

Burnout Levels among Professional Counselors in Butabika and Mulago National Referral Hospitals in Uganda

Kabunga Amir ^a, Muya Francis Kihoro ^b, Njuguna Jane M ^c, Njuguna Christina N. ^d, Nginya Mary W. ^e, Nguvi Mary Muindi ^f

^{a,d} *Department of Psychology, Mount Kenya University, Nairobi, Kenya*

^b *School of Education, Mount Kenya University, Nairobi, Kenya*

^c *Department of Education, Mount Kenya University, Nairobi, Kenya*

^e *Department of Early Childhood Education, Mount Kenya University, Nairobi, Kenya*

^f *Department of English and Linguistics, Mount Kenya University, Nairobi, Kenya*

Abstract

Counseling profession places unique demands on care-providers and has negative consequences. This study explored prevalence of burnout and its preventive measures among professional counselors in Butabika and Mulago national referral hospitals in Uganda using the Professional Quality of Life-IV (proQOL-IV) questionnaire to determine levels of burnout. A total of ten research questions were used to determine common strategies employed by counselors in mitigating burnout. A cross sectional descriptive study was adopted and simple random sampling was used to select a sample of 123 respondents. The results showed that 70% and 68% of counselors had developed burnout in Butabika and Mulago respectively. It was found out that the most effective strategies for mitigating burnout include; attending workshops, social support, travelling, going on vacations, hobbies, social skills, relaxation, spirituality and supervision. The study recommended that a combination of organizational and individual strategies is necessary to prevent burnout.

Keywords: Burnout; Professional Counselors; Butabika, Mulago; Uganda

1. Introduction

Professional counselors, just like other mental health workers, play a central role in dealing with psychological, emotional and mental issues to promote optimum mental health. However the tasks of counselors are demanding and heavy. According to Altekruise, Harris, and Brandt [1] a counselors' job description involves guiding their clients in directions that lead to resolutions of problems. The constant interaction between professional counselors and client needs within the therapeutic relationship often leave the counselors vulnerable to burnout.

Burnout, a term first used by Herbert Freudenberger [2] in the mid-1970s is a condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment [3]. It is also defined as a psychological condition that involves a prolonged response to chronic interpersonal stressors on the job [4]. It involves three components, namely; emotional exhaustion, depersonalization (cynicism) and reduced personal accomplishment. The element of emotional exhaustion refers to lack of enthusiasm and the sense of emotional draining by clients [5]. Depersonalization is a situation where an individual develops apathy towards significant others [6]. A reduced sense of personal accomplishment involves negative self-evaluation of one's work with clients or job effectiveness [7]. Therefore counselor burnout can be defined as a situation characterized by depersonalization, exhaustion and a diminished sense of accomplishment.

In European countries with elaborate social security systems, especially Sweden and Netherlands, burnout is an established medical diagnosis [8]. This is because burnout individuals may face serious psychological and physical health problems over the course of time [9,10]. Professional counselors experiencing burnout are likely to report a variety of psychological, emotional and physical health problems, including anxiety, depression, sleep disturbance, memory impairment, and neck pain [11]. Others include; decreased self-esteem, insomnia, headaches, eating problems, tiredness, irritability, hypertension, alcoholism, and myocardial infarction [12, 13, 14, 15]. At the organization level, problems include lower productivity, absenteeism, financial losses and turnover [16, 17]. Studies have shown that burnout syndrome is an independent risk factor for infections [18], type 2 diabetes and cardiovascular diseases [19, 20].

Counselors who become emotionally, cognitively, and physically exhausted in an attempt to meet demands of the clients may undermine counselors' abilities to convey empathy, warmth and unconditional positive regards to promote a therapeutic relationship with clients [21]. In one study by Pope, Tabachnick & Keith-Spiegel, [22] among practicing psychologists a whopping 60% of the sample revealed that they had practiced therapy when they were professionally impaired. These findings point to the importance of considering counselors' personal well-being in relation to their professional functioning. It is therefore important for professional counselors to understand the symptoms associated with burnout as it can place them at a high risk for potential ethical and legal violations.

2. Causes of burnout

Research on burnout has suggested that the syndrome has structural causes in the work environment, mainly high job demands and lack of job resources [23]. This research also indicates that individual factors such as neuroticism and perfectionism play a significant role in the development of burnout, because these features influence individuals not to cope in the right way with high job demands [24]. Other risk factors include; high caseload demands; lack of a supportive work environment; social isolation; work setting; income; long working hours; time spent with clients; performing other professional tasks and severity of clients' presenting problems [25, 26, 27]. Generally there are three categories of demands that comprise the antecedents of burnout. The first category consists of job and role characteristics. This includes the characteristics of the counselor-counselee relationship. Role characteristics consist of role overload, ambiguity, and conflict. The second category,

organizational characteristics, includes job context, rewards, and punishments. The third and last category deals with personal characteristics such as personality traits and demographic variables [28].

Mulago is the national referral hospital and Butabika is the psychiatric national referral hospital. Mental health patients from all over the country are referred to these two facilities for intervention [29]. They serve the entire country's estimated population of 36 million. Therefore high caseload demands become challenges leading to burnout among care-givers. Despite its prevalence and association with a number of negative outcomes, little attention has been directed towards reducing or preventing burnout among counselors particularly in Butabika and Mulago national referral hospitals. This study therefore was to this gap.

3. Materials and methods

3.1 Study objectives

- i. To establish the levels of burnout among practicing counsellors in Butabika and Mulago national referral hospitals in Uganda
- ii. To find out the effective strategies employed by counsellors in handling burnout in Butabika and Mulago national referral hospitals in Uganda

3.2 Research Method

This study was conducted using cross sectional descriptive study. A sample of 123 was selected by simple random sampling. Data on burnout was collected through use of Professional Quality of Life questionnaires and analysis of data involved using descriptive statistics such as percentages and frequencies using STATA version 18.0. Continuous variables were summarized as the mean, standard deviation and median. The prevalence of burnout was determined and reported together with its corresponding 95% confidence limits (95% CL). The burnout levels were arrived at by summing the scores of Professional Quality of Life variables.

4. Results

Table 1: Levels of burnout among study counselors

Counselors'	Burnout levels		
	Low %	Average %	High %
Butabika	30	39	31
Mulago	32	35	33

A large percentage (70%) of counselors in Butabika had developed burnout. In Mulago, 68% of counselors had developed burnout. The levels of burnout in two hospitals also compared marginally, with 39% in Butabika hospital and 35% and 33% in Mulago hospital having developed low and high burnout levels respectively.

Table 2: Strategies employed by counsellors in handling burnout

Variable	Responses	
	No %	Yes %
Discuss client's cases with colleagues	79	21
Attend workshops/Education	19	81
Social support	12	88
Travel, vacations, hobbies, and movies	16	84
Chart with colleagues between sessions	54	46
Social skills	9	91
Relaxation	16	84
Limiting number of case load	34	66
Develop spiritual life	1	99
Receive supervision	3	97

From the table 2; it was found out that the most effective strategies for mitigating burnout include attending workshops, social support, travelling, going on vacations, hobbies, and movies, social skills, relaxation, developing a spiritual life and receiving supervision.

5. Discussion

The first objective was to establish the levels of burnout among counsellors. The study revealed that 70% of counselors in Butabika and 68% Mulago had developed burnout. The results almost corroborate a study among maternal health professionals at a referral hospital in Malawi [30]. In this study, 72% respondents reported emotional exhaustion, 43% reported depersonalization, while 74% experienced reduced personal accomplishment. Similarly in a study of 591 mental health practitioners in New York, 31 found high levels of burnout, particularly emotional exhaustion and depersonalization. Another study performed in a Kenyan psychiatric hospital 32 described similar findings. In this study the main determinants of the high rates of burnout appears to have been high job demands, number of hours worked and lack of social support. High levels of burnout among counselors are a concern and likely to contribute to the high turnover.

The results however slightly contradict the findings of the study conducted by Acker 33 which showed that 56% of the participants reported moderate to high levels of emotional exhaustion and 45% reported low levels of personal accomplishment. Studies in the United Kingdom reviewed by Oddie and Ousley [34] also reported a range of 21% to 48% of general mental health workers having high emotional exhaustion. The differences could be attributed to differences in sample size and tools used. It could also be attributed to Employee Assistance Programme put in place to mitigate work-related stress.

The second objective was to find out the effective strategies employed by counsellors in handling burnout. The study revealed that the most effective strategies for mitigating burnout include attending workshops, social support, going on vacations, hobbies, social skills, relaxation, spirituality and receiving supervision. Raising awareness about burnout is important and counsellors should understand the causes, consequences and solutions to the burnout problem. Social support is also important and should be included in the management and addressing of the burnout [35]. Most studies show that burnout is mainly predicted by work overload and lack of social support [36]. Studies have also shown that care providers who seek supervision tend to experience lower levels of burnout than their counterparts who do not [37].

6. Conclusion and recommendations

Burnout has negative consequences for the health and well-being of counselors. The results of this study show that majority of professional counselors in both Butabika and Mulago national referral hospitals had developed symptoms of burnout. Therefore a combination of organizational and individual strategies is necessary to prevent burnout. Counselors with high levels of burnout need help in order to regain their professional and personal vitality. The most effective strategies for mitigating burnout include; attend workshops, social support, travels, going on vacations, hobbies, and movies, social skills, relaxation, develop spiritual life and receive supervision.

References

- [1] M. K. Altekruze, H. L. Harris and M. A. Brandt. The role of the professional counsellor in the 21st century. *Counselling and Human Development*, 2001, 34, 1-10.
- [2] H. J. Freudenberger, Staff burn-out. *Journal of Social Issues*, 1974, 30, 159–165.
- [3] M. A. Malik, I. A. Khan, S. A. Bhutto and A. M. Ghouri. Managerial skills and organizational learning in SMEs of Pakistan. *Indian Journal of Commerce & Management Studies*, 2011, 2(4), 61-69.
- [4] M. P. Leiter and C. Maslach. Areas of worklife: A structured approach to organizational predictors of job burnout. In P. L. Perrewe & D. C. Ganster (Eds.), *Research in occupational stress and well-being*, 2004, Vol. 3, 91-134 Oxford: Elsevier
- [5] L. O. Gavrilovici. Romanian teachers' burnout and psychological and professional difficulties, 2007, Retrieved 20 July, 2014
from <http://holon.ladipu.com/resources/15//Romanian%20teachers'%20burnout%20and%20pd>
- [6] C. Maslach W. B. Schaufeli and M. P. Leiter. Job burnout. In S. T. Fiske, D. L. Schacter, & C. Zahn-Waxler (Eds.), *Annual Review of Psychology*, 2001, 52, 397–422
- [7] C. Stalker and C. Harvey. Professional burnout: A review of theory, research, and

prevention Partnerships for Children and Families Project, 2002, Wilfrid Laurier University

[8] W. B. Schaufeli and M. P. Leiter. Burnout: 35 years of research and practice. *Career Development International*, 2008, Vol. 14 No. 3, 2009 pp. 204-220

[9] L. E. Valente, A. Truzzi, W. F. Souza, G. S. Alves, C. E. Alves, F. K. Sudo, et al. Health self-perception by dementia family caregivers: Sociodemographic and clinical factors. *Arquivos de Neuropsiquiatria*, 2011, 69, 739–744.

[10] A. B. Bakker, E. Demerouti, and A. I. Sanz-Vergel. Burnout and work engagement: The JD–R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 2014, 1, 389–411.

[11] U. Peterson, E. Demerouti, G. Bergström, M. Samuelsson, M. Åsberg Å. Nygren. Burnout and physical and mental health among Swedish healthcare workers, *J Adv Nurs*, 2008, 62:84–95

[12] N. Embriaco L., Papazian, N., Kentish-Barnes F., Pochard, and E. Azoulay. Burnout syndrome among critical care healthcare workers. *Current Opinion in Critical Care*, 2007, 13, 482–488.

[13] L. J. Ducharme, H. K. Knudsen and P. M. Roman. Emotional exhaustion and turnover intention in human service occupations: The protective role of coworker support. *Sociological Spectrum*, 2008, 28, 81–104.

[14] A. Väänänen, A. Koskinen, M. Joensuu, M. Kivimäki, J. Vahtera, A. Kouvonen, et al. Lack of predictability at work and risk of acute myocardial infarction: An 18-year prospective study of industrial employees. *American Journal of Public Health*, 2008, 98, 2264–2271.

[15] M. G. Alves, D. Chor, E. Faerstein, G. L. Werneck, and C. S. Lopes. Job strain and hypertension in women: Estudo Pro-Saúde (Pro-Health Study). *Revista de Saúde Pública*, 2009. 43, 893–896.

[16] J. E. Becan, D. K. Knight, and P. M. Flynn. Innovation adoption as facilitated by a change-oriented workplace. *Journal of Substance Abuse Treatment*, 2012, 42(2), 179-190. PMID: PMC3268854

[17] L. T., Eby and T. C. Rothrauff-Laschober. The relationship between perceptions of organizational functioning and voluntary counselor turnover: A four-wave longitudinal study. *Journal of Substance Abuse Treatment*, 2012, 42, 151–158.

[18] D.C.L. Mohren, G.M.H. Swaen, I. Kant, L.G.P.M. van Amelsvoort, P.J.A. Borm and J.M.D. Galama. Common infections and the role of burnout in a Dutch working population. *J. Psychosom. Res.*, 2003, 55(3): 201–208.

[19] S. Molamed, A., Shirom, S. Toker, S. Berliner, and I. Shapira. Burnout and risk of cardiovascular disease: Evidence, possible causal paths, and promising research directions. *Psychological Bulletin*, 2006, 132, 327–353.

[20] K.. Ahola. Occupational burnout and health. 2007, Helsinki, Finland: Finnish Institute Occupational Health

- [21] S.J. Ackerman and M.J. Hilsenroth. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 2003, 23, 1-33.
- [22] K. S. Pope, B. G. Tabachnick, and P. Keith-Spiegel. Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 1987, 42, 993-1006
- [23] G. M. Alarcon. A meta-analysis of burnout with job demands, resources, and attitudes. *Journal of Vocational Behavior*, 2011, 79, 549–562. <http://dx.doi.org/10.1016/j.jvb.2011.03.007>
- [24] B. W. Swider and R. D. Zimmerman, Born to burnout: A meta-analytic path model of personality, job burnout, and work outcomes. *Journal of Vocational Behavior*, 2010 76, 487-506. <http://dx.doi.org/10.1016/j.jvb.2010.01.003>
- [25] P. A. Rupert, and K. A. Baird, Managed care and the independent practice of psychology. *Professional Psychology: Research and Practice*, 2004, 35, 185-193.
- [26] P. Rupert and J. Kent. Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 2007, 38(1), 88-96.
- [27] K. D. Killian. Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 2008, 14 (2), 32-44
- [28] C. L. Cordes and T. W. Dougherty. A review and an integration of research on job burnout. *Academy of Management Review*, 1993, 18(4), 621–656
- [29] F. Kigozi, J. Ssebunnya, D. Kizza, S. Cooper, and S. Ndyabangi. An overview of Uganda’s mental health care system: results from an assessment using the World Health Organization’s assessment instrument for mental health systems WHOAIMS, 2010 Retrieved 2011, December 3, 2011, from
- [30] V. C. Thorsen A. L., Teten Tharp and T. Meguid High rates of burnout among maternal health staff at a referral hospital in Malawi: A cross-sectional study. *BioMed Central Nursing*, 2011, 23, 9.
- [31] G. Acker. The challenges in providing services to clients with mental illness: Managed care, burnout and somatic symptoms among social workers. *Community Mental Health Journal*, 2010, 46(6):591–600.
- [32] D. M. Ndeti, M. Pizzo, H. Maru, F. A. Ongecha, L. I. Khasakhala, V. Mutiso, et al. Burnout in staff working at the Mathari psychiatric hospital. *African Journal of Psychiatry*, 2008, 11, 199–203.
- [33] G. M. Acker. An examination of the relationships between workers and agencies characteristics and three outcome variables: Burnout, role stress, and intent to quit. *American Journal of Psychiatric Rehabilitation*, 2008, 11(4), 295-309. doi:10.1080/15487760802186311

[34] S. Oddie, and L. Ousley. Assessing burn-out and occupational stressors in a medium secure service [Electronic version]. The British Journal of Forensic Practice, 2007, 9 (2),32-48.

[35] M. G. Cassitto, E. Fattorini, R. Gilioli, C. Rengo and V. Gonik. *Raising awareness to psychologicalharassment at work* (Protecting workers health series). Geneva: World health Organization.http://www.who.int/occupational_health/publications/en/pwh4e.pdf, 2003, Accessed 5 Nov 2011.

[36] C. Maslach S. Jackson and M. Leiter Maslach Burnout Inventory Manual [1996]. 3rd ed. Palo Alto (CA): Consulting Psychologist Press

[37] J.K. Ito and C. Brotheridge. Resources, coping strategies, and emotional exhaustion: a conservation of resources perspective. J VocatBehav. 2003, 63: 490 509.