclusions drawn from the findings highlighted and recommendations made to it. The conclusions and recommendations were drawn in addressing the research question or achieving the research objectives.

5.2 Summary of Findings
The study findings showed that majority (49.18%) of respondents were between the age of 20 to 30 years while 6.557% were between the age of 50 to 60 years. The study also found out that 33.6% of participants were male. The study also found out that most of the respondent (40.98%) had a diploma and 9.84% were PhD holders. The respondents were well distributed based on their level of education. The findings also found out that 51.4% of respondents agreed that counselling leaves them feeling emotionally drained.
Moreover, more than 60% strongly agreed that counselling requires an effort to work with people the whole day. Lastly, the findings showed that more than 32% of respondents strongly disagreed that counselling work makes them feel frustrated, felt like counselling is breaking them down, and counselling makes them feel like they work hard, working in direct contact.

The study findings show that at least 49% of counsellors disagreed that satisfied clients make them feel impersonal, as if they were objects and when they imagine another day to engage in counselling they feel overwhelmed, and some clients make them feel responsible for their problems respectively. Moreover, 50% stated that at the end of their
counselling day, they felt that they were losing patience and what happened to their clients did not bother them. The researcher also found that most (58.7%) of counsellors disagreed that satisfied clients make them feel impersonal, as if they are objects and when they imagine another day to engage in counselling they feel overwhelmed. Also, 42.8% of participants strongly agreed that they are not useful in counselling and during counselling sessions they tend to be lethargic. The findings also stated that 47.1% are not able to empathise with the clients. The research also showed that 52.9% strongly agreed that they were close to their clients at work and as such they do not feel enthusiastic.

The study found out that majority (57.2%) of participants indicated that they very often make time for self-reflection after their counselling sessions and whenever stressed they seek supervision. Moreover, (57.2%) of the respondents revealed that they very often they consider working on reducing stress in their lives. The researcher found out that 50% stated that they often like spending their free time in the company of others that they enjoy and keeping close contact with those important in their life. Lastly, the study found out that 51.4% and 50.0% often expressed outrage in social activities, letters writing, donations, marches, and protests and took time to meditate after a counselling session. The findings therefore indicate that counselors in Nairobi County experienced emotional exhaustion. Depersonalization and reduced personal accomplishment and hence the need to apply self-care practices in order to attend to their clients appropriately.

5.3 Conclusions
From the summary of findings, the study concludes that counsellors like other health professionals, suffer compassion fatigue among counsellors in Nairobi. It has revealed that although counsellors experience fatigue and burnout it may indeed be considered an
occupational hazard, the satisfaction they get from helping mitigate against any psychological severe impairment. The study concludes that some clients make the counsellors feel impersonal, as if they are objects and when they imagine another day to engage in counselling they feel overwhelmed and some clients make them feel responsible for their problems. This current study found that there was a significant positive correlation between counsellors’ psychological self-care, emotional self-care, and level of burn-out. The study also showed that persons who had been in the profession for a longer period of time reported that the experience had provided them with improved coping strategies. It also established that awareness of self and instituting clear boundaries concerning their responsibilities helped them manage the symptoms of burnout. Additionally, majority of the participants expressed the need to employing self-care strategies in between their work schedule. However, participants who were newly employed in the profession expressed that self-care was a skill they needed to practice and cultivate.

5.4 Recommendations

In regard to the findings and conclusions in this chapter, the study established that the majority of respondents were female compared to males. This study, therefore, recommends that

1) There should be gender balance in this sector and more males should be encouraged to join the profession

2) Continued research is still needed to fully explain the phenomenon of compassion fatigue with the ultimate goal of ensuring that counsellors understand it, can sense early warnings and receive essential interventions.
3) There is a need to come up with a workplace-based program to assist counsellors at their duty stations.

4) There is a need to increase awareness about compassion fatigue and burnout syndrome among counsellors as well as the general public.

5.5 Suggestions for Further Research
Further research may need to focus on the impact of burnout on attrition and how the administrators would deal with burnout and promote self-care. It would also be beneficial for administrators to implement self-care programs to the practicing counselors and administer a pre-test and post-test to the counselors involved to identify the strategy that would be more appropriate to prevent burn-out and hence attend to their clients effectively.

An individual’s personality could also be a cause of burn-out. Therefore it would be necessary to carry a study in the future that focuses on personality traits of counsellors in relation to burnout. The current study focuses on psychological and emotional self-care practices. A further study would focus on other aspects self-care. Moreover, a more detailed study should be carried out to explore psychological and emotional self-care practices and level of burn-out among counsellors in all the Counties in Kenya.
REFERENCES


promoting and maintaining counsellor wellness. *Journal of Humanistic
Counseling, Education, and Development*, 46, 35-49

Chiu, S. F. and Tsai, M. C. (2006). Relationships among burnout, job involvement, and
organizational citizenship behaviour. *Journal of Psychology* 140(6), pp. 517-530.

Cohen, R. J. and Swerdlik, M. E. (2010). *Psychological testing and measurement. An
introduction to tests and measurements*. 7th Ed. New York; NY, McGraw-hill


burnout in community health nursing: A review of the literature. *Journal of
Psychiatric and Mental Health Nursing*, 7, 7-14

Brunner-Routledge.


Theory, assessment, analysis, and practice. *Journal of Counseling and
Development*, pp 82, 354-364.

Palliative Medicine*, 22(2), 125-128


World Health Organization. (2014). *Occupational health: Stress at the workplace*


APPENDICES

Appendix I: Study Work Plan.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ACTIVITIES</th>
<th>Presentation of proposal</th>
<th>Data collection</th>
<th>Data analysis and interpretation</th>
<th>Report writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOV/DEC</td>
<td></td>
<td></td>
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<tr>
<td>JUNE</td>
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</tbody>
</table>
Appendix II: Research Instruments

Instructions:

Kindly give your honest response to each question and tick where appropriate. Do not indicate your name.

SECTION 1

Demographic information

1. Age

20-30 ☐  41-50 ☐

31-40 ☐  50-60 ☐

2. Gender: Tick one:

Male ( ) OR Female ( )

3. The highest level of education in the counselling field

i. Certificate ☐

ii. Diploma ☐

iii. Bachelors degree ☐

iv. Masters ☐

v. Ph D ☐

4. Number of years of counselling experience

i) 0 - 5 years ☐

ii) 6 – 10 years ☐

iii) 11-15 years ☐

iv) 16-20 years ☐

v) 21+ ☐
**SECTION 2**

**Maslach Burnout Inventory (MBI)**

**Instructions**

For each question, please indicate the score that corresponds to your response.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling leaves me feeling emotionally drained</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>It requires effort to work with people the whole day</td>
<td></td>
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<tr>
<td>Counselling work makes me feel frustrated</td>
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<td></td>
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<tr>
<td>I feel like counselling is breaking me down</td>
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<tr>
<td>Counselling makes me feel like I work too hard</td>
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<tr>
<td>Working in direct contact with people stresses me</td>
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<tr>
<td>I feel like I am at the end of my rope</td>
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<tr>
<td><strong>SECTION B</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Certain clients make me feel impersonal, as if they are objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I imagine another day to engage in</td>
<td></td>
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<td></td>
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<tr>
<td><strong>counselling</strong></td>
<td>I feel overwhelmed</td>
<td></td>
<td></td>
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<td>----------------</td>
<td>--------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some clients make me feel responsible for their problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>At the end of my counselling day, I feel I lose patience</td>
<td></td>
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</tr>
<tr>
<td>What happens to my clients does not bother me</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Counselling has made me insensitive to people</td>
<td></td>
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<tr>
<td>I am afraid that counselling is making me uncaring</td>
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</tbody>
</table>

**SECTION C**

| I feel I am not useful in counselling |
| During counselling sessions, I tend to be lethargic |
| I am not able to empathize with my clients |
| I do not look after my clients' problems very effectively |
| Emotional issues have become difficult to handle in my counseling sessions |
I do not influence my clients positively during the counseling sessions

I don’t find my clients relaxed during the counseling sessions

When I am close to my clients at work I do not feel enthusiastic

SECTION 3 SELF-CARE ASSESSMENT WORKSHEET

Please indicate by ticking (✓) the numerical value at which you undertook the following psychological self care practices in the last three months.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYCHOLOGICAL SELF CARE</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I make time for self reflection after my counseling sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Whenever stressed I seek supervision</td>
<td></td>
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<tr>
<td>I take time to write a journal after my counseling sessions</td>
<td></td>
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<tr>
<td>I like reading literature that is not related to counseling</td>
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<tr>
<td>I like doing other things at which I am a</td>
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</tr>
</tbody>
</table>
I consider working on reducing stress in my life

I notice my inner experiences - dreams, thoughts, imagery and feelings

I make time to attend my therapy

I say no to extra responsibilities

I spend time out doors with family and friends

Please indicate by ticking (V) how often you engage in the following emotional self-care practices.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMOTIONAL SELF CARE</strong></td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I like spending my free time in the company of others whom I enjoy</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I keep close contact with those important in my life</td>
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<tr>
<td>I affirm myself after a counselling session</td>
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<tr>
<td>I appreciate myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take time to reread favourite books or</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
review favourite movies

I seek for comforting activities, objects, people, relationships and places

Whenever I feel overwhelmed I cry

I find things that make me laugh

I express outrage in social action, letters, donations, marches, protests

I take time to meditate after a counseling session

Thank you for your participation
Appendix III: Informed Consent for the Respondents

My name is Beatrice Ngugi. I am a master degree candidate in Counseling Psychology in Kenyatta University. I am conducting a study on PSYCHOLOGICAL AND EMOTIONAL SELF CARE PRACTICES AND LEVEL OF BURN OUT AMONG PRACTICING COUNSELORS IN NAIROBI CITY COUNTY. The information will bring out the significance and effects of self-care practices to individual counselors. Organizations will make use of the findings of this study to promote self-care and advance the health and wellbeing of counselors as we strive to help our clients.

Procedures to be followed

Participation in this study will require you to complete three surveys that include; a demographic form, the Maslach’s Burnout Inventory and the Self-Care Assessment Worksheet.

You have the right to withdraw from participation in this study. You will benefit from the information equally with those who agree to join in the study.

Please remember your participation in the study is solely voluntary. Feel free to ask any question in relation to the study.

You may refuse to respond to any question. You may also stop being in the study at any time without any consequences to the service you will receive in the future.

Discomfort and risks

If you find some of the questions embarrassing or intimidating or even feel uncomfortable, you may choose not to respond to such. To complete all the three surveys will take less than 20 minutes.

Benefits

If you participate in this study, you will help us to provide quality services to our clients as counselors. You will also get the results of the outcome of the study.
Confidentiality
The study will be conducted with utmost confidentiality. Do not include your name in the study tool. The questionnaire will be kept under lock and key for safe keeping at Kenyatta University. Everything will be kept private.

Contact information
If you have any questions you may contact Dr. Olaly on 0719761379 or Dr. Kinga on 0722559343 or the Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke, secretarykuerc@ku.ac.ke.

Participant’s statement
The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions, and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that I will still get the same care whether I decide to leave the study or not and my decision will not change the care I will receive.

Code of participant…………………………

.................................................. .............................................
Signature or thumbprint Date

Investigator’s statement
I, the undersigned, have explained to the volunteer in a language he/she understands, the procedures to be followed in the study and the risks involved

Name of investigator…………………………

.......................................................... ..........................................................
Signature Date