

**SELF-ESTEEM AND EMPLOYEE BURNOUT AS PREDICTORS OF EMPLOYEE
TURNOVER INTENTION AMONG PROFESSIONAL COUNSELLORS IN NAIROBI,
KENYA**

By

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DECLARATION

I declare that “**Self-esteem and Employee Burnout as Predictors of Employee Turnover Intention among Professional Counsellors in Nairobi, Kenya**” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

Signature: _____ Date: _____

DEDICATION

To my parents Cornelius and Gertrude Obulutsa

To my brothers and sisters; Andrew, Charles;

The late Anthony, Samuel, David, George, Stella and Eileen

To my friends Jack, Alfred, Austin, Brian, Jonathan and Alex

ABSTRACT

Self-esteem and employee burnout as predictors of employee turnover intention among professional counsellors in Nairobi, Kenya

**By
Thomas Austin Obulutsa**

Staff turnover affects employees, employers and their clients. When counsellors leave a particular employment context, relationships have to be modified or terminated, and in some instances, clients have to start counselling afresh. This study focused on testing whether self-esteem and burnout can be predictors of voluntary turnover. Relating the three variables of self-esteem, employee burnout, and employee turnover intentions among counsellors reveals a dearth in literature and research.

This study utilised qualitative and quantitative data. A sample of 200 counsellors received questionnaires to collect quantitative data and 162 questionnaires were analysed. The Intentions-To-Stay Questionnaire by Roodt (2004) measured turnover intention, the Maslach Burnout Inventory (Maslach & Jackson, 1981) measured Burnout and the Rosenberg Self-esteem scale (Rosenberg, 1965) measured self-esteem. Qualitative data collection utilised the focus group interview. 23 participants for one group interview were selected using Convenience sampling.

Significant relationship was found between self-esteem and age, gender, marital status, duration of work, academic qualification and job status. Results indicated that the emotional exhaustion subscale has statistically significant relationships with age, academic qualification, marital status and employment status. The depersonalization subscale indicated a statistically significant relationship with age, gender, marital status and employment status. The personal accomplishment subscale indicated statistically significant relationship with gender, academic qualification, marital status, duration of employment and employment status. A statistically

significant relationship was found between turnover intention and age, marital status, highest academic qualification of participant and employment status.

Further, a statistically significant relationship was found between turnover intention and burnout but not between turnover intention and self-esteem. This analysis confirmed burnout as a predictor variable and self-esteem as not.

Study findings revealed three categories of reasons influencing turnover among counsellors; namely diversification reasons, growth and development reasons, and remunerative reasons. Counsellor narratives of burnout revealed three major themes namely: exhaustion, work settings, characteristics, and sources of stress. Workplace and institutional interventions were categorized into two namely developmental and normative. An integrated model of clinical supervision for responding to burnout and turnover intention was presented as part of the discussion.

Key words: employee turnover intention, self-esteem, burnout, exhaustion, counsellors, clinical supervision, Kenya, Predictor variable, counseling supervision, model, intervention

A pencil and a dream can take you anywhere- Joyce Meyer

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CHAPTER ONE: INTRODUCTION

“Everyone eventually leaves; no one stays with an organisation forever”

(Hom, Mitchell and Lee, and Griffeth, 2012, p.831)

1.0 Introduction

Reported research reveals that Employee turnover is widely studied (Hom, Mitchell, Lee & Griffeth, 2012; Iverson, 1999; Shaw, Delery, Jenkins, & Gupta, 1998). Hom and Griffeth (1995) were able to review more than 800 studies focusing on employee turnover. Lee and Mitchell, (1994), argued that there is no one generally accepted theory as to why people opt or intend to leave organisations. They further stated that what is predominant is that in most cases it is employees who decide to leave organisations, rather than organisations that dismiss employees (Lee & Mitchell, 1994).

This thesis focused on this aspect of voluntary turnover particularly on voluntary turnover intention among counsellors and how turnover relates to self-esteem and burnout. Self-esteem and burnout were considered as predictor variables of employee turnover intention.

Morrell, Clarke and Wilkinson (2004), contended that there is no one generally accepted theory explaining the turnover process as a whole; they stated that a wide range of factors have been found useful when it comes to interpreting employee turnover, and these have been employed to model turnover in a range of different settings (Morrell et al., 2004). A review of literature shows evidence of some these factors to include emotional dissonance and organizational commitment (Abraham 1999a), job satisfaction (Hom & Kinicki, 2001), labour market variables (Kirschenbaum & Weisberg, 2002), occupational stress, psychological strain and coping

resources (Layne, Hohensil and Singh 2004), psychological contract (Morrison & Robinson, 1997), and various forms of commitment (Allen & Meyers, 1990).

Many studies have investigated self-esteem generally and as a result several definitions have arisen (Bernichon, Cook, & Brown, 2003; Brown, Dutton, & Cook, 2001; Lightsey, Burke, Ervin, Henderson, & Lee, 2006; Leary, Tambor, Terdal, & Downs 1995; Trzesiewski, Donnellan, & Robbins, 2003). Coopersmith (1967), defined self-esteem as the “evaluation that the individual makes and customarily maintains with regard to himself/herself, it expresses approval or disapproval and indicates the extent to which the individual values himself/herself” (p.4-5). Brown and Dutton (1995) explained self-esteem as feelings for oneself, whether positive or negative. Baumeister, Campbell, Kruger and Vohs (2003) asserted that self-esteem is the evaluative component of self-knowledge. They further said that self-esteem is a perception rather than a reality. These definitions emphasize the aspect of evaluation as a component of self-esteem and that these evaluations can be classified as both positive and negative.

Walz (1991) contended that counsellors’ self-esteem is a vital determinant in the counselling relationship between client and counsellor. Butler and Constantine (2005) observed that a counsellor’s perceptions of himself as a member of the counselling profession could affect their competence and the client counsellor relationship.

Burnout among professionals and professions that involve interaction with people is widely studied. Lee, Cho, Kissinger and Ogle (2010) conceptualised burnout as a combination of multiple physical and emotional elements manifesting cognitively or within the workplace. They further contended that this could jeopardize counsellors’ well being and treatment

efficacy. Vrendenburgh, Carlozi and Stein (1999) studied burnout among counselling psychologists. They reported that many burnout studies concerning counsellors have focused primarily on correlates such as characteristics, client attributes and work environment.

However, there is relatively limited research linking self-esteem and employee burnout as predictors of employee turnover among counsellors, and there appears to be a gap in knowledge and literature, especially in the Kenya setting. No one can challenge the fact that transition and employee separation cause considerable distress in terms of feelings of loss and expectations. On the other hand, according to Maslach and Jackson (1984) burnout and distress can be good predictors of employees wanting to leave. In this regard, explaining the mechanisms underlying how and why such employee turnover linked to self-esteem and burnout occurs is open to question.

1.1 Thesis Context: Professional Counsellors in Nairobi, Kenya

The study on which this thesis is based focused on professional counsellors; however, defining the identity of professional counsellors can be challenging. Gale and Austin (2003) stated that internationally, professional counsellors lack a sense of specific identity for two reasons. First, counsellors receive their professional training from different institutions and accrediting bodies. Second, counsellors are affiliated with multiple professional organisations. Thus, different training experiences, specialisations, credentialing and professional affiliations can be a challenge to professional counsellors in an effort to promote a collective identity. The Kenyan context reflects this diversity, with different institutions at the tertiary and university level, and accrediting bodies in terms of associations and government agencies.

Counsellor training institutions seek accreditation from the Commission of Higher Education, the Kenya Counselling and Psychological Association (KCPA), the Kenya Association of Counsellor Educators and Trainers (KACET) and from the National Authority for the Campaign against Drugs and Alcohol Abuse (NACADA). These accreditations have an impact on the training and eventual production of graduates of the training centres and universities. In addition, a professional counsellor has to meet practice requirements set by KCPA and NACADA.

The target group consisted of trained and accredited counsellors, which means that the individuals have gone through academic/professional training in counselling and obtained a minimum qualification of a diploma in counselling or a bachelor's degree in counselling. In Kenya, tertiary institutions offer a one-month certificate course in basic counselling, a two-year diploma in counselling and a two-year higher diploma in counselling. A fully trained counsellor would therefore have undergone approximately four years of professional training. Some Kenyan universities also offer a four-year undergraduate degree in counselling; some of the degree titles include Bachelor of Arts in counselling, Bachelor of Arts in counselling psychology, Bachelor of Arts in psychology (counselling specialisation) and Bachelor of Psychology (with counselling specialisation). Other titles include Bachelor of Education in counselling and Bachelor of Education in guidance and counselling.

In Kenya, it is also possible to join the counselling profession after postgraduate studies, either by getting a postgraduate diploma or by getting a Master's degree in counselling or psychology, and doing a certain numbers of hours of supervised practicum.

Some Kenyan counsellors are known as “accredited members.” This refers to membership of the Kenya Counselling and Psychological Association (KCPA). Membership of the association was voluntary up to August 2014. At that time, KCPA had an estimated two thousand active members. KCPA has been able to classify membership according to the level of qualification and years of experience, and each member is allocated a status as such. There is also another association for professional psychologists known as the Kenya Psychologist Association (KPA). The membership is low and KPA has less coverage than KCPA.

The government of Kenya in collaboration with KCPA worked on legislation to make membership and adherence to KCPA principles mandatory. An Act of Parliament was signed into law in August 2014. The objective of the law is to govern the profession of psychology and counselling. The law forms one society for psychology and counselling professionals; it creates a board for registration and counselling, and regulates the training and practice of counselling and psychology. Consequently, all associations for counselling and psychology were required to merge and form the Kenya Society of Counselling and Psychology.

Wango (2015) asserted that counselling and psychological services in Kenya could be clustered into three categories namely:

1. *Counselling centres and services*, this encompasses services provided to individuals, families and groups.
2. *Counselling professional development*, this involves continuous professional development programmes and mechanisms.
3. *Counselling research*; this involves activities towards knowledge creation in the area of counselling and psychology (Wango 2015, p.10-11).

The impact of geography on burnout and turnover intention has received considerable reviews. Nowrouzi et al. (2015) discussed the impact of type and location of employment in relation to burnout. Accordingly, they observed that geography might have mitigating effects on stress and burnout. They explained that this could be attributed to culture, health needs and healthy behaviours. This too was considered a motivation for this study in Kenya.

1.2 Statement of the Problem

Employee turnover affects employees, employers and their clients (Barak, Nissly, & Levin, 2001; Knudsen, Ducharme, & Roman, 2008). In cases when counsellors leave the profession, or a particular employment context, relationships have to be modified or terminated, and in some instances, clients have to start counselling afresh (Smith 2005). Alexander, Bloom and Nichols (1994) contended that employee turnover is costly to the employer because they have to spend time and money in recruitment, selection of a replacement, and payment of terminal dues to the departing employee including training and developing the new replacement. Armstrong (2014) asserted that employee turnover is problematic especially if it was unplanned and unbudgeted for. This aspect of turnover among counsellors cannot be predicted in terms of the work settings that it affects, e.g. counsellors in school settings versus counsellors in drug rehabilitation settings (Carroll & Rounsville, 2007; Knudsen et al., 2008).

Furthermore, it can be argued that it is better to use turnover intentions rather than actual turnover as the dependent or outcome variable for two reasons. First, Price (2001) contended that workers normally make a judgement to do so before actually leaving their jobs, and that it is wise to ask employees of their intention to quit in a cross sectional study rather than actually tracking them down via longitudinal research to see if they left. Second, studies on turnover

have discovered that predictors of voluntary turnover have significant positive relationships with both turnover intentions and actual turnover (Price, 2001). Hence, the basis for use of turnover intentions in explaining actual turnover has been established and turnover intentions could be used as the dependent variable of this study.

There is little research specifically exploring the link between self-esteem, burnout and employee turnover among counsellors. Knudsen, Ducharme and Roman (2006), and Knudsen, Johnson and Roman (2003) have studied turnover among counsellors with a focus on counsellors' perception of managerial practices within treatment centres, particularly distribution of power and justice within the organisation. Knudsen et al. (2003) documented the linkage of turnover to job autonomy. Knudsen et al. (2006) focused on perceptions of organisational justice, emotional exhaustion and turnover intention. Emotional exhaustion is a component of burnout (Maslach & Jackson, 1981). They acknowledged that perceptions of emotional exhaustion and organisation justice influence levels of turnover intention. Of interest in the current study is the measurement of perceptions and collecting subjective experiences of the independent and dependent variables namely self-esteem, employee burnout and turnover intention.

1.3 Motivation and Rationale for the Study

During my professional interactions with colleagues, counsellors and psychologists in supervision, training and conferences, I sometimes heard or received requests for help in finding better jobs. Some of the observations I have noted, made me realise that some counsellors intend to change jobs or separate from employment because of burnout; while others feel that if they get better jobs their self-esteem would improve.

These realisations made me want to know specifically: Can I measure the relationship between burnout, self-esteem and turnover intentions? I have been wondering whether an individual's self-esteem can influence their level of turnover intentions, meaning can one hypothesize and say for instance that if a counsellor has high esteem then they are likely to have high turnover intentions compared to one who has low self-esteem. Baumeister et al. (2003) contended that "people with high self-esteem are more willing than others to choose their own strategies; they are more responsive to situational cues indicating when to persist and when to move on to a more promising alternative" (p.36). This can be interpreted to mean that a counsellor with high self-esteem would have awareness of intention to turnover and actual turnover.

However, low self-esteem may also lead to turnover intention because the individual might hope to improve their self-esteem by going to work elsewhere. Other aspects for consideration are that conceivably, there is an optimum level of self-esteem needed. Below a certain threshold level of self-esteem, the person has too little sense of personal agency to form a serious intention of changing jobs, but above a certain level, they feel good enough about themselves to not feel the need to change jobs.

Employee turnover can be expensive to organisations. Holton, Mitchell, Lee and Eberly (2008) explained that employee "turnover costs are important but often hidden from managers" (p.236). According to Armstrong (2014), the factors affecting the cost of employee turnover include:

"the direct cost of recruiting replacements, the direct cost of induction, the direct cost of training, leaving costs, opportunity costs, loss of output from those leaving before they are replaced; loss of output because of delays in obtaining replacements and loss of

output while new starters are on a learning curve acquiring the necessary knowledge and skills” (p. 251).

Considering these costs, organisations invest in ways of retaining the most valuable employees. Some of these measures to retain employees include improving work environments, improving pay, increasing employee benefits, having consistent human resource (HR) policies, giving correct work assignments and establishing career development schemes. Other retention mechanisms include mentoring programmes, special allowances such as non-practice allowances for doctors and bonding, i.e., making them sign fixed term contracts that do not allow resignation (Incomes Data Services, 2004). In spite of these improvements and developments, some employees may intend to move and yet they still stay, which then raises the issue of turnover intention (Incomes Data Services, 2004). I propose that there are instances when employees will work for many years for one employer yet they invariably have turnover intentions and this, inevitably, affects their morale and work performance.

Employee turnover has effects on the individual employee; the individual has to grieve loss of relationships with clients and workmates, they have to modify their lifestyles and adjust to the new endeavours, and they have to attend training courses to fit in their new roles. Turnover for the individual can also be fulfilling, it can present them with new opportunities for growth and development, less distress, movement from a situation of high burnout to less burnout and even a boost to their self-esteem. Understanding the subjective effects is also a motivation for doing this study.

It has been suggested that before seeking to understand employee retention it may be proper to analyse the causative factors of employee turnover. Gupta (2003) categorized two sets of

factors namely: “push” factors, i.e. those that are attributed to dissatisfaction, and “pull” factors, i.e. those that are attributed to high compensation and professional challenges. In addition, Gupta (2003) contended that employees leave because of their satisfaction levels, the work environment, compensation package, low employee benefits, inconsistent HR policies and lack of career development. The question now arises: What causes employees to have these intentions and how are their levels of self-esteem and burnout related to these intentions? In this thesis, I proposed a model of clinical supervision, for individual counsellors, counsellor supervisors and managers of agencies, which will ultimately assist in dealing with employee turnover and burnout.

On a wider scale, there is dearth of empirical and qualitative research on the predictors of employee turnover intentions among counsellors, especially in Kenya. In the literature I reviewed, I was unable to find any studies carried in Kenya that had burnout and self-esteem as predictor variables of turnover intention. This too was considered a motivational factor for research to be conducted.

It is hoped that the study will contribute to the domains of employee turnover intention among professional counsellors in Kenya; among managers/employers of counsellors in Kenya and within governmental and non-governmental institutions in Kenya. In addition, the study will contribute to the development of clinical supervision models geared towards managing employee turnover intention, burnout and self-esteem. A practical outcome will be the development of a model of supervision and management for supporting counsellors reflecting on employee turnover intention.

The Research Objectives are set out below:

The overall research objective was to develop a model of employee turnover intention as it relates to burnout and self-esteem. To develop this model, both qualitative and quantitative objectives have been proposed.

1.4 Quantitative Research Objectives

Primary research objective 1: What are the measured levels of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi?

Primary research objective 2: What measured relationships exist between the background variables (age, gender, marital status and highest academic qualification) and turnover intentions, personal self-esteem and employee burnout?

Primary research objective 3: what is the predictive value of self-esteem and burnout on employee turnover intention?

1.5 Qualitative Research Objectives

Primary research objective 1: What are the personal meanings of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi?

Secondary research objective 1: What are the personal experiences of dealing with low self-esteem, high burnout and employee turnover intentions?

Secondary research objective 2: What are the common cultural and institutional factors that lead to low self-esteem, high burnout and employee turnover intentions?

Secondary research objective 3: What are the common cultural and institutional interventions for dealing with low self-esteem, high burnout and employee turnover intentions?

1.6 Integrative Objectives

This objective seeks to combine insights gained from the qualitative and quantitative study. The combination is then developed into a model of intervention in clinical supervision.

1.7 Overview of the Thesis

The main text of the thesis consists of eight chapters. Chapter one is a broad introduction to the research study. It outlines the variables under investigation, the objectives of the study and organisation.

Chapter two presents literature concerned with the study. The concepts of self-esteem, burnout and turnover intention are discussed. It encompasses a critical overview of relevant research contents, problems and hypotheses studied before. The focus on these variables is from general perspectives, to the relationships with the helping professions and particularly counselling psychology and clinical supervision. The chapter will also review studies carried on these variables out in the Kenyan context.

Chapter three is a critical evaluation of the theories and models explaining turnover intention, self-esteem, burnout and clinical supervision. It looks at the research evidence that confirms the basis of these theories.

Chapter four considers the research method. It describes the research design, sample population, sampling procedure, measuring instruments used and their validity and reliability. The chapter also highlights the procedure followed in obtaining data and the techniques of analysis used.

Chapter five is a presentation of the quantitative results. The presentation is related to the method of analysis, justification of the choice of method, results of investigation and significance of results, and whether the results support the research questions. The presentation contains a number of tables. The quantitative results focus on the following: background variables, measure of self-esteem, measure of burnout, and measure of employee turnover intention.

Chapter six is a presentation of qualitative results. The qualitative results focus on patterns, commonalities and constructs derived from thematic analysis of the transcripts and reports.

Chapter seven presents a detailed discussion and analysis of the study findings. The results are examined, interpreted and qualified through correlating them with literature. Further, a clinical supervision model of dealing with employee turnover intention among counsellors who present with high burnout and low self-esteem is presented.

Chapter eight presents detailed conclusion and recommendations for further action and research.

“The way to get started is quit talking and begin doing”- Walt Disney

CHAPTER TWO: LITERATURE REVIEW

“Learn from yesterday; live for today; hope for tomorrow. The important thing is not to stop questioning.” ~Albert Einstein ~

2.0 Introduction

This chapter provides an overview of reported studies on the variables of self-esteem, burnout and employee turnover intentions particularly as it applies to counsellors. Particular aspects covered include a historical overview, analysis of main concepts, appraisal of research evidence and justification on application to this study. The chapter also examines previous work regarding the relationships between these variables in the context of helping professions generally and specifically among counsellors and psychologists and relating these with clinical supervision.

Keyword searches were conducted using electronic databases like JSTOR, PsyARTICLES, PsyBooks, Science Direct and ProQuest. The main search items included:

- Burnout: counsellor burnout, causes of burnout, effects of burnout, burnout among counsellors and psychologists.
- Turnover: employee turnover-intention causes and effects of turnover and turnover among counsellors and psychologists.
- Self-esteem: counsellor self-esteem causes of self-esteem, effects of self-esteem, Self-esteem among counsellors among counsellors and psychologists.
- Supervision: counsellor supervision, clinical supervision, management of counsellors, models of supervision

Furthermore, literature was reviewed from books, journals and magazines at the university library. No date restrictions were applied in the literature search.

2.1 Self-esteem

2.1.1 Conceptual and Research Overview of Self-esteem

Historically, defining self-esteem has been tried and seemed elusive. Mruk (1995) pointed out that self-esteem is both a popular and elusive construct. Arguably, different scholars and authors (Bernichon, Cook, & Brown, 2003; Brandel, 1987; Brown, Dutton, & Cook, 2001; Burns, 1993; Lightsey, Burke, Ervin, Henderson, & Lee, 2006; Kassin, Fern, & Markus, 2011; Leary, Tambor, Terdal & Downs 1995; Trzesniewski, Donnellan, & Robbins, 2003; Rosenberg 1965) regard it differently. For some, it is a cause, for others it is an effect. Others view it as both as an explanation and an outcome. For some it is a goal to be attained.

Self-esteem is a widely studied topic among counsellors and psychologists; particularly within developmental and social psychology, as a result, several definitions have arisen and texts have been written (Bernichon et al, 2003; Brandel, 1987; Brown et al., 2001; Burns, 1993; Ervin, Henderson, & Lee, 2006; Kassin, Fern, & Markus, 2011; Leary et al., 1995; Trzesniewski et al., 2003). Rosenberg (1965) defined self-esteem as “the evaluation which the individual makes and customarily maintains with regard to himself/herself: it expresses approval or disapproval”, and indicates the extent to which the individual values himself/herself (Rosenberg, 1965, p. 5). Brown and Dutton (1995) defined self-esteem as feelings for oneself, whether positive or negative. Baumeister, Campbell, Kruger and Vohs (2003) asserted that self-esteem is the evaluative component of self-knowledge. They further said that self-esteem is a perception rather than a reality. According to Sedikides and Gregg (2002), an individual’s self-esteem is their

subjective appraisal of themselves as intrinsically positive or negative; and can have significant implications for psychological functioning. From the above definitions, common themes about self-esteem emerge namely; evaluation of self, perception about self and levels based upon these perceptions and evaluations.

A review of literature reveals the uses of self-esteem. Brown, Dutton and Cook (2001), distinguished three ways in which self-esteem is used namely: as global self-esteem, as self-evaluation and as feelings of self-worth, which is explained below.

Global self-esteem: According to Brown et al. (2001 p. 616), self-esteem is “used to refer to the way people characteristically feel about themselves”. They further pointed out that psychologists refer to this form as “global or trait esteem”. They explained that it is “relatively enduring both across time and situations”. Based on this, Brown et al. (2001 p. 616) defined self-esteem as “feelings of affection for oneself”. In addition, Pierce and Gardner (2004) defined global self-esteem as an individual’s assessment of whether they are capable, significant, successful and worthy.

Self-evaluation: According to Brown et al. (2001), self-evaluation refers to “the way people evaluate their various abilities and attributes” (p.616). Furthermore, they explain that the beliefs of self-confidence and self-efficacy can be equated with self-esteem. They stated that they prefer to call these beliefs “self-evaluations or self-appraisals” (p.616).

Feelings of self-worth: This refers to “momentary emotional states, particularly those that arise from a positive or negative outcome” (Brown et al. 2001, p.616). They explained further by giving examples e.g. feeling happy with self (positive side), feeling sad with self (negative side).

These three constructs are generally interesting. Brown et al. (2001) further explained the relationship between them. They emphasised that self-esteem develops in childhood in response to environmental and temperamental cues, and that people with high self-esteem are endowed with the ability to promote, protect and restore feelings of self-worth. In addition, Brown and Marshall (2006) argued that the three constructs; global self-esteem, self-evaluation and feelings of self-worth, should not be used interchangeably because they are theoretically distinct and have different antecedents and consequences developmentally.

Some authors have also looked at how self-esteem is structured. Branden (1969) contended “that self-esteem has two interrelated aspects namely; a sense of personal efficacy and a sense of personal worth” (p.120). Accordingly, it is the integrated sum of self-confidence and self-respect. In addition, self-confidence is the sense of efficacy, whereas self-respect is the sense of worthiness.

2.1.2 Self-esteem and Action

Self-esteem has been suggested to influence behaviour. Brown et al. (2001) pointed out that some researchers are interested in finding out whether high self-esteem influences feelings, thoughts and behaviours. What this means is that self-esteem as a predictor variable is of great interest to psychologists.

In this thesis, self-esteem was a predictor variable to employee turnover intention. According to Brown et al. (2001) some researchers study whether “high self-esteem people think, feel and behave differently than do low self-esteem people” (p.615). Similarly, Baumeister (2005) contended that people with high self-esteem are more likely in comparison to others to act on their impulses and beliefs.

Reported texts talk about variations in self-esteem (Crisp & Turner, 2007; Kassin et al., 2011). Kassin et al., (2011) contended that higher self-esteem is significant on the way people “think about, feel about and present themselves” (p.99). They further stated that self-esteem is dynamic and fluctuates in response to life scenarios like success, failure, social relations and fortune. In the same breadth, Crisp and Turner (2007) argue that some individuals’ self-esteem fluctuate in relation to daily experiences.

Another notable review is by Baumeister et al. (2003). They cited that self-esteem has been influential in schools, particularly American schools and its relation to academic performance. They noted a common assumption that raising a child’s self-esteem will improve their academic performance. In the same breadth, Baumeister et al. (2003) cited different conclusions from different authors regarding correlations of self-esteem and performance.

When self-esteem is applied to the world of work, it is hypothesized thus, “people who feel better about themselves perform better” (Baumeister et al., 2003, p.14). Baumeister et al. (2003) pointed out that there is a correlation between self-esteem and job performance or put differently, self-esteem might improve performance. Accordingly, Baumeister et al. (2003) argued that in relation to job performance, self-esteem influences people to persist even in the face of failure, and if there is an alternative “high self-esteem is associated with knowing when to quit”(p.15).

Similarly, Ferris, Lian, Brown, Pang and Keeping (2010) in their review argued that an individual’s self-esteem has “main and moderating effects on job performance” especially if it is contingent upon workplace performance (p.563). They stated that individuals with high self-esteem are more productive and satisfied at work.

2.1.3 Self-esteem and Counsellors/Psychologists

A number of studies have focused on self-esteem among counsellors (Butler & Constantine, 2005; Duys & Hobson, 2004, Norton, Gillis & Cramer, 1983; Yu, Lee & Lee, 2007). Butler and Constantine (2005) dealt with collective self-esteem and burnout. In their study, they concluded that higher self-esteem is associated with lower burnout. They also found that older counsellors who were employed longer reported high burnout compared to their younger counterparts. Duys and Hobson (2004) focused on reconceptualising self-esteem and developing a model for counsellors. Their aim was to develop a model for counsellors to understand the evolution of self-esteem. They concluded that having a model can help predict and attend to normal challenges faced at an individual level.

Norton et al. (1983) looked at the impact of counsellor expertness and aggressiveness on self-esteem. They summarised that counsellors' expertness and aggressive presentation led to high levels of self-esteem; however, this only occurred when the two variables are looked at independently. They concluded that self-esteem is regarded as an attitude and can be approached with attitude change techniques.

Yu et al. (2007) studied the relationship of counsellors' self-esteem, job dissatisfaction and client relationship. They found that counsellors' perception about their profession affects their job satisfaction. They also realised that job dissatisfaction is negatively related to self-esteem. In addition, self-esteem has a crucial impact on client-counsellor relationships (Yu et al. 2007).

Pierce and Gardner (2004) asserted that self-esteem is a hierarchical phenomenon that consists of global self-esteem and task or situation specific self-esteem. Further, they reported that self-esteem is developed around different dimensions like physical, academic and mood (p.592).

In addition, the impact of self-esteem on counsellors has been discussed. Walz (1991) contended that counsellors' self-esteem is a vital determinant in the counselling relationship between client and counsellor. Butler and Constantine (2005) observed that counsellors' own perceptions of themselves as members of the counselling profession can affect their competence and the client counsellor relationship. Wiggins and Giles (1984) examined the relationship between counsellors and students self-esteem as related to counselling outcomes. They found that high self-esteem counsellors are more helpful than counsellors with low self-esteem.

2.1.4 Historical Perspectives on Self-esteem

A number of authors have discussed self-esteem and its derivatives for many years (Allport, 1961; Cooley, 1902; Crisp & Turner, 2007; James, 1950; Mead, 1934; Nathaniel, 1986,). However, this concept must be sifted through related ideas in their writings. What it means is that the authors did not use this term but used terms that seemed to mean more or less the same thing as self-esteem.

William James (1890/1950): He is considered one of the earliest scholars of the *self*. He defined the *self* as “the ratio of our actualities to our supposed potentialities” (James, 1890, p. 296). He further explained that the self psychologically encompasses all the attributes to which the individual would refer as me; that is the body, abilities and reputation. He contended that if any of these parts are diminished or enhanced, the individual behaves as if they have been diminished or enhanced. According to him, each person bases his self-love and self-esteem on the success and failures of what has been chosen as the truest self. He explains that there are three major constituents of the self namely: material self, social self and spiritual self. He concluded that

based on three constituents, self-esteem is the discrepancies between the ideal self and the perceived self (Bednar & Peterson, 1995; Crisp & Turner, 2007).

Alfred Adler: He was a psychiatrist concerned with the impact of the family and society upon the individual. According to Crisp and Turner, (2007) Adler believed that individuals “construct” their own unique “view of reality” known as the creative self. Adler explained that the creative self is motivated to strive for superiority. He coined the term *superiority complex* to represent the opposite motivation for striving for superiority. The inferiority complex accordingly is a pervasive and chronic social feeling. The individual is fearful and complaining (Bednar & Peterson, 1995; Crisp & Turner, 2007).

Charles Cooley: Bednar and Peterson, (1995) reported that Cooley (1902) stated that the self has several parts and aspects. To begin with, he mentioned the social self. Accordingly, people define themselves by their perceptions of the way others define them. He called it the “looking glass self”. For him the social self arises from the individual’s observations of how others respond to the self.

In addition Bednar and Peterson, (1995) reported that Cooley (1902) explained that the social self develops by individual perception of how he/she must appear to another person, secondly by individual interpretation of how other people evaluate them and finally the individual’s response to the perceived judgement (Bednar & Peterson, 1995; Cooley, 1902).

George Mead: Bednar and Peterson, (1995) reported that Mead, (1934) stated that Language and society are essential in the development of the self, because it is through interaction that individuals come to see themselves in the way others see them. Furthermore, significant others in

an individual's life have a determining influence on self-esteem. For him, to have self-esteem, the individual must be held in high esteem by others (Mead, 1934; Bednar & Peterson, 1995).

Gordon Allport: Allport (1961) stated the growth of awareness proceeds along developmental learning lines. In addition, he explained that Psychological defences have a role in the development of self-esteem. He emphasised the importance of self-discipline on development of self-esteem (Allport, 1961).

Rollo May: May (1983) conceptualised that the self is known as *being*; it is a pattern of potentialities. He further states individual awareness of *being* and the relationship of their awareness to expression of potentialities is the pivotal balance between mental health and neurosis. He contends that when people choose to block awareness; that is called repression. He further acknowledges that psychological health requires individual listening to one's own being and aloneness. For him, this forms the importance of establishing autonomy to self-esteem (May, 1983).

Carl Rogers: Rogers (1961) observed that the condition of *'the self'* as being a pivotal factor in determining a person's emotional health. He further states that each person lives in a private and unique world of one's own perceptions, responding to the environment from the window of personal awareness. His thrust in understanding self-esteem was directed towards an individual's learning to know the self and learning to know the self that he or she is (Rogers, 1961).

Abraham Maslow: Maslow (1970) differentiated between self-esteem and reputation. He stated that self-esteem is perception of one's own worth, whereas reputation is perception of worth in the eyes of others (Bednar & Peterson, 1995; Maslow, 1970).

2.1.5 Self-Esteem and Demographics

A number of studies have reported on the relationship between age and self-esteem (Erol and Orth, 2011; Orth, Trzesniewski & Robins, 2010; Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). Robins, Trzesniewski, Tracy, Gosling, and Potter (2002) reported that research on self-esteem development has produced inconsistent findings. Orth, Trzesniewski and Robins (2010) examined the development of self-esteem from young adulthood to old age. They revealed that self-esteem increases during young and middle adulthood, reaching a peak at about age 60 years, and then declining in old age (Orth et al., 2010).

The influence that gender has on self-esteem is widely discussed (Erol & Orth 2011; Heatherton & Wyland, 2003; Orth et al., 2010; Robins et al., 2002). Erol and Orth (2011) contended that there are no gender differences on self-esteem. Orth et al. (2010) found that Women had lower self-esteem than did men in young adulthood. Robins et al. (2002); and Heatherton and Wyland (2003) reported that males had higher self-esteem than females though as they grow older gender differences in self-esteem are minimal. Robins and Trzesniewski (2005) contended that both males and females have high self-esteem in childhood which then drops in Adolescence and increases in Adulthood before eventually dropping in old age.

Regarding the impact marital status has on self-esteem scores Orth et al. (2010) postulated that being married increases self-esteem during early adulthood. Concerning the relationship of Duration of employment and self-esteem scores Pierce and Gardner (2004) reported that with increasing tenure, self-esteem is highly stable.

A number of studies have reported results on the relationship educational levels and self-esteem (Orth et al. 2011; Orth et al. 2010; Pierce & Gardner 2004) Pierce and Gardner (2004) reported

that education has an impact on the development of self-esteem. Orth et al. (2010) found that individuals that are more educated had higher self-esteem than did less educated individuals, Orth et al. (2011) reported that participants with higher levels of education had higher self-esteem at all ages.

Previous research reviews the relationship between employment status and self-esteem. Orth et al. (2010) postulated that employment status has impact self-esteem particularly for older persons. Creed, Bloxsome and Johnston (2001) contended that confidence in one's ability to find employment, *and keep employment* (italics mine), is likely to increase the level of well being including self-esteem. Branden (1969) reported that a belief in ones capacity to change one's own situation was a major factor in the level of self-esteem.

Reported studies have examined the relationship between culture and self-esteem (Tsai, Ying & Lee 2001; Markus & Kityama 1991). Tsai et al. (2001) observed that cultural orientation is a significant predictor of self-esteem.

2.1.6 Dealing with self-esteem problems

The question of how to deal with self-esteem problems has elicited varied perspectives. To begin with, Baumeister et al. (2003) in their analysis reported little evidence on how self-esteem programmes and interventions influence self-esteem. They attributed this to a problem of causality versus association in the implementation of these programmes. Emler (2001) discussed the merits and demerits of intervention programmes; accordingly, he argued that while intervention programs are beneficial there is little knowledge about whether these interventions have long term or short-term effects. Dubois, Burk-Braxton, & Tevendale, (2002) reported intervention studies that highlighted the benefits of helping individuals to improve self-esteem.

Emler (2001) further postulated that interventions that work are those that are grounded in relevant theory and present with evidence.

A review of online databases reveals a plethora of self-help books, guides, websites and magazines on dealing with self-esteem problems. Dubois et al. (2002) discussed an integrative theoretical framework in dealing with self-esteem they highlighted four components namely: (a) contextual opportunities, (b) esteem formation and maintenance processes, (c) self-esteem, and (d) health and well-being. Wei, Ku, Rusell et al (2008) identified three coping strategies for low self-esteem. These strategies were namely: reflective, suppressive and reactive strategies.

Borrell-Carrio, Suchman, and Epstein, (2007) stated that the bio-psychosocial approach considers biological, psychological and social factors. They postulated that this method could be applied to clinical practice particularly in the use of self-awareness as a diagnostic tool. Overall, these interventions however, were not targeted to professional counsellors; though applicable to them.

2.2 Burnout

2.2.1 Conceptual and Research Overview of Burnout

Burnout among helping professions and professions that involve interactions with people has been widely studied. More specifically this topic has been of considerable interest among counsellors and psychologists (Geurts, Schaufeli & Jonge, 1998; Lambie, 2006; Lee, Cho, Kissinger & Ogle, 2010; Osborn, 2004; Oser, Biebel, Pullen & Harp, 2013; Ross, Altmaier & Rusell, 1989; Rupert, Stevanovic & Hunley, 2009; Rupert & Morgan, 2005; Vrendenburgh, Carlozi & Stein, 1999).

Several descriptions and definitions are found in professional literature. Freudenberger (1974) is credited as the first author to use the term *burnout*. According to him, burnout was used to denote a state of physical and emotional depletion arising out of work conditions. Lee, Cho, Kissinger and Ogle (2010) conceptualised burnout as a combination of multiple physical and emotional elements manifesting cognitively or within the workplace. They further stated that burnout could jeopardise the counsellor's well being and treatment efficacy. Maslach and Jackson (1981) described burnout as a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do "people work" of some kind. Osborne (2004) defined burnout "as the process of physical and emotional depletion resulting from conditions at work or more concisely job stress" (p. 319). All these definitions complement one another, they point out that burnout is emotional, cognitive and physical, it is depletion and it is work related.

Reported studies on burnout among counsellors have focused on different correlates. Oser et al. (2013) studied the causes, consequences and prevention of burnout among counsellors. They reported that counsellors are at high risk of burnout due to various issues like low pay, lack of prestige in the counselling profession and the types of clients seen in counselling. They summarised that a number of factors are associated with burnout, namely: "age, educational level and organisational characteristics" (p.18). They pointed out that counsellors who experience burnout have more stress-related and mental health issues. In addition, they pointed out that at the organisational level, counsellors have high rates of absenteeism and turnover due to burnout; they may have less productivity and more interpersonal conflicts. Furthermore, they concluded that clients are affected by high rates of counsellor absenteeism and turnover, lack of continuity in care and reduced client satisfaction. They acknowledged that there is a significant difference between rural and urban-based counsellors with regard to their levels of burnout. According to

them, rural based counsellors are more stressed than their colleagues in the urban settings (Oser et al., 2013).

Lee et al. (2010) focused on creating a typology of burnout among counsellors. They used cluster analysis to identify professional counsellor burnout types. In their study, they were able to identify and cluster three types of counsellors' namely well-adjusted counsellors, disconnected counsellors and persevering counsellors. This typology is discussed in detail below under the title 'models of burnout' (Lee et al., 2010).

Rupert and Morgan (2005) focused on the relationship of burnout and work setting. In their study a number of conclusions arose; to begin with, many psychologists experience feelings of exhaustion in relation to their work but do not develop burnout. In addition, psychologists who were in independent practice had less burnout than their colleagues did in agency settings. They also found out that women were at greater risk of burnout in agency settings whereas men appeared to be at greater risk for burnout in group independent practice settings (Rupert & Morgan, 2005). Bakker, Blance and Schaufeli (2008) investigated whether burnout is contagious among health workers specifically nurses; they concluded that indeed burnout is contagious though this primarily influenced by social and organisational settings.

Other reported studies looked at the relationship of other variables with burnout. Rupert, Stevanovic and Hunley (2009) studied work-family conflict and burnout. In their study, they concluded that family support was important for well being at work and that conflict between work and family life was related to burnout. Their study also failed to show any gender differences and levels of burnout. Skorupa and Agretsi (1993) focused on ethical beliefs about burnout and continued professional practice. They concluded that psychologists, who feel it is

unethical to practice while experiencing burnout, actually see less clients compared to those psychologists who do not share this sentiment. It also emerged that the more concern the psychologist had about burnout, the more knowledgeable they were about prevention strategies. They also realised that many psychologists viewed burnout as a form of impairment. They further concluded that ethical beliefs about burnout relate to measured levels of burnout (Skorupa & Agreysi, 1993).

More reported studies continued to look at the relationships of burnout with other variables. Vrendenburgh et al. (1999) focused on characteristics, work environment and client attributes. They concluded that counselling psychologists working in private settings reported less burnout than those in hospital settings. They also found that workload is positively related to feelings of personal accomplishment.

Jenaro, Flores and Arias (2007) reported that employees with higher sense of personal accomplishment tended to use problem focused coping strategies and used less emotion focused coping strategies. They also stated that employees with high emotional exhaustion tend to use more emotion-focused strategies. Workers with high depersonalisation refrained from using emotional or problem focused strategies. Accordingly, problem focused strategies included planning and active coping, focusing on efforts, having social support, working for personal growth and engaging in positive reinterpretation. Emotion focused strategies included religion, acceptance, denial, humour, alcohol and drug intake, disengagement and focusing on venting of emotions (Jenaro et al. 2007).

Xanthopoulou et al. (2007) focused on how the interactions between job demands and job resources affect dimensions of burnout. They concluded that job demands are strongest predictors of burnout.

Ramarajan, Barsade and Burack (2006) studied the influence of organisational respect on burnout in the human services. They argue that burnout studies need to be contextualised within the organisations where the employees work. They reported a significant relationship between respect and burnout.

Lewandowski (2003) studied the relationship between worker frustration and burnout. She argued that workplace factors could contribute to employees getting frustrated, which then leads to aspects of burnout like emotional exhaustion (Lewandowski, 2003).

Vorkapic and Mustapic (2012) reviewed internal and external factors in professional burnout among substance abuse counsellors. They revealed that many counsellors reported high emotional exhaustion, depersonalisation and lower personal accomplishment.

2.2.2 Burnout among Counsellors/Psychologists

A number of reported studies have looked at the concept of burnout among counsellors/ Psychologists. (Bakker & Costa, 2014; Brenninkmeijer & Yperen, 2003; Demerouti, Bakker & Leiter, 2014; Kim, 2012; Kruger, Botman & Goodenow, 1991; Lee et al., 2010; Leiter & Harvey 1996; Puig, Yoon & Callung 2014; Shoptaw, Stein & Rawson 2000; Wilkerson & Bellini, 2006; Wilkerson and Bellini, 2006; Wilkerson, 2009; Vilardaga, Luoma, Hayes et al. 2011). Bakker and Costa (2014) discussed burnout in relation to daily functioning. Brenninkmeijer and Yperen (2003) looked at the advantages and disadvantages of a uni-dimensional approach in burnout

research. Demerouti et al. (2014) analysed burnout in relation to job performance and compensation strategies.

Kim (2012) analysed burnout in relation to self-esteem and job satisfaction. Kruger et al. (1991) studied burnout in relation to social support among counsellors. Lee et al. (2010) identified a typology of burnout among counsellors, Leiter and Harvey (1996) made a review of burnout among mental health workers, Puig et al. (2014) made a comparative analysis of the burnout syndrome among psychotherapists across five nations.

Shoptaw et al. (2000) discussed the impact of environment, attitudes and clients with HIV on burnout among substance abuse counsellors. Wilkerson and Bellini (2006) looked at the intrapersonal and organisational factors associated with burnout among school counsellors; Wilkerson (2009) examined burnout in relation to stress-strain theory. Vilaradaga et al. (2011) studied burnout among addiction counsellors in relation to mindfulness and work site factors. Lee et al. (2011) reported that job demands of psychotherapists could cause emotional exhaustion and depersonalisation yet at the same time lead to personal accomplishment.

Ross et al. (1989) looked at job stress, social support and burnout among counsellors. In their review of studies of burnout among counsellors, they pointed out several problems. Firstly, most studies do not identify the events counsellors perceive as stressful at work. Secondly, most studies do not deal with specific settings. Thirdly, they observed that studies on burnout ought to focus on the nature of work role and the work setting. They concluded that absence of social support was a determinant of counsellor burnout. They also agreed that job characteristics like supervision that causes stress were positively related to burnout (Ross et. al 1989).

Of particular attention to the researcher is the typology of burnout among counsellors. Lee et al. (2010) in their typology of burnout among counsellors used cluster analysis procedures to identify professional counsellor's burnout types. In their study they identified three types of counsellors namely: well adjusted counsellors, disconnected counsellors and persevering counsellors.

According to Lee et al. (2010) the *well-adjusted counsellors* scored the lowest on the depersonalisation subscale and emotional exhaustion subscale of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS); however they scored highest on the personal accomplishment subscale. Furthermore, this group reported highest job satisfaction and self-esteem that is more positive. The *disconnected counsellors* were characterised by medium scores on the subscales of emotional exhaustion; however, they scored highest on the depersonalisation subscale. *Persevering counsellors* were characterised by high scores on the subscales of emotional exhaustion; however, they tend to be flexible and responsive to clients needs even when reporting emotional and physical exhaustion in their workplace and their personal life (Lee et al., 2010). This typology is interesting in classifying counsellors. It can be used in relation to not only burnout but also other occupational areas of counselling.

2.2.3 Employee Burnout Studies in Kenya

Despite the paucity, a number of studies on employee burnout in Kenya have recently been carried out (Adeli, Sindabi & Njunge, 2014; Gachutha, 2006; Kabunga, Muya, Njuguna, Njuguna & Nginya, 2015; Kay, Kiptiony & Awino, 2015; Kiarie, Sirera & Mwenje, 2011; Kinga, Kariuki & Njoroge, 2012; Kokonya, Mburu, Kathuku, Ndeti et al., 2014; Ndeti, Pizzo, Maru, Ongecha, Khasakhala et al., 2008; Nganga, Ndeti & Kuria, 2016). Adeli et al. (2014) analysed burnout

among student affairs providers in Kenyan universities. Their study revealed lack of skills, high workload, inadequate staff and lack of resources as major causes of burnout. Further, the study suggested that supervision; support groups and team building activities are effective mitigation for burnout (Adeli et al., 2014).

Kabunga et al. (2015) explored burnout levels among professional counsellors in two public hospitals in Uganda. They reported that more than 68 percent of the counsellors had developed burnout. They further proposed a number of interventions for mitigating burnout that included attending supervision, spirituality, relaxation, social skills and attending workshops.

Kay et al. (2015) examined the relationship between work engagement and burnout among professional counsellors in Kenyan universities. The study revealed that more than two thirds of individual counsellors exhibited moderate burnout. They also found a negative correlation between burnout and engagement. Kiarie et al. (2011) analysed the relationship between work engagements among school counsellors; they reported negative correlation between burnout and engagement exhibited by reduced personal accomplishment.

Kokonya et al. (2014) documented the extent of burnout syndrome among medical workers in public hospitals in Kenya. They reported a prevalence rate of 95 percent. This was attributed to work environment, patient relatives and personal factors. This is similar to Ndeti et al. (2008) who examined burnout among staff working in psychiatric hospitals in Kenya and reported similar results.

Ndeti et al.(2008) further reported that 95 percent of the respondents presented with a range of low to high scores on emotional exhaustion, 87.8 percent presented with depersonalisation and

38.65 presented with low sense of personal accomplishment. The study recommended interventions at the individual, collective and institutional level. Nganga et al. (2016) examined the prevalence of burnout among accountants in Nairobi. They found that 72.6 percent exhibited high levels of burnout.

2.2.4 Burnout and Demographic variables

Reported research shows that age has impact on burnout scores (Ahola, Hankonen, Virtanen, Aromaa & Lonnqvist 2008; Brewer & Shapards 2004; Cordes & Dougherty 2008 Maslach, Schaufeli & Leiter 2001). Maslach et al. (2001) stated the variable of age is consistently related to burnout. They further postulated that those who burnout early in their careers are likely to quit hence introducing the concept of survival bias in burnout. Brewer and Shapards (2004) reported that age is negatively correlated to burnout. Other studies showed that younger individuals reported higher burnout levels. The older the counsellor the more likely it is for them to experience less emotional exhaustion and less depersonalization (Cordes & Dougherty 2008; Garner, Knight & Simpson 2007; Maslach & Jackson 1981).

Butler and Constantine (2005) found that counsellors who were older and employed longer reported higher levels of burnout than their younger counterparts did. Further distinctions have been made on this relationship; Ahola et al. (2008) reported that age was differently related to burnout scores among young, middle aged and aging men and women. They further postulated that burnout increases and decreases with age. This they attributed to the diverse phases of work, career and family life. Maslach et al. (2001) stated that burnout appears earlier in ones career. Young (2015) stated that age is reliably correlated to burnout and that burnout is a risk earlier in one's career.

Regarding the variable of gender, Young (2015) stated that gender is not a strong predictor of burnout. He summarised that reported studies show three different scenarios namely high burnout for women, high burnout for men and no overall differences in scores (Young 2015). On the other hand, Jackson (1993) reported that gender has an impact on burnout.

Reported research reveals that Men and Women present differences in levels of the three burnout scores (Cordes & Dougherty, 2008; Maslach & Jackson, 1981; Lemkau, Rafferty, Purdy & Rudisill, 1987). In addition, Ahola et al. (2008) reported that burnout scores varied between males and females especially when related to age. Garner et al. (2007) reported that male counsellors tend to have higher rates of burnout. Thomas, Kohli & Choi (2014) found that male social service workers experienced higher levels of burnout compared to female counterparts. Rupert, Stevanovic and Hunley (2009) stated that women experienced greater emotional exhaustion compared to men. Kumar, Fischer, Robinson, Hatcher and Bhagal (2007) reported that women had lower scores on the personal accomplishment scales.

Research presents evidence of the relationship between burnout and employment status (Aksu & Temeloglu, 2015; Thomas et al., 2014; Ramarajan & Barsade, 2006; Rupert & Morgan, 2005). Aksu and Temeloglu (2015) reported that there is significant difference between employment status and burnout scores. Ramarajan and Barsade (2006) stated that employees on permanent terms reported high levels of burnout. Similarly Thomas et al. (2014) reported that longer tenure employees are more likely to be associated with more burnout. Rupert and Morgan (2005) reported that independent practitioners reported less burnout than their agency employed peers.

Concerning the relationship between education and burnout, Young (2015) reported it is difficult to interpret the relationship between education and burnout because higher levels influence status

and occupation. Maslach et al. (2001) reported differences in burnout scores due to education level. Accordingly, more education was associated with higher scores on the emotional exhaustion subscale particularly among those with Postgraduate education. Leary and Brown (1995) in a study of nurses reported that those who undertook additional training after their initial qualifications were less likely to be emotionally exhausted. Maslach and Jackson (1981) reported differences on depersonalization scores based on education level; those who were less educated had higher depersonalization scores. Thomas et al. (2014) reported that counsellors that are more educated and those with higher caseloads experienced higher job burnout rates.

Previous research demonstrates the relationship between duration of employment and burnout. Kumar et al. (2007) found that longer duration of employment was associated with lower levels of depersonalization. Butler and Constantine (2005) in a study of school counsellors found that counsellors with more than 20 years of work experience experienced more depersonalization compared to counsellors who have worked for 0-9 years. In the same breath, they found that counsellors who had worked for more than 30 years reported lower levels of personal accomplishment (Butler & Constantine 2005).

Similarly, Aksu and Temeloglu (2015) reported significant difference between years of service and burnout. In their study, they found that those who worked for 7 to 10 years experienced more burnout than those working less than a year. This confirms that indeed older workers familiar with workload expectations are less likely to experience burnout compared to younger ones (Maslach & Jackson, 1981; Shiron, Toker, Berliner & Shapira 2008).

Previous research suggests that there is a relationship between marital status and burnout. Maslach, Schaufeli and Leiter (2001) stated that marital status is significantly related to

emotional exhaustion more so for those who are single or divorced. They further stated that unmarried men are more prone to burnout than those married. In addition, they reported that single individuals are prone to burnout than those divorced. Maslach and Jackson (1981) reported that married individuals present with lower levels of burnout.

2.2.4 Dealing with Burnout problems

Many studies have reported on interventions for burnout. The discourse reveals varied views on these interventions. For instance, Hatinen, Kinnunen, Pekkonen and Kalimo (2007) stated that the three burnout components, as proposed by Maslach and Jackson (1981), seem to react differently to the same preventive or treatment activities. They reported that at the individual level cognitive behaviour strategies have been viewed as successful and at the organisational level reducing job stressors has been effective. They argued that a combination of both is the best approach (Hatinen et al., 2007).

Scholars have been interested in the categorization of these interventions. Schaufeli and Enzman (1998) determined that interventions applied to burnout could be differentiated according to the purpose and levels. Hatinen (2008) and Maslach, Schaufeli and Leiter (2001) identified categories of interventions namely: individual focused interventions; these interventions focus on changing factors within the individual; and situational and organisational focused interventions; these interventions focus on management interventions at the workplace.

A review of the literature on burnout suggests many interventions that individuals can implement at a personal level (Demir, Ulusoy, & Ulusoy, 2003; Espeland, 2006; Maslach & Leiter, 1997; Maslach & Leiter, 2008). Demir, Ulusoy, & Ulusoy (2003) identified goal setting and time management. Espeland (2006) highlighted positive thinking and avoidance of negative thinking.

Other cited studies include: Maslach and Leiter (1997) proposed using relaxation techniques and recreation activities like humour and participating in pleasurable and leisure activities; Maslach and Leiter, (2008) proposed self monitoring one's stress. Demir et al. (2003) suggested maintaining connections and social interactions. Schaufeli and Enzman (1998) suggested attending cognitive behaviour therapy. Hatinen (2008) argued that there is little evidence that person directed interventions reduce emotional exhaustion and increase a sense of personal accomplishment.

A review of situation and organisational focused interventions suggests a number of interventions. Hatinen (2008) proposed that organisational level interventions are geared at making modifications at the workplace. Similarly, Vorkapic and Mustapic (2012) suggested changing troublesome conditions as a way of dealing with burnout at the workplace. Ramarajan and Barsade (2006) argued that treating employees with respect and dignity contributes to employee retention. Koh and Neo (2000) argued that use of financial inducements is a good way reward and retain employees. Pare and Temblay (2000) postulated that employees stay when well remunerated.

2.3 Employee Turnover and Employee Turnover Intentions

2.3.1 Conceptual and Research Overview

Employee turnover and employee turnover intentions are much-studied phenomena (Iverson, 1999; Shaw, Delery, Jenkins & Gupta, 1998). Hom and Griffeth (1995) were able to review more than 800 such studies. Layne, Hohensil and Singh (2004) noted that there is a plethora of research regarding employee turnover. This section contains defining turnover, a review of turnover among counsellors and psychologists, a review of turnover studies done in Kenya, a

discussion of the criteria of turnover and review of the relationships of turnover and demographic variables.

2.3.1.1 Defining Turnover

Studies reveal various definitions of turnover. To begin with, Tett and Meyer (1993) referred to turnover intentions as a conscious and deliberate wilfulness to leave an organisation. Hom and Griffeth (1995) referred to turnover intentions as the relative strength of an individual's intent toward voluntary permanent withdrawal from the organisation. Price (2001) defined turnover as "the individual movement across the membership boundary of an organisation" (p.600). Price (1977) distinguished two types of turnover, namely voluntary and involuntary. Involuntary turnover refer to "movement across the membership boundary of an organisation, which is not initiated by the employee" (Price, 1977, p. 9). Voluntary turnover refers to "voluntary cessation of membership of an organisation by an employee of that organisation" (Price, 1977, p. 9). A number of key themes/words arise from the above definition and consequently we can define turnover intention as "the deliberate and voluntary wilfulness to move across organisations". All the authors agree that a definition of turnover must capture the individual's wilfulness, deliberation and desire to move across organisations. Voluntary turnover intention was the interest of this thesis.

A number of studies have confirmed that turnover is a psychological response arising out of a behavioural intention (Hom & Griffeth, 1995; Martin & Roodt, 2008; Mobley, 1977). Carmeli and Weisberg (2006) described the process of turnover to include thinking about leaving an organisation, finding another alternative, and having turnover intent. Ajzen (1991) asserted that behavioural intention is a good predictor of actual behaviour. In this thesis, employee turnover

intention was postulated to be a good predictor of actual turnover. Ballinger, Cross, and Holtom (2016) studied the influence of one's social capital and turnover intention. They reported that a significant relationship exists between social capital and turnover intentions among higher-level employees.

2.3.2 Turnover Intentions among Counsellors and Psychologists

Voluntary turnover intention among counsellors has received wide attention (Abraham, 1999a; Abraham, 1999b; Ducharme, Knudsen & Roman, 2008; Knudsen, Johnson & Roman, 2003; Knudsen, Ducharme & Roman, 2006; Layne, Hohensil & Singh, 2004; Smits, 1972). Numerous studies among counsellors have focused on the relationship of turnover intentions and different variables. Abraham (1999a) focused on emotional dissonance and organisational commitment. She found out that emotional dissonance occurs when an individual's true feelings clash with organisational norms. The individual will express emotions to conform to these norms. Furthermore, Abraham (1999a) conceptualised that this results in job dissatisfaction, which in turn provides for impetus for termination. This is because emotional dissonance arouses initial feelings of dissatisfaction; it then reduces an individual's organisational commitment. This eroded commitment induces intention to turnover.

Knudsen et al. (2007) focused in research participation and turnover intention. They reported that turnover intention was lower among counsellors who thought that research resulted in improvements for the client. They also reported that turnover was higher among those who viewed workload and job demands as increased.

Abraham (1999b) focused on the relationship between differential equity, job satisfaction, self-esteem and intention to turnover. She found a significant relationship between company equity

and intention to turnover. She also found that self-esteem moderated the global inequity and intention to turnover.

Layne et al. (2004) focused on the relationship between turnover intentions, occupational stress, psychological strain and coping resources. They found that these variables explain a large amount of turnover intentions among counsellors. In addition, stress was a statistically significant influence on turnover.

Smits (1972) focused on turnover intention and job satisfaction. He found that counsellors who terminated their employment in medium sized organisations were less satisfied with their relationships with fellow workmates. They were also less satisfied with their interest and emotional involvement in the job, which in turn influenced their intention to turnover. All these studies were carried out among counsellors of various specialisations.

2.3.3 Employee Turnover Studies in Kenya

Despite the paucity, a number of studies on employee turnover in Kenya have recently been carried out (Agoi, 2015; Koech, Tikoko & Chemwei, 2014; Kuria, Wanderi & Ondigi, 2012; Momanyi & Kaimenyi 2015; Mutuma & Manase, 2013; Nyakago, 2014; Obiero, 2011; Ogora & Muturi 2015). Agoi, (2015) documented the effects of work engagement on employee turnover intentions in the public sector. This study revealed significant relationship between the two variables. In addition, the study concluded that employee dedication is significant in reducing turnover.

Koech et al. (2014) examined institutional factors that influence teacher turnover in public secondary schools. Kuria et al. (2012) assessed the causes of turnover among employees in the hospitality industry.

Ogora and Muturi (2015) investigated the perceived factors affecting employee turnover among factory workers in the tea industry. They specifically examined how employee participation, job satisfaction and employee motivation influences turnover. They reported a negative correlation between employee participation, job satisfaction and employee turnover.

Momanyi and Kaimenyi (2015) investigated the factors causing employee turnover among nurses in mission hospitals. They reported the major causes of nurse turnover to include inadequate salaries, inadequate management support and insufficient training and development. The study proposed a number of interventions that include improvement of rewards, promotion of career development opportunities and improvement of general management practices.

Mutuma and Manase (2013) evaluated the effect of remuneration on employee turnover among university employees. The study concluded that remuneration is vital in reducing turnover and retaining staff.

Nyakago (2014) analysed employee turnover in public sector institutions in Kenya. The study specifically looked at the relationship between career path and turnover. It was found that there is a high rate of employee turnover among public sector employees.

2.3.4 Criteria of Employee Turnover

Hom et al. (2012) reviewed contemporary understanding of employee turnover; of interest is their summary of the criteria of turnover. They began with basic tenet: *“everyone eventually*

leaves; no one stays with an organisation forever” (p. 833). They further reported that there is indeed a long list of “turnover destinations” i.e. what do people do after they exit jobs. They reviewed three predominant dimensions.

Turnover Voluntariness: According to Hom and Griffeth (1995), voluntary turnover refers to “voluntary cessation of membership in an organisation by an individual who receives monetary compensation for participation in that organisation” (p. 833). Hom et al. (2012) distinguished two types of turnover, that is, employee initiated (voluntary) and employer-initiated turnover. They further note that this distinction has limitations because firstly, its current operationalisation is problematic. Secondly, feedback from employers may not be accurate, for example, employers will classify dismissals, layoffs, retirements, disability and death as involuntary exits. In addition, it is also possible for employers to “falsify” exits to protect leaver’s reputations. Thirdly, some exits/turnover is influenced by social systems e.g. family reasons, academic reasons or even caused by other employers (Hom et al., 2012).

Consequently, they summarised that employee turnover is a “continuum from little or no employee control over stay/quit decisions to high employee control over stay/quit decisions and most accurately diagnosed by querying leavers rather than examining archived records” (p. 833). Furthermore, Hom et al. (2012) questioned the validity of classification of retirement as involuntary turnover.

Turnover Functionality: Dalton, Todor and Krachhadt (1982) conceptualised turnover functionality as the evaluation of turnover based on the quality of the employee leaving. In relation to this, Ton and Huckman (2008) classified turnover into two categories. These are dysfunctional turnover, which refers to the departure of good or hard-to-replace performers; and

functional turnover, which refers to the departure of problematic or poor performers. Hom et al (2012) argued that this dimension provides few insights in the causality of high or low performer turnover.

Turnover Avoidability: This refers to quits that employers can control. Abelson (1987) classified turnover into two; namely, organisational avoidable turnover, which refers to factors the employer can control, for example, working conditions that can influence retention; and organisationally avoidable factors, for example when an employee gets burnout.

The concepts of functionality, avoidability and voluntariness are often measured after the employee has left. According to Hom et al. (2012), this does very little to explain or predict beforehand why people exit.

Motivational States

Hom et al. (2012) derived motivational states to explain turnover. They did this by crossing dimensions of desired staying or leaving and high or low perceived control. By combining these, they came up with four categories namely: enthusiastic stayers, reluctant stayers, enthusiastic leavers and reluctant leavers.

Enthusiastic Leaving: This refers to a mindset that encompasses desire and freedom to quit. Hom et al. (2012) asserted that as a mindset, it accounts for a broader set of actions like job search. In their view, they argued that enthusiastic leaving “begins with a withdrawal state that evolves into a specific intention to resign for a particular alternative in a roughly predictable duration when they complete all instrumental steps” (p. 836).

Reluctant Leaving: This refers to those who leave because they must. Hom et al. (2012) also referred to them as involuntary leavers. According to them, some of the instances that can make an employee reluctant leave include: summary dismissal, suspicion of being laid off, fired or retired in the near future, pressure to quit to take care of ailing parents or trail relocating spouses (p. 836).

Reluctant Staying: Bowen (1982) referred to this group as “intention to quit non-quitters”. Greenhalgh (1980) referred to them as psychological quits. Greenhalgh (1980) further maintained that psychological quit occurs when employees feel trapped and not satisfied. Hom et al. (2012) stated that reluctant staying involves employees who stay because they must. They stay because of circumstances like personal sacrifice, avoidance of punishment or losses. Carmeli and Weisberg (2006) stated that if an individual has no alternative opportunity, he or she would involuntarily stay in their job. This results in change of attitude, effort and declining in employee performance.

Enthusiastic Staying: This refers to employees who stay because they choose to stay. They are committed to their work. However, Hom et al. (2012) argued that enthusiastic stayers “remain due to community sacrifices and normative pressures”. They further stated, “Employees stay based on ‘desire to stay’ and extrinsic ‘constraints on leaving’” (p. 837).

These categorisations have drawn a number of reactions (Bergman, Payne & Boswell, 2012; Griffeth et al., 2012; Maertz, 2012). Bergman et al. (2012) considered these categorisations as a form of typology. In their article, they cautioned other researchers from limiting the measurement of turnover on this basis. They also acknowledged that this categorisation appeared to have conceptualised desire and control as equally important predictors. They summarised the

concept of job embeddedness as proposed by Hom et al. (2012) as “a state in which an employee has a strong desire to stay and high level of control over leaving” (Bergman et al., 2012, p. 867).

They further questioned whether indeed Hom et al. (2012) wanted to suggest a typology. In their view, Bergman et al. (2012) argued that rarely do typologies capture the complex and multifaceted experiences of people; and that indeed “people rarely fit the prototype category, instead being assigned to categories’ based on best fit rather than perfect fit” (Bergman et al. 2012, p. 867).

On the other hand, Maertz (2012) sought clarification on prediction. He contended that the richness and complexity of withdrawal has been limited to two dimensions and dichotomised to four categories. He pointed out arguments as to why such dimensions and categories are limiting. Firstly, Maertz (2012) argued that preference and perceived decision control are dependent and intertwined dimensions. Secondly, the generalisation of the four categories throughout the population is limiting. Thirdly, the validity of dichotomising between a weak intent to stay and a weak intent to quit is problematic. Finally, Maertz (2012) concluded that there is little theoretical reason to draw firm lines between preferences like weak stay versus weak quit of medium low control versus medium high control. According to Griffeth et al. (2012), these preferences arise after a failed job search or job switch. In addition, they clarify that causes of preference to stay or leave are not mirror opposites.

In reaction, Griffeth et al. (2012) acknowledged the concerns raised by Bergman et al. (2012) and Maertz (2012). They argued that their typology is a parsimonious way to represent dimensions and that people can indeed have competing mindsets. They question the need to predict intentions and argue that intentions are vague, variable and imprecise than actual leaving.

From the foregoing, the best predictor of behaviour is intentions; thus, the best predictor of turnover should be the intentions to turnover. Griffeth, Hom and Gaertner (2000) contended that the best predictor of turnover intention is *self-reported intention to quit*.

2.3.5 Turnover and Demographic variables

A review of studies reports a relationship of age and turnover intentions (Ducharme et al., 2008; Knudsen et al., 2003; Knudsen et al., 2006; Knudsen et al., 2008). Martin and Roodt (2008) reported significant relation of turnover with age of the respondent. Young people tend to report higher levels of turnover than older people do. On the other hand, some studies do not report any significant relationship between age and turnover (Abraham, 1999a; Layne et al., 2004).

Reported studies showing the relationship of gender and turnover intentions indicate significant correlation. Women tend to have higher levels of turnover intentions (Martin & Roodt, 2008; Knudsen et al., 2008).

There is mixed discourse regarding the relationship between marital status and turnover intentions. Martin and Roodt (2008) reported no significant relation between turnover intention and marital status. However, Mohammed, FitzGerald and Clark, (2012) and Kaur, Mohindru and Pankaj (2013), concluded the existence of significant associations between Turnover intentions and marital status.

The relationship between turnover intention and academic qualifications is widely discussed. Carbery et al. (2003) and Karatepe et al. (2006) concluded that those with low education level have a lower turnover intention. Chen et al. (2010) reported that the people with high education levels have higher expectations in terms of financial rights, benefits and audit compared to those

with lower education level. Iqbal (2010) stated that those with high education level have higher expectations towards their current employers, which means that the fulfilment of their needs is much more difficult. In addition, Nyamubarwa (2013) found that seniority and academic qualifications were push factors in turnover intentions. Moreover, Samuel and Chipunza (2009) argued that turnover is high in lower level jobs.

The relationship between duration of employment and Turnover intention has also been reported. Martin (2007) reported significant relationship between tenure and turnover intention. On the contrary, Somers (1996) suggested that workers with shorter organizational tenure have high turnover intention.

2.3.6 Dealing with Turnover intention

Intervening against employee turnover intention has received considerable attention (Dunford, Shipp, Boss, Angermeier, & Boss 2012; Kim & Lee 2009; Silbiger & Pine, 2014; Young, 2015). Dunford et al. (2012) suggested that when managers plan interventions for employee burnout they should consider career transitions. Kim and Lee (2009) reported that job relevant communication and relationship communication reduce turnover intentions. Silbiger and Pine (2014) suggested that increasing the employees' sense of their work importance can reduce levels of burnout and lower turnover. Young (2015) proposed improvement in areas of work life namely: adjustment of workload, increasing employees control over work and decision making, adjusting organisational rewards to an employee's expectations, developing a sense of community, promoting fairness and aligning personal and organisational values.

Other studies proposed more workplace oriented interventions. McNulty et al. (2007) reported that participatory management at the organisational level is a strategy to reduce turnover. Gallon,

Gabriel and Knudsen (2003) reported a number of interventions to reduce turnover. These included increasing salaries, improving benefits, reducing paperwork, providing ongoing training, providing personal recognition, career development and shortening working hours (p.

Griffeth et al. (2000) proposed a number of workplace interventions in dealing with counsellor turnover. These included enabling counsellor independence and autonomy, training and skill building, team building and conflict management training, succession planning and leadership training, clarifying boundaries and role expectations. Xanthopoulou et al. (2007) concluded that in order to deal with predictors of burnout, organisations are expected to provide sufficient amount of job resources. Briner and Reynolds (1999) argued that workplace based interventions aimed at reducing stress and burnout, and some of the maladaptive responses to stress have little or no effect.

2.5 Clinical/Counsellor supervision as a method of dealing with Burnout and Turnover intention

Counsellor supervision as a method of dealing with Burnout and Turnover intention has elicited considerable attention. Thompson, Frick and Trice-black (2011) observed that supervision has an important role in promoting resilience as a protective factor against burnout. Further, Lee, Lim, Yang and Lee (2011) suggested that clinical supervisors are required to consider emotional exhaustion and tailor job demands accordingly. White and Gaertner (2011) stated clinical supervision is a significant intervention for dealing with counsellor turnover. Knudsen, Roman and Abraham (2012) implied that supervision provides significant support and is a buffer for resolving workplace issues.

This section considers an overview of clinical/counsellor supervision, review of the forms of supervision, and a discussion on the role of counsellor supervision in controlling burnout and turnover intention.

2.5.1 Overview of Clinical Supervision/Counsellor Supervision

Counsellor supervision and clinical supervision are widely studied topics. They have received close attention among academicians and practitioners (Bernard and Goodyear, 1998; Bernard and Goodyear, 2009; Bond and Holland 2010; Carroll, 2003; Hart, 1982; Hawkins and Shohet, 2012; Hess, 1980; Loganbill, Hardy and Delworth, 1982; Turner and Hill, 2011).

Turner & Hill (2011) reported that clinical supervision been criticised because of the range of definitions, variety of components and constitution. Further, Bond & Holland (2010) cited that the variety of definitions is as the number of books and journals on the subject.

For the purposes of this study, counsellor supervision and clinical supervision were considered synonymous. A review of literature reveals a number of studies and texts on the topic of clinical supervision as a distinct practice (Bernard, Cornish, Goodyear & Litchenberg, 2007; Falender & Shafranske, 2007; Hawkins & Shohet, 2006). Further reported studies show that clinical supervision is an integral practice within counselling and clinical psychology (Bernard & Goodyear, 2004; Carroll 2007; Gonzalez, Oades & Freestone, 2002).

Reported studies reveal different meanings of supervision (Bernard & Goodyear 1998; Bernard & Goodyear 2009; Carroll 2003; Gilbert & Evans, 2000; Hart 1982; Loganbill, Hardy & Delworth 1982; Powell & Brodsky, 2004; Resnick & Estrup, 2000; Senediak, 2013).

Bernard and Goodyear (1998) defined supervision “as an intervention provided by a more senior member of a profession to a junior member or members of that same profession.” They further stated that “this relationship is evaluative, extends over time and has the simultaneous purposes of enhancing professional functioning of the junior professional, monitoring the quality of professional services to clients seen and serving as a gate keeper for those in the particular profession” (Bernard & Goodyear, 1998, p.6). They further modified that definition in Bernard and Goodyear (2009) and stated that supervision is “an intervention provided by a seasoned member to less experienced counsellors in the course of an ongoing evaluative relationship” (Bernard & Goodyear, 2009, p.4).

Caroll (2003) revealed that supervision is a combination of different elements, goals, functions, tasks, roles, strategies, foci, processes and personalities. He further postulated that supervision could be viewed as either training supervision or consultative supervision. Accordingly, consultative supervision is an arrangement between two qualified counsellors to discuss client work and clinical practice whereas training supervision is an intervention between a student and their professor to discuss client work as part of an academic programme (Caroll 2003).

Loganbill et al. (1982) defined supervision as an “intensive, interpersonally focused one on one relationship in which one person is designated to facilitate the development of competence in another person” (p.4). Hart (1982) proposed that supervision is an educational process in which one person *in the role of a supervisee* acquires appropriate behaviour through an examination of professional activities.

Resnick and Estrup (2000) contended that supervision is multidimensional; this means that it is a process that helps a therapist to understand his client better, at the content and process levels. In

addition, it is a process that helps the therapist become more aware of his or her own reactions and responses to transference issues. Further, this process looks at therapist interventions and the consequences of these interventions in order to validate and challenge the therapist.

Gilbert and Evans (2000) defined supervision as a scenario when “a psychotherapist consults with a more seasoned and experienced practitioner in the field in order to draw on their wisdom and expertise to enhance practice” (p.1). Powell and Brodsky, (2004) defined supervision as “a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical, and supportive” (p. 11).

Senediak (2013) defined supervision as “a professional activity involving a practice focused relationship between a designated supervisor and supervisee” (p. 55). Falender and Shafranske (2007) contended that the supervisor supervisee relationship is aimed at promotion of standards and generation of knowledge and skills.

From the above definitions, a commonality emerges. To begin with, each definition acknowledges a relationship between a more experienced clinician; therapist or counsellor and less experienced clinician; therapist or counsellor. Secondly, the supervisory relationship is an educational process that facilitates therapeutic competence, clinical quality and provision of ethical services. Thirdly, that this relationship is evaluative and time bound and finally that this relationship is concerned with improving quality client services. Fourthly, that supervision is a continuous professional engagement since one of its major aims is promotion of standards and generation of knowledge. According to Corey, Corey and Callahan (2011) counsellors are required to develop, achieve, maintain and enhance their competence levels. They further stated that present competence is not a guarantee for future competence hence the counsellor must

implement steps to maintain their skills lifelong in their professional careers including attending clinical supervision.

2.5.2 Forms of Supervision

Carroll (2003) postulated that the phrase “forms of supervision” refers to the settings in which supervision is carried out and the relationship between the supervisee and the supervisor. Some of these settings he quoted are as follows: “Managerial supervision whereby counselling supervisors are also line managers (Falvey 1987); administrative supervision in which supervisors are responsible for leadership, training supervision in which supervisees’ are part of training courses (Hess 1980); group work whereby supervision is focused on supervisees are working with groups (Houston 1990); consultative in which supervisees’ are qualified counsellors (Gallessich 1985); self supervision in which supervisee’s monitor their own work (Yager & Park 1986); organisational in which the focus is on the organisation rather than the individual client (Hawkins and Shohet 1989)”(Carroll, 2003, p.10).

2.5.3 The role of Supervision in dealing with burnout and turnover intention

The role of supervision in mitigating burnout and turnover intention has received considerable attention among scholars (Acker, 2003; Blom, 2012; Gachutha, 2006; Kinga et al., 2012; Lee, et al., 2011; Thompson, Frick &Trice-black, 2011).

Gilham (2014) observed that there are number of things supervisors can implement to alleviate burnout among their supervisees these include promoting self care, good nutrition, good sleep and exercise. Acker (2003) suggested that supervisors can motivate their supervisees to connect to their colleagues for peer help and supervision. Nowrouzi et al. (2015) identified organisational

interventions to include: management style, salary scales, recruitment practices and career structures. Below is a summary of other tasks that supervisors can do to deal with burnout:

- ensure adequate support for workers through regular and frequent supervision, (Thomas & Lankau, 2009)
- Provide positive social regard among staff (Acker, 2003)
- Model self-care for them and encourage their staff (Puig et al, 2012).
- Provide time to discuss successes of supervisees, (Slocum-Gori, Hemsworth, Carson, & Kazanjian, 2011).
- Encourage the use humour to combat stress, (Davidson & Forrester, 1995; Van Hook & Rothenberg, 2009)
- Provide time off including the use of vacation days or ‘mental health’ days (Shapiro, Burkey, Dorman, & Welker, 1996).

On the interaction of turnover and supervision, White and Gaertner (2011) stated that clinical supervision is a significant intervention for dealing with counsellor turnover. Knudsen et al. (2012) implied that supervision provides significant support and is a buffer for resolving workplace issues. In their study, they examined the relationship between supervision and exhaustion. They found that there is a negative association between clinical supervision and exhaustion. Knudsen et al. (2008) summarized that clinical supervision: improves the counseling workforce, improves patient care, has negative association with emotional exhaustion but has a strong and indirect link with turnover intention, influences day to day experience of counsellors, shapes counsellors perceptions and turnover intention.

Kiarie (2016) carried out a field study of 105 counsellors accredited by the Kenya Counselling and Psychological association. In the study the author focused on counsellors' perceptions of the benefits of counselling supervision. The study findings indicated that the perceived benefits include professional growth and development, feedback and support as well a function for dealing with burnout. In addition, findings indicated lack of training, lack of institutionalisation of supervision and modelling aimed at burnout.

Nevertheless, the models reviewed are primarily directed at dealing with burnout and turnover intention as independent variables. One of the objectives of this study included proposing a model that integrates addressing both variables concurrently.

2.6 Synthesis

A number of studies have reportedly examined the relationship of the variables of self-esteem and burnout as predictors of turnover intentions. Caron, Corcoran and Simcoe (1983) noted that there exists a theoretical linkage between burnout and self-esteem. They cited Jackson and Paudoner (1981), where they had defined self-esteem as “an enduring disposition regulated by environmental cues” (Caron et al., 1983, p.54). They further postulated that being burnt-out is an environmental cue. They correlated that when levels of burnout-emotional exhaustion increase, there is a decrease in self-esteem. However, they noted that correlation analysis discourages assuming causality; which means that maybe the person with low self-esteem is vulnerable to experiencing burnout.

Goodman and Boss (2002) focused on the phase model of burnout and employee turnover, they reported that there is significant difference in burnout between those employees who leave an

organisation and those who stay. They further stated that as individuals experience burnout they are more likely to leave voluntarily due to an inability to cope.

Other studies looked at components of burnout and turnover intention. Ducharme et al. (2008) in their study focused on emotional exhaustion and turnover intention; accordingly they noted that emotional exhaustion was significantly and positively associated with turnover intention. Kim and Lee (2009) focused on supervisory communication, burnout and turnover intention, they report that job relevant communication had a negative correlation with burnout. They further found that job relevant communication had significant direct effects on turnover intention. Ózbağ, Ceyhun, Çexmecelioglu (2014) reviewed and stated that individuals who experience burnout are highly likely to quit their jobs. Jung and Kim (2012) revealed that people who report high levels of burnout are more likely to quit.

This chapter focused on a literature review in relation to the variables of self-esteem, burnout and turnover intention. Employee turnover intention is the dependent variable whereas burnout and self-esteem are treated as independent variables. This thesis contributes to literature and research in the area of turnover intention especially in Kenya.

CHAPTER THREE: THEORETICAL BACKGROUND

3.0 Introduction

This chapter provides a critical evaluation of existing theories and models of the variables of self-esteem, burnout and employee turnover intention. Particular aspects covered include: conceptual perspectives, a historical overview, analysis of main concepts, and justification on application to this study. The chapter also examines models of intervening burnout and Turnover intention with particular emphasis to clinical supervision.

3.1 Theories and Models of Self-esteem

3.1.1 Models of self-esteem

Previous research reveals a discussion three major models of explaining self-esteem development namely: affective, cognitive and sociological models.

Affective models: These models have also been referred to as a ‘top down models’ (Brown & Marshall, 2006). Brown, Dutton and Cook (2001) stated that the affective model of self-esteem argues that self-esteem is developed in response to relations and temperaments. They further contended that people with high self-esteem are able “to promote, protect and restore feelings of self worth” (p.615). Examples of these models include: two components of self-esteem (Ryan & Deci, 2004; Gecas and Schwalbe, 1993; Rogers, 1951; Rogers & Dymond, 1954).

Cognitive models: These models have also been referred to as a ‘bottom up models’ (Brown & Marshall, 2006). Brown and Marshall (2006) explained that the cognitive model is concerned with the role of thoughts and evaluations in self-esteem development. According to them feedback that is evaluative in nature has an impact on an individual’s self evaluation which then

determines their self-esteem. Examples of these models include: three cognitive models of self-esteem (Pelham, Pelham & Swan, 1989; Marsh, 1993).

Sociological models: According to these models demographic factors affect an individual's self-esteem. Rosenberg (1979) stated self-esteem is determined by social factors. Examples of these models include: Terror Management theory (Schmeichel, Gailliot, Filardo, McGregor, Gitter, & Baumeister, 2009), Self-Determination Theory (Ryan & Deci, 2004) and sex differences in self-esteem (Marsh 1990, Beyer 1990).

3.1.2 Conceptual Perspectives of Self-esteem

Previous research reveals discussions on whether self-esteem is one concept or a collection of concepts. Crisp and Turner (2007) stated that there are two major models of self-esteem namely uni-dimensional models and multi dimensional models. Uni-dimensional models view self-esteem as global, whereas multidimensional models view self-esteem as hierarchical and multifaceted. In an earlier discussion Vallerand, Pelletier and Gagne (1991) asked "is the self uni-dimensional or multi-dimensional in nature?" (p. 123), according to them, uni-dimensional models describe the self as "core, unified, central structure in personality, assumed to be stable" (p. 123). On the other hand, they ascribed that multidimensional models viewed that "individuals have multifaceted, changeable and context dependent selves" (p.123). Furthermore, they suggested that according to this model, self-esteem varies as a function of various life domains.

A review of literature points out a debate on these models (Baumeister et al., 2003; Crisp & Turner, 2007; Marsh & Craven, 2006; Rosenberg, 1979; Vallerand et al., 1991). Baumeister et al. (2003) viewed self-concept as uni-dimensional and relied on self-esteem on a global perspective. In addition, Rosenberg (1979) supported the conceptualization of self-esteem as a

global component of self-concept. He further explained that as a global construct it implicitly incorporated many specific components based on subjective interpretations.

On the other hand, Marsh and Craven (2006) looked at self-esteem as multi-dimensional encompassing multiple relatively distinct components of self-concept. In the same breath, this position confirms an earlier position adapted by Shardsen, Hubner and Standon (1976). They developed a hierarchical model of self-esteem and self-concept. Based on this model, they were able to define self concept as both outcome and mediating variable formed through experience with and interpretations of one's environment.

Coopersmith (1967) supposed that total self-esteem arises developmentally from the infant's earliest reception by their parents. He further noted that several factors influence the development of self-esteem: The value the child perceives others have towards the self through affection, praise and concerned attention; the child's experience of success; the child's definition of success; and the child's style of dealing with negative feedback. The parents influence these factors. He further summarised three conditions of parenting namely: *communication of acceptance* which entails the parents communicating clearly their acceptance of their children, *communication of limits* which means that the children know and understand expectations of mature behaviour and their parents confidence in them, and *respect of individuality* which entails freedom given to the child to be unique and different so long as it is within the already established boundaries. He concluded by saying that high self-esteem and creativity are likely to come from a well structured and limited environment (Coopersmith, 1967).

This thesis adapted the uni-dimensional model according to Coopersmith (1967) and Rosenberg (1965). The two authors, in this model of explaining the concepts of self and self-esteem, shared

a number of similarities and overlaps. To begin with, they chose to focus on one aspect of self, the evaluative component; self-esteem. Secondly, both dealt with the relationship of self-esteem to other variables. Rosenberg (1965) used self-esteem as both a dependent and independent variable whereas Coopersmith (1967) focused on socio-demographic aspects and discussed much more on the effects of family dynamics on self-esteem. Thirdly, they both proposed and agreed that self-esteem influences socioeconomic status, and they both viewed the self as “an object, social and non-social” (Goodman, 1969, p. 117).

As a result of this adaptation, the variable of self-esteem was measured using the Rosenberg self-esteem scale. However, reported studies highlight the challenge of stating that the Rosenberg self-esteem scale is uni-dimensional (Corwyn, 2000; Marsh & Salas, 2010). Marsh and Salas (2010) reported that Rosenberg self-esteem scale studies using both exploratory factor analysis and confirmatory factor analysis have not agreed to the uni-dimensional model. Exploratory factor analysis of the Rosenberg self-esteem scale result in trait factors based on positively worded items and negatively worded items. Owens (1994) reported using confirmatory factor analysis and came up with two components; positive self-confirmation or positive worth and negative component or self-depreciation.

The uni-dimensional approach is not without its reported criticisms. Cairns (1990) disagreed with the uni-dimensional approach on theoretical and empirical grounds. He argued that this model ignores the notion that self-esteem is composed of specific aspects as well as general or total aspects.

3.2 Theories and Models of Burnout

The phenomenon of burnout has generated considerable interest among counselling researchers, as a result a number of theories have been proposed. Dunford et al. (2012) distinguished that burnout models can be classified as either static models or dynamic. Static models are those that can explain variations of burnout at a single point in time and dynamic models are those that explain variations of burnout over a period of time. In general, these theories explain the causes, the course and the interventions to relieve burnout. Some of these theories are: Cherniss's model of burnout (Cherniss, 1980), Golembiewski's phase model (Golembiewski & Munzenrider, 1988), Leiter and Maslach's model (Leiter & Maslach, 1988), conservation of resources theory (Hobfall, 1989); humanistic existential theoretical model (Pines & Aronson, 1988, Lambie, 2006) and typology of burnout among counsellors (Lee et al., 2010). These theories are discussed below; they highlight and explain the causes, the course and the interventions needed to relieve burnout.

3.2.1 Cherniss's Model of Burnout

Cherniss (1980) suggested that the components of burnout include work-setting characteristics, sources of stress, person characteristics and attitude changes. Cherniss (1980) further asserted that aspects of work environment and the character of the individual could both function as sources of stress. For example, management interference with task completion or goal achievement creates doubts in the individual's competencies (Cherniss 1980). In addition, it has been suggested that individuals will try to cope with these stressors in many ways such as reducing work goals, taking less responsibility and being less idealistic (Gachutha, 2006).

3.2.2 Leiter and Maslach's Model

The model explains that emotional exhaustion leads to depersonalisation that then makes the individual to lose the sense of accomplishment. The Leiter and Maslach's model has obtained a lot of empirical support in reported studies (Gachutha, 2006; Maslach, Jackson & Leiter, 1997).

According to Vrendenburgh et al. (1999), burnout research has focused primarily on two objectives namely; identification of potential correlates and covariates of burnout, and secondly, the development of theoretical models of the burnout syndrome. Maslach (1982) and Maslach and Jackson (1981) carried out investigations that culminated in the isolation of significant domains of the concept of burnout.

Consequently, burnout has three dimensions, first is emotional exhaustion; described as feelings of being overextended emotionally and exhausted by one's work. Second is depersonalisation; described as an unfeeling and impersonal response towards clients. Third is a reduced sense of accomplishment, described as feelings of inadequate personal achievement accompanied by a diminished sense of low self-esteem and a tendency of negative self evaluation (Vrendenburgh et al. 1999; Gachutha, 2006).

In addition, Maslach et al. (1997) contended that the consequences of burnout are serious for workers and clients. They note that it can lead to deterioration in the quality of care and services provided by the staff.

3.2.3 Golembiewski's Phase Model

This model seeks to explain how burnout develops. It adapted Maslach's three-component model of burnout, which includes: emotional exhaustion, depersonalisation and reduced personal

accomplishment. They argued that depersonalisation is first experienced in the sequence. This is the emotional detachment from clients. In this view, it is the first manifestation of burnout and has the effect of impairing performance because the person recognises an inconsistency between treatment of clients and the ethics of the profession. This results in the individual's sense of personal achievement being diminished. In addition, reduced sense of personal accomplishment is the second phase. The depersonalisation and the diminished sense of accomplishment finally lead to the development of emotional exhaustion. Emotional exhaustion represents the final stage of burnout development (Golembiewski, 1999).

From these, Golembiewski developed an eight-phase model of burnout. The assumption is that burnout is a progression. The model also assumes that individuals in advanced phases experience more serious consequences than those in earlier phases (Golembiewski, 1999; Golembiewski & Munzenrider, 1988). Golembiewski and Munzenrider (1988) further state that the individual does not have to go through the phases, rather they give a medical distinction that allows for progression, namely acute burnout and chronic burnout (Goodman & Boss, 2002).

3.2.4 Humanistic Existential Model of Burnout

Pines and Aronson (1988) looked at burnout through the existential philosophy of Frankl (1963). Frankl (1963) argues that “striving to find meaning in one’s life is the primary motivational force in man” (p.154). Pines (1988) further argued that burnout is the result of those human beings who fail to find meaning in life. The reason for this is that today a lot of people have directed their quest for meaning in life to their work (Lambie, 2006). When people look to work for meaning and feel that they are failing, the result is often burnout.

Furthermore, when meaningfulness in work disappears, an existential crisis can arise, eventually resulting in burnout. Pines (1993) stated that this conceptualisation explains why burnout tends to occur in highly motivated, goal oriented and idealistic professionals who have high expectations of themselves and their professions. This notion has been supported by research (Maslach, 2003; Pines & Aronson, 1988).

This model is not exact, it is based on real life work experiences and may fluctuate in relation to the environment, and hence counsellors may move from one end of the continuum to the other end. Therefore, burnout has been reported as a product of the interaction between the counsellor's role and the dynamics of the work environment (Lambie, 2006; Maslach, 2003; Pines & Aronson, 1988).

3.2.5 Conservation of Resources Theory

Reported studies have postulated this theory in relation to stress and burnout (Hobfoll, 2001; Hobfoll & Freedy, 1993; Lane & Hobfoll, 1992). Hobfoll (2001) stated that this is an integrated model used as a guide in defining and intervening with individuals with chronic illness and chronic stress. He further stated that loss of resources is the main factor in the stress process. Hobfoll (2001) added that “the basic tenet of the conservation of resources (COR) theory is that individuals strive to obtain, retain, protect and foster those things that they value” (p.341). The model further explained that stress occurs when “individual's resources are threatened with loss, when individuals resources are lost or where individuals fail to gain sufficient resources following significant resource investment” (p.341-342).

Other studies show the relationship between burnout and COR theory. Hobfoll and Freedy (1993) stated that burnout is a result of processes that affects individuals' emotional robustness,

cognitive ability and physical energies. To them burnout was perceived as the end stage of the resource loss process that develops over time depleting the individuals energetic resources. Hobfoll (2001) stated that this theory is used to explain the process of burnout. Accordingly, burnout follows the third stress condition of the COR theory. It is exhibited by lack of resource gain following significant investment of time, energy and lost opportunities.

In summary, this thesis adopts the Leiter and Maslach's Model because Maslach et al. (1997) stated that burnout appears to be a factor in employee turnover. In addition, Leiter and Maslach (2009) noted that indeed burnout is predictive of turnover. Hence, the thesis was interested in measuring whether this relationship indeed exists. Furthermore, this conceptualisation has been studied globally and the Maslach Burnout Inventory has been regarded as a 'gold standard' in burnout studies (Schaufeli, Leiter and Maslach 2009).

3.3. Conceptual Models of Employee Turnover

In a review of employee turnover models, WeiBo, Kaur and Zhi (2010) provided an overview of research development of employee turnover. They proposed that research models on employee turnover might be divided into two categories namely: "classification employee retention/turnover process models" and "new multi routes model" (p.4147). Furthermore, they explained that the traditional and classical models focus on intermediary variables of job satisfaction, job attitudes and organisational commitment; this is best exemplified by Mobley's model (Mobley, Horner & Hollingsworth, 1978); whereas the multi routes model is based on influencing factors like social capital and job coupling. This model is best exemplified by Lee and Mitchell's model (Lee & Mitchell, 1994).

Martin and Roodt (2008) revealed that several studies have been conducted and focused on developing a causal model specifying factors of voluntary turnover. The common theme they identified is that turnover behaviour is a multistage process that includes behavioural, attitudinal and decisional components. They quote five models and listed them chronologically. The models mentioned include: March & Simons model, Mobley's model, Sheridan and Abelson's, Price and Mueller, and Lee and Mitchell model. Further discussion on the models appears below. In all the models, explanation is given on why employees develop turnover intentions and why actual turnover takes place.

3.3.1 March and Simon's Model

This model falls under the organisational equilibrium theory (Allen & Griffeth, 1999). March and Simons (1958) concerned themselves with employee decision-making behaviour within organisations. They were able to categorise these behaviour into two, namely: decision to perform organisational activities and decision to participate in organisations. In addition, the theory specifies that an employee's decision to quit is influenced by two factors: "perceived ease of movement"; this is the assessment of perceived alternatives or opportunities, and "perceived desirability of movement"; which is influenced by job satisfaction (Perez, 2008).

The validity of this model has been cited as lacking (WeiBo et al., 2010). They point out that mere relationship of two variables can be lost in many unimportant variables. Xie (2003) pointed out that this model opened up areas of further research for scholars. Indeed, Martin and Roodt (2008) agreed that many studies on voluntary turnover consider this model as a precursor.

3.3.2 Mobley's Model

This model is also referred to as media chain process theory (Allen & Griffeth, 1999). It is concerned with general turnover. According to Sager, Varadarajan and Futrell (1988), it focuses on attitudes and intentions in the turnover process. Mobley (1977) stated that it is heuristic, meaning that it is not tied to any organisational characteristics or the environment. He further argued that an individual goes through ten stages in the process of employee turnover decision making. These stages are: “employee evaluation of existing jobs, experienced/perceived job satisfaction or job dissatisfaction, stimulated thoughts of quitting and evaluation of expected utility of search and cost of quitting. Subsequent stages include: intention to search for alternatives, search for alternatives, evaluation of alternatives, comparison of alternatives versus present job, intention to quit/stay and finally decision to quit or stay” (Mobley, 1977, p. 238).

Later studies analysed this model. Mobley, Horner and Hollingsworth (1978) tested a simplified version. The simplified version hypothesized “job satisfaction to influence thoughts of quitting, intention to search, and intention to quit” (p. 142). They also argued that the “probability of finding an acceptable alternative was proposed to affect intentions to search and to quit” (p. 142). Hom and Griffeth (1991) noted that the model did not present empirical evidence to support the differentiation of the stages. Furthermore, they contended that intention to quit takes place before intention to search. Other studies have looked at Mobley's model in relation to other variables. For example, Kim and Kohout (1975) looked at organisational commitment; Price and Mueller (1981) looked at job satisfaction.

Significantly, Hom, Griffeth and Sellaro (1984) investigated the validity of Mobley's (1977) model. They assessed the evaluation of the expected utility of searching and the costs of quitting,

search for alternatives, evaluation of alternatives and comparison of alternatives with the present job. They found that in general, the best predictor of a model construct was the immediate causal antecedent. They used path analysis to come up with this conclusion. In addition, they also questioned the implication of the model especially when it assumes that evaluation and comparison of job occurs after the job search concludes, or when the job seeker is reviewing his or her job offers. However, they concluded that evaluation and comparisons take place before and during the job search. They disputed the causal ordering of the theoretical constructs, they also found them enriching in the psychology of the turnover process (Hom, Griffeth and Sellaro, 1984).

3.3.3 Sheridan's and Abelson's Model

This model is also known as the “Cusp-catastrophe model” (Perez, 2008, p. 26). This model was developed to explain job turnover among nurses. Sheridan and Abelson (1983) based their work on mathematical catastrophe theory. This theory considers the dynamic withdrawal process that occurs over time and a discontinuous change from retention to termination. According to Sheridan and Abelson (1983), the catastrophe theory is a useful phenomenological model for examining a dynamic withdrawal process. They stated that the cusp catastrophe model is the most complete description of a one dimensional behaviour space capturing commitment and tension (Sheridan & Abelson, 1983).

According to Perez (2008), this model has three main characteristics, namely: “withdrawal behaviour, bifurcation plane and divergence of behaviour” (Perez, 2008, p. 27). Withdrawal behaviour refers to an employee's attempt to retain an employment for as long as possible. If the employee feels they cannot stay any longer, they will then change from retention to termination.

To illustrate this, Sheridan and Abelson (1983) explained that the employee behaviour would fluctuate from one state to another. The bifurcation plane; or what Sheridan and Abelson (1983) called the hysteresis zone of behaviour; is a zone that represents a disequilibrium, in which the employee is about to change from retention to termination status. Divergence of behaviour occurs on the opposite sides of the bifurcation plane. Sheridan and Abelson (1983) suggested that employees on opposite sides of the bifurcation plane would demonstrate different withdrawal behaviour; one might stay and the other one might leave.

3.3.4 Price and Mueller's Model

Price and Mueller (1981) in their literature review concluded that there are two main categories of studies on employee turnover namely: literature that explicitly identifies turnover as the dependent variable and studies that treat turnover as a component of some more general phenomenon. They noted that this categorisation was weak and lacked inclusiveness. They further developed a causal model based on this research synthesis (Price & Mueller, 1981, p. 543-44).

The model focuses on voluntary turnover; it focuses on determinants that produce variations in turnover. These determinants are based on empirical research. The determinants studied include: “Opportunity, *routinisation*, participation; instrumental communication, integration, pay, distributive justice; promotional opportunity, professionalism, general training, kinship responsibility, job satisfaction and intent to stay” (Price & Mueller, 1981, p. 544). They recognised that cognitive process influence the decision making for turnover.

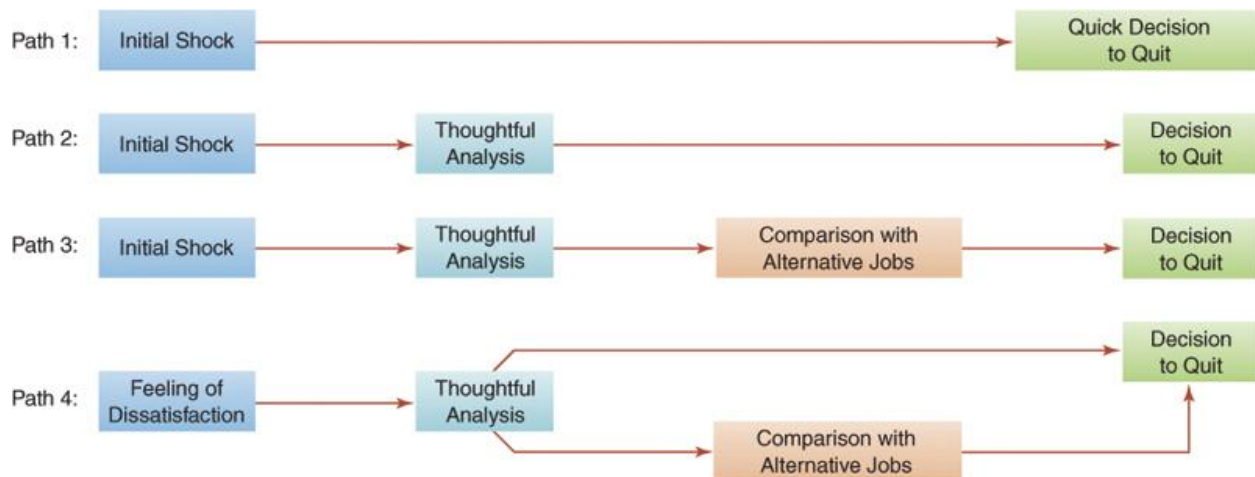
3.3.5 Lee and Mitchell's Model

This is also known as the unfolding model of voluntary turnover. This model explains the phenomenon of employees' decision to quit. The model is explained as a retrospective, classificatory account of voluntary turnover. It focuses on quitting employment as decisional process (Morell et al., 2006). This model has three features (Lee & Mitchell, 1994), namely: image theory, 'shock' and 'script' and decision paths.

Image theory: according to Beach (1990), quoted in Lee and Mitchell (1994), the image theory incorporates rational choice theory. Beach (1990) asserted that in real decision processes, their assumptions are contrary to the prevailing view of classical decision theory. They argued that "screening" rather than "choosing" among options is the most important mechanism for understanding decisions. Beach (1990) further stated that screening is rapid and crude process of integrating information into three domain specific images: namely, values, which incorporate decision maker's principles, trajectory, which incorporates desired goals, and strategies, which consider how to achieve those goals. Choices are adapted or rejected depending on fitting with subsets of images (Morell et al., 2006).

'Shock' and 'script': Morell et al. (2006) stated that a shock is a specific event that prompts people to consider leaving employment in an organisation. Lee and Mitchell (1994) theorised that "it is a distinguishable event that jars employees towards deliberate judgements about their jobs and, perhaps, to voluntarily quit their jobs" (p. 60). They state that a shock is information generating and meaningful. They also caution that not all events can be shocks. Furthermore, Lee and Mitchell (1994) described a script as a "pre-existing plan of action and as routinised behaviour" (p.71).

Decision paths: this characteristic of the model shows how people leave in different and distinct ways represented by mutually exclusive decision paths. This model further specifies that people quit in five prototypical ways in contrast to models that propose a normative path.



Source: Information taken from Lee and Mitchell, (1994); “An Alternative Approach: The Unfolding Model of Voluntary Employee Turnover,” *Academy of Management Review* 19 51–90.

In summary, the models discussed above give different explanations concerning turnover. It is the researcher’s conviction then, that the model that best suited this study was Mobley’s (1977) model. It captures the different thought processes that an individual could go through during turnover intention and actual turnover.

3.4 Models of Supervision

A review of literature on supervision reveals different models of supervision (Smith 2011; Falender & Shafanke 2007; Haynes, Corey & Moulton 2003; Centre for Substance Abuse Treatment 2009). However, what does the term ‘model’ mean? Leddick (1994) defined a model as “a systematic manner in which supervision is applied” (Leddick, 1994, p.1). Leddick (1994) further contended that a model defines practices, routines and beliefs. Stoltenberg and Delworth (1988) noted that “models are only useful analogies or metaphors and not the real entity or

process” (p 137). Korzybski (1948) argued that a map is not the territory. In addition, the models are categorised into three; developmental, integrated and orientation specific models.

According to the Centre for Substance Abuse Treatment (2009) four supervisory orientations seem particularly relevant to psychology and counselling more so to substance abuse counselling. These include competency-based models, treatment-based models, developmental approaches and integrated models. This categorisation for me is interesting.

3.4.1 Competency-based Models; these refer to models that focus on improvement of skills and learning needs of the supervisee (Centre for Substance Abuse Treatment, 2009). Further, these models focus on constructing and implementing strategies to accomplish these goals (e.g. the Task Oriented Model [Mead, 1990]; the Discrimination Model [Bernard & Goodyear, 2004]).

The Task Oriented Model: Mead (1990) espoused the model. Accordingly, it was drawn from concepts of behavioural therapy and computer science (Mead 1990). The aim of this model was to guide supervisors and supervisees of varying degrees of sophistication and theoretical models. It provides a framework that guides supervisors and a coherent foundation for supervisees. Further, the model identifies categories of necessary tasks (Mead 1990).

The Discrimination Model: Bernard and Goodyear (2004) postulated this model. Accordingly, this model suggests three functions and three roles of supervision. The three roles of the supervisor are: teacher, counsellor and consultant (Bernard & Goodyear 2004; Morgan & Sprenkle 2007). The *teacher* takes responsibility for passing new information and skills to the supervisee. Leddick (1994) stated that the supervisor might adapt this role when they lecture or instruct supervisees directly. The supervisor adapts the *counsellor* role when they assist the

supervisees' deal with personal issues that are triggered by client work. Bernard and Goodyear (2004) highlighted further that the counsellor role helps in identifying blind spots and unconscious matter associated with client work. The *consultant* role is adapted when the supervisor and supervisee relate as colleagues. Bernard and Goodyear (2004) pointed out that these roles are task specific for the purpose of setting the agenda of supervision. Further they pointed out that the model is reflective of situational needs of the supervisee (Bernard & Goodyear 2004).

Bernard and Goodyear (2009) stated that the supervisee has three types of foci in supervision. The first is *intervention*; this includes the supervisor observing and assessing the supervisees' interactions with clients. Second, is *conceptualisation*, accordingly, this described as "how the trainee understands what is occurring in the session, identifies patterns, or chooses interventions, all covert processes" (Bernard & Goodyear 2009; p. 102). The third focus is *personalisation*; this looks at the process of the supervisee developing their own counselling style with clients. The aim of this supervisory process is increased effectiveness.

Bernard and Goodyear (2009) pointed out that the supervisor chooses the most appropriate role for each situation instead of basing it on the supervisee focus.

3.4.2 Treatment-based Supervision Models; these refer to models that focus on a particular theoretical approach to counselling (Centre for Substance Abuse Treatment, 2009). These models incorporate the best practices in supervision with specific focused adaptation to the theoretical model. Examples of these supervision models include psychodynamic psychotherapy supervision, motivational interviewing supervision and cognitive-behavioural therapy supervision (Centre for Substance Abuse Treatment, 2009).

Psychodynamic Psychotherapy supervision: A number of studies have looked at psychodynamic psychotherapy supervision (Falender & Shafranske, 2008; Frawley-O’Dea & Sarnat, 2001; Haynes, Corey, & Moulton, 2003; Kendra 2009). Kendra (2009) pointed out that psychodynamic supervision draws on the clinical data inherent of the psychodynamic theoretical orientation. Some of these data includes defense mechanisms, transference and counter-transference. In addition Kendra (2009) reported that psychodynamic supervision can be classified into three categories based on the focus of supervision namely; patient-centred, supervisee-centred, and supervisory-matrix centred (Kendra (2009)).

Frawley-O’Dea and Sarnat (2001) stated that Freud postulated patient centre supervision. Herein the supervision is focused on review of the patients presenting issues and behaviour. The supervisor has a didactic role aimed at helping the supervisee to understand the client’s problems. Here, the supervisor is the expert with knowledge and skills (Frawley-O’Dea & Sarnat, 2001).

Supervisee-centred psychodynamic supervision focuses on the process and content of counselling. Frawley-O’Dea and Sarnat (2001) pointed out that the focus on process looks at the counsellors anxieties and learning challenges, whereas, the focus on content looks at what was discussed in therapy (Frawley-O’Dea & Sarnat, 2001; Falender & Shafranske, 2008). Falender and Shafranske, (2008) acknowledged that with this focus on supervision; the sessions are more experiential than didactic. Frawley-O’Dea and Sarnat (2001) summarised that supervisee centred supervision is growth oriented.

Frawley-O'Dea and Sarnat (2001) stated that supervisory matrix centred supervision is relational. They further stated that the supervisor's role is participatory and involves evaluation and interpretation of themes that arise in the supervision process and counselling process.

Cognitive-Behavioural Supervision: Kendra, (2009) pointed out that cognitive-behavioural supervision is targeted at teaching the counsellor the techniques of the theoretical orientation. According to Hayes, Corey, and Moulton, (2003) the supervisor observes the supervisees' behaviour and interactions with the clients. Liese and Beck (1997) outlined distinct steps in a cognitive behavioural session; these steps include: Check-in, Agenda setting, Bridge for previous session, Inquiry about previously supervised therapy cases, Review of homework since previous supervision session, Elicit feedback from supervisee, Assignment of new homework and Supervisor's capsule summaries.

3.4.3 Developmental models assert that each counsellor goes through different stages of development (Centre for Substance Abuse Treatment, 2009). According to the Centre for Substance Abuse Treatment (2009) these models further recognise that the counsellors' movement through these stages is not always linear but varies depending on the work assignment, setting, and population served.

Stoltenberg (1981) developed a supervision model, which was referred to as the 'counsellor complexity model'. The model asserts that counsellors go through different stages of development in their practice and reception of supervision. The first level also known as the 'beginning of the journey' acknowledges that the counsellor has minimal experience in counselling and may be undergoing training in psychology and counselling. Further, the counsellor lacks confidence and is dependent upon the supervisor for direction and advice; this is

shown by unilateral dependence on the supervisor. Stoltenberg and Delworth (1987) stated that in this stage the counsellor is still developing their own identity.

The second level also referred to as ‘trials and tribulations’. The counsellor integrates different styles of counselling. They begin to define their own identity and to strive for independence and self-assertiveness (Centre for Substance Abuse Treatment, 2009; Stoltenberg, 1981; Stoltenberg and Delworth, 1987).

The third level also referred to as ‘challenge and growth’ is focused on the experienced counsellor. Here the counsellor exhibits increased sense of personal and professional identity. Further, they have increased self-confidence (Centre for Substance Abuse Treatment, 2009; Stoltenberg, 1981; Stoltenberg and Delworth, 1987). The fourth level is known as the ‘master counsellor’. Here the counsellor is insightful with self-awareness and knows their limitations (Centre for Substance Abuse Treatment, 2009; Stoltenberg, 1981; Stoltenberg and Delworth, 1987). Below is a summary of the model by Stoltenberg, Delworth, & McNeil, (1998).

Table 3.1: *Stoltenberg, Delworth, & McNeil, Counsellor Developmental Model*

Stoltenberg, Delworth, & McNeil, Counsellor Developmental Model			
Developmental Level	Characteristics	Supervision Development Needs	Skills Techniques
Level 1	<ul style="list-style-type: none"> • Focuses on self • Anxious, uncertain • Preoccupied with performing the right way • Overconfident of skills • Over-generalises • Overuses a skill 	<ul style="list-style-type: none"> • Provide structure and minimise anxiety • Supportive, address strengths first, then weaknesses • Suggest approaches • Start connecting theory to treatment 	<ul style="list-style-type: none"> • Observation • Skills training • Role playing • Readings • Group supervision • Closely monitor clients

	<ul style="list-style-type: none"> • Gap between conceptualisation, goals, and interventions • Ethics underdeveloped 		
Level 2	<ul style="list-style-type: none"> • Focuses less on self and more on client • Confused, frustrated with complexity of counselling • Over identifies with client • Challenges authority • Lacks integration with theoretical base • Overburdened • Ethics better understood 	<ul style="list-style-type: none"> • Less structure provided, more autonomy encouraged • Supportive • Periodic suggestion of approaches • Confront discrepancies • Introduce more alternative views • Process comments, highlight counter-transference • Affective reactions to client and/or supervisor 	<ul style="list-style-type: none"> • Observation • Role playing • Interpret dynamics • Group supervision • Reading
Level 3	<ul style="list-style-type: none"> • Focuses intently on client • High degree of empathic skill • Objective third person perspective • Integrative thinking and approach • Highly responsible and ethical counsellor 	<ul style="list-style-type: none"> • Supervisee directed • Focus on personal-professional integration and career • Supportive • Change agent 	<ul style="list-style-type: none"> • Peer supervision • Group supervision • Reading

Source: Stoltenberg, Delworth, & McNeil, (1998) as quoted by Centre for Substance Abuse Treatment, 2009; p 10.

3.4.4 Integrated Models are models that seek to integrate Evidence Based Practices into counselling and supervision (Centre for Substance Abuse Treatment, 2009). According to the

Centre for Substance Abuse Treatment (2009), these models address skill and competency development of the supervisee and supervisor. They are further concerned with affective issues based on the presenting issues. Finally, the Centre for Substance Abuse Treatment (2009) stated that these models “articulate a model of treatment, incorporate descriptive dimensions of supervision and address contextual and developmental dimensions into supervision” (Centre for Substance Abuse Treatment, 2009, p. 9).

3.4.5 Supervision models targeted at Burnout and Turnover intention.

Previous research reveals evidence of supervision models in dealing with burnout. Gachutha (2006) and Kinga et al. (2012) investigated the role of clinical supervision in dealing with burnout among counsellors. Gachutha (2006) reported the benefits of supervision to include enhanced focus and security in the supervision process. Kinga et al. (2012) reported that counsellors received great benefits from attending fortnight individual and or group supervision sessions. They inferred that this is sufficient supervisory time.

Gachutha (2006) developed a holistic Burnout supervision model. This model is targeted at dealing with psychotherapist’s burnout. Some of its properties include: it is both curative and preventive of burnout; it is holistic in that it focuses on personality variables, practitioner competence and psychotherapist performance. Other properties include: it is supervisee centred, offers multi-faceted services and attends to the whole person. More properties are that it attends to the whole person; it is task oriented and integrative of other theories (Gachutha 2006).

Whereas models of clinical supervision generally exist, a systematic literature search does not show us other models of supervision targeted Burnout and Turnover intention among counsellors in a Kenyan context. In relation to this thesis, this model does not provide a step by step guide on

what the supervisor and supervisee do in the supervision session concerning the variables of burnout and dealing with counsellor employee turnover intention.

3.5. Synthesis

As mentioned earlier, this thesis adapted the uni-dimensional model of explaining the concepts of self and self-esteem (Coopersmith, 1967, and Rosenberg, 1965). Regarding Burnout, this thesis adapted the Leiter and Maslach’s Model (Maslach et al. 1997). The model adapted in for employee turnover intention was Mobley’s Model (Mobley 1977). Figure 3.1 is an illustration of the theoretical framework.

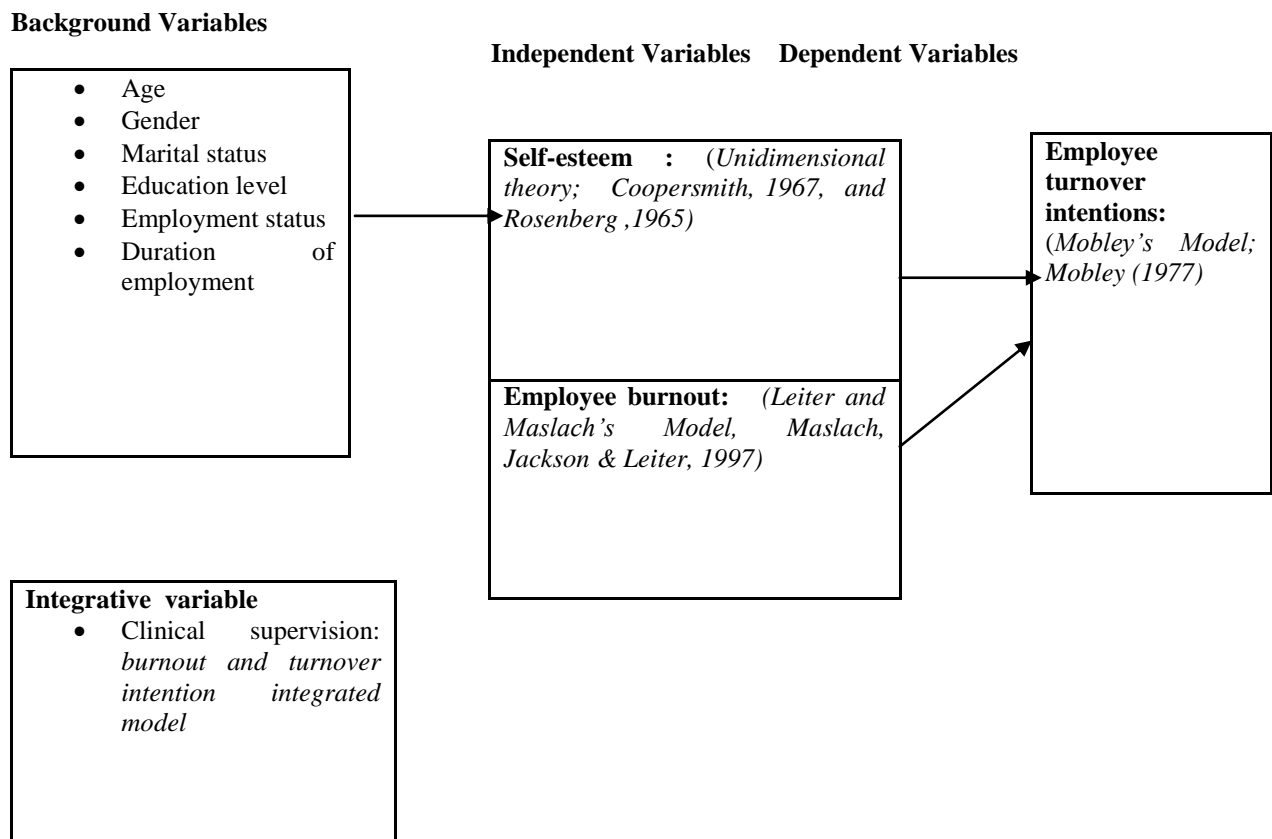


Figure 3.1 Theoretical framework

CHAPTER FOUR: RESEARCH METHOD

4.1 Introduction

This chapter describes the research approach, the research procedures and both qualitative and quantitative data collection techniques and analyses. It further describes and explains the sampling procedures and bias in the study. The measuring instruments and focus group discussion questions are described in detail focusing on their reliability and validity. An overview of the ethical considerations is given.

4.2 Research Approach

The research on which this thesis is based was designed with the following characteristics:

- A convergent parallel mixed methods design was used; it was both a qualitative and quantitative study. As a quantitative study it measured different variables, as a qualitative study it allowed for the subjective perspective of the different variables. Both quantitative and qualitative data were treated with equal priority. Quantitative data is presented in chapter five and qualitative data is presented in chapter six.
- It was non experimental.
- It was based on primary data collected through self-report scales, questionnaires and focus group interviews.

The strength of this design is that it has relative potential to be generalised to larger populations based on appropriate sampling design, high measurement reliability from the questionnaires/scales selection or construction and high construct validity. Punch (2009) stated that researchers using mixed methods need competencies in both quantitative and qualitative methods. Further Punch (2009) postulated that the researcher needs to know how to complement the findings and

discussion of each method. The mixed methods design implemented in this study was used to: converge the results from different data sources, increase and expand inquiry and to enhance significant findings to give insight on employee turnover intentions, burnout and self-esteem.

However, it was complex to collect and analyse the qualitative and quantitative data at the same time, and expertise was needed to apply both techniques. In addition, there was possibility of sampling error, questionnaire error, high refusal and non-response rate, data capturing errors and the inappropriate selection of statistical techniques. These issues are appropriately addressed below.

In summary, this mixed methods study was used to measure the relationship between self-esteem, employee burnout and employee turnover intention among professional counsellors in Kenya. A convergent parallel mixed methods design was used. In this study, quantitative data was used to test whether self-esteem and employee burnout predict employee turnover intention among professional counsellors in Kenya. The qualitative data was collected to explore the meanings and perceptions of counsellors concerning self-esteem, burnout and employee turnover intention. The reason for collecting both quantitative and qualitative data is to provide a clear understanding to the complex concepts of self-esteem, burnout and employee turnover intention.

4.3 Research Procedures

To achieve the stipulated research objectives, the following procedures were followed.

4.3.1 Permission to carry out the Study

Permission to carry out the study was obtained through the relevant structures, namely the University of South Africa - Psychology Research Ethics Committee and the Kenya Counselling and Psychological Association.

The participants were issued with an informed consent form asking them for their permission to participate in the study. More details are given below (under ethical considerations) about steps that were taken to safeguard participants.

4.3.2 Sampling Framework

The study utilised non-probability sampling. Convenience or opportunity sampling was used in the context of a non-experimental research design. The sample focused on those respondents willing to participate in the research; the disadvantage is that the results will not be exactly representative of the wider population. However, as earlier mentioned in chapter one; the KCPA has an estimated 2000 members and every year each member is required to renew their subscription, the members who are up to date with their annual subscription are then classified as active members.

As at April 2014, *fully paid-up* active members numbered 600, the average number of counsellors attending the quarterly general meetings is 350.

4.3.3 Bias in the Sample

Given the voluntary nature of participation and the potential diversity, it was worthwhile considering the possibility of bias manifesting in the sample. Consequently, the generalisations

made from research proposition were treated with caution. I am aware of the potential bias as follows:

- Interviewer bias: this could occur because the researcher participated in the distribution of the questionnaire and when certain parts of the questionnaire were not clear participants asked the researcher for clarification. The questionnaires were distributed during the quarterly general meeting of the counsellors in May 2014.
- Selection bias: this could occur because convenience sampling that was used in this study only captured those participants who attended the general meetings of the KCPA.
- In the same breath, because of convenience sampling, the research participants actually volunteered, this posed a challenge of volunteer bias. The researcher acknowledges that volunteers are not perfectly representative of the general population.

4.4 Quantitative Data Collection and Analysis

4.4.1 Measuring Instruments

The respondents filled in a questionnaire using the traditional pen and paper method. The questionnaire had the following sections: demographic details, intention-to-stay questionnaire (ISQ) - (Roodt, 2004); Maslach Burnout Inventory (Maslach & Jackson, 1981) and the Rosenberg Self-esteem Scale (Rosenberg, 1965). The full questionnaire appears as appendix 1. A few selected respondents participated in a focus group discussion after filling in the paper and pen questionnaire.

4.4.2 Demographic Section

This section collected background information about the respondent; it included variables such as age, gender, marital status, duration of working as a counsellor and current job status e.g. contractual employment or self employment.

4.4.3 Intentions-to-stay Questionnaire

4.4.3.1 Rationale for Inclusion: The variable of turnover intention was measured by utilising the intentions-to-stay questionnaire. This is an unpublished questionnaire by Roodt (2004). As indicated in the problem statement, although the questionnaire deals with intentions to stay, the theory and findings still hold valid for turnover intentions. Martin and Roodt (2008) reviewed a number of studies and reported that most instruments measure turnover intentions on a small number of items. They noted that some studies used a single item scale while others used more than three items (Martin & Roodt 2008).

4.4.3.2 Composition of the Instrument: The questionnaire is made up of 15 items that are measured on a five point Likert Scale. An example of an item is: “How often have you considered leaving your job?” (‘Never,’ 1-low intensity to ‘always,’ 5-high intensity)

4.4.3.3 Reliability and Validity: The validity and reliability is relatively unknown for this instrument. Jacobs (2005) reported a 0.913 Cronbach’s alpha co-efficient in a sample of professional nurses in South Africa, and Martin (2007) reported a 0.895 Cronbach’s alpha co-efficient in a sample of a South African tertiary institute, which indicates satisfactory internal consistency.

4.4.4 Maslach Burnout Inventory

4.4.4.1 Rationale for Inclusion: The variable of burnout was measured by the Maslach Burnout Inventory MBI (Maslach & Jackson, 1981). The questionnaire deals with burnout as a single syndrome that has three definite components of emotional exhaustion, depersonalisation and feeling of personal accomplishment. It is very widely used and has been validated for various settings. The version used was the English version.

4.4.4.2 Composition of the Instrument: The MBI consists of 22 items distributed across the three dimensions discussed above: (a) Emotional exhaustion - nine items, (b) depersonalisation - five items, and (c) the feeling of personal accomplishment - eight items. The frequency of burnout symptoms is rated on a seven point Likert scale ranging from “never” to “everyday”. The MBI produces a separate score for each subscale. An example of an item on subscale of emotional exhaustion: “I feel used up at the end of my workday”; an example on of an item on subscale of depersonalisation “I have become more callous towards people since I took this job”; and an example of an item on subscale of personal accomplishments is “I have accomplished many worthwhile things in this job” (Maslach & Jackson, 1981).

4.4.4.3 Validity and Reliability: Schaufeli and Van Dierendonck (1995) reported satisfactory internal consistency of the three subscales. They also report that it has convergent validity with other burnout measures. Kim and Lee (2009), for a sample of social workers, reported a Cronbach’s alpha of 0.91 for emotional exhaustion, 0.75 for depersonalisation and 0.79 for personal accomplishment. Maslach and Jackson (1996) reported internal consistency at Cronbach’s alpha of 0.90 for emotional exhaustion, 0.71 for personal accomplishment and 0.79 for depersonalisation.

They further demonstrated convergent validity and discriminant validity. Convergent validity was demonstrated by correlating MBI scores with measures of various outcomes that had been hypothesized to be related to burnout. Discriminant validity was obtained by distinguishing it from measures of other psychological constructs that might be presumed to be confounded with burnout. For example, there are important distinctions between burnout and depression. Depression is a clinical syndrome, whereas burnout is description of a crisis in one's relationship with work especially the therapeutic relationship with service recipients (Maslach & Jackson, 1996).

4.4.5 Rosenberg Self-esteem (RSE) Scale

4.4.5.1 Rationale for Inclusion. The variable of self-esteem was measured by using the original version of the Rosenberg Self-esteem scale. The Rosenberg Self-esteem scale measures global self-esteem and has been widely used. This scale measures the individual's positive or negative attitude towards the self as a totality (Rosenberg, 1965). Vacha-Hasse, Kogan and Thompson (2000) contended that even though the scale was developed 40 years ago, continued use of this scale provides evidence of its reliability and validity.

4.4.5.2 Composition of the Scale: The Rosenberg Self-esteem scale is a 10 item Likert scale with items answered on a four point scale from 'strongly agree' to 'strongly disagree'. The respondent is meant to read the statements and then indicate whether they strongly agree, agree, disagree or strongly disagree. An example of an item of the scale: "On the whole, I am satisfied with myself" (Rosenberg, 1965).

4.4.5.3 Reliability and Validity: The original sample for which the scale was developed consisted of 5024 high school juniors and seniors from 10 randomly selected schools in New

York. Owens (2001) states that the scale has a Guttman scale reliability coefficient of .92 among youth.

According to the Centre for Mental Health Services (1996), RSE has been useful for assessing self-esteem in a variety of other groups, with test-retest correlations in the range of .82 to .88 and Cronbach's alphas for various samples in the range of .77 to .88 (Rosenberg, 1986). Lee et al. (2010) in a sample of professional counsellors found internal consistency for the scores of all items was .73, suggesting a moderately high degree of consistency across items. Silber and Tippett (1965) obtained a test-retest reliability coefficient of .85 for 28 college students.

Rosenberg (1965) and Silber and Tippett (1965) tested the Rosenberg Self-esteem scale for construct validity. They correlated the scores of the RSE with three other scales/measures of self-esteem namely; Kelley repertory test, health self image questionnaire and the interviewers ratings of self-esteem. The correlations were as follows respectively $r = .67$, $r = .83$, $r = .56$. These convergent validities are significant for cross instrument correlations, which gives us evidence of validity.

4.4.6 The Distribution of Questionnaires

Convenience sampling procedures was used to distribute the research questionnaires. The questionnaires were distributed by hand during the quarterly general meeting of the Kenya Counselling Association, which is normally held every three months. Not all counsellors attend these meetings. The respondents were then expected to respond to them in their own time.

I expected to have an 80 percent response rate because the questionnaires were easy to fill and took between six to 15 minutes to fill. The population sampled was motivated and anticipated the

benefits of the research. I offered to email scores and results to participants; and was available to respond to any queries for clarification.

200 questionnaires were distributed, 180 questionnaires were returned of which completely and correctly filled questionnaires were 162; this presents a response rate of 81 percent and an accuracy rate of 90 percent. Incorrectly filled questionnaires included those that had un-responded questions, and those whose responses were outside the range of the responses as provided for in the Likert scales.

4.4.7 Statistical Analysis

The analysis consisted of two phases. The first phase entailed descriptive statistical analysis describing simply the characteristics of the sample in relation to the variables. These included frequencies, percentages, means, standard deviations and interrelations among the main variables.

The second phase consisted of inferential testing. Phase two included the following statistical tools:

- Cronbach's alpha was calculated to test the consistency with which the participants responded to the items in each of the measures
- Pearson product moment correlation: This was a test for measuring the relationship of the variables by focusing on their interdependency. In this study, this was used to measure the relationship age, duration of employment, academic qualification and job status and; self-esteem, burnout, and turnover intention. It was also used to measure the relationship between self-esteem, burnout and employee turnover intention.

- Independent samples T test: this was used to compare the mean differences of the two groups of a categorical variable, in this case the gender differences in relation to the dependent variable namely: employee turnover intention and independent variables namely: self-esteem and burnout. This is because one of the quantitative research objectives is to measure the relationship between the background variables and the dependent and independent variables.
- Analysis of Variance (ANOVA): This was used to compare the effect of marital status, academic qualification and employment status on turnover intention, burnout and self-esteem scores.
- Multiple regression analysis: Because the thesis had more than one independent variable in the conceptual framework, multiple regression analysis was used to predict turnover intention from levels of burnout and self-esteem scores.

4.5 Qualitative Data Collection and Analysis

4.5.1. Selection of Participants

Convenience or opportunity sampling was used to select participants for the group interview. The group consisted of 23 participants. The total numbers of participants are the ones who offered to participate in the group discussion. One group interview was held. The sample focused on those respondents willing to participate in the research; among members of the Kenya Counselling and Psychological Association. This association has an estimated 2000 members and every year each member is required to renew their subscription, the members who are up to date with their annual subscription are then classified as active members.

The participants were selected using the following criteria:

- Above the age of 20
- Be registered with KCPA as a Counsellor/Psychologist
- Have participated in the quantitative part of the study
- Be willing to participate in focus group discussion
- Duration of employment and number of years of experience as Counsellor/Psychologist was not part of the criteria; this was due to the desire to obtain diverse information from the participants.

The participants were recruited at the annual general meeting of Kenya Counselling and Psychological Association and were invited to participate through announcements at the meeting.

4.5.2 Data Collection

The chosen method of data collection for the qualitative part of the study was the focus group discussion. The group met to exchange perspectives and opinions concerning the three variables. I used group dynamics, which was a quick and cost effective method to enable participants to freely share their perceptions concerning the variables as experienced. I allowed the participants to respond in their own words to the themes of the variables. The disadvantage that I anticipated was the introduction of bias. To counteract this, I ensured that group membership was representative of the counselling population. The focus group was conducted in person i.e. the participants all met in a conference room. The discussion was recorded on paper and taped to enable accurate transcript and report.

4.5.3 Structure of the Focus Group Session

The focus group discussion started by participants introducing themselves, then some group norms for the sessions were set; some of the norms set included: agreeing on confidentiality,

time management and language to be spoken, the agreed language was English more so because it is the official language of instruction in schools and universities. After this, the objectives of the focus group discussions were described and the participant's expectations clarified. Then the discussion took place. Some of the themes discussed included: a description of own experience of self-esteem, own experience of burnout and own experience of employee turnover intention. In addition participants were asked to try to explain in their own words what the descriptions mean to them. Furthermore, they were asked to describe their own self-strategies for dealing with low self-esteem, burnout and employee turnover intention. They were asked to provide suggestions for individual counsellors, for counsellor supervisors and managers of counsellors on how to deal with self-esteem issues, burnout and employee turnover intentions. Finally a summary of the session was provided and participants were thanked for their contributions. The focus group lasted for approximately 60 – 90 minutes.

4.5.4 Data Analysis

A transcript was made from the group discussion. The transcripts and reports were analysed using thematic analysis. Using this method, I looked for patterns i.e. recurring words, descriptions and phrases. Then the patterns were clustered into themes of related patterns. Finally the patterns and themes were synthesized to answer the overall research questions.

4.5.4.1 Thematic Analysis

According to Holloway and Todres (2003) thematic analysis is seen as a foundational method for qualitative analysis; by this they meant that it is a method of analysis that researchers ought to learn because it equips them with core skills that are useful for conducting many other forms of qualitative analysis. Braun and Clarke (2006) defined thematic analysis as a “method for

identifying, analysing and reporting patterns within data” (p. 80). Furthermore, Holloway and Todres (2003) identify “thematizing meanings” as a shared generic skill within different methods of qualitative analysis (p. 347).

Braun and Clarke (2006) postulated that this method is widely used without a clear agreement on what it constitutes. They clarified that thematic analysis differs from other analytic methods that seek to describe patterns from qualitative data (p. 80).

Consequently, Braun and Clarke (2006) identified a number of properties of thematic analysis and these include:

- Thematic analysis does not require detailed technical and theoretical knowledge of approaches such as grounded theory and discourse analysis (p. 80).
- It is not wed to any theoretical framework, so it can be used with different frameworks and used to do different things. In this regard, it can be essentialist or realist in that “it reports experiences, meanings and reality of participants”; it can be constructionist in that it examines the ways in events, realities, meanings and experiences” (p. 80). Further, it can be contextualist in that “it acknowledges the ways individuals make meaning of their experience (p. 80).
- It works to unravel the surface of reality and also to reflect reality (p. 80).

4.5.4.2 The Process of Thematic Analysis

This thesis implemented the process of thematic analysis as espoused by Braun and Clarke (2006); this was as follows:

- Step one: Becoming familiar with the data. This involved recording of all responses to the discussion questions per question and reading and rereading the data, noting down initial ideas (p.87).
- Step two: Generating initial codes. This involved coding interesting features of the data systematically from the responses of the participants and then collating data relevant to each code (p.87).
- Step three: Searching for themes. This was achieved by collating the codes into draft themes and then collecting relevant responses in relation to each potential theme (p.87).
- Step four: Reviewing themes. This was carried out by confirming whether the themes work in relation to the coded extracts and the entire data set. (p.87).
- Step five: Defining and naming themes. This involved an analysis for refining the specifics of each theme hence generating clear definitions (p.87).
- Step six: Producing the report. This was carried out by relating back the analysis to the research question and literature, producing a report of the analysis (p.87).

4.6 Ethical Considerations

For the quantitative part of the study participant anonymity was maintained throughout the questionnaire. The anonymity was intended to enhance the honesty of the responses given. Participants' identities remained anonymous by them not providing personal identifiable information like name, name of workplace and residence. They were also required to complete informed consent forms. Participants who wanted general feedback on the study outcomes were requested to separately provide their names and addresses. It was also explained to the

respondents that the scales used in the questionnaire were used for study purposes only and not for clinical diagnostic reasons.

For the qualitative part of the study the participants in the focus group discussion agreed on maintaining confidentiality. They also agreed to share with the group what they felt free to share. Each participant was given a participant number and they referred to each other with those numbers as opposed to names so that the recording and transcription could not capture their identities. After obtaining permission from all the group members, the focus group was recorded.

4.7 Summary of Chapter

This chapter focused on quantitative and qualitative research procedures. The sampling procedures and bias were discussed. The measuring instruments were explained in detail. The qualitative data collection procedures were described. The focus group discussion was explained. The data analysis procedures were summarised. Ethical considerations were outlined.

CHAPTER FIVE: QUANTITATIVE DATA ANALYSIS

5.1 Introduction

This chapter is a non-evaluative presentation of the quantitative results supported by the use of tables, figures and graphs. The presentation is related to the method of analysis, justification of the choice of method, results of investigation and significance of results, and whether the results support the research questions.

In addition, this chapter presents and reviews collected data by presenting a summary of the primary data. It is followed by a description of the details of the data in relation to the research questions. The results focus on the following: background variables, measure of self-esteem, measure of burnout and measure of employee turnover intention.

This chapter is organised as follows; it starts with a description of the background variables, then a statement of results around the research questions and finally a summary of the analysis.

5.2 Background Variables and Demographic Survey Results.

While one of the primary objectives of this thesis was to measure the levels of turnover intention, self-esteem and burnout, the thesis also looked at the relationship between the background variables of age, gender, marital status, highest academic qualifications and duration of working as a counsellor. The correlations for each demographic and the scales of turnover intentions, burnout and self-esteem were measured. Statistical results were compiled on Statistical Package for the Social Sciences (SPSS) Version 20.

Background Variables and Demographic Characteristics

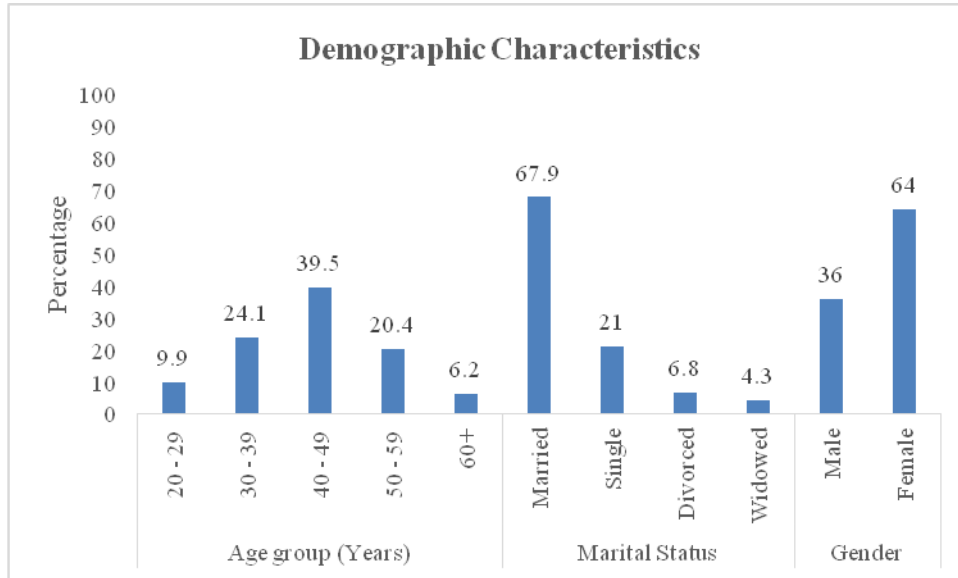


Figure 5.1: Demographic Characteristics

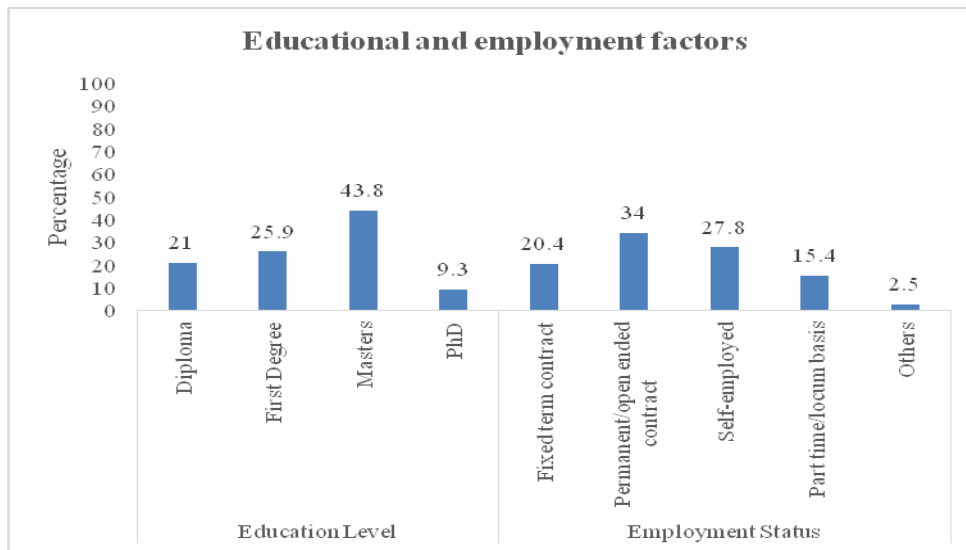


Figure 5.2: Educational Level and Employment Status

Age category frequencies are displayed in Figure 1 and Table 4.1 The survey sample was distributed over the ages of 20 to above 60. The participants were asked to indicate the age group that they fell in as follows; 20-29, 30-39, 40-49, 50-59, and 60 plus. The age range of 40-49 had the highest frequency of 39.5 percent, followed by 30-39, which had a frequency of 24.15 percent, then 50-59, which had a frequency of 20.4 percent; then 20-29 which had a frequency of 9.9 percent and finally 60 and above which had a frequency of 6.2 percent.

Table 5. 1:

Age of Participants

Age range	Frequency	Percent
20-29	16	9.9
30-39	39	24.1
40-49	64	39.5
50-59	33	20.4
60+	10	6.2
Total	162	100

Marital status category frequencies are displayed in Figure 1 and Table 4.2. The participants were asked to indicate their marital status. 67.95 percent of the participants are married, followed by those who are single/never married at 21 percent. 6.8 percent indicate they are divorced and 4.3 percent indicated they are widowed.

Table 5. 2:

Marital Status

Marital status	Frequency	Percent
Married	110	67.9
Single never married	34	21
Divorced	11	6.8
Widowed	7	4.3
Total	162	100

Highest academic qualifications category frequency is displayed in Figure 1 and Table 4.3. Counsellors with a master's degree were the highest frequency at 43.8 percent followed by those with a bachelor's degree at 25.9 percent, then diploma at 21 percent and PhD at 9.3 percent.

Table 5.3:

Highest Academic Qualification

Highest academic qualification	Frequency	Percent
Diploma	34	21
Bachelor's degree	42	25.9
Master's degree	71	43.8
PhD	15	9.3
Total	162	100

Gender category frequencies are displayed in Figure 1 and Table 4.4. Female respondents were 63.6 percent, male respondents were 35.8 percent and one respondent indicated saying they were transsexual.

Table 5.4:

Gender of Participants

Gender	Frequency	Percent
Male	58	35.8
Female	103	63.6
3	1	0.6
Total	162	100

Current job status category frequencies were displayed in Figure 2 and Table 4.5, counsellors working on permanent/open contracts were highest at 34 percent followed by those self employed at 27.8 percent then those working on fixed term contracts at 20.4 percent, followed by those working part time or on locum basis at 5.4 percent and others at 2.5 percent.

Table 5. 5:
Job/Employment Status

Employment status	Frequency	Percent
Working on a fixed term contract	33	20.4
Working on permanent or open ended contract	55	34
Self employed	45	27.8
Part time or locum basis	25	15.4
Others	4	2.5
Total	162	100

5.3. Research objective 1: What are the measured levels of turnover intentions, self-esteem and burnout among counsellors in Nairobi?

5.3.1 Measure of Self-esteem

The variable of self-esteem was measured by using the original version of the Rosenberg Self-esteem scale. The Rosenberg Self-esteem scale measures global self-esteem and has been widely used (Rosenberg, 1965). The Rosenberg Self-esteem scale is a 10-item Likert scale with items answered on a four-point scale from 'strongly agree' to 'strongly disagree'. Where strongly disagree was scored as 0, disagree scored as 1, agree scored as 2 and strongly agree scored as 3. Thus the total score can range from a minimum of 0 to a maximum of 30 with higher score reflecting more positive evaluations

According to the current custodians of the Rosenberg Self-esteem scale at <http://www.socy.umd.edu/quick-links/rosenberg-self-esteem-scale> as accessed on 28th February 2015; there are no discrete cut off points to delineate high and low self-esteem. Instead they

recommend a literature review relevant to the population being studied. Further it is recommended that the scores be kept on a continuous scale.

Rosenberg Self-esteem Scale Descriptive Statistics

Measures of central tendency were computed to summarise the data for the Rosenberg self-esteem scores variable. In addition, measures of dispersion were computed to understand the variability of scores for the Rosenberg self-esteem scores variable. The following are the results of this analysis: $N = 162$, $M=22.49$, $SD=5.2$. However, based on the large standard deviation, it looks like the scores varied quite a bit. The scores are summarised on Figure 5.3

Self-esteem Scores

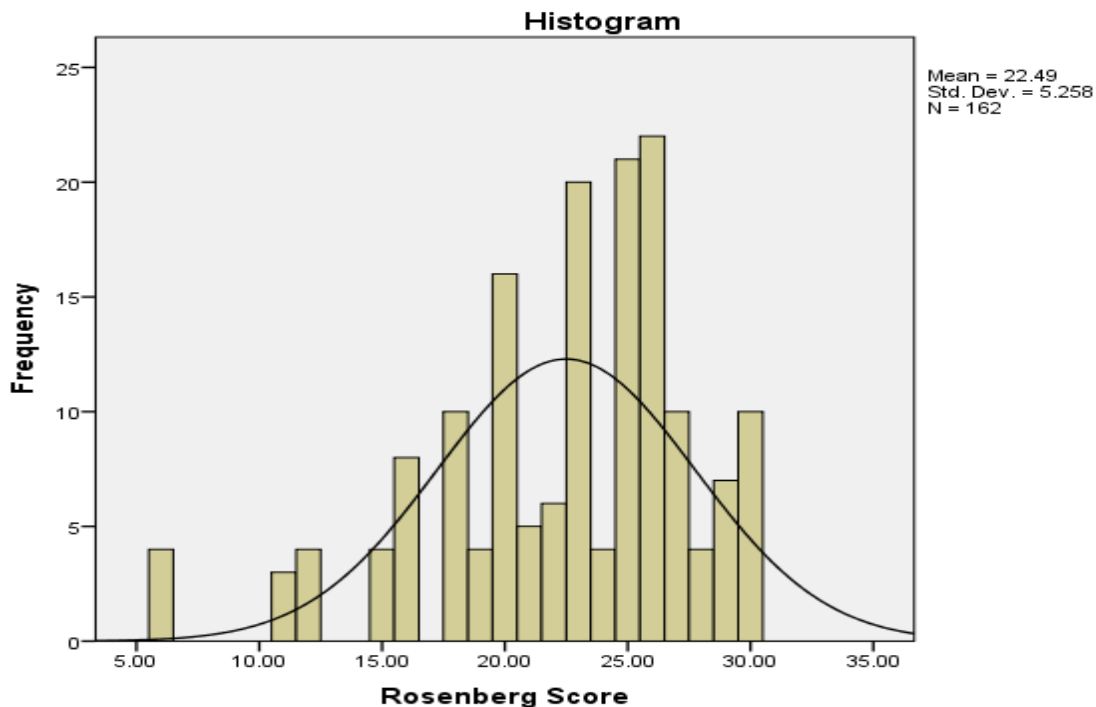


Figure 5. 3: Self-esteem Scores

5.3.2 Measure of Burnout

The Maslach Burnout Inventory (Maslach & Jackson, 1981) was used to measure burnout. The questionnaire deals with burnout as a single syndrome that has three definite components of emotional exhaustion, depersonalisation and feeling of personal accomplishment. The MBI consists of 22 items distributed across the three dimensions discussed above: a) Emotional exhaustion - nine items, b) Depersonalisation - Five items, and c) The feeling of personal accomplishment - eight items. The frequency of burnout symptoms is rated on a Seven point Likert scale anchored by Never (0) and Always/Every Day (6). The scores thus can range from 0 – 54 on the emotional exhaustion subscale, 0 – 30 on the depersonalisation subscale, and 0 – 48 on the personal accomplishment subscale. The MBI produces a separate score for each subscale.

Each subscale was scored separately and then the scores were used to generate the overall score of burnout. According to Maslach & Jackson (1986) the scoring is as follows:

- Emotional exhaustion (EE) 0 -16 is low; 17 - 26 is moderate and 27 and over is high.
- Personal accomplishment (P.A) 0 - 33 is low; 34 - 39 is moderate and 40 and over is high.
- Depersonalisation (D) 0 - 6 is low; 7 - 12 is moderate and 13 and over is high
- A high burnout is signified by a high score on emotional exhaustion and depersonalisation, and low scores on personal accomplishment.
- A low burnout is signified by a low score on emotional exhaustion and depersonalisation and high scores on personal accomplishment (Maslach and Jackson 1986).

Table 5. 6:
Maslach Burnout Inventory Descriptive Statistics

	Maslach Score 1: EE	Maslach Score 2: PA	Maslach Score 3: D
N Valid	162	162	162
Missing	0	0	0
Mean	16.4444	41.3519	4.8457
Median	13.5000	43.0000	4.0000
Mode	10.00	48.00	0.00
Std. Deviation	11.05997	7.06445	4.80498
Variance	122.323	49.906	23.088
Skewness	.610	-2.746	1.036
Std. Error of Skewness	.191	.191	.191
Kurtosis	-.580	10.361	.018
Std. Error of Kurtosis	.379	.379	.379

Measures of central tendency were computed to summarise the data for the Maslach burnout inventory scores variable. In addition, measures of dispersion were computed to understand the variability of scores for the Maslach burnout inventory scores. The following are the results of this analysis; for the emotional exhaustion subscale N = 162, M=16.44, SD=11.05, for the personal accomplishment subscale N = 162, M=41.35, SD=7.06 and for the depersonalisation subscale N = 162, M=4.85, SD=4.8. However, based on the large standard deviation, it looks like the scores are varied. The scores are summarised on Table 4.6, Figure 4.2, Figure 4.3, Figure 4.4 Table 4.7 and Figure 4.5

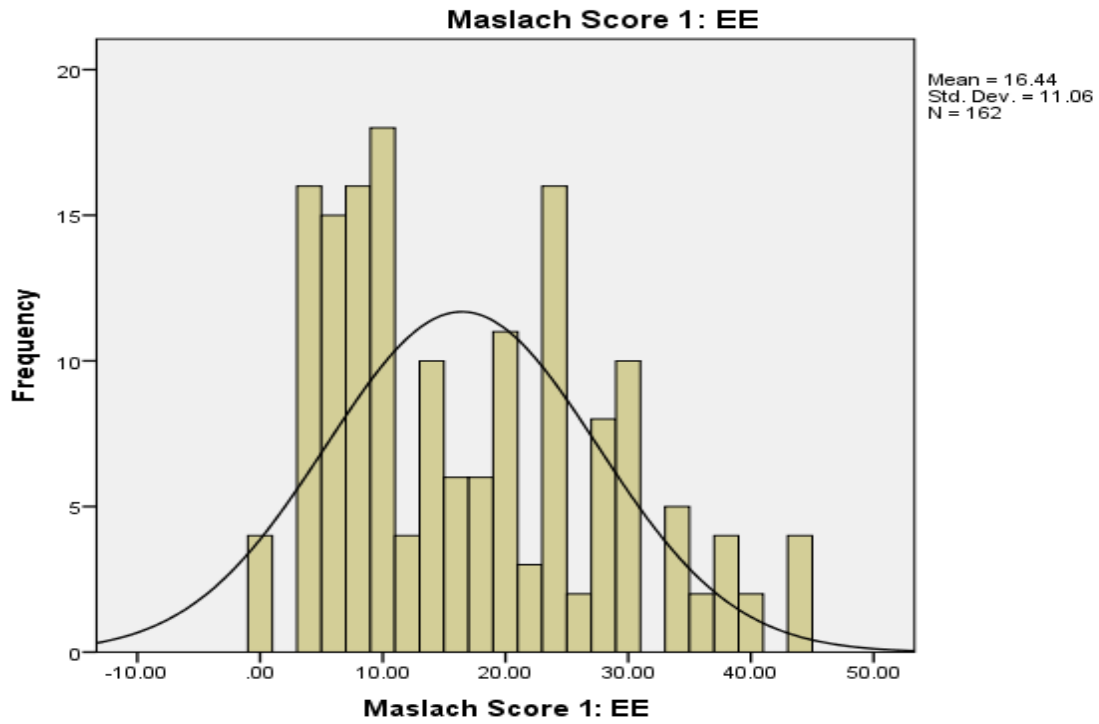


Figure 5.4: Emotional Exhaustion Scores

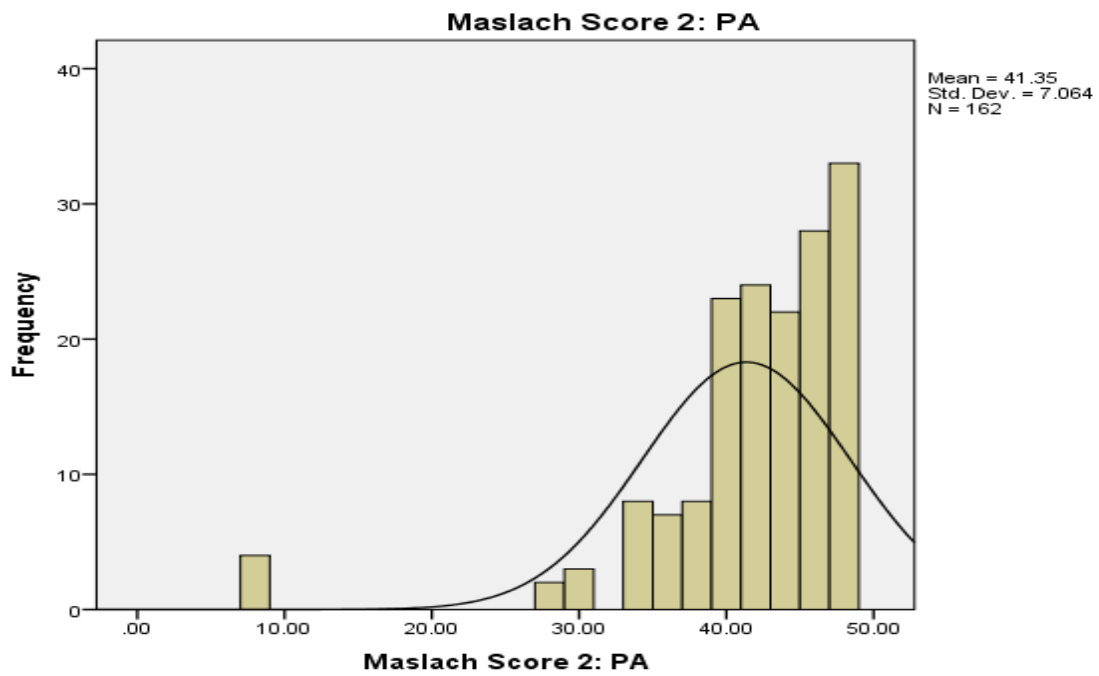


Figure 5.5: Personal Accomplishment Scores

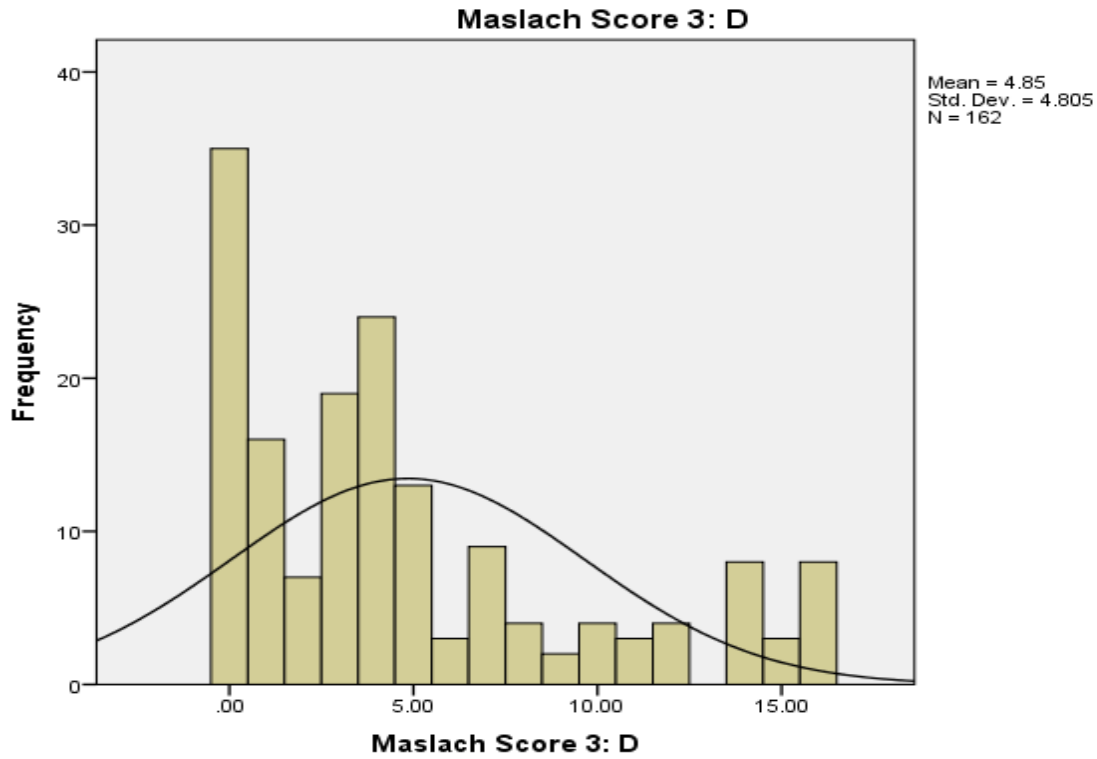


Figure 5.6: Depersonalisation Scores

Table 5. 7:

Burnout Levels

Burnout levels	Frequency	Percent
Low burnout	129	79.6
High burnout	33	20.4
Total	162	100

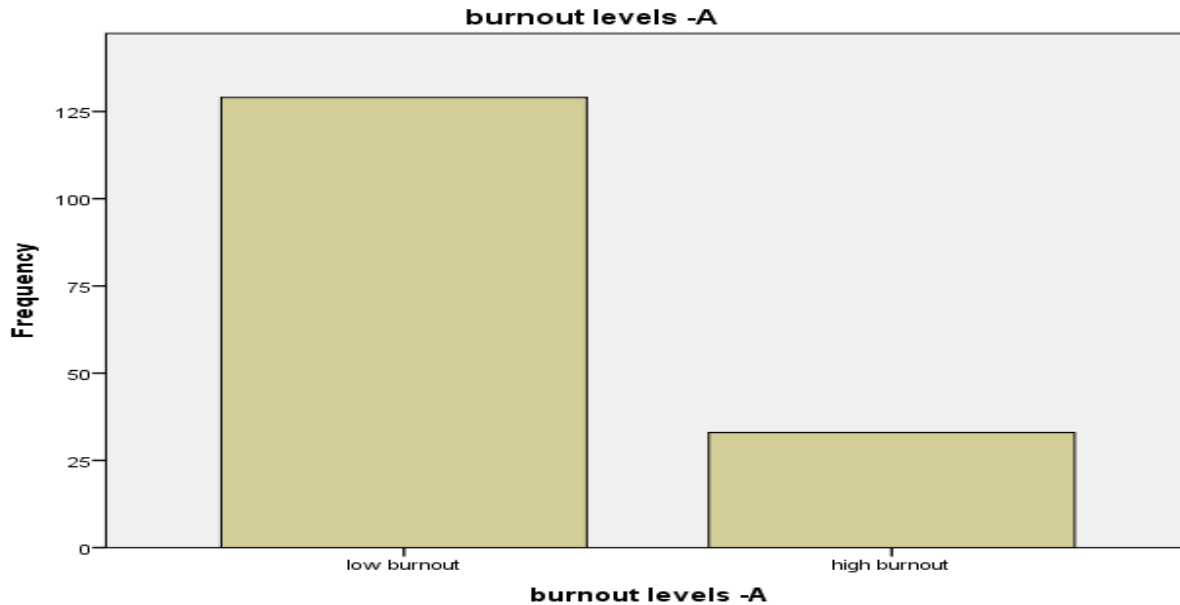


Figure 5.7: Burnout Levels

5.3.3 Measure of Turnover Intention

The variable of turnover intention was measured by utilising the intentions-to-stay questionnaire (Roodt 2004). The questionnaire is made up of 15 items that are measured on a five point Likert Scale. The expected minimum score is 15 and maximum score is 75

The measures of turnover intention are displayed in Table 4.8 and Figure 4.8. Measures of central tendency were computed to summarise the data for the turnover intention scores variable. In addition, measures of dispersion were computed to understand the variability of scores for the turnover intention scores variable. The following are the results of this analysis: $N = 162$, $M=43.01$, $SD=12.49$. However, based on the large standard deviation, it looks like the scores varied quite a bit.

Table 5.8:

Turnover Intentions Score

N	Valid	162
	Missing	0
Mean		43.0123
Median		43.0000
Mode		27.00
Std. Deviation		12.49943
Variance		156.236
Skewness		.074
Std. Error of Skewness		.191
Kurtosis		-1.136
Std. Error of Kurtosis		.379
Range		43.00

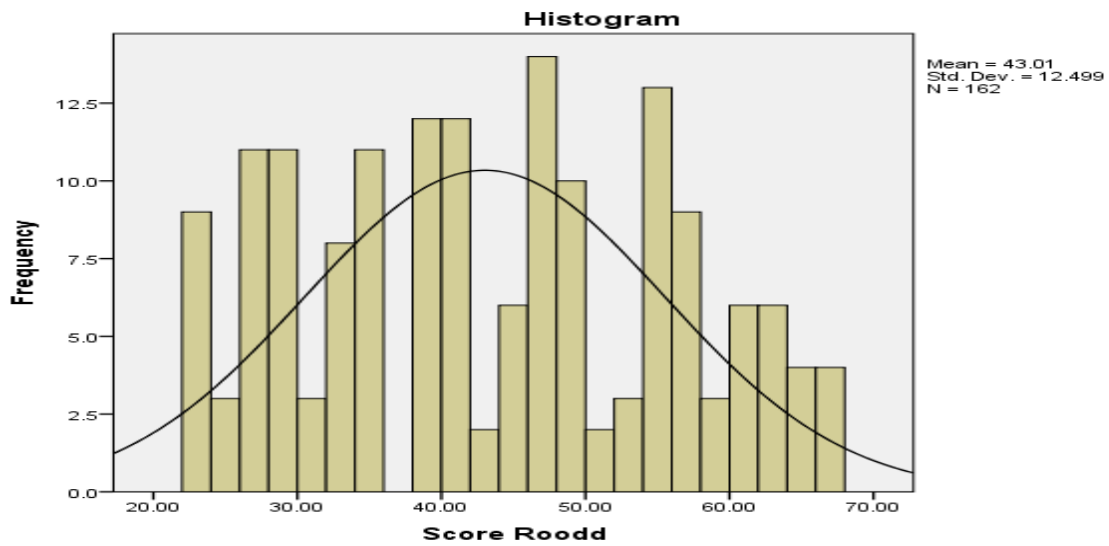


Figure 5.8: Turnover Intention Scores

5.4 Research Objective 2: What measured relationships exist between the background variables (age, gender, marital status and highest academic qualification) and turnover intentions, personal self-esteem and employee burnout?

5.4.1 Self-esteem

5.4.1.1 Age and Self-esteem:

Table 5. 9
One way ANOVA between Age and Rosenberg Self-esteem Scores

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
20-29	16	22.625	3.6492	0.9123	20.6805	24.5695	16	27
30-39	39	23	5.58193	0.89382	21.1905	24.8095	6	29
40-49	64	22.5313	4.82049	0.60256	21.3271	23.7354	12	30
50-59	33	21.5455	6.70863	1.16782	19.1667	23.9242	6	30
60+	10	23.2	3.61478	1.1431	20.6141	25.7859	19	26
Total	162	22.4938	5.25764	0.41308	21.6781	23.3096	6	30

ANOVA					
Rosenberg Score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	45.025	4	11.256	.401	.808
Within Groups	4405.469	157	28.060		
Total	4450.494	161			

A one way between subjects ANOVA was conducted to compare the effect age has on self-esteem. There was no significant effect at the $p < .05$ level for the four conditions/status [$F(4, 157) = .401, p = .808$]

A comparison of the results indicated that the mean scores for the age groups of 20-29, (M=22.62, SD=3.65) age group 40-49 (M= 22.53, SD= 4.82) were significantly different compared to age group 30-39 (M=23, SD= 5.58); those older than age 60 (M= 23.2, SD= 3.61)

and age group 50-59 (M=21.54, SD= 6.07). These results suggest that age has no impact on self-esteem scores. This means increase in age does not necessarily increase or decrease self-esteem scores.

5.4.1.2 Gender and Self-esteem:

Table 5.10:

T-Test between gender and Rosenberg self-esteem scores

Group Statistics										
Sex of Participant		N	Mean	Std. Deviation	Std. Error Mean					
Rosenberg Score	Male	58	20.9655	6.25473	.82129					
	Female	103	23.2816	4.38897	.43246					
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Rosenberg Score	Equal variances assumed	12.299	.001	-2.747	159	.007	-2.31604	.84321	-3.98137	-.65070
	Equal variances not assumed			-2.495	89.160	.014	-2.31604	.92819	-4.16028	-.47179

An independent-samples t-test was conducted to compare self-esteem scores between male and female counsellors. There was a significant difference in the scores for males (M=20.96, SD= 6.25) and scores for females (M=23.28, SD= 4.38) conditions; $t(159) = 2.747, p=.007$. These results suggest that gender does have an influence on self-esteem. Specifically women have higher self-esteem than men.

5.4.1.3 Marital Status and Self-esteem:

Table 5.11:

One way ANOVA between Marital Status and Self-esteem

Descriptives								
Self-esteem Score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Married	110	21.7636	5.44519	.51918	20.7346	22.7926	6.00	30.00
Single never married	34	23.7353	4.98062	.85417	21.9975	25.4731	15.00	29.00
Divorced	11	26.2727	3.06891	.92531	24.2110	28.3344	23.00	30.00
Widowed	7	22.0000	2.44949	.92582	19.7346	24.2654	19.00	25.00
Total	162	22.4938	5.25764	.41308	21.6781	23.3096	6.00	30.00

ANOVA					
Rosenberg Score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	269.840	3	89.947	3.399	.019
Within Groups	4180.654	158	26.460		
Total	4450.494	161			

A one way between subjects ANOVA was conducted to compare the effect marital status has on self-esteem. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(3, 158) = 3.40, p = .019$]. A comparison of the results indicated that the mean scores for married ($M = 21.76, SD = 5.45$), single never married ($M = 23.73, SD = 4.98$) and widowed ($M = 22.00, SD = 2.45$) were significantly different compared to divorced counsellors ($M = 26.27, SD = 3.06$).

These results suggest that marital status has a positive impact on self-esteem scores. Counsellors who are married, single never married and those who are widowed are likely to have higher self-esteem scores compared to those counsellors who are divorced.

5.4.1.4 Duration of Work and Self-esteem:

Table 5.12:

Correlation between “how long have you worked for your organisation” and Rosenberg self-esteem scores

		How long have you worked for your organisation	Rosenberg Score
How long have you worked for your organisation	Pearson Correlation	1	-.025
	Sig. (2-tailed)		.756
	N	162	162
Rosenberg Score	Pearson Correlation	-.025	1
	Sig. (2-tailed)	.756	
	N	162	162

A Pearson product moment correlation was computed to assess the relationship between duration of employment and self-esteem. There was a weak negative correlation and no statistically significant relationship between the two variables. $r = -.025$, $n=162$; $p=.756$.

These results suggest that duration of employment does not have impact on self-esteem scores.

5.4.1.5 Academic Qualification and Self-esteem:

Table 5.13

ANOVA between “What is your highest academic qualification?” and the Rosenberg Self-esteem Scores.

Rosenberg self-esteem Score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Diploma	34	19.7941	4.61079	.79074	18.1853	21.4029	6.00	25.00
Bachelor’s degree	42	22.4524	5.31084	.81948	20.7974	24.1074	12.00	30.00
Master’s degree	71	22.7887	5.25878	.62410	21.5440	24.0335	6.00	30.00
PhD	15	27.3333	1.91485	.49441	26.2729	28.3937	25.00	30.00
Total	162	22.4938	5.25764	.41308	21.6781	23.3096	6.00	30.00

ANOVA					
Rosenberg Score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	605.366	3	201.789	8.292	.000
Within Groups	3845.128	158	24.336		
Total	4450.494	161			

A one way between subjects ANOVA was conducted to compare the effect academic qualification has on self-esteem. There was a significant effect at the $p < .05$ level for the four conditions/status [F (3, 158) = 8.29, $p = .000$].

A comparison of the results indicated that the mean scores for diploma (M=19.79, SD=4.61), bachelor’s (M= 22.45, SD= 5.3) and master’s degree (M=22.78, SD= 5.25) were significantly different compared to PhD counsellors (M= 27.33, SD= 1.91).

These results suggest that academic qualifications have a positive impact on self-esteem. The higher the qualification, the higher the levels of self-esteem, on the other hand the lower the qualification, the lower the self-esteem.

5.4.1.6 Job Status and Self-esteem:

Table 5.14:

ANOVA between “what is your current job status” and Rosenberg self-esteem scores

Descriptives								
Rosenberg Self-esteem Scores								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Working on a fixed term contract	33	23.7273	4.00213	.69668	22.3082	25.1464	16.00	30.00
Working on permanent or open ended contract	55	22.2000	7.10607	.95818	20.2790	24.1210	6.00	30.00
Self employed	45	23.1556	2.87588	.42871	22.2915	24.0196	18.00	29.00
Part time or locum basis	25	21.3600	4.88092	.97618	19.3453	23.3747	11.00	27.00
Others	4	16.0000	0.00000	0.00000	16.0000	16.0000	16.00	16.00
Total	162	22.4938	5.25764	.41308	21.6781	23.3096	6.00	30.00

ANOVA					
Rosenberg Score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	275.477	4	68.869	2.590	.039
Within Groups	4175.017	157	26.592		
Total	4450.494	161			

A one way between subjects ANOVA was conducted to compare the effect employment status has on self-esteem. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(4, 157) = 2.59, p = .039$].

A comparison of the results indicated that the mean scores for others ($M = 16.00, SD = 0.0$) working on permanent or open ended contract ($M = 22.20, SD = 7.10$) were significantly different compared to counsellors working on a fixed term contract ($M = 23.72, SD = 4.00$) and self employed counsellors ($M = 23.15, SD = 2.87$).

These results suggest that employment status has a positive impact on self-esteem. Counsellors working on fixed term contracts and those self-employed are likely to have higher self-esteem scores

5.4.2 Burnout

5.4.2.1 Burnout and Age:

Table 5.15:

ANOVA between Burnout Scores and Age

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Maslach Score 1: EE	20-29	16	22.7500	12.04159	3.01040	16.3335	29.1665	8.00	38.00
	30-39	39	23.6410	12.02954	1.92627	19.7415	27.5406	3.00	43.00
	40-49	64	13.6094	7.35628	.91953	11.7718	15.4469	4.00	33.00
	50-59	33	12.2121	11.07575	1.92804	8.2848	16.1394	0.00	36.00
	60+	10	10.4000	7.87683	2.49087	4.7653	16.0347	5.00	25.00
	Total	162	16.4444	11.05997	.86895	14.7284	18.1605	0.00	43.00
Maslach Score 2:	20-29	16	41.1250	4.71699	1.17925	38.6115	43.6385	34.00	47.00
	30-39	39	42.0000	5.08869	.81484	40.3504	43.6496	29.00	48.00

PA	40-49	64	40.2031	9.52720	1.19090	37.8233	42.5829	8.00	48.00
	50-59	33	41.7273	4.49495	.78247	40.1334	43.3211	36.00	48.00
	60+	10	45.3000	3.16403	1.00056	43.0366	47.5634	40.00	48.00
	Total	162	41.3519	7.06445	.55504	40.2558	42.4479	8.00	48.00
Maslach Score 3: D	20-29	16	6.7500	5.92734	1.48183	3.5915	9.9085	0.00	14.00
	30-39	39	7.8205	5.13436	.82216	6.1561	9.4849	2.00	16.00
	40-49	64	3.4063	4.22284	.52785	2.3514	4.4611	0.00	16.00
	50-59	33	3.4848	3.48318	.60634	2.2498	4.7199	0.00	11.00
	60+	10	3.9000	2.80674	.88757	1.8922	5.9078	0.00	7.00
	Total	162	4.8457	4.80498	.37751	4.1002	5.5912	0.00	16.00

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Maslach Score 1: EE	Between Groups	4126.876	4	1031.719	10.405	.000
	Within Groups	15567.124	157	99.154		
	Total	19694.000	161			
Maslach Score 2: PA	Between Groups	262.190	4	65.547	1.324	.263
	Within Groups	7772.755	157	49.508		
	Total	8034.944	161			
Maslach Score 3: D	Between Groups	605.818	4	151.455	7.643	.000
	Within Groups	3111.324	157	19.817		
	Total	3717.142	161			

A one way between subjects ANOVA was conducted to compare the effect age has on burnout scores. There was a significant effect at the $p < .05$ level for the four conditions/status namely: [F (4, 157) = 10.405, $p = .000$ for emotional exhaustion subscale, [F (4, 157) = 1.324, $p = .263$ for the personal accomplishment scale and [F (4, 157) = 7.643, $p = .000$ for the depersonalisation scale.

To begin with I looked at the relationship between emotional exhaustion and age. A comparison of the results indicated that the mean scores for counsellors aged 20-29 ($M = 22.75$, $SD = 12.04$) and counsellors aged 30-39 ($M = 23.64$, $SD = 12.02$) were significantly different compared to

counsellors aged 40-49 (M= 13.60, SD= 7.35), counsellors aged 50-59 (M= 12.21, SD= 11.7) and counsellors aged 60 and above (M= 10.40, SD= 7.87)

These results suggest that age has a positive impact on emotional exhaustion. Counsellors who are above 40 years old are likely to have the least emotional exhaustion scores whereas counsellors who are aged between 20 and 39 years old are likely to have the highest emotional exhaustion scores.

Regarding the personal accomplishment scale A comparison of the results indicated that the mean scores for counsellors aged 60 and above (M= 45.3, SD= 3.16) were significantly different compared to counsellors aged 20-29 (M= 41.12, SD= 4.71), counsellors aged 30-39 (M= 42.00, SD= 5.08), counsellors aged 40-49 (M= 40.20, SD= 9.52) and counsellors aged 50-59 (M= 41.72, SD= 4.49).

These results suggest that age has a positive impact on personal accomplishment. Counsellors who are aged 40-49 are likely to have the least personal accomplishment scores whereas counsellors who are aged above 60 are likely to have the highest personal accomplishment scores followed by those who are aged 30-39, aged 50-59, and aged 20-29 and then by those aged 40-49.

Results for the depersonalisation scale indicated that the mean scores for counsellors aged 20-29 (M= 6.75, SD= 5.92) and counsellors aged 30-39 (M= 7.82, SD= 5.13) were significantly different compared to counsellors aged 40-49 (M= 3.40, SD= 4.22), counsellors aged 50-59 (M= 3.48, SD= 3.48) and counsellors aged 60 and above (M= 3.9, SD= 2.80)

These results suggest that age status has a positive impact on depersonalisation scores. Counsellors aged 40-49 are likely to have the least depersonalisation scores whereas counsellors 30-39 are likely to have the highest depersonalisation scores followed by those aged 20-29 and then by those aged above 60 and those aged 50-59.

5.4.2.2 Burnout and Gender:

Table 5.16:
Independent samples T-Test between Gender and Burnout Scores

Sex of participant		N	Mean	Std. Deviation	Std. Error Mean
Emotional exhaustion	Male	58	16.3448	9.64193	1.26605
	Female	103	16.5922	11.84163	1.16679
Personal accomplishment	Male	58	42.9138	4.81330	.63202
	Female	103	40.4175	7.95271	.78360
Depersonalisation	Male	58	4.5862	4.11260	.54001
	Female	103	5.0388	5.16573	.50899

		Levene's Test for Equality of Variances		T-Test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Emotional exhaustion	Equal variances assumed	3.233	.074	-.136	159	.892	-.24741	1.82277	-3.84737	3.35256
	Equal variances not assumed			-.144	138.936	.886	-.24741	1.72171	-3.65154	3.15673
Personal accomplishment	Equal variances assumed	2.426	.121	2.175	159	.031	2.49632	1.14772	.22957	4.76307
	Equal variances not assumed			2.480	158.127	.014	2.49632	1.00672	.50797	4.48467

Depersonalization	Equal variances assumed	10.149	.002	-.573	159	.568	-.45263	.79041	-2.01369	1.10844
	Equal variances not assumed			-.610	141.054	.543	-.45263	.74208	-1.91967	1.01441

An independent-samples t-test was conducted to compare burnout scores between male and female counsellors.

For the emotional exhaustion subscale, there was no significant difference in the scores for males (M=16.34, SD= 9.64) and scores for females (M=16.59, SD= 11.84) conditions; $t(159) = -.136$, $p=.892$. These results suggest that gender does not have an influence on emotional exhaustion subscale scores.

For the personal accomplishment subscale there was a significant difference in the scores for males (M=42.91, SD= 4.81) and scores for females (M=40.41, SD= 7.95) conditions; $t(159) = 2.175$, $p=.031$. These results suggest that gender does have an influence on personal accomplishment subscale scores. Specifically Male counsellors have higher scores on personal accomplishment than female counsellors.

For the depersonalisation subscale there was a significant difference in the scores for males (M=4.58, SD= 4.11) and scores for females (M=5.03, SD= 5.16) conditions; $t(159) = -.573$, $p=.568$. These results suggest that gender does have an influence on depersonalisation subscale scores. Specifically, female counsellors have higher scores on depersonalisation than male counsellors.

5.4.2.3 Burnout and Academic Qualification:

Table 5.17:

ANOVA between “What is your highest academic qualification?” and Burnout Scores

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Maslach Score 1: EE	Diploma	34	17.2941	11.66328	2.00024	13.2246	21.3636	3.00	43.00
	Bachelor's degree	42	16.9762	12.71544	1.96203	13.0138	20.9386	3.00	43.00
	Master's degree	71	17.4225	9.91199	1.17634	15.0764	19.7687	3.00	38.00
	PhD	15	8.4000	6.67404	1.72323	4.7040	12.0960	0.00	19.00
	Total	162	16.4444	11.05997	.86895	14.7284	18.1605	0.00	43.00
Maslach Score 2: PA	Diploma	34	35.9118	11.65506	1.99883	31.8451	39.9784	8.00	48.00
	Bachelor's degree	42	43.9524	3.67558	.56715	42.8070	45.0978	36.00	48.00
	Master's degree	71	41.6479	4.30978	.51148	40.6278	42.6680	29.00	48.00
	PhD	15	45.0000	3.79850	.98077	42.8965	47.1035	37.00	48.00
	Total	162	41.3519	7.06445	.55504	40.2558	42.4479	8.00	48.00
Maslach Score 3: D	Diploma	34	4.9118	3.44100	.59013	3.7111	6.1124	0.00	14.00
	Bachelor's degree	42	4.8095	4.26122	.65752	3.4816	6.1374	0.00	14.00
	Master's degree	71	5.4085	5.76833	.68457	4.0431	6.7738	0.00	16.00
	PhD	15	2.1333	2.92445	.75509	.5138	3.7528	0.00	9.00
	Total	162	4.8457	4.80498	.37751	4.1002	5.5912	0.00	16.00

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Maslach Score 1: EE	Between Groups	1075.041	3	358.347	3.041	.031
	Within Groups	18618.959	158	117.842		
	Total	19694.000	161			
Maslach Score 2:	Between Groups	1496.107	3	498.702	12.050	.000

PA	Within Groups	6538.837	158	41.385		
	Total	8034.944	161			
Maslach Score 3: D	Between Groups	133.042	3	44.347	1.955	.123
	Within Groups	3584.100	158	22.684		
	Total	3717.142	161			

A one way between subjects ANOVA was conducted to compare the effect academic qualification has on burnout levels. There was a significant effect at the $p < .05$ level for the four conditions/status namely; $[F(3, 158) = 3.041, p = .031]$ for emotional exhaustion subscale and $[F(3, 158) = 12.050, p = .000]$ for the personal accomplishment subscale.

To begin with, I looked at the relationship between emotional exhaustion and academic qualification. A comparison of the results indicated that the mean scores for counsellors with bachelor's degrees ($M = 16.97, SD = 12.71$), counsellors with diploma ($M = 17.29, SD = 11.66$) and those with master's degrees ($M = 17.42, SD = 9.91$) were significantly different compared to counsellors who have PhD ($M = 8.40, SD = 6.67$).

These results suggest that academic qualification has a positive impact on emotional exhaustion. Counsellors who have PhD's are likely to have the least emotional exhaustion scores whereas counsellors with master's degrees are likely to have the highest emotional exhaustion scores followed by those diplomas and bachelor's degree.

Regarding the personal accomplishment scale, a comparison of the results indicated that the mean scores for counsellors with bachelor's degrees ($M = 43.95, SD = 3.6$), with master's degrees

(M= 41.64, SD= 4.3) and counsellors who have PhD (M= 45.00, SD= 3.7) were significantly different compared to counsellors with diploma (M= 35.91, SD= 11.65)

These results suggest that academic qualification has a positive impact on personal accomplishment. Counsellors with diploma are likely to have the least personal accomplishment scores whereas counsellors who have PhD are likely to have the highest personal accomplishment scores followed by those with bachelor’s degrees and master’s degrees.

Results for the depersonalisation scale indicated that the mean scores for counsellors with master’s degrees (M=5.40, SD=5.7), counsellors with bachelor’s degrees (M= 4.8, SD= 4.26) and counsellors with diploma (M= 4.90, SD= 3.4) were significantly different compared to counsellors who have PhD (M= 2.13, SD= 2.92).

These results suggest that academic qualification has a positive impact on depersonalisation scores. Counsellors who have PhD are likely to have the least depersonalisation scores whereas counsellors with master’s degrees are likely to have the highest depersonalisation scores followed those counsellors with diploma and then by those with bachelor’s degrees

5.4.2.4 Burnout and Duration of Employment

Table 5.18:

Correlation between “how long have you worked for your organisation?” and Burnout Scores

	Maslach Score 1: EE	Maslach Score 2: PA	Maslach Score 3: D	How long have you worked for your organisation
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Maslach Score 1: EE	Pearson Correlation	1	-.135	.614**	-.133
	Sig. (2-tailed)		.086	.000	.091
	N	162	162	162	162
Maslach Score 2: PA	Pearson Correlation	-.135	1	-.039	.167*
	Sig. (2-tailed)	.086		.625	.033
	N	162	162	162	162
Maslach Score 3: D	Pearson Correlation	.614**	-.039	1	-.099
	Sig. (2-tailed)	.000	.625		.209
	N	162	162	162	162
How long have you worked for your organisation	Pearson Correlation	-.133	.167*	-.099	1
	Sig. (2-tailed)	.091	.033	.209	
	N	162	162	162	162

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

A Pearson product moment correlation was computed to assess the relationship between duration of employment and burnout variables of emotional exhaustion, personal accomplishment and depersonalisation.

There was a weak correlation and no statistically significant relationship between duration of employment and emotional exhaustion $r = -.133$, $n = 162$; $p = .091$. In addition, there was a weak correlation and no statistically significant relationship between duration of employment and depersonalisation $r = -.099$, $n = 162$; $p = .209$. However, there was a positive correlation and a statistically significant relationship between duration of employment and personal accomplishment $r = .167$, $n = 162$; $p = .033$.

These results suggest that duration of employment has an impact on personal accomplishment scores but no impact on exhaustion and depersonalisation scores.

5.4.2.5 Burnout and Marital Status:

Table 5.19:

ANOVA between Marital Status and Burnout Scores

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Maslach Score 1: EE	Married	110	16.4273	11.16388	1.06443	14.3176	18.5369	0.00	40.00
	Single never married	34	16.5294	11.84300	2.03106	12.3972	20.6616	6.00	43.00
	Divorced	11	13.5455	7.54140	2.27382	8.4791	18.6118	7.00	23.00
	Widowed	7	20.8571	10.66815	4.03218	10.9907	30.7235	10.00	33.00
	Total	162	16.4444	11.05997	.86895	14.7284	18.1605	0.00	43.00
Maslach Score 2: PA	Married	110	40.9636	8.22496	.78422	39.4093	42.5179	8.00	48.00
	Single never married	34	43.2353	3.43828	.58966	42.0356	44.4350	36.00	48.00
	Divorced	11	39.2727	.46710	.14084	38.9589	39.5865	39.00	40.00
	Widowed	7	41.5714	3.73529	1.41181	38.1169	45.0260	39.00	47.00
	Total	162	41.3519	7.06445	.55504	40.2558	42.4479	8.00	48.00
Maslach Score 3: D	Married	110	5.0909	4.98538	.47534	4.1488	6.0330	0.00	16.00
	Single never married	34	4.4118	4.61301	.79112	2.8022	6.0213	0.00	14.00
	Divorced	11	1.4545	2.01810	.60848	.0988	2.8103	0.00	4.00
	Widowed	7	8.4286	2.43975	.92214	6.1722	10.6850	7.00	12.00
	Total	162	4.8457	4.80498	.37751	4.1002	5.5912	0.00	16.00

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Maslach Score 1:	Between Groups	229.027	3	76.342	.620	.603

EE	Within Groups	19464.973	158	123.196		
	Total	19694.000	161			
Maslach Score 2: PA	Between Groups	185.076	3	61.692	1.242	.297
	Within Groups	7849.868	158	49.683		
	Total	8034.944	161			
Maslach Score 3: D	Between Groups	229.374	3	76.458	3.464	.018
	Within Groups	3487.768	158	22.074		
	Total	3717.142	161			

A one way between subjects ANOVA was conducted to compare the effect marital status has on burnout scores. There was not significant effect at the $p < .05$ level for the two subscales namely: [F (3, 158) = .620, $p = .603$ for emotional exhaustion subscale, [F (3, 158) = 1.242, $p = .297$ for the personal accomplishment scale and however for the depersonalisation scale there was a significant effect as shown; [F (3, 158) = 3.464, $p = .018$].

To begin with I looked at the relationship between emotional exhaustion and marital status. A comparison of the results indicated that the mean scores for married counsellors ($M = 16.42$, $SD = 11.16$), counsellors who are single and never married ($M = 16.52$, $SD = 11.84$) were significantly different compared to counsellors who are divorced ($M = 13.54$, $SD = 7.54$) and counsellors who are widowed ($M = 20.85$, $SD = 10.66$).

These results suggest that marital status has a positive impact on emotional exhaustion. Counsellors who are divorced are likely to have the least emotional exhaustion scores whereas counsellors who are widowed are likely to have the highest emotional exhaustion scores followed by single and married counsellors.

Regarding the personal accomplishment scale; a comparison of the results indicated that the mean scores for counsellors who are single and never married ($M=43.23$, $SD=3.43$), were significantly different from married counsellors ($M=40.96$ $SD=8.22$), divorced counsellors ($M=39.27$, $SD= .467$) and widowed counsellors ($M= 41.57$, $SD= 3.73$).

These results suggest that marital status has a positive impact on personal accomplishment. Counsellors who are divorced are likely to have the least personal accomplishment scores whereas counsellors who are single never married are likely to have the highest personal accomplishment scores followed by those who are widowed and married.

Results for the depersonalisation scale indicated that the mean scores for married counsellors ($M=5.09$, $SD=4.98$), counsellors who are single and never married ($M= 4.41$, $SD= 4.61$) were significantly different compared to counsellors who are divorced ($M= 1.45.18$, $SD= 2.01$) and counsellors who are widowed ($M=8.42$, $SD 2.43$).

These results suggest that marital status has a positive impact on depersonalisation scores. Counsellors who are divorced are likely to have the least depersonalisation scores whereas counsellors who are widowed are likely to have the highest depersonalisation scores followed those who are married and then by those who are single and never married.

5.4.2.6 Burnout and Employment Status:

Table 5.20:

(a) Correlations between Employment Status and Burnout Scores

		Maslach Score 1: EE	Maslach Score 2: PA	Maslach Score 3: D	What is your current job status
Maslach Score 1: EE	Pearson Correlation	1	-.135	.614**	-.090
	Sig. (2- tailed)		.086	.000	.257
	N	162	162	162	162
Maslach Score 2: PA	Pearson Correlation	-.135	1	-.039	.041
	Sig. (2- tailed)	.086		.625	.607
	N	162	162	162	162
Maslach Score 3: D	Pearson Correlation	.614**	-.039	1	-.189*
	Sig. (2- tailed)	.000	.625		.016
	N	162	162	162	162
What is your current job status	Pearson Correlation	-.090	.041	-.189*	1
	Sig. (2- tailed)	.257	.607	.016	
	N	162	162	162	162

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

A Pearson product moment correlation was computed to assess the relationship between job status and burnout variables of emotional exhaustion, personal accomplishment and depersonalisation. There was a weak correlation and no statistically significant relationship between job status and emotional exhaustion $r = -.090$, $n = 162$; $p = .257$. In addition, there was a positive correlation and a statistically significant relationship between job status and

depersonalisation $r=-.189$, $n= 162$; $p= .016$. However, there was a weak correlation and no statistically significant relationship between job status and personal accomplishment $r= .041$, $n=162$; $p= .607$.

5.4.2.6 Burnout and Employment Status:

Table 5.21:

(b) ANOVA between Employment Status and Burnout Scores

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Maslach Score 1: EE	Working on a fixed term contract	33	20.1212	12.14176	2.11361	15.8159	24.4265	4.00	43.00
	Working on permanent or open ended contract	55	14.2000	9.30233	1.25433	11.6852	16.7148	0.00	36.00
	Self employed	45	16.4889	11.08566	1.65255	13.1584	19.8194	4.00	38.00
	Part time or locum basis	25	18.4400	11.99681	2.39936	13.4880	23.3920	3.00	40.00
	Others	4	4.0000	0.00000	0.00000	4.0000	4.0000	4.00	4.00
	Total	162	16.4444	11.05997	.86895	14.7284	18.1605	0.00	43.00
Maslach Score 2: PA	Working on a fixed term contract	33	40.9697	3.19653	.55644	39.8363	42.1031	36.00	47.00
	Working on permanent or open ended contract	55	42.5091	6.07323	.81891	40.8673	44.1509	28.00	48.00
	Self employed	45	38.8667	10.35418	1.54351	35.7559	41.9774	8.00	48.00
	Part time or locum	25	42.7200	4.17852	.83570	40.9952	44.4448	36.00	47.00

	basis								
	Others	4	48.0000	0.00000	0.00000	48.0000	48.0000	48.00	48.00
	Total	162	41.3519	7.06445	.55504	40.2558	42.4479	8.00	48.00
Maslach Score 3: D	Working on a fixed term contract	33	7.1818	6.36128	1.10736	4.9262	9.4374	0.00	16.00
	Working on permanent or open ended contract	55	4.0000	4.38432	.59118	2.8148	5.1852	0.00	16.00
	Self employed	45	4.7778	3.85468	.57462	3.6197	5.9359	0.00	14.00
	Part time or locum basis	25	4.5200	4.15452	.83090	2.8051	6.2349	0.00	12.00
	Others	4	0.0000	0.00000	0.00000	0.0000	0.0000	0.00	0.00
	Total	162	4.8457	4.80498	.37751	4.1002	5.5912	0.00	16.00

ANOVA		Sum of Squares	df	Mean Square	F	Sig.
Maslach Score 1: EE	Between Groups	1442.280	4	360.570	3.102	.017
	Within Groups	18251.720	157	116.253		
	Total	19694.000	161			
Maslach Score 2: PA	Between Groups	579.989	4	144.997	3.054	.019
	Within Groups	7454.955	157	47.484		
	Total	8034.944	161			
Maslach Score 3: D	Between Groups	316.215	4	79.054	3.649	.007
	Within Groups	3400.927	157	21.662		
	Total	3717.142	161			

A one way between subjects ANOVA was conducted to compare the effect employment status has on burnout scores. There was a significant effect at the $p < .05$ level for the four conditions/status namely: $[F(4, 157) = 3.102, p = .017]$ for emotional exhaustion subscale, $[F(4,$

157) = 3.054, $p = .019$ for the personal accomplishment scale and $[F(4, 157) = 3.649, p = .007]$ for the depersonalisation scale.

To begin with, I looked at the relationship between emotional exhaustion and employment status. A comparison of the results indicated that the mean scores for counsellors working on fixed term contracts ($M=20.12, SD=12.14$), counsellors working part time or on locum basis ($M= 18.44, SD= 11.99$) and self employed ($M= 16.48, SD= 11.08$) were significantly different compared to counsellors who are permanent or on open ended contracts ($M= 14.20, SD= 9.30$).

These results suggest that employment status has a positive impact on emotional exhaustion. Counsellors who are working on permanent contracts or open ended contracts are likely to have the least emotional exhaustion scores whereas counsellors who are working on fixed term contracts are likely to have the highest emotional exhaustion scores followed by those working part time or and those who are self employed.

Regarding the personal accomplishment scale; a comparison of the results indicated that the mean scores for counsellors working part time or on locum basis ($M=42.72, SD=4.17$), who are working on fixed term contracts ($M= 40.96, SD= 6.07$) and permanent or open ended contracts ($M= 42.50, SD= 6.07$) were significantly different compared to self employed counsellors ($M= 38.86, SD= 10.35$).

These results suggest that employment status has a positive impact on personal accomplishment. Counsellors who are self employed are likely to have the least personal accomplishment scores whereas counsellors who are working on part time contracts are likely to have the highest

personal accomplishment scores followed by those who are working on permanent contracts and then by those working on fixed term contracts.

Results for the depersonalisation scale indicated that the mean scores for self employed counsellors (M=4.78, SD=3.85), counsellors working part time or on locum basis (M= 4.52, SD= 4.15) and permanent or open ended contracts (M= 4.00, SD= 4.38) were significantly different compared to counsellors who are working on fixed term contracts (M= 7.18, SD= 6.38).

These results suggest that employment status has a positive impact on depersonalisation scores. Counsellors who are working on permanent contracts or open ended contracts are likely to have the least depersonalisation scores whereas counsellors who are working on fixed term contracts are likely to have the highest depersonalisation scores followed those who are self employed and then by those working part time.

5.4.3 Turnover Intentions.

5.4.3.1 Turnover and Age:

Table 5.22:

ANOVA between Age and Turnover Intention

Descriptives								
Turnover intention scores								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
20-29	16	42.5000	11.20714	2.80179	36.5281	48.4719	28.00	56.00
30-39	39	45.1795	11.46820	1.83638	41.4619	48.8970	24.00	62.00
40-49	64	44.9063	10.58408	1.32301	42.2624	47.5501	27.00	66.00
50-59	33	39.2727	15.57497	2.71125	33.7501	44.7954	23.00	63.00
60+	10	35.6000	14.99778	4.74271	24.8712	46.3288	23.00	57.00
Total	162	43.0123	12.49943	.98205	41.0730	44.9517	23.00	66.00

ANOVA					
Turnover intention scores					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1427.849	4	356.962	2.362	.056
Within Groups	23726.127	157	151.122		
Total	25153.975	161			

A one way between subjects ANOVA was conducted to compare the effect age has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(4, 157) = 2.362, p = .056$].

A comparison of the results indicated that the mean scores for counsellors age 50-59 ($M=39.00, SD=15.57$) and counsellors aged above 60 ($M= 35.60, SD= 14.99$) were significantly different compared to counsellors who are aged 20-29 ($M= 42.5, SD= 11.2$), counsellors aged 30-39 ($M= 45.17, SD= 11.46$), and counsellors aged 40-49 ($M= 44.90, SD= 10.58$).

These results suggest that age has a positive impact on turnover intention. Counsellors who are aged 30-39 are likely to have higher turnover intention scores compared to other age groups.

5.4.3.2 Turnover and Gender:

Table 5.23:

Independent samples T-Test between gender and Turnover Intention

Group Statistics				
Sex of participant	N	Mean	Std. Deviation	Std. Error Mean

Turnover intention score	Male	58	41.3103	10.80482	1.41874					
	Female	103	44.0194	13.35854	1.31626					
		Levene's Test for Equality of Variances		T-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Turnover intention Score	Equal variances assumed	4.966	.027	-1.320	159	.189	-2.70907	2.05258	-6.76292	1.34477
	Equal variances not assumed			-1.400	139.570	.164	-2.70907	1.93529	-6.53535	1.11721

An independent-samples t-test was conducted to compare turnover scores between male and female counsellors. There was a significant difference in the scores for males (M=41.31, SD= 10.80) and scores for females (M=44.01, SD= 13.35) conditions; $t(159) = 1.320$, $p=.189$. These results suggest that gender does have an influence on turnover intention scores. Specifically Women have higher turnover intention than men however the difference is not statistically significant.

5.4.3.3 Turnover and Marital status:

Table 5.24:

ANOVA between Marital Status and Turnover Intention

Descriptives								
Turnover intention Scores								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		

Married	110	42.8091	13.05071	1.24434	40.3429	45.2753	23.00	66.00
Single never married	34	46.3235	10.38566	1.78113	42.6998	49.9473	27.00	62.00
Divorced	11	32.4545	4.98726	1.50371	29.1041	35.8050	27.00	39.00
Widowed	7	46.7143	13.42528	5.07428	34.2980	59.1306	29.00	59.00
Total	162	43.0123	12.49943	.98205	41.0730	44.9517	23.00	66.00
ANOVA								
Turnover Intention Score								
	Sum of Squares	df	Mean Square	F	Sig.			
Between Groups	1699.387	3	566.462	3.816	.011			
Within Groups	23454.588	158	148.447					
Total	25153.975	161						

A one way between subjects ANOVA was conducted to compare the effect marital status has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(3, 158) = 3.82, p = .011$].

A comparison of the results indicated that the mean scores for single never married ($M = 46.32, SD = 10.38$) and widowed ($M = 46.71, SD = 13.42$) were significantly different compared to counsellors who are divorced ($M = 32.45, SD = 4.98$) and married counsellors ($M = 42.81, SD = 13.05$). These results suggest that marital status has a positive impact on turnover intention. Counsellors who are single never married and those who are widowed are likely to have higher turnover intention scores.

5.4.3.4 Turnover and Academic Qualification:

Table 5.25:

ANOVA between “What is your highest academic qualification?” and the Turnover Intention Scores

Descriptives								
Turnover Intention Score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Diploma	34	47.0588	13.30058	2.28103	42.4180	51.6996	27.00	66.00
Bachelor's degree	42	41.4286	11.42557	1.76300	37.8681	44.9890	23.00	63.00
Master's degree	71	44.6056	11.55667	1.37152	41.8702	47.3411	24.00	64.00
PhD	15	30.7333	10.38864	2.68233	24.9803	36.4864	23.00	47.00
Total	162	43.0123	12.49943	.98205	41.0730	44.9517	23.00	66.00

ANOVA					
Turnover intention Score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3103.916	3	1034.639	7.414	.000
Within Groups	22050.059	158	139.557		
Total	25153.975	161			

A one way between subjects ANOVA was conducted to compare the effect academic qualification has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(3, 158) = 7.41, p = .000$].

A comparison of the results indicated that the mean scores for counsellors with diplomas ($M=47.06, SD=13.30$), bachelor's degrees ($M= 41.42, SD= 11.42$ and master's degrees ($M=$

44.60, SD= 11.55) were significantly different compared to counsellors who have PhD's (M= 30.73, SD= 10.38).

These results suggest that academic qualification has a positive impact on turnover intention. Counsellors who hold PhD's are likely to have the least turnover intention scores whereas counsellors with diplomas are likely to have the highest turnover intentions scores followed by masters and bachelors degree holders.

5.4.3.5 Turnover and Duration of Employment:

Table 5. 26:

Correlation between “how long have you worked for your organisation” and Turnover Intention Scores

		How long have you worked for your organisation	Turnover Score
How long have you worked for your organisation	Pearson Correlation	1	-.001
	Sig. (2-tailed)		.986
	N	162	162
Turnover Score	Pearson Correlation	-.001	1
	Sig. (2-tailed)	.986	
	N	162	162

A Pearson product moment correlation was computed to assess the relationship between duration of employment and turnover intention. There was a weak negative correlation and no statistically significant relationship between the two variables. $r = -.001$, $n = 162$; $p = .986$. These

results suggest that duration of employment has an impact on turnover intention; the more years the counsellors works the less the turnover intentions scores.

5.4.3.6 Turnover and Employment Status:

Table 5.27:

ANOVA between “what is your current job status” and Turnover Intention Scores

Descriptives								
Turnover intention Scores								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Working on a fixed term contract	33	45.4848	13.82055	2.40585	40.5843	50.3854	23.00	63.00
Working on permanent or open ended contract	55	44.4545	11.56114	1.55890	41.3291	47.5800	23.00	64.00
Self employed	45	40.2444	12.34201	1.83984	36.5365	43.9524	23.00	66.00
Part time or locum basis	25	44.1200	11.91050	2.38210	39.2036	49.0364	28.00	60.00
Others	4	27.0000	0.00000	0.00000	27.0000	27.0000	27.00	27.00
Total	162	43.0123	12.49943	.98205	41.0730	44.9517	23.00	66.00

ANOVA					
Turnover intention Scores					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1717.145	4	429.286	2.876	.025
Within Groups	23436.830	157	149.279		
Total	25153.975	161			

A one way between subjects ANOVA was conducted to compare the effect employment status has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(4, 157) = 2.87, p = .025$].

A comparison of the results indicated that the mean scores for counsellors working on fixed term contracts ($M = 45.48, SD = 13.82$), permanent or open ended contracts ($M = 44.45, SD = 11.56$) and counsellors working part time or on locum basis ($M = 44.12, SD = 11.91$) were significantly different compared to counsellors who are self employed ($M = 40.24, SD = 12.34$).

These results suggest that employment status has a positive impact on turnover intention. Counsellors who are self employed are likely to have the least turnover intention scores whereas counsellors who are working on fixed term contracts are likely to have the highest turnover intentions scores followed by those working on permanent or open contracts and those working part time.

5.5 Primary Research Objective 3: What is the predictive value of self-esteem and burnout on employee turnover intention?

Table 5.28:

Correlation between self-esteem, burnout and turnover intention scores

		Rosenberg self-esteem Score	Maslach Score 1: EE	Maslach Score 2: PA	Maslach Score 3: D	Turnover Score
Rosenberg self-esteem Score	Pearson Correlation	1	-.224**	.038	-.135	-.151
	Sig. (2-tailed)		.004	.629	.086	.055
	N	162	162	162	162	162
Maslach Score 1: EE	Pearson Correlation	-.224**	1	-.135	.614**	.413**
	Sig. (2-	.004		.086	.000	.000

	tailed)					
	N	162	162	162	162	162
Maslach Score 2: PA	Pearson Correlation	.038	-.135	1	-.039	-.281**
	Sig. (2- tailed)	.629	.086		.625	.000
	N	162	162	162	162	162
Maslach Score 3: D	Pearson Correlation	-.135	.614**	-.039	1	.325**
	Sig. (2- tailed)	.086	.000	.625		.000
	N	162	162	162	162	162
Turnover Score	Pearson Correlation	-.151	.413**	-.281**	.325**	1
	Sig. (2- tailed)	.055	.000	.000	.000	
	N	162	162	162	162	162

** . Correlation is significant at the 0.01 level (2-tailed).

A Pearson product moment correlation was computed to assess the relationship between turnover intentions scores, the self-esteem scale scores and the burnout scales. There was a weak negative correlation and no statistically significant relationship between the Rosenberg self-esteem scores and turnover intentions scores [$r = -.151, n=162; p.055$].

On the other hand, there was a moderately strong positive correlation and a statistically significant relationship between emotional exhaustion subscale and turnover intention scores [$r = .413, n=162; p.000$]. These results suggest an increase in emotional exhaustion scores is correlated with increases in the turnover intention scores.

In addition, there was a negative correlation and statistically significant relationship between personal accomplishment subscale and turnover intention scores [$r = -.281, n=162; p.000$]. These results suggest an increase in the personal accomplishment subscale scores are correlated with decreases in the turnover intention scores.

Table 5.29:
Multiple Regressions between Self-esteem, Burnout and Turnover Intention.
Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.486 ^a	.236	.217	11.06199

a. Predictors: (Constant), Maslach Score 3: D, Maslach Score 2: PA, Rosenberg Score, Maslach Score 1: EE

ANOVA a

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	5942.269	4	1485.567	12.140	.000 ^b
Residual	19211.706	157	122.368		
Total	25153.975	161			

a. Dependent Variable: Turnover Intention Score

b. Predictors: (Constant), Maslach Score 3: D, Maslach Score 2: PA, Rosenberg Score, Maslach Score 1: EE

Coefficients^a

Model		Unstandardized Coefficients		Standardised Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	56.414	6.894		8.183	.000	42.797	70.030
	Rosenberg Score	-.143	.170	-.060	-.840	.402	-.479	.193
	Maslach Score 1: EE	.324	.103	.286	3.158	.002	.121	.526
	Maslach Score 2: PA	-.415	.125	-.235	-3.329	.001	-.662	-.169
	Maslach Score 3: D	.343	.230	.132	1.492	.138	-.111	.798

a. Dependent Variable: Turnover Intention Score

A multiple regression was run to predict turnover intention from levels of burnout and self-esteem scores results as shown in Table 5.29. The multiple regression model with all four predictors produced $R^2 = .236$, $(4, 157) = 12.140$, $p < .000$. These variables statistically significantly predicted turnover intention as can be seen in Table 5.29; the emotional exhaustion subscale had significant positive regression weights and the personal accomplishment subscale had significant negative regression weights, indicating that counsellors with higher scores on these subscales were expected to have higher scores on the turnover intention scale after controlling for the other variables in this model.

From the above analysis, the results indicate that Self-esteem has weak correlations with burnout and turnover respectively. However turnover intentions and burnout have moderate correlation. This means that the association between burnout and turnover is highly statistically significant. The higher the level of burnout the more an employee is likely to quit. On the other hand, there was no significant association between self-esteem and turnover intention due to a weak negative association.

Table 5.30:

Predictive value of Self-esteem and Burnout on Employee Turnover Intention

Regression Estimates

	Estimate	95% C.I
Self-esteem	- 0.13	(- 0.46 – 0.19)
Burn out	0.35	(0.24 – 0.45)***

***P<.001; C.I=Confidence Level.

This means that the association between burnout and turnover is highly statistically significant. The higher the level of burnout the more an employee is likely to quit. On the other hand, there

was no significant association between self-esteem and turnover intention due to a weak negative association.

Associations between the background variables (age, gender, marital status and highest academic qualification), turnover intentions, personal self-esteem and employee burnout are presented in Table 5.30.

Table 5.31:
Multivariate Regression Estimates

	Turnover intentions		Self-esteem		Burn out	
	Estimate	95% C.I	Estimate	95% C.I	Estimate	95% C.I
Age						
20 – 29 #						
30 – 39	8.24*	(1.36-15.11)	2.73	(-0.17-5.62)	5.89	(-2.80-14.6)
40 – 49	6.78*	(0.47-13.08)	0.36	(-2.29-3.02)	-12.95**	(-20.93-(-4.97))
50 – 59	3.77	(-3.53-11.08)	-0.90	(-3.98-2.18)	-17.16***	(-26.4-(-7.91))
60+	-3.49	(-12.66-5.67)	0.86	(-4.71-3.00)	-23.97***	(-35.57-(-12.38))
Gender						
Male#						
Female	7.69***	(3.68-11.72)	2.84**	(1.15-4.54)	10.83***	(5.74-15.92)
Marital Status						
Married#						
Single	3.03	(-1.53-7.6)	2.11*	(0.19-4.03)	-9.04**	(-14.82-(-3.26))
Divorced	-17.11***	(-24.22-(-10))	5.42***	(2.43-8.42)	-6.67	(-15.67-2.33)
Widowed	4.95	(-3.71-13.62)	2.92	(-0.73-6.57)	13.63*	(2.66-24.59)
Education Level						
Diploma#						
First Degree	-6.95**	(-12.06-(-1.85))	2.76*	(0.61-4.91)	-7.91*	(-14.38-(-1.45))
Master's	-1.72	(-6.46-3.01)	2.58*	(0.59-4.58)	-5.75	(-11.74-0.24)
PhD	-16.32***	(-23.24-(-9.41))	8.83***	(5.92-11.74)	-17.26***	(-26.01-(-8.51))

*P<.05; **P<.01; ***P<.001; = reference level; C.I=Confidence Level.

Turnover intentions and burnout have significant association with age, gender, marital status and education level. On the other hand, self-esteem has significant association with gender, marital status and education level.

5.6 Summary

This chapter focused on the quantitative aspect of the study. The results of the background variables, the measures of self-esteem, burnout and turnover intention have been highlighted. In addition, the relationship of the variables has been explored.

Regarding the background variables, according to the results, female respondents were 63.6 percent, male respondents were 35.8 percent and one respondent indicated saying they were transsexual. Regarding the counsellors age, the age range of 40-49 had the highest frequency of 39.5 percent, followed by 30-39, which had a frequency 24.15, then 50-59 which had a frequency of 20.4 percent and then 20-29, which had a frequency of 16.9 percent and finally 60 and above which had a frequency of 6.2 percent. When it comes to the counsellor's job status; counsellors working on permanent/open contracts were highest at 34 percent followed by those self employed at 27.85 percent then those working on fixed term contracts at 20.4 percent, followed by those working part time or on locum basis at 5.4 percent and others at 2.5 percent.

Concerning the counsellor's academic qualifications; counsellors with a master's degree were the highest frequency 43.8 percent followed by those with a bachelor's degree at 25.9 percent, then diploma at 21 percent and PhD at 9.3 percent. The participants were asked to indicate their marital status. 67.95 percent of the participants are married, followed by those single and never married at 21 percent. 6.8 percent indicated they are divorced and 4.3 percent indicated that they are divorced.

Statistical analysis was carried out to measure the relationship of the background variables and the measures of self-esteem, burnout and turnover intention. Statistically significant relationship

was found between self-esteem and age, gender, marital status, duration of work, academic qualification and job status.

Analysis carried out to measure the relationship of the background variables and burnout indicates that the emotional exhaustion subscale has statistically significant relationships with age, academic qualification; marital status and employment status. Regarding the depersonalisation subscale, results indicate a statistically significant relationship with age, gender, marital status and employment status. The analysis for the personal accomplishment subscale indicates a statistically significant relationship with gender, academic qualification, marital status, duration of employment and employment status.

The results for the statistical analysis carried out to measure the relationship of the background variables and turnover intention indicate a statistically significant relationship between turnover intention and age, marital status, highest academic qualification of participant and employment status.

Regarding the relationship of the self-esteem, burnout and turnover intention scores; a statistically significant relationship was found between turnover intention and burnout and but not between turnover intention and self-esteem.

CHAPTER SIX: QUALITATIVE DATA ANALYSIS

6.1 Introduction

This chapter is a presentation of the qualitative results. The qualitative results focus on the following: background variables, reported meanings of self-esteem, burnout and their relationship with turnover intentions.

6.2 Demographic Characteristics of the Participants

The focus group consisted of 23 counsellors. Regarding the demographics for the group discussion, the participants did not discuss with nor announce to the other group members, instead they wrote their responses on the paper questionnaire provided. The responses are presented in Tables 6.1, 6.2, 6.3, and 6.4.

Table 6.1:
Age Group of Participants

	Frequency	Percent
20-29	3	13.0
30-39	7	30.4
40-49	10	43.5
50-59	3	13.0
Total	23	100.0

Age category frequencies are displayed in Table 6.1. The survey sample was distributed over the ages of 20 to 59. The participants were asked to indicate the age group that they fell in as follows; 20-29, 30-39, 40-49, 50-59, and 60 plus. The age range of 40-49 had the highest frequency of 43.5 percent compared to 39.5 percent for the quantitative part of the study, followed by 30-39 which had a frequency of 30.4 percent compared to 24.15, then 50-59 which

had a frequency of 13 percent compared to 20.4 percent and then 20-29 which had a frequency of 13 percent compared to 9.9 percent for the quantitative part of the study.

Table 6.2:
Sex of Participant

	Frequency	Percent
Female	17	73.9
Sex Male	6	26.1
Total	23	100.0

Gender category frequencies are displayed in Table 6.2. Female respondents were 73.9 percent, male respondents were 26.1 percent in comparison to the quantitative part of the study where female respondents were 63.6 percent, male respondents were 35.8 percent and one respondent indicated saying they were transsexual.

Table 6.3:
Highest Academic Qualification

	Frequency	Percent
Diploma	7	30.4
Academic Bachelor's degree	12	52.2
qualification Master's degree	4	17.4
Total	23	100.0

Highest academic qualifications category frequency is displayed in Table 6.3. Counsellors with a bachelor's degree were the highest frequency 52.2 percent followed by those with diploma at 30.4 percent, then master's degree 17.4 percent. There was no participant with a PhD, this could be attributed to their busy schedules and hence could not find time to attend the focus group discussion. In contrast to the quantitative part of the study whereby counsellors with a master's

degree were the highest frequency 43.8 percent followed by those with bachelor's degree at 25.9 percent, then diploma at 21 percent and PhD at 9.3 percent.

Table 6.4:
Current Job Status

JOB STATUS	Frequency	Percent
Working on a fixed term contract	2	8.7
Working on permanent or open ended contract	8	34.8
Self employed	9	39.1
Part time or locum basis	4	17.4
Total	23	100

Current job status category frequencies were displayed in Table 6.4. Self employed counsellors were highest at 39.1 percent followed by those working on permanent/open contracts at 34.8 percent then by those working part time or on locum basis at 17.4 percent and those working on fixed term contracts at 8.7 percent.

6.3 Themes and Subthemes Extrapolated from the Focus Group Interview

6.3.1 Secondary research objective 1: What are the personal experiences of dealing with low self-esteem, high burnout and employee turnover intentions?

Participants were asked if they had ever thought changing jobs since employee turnover is the main variable of the study. The responses are presented in table 6.5. 60.9 percent responded 'yes' and 39.1 percent said 'no'.

Table 6.5:
Frequency of Changing Jobs

	Frequency	Percent
Yes	14	60.9
No	9	39.1
Total	23	100.0

6.3.1.1 Reasons for Job Change.

Three themes emerged from participants' responses/narratives namely; diversification reasons, growth and development reasons; remunerative and benefits reasons. The table below elaborates the themes and subthemes.

Table 6.6:
Reasons for Job Change

Themes and Subthemes	Elaboration on Themes
<p>Diversification Reasons</p> <ul style="list-style-type: none"> • Career change • Seeking and Yearning a Different Opportunity 	<p><u>Diversification Reasons</u></p> <p>The theme 'diversification reasons' refers to job changes associated with introduction or responding to a variety of options or lack of. The theme is derived from the participant's verbatim responses.</p> <p>Sentences, expressions and descriptions from participant's responses referring to career change, seeking and yearning for different opportunities were included in this criterion.</p> <ul style="list-style-type: none"> • Career Change

Career change in this study is referred to as progression of one's working or professional life. The subtheme is derived from participants 2, 5, 13, and 21.

Participant 2 stated "*Career change*"

Participant 5 reported: "*My life experiences have influenced this*"

Participant 13 shared: "*I have never thought of changing jobs since I entered the counselling profession. I enjoy my work*".

Participant 21. "*No. counselling job is the best, it gives me satisfaction*"

- **Seeking and Yearning a Different Opportunity**

'Seeking and yearning for different opportunities' in this study refers to those reasons 'that involve searching for or gaining favourable possibilities, or moving away from unfavourable possibilities. This subtheme is derived from responses of participant 4, 9, 10, 12, 14, 15, 21 and 23.

Participant 9 stated: "*Greener pastures.*"

Participant 12 expressed: "*I feel there is a lot of expertise*

	<p><i>required with too few resources.”</i></p> <p>Participant 4 expressed: <i>“I want to do more research”</i></p> <p>Participant 14 expressed: <i>“I want to teach more.”</i></p> <p>Participant 15 stated: <i>“Insecurity and new opportunities.”</i></p> <p>Participant 10 expressed: <i>“Not really changing but diversifying to other fields.”</i></p> <p>Participant 23 opined: <i>“This depends on available opportunities.”</i></p> <p>Participant 21 expressed: <i>“Though I enjoy training counsellors than practicing addictions counselling.”</i></p>
<p>Growth and Development Reasons</p> <ul style="list-style-type: none"> • Striving for career growth • Dealing with job and career dissatisfaction • Improvement in life skills 	<p>The theme of ‘growth and development reasons’ was derived from responses that covered overall progression and improvement reasons. Sentences and expressions referring to ‘dealing with job and career dissatisfaction,’ ‘striving for career growth’ and ‘improvement in life skills’ was included in this criterion.</p> <ul style="list-style-type: none"> • Dealing with Job and Career Dissatisfaction <p>The subtheme of ‘dealing with job and career dissatisfaction’ was derived from responses that expressed discontent,</p>

	<p>displeasure and frustration with ones occupation, occupational setting and occupational progress. This subtheme is derived from responses of participants 2, 6, 7, 10, 11, 17, 19, 20, and 23.</p> <p>Participant 2 stated: <i>“Too much pressure not commensurate with remuneration.”</i></p> <p>Participant 6 stated: <i>“Discord with management.”</i></p> <p>Participant 7 stated: <i>“Dissatisfaction in the current jobs.”</i></p> <p>Participant 10 expressed: <i>“I always felt as if handling clients was difficult and I was not really cut off for the job.”</i></p> <p>Participant 11 expressed: <i>“I didn’t feel motivated and felt lost within the counselling department.”</i></p> <p>Participant 17 stated: <i>“Lack of challenges.”</i></p> <p>Participant 19 stated: <i>“Lack of team work.”</i></p> <p>Participant 20 expressed: <i>“Lack of upward mobility in addiction counselling field.”</i></p> <p>Participant 23 stated: <i>“Monotony.”</i></p>
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	<ul style="list-style-type: none"> • Striving for Career Growth <p>The subtheme of ‘striving for career growth’ refers to responses that expressed professional and occupational progression and improvement. This subtheme is derived from responses of participants 3 and 5</p> <p>Participant 3 stated: “<i>Career growth</i>”</p> <p>Participant 5 stated: “<i>Desire for career progression and autonomy</i>”</p> <p>Improvement in Life Skills</p> <p>The subtheme ‘improvement in life skills’ refers to responses that expressed deficits in skills needed in daily life. This subtheme is derived from responses of participant 1.</p> <p>Participant 1 stated: ‘<i>Poor costly decision making skills.</i>’</p>
<p>Remunerative and Benefit Reasons</p> <ul style="list-style-type: none"> • Finance factors • Dealing with workplace grievances 	<p>The theme of ‘remunerative and benefits factors’ was derived from responses that made reference to or involved money being spent or paid to the counsellors. In addition, they referred to the responses that elicited aspects that assist or promote the well being of the counsellors. Sentences and expressions covered two subthemes namely: ‘finance factors’</p>

and ‘dealing with workplace grievances’

- **Finance Factors**

Finance factors were derived from responses that made reference to or mentioned or involved the obtaining of or expenditure of money.

Participant 1 stated: *“Benefits.”*

Participant 8 expressed: *“Due to financial constraints leading to not meeting obligations.”*

Participant 18 reported: *“Lack of sufficient monetary compensation.”*

Participant 22 stated: *“Medical insurance.”*

Participant 13 stated: *“Poor pay.”*

- **Dealing with Workplace Grievances**

The subtheme of ‘dealing with workplace grievances’ was derived from responses that expressed current complaints and concerns emanating from the workplace.

Participant 21 stated: *“Managing a 24 hour helpline.”*

	<p>Participant 6 stated: <i>“No enough time for rest.”</i></p> <p>Participant 3 expressed: <i>“Poor management practices.”</i></p> <p>Participant 14 sated: <i>“Recalls from leave.”</i></p> <p>Participant 18 expressed: <i>“Working with lazy colleagues”</i></p>
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6.3.1.2 Feelings about Self-esteem.

Three themes emerged from participants’ responses/narratives namely: feelings of self-worth, global self-esteem and self-evaluations. The table below elaborates the themes and subthemes.

Table 6.7:
Feelings about Self-esteem

Themes and Subthemes	Elaboration on Themes
<p>Feelings of Self Worth</p> <ul style="list-style-type: none"> • Worthiness based self-esteem 	<p>The theme of ‘feelings of self-worth’ was derived from responses that depicted perceptions of self as <i>desirable, valuable or useful</i>. Sentences, expressions and descriptions from participant’s responses referring to worthiness based self-esteem were included in this criterion</p> <ul style="list-style-type: none"> • Worthiness based Self-esteem <p>The subtheme of the ‘worthiness based self-esteem’ was derived from participants 2, 15, 20, 21, and 22. In this thesis, worthiness based self-esteem refers to expressions, words and statements expressing merit and value about self.</p>

	<p>Participant 2 stated that: <i>“I am happy and I think what I do boosts my self-esteem because am confident in what I do.”</i></p> <p>Participant 15 expressed that: <i>“I admire my self-image, myself-worth and in turn, they boost my self-esteem.”</i></p> <p>Participant 20 stated that: <i>“Very okay, at peace with me.”</i></p> <p>Participant 21 stated that: <i>“Well controlled.”</i></p> <p>Participant 22 stated that: <i>“Well grounded.”</i></p>
<p>Global Self-esteem</p> <ul style="list-style-type: none"> • High Self-esteem • Low Self-esteem 	<p>The theme of global self-esteem was depicted by <i>overall</i> evaluation of self. Sentences, expressions and descriptions from participant’s responses referring to high self-esteem and low-self-esteem were included in this criterion.</p> <ul style="list-style-type: none"> • High Self-esteem <p>The subtheme of ‘high self-esteem’ was derived from participants 3, 4, 5, 7, 8, 12, 17, 18 and 19. It refers to expressions, words and statements referring to ‘feelings of high regard’</p> <p>Participant 3 stated that: <i>“I am ok.”</i></p> <p>Participant 4 expressed that: <i>“I am spiritual, my self-esteem</i></p>

	<p><i>is above average.</i>”</p> <p>Participant 5 stated that: <i>“Content with my self-esteem.”</i></p> <p>Participant 7 reported that: <i>“Feeling good about myself 8/10.”</i></p> <p>Participant 8 stated that: <i>“Good actually for now.”</i></p> <p>Participant 19 expressed that: <i>“Spiritually my self-esteem is above average.”</i></p> <p>Participant 18 stated: <i>“Pretty good.”</i></p> <p>Participant 17 expressed: <i>“My self-esteem is high and I am okay with it.”</i></p> <p>Participant 13 stated: <i>“High.”</i></p> <p>Participant 12 declared that: <i>“Have high self-esteem.”</i></p> <p>Participant 11 stated: <i>“Happy about me.”</i></p> <p>Participant 10 expressed that: <i>“Good but fluctuate from time to time.”</i></p> <p>Participant 1 expressed: <i>“I have high self-esteem”</i></p>
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	<ul style="list-style-type: none"> • Low Self-esteem <p>The subtheme of low self-esteem was derived from participants 6, 23, and 16. It refers to expressions, words and sentences that indicated feelings of ‘low regard with self.’</p> <p>Participant 6 expressed: <i>“Dissatisfied and impatient at times.”</i></p> <p>Participant 23 stated: <i>“Engage in negative self talk, unresolved conflicts about the past.”</i></p> <p>Participant 16 stated: <i>“It is low.”</i></p>
<p>Self Evaluations</p> <ul style="list-style-type: none"> • Competence based Self-esteem • Knowledge based Self-esteem 	<p>The theme of self-evaluations was depicted by responses that presented <i>perceptions of assessment</i> of self. Sentences, expressions and descriptions from participant’s responses referring to competence based esteem and knowledge based self-esteem were included in this criterion.</p> <ul style="list-style-type: none"> • Competence Based Self-esteem <p>The subtheme of competence based self-esteem refers to perceptions of being <i>capable</i>. This was derived from participants 8, 9 and 16.</p> <p>Participant 8 stated that: <i>“Fine with perception of self.”</i></p>

	<p>Participant 9 expressed that: <i>“My self-esteem is above average most of the time. There are few moments of lows though.”</i></p> <p>Participant 16 stated that: <i>“Reasonably acceptable”</i></p> <ul style="list-style-type: none"> • Knowledge based Self-esteem <p>The subtheme of knowledge based self-esteem refers to perceptions of being <i>motivated</i>. This was derived from participants 4 and 14.</p> <p>Participant 4 narrated that: <i>“I am highly motivated with a high level of level of self-esteem. It has developed over time as I have grown to understand myself better.”</i></p> <p>Participant 14 stated that: <i>“High enough to encourage good performance of duties”</i></p>
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6.3.1.3 Description of Incidents: Burnout

Three themes emerged from participants’ responses/narratives namely: exhaustion, work settings and characteristics, and sources of stress. The table below elaborates the themes and subthemes.

Table 6.8:
Incidents of Burnout

Themes and subthemes	Elaboration on themes
Exhaustion	The theme of ‘exhaustion’ was depicted by responses that

<ul style="list-style-type: none"> • Emotional Consequences • Physical Consequences • No Rest 	<p>presented <i>fatigue</i> arising from the workplace. Sentences, expressions and descriptions from participant’s responses referring to emotional consequences, physical consequences and no rest were included in this criterion</p> <ul style="list-style-type: none"> • Emotional Consequences <p>The subtheme of emotional consequences was derived from responses and narratives that <i>pertained to or affected</i> by emotions. Participants 11, 12, 13 and 22 shared this subtheme.</p> <p>Participant 11 narrated: “<i>Fatigue, tiredness and restlessness. This came as a result of high octane awareness and marketing plus outreach programmes we usually engage in periodically</i>”</p> <p>Participant 12 reported: “<i>Feel easily irritated and unsettled; burnout due to working constantly.</i>”</p> <p>Participant 13 stated: “<i>Feeling depressed and loss of interest in my career, almost thought of quitting.</i>”</p> <p>Participant 22 stated: “<i>Not able to wrap my mind around issues.</i>”</p>
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- **Physical Consequences**

The subtheme of physical consequences was derived from responses that indicated or implied physiological effects on the body. Participants 6 and 14 shared this subtheme.

Participant 6 stated that: *“A situation where my energy was diminished; physically, psychologically and emotionally.”*

Participant 14 expressed that: *“Feeling tired all the time”*

- **No Rest**

Participants 6,8,20 and 21 shared the subtheme of ‘No rest’. ‘No rest’ was derived from responses that indicated the counsellors working without taking breaks from activities.

Participant 6 reported: *“Working for four years straight without annual leave, supervision and therapy.”*

Participant 8 reported: *“Concerns of working long hours without taking a break led to me losing interest with my clients.”*

Participant 20 reported: *“No leave for many years, no actual leave, even though days were taken.”*

	<p>Participant 21 stated that: <i>“When I see clients without rest and support, I get fatigue and sometimes I don’t want to go to work, wake up or even talk to anybody. I feel angry and exhausted.”</i></p>
<p>Work Settings and Characteristics</p> <ul style="list-style-type: none"> • Organisational Factors, • Personal Challenge • Affective Consequences • Work Related Factors 	<p>The theme of ‘work settings and characteristics’ was depicted by responses that presented <i>contexts and attributes</i> from the workplace. Sentences, expressions and descriptions from participants’ responses referring to organisational factors, personal challenges, affective consequences and work related factors were included in this criterion.</p> <ul style="list-style-type: none"> • Organisational Factors <p>The subtheme of organisational factors refers to issues emanating of or relating to an organisation. Participants 4, 7, 13, 15 and 17 shared this subtheme.</p> <p>Participant 4 reported that: <i>“When I feel low or stressed out I share with a supervisor or other trusted counsellor. Most of the time, they are issues related to work.”</i></p> <p>Participant 17 stated: <i>“Lack of supervision.”</i></p> <p>Participant 7 reported that: <i>“Poor pay coupled with heavy workload and the lack of support from management.”</i></p>

	<p>Participant 15 stated: <i>“Too much bureaucracy.”</i></p> <p>Participant 13 reported: <i>“Working in two institutions at the same time.”</i></p> <ul style="list-style-type: none">• Personal Challenge <p>The subtheme of personal challenge refers to issues concerning individual challenges. Participant 2 shared this subtheme.</p> <p>Participant 2 reported: <i>“Not being able to take up responsibility”</i></p> <ul style="list-style-type: none">• Affective Consequences <p>The subtheme of affective consequences refers to emotional outcomes brought about by the <i>impact of work</i>. Participant 1 and 5 shared this subtheme.</p> <p>Participant 5 narrated: <i>“3 years while working in a drug treatment centre as a psychologist. I started feeling tired physically and emotionally, less caring for the clients and cynical. Reasons include too much work, lack of satisfaction, inconsistent work schedule and emotional fatigue.”</i></p> <p>Participant 1 narrated: <i>“I had more than 20 clients in a week</i></p>
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with lots of crisis interventions. Being the only counsellor, I felt that it was my obligation to do this without any break. By the end of the week, I was so sick, feeling tired, my short term memory was lost and was having insomnia.”

Work Related Factors

The subtheme of work related factors refers to the causes derived from *work settings* and *work place procedures*. Participants 2, 3, 4, 9, 15, 17, 18, and 19 shared this subtheme.

Participant 2 narrated: *“I was working double shifts. I was disappointed by the work I do. I expected success, and unfortunately it did not work out well.”*

Participant 3 reported: *“Long hours.”*

Participant 15 reported: *“High workload”*

Participant 19 stated: *“Monotony of jobs, redundancies and lack of creativity.”*

Participant 4 stated: *“Overworking, taking too many tasks.”*

Participant 18 stated: *“Too much work being a tele*

	<p><i>counsellor is sometimes overwhelming with too many calls.”</i></p> <p>Participant 17 stated: <i>“Working long hours without breaks.”</i></p> <p>Participant 9 reported: <i>“Working on days meant to be rest days”</i></p>
<p>Source of Stress</p> <ul style="list-style-type: none"> • Client Induced Factors • Loss and Grief • Interpersonal Factors 	<p>The theme ‘source of stress’ was derived from responses that implied emanating from or causing emotional strain or emotional tension. Expressions, sentences and descriptions from participant responses referring to client induced factors, loss and grief and interpersonal factors were included in this criterion.</p> <ul style="list-style-type: none"> • Client Induced Factors <p>The subtheme of client-induced factors refers to the causes elicited by interactions of the client with the counsellors. .</p> <p>Participants 7, 9, 10, and 16 shared this subtheme.</p> <p>Participant 7 stated that: <i>“Client plus administrative issues combined”</i></p> <p>Participant 9 reported that: <i>“Dealing with patients, parents and staff issues.”</i></p> <p>Participant 10 stated that: <i>“Experiencing difficult clients.”</i></p>

	<p>Participant 16 stated that: <i>“HIV testing and counselling, and getting positive clients.”</i></p> <ul style="list-style-type: none"><li data-bbox="695 380 1040 415">• Interpersonal Factors <p>The subtheme of interpersonal factors was derived from responses that talked about interactions with family members. Participant 21 shared this subtheme.</p> <p>Participant 21 stated that: <i>“No quality time for family and children.”</i></p> <ul style="list-style-type: none"><li data-bbox="695 932 948 968">• Loss and Grief <p>The subtheme of loss and grief refers to the causes derived from reactions on the losses the counsellor has gone through. Participants 11 and 18 shared this subtheme.</p> <p>Participant 18 narrated that: <i>“Loss of a loved made me feel burnout. The insecurity of failing to deliver in terms of counselling, and also meeting my goals and objectives in life both spiritually and professionally.”</i></p> <p>Participant 11 stated: <i>“Recent loss of father.”</i></p>
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6.3.2 Secondary research objective 2: What are the common cultural and institutional factors that lead to low self-esteem, high burnout and employee turnover intentions?

6.3.2.1 Cultural and Institutional Factors that lead to High Burnout, Low Self-esteem and Employee Turnover Intentions

Two major themes emerged from participant’s responses/narratives namely responsive factors and generic factors. The table below elaborates the themes and subthemes.

Table 6.9:
Cultural and Institutional Factors

Themes and Subthemes	Elaboration on Themes
<p>Responsive Factors</p> <ul style="list-style-type: none"> • Aspirations • Chronic Disease • Feedback • Norms • Rewards • Workplace issues 	<p>The theme of ‘responsive factors’ in this study referred to those causes that involved reactions to eliciting issues. Expressions and statements by the participants referring to aspirations, chronic disease, feedback, norms, rewards and benefits were included in this criterion.</p> <ul style="list-style-type: none"> • Aspirations <p>The subtheme of ‘aspirations’ referred to responses that mentioned cherished desires. Participant 11 shared this subtheme.</p> <p>Participant 11 stated: <i>“The demand rate of the goals and objectives in life.”</i></p> <ul style="list-style-type: none"> • Chronic Disease

The subtheme of ‘chronic disease’ referred to responses that mentioned recurrent illness. Participant 4 shared this subtheme.

Participant 4 stated: *“Illnesses that are life threatening and life long.”*

- **Feedback**

The subtheme of ‘feedback’ referred to responses that depicted responses to behaviours and performance. Participants 3 and 15 shared this subtheme.

Participant 3 mentioned: *“Lack of appreciation, lack of motivation.”*

Participant 15 stated: *“Negative self talk”*

- **Norms**

The subtheme of ‘norms’ was widely articulated. It was derived from responses that touched on standards of behaviour, patterns of behaviour or models of behaviour. Participants 1, 2, 5, 8, 9, 12, 13, 16, 18 and 19 shared this subtheme.

Participant 1 mentioned: *“Male and female role*

	<p><i>differentiations”</i></p> <p>Participant 2 stated: <i>“Cultural stereotypes of “what is a good person” versus who is a bad person.”</i></p> <p>Participant 5 mentioned: <i>“Harmful cultural practices, and Stigmatisation.”</i></p> <p>Participant 8 stated: <i>“Common self cultural beliefs that can hinder progression”</i></p> <p>Participant 19 identified: <i>“Fashion.”</i></p> <p>Participant 12 alluded to: <i>“Societal and institutional expectations that can be unrealistic.”</i></p> <p>Participant 9 reported: <i>“Clash between tradition and modernity.”</i></p> <p>Participant 13 stated: <i>“Expected cultural roles and responsibilities.”</i></p> <p>Participant 16 expressed: <i>“Cultural defined expectations.”</i></p> <p>Participant 18 expressed: <i>“Belief system that contradict the guidelines set out by relevant bodies.”</i></p>
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- **Rewards**

The subtheme of rewards refers to responses that mentioned or articulated lack off or diminished payments or benefits in return for actions or events. Participants 1, 14, 17, 18, 20, 21, 22 and 23 shared this subtheme.

Participant 1 narrated: *“Lack of appreciation, inadequate support and institutions giving poor rewards. Male and female role differentiations”*

Participant 20 reported: *“Under payment.”*

Participant 14 stated: *“No motivation.”*

Participant 17 stated: *“Low pay.”*

Participant 6 reported: *“De-motivation.”*

Participant 18 stated: *“Lack of motivation”*

Participant 21 stated: *“Devalue of self and feeling of worthlessness.”*

Participant 22 reported: *“Lack of recognition for efforts.”*

Participant 23 stated: *“Lack of appraisal, and assuming that employees should not rest and should work nonstop for*

	<p><i>productivity to be high.”</i></p> <p>Participant 22 reported: <i>“Lack of self empowerment through training, education and lack of balance.”</i></p> <p>Participant 20 reported: <i>“Under payment.”</i></p>
<p>Generic Factors</p> <ul style="list-style-type: none"> • Demographics • Family Issues • Interpersonal Issues • Workplace Issues 	<p>Generic factors refer to those factors that touch on contributions arising from Descriptives of the counsellors. Expressions and statements referring to demographics, family issues, interpersonal issues and workplace issues were included in this criterion.</p> <ul style="list-style-type: none"> • Demographics <p>Participant 10 stated: <i>“Social status.”</i></p> <p>Participants 4 and 20 stated: <i>“Education.”</i></p> <ul style="list-style-type: none"> • Family issues <p>Participants 7, 9 and 23 shared the subtheme of ‘family issues’. It referred to causes attributed to kinship and primary social group.</p> <p>Participant 7 stated: <i>“Family issues where disputes are not resolved and relationships are strained.”</i></p>

	<p>Participant 9 stated: <i>“Problems at home.”</i></p> <p>Participant 23 stated: <i>“Family problems especially in marriage.”</i></p> <ul style="list-style-type: none">• Interpersonal Issues <p>The subtheme of ‘interpersonal issues’ was derived from responses that depicted issues arising or involving interactions with people. Participants 2, 13, 14, 16 and 17 shared this subtheme.</p> <p>Participant 13 stated: <i>“Lack of regard for others.”</i></p> <p>Participant 14 reported: <i>“Chauvinism.”</i></p> <p>Participant 16 reported: <i>“Perfectionist and boastful bosses.”</i></p> <p>Participant 2 stated: <i>“Peer pressure.”</i></p> <p>Participant 17. <i>“Workplace strife”</i></p> <ul style="list-style-type: none">• Workplace Issues <p>The subtheme of ‘workplace issues’ was derived from responses that depicted factors arising or involving work settings. Participants 3, 6, 8, 10, 11, 12, 15, and 17 shared</p>
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	<p>this subtheme.</p> <p>Participant 17 stated: <i>“Workplace strife and overworking”</i></p> <p>Participant 12 reported: <i>“Institutional insecurity.”</i></p> <p>Participant 15 reported: <i>“Being put down by supervisors, lack of recognition of efforts put into work performance.”</i></p> <p>Participant 3 reported: <i>“Poor succession planning in institutions structure.”</i></p> <p>Participant 6 stated: <i>“Wide range of important issues to be dealt with in the institutions without concomitant resources.”</i></p> <p>Participant 10 reported: <i>“Constant criticisms for not making progress yet you don’t get the support required.”</i></p> <p>Participant 8 stated: <i>“Supervisors with burnout issues themselves.”</i></p> <p>Participant 11 reported: <i>“Management and co-workers making decisions without involving part of the team.”</i></p>
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6.3.2.2 Workplace Factors that lead to High Burnout, Low Self-esteem and Employee Turnover Intentions.

Two major themes emerged from participant’s responses/narratives namely; connectedness shortfalls, workplace deficits and workplace induced deficits. The table below elaborates the themes and subthemes.

Table 6.10:
Workplace Factors That Lead to Burnout and Turnover Intention

Themes and subthemes	Elaboration on themes
<p>Connectedness Shortfalls and Factors</p> <ul style="list-style-type: none"> • Client Induced Factors • Interpersonal Challenges 	<p>The theme of connectedness shortfalls and factors was derived from participants’ responses that depicted deficiency in relationships. Expressions and statements referring to client induced factors and interpersonal challenges were included in this criterion.</p> <ul style="list-style-type: none"> • Client Induced Factors <p>The subtheme of ‘client induced factors’ referred to responses that depicted inadequacy in client interactions with the counsellors. Participants 12, 13 and 14 shared this subtheme.</p> <p>Participant 12 stated: <i>“Client intake without clear criteria of how they should be handled.”</i></p> <p>Participant 3 states: <i>“Clients with dual diagnosis and their</i></p>

families.”

Participant 9 reported: *“The nature of patients admitted to counselling on a daily basis.”*

Participant 14 reported: *“High number of clients”*

- **Interpersonal Challenges**

The subtheme of ‘interpersonal challenges’ referred relationship problems and issues among co-workers. This subtheme was shared by participants 3, 6, 10, 14, 17 and 22

Participant 3 reported: *“Colleagues and director feeling threatened by ones knowledge, skills and attitudes.”*

Participant 6 stated: *“Lack of camaraderie among co-workers.”*

Participant 10 reported: *“Lack of close supportive relationships with workmates, intimidation from the director.”*

Participant 14 reported: *“Lazy counsellors and colleagues.”*

Participant 17 stated: *“Malice and sabotage.”*

Participant 22 stated: *“Relationships at the workplace.”*

<p>Workplace Deficits and Workplace Induced Deficits.</p> <ul style="list-style-type: none"> • Benefits and Rewards Deficits • Employee Motivation Shortfalls • Employee Performance • Management Deficits • Pressure of Work Resource Deficit 	<p>The theme of ‘workplace deficits and workplace induced deficits’ was derived from responses that depicted inadequacies and insufficiencies at the work setting or brought about by the work setting.</p> <p>Expressions and sentences referring to benefits and reward deficits, employee motivation shortfalls, employee performance, management deficits; pressures of work and resource deficits were included in this criterion.</p> <ul style="list-style-type: none"> • Benefits and Rewards Deficits, <p>The subtheme of benefits and rewards deficits refers to those reasons that mentioned or indicated dissatisfaction, deficiency and inadequacy with wages and incentives from work. Participants 1, 2,3,4,5,6,7,8 and 11 shared this subtheme.</p> <p>Participant 1 stated: <i>“Amount of wages”</i></p> <p>Participant 2 reported: <i>“Failure to recognise and reward achievement.”</i></p> <p>Participant 3 stated: <i>“Invalid compensation”,</i></p> <p>Participant 4 stated: <i>“Poor remuneration.”</i></p>
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	<p>Participant 5 stated: <i>“Poor remuneration.”</i></p> <p>Participant 6 stated: <i>“Poor remuneration and benefits.”</i></p> <p>Participant 7 stated: <i>“Poor salaries.”</i></p> <p>Participant 8 reported: <i>“Salary increase if qualified.”</i></p> <p>Participant 11 stated: <i>“Low salaries.”</i></p> <ul style="list-style-type: none">• Employee Motivation Shortfalls <p>‘Employee motivation shortfalls’ depicted deficits and inadequacies associated with goals and desires of the counsellors. Participants 1, 3, 15, 16, 17, 18, 19, 20, 21, 22 and 23 shared this subtheme.</p> <p>Participant 1 stated: <i>“Potential drainage.”</i></p> <p>Participant 3 reported: <i>“Too high expectations while getting too little support.”</i></p> <p>Participant 15 reported: <i>“Idleness.”</i></p> <p>Participant 16 stated: <i>“Boredom.”</i></p> <p>Participant 17 stated: <i>“Career stagnation.”</i></p>
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Participant 18 reported: *“High expectations.”*

Participant 19 stated: *“Lack of creativity.”*

Participant 20 stated: *“Lack of motivation.”*

Participant 21 stated: *“Lack of motivation.”*

Participant 22 stated: *“Monotony.”*

Participant 23 stated: *“Not able to deliver.”*

- **Employee Performance Deficits**

This subtheme portrayed the inadequacies depicted in the counsellor’s experience carrying out their work. Participants 2, 5, 7, 9, 12, 15, 18 and 21 shared this subtheme.

Participant 2 stated: *“No clear goals and lack of an organigram.”*

Participant 5 stated: *“Objectives not shared.”*

Participant P7 reported: *“High targets set especially upon marketing of counselling services.”*

Participant 9 stated: *“Targets not being met.”*

Participant 12 stated: *“Lack of teamwork and clear job*

descriptions.

Participant 15 reported: *“Unclear job description.”*

Participant 18 stated: *“Multi tasking.”*

Participant 21 stated: *“Under training”*

- **Management Deficits**

The subtheme of ‘management deficits’ was derived from responses that depicted deficiencies and insufficiencies emanating or concerned with governance and administrative issues at the workplace. This subtheme was shared by participants 4, 5, 7, 8, 9, 10, 11,13, 16, 19, 20, and 23

Participant 4 stated: *“Lack of clear purpose for the institutions existence.”*

Participant 5 expressed: *“Directors calling the shots and pressure from supervisors.”*

Participant 7 reported: *“Staff shortage.”*

Participant 8 expressed: *“Follow up programmes not being adhered too.”*

Participant 9 reported: *“Inadequate support, tight*

supervision-micro management.”

Participant 10 stated: *“Wrong placement.”*

Participant 11 reported: *“Lack of appraisal and motivation.”*

Participant 13 stated: *“Lack of appraisal and motivation.”*

Participant 16 stated: *“Lack of proper policy guidelines within the institution.”*

Participant 19 reported: *“Lack of supervision.”*

Participant 20 reported: *“Lack of support from management.”*

Participant 23 stated: *“No clear strategies during employment.”*

- **Pressure of Work**

The subtheme of ‘pressure of work’ was reflected by responses that depicted demands brought about by inadequacies and insufficiencies at work. Participant 2, 4, 6, 12, 14, 16, 18, 20, 22 and 23 shared this subtheme.

Participants 2, 4, 22 and 23 reported: *“Too much work*

without self-care.”

Participant 12 reported: *“Doing work that is monotonous.”*

Participant 14 stated: *“Flow of work.”*

Participant 16 stated: *“Heavy workload.”*

Participant 18 reported: *“Long hours.”*

Participant 20 reported: *“Not taking breaks and holidays.”*

Participant 4 reported: *“Working too much without enough time to relax.”*

Participant 6 stated: *“Workload”*

- **Resource Deficit**

The subtheme of ‘resource deficit’ refers to responses that mentioned or articulated lack off or diminished or inadequate supplies, both human and material. Participants 8, 10 and 11 shared this subtheme.

Participant 8 stated: *“Poor outcomes due to lack of resources.”*

Participant 10 reported: *“Challenges in resources.”*

	Participant 11 reported: “ <i>Poor working environments.</i> ”
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6.3.3. Secondary research objective 3: What are the common cultural and institutional interventions for dealing with low self-esteem, high burnout and employee turnover intentions?

6.3.3.1 Cultural and Institutional Interventions for Dealing with High Burnout, Low Self-esteem and Employee Turnover Intentions.

Two major themes emerged from participant’s responses/narratives namely developmental interventions and normative interventions. The table below elaborates the themes and subthemes.

Table 6.11:
Cultural and Institutional Interventions for Dealing with High Burnout, Low Self-esteem and Employee Turnover Intentions

Themes and subthemes	Elaboration on Themes
Developmental Interventions <ul style="list-style-type: none"> • Communication Improvement Strategies • Institutional Procedures, Policies and Practices • Professionalism Oriented Strategies 	<p>The theme of ‘developmental interventions’ in this thesis was derived from those responses that depicted growth and development strategies and practices. Expressions and sentences that referred to communication improvement strategies, institutional procedures and practices, and professionalism oriented strategies were included in this criterion.</p> <ul style="list-style-type: none"> • Communication Improvement Strategies <p>The subtheme of ‘communication improvement strategies’</p>

was derived from responses that portrayed opportunities for dissemination of information and modifications of workplace professional relationships. This subtheme was shared by participants 2, 5, 6, 9, 13 and 23

Participant 6 reported: *“Monthly team building retreats.”*

Participant 9 reported: *“Listening to staff concerns and attending to them.”*

Participant 2 reported: *“Improving communication channels.”*

Participant 5 stated: *“Feedback from Satisfied customers.”*

Participant 13 stated: *“Regular meetings.”*

Participant 23 stated: *“Annual general meetings.”*

- **Institutional Procedures, Policies and Practices**

The subtheme of ‘institutional procedures, policies and practices’ were derived from responses that represented improvement practices related to institutions and workplaces.

This subtheme was shared by participants 2, 3, 5, 7, 9, 10, 11, 12, 13, 16, 17, 18, 21, 22 and 23

	<p>Participant 2 stated: <i>“Job appraisal and reward system, and promotions when qualified”</i></p> <p>Participant 3 reported: <i>“Deployment according to skills.”</i></p> <p>Participant 14 reported: <i>“Employing more staff to complement already existing ones.”</i></p> <p>Participant 22 reported: <i>“Security in job operations.”</i></p> <p>Participant 5 stated: <i>“Reducing workload by having sufficient number of workers; client worker ratio.”</i></p> <p>Participant 7 reported: <i>“Having an in-house psychologist who counsels employees when need is identified.”</i></p> <p>Participant 11 stated: <i>“Employment of more staff.”</i></p> <p>Participant 12 stated: <i>“Increase salary.”</i></p> <p>Participant 13 reported: <i>“Improve working conditions.”</i></p> <p>Participant 18 stated: <i>“Proper planning”</i></p> <p>Participant 22 stated: <i>“Institutional support systems and self help groups.”</i></p> <p>Participant 9 stated: <i>“Clear guidelines for staffing, client</i></p>
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	<p><i>intake and professionalism.”</i></p> <p>Participant 10 reported: <i>“Motivating the employee and giving them management support.”</i></p> <p>Participant 11 reported: <i>“Developing policy on work criteria and client intake.”</i></p> <p>Participant 17 stated: <i>“Lack of double standards for employees.”</i></p> <p>Participant 21 expressed: <i>“Conducive working environment.”</i></p> <ul style="list-style-type: none">• Professionalism Oriented Strategies <p>The subtheme of ‘professionalism oriented strategies’ was derived from responses that presented practices aimed at improving the counsellor’s expertness and skilfulness. Participants 1, 7, 12, 16, 19, 6 and 8 shared this subtheme.</p> <p>Participant 1 stated: <i>“Motivation talks.”</i></p> <p>Participant 7 Presented: <i>“On the job training.”</i></p> <p>Participant 12 expressed: <i>“Clear job description.”</i></p> <p>Participant 16 expressed: <i>“Training and also personal</i></p>
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	<p><i>therapy.”</i></p> <p>Participant 19 stated: <i>“Team building activities”</i></p> <p>Participant 6 stated: <i>“Increase remuneration.”</i></p> <p>Participant 8 stated: <i>“Training.”</i></p> <p>Participant 12 expressed: <i>“Both sides sharing objectives and expectations from the beginning.”</i></p>
<p>Normative Interventions</p> <ul style="list-style-type: none"> • Appreciative and Affiliative practices • Oversight and Gate-keeping Practices • Self-care 	<p>The theme of ‘normative interventions’ in this study was derived from those responses that represented practices that are concerned with maintaining and improving standards, respecting rules and directives. Expressions and sentences that referred to appreciative and affiliative practices, oversight and gate keeping practices and self-care were included in this criterion.</p> <ul style="list-style-type: none"> • Appreciative and Affiliative practices <p>The subtheme of ‘appreciative and affiliative practices’ was derived from responses that presented feelings and expressions of positive attributes and positive cohesion. Participants 1, 2, 3, 4, 11, 13, 14, 15, 17, 18 and 20 shared this subtheme.</p>

	<p>Participant 1 stated: <i>“Acceptance of people with their differences.”</i></p> <p>Participant 11 reported: <i>“Good remuneration.”</i></p> <p>Participant 13 stated: <i>“Appreciation both oral and written.”</i></p> <p>Participant 15 stated: <i>“Incentives”</i></p> <p>Participant 17 reported: <i>“Positive affirmations.”</i></p> <p>Participant 18 stated: <i>“Redefine failure and keep trying,”</i></p> <p>Participant 23 stated: <i>“Appreciating work experiences,”</i></p> <p>Participant 3 reported: <i>“Potential nurturing and absorption,”</i></p> <p>Participant 4 stated: <i>“Appraisal and positive reinforcement, through rewards, recognition and promotions”</i></p> <p>Participant 14 reported: <i>“Give employee benefits”</i></p> <p>Participant 18 stated: <i>“Encouraging and appreciating employee’s personal development.”</i></p> <p>Participant 20 stated: <i>“Decent salaries”</i></p> <p>Participant 2 stated: <i>“Gift giving”</i></p>
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- **Oversight and Gate-keeping Practices**

The subtheme of ‘oversight and gate-keeping practices’ was derived from responses that presented practices aimed at ensuring the quality and observing the limits of counselling. Participants 1, 5, 6, 9, 10, 15, 17, 20, 21, 14, 15, 19 and 20 shared this subtheme.

Participant 1 stated: “*Supervision.*”

Participant 5 stated: “*Supervision and personal therapy.*”

Participant 6 stated: “*Self-care and personal therapy.*”

Participant 9 stated: “*Counselling.*”

Participant 10 reported: “*Clinical supervision.*”

Participant 10 reported: “*Going for therapy.*”

Participant 15 reported: “*Through personal therapy.*”

Participant 17 reported: “*Supervision.*”

Participant 20 stated: “*Supervision.*”

Participant 21 stated: “*Peer counselling.*”

Participant 1 reported: “*Referral for personal sessions and*

sensitization through training.”

Participant 14 stated: *“Supervisors.”*

Participant 15 reported: *“Continuous professional education.”*

Participant 19 reported: *“Ensuring personal therapy and supervision.”*

Participant 22 stated: *“One on one counselling.”*

- **Self-care**

The subtheme of ‘self-care’ was derived from responses that depicted practices aimed at individual attention, management and nourishment. This subtheme was shared by participants 3, 4, 7, 8, 13, 16, 19, 20, 21 and 23

Participant 4 stated: *“Leave and offs.”*

Participant 8 reported: *“Financial advice.”*

Participant 13 reported: *“Introducing off days from work.”*

Participant 19 stated: *“Setting boundaries.”*

Participant 20 stated: *“Learn to manage stress.”*

	<p>Participant 21 reported: <i>“Taking time off from work.”</i></p> <p>Participant 8 stated: <i>“Taking leave,”</i></p> <p>Participant 16 reported: <i>“Recreation.”</i></p> <p>Participant 23 reported: <i>“Prayer and spiritual groups.”</i></p> <p>Participant 3 reported: <i>“Prayer and time away from stressors.”</i></p> <p>Participant 4 stated: <i>“Leave, planning for employee assistance programs.”</i></p> <p>Participant 7 stated: <i>“Leave.”</i></p> <p>Participant 16 reported: <i>“Adequate time to rest – annual leave - full 21days.”</i></p>
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6.4 Conclusion

This chapter has focused on the qualitative data presentation. The data was analysed using thematic analysis. This involved recording all responses to the discussion questions per research question. Then the responses were clustered into codes and categories, and then developed into final themes.

Reported themes derived from the reasons for counsellors changing jobs can be classified into three namely: *Diversification reasons* which covered career change, seeking and yearning for different opportunities; *growth and development reasons* which included striving for career

growth, dealing with job and career dissatisfaction, and improvement in life skills; and *remunerative and benefits reasons* that include finance reasons and dealing with workplace grievances.

Elaborated themes derived from counsellors' feelings about self-esteem can be classified into three: *feelings of self-worth* which included worthiness based self-esteem; perceptions of *global self-esteem*, which included perceptions of high self-esteem and low-esteem; *self evaluation* which included competence based self-esteem and knowledge based self-esteem.

Reported themes regarding counsellors' descriptions of burnout reveal three major themes namely: *exhaustion* which covered emotional consequences, physical consequences and factors associated with no rest; *work settings and characteristics* which covered organisational factors, personal challenges at the workplace, affective consequences and work related factors; *sources of stress* which included client induced factors, loss and grief, and interpersonal factors.

Results revealed that the cultural and institutional factors that lead to low self-esteem, high burnout and turnover intentions can be classified in two themes namely: *responsive factors*, which included aspirations, chronic disease, feedback, norms and rewards; and *generic factors*, which included demographics, family issues, interpersonal issues and workplace issues.

Regarding the workplace factors that lead to high burnout and turnover intentions, two themes are derived from the results namely: *connectedness shortfalls and factors* which included client induced factors and interpersonal challenges; and *workplace deficits and workplace induced deficits* which included benefits and rewards, employee motivation shortfalls, employee performance deficits, management deficits, pressures of work and resources deficits.

Two major themes emerged on the common cultural and institutional interventions for dealing with low self-esteem, high burnout and high turnover intentions namely: *developmental interventions*, which included communication improvement strategies, institutional procedures, policies and practices, and professionalism oriented strategies; *normative interventions*, which included appreciative and affiliative practices, oversight and gate keeping practices, and self-care practices.

CHAPTER SEVEN: DISCUSSION AND INTERPRETATION

7.0 Introduction

This thesis extends the research on turnover intention among professional counsellors in Nairobi Kenya. Specifically self-esteem and burnout were postulated as predictor variables of employee turnover intention. Both qualitative and quantitative data collection methods were utilised and results analysed.

This chapter presents an in-depth and interpretive analysis and discussion of the quantitative and qualitative results as presented in the previous chapters. The discussion focuses on the thesis objectives. Relevant literature is used to discuss the findings. The chapter has two sections; discussion of quantitative results and second, discussion of qualitative results.

7.1 Review of Quantitative Research Objectives

7.1.1 Primary research objective 1: Measured levels of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi

7.1.1.1 Turnover Intentions

As earlier mentioned in chapter four, the variable of turnover intention was measured by utilising the intentions-to-stay questionnaire; an unpublished questionnaire by Roodt (2004). Table 4.13 and table 4.14 summarised the data for the turnover intention scores variable. Measures of central tendency and measures of dispersion were computed. The following are the results of this analysis; $N = 162$, $M=43.01$, $SD=12.49$. However, based on the large standard deviation, it looks like the scores varied quite a bit.

This thesis yielded a 0.829 Cronbach's Alpha coefficient compared to Martin (2007) who reported a 0.895 Cronbach's Alpha coefficient and Jacobs (2005) who reported a 0.913

Cronbach's Alpha coefficient. Martin (2007) reported that the intentions to stay questionnaire has relatively unknown reliability. Consequently we can acknowledge that this scale has high internal consistency with this sample of Kenyan counsellors.

7.1.1.2 Self-esteem

Self-esteem was measured by using the original version of the Rosenberg self-esteem scale (Rosenberg, 1965). Figure 4.3 displayed the scores obtained from the self-esteem scale. Measures of central tendency were computed to summarise the data for the Rosenberg self-esteem scores variable. In addition, measures of dispersion were computed to understand the variability of scores for the Rosenberg self-esteem scores variable. The following are the results of this analysis; $N = 162$, $M=22.49$, $SD=5.2$. However, based on the large standard deviation, it looks like the scores varied quite a lot.

This study yielded a Cronbach's alpha coefficients of .807 for the Rosenberg self-esteem scale. This compares well with other reported studies. Lee, Cho, Kissinger and Ogle (2010) in a sample of professional counsellors, found internal consistency for the scores of all items was .73, suggesting a moderately high degree of consistency across items. Silber and Tippett (1965) obtained a test-retest reliability coefficient of .85 for 28 college students. The Centre for Mental Health Services (1996), reported Cronbach's alphas for various samples in the range of .77 to .88 (Rosenberg, 1986). Consequently we can conclude that this scale has high internal consistency with this sample of Kenyan counsellors.

7.1.1.3 Burnout

As earlier mentioned in chapter four; the variable of burnout was measured by the Maslach Burnout Inventory (Maslach & Jackson, 1981). Measures of central tendency were computed to

summarise the data for the MBI scores variable. In addition, measures of dispersion were computed to understand the variability of scores for the MBI scores variable. The following are the results of this analysis: for the emotional exhaustion subscale $N = 162$, $M=16.44$, $SD=11.05$, for the personal accomplishment subscale $N = 162$, $M=41.35$, $SD=7.06$ and for the depersonalisation subscale $N = 162$, $M=4.85$, $SD=4.8$.

Further, measures of internal consistency were computed. This study yielded a Cronbach's alpha coefficients of .843 for the MBI - emotional exhaustion scale. This compares well with other previous studies. Maslach and Jackson (1986) reported Cronbach's alpha coefficients ranging from 0.71 to 0.9 for the emotional exhaustion scale. Similarly, Kim and Lee (2009) reported Cronbach's alpha coefficients of 0.91. This means that for the population of this study the emotional exhaustion exhibits acceptable internal consistency.

Regarding the depersonalisation (DP) scale, this study yielded Cronbach's alpha coefficients of 0.743 compared to Kim and Lee (2009) who reported Cronbach's alpha coefficients of 0.75. For the personal accomplishment (PA) this study yielded Cronbach's alpha coefficients of 0.899 compared to Kim and Lee (2009) who reported Cronbach's alpha coefficients of 0.79. Other studies have reported Cronbach's alpha coefficients ranging from 0.70 to 0.71 (Gil-Monte, 2005; Maslach et al. 1996). Consequently we can summarise that these scales have high internal consistency with this sample of Kenyan counsellors.

7.1.2 Primary Research Objective 2: Measured relationships between the background variables (age, gender, marital status and highest academic qualification) and turnover intentions, personal self-esteem and employee burnout?

7.1.2.1 Turnover Intentions

When comparing the relationship between age and Turnover intention; a one way between subjects ANOVA was conducted to compare the effect age has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(4, 157) = 2.362, p = .056$]. These results suggest that age has a positive impact on turnover intention. Counsellors who are aged 30-39 are likely to have higher turnover intention scores compared to other age groups.

This is in line with a number of studies that reported a relationship between age and turnover intentions (Ducharme et al. 2008; Knudsen et al. 2003; Knudsen et al. 2006; Knudsen et al. 2008). Martin and Roodt (2008) reported significant relation of turnover with age of the respondent. Young people tend to report higher levels of turnover than older people; this is consistent to findings by Medina (2012) where it was found that the age group of 18-27 had the highest turnover intention. This thesis confirms this notion by Nyamubarwa (2013) that the younger the respondent, the more likely they were to leave the organisation. On the other hand, some studies do not report any significant relationship between age and turnover (Abraham, 1999a; Layne et al. 2004).

As earlier reported, female respondents were 63.6 percent, male respondents were 35.8 percent and one respondent indicated saying they were transsexual. An independent-samples t-test was conducted to compare turnover scores between male and female counsellors. There was a significant difference in the scores for males ($M=41.31, SD= 10.80$) and scores for females

($M=44.01$, $SD= 13.35$) conditions; $t(159) = 1.320$, $p=.189$. These results suggest that gender does have an influence on turnover intention scores. Specifically, women have higher turnover intention than men; however the difference is not statistically significant.

Reported studies showing relationship of gender and turnover intentions indicate significant correlation. Women tend to have higher levels of turnover intentions (Martin & Roodt, 2008; Knudsen et al. 2008). White and Garner (2011) reported that being female and having graduate education is associated with higher rates of turnover. On the other hand, Martin (2007) reported no significant relationship differences between male and female responses. This thesis confirms this relationship.

67.95 percent of the participants indicated they are married, followed by those single and never married at 21 percent. 6.8 percent indicated they are divorced and 4.3 percent indicated they are widowed. A one way between subjects ANOVA was conducted to compare the effect marital status has on turnover intention. There was a significant effect at the $p<.05$ level for the four conditions/status [$F(3, 158) = 3.82$, $p= .011$]. Accordingly, it can be suggested that marital status has a positive impact on turnover intention.

The study results indicated that counsellors who are single never married and those who are widowed are likely to have higher turnover intention scores. This thesis results are inconsistent with Martin and Roodt (2008) who reported no significant relation of turnover with marital status of the respondents. However, they are consistent with Mohammed, FitzGerald and Clark, (2012) and Kaur et al. (2013), who concluded the existence of significant associations between turnover intentions and marital status.

When comparing the relationship between academic qualification and turnover intention, a one way between subjects ANOVA was conducted to compare the effect academic qualification has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions/status. A comparison of the results indicated that the mean scores for counsellors with diplomas, bachelor's degrees and master's degrees were significantly different compared to counsellors who have PhD. These results suggest that academic qualification has a positive impact on turnover intention. Counsellors who hold PhD's are likely to have the least turnover intention scores whereas counsellors with diplomas are likely to have the highest turnover intentions scores followed by master's and bachelor's degree holders.

The relationship between turnover intention and academic qualifications is widely reported. This study confirms reported studies that indeed turnover intention differs based on various education levels. Contrary to this thesis, Carbery et al. (2003) and Karatepe et al. (2006) concluded that those with low education level have a lower turnover intention. Furthermore, the turnover intention of those with high education level was higher in the study. This may have likely resulted from that the fact that people with high education levels may have more expectations compared to those with low education level. Other researchers who have studied this subject have reached similar conclusions.

Erstwhile studies have looked at education level, turnover and other variables. Chen et al. (2010) reported that people with high education level have higher expectations in terms of financial rights, benefits and audit compared to those with low education level. Iqbal (2010) stated that those with high education level have higher expectations towards their current employers, which means that the fulfilment of their needs is much more difficult. Lambert (2006) and Hrebiniak

and Alutto (1992) supported that more educated people desire to obtain more job opportunities compared to uneducated people and have a wider view/understanding that creates new challenges. This leads to increasing expectations, and a person in such a situation might regard the organisation as a prison. They further found that level of education leads to high individual expectations, dissatisfaction and more intentions to leave. In addition, Nyamubarwa (2013) found that seniority and academic qualifications were push factors in turnover intentions. Moreover Samuel and Chipunza (2009) argued that turnover is high in lower level jobs.

The relationship between duration of employment and turnover intention was computed via a Pearson product moment correlation. There was a weak negative correlation and a statistically significant relationship between the two variables. These results suggest that duration of employment has an impact on turnover intention; the more years the counsellor works the less the turnover intentions scores. This is consistent with reported research, Martin (2007) reported significant relationship between tenure and turnover intention. On the contrary, Somers (1996) suggested that workers with shorter organisational tenure have high turnover intention.

A one way between subjects ANOVA was conducted to compare the effect employment status has on turnover intention. There was a significant effect at the $p < .05$ level for the four conditions. A comparison of the results indicated that the mean scores for counsellors who are working on fixed term contracts, permanent or open ended contracts and counsellors working part time or on locum basis were significantly different compared to counsellors who are self employed. These results suggest that employment status has a positive impact on turnover intention. Counsellors who are self employed are likely to have the least turnover intention scores whereas counsellors who are working on fixed term contracts are likely to have the

highest turnover intentions scores followed by those working on permanent or open contracts and those working part time.

Reported results show conflicting perspectives regarding the relationship between tenure and turnover intentions. This thesis results are consistent with Martin and Roodt (2008) who reported a significant correlation between tenure and turnover intentions and contrary to Ózbağ et al. (2014) who stated that tenure is not significantly related to turnover intentions.

7.1.2.2 Burnout

When comparing the relationship between age and burnout scores, a one way between subjects ANOVA was conducted to compare the effect age has on burnout scores. There was a significant effect at the $p < .05$ level for the four conditions/status namely: $[F(4, 157) = 10.405, p = .000]$ for emotional exhaustion subscale, $[F(4, 157) = 1.324, p = .263]$ for the personal accomplishment scale and $[F(4, 157) = 7.643, p = .000]$ for the depersonalisation scale.

To begin with I looked at the relationship between emotional exhaustion and age. These results suggest that age has a positive impact on emotional exhaustion. Counsellors who are above 40 years old are likely to have the least emotional exhaustion scores whereas counsellors who are aged between 20 and 39 years old are likely to have the highest emotional exhaustion scores.

Regarding the personal accomplishment scale, this study results suggest that age has a positive impact on personal accomplishment. Counsellors who are aged 40-49 are likely to have the least personal accomplishment scores whereas counsellors who are aged above 60 are likely to have the highest personal accomplishment scores followed by those who are aged 30-39, aged 50-59, and aged 20-29 and then by those aged 40-49.

Concerning the depersonalisation scale, these results suggest that age status has a positive impact on depersonalisation scores. Counsellors aged 40-49 are likely to have the least depersonalisation scores whereas counsellors 30-39 are likely to have the highest depersonalisation scores followed by those aged 20-29 and then by those aged above 60 and those aged 50-59. These results suggest that age has an impact on emotional exhaustion scores and depersonalisation scores.

Reported research shows that age has impact on burnout scores (Ahola et al., 2008; Brewer & Shapards 2004; Cordes & Dougherty 1993). Brewer and Shapards (2004) reported that age is negatively correlated to burnout. Other studies showed that younger individuals reported higher burnout levels. The older the counsellor, the more likely it is for them to experience less emotional exhaustion and less depersonalisation (Cordes & Dougherty 1993; Garner, Knight & Simpson 2007; Maslach & Jackson 1981).

Butler and Constantine (2005) found that counsellors who were older and employed longer reported higher levels of burnout than their younger counterparts. Further distinctions have been made on this relationship; Ahola et al. (2008) reported that age was differently related to burnout scores among young, middle aged, aging men and women. They further postulated that burnout increases and decreases with age. They attributed this to the diverse phases of work, career and family life. Maslach et al. (2001) stated that burnout appears earlier in ones career. Young (2015) stated that age is reliably correlated to burnout and that burnout is a risk earlier in one's career.

An independent-samples t-test was conducted to compare burnout scores between male and female counsellors. For the emotional exhaustion subscale, there was no significant difference in the scores for males ($M=16.34$, $SD= 9.64$) and scores for females ($M=16.59$, $SD= 11.84$)

conditions; $t(159) = -.136, p=.892$. These results suggest that gender does not have an influence on emotional exhaustion subscale scores. Rupert et al. (2009) stated that women experienced greater emotional exhaustion compared to men.

Regarding the personal accomplishment subscale and gender, there was a significant difference in the scores for males ($M=42.91, SD= 4.81$) and scores for females ($M=40.41, SD= 7.95$) conditions; $t(159) = 2.175, p=.031$. These results suggest that gender does have an influence on personal accomplishment subscale scores. Specifically, male counsellors have higher scores on personal accomplishment than female counsellors. This is related to Kumar et al. (2007) who found that women had lower scores on the personal accomplishment scales.

Concerning the depersonalisation subscale and gender, there was a significant difference in the scores for males ($M=4.58, SD= 4.11$) and scores for females ($M=5.03, SD= 5.16$) conditions; $t(159) = -.573, p=.568$. These results suggest that gender does have an influence on depersonalisation subscale scores. Specifically female counsellors have higher scores on depersonalisation than male counsellors.

Reported research reveals that men and women present differences in levels of the three burnout scores (Cordes & Dougherty 1993; Maslach & Jackson 1981; Lemkau et al., 1987). Jackson (1993) reported that gender has an impact on burnout. In addition, Ahola et al. (2008) reported that burnout scores varied between males and females especially when related to age. Garner, Knight and Simpson (2007) reported that male counsellors tend to have higher rates of burnout. Thomas et al. (2014) found that male social service workers experienced higher levels of burnout compared to female counterparts. On the contrary, Young (2015) stated that gender is not a strong predictor of burnout. He summarised that reported studies show three different scenarios

namely: high burnout for women, high burnout for men and no overall differences in scores (Young 2015).

A one way between subjects ANOVA was conducted to compare the effect academic qualification has on burnout levels. There was a significant effect at the $p < .05$ level for the four conditions/status namely; $[F(3, 158) = 3.041, p = .031]$ for emotional exhaustion subscale and $[F(3, 158) = 12.050, p = .000]$ for the personal accomplishment subscale and no effect at the $p < .05$ level for the four conditions/status namely; $[F(3, 158) = 1.955, p = .123]$ for the depersonalisation scale.

Regarding the relationship between emotional exhaustion and academic qualification, results suggest that academic qualification has a positive impact on emotional exhaustion. Counsellors who have a PhD are likely to have the least emotional exhaustion scores whereas counsellors with master's degrees are likely to have the highest emotional exhaustion scores followed by those with diplomas and bachelor's degree.

This is in line with Maslach and Jackson (1981) who reported differences in burnout scores due to education level. Accordingly, more education was associated with higher scores on emotional exhaustion subscale particularly among those with postgraduate education. Leary and Brown (1995) in a study of nurses reported that those who undertook additional training after their initial qualifications were less likely to be emotionally exhausted.

Regarding the personal accomplishment scale, results suggest that academic qualification has a positive impact on personal accomplishment. Counsellors with a diploma are likely to have the least personal accomplishment scores whereas counsellors who have a PhD are likely to have the

highest personal accomplishment scores followed by those with bachelor's and master's degrees. This is congruent with Maslach et al. (2001) who stated that those with higher levels of education reported higher levels of burnout.

Results for the depersonalisation scale suggest that academic qualification has a positive impact on depersonalisation scores. Counsellors who have PhD are likely to have the least depersonalisation scores whereas counsellors with master's degrees are likely to have the highest depersonalisation scores followed by those counsellors with a diploma and then by those with bachelor's degrees

Young (2015) reported that it is difficult to interpret the relationship between education and burnout because higher levels influence status and occupation. Maslach and Jackson (1981) reported differences on depersonalisation scores based on education level; those who were less educated had higher depersonalisation scores. Thomas et al. (2014) reported that more educated counsellors and those with higher case loads experienced higher job burnout rates.

A Pearson product moment correlation was computed to assess the relationship between duration of employment and burnout variables of emotional exhaustion, personal accomplishment and depersonalisation. There was a weak correlation and no statistically significant relationship between duration of employment and emotional exhaustion $r = -.133$, $n = 162$; $p = .091$. In addition, there was a weak correlation and no statistically significant relationship between duration of employment and depersonalisation $r = -.099$, $n = 162$; $p = .209$. However, there was a positive correlation and a statistically significant relationship between duration of employment and personal accomplishment $r = .167$, $n = 162$; $p = .033$. These results suggest that duration of

employment has an impact on personal accomplishment scores but no impact on exhaustion and depersonalisation scores.

Reported research makes different revelations. Kumar et al. (2007) found that longer duration of employment was associated with lower levels of depersonalisation. Butler and Constantine (2005) in a study of school counsellors found that counsellors with more than 20 years of work, experienced more depersonalisation compared to counsellors who have worked for 0-9 years. In the same breath they found that counsellors who had worked for more than 30 years reported lower levels of personal accomplishment. Similarly Aksu and Temeloglu (2015) reported significant difference between years of service and burnout. In their study, they found that those who have worked for 7-10 years experienced more burnout than those have worked for less than a year. This confirms that indeed older workers familiar with workload expectations are less likely to experience burnout compared to younger ones (Maslach & Jackson 1981).

When comparing the relationship between marital status and burnout scores, a one way between subjects ANOVA was conducted to compare the effect marital status has on burnout scores. There was no significant effect at the $p < .05$ level for the two subscales namely: $[F(3, 158) = .620, p = .603]$ for emotional exhaustion subscale, $[F(3, 158) = 1.242, p = .297]$ for the personal accomplishment scale. However for the depersonalisation scale, there was a significant effect as shown; $[F(3, 158) = 3.464, p = .018]$.

As earlier reported, a comparison of the results indicated that the mean scores for married counsellors ($M=16.42, SD=11.16$), counsellors who are single and never married ($M= 16.52, SD= 11.84$) were significantly different compared to counsellors who are divorced ($M= 13.54, SD= 7.54$) and counsellors who are widowed ($M= 20.85, SD= 10.66$).

These results suggest that marital status has a positive impact on emotional exhaustion. Counsellors who are divorced are likely to have the least emotional exhaustion scores whereas counsellors who are widowed are likely to have the highest emotional exhaustion scores followed by single and married counsellors. This is in line with Maslach et al. (2001) who stated that marital status is significantly related to emotional exhaustion especially for those who are single or divorced.

Regarding the personal accomplishment scale, a comparison of the results indicated that the mean scores for counsellors who are single and never married ($M=43.23$, $SD=3.43$), were significantly different from married counsellors ($M=40.96$, $SD=8.22$), divorced counsellors ($M=39.27$, $SD=.467$), and widowed counsellors ($M=41.57$, $SD=3.73$). These results suggest that marital status has a positive impact on personal accomplishment. Counsellors who are divorced are likely to have the least personal accomplishment scores whereas counsellors who are single never married are likely to have the highest personal accomplishment scores followed those who are widowed and married.

Results for the depersonalisation scale indicated that the mean scores for married counsellors ($M=5.09$, $SD=4.98$), counsellors who are single and never married ($M=4.41$, $SD=4.61$) were significantly different compared to counsellors who are divorced ($M=1.45$, $SD=2.01$) and counsellors who are widowed ($M=8.42$, $SD=2.43$). These results suggest that marital status has a positive impact on depersonalisation scores. Counsellors who are divorced are likely to have the least depersonalisation scores whereas counsellors who are widowed are likely to have the highest depersonalisation scores followed those who are married and then by those who are single and never married.

These results are consistent with other studies such as Maslach et al. (2001) stated that unmarried men are more prone to burnout than married ones. In addition, they reported that single individuals are more prone to burnout than those divorced. Maslach and Jackson (1981) that reported married individuals present lower levels of burnout.

When comparing the relationship between employment status and burnout scores, a one way between subjects ANOVA was conducted to compare the effect employment status has on burnout scores. There was a significant effect at the $p < .05$ level for the four conditions/status namely: $[F(4, 157) = 3.102, p = .017]$ for emotional exhaustion subscale, $[F(4, 157) = 3.054, p = .019]$ for the personal accomplishment scale and $[F(4, 157) = 3.649, p = .007]$ for the depersonalisation scale.

To begin with, I looked at the relationship between emotional exhaustion and employment status. Reported results suggest that employment status has a positive impact on emotional exhaustion. Counsellors who are working on permanent contracts or open ended contracts are likely to have the least emotional exhaustion scores whereas counsellors who are working on fixed term contracts are likely to have the highest emotional exhaustion scores followed by those working part time or and those who are self employed.

Regarding the personal accomplishment scale this study results suggest that employment status has a positive impact on personal accomplishment. Counsellors who are self employed are likely to have the least personal accomplishment scores whereas counsellors who are working on part time contracts are likely to have the highest personal accomplishment scores followed by those who are working on permanent contracts and then by those working on fixed term contracts. This

is in line with Rupert et al. (2009), who reported that employed psychologists experienced less personal accomplishment compared to those working independently or are self employed.

Concerning the depersonalisation scale results indicated that employment status has a positive impact on depersonalisation scores. Counsellors who are working on permanent contracts or open ended contracts are likely to have the least depersonalisation scores whereas counsellors who are working on fixed term contracts are likely to have the highest depersonalisation scores followed by those who are self employed and then by those working part time.

This is contrary to Ramarajan et al. (2006) who stated that employees on permanent terms reported high levels of burnout. Aksu and Temeloglu (2015) reported that there is significant difference between employment status and burnout scores. Similarly, Thomas et al. (2014) reported that longer tenure employees are more likely to be associated with more burnout. Rupert and Morgan (2005) reported that independent practitioners reported less burnout than their agency-employed peers.

7.1.2.3 Self-esteem

As earlier reported the age range of 40-49 years had the highest frequency of 39.5 percent, followed by 30-39 years, which had a frequency of 24.15 percent, then 50-59 years which had a frequency of 20.4 percent; then 20-29 years which had a frequency of 9.9 percent and finally 60 years and above which had a frequency of 6.2 percent. A Pearson product moment correlation was computed to assess the relationship between age and self-esteem. There was a weak negative correlation and no statistically significant relationship between the two variables $r = -.047$, $n=162$; $p=.555$. This means increase in age does not necessarily increase or decrease self-esteem scores. This is inconsistent with reported studies that reveal that self-esteem increases during

young and middle adulthood, reaching a peak at about age 60 years, and then declining in old age (Erol & Orth, 2011; Orth et al. 2010). Other studies indicate research on self-esteem development has produced inconsistent findings (Robins et al., 2002).

When comparing self-esteem scores between male and female counsellors, reported results suggest that gender does have an influence on self-esteem. Specifically, this study showed that women have higher self-esteem than men. This thesis contradicts reported literature; Orth et al. (2010) found that women had lower self-esteem than men in young adulthood. Robins et al. (2002); and Heatherton and Wyland (2003) reported that males had higher self-esteem than females though as they grow older gender differences in self-esteem are minimal. Robins and Trzesniewski (2005) contended that both males and females have high self-esteem in childhood, which then drops in adolescence and increases in adulthood before eventually dropping in old age. On the other hand Erol and Orth (2011) reported that there are no gender differences on self-esteem.

The effect marital status has on self-esteem was computed via a one way between subjects ANOVA. There was a significant effect at the $p < .05$ level for the four conditions/status [$F(3, 158) = 3.40, p = .019$]. These results suggest that marital status has a positive impact on self-esteem scores. The study findings show that counsellors who are married, single and never married and those who are widowed are likely to have higher self-esteem scores compared to those counsellors who are divorced. This is congruent with Orth et al. (2010) who postulated that being married increases self-esteem during early adulthood.

A Pearson product moment correlation was computed to assess the relationship between duration of employment and self-esteem. There was a weak negative correlation and no statistically

significant relationship between the two variables $r = -.025$, $n=162$; $p=.756$. These results suggest that the duration of employment does not have impact on self-esteem scores. This is consistent with Pierce and Gardner (2004) who reported that with increasing tenure, self-esteem is highly stable.

When comparing the relationship of academic qualifications and self-esteem, a one way between subjects ANOVA was conducted to compare the effect academic qualification has on self-esteem. There was a significant effect at the $p<.05$ level for the four conditions/status [$F(3, 158) = 8.29$, $p = .000$]. These results suggest that academic qualifications have a positive impact on self-esteem. This means that the higher the qualification, the higher the levels of self-esteem, on the other hand, the lower the qualification the lower the self-esteem.

Reported results on this relationship show consistency with other studies. Orth et al. (2010) found that more educated individuals had higher self-esteem than did less educated individuals. Orth et al. (2012) noted that participants with higher levels of education had higher self-esteem at all ages. Pierce and Gardner (2004) reported that education has an impact on the development of self-esteem.

Concerning the relationship of employment status and self-esteem, a one way between subjects ANOVA was conducted. There was a significant effect at the $p<.05$ level for the four conditions [$F(4, 157) = 2.59$, $p = .039$]. These results suggest that employment status has a positive impact on self-esteem. The study findings indicated that Counsellors working on fixed term contracts and those self-employed are likely to have higher self-esteem scores.

This is line with Orth et al. (2010) who reported that employment status has impact on self-esteem particularly for older persons. Creed et al. (2001) postulated on the relationship of self-esteem and employment, they contended that confidence in one's ability to find employment, *and keep employment*, is likely to increase the level of well being including self-esteem. Branden (1969) reported that a belief in ones capacity to change one's own situation was a major factor in the level of self-esteem.

7.1.3 Primary Research Objective 3: What is the predictive value of self-esteem and burnout on employee turnover intention?

Concerning the relationship between the three study variables, a Pearson product moment correlation was computed to assess the relationship between turnover intentions scores, self-esteem scale scores and the burnout scales. There was a weak negative correlation and no statistically significant relationship between the Rosenberg self-esteem scores and turnover intentions scores [$r = -.151$, $n=162$; $p.055$].

On the other hand, there was a moderately strong positive correlation and a statistically significant relationship between emotional exhaustion subscale and turnover intention scores [$r = .413$, $n=162$; $p.000$]. These results suggest an increase in emotional exhaustion scores is correlated with increases in the turnover intention scores.

In addition, there was a negative correlation and a statistically significant relationship between personal accomplishment subscale and turnover intention scores [$r = -.281$, $n=162$; $p.000$]. These results suggest an increase in the personal accomplishment subscale scores are correlated with decreases in the turnover intention scores.

A multiple regression was run to predict turnover intention from levels of burnout and self-esteem scores results as shown in Table 5.29 and Table 5.30. The multiple regression model with all four predictors produced $R^2 = .236$, $(4, 157) = 12.140$, $p < .000$. These variables statistically and significantly predicted turnover intention as can be seen in Tables 5.31 and 5.32; the emotional exhaustion subscale and the personal accomplishment subscale had significant positive regression weights, indicating that counsellors with higher scores on these subscales were expected to have higher scores on the turnover intention scale after controlling for the other variables in this model.

Creswell (2014) defined predictor variables as those that “cause, influence or affect outcomes” (p.87). From the above analysis, the results indicate that self-esteem has weak correlations with burnout and turnover respectively. However turnover intentions and burnout have moderate correlation. This means that the association between burnout and turnover is highly statistically significant. The higher the level of burnout the more an employee is likely to quit. Bakker et al. (2005) contended that the dimension of emotional exhaustion presents significant positive relationships with the employee turnover intentions. Maslach et al. (2001) reported that those who experience burnout early are likely to quit their jobs.

On the other hand, there was no significant association between self-esteem and turnover intention due to a weak negative association. Butler and Constantine (2005) found that higher private collective self-esteem was associated with higher feelings of personal accomplishment. Lee et al. (2011) reported that turnover intention has close correlation with all burnout dimensions. Accordingly, these findings were also consistent with the conservation of resources theory.

7.2 Review of Qualitative Research Objectives

7.2.1 Review of Qualitative Method

The chosen method of data collection for the qualitative part of the study was the focus group interview. The group met to exchange perspectives and opinions concerning the three variables. I used group dynamics, which was a quick and cost effective method to enable participants to freely share their perceptions concerning the variables as experienced. I allowed the participants to respond in their own words to the questions of the variables.

Some of the disadvantages experienced included bias. The researcher was involved in clarifying aspects in the discussions. The focus group was conducted in person i.e. the participants all met in a conference room. Some of the counsellors felt intimidated by their more experienced participants.

This thesis implemented the process of thematic analysis as espoused by Braun and Clarke (2006, p. 80) which consisted of becoming familiar with the data, generating of codes, collating codes into themes, reviewing themes, defining themes and finally writing a report (p. 87).

The simplicity of thematic analysis was both an advantage and disadvantage. The researcher experienced self-doubt implementing this method because as a simple flexible method, it presents different permutations in interpreting the data, which posed a challenge in terms of making a choice on what to choose as themes.

7.2.2 Primary research objective 1: What are the personal meanings of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi?

7.2.2.1 Secondary research objective 1: Personal experiences of dealing with low self-esteem, high burnout and employee turnover intentions.

Reasons for Job Change

The present study revealed three categories of reasons for counsellors changing jobs namely: *diversification reasons* which covered career change and seeking and yearning for different opportunities; *growth and development reasons* which included striving for career growth, dealing with job and career dissatisfaction, and improvement in life skills; *remunerative and benefits reasons* that include finance reasons and dealing with workplace grievances.

Reported studies in different contexts and with different demographics revealed similar results. For example, Heavey, Holwerda and Hausknecht (2013) reported that causes of collective turnover could be categorised into three areas namely: human resource management practices, collective attitudes and perceptions, and collective characteristics.

Eby et al. (2009) in their study among counsellors reported two categories of turnover reasons namely: job related reasons and personal reasons. The job related reasons included: “new job and other opportunity, job dissatisfaction, higher pay and other job related reasons” (Eby et al., 2009, p. 6). Personal reasons included: “relocation, personal health, family related, return to school and retirement” (Eby et al., 2009, p.6). On the contrary, what stands out is that the participants in this thesis did not mention retirement and relocation as reasons for job change.

White and Garner (2011) reported that the causes of turnover can be categorised into three broad categories of best workplace conditions, worst workplace conditions and conditions unrelated to the workplace. Accordingly, best workplace conditions include availability of greater outside professional and financial opportunities; on the other hand, worst workplace conditions include dissatisfaction, emotional distress, inadequate performance and ethical problems. Conditions unrelated to the workplace included illness, pregnancy, retirement, disability and death (White and Garner 2011).

There were mixed expressions regarding career change as one of the diversification reasons for changing jobs. Responses expressed both a desire for change and an undertaking not to change jobs. One participant said that: *“I have never thought of changing jobs since I entered the counselling profession. I enjoy my work”* and another participant when presenting reasons for job change among counsellors simply stated: *“Career change”*. This illustrates the variety of opinions on reasons for career change.

Many counsellors in this study reported reasons for seeking and yearning for different opportunity. Some of the reasons mentioned included looking for greener pastures; desire to engage in new activities like research and academics, and getting new opportunities. This is in line with White and Garner (2011) who discussed best workplace conditions that can influence turnover to include availability of greater outside professional and financial opportunities

Many participants talked about dealing with job and career dissatisfaction as one of the reasons for job changes. This is in line with White and Garner (2011) who reported worst workplace conditions include dissatisfaction, emotional distress, inadequate performance and ethical problems. Some of the reasons reported in this study included; too much pressure not

commensurate with remuneration, discord with management, dissatisfaction in the current job, lack of upward mobility in addition counselling field, lack of team work and lack of challenges.

Finance factors were significant for many counsellors. This was derived from responses that made reference to or mentioned or involved the obtaining of finances, of or expenditure of money, this included poor pay, benefits, lack of sufficient monetary compensation and personal financial constraints. O’Leary and Deegan (2005) identified limited financial advancement as an important cause for turnover. This is illustrated by insufficient pay and inadequate fringe benefits; as expressed by the counsellors in this study.

Perceptions of Self-esteem

The current study elaborated themes derived from counsellors’ feelings about self-esteem that can be classified into three: *feelings of self-worth* which included worthiness based self-esteem; perceptions of *global self-esteem*, which included perceptions of high self-esteem and low self-esteem; *self evaluation* which included competence based self-esteem and knowledge based self-esteem.

As earlier mentioned, the theme ‘feelings of self-worth’ was derived from responses that depicted perceptions of self as *desirable, valuable or useful*. This was significant for many counsellors for example one participant stated “*I am happy and I think what I do boosts my self-esteem because am confident in what I do.*” Walz (1991) who contended that counsellors’ self-esteem is a vital determinant in the counselling relationship between client and counsellor.

Global self-esteem was depicted by *overall* evaluation of self. It refers to expressions, words and statements referring to ‘feelings of high regard’ or ‘feelings of low regard with self.’ Many

participants expressed having high self-esteem, a few of the counsellors expressed low self-esteem. Rosenberg, Schooler, Schoenbach and Rosenberg (1995) contended that global self-esteem is concerned with psychological well-being. They further argued that global self-esteem is exhibited by self acceptance and self respect and this was depicted by participant's expressions like: "*My self-esteem is high and I am okay with it*" and alternatively expressions like: "*Dissatisfied and impatient at times.*"

The narration of self-evaluations was depicted by responses that presented *perceptions of assessment* of self, which were categorised into two namely; perceptions of being *capable* and perceptions of being *motivated*. As earlier mentioned, participant's responses referring to competence based self-esteem and knowledge based self-esteem were included in this criterion. This is in line with Butler and Constantine (2005) who observed that counsellors' own perceptions of themselves as members of the counselling profession can affect their competence and the client counsellor relationship. Brown and Marshall (2006) contended that these self-evaluative emotional reactions encompass feelings of self-worth and are concerned with individual's evaluations of abilities and attributes.

Duys and Hobson (2004) focused on reconceptualising self-esteem and developing a model for counsellors. Their aim was to develop a model for counsellors to understand the evolution of self-esteem. They concluded that having a model can help predict and attend to normal challenges faced at an individual level (p.157).

Experience of burnout

Reported themes regarding counsellors' descriptions of burnout reveal three major themes namely: *exhaustion* which covered emotional consequences, physical consequences and factors associated with no rest; *work settings and characteristics* which covered organisational factors, personal challenges at the workplace, affective consequences and work related factors; *sources of stress* which included client induced factors, loss and grief and interpersonal factors.

Counsellor exhaustion, which covered emotional consequences, physical consequences and factors associated with no rest, was consistent with findings from other studies like Beheshtifar and Omidvar (2013) who presented a summary of seven causes of burnout as follows: "loss of control, inadequate feedback and poor communication, work load; overload and under-load, intensity of client work, role of conflict and individual factors" (p.109-110).

A number of participants narrated the emotional aspects of their burnout experience. These narratives focused on feelings of irritability, fatigue, restlessness, depression and not being able to control one-self. Egan (2006) explained that therapist factors have an impact on the experience and perception of burnout. These factors include age, relevant experience, training; and personality factors like locus of control and coping strategies.

Regarding *work settings and characteristics* that covered organisational factors, personal challenges at the workplace, affective consequences and work related factors; Vorkapic and Mustapic (2012) attested to two sets of factors that lead to burnout. Firstly; work conditions like working in small office spaces and working with no or minimal resources. Secondly; work organisation factors like unclear organisational structure, insufficient time for tasks, working

without breaks, undefined work expectations, inadequate continuous professional development and inadequate rewards.

Some of the counsellors interviewed mentioned dealing with workplace grievances as a reason for changing jobs. Some of these grievances included working with lazy colleagues, poor management practices, recalls from leave and inadequate time for rest. Lewandowski (2003) argued that workplace factors could contribute to employees getting frustrated, which then leads to aspects of burnout like emotional exhaustion. She further articulated that employees are concerned about paperwork and rules, which have an impact on service provision. She further stated that employees are most frustrated if their organisations are more client centred as opposed to listening to staff concerns (Lewandowski 2003).

Many participants expressed responses that implied stress emanating from or causing emotional strain and tension. These expressions, sentences and descriptions were those that specifically referred to client induced factors, loss and grief and interpersonal factors. Client induced factors included dealing with difficult clients and their significant others, HIV issues and balancing clinical and administrative roles. This seems to agree with Vorkapic and Mustapic (2012) who explained client factors to include the nature of client clinical presentation and the impact on a counsellor's case load.

The subtheme of interpersonal factors derived responses that talked about interactions with family members. One of the participants stated that: *"I have no quality time for family and children."* Rupert et al. (2009) stated that work and family conflict arises when demands of one domain are in conflict with the expectations of the other. They argued that work and family have a reciprocal relationship.

A number of participants narrated their reactions on the losses and impact on their work that they as counsellors have gone through. One of the participants narrated that: *“Loss of a loved one made me feel burnout; the insecurity of failing to deliver in terms of counselling and also meeting my goals and objectives in life both spiritually and professionally.”* Sadler-Gerhardt and Stevenson (2011) stated that feelings of loss and grief add to the counsellor’s stress.

7.2.2.2 Secondary research objective 2: Common cultural and institutional factors that lead to low self-esteem, high burnout and employee turnover intentions.

Cultural Factors

Results revealed that the cultural and institutional factors that lead to low self-esteem, high burnout and turnover intentions can be classified in two themes namely: *responsive factors*, which included aspirations, chronic disease, feedback, norms and rewards; and *generic factors*, which included demographics, family issues, interpersonal issues and workplace issues.

This is congruent with a number of studies (Brown et al., 2009; Egan 2006; Heine 2001; Maslach & Leiter 2005). Maslach and Leiter (2005) identified individual’s antecedents such as age, gender, marital status and experience. Heine (2001) considered self and self-esteem as cultural constructions. Brown et al. (2009) stated that self-esteem functions similarly in different cultures. Egan (2006) explained extra-vigilant factors included life events experienced by the counsellor, social support, and cultural context.

Institutional Factors

Regarding the workplace factors that lead to high burnout and turnover intentions, two themes are derived from the results. *Connectedness shortfalls and factors*, which include client- induced factors and interpersonal challenges, was the first theme analysed. This compares well with other reported studies. For instance, Egan (2006) explained client factors to include the nature of client clinical presentation and the impact of the counsellor's case load. Cordes and Dougherty (1993) presented three categories of factors that cause burnout namely: job and role characteristics, personal characteristics and organisational characteristics.

The second theme to emerge is that of *workplace deficits and workplace induced deficits* which includes benefits and rewards, employee motivation shortfalls, employee performance deficits, management deficits, pressures of work and resources deficits. These findings are consistent with other reported studies. White and Gaertner (2011) identified workplace factors that contribute to counsellor turnover include: “ambiguity or organisational mission, inadequate salaries and benefits, inadequate frequency and quality of clinical supervision, high workload, lack of autonomy and control, lack of access to training and development, role mismatch and stress” (p.57.) Maslach et al. (2001) stated that lack of work control contributes to reduced personal accomplishment and higher levels of emotional exhaustion.

Management deficits were depicted as a factor that leads to turnover, burnout and low self-esteem. The deficits mentioned in this study include lack of clear purpose for the institutions existence, staff shortage, inadequate support, tight supervision-micro management, lack of appraisal and motivation, lack of proper policy guidelines within the institution, no clear strategies during employment and lack of support from management. These findings are

consistent with other reported studies. Egan (2006) listed the organisational factors that influence burnout to include: organisational support to the counsellor, supervision and caseload. Maslach and Leiter (2005) identified situational predictors of burnout and these include workload, lack of control, awards, social network, job fairness and values. Pierce and Gardner (2004) reported that the way in which a manager directs, communicates and behaves with their employees' influences the employees' self-esteem and self-worth.

7.2.2.3 Secondary research objective 3: Common cultural and institutional interventions for dealing with low self-esteem, high burnout and employee turnover intentions.

From the study findings, two major themes emerged on the common cultural and institutional interventions for dealing with low self-esteem, high burnout and high turnover intentions namely: *developmental interventions* and *normative interventions*.

Developmental Interventions

Developmental interventions articulated communication improvement strategies, institutional procedures, policies and practices, and professionalism oriented strategies. Vorkapic and Mustapic (2012) suggested changing troublesome conditions is a way of dealing with burnout at the workplace. Hatinen et al. (2007) stated that the three burnout components, as proposed by Maslach and Jackson (1981), seem to react differently to the same preventive or treatment activities. They reported that at the individual level cognitive behaviour strategies have been viewed as successful and at the organisational level reducing job stressors has been effective. They argued that a combination of both is the best approach.

Many participants suggested communication improvement strategies as ways of intervening against burnout and turnover. This theme was derived from responses that portrayed opportunities for dissemination of information and modifications of workplace professional relationships. Some of the interventions proposed included holding monthly team building retreats, management listening to staff concerns and attending to them, improving communication channels, holding regular meetings and annual general meetings, and receiving feedback from satisfied customers. Kim and Lee (2009) reported that job relevant communication and relationship communication reduce turnover intentions and burnout. McNulty et al. (2007) reported that participatory management at the organisational level is a strategy to reduce turnover.

The importance of institutional procedures, policies and practices as interventions was highlighted by many participants. Some of the suggestions from this study included providing an enabling working environment, setting clear guidelines for staffing, client intake and professionalism, developing policy on work criteria and client intake, and motivating the employee, and giving them management support. Young (2015) proposed improvement in areas of work life namely: “adjustment of workload, increasing employees control over work and decision making, adjusting organisational rewards to an employee’s expectations, developing a sense of community, promoting fairness and aligning personal and organisational values” (p.682-3).

Other suggestions from this study include setting up a job appraisal and reward system, providing opportunities for promotions when qualified, reducing workload by having sufficient number of workers; client worker ratio and increasing staff salaries. These findings are

consistent with Gallon et al. (2003) who reported a number of interventions to reduce turnover. These included increasing salaries, improving benefits, reducing paperwork, providing ongoing training, providing personal recognition, career development and shortening working hours. Dunford et al. (2012) suggested that when managers plan interventions for employee burnout they should consider career transitions.

Other proposals given by participants included: proper planning, provision of institutional support systems and self help groups providing clear guidelines for staffing, client intake and professionalism, motivating the employee and giving them management support. These findings are consistent with Griffeth, Hom and Gaertner (2000) who proposed a number of workplace interventions in dealing with counsellor turnover. These included enabling counsellor independence and autonomy, training and skill building, team building and conflict management training, succession planning and leadership training, clarifying boundaries and role expectations. Xanthopoulou et al. (2007) noted that to deal with predictors of burnout, organisations need to provide sufficient amount of job resources. Briner and Reynolds (1999) argued that workplace based interventions aimed at reducing stress and burnout, and some of the maladaptive responses to stress have little or no effect.

The findings in this study equally suggest interventions at the workplace; these suggestions conform to other studies. Rupert, Miller and Dorociak (2015) explained that job control has been associated with less emotional exhaustion, less depersonalisation and increased personal accomplishment. A number of participants talked about increasing job control and autonomy in dealing with burnout and turnover. Rupert, Miller and Dorociak (2015) stated that workplace support is significant in dealing with burnout especially in promoting a sense of personal

accomplishment. In addition, more personal resources predicted less emotional exhaustion and more personal accomplishment. White and Gaertner (2011) stated a number of interventions including: increasing salaries, improving benefits, reducing paperwork, ongoing training, personal recognition, participatory management and strategic planning. The interventions proposed in this thesis are quite similar to these. Knudsen et al. (2003) reported four practices of reducing counsellor turnover namely long term strategic planning, participatory decision making, improved benefits and increasing commitment to retention activities and increasing salaries (Knudsen et al. 2003).

The study found that many counsellors proposed professionalism oriented strategies. These are practices aimed at improving the counsellor's expertness and skilfulness. Some of the suggested strategies include: having motivation talks, on the job training, providing clear job description, attending training and personal therapy, holding team building activities, increasing remuneration and both sides sharing objectives and expectations from the beginning. Silbiger and Pine (2014) suggested that increasing the employees' sense of their work importance could reduce levels of burnout and lower turnover. Lewandowski (2003) suggested that organisational support and worker's control decrease employee burnout.

Normative Interventions

Normative articulated appreciative and affiliative practices, oversight and gate keeping practices and self-care practices. These interventions are similar to those proposed by Maslach et al. (2001) who identified categories of interventions namely: individual focused interventions, which focus on changing factors within the individual; and situation focused and organisational interventions, which focus on management interventions at the workplace.

The study shows that counsellors who were interviewed identified appreciative and affiliative practices from feelings and expressions of positive attributes and positive cohesion. These practices include gift giving, being paid decent salaries, encouraging and appreciating employee's personal development, giving employee benefits and providing periodic appraisals and positive reinforcement, through rewards, recognition and promotions. Other practices identified include potential nurturing and absorption, appreciating work experiences, redefining failure and keep trying, giving positive affirmations, incentives and providing appreciation both oral and written.

The appreciative and affiliative practices mentioned above conform to other research findings. Ramarajan et al. (2006) argued that treating employees with respect and dignity contributes to employee retention. Koh and Neo (2000) argued that use of financial inducements is a good way reward and retain employees. Pare and Temblay (2000) postulated that employees stay when well remunerated.

From the study findings, the theme of oversight and gate keeping practices was extrapolated. Herein the participants revealed three major practices namely: (1) attending personal therapy, (2) going for clinical supervision and (3) involvement in continuous professional development programmes. White and Gaertner (2011) stated clinical supervision is a significant intervention for dealing with counsellor turnover. Knudsen et al. (2012) implied that supervision provides significant support and is a buffer for resolving workplace issues. In their study, they examined the relationship between supervision and exhaustion. They found that there is a negative association between clinical supervision and exhaustion.

Many respondents attested participating in personal therapy as an important intervention for dealing with burnout. This is consistent with Couper (2005) who suggested a number of personal interventions for dealing with burnout, which included: recognising limitations, accepting to involve others in dealing with stress, involving supportive people, physical self-care and clarifying personal goals and objectives. Dam, Eling, Keijsers and Becker (2013) reported that cognitive behavioural treatment programmes for burnout are effective in dealing with components of burnout like physical fatigue and reduced performance.

Generally personal therapy can be reflective and goal oriented in dealing with burnout and turnover intentions. Lewandowski (2003) challenged employees to reflect on impact of burnout on the quality of service provision. Shirom (2003) proposed support groups to ameliorate burnout, particularly popular in learning environments by providing instrumental and emotional support.

Attending supervision was mentioned as a significant intervention for dealing with burnout and turnover intention. This seems to agree with Mutai et al. (2015) who found that counsellors utilised clinical supervision as a coping strategy more than other coping strategies. It further agrees with Thompson et al. (2011) who observed that supervision has an important role in promoting resilience as a protective factor against burnout. Further, Lee, Lim, Yang and Lee (2011) suggested that clinical supervisors need to consider emotional exhaustion and tailor job demands accordingly. Other strategies that they proposed include delegating administrative work, self-care, peer support and group supervision.

From the study findings, many participants talked about 'self-care' as one of the interventions for dealing with burnout and turnover intentions. This theme was derived from responses that

depicted practices aimed at individual attention, management and nourishment. Thompson et al. (2011) stated that self-care and self monitoring of symptoms of burnout are essential for counsellors in caring for clients as well as for themselves. Expressed interventions included: taking leave and off, seeking financial advice, introducing off days from work, setting boundaries, learning to manage stress and engaging in recreation. Other self-care strategies mentioned include involvement in prayer and spiritual group, retreating from stressors, planning for employee assistance programs.

A number of participants mentioned setting boundaries as a way of dealing with burnout and turnover intention. Egan (2006) recommended that counsellors need to maintain healthy boundaries between work and home life. Rupert et al. (2009) suggested that strategies to reduce burnout must move beyond work setting and integrate work and family life. They further argued that family support is more important for well being at work.

Rupert, Miller and Dorociak (2015) categorised emotion focused strategies to influence different aspects of burnout e.g. denial, venting and use of alcohol were associated with emotional exhaustion; and problem focused strategies like planning and seeking support were associated with lower depersonalisation and higher personal accomplishment. They further suggested that maintaining cognitive strategies for keeping perspectives on ones work is important for reducing both emotional exhaustion and depersonalisation.

7.3 Review of Integrative Objectives

7.3.1 Introduction

This section provides an integration of both quantitative and qualitative discussion of data with an emphasis and focus on implications for clinical supervision of counsellors. The gist of the

discussion is on clinical supervision as targeted at counsellors dealing with high turnover intentions, high burnout and low self-esteem among counsellors. This integration was preceded by an overview of clinical supervision, a description of the functions of supervision, an overview of supervision models and theories, and an argument for a model of supervision to deal with burnout and turnover among counsellors as espoused in chapter two and three. In the review of clinical supervision models in chapter three, the researcher demonstrates that general models exist and some models targeted at burnout among counsellors. In addition, one of the objectives sought by this study was guide supervisors and employers of counsellors on how to respond to counsellor's presenting burnout and turnover intention.

Recap of lessons so far.

- This thesis has demonstrated that the measuring instruments used in the study have high internal consistency with this sample of Kenyan counsellors
- Reported findings in chapter five revealed that 20.4 percent of the counsellors studied presented with high burnout, 45.7 percent presented with high turnover and 6.8 percent presented with low self-esteem. Further, in chapter six, among the counsellors who participated in the qualitative study, 60.9 percent reported high turnover intentions
- Regarding self-esteem; statistically significant relationship was found between self-esteem and age, gender, marital status, duration of work, academic qualification and job status.
- The relationship of the background variables and burnout indicated that the emotional exhaustion subscale has statistically significant relationships with age, academic qualification; marital status and employment status. Regarding the depersonalisation

subscale, results indicate a statistically significant relationship with age, gender, marital status and employment status. The analysis for the personal accomplishment subscale indicates a statistically significant relationship with gender, academic qualification, marital status, duration of employment and employment status

- Analysis carried out indicated a statistically significant relationship between turnover intention and age, marital status, highest academic qualification of participant and employment status.
- Concerning the relationship of the self-esteem, burnout and turnover intention scores; a statistically significant relationship was found between turnover intention and burnout and but not between turnover intention and self-esteem.
- Reported themes derived from the reasons for counsellors changing jobs were classified into three namely: Diversification reasons, growth and development reasons, remunerative and benefits reasons.
- Elaborated themes derived from counsellors' feelings about self-esteem were classified into three: feelings of self-worth, global self-esteem, and self evaluation.
- Reported themes regarding counsellors' descriptions of burnout revealed three major themes namely: exhaustion; work settings and characteristics; sources of stress.
- Results revealed that the cultural and institutional factors that lead to low self-esteem, high burnout and turnover intentions were classified in two themes namely: responsive factors and generic factors.
- Regarding the workplace factors that lead to high burnout and turnover intentions, two themes were derived from the results namely: connectedness shortfalls and factors and workplace deficits and workplace induced deficits.

- Two major themes emerged on the common cultural and institutional interventions for dealing with low self-esteem, high burnout and high turnover intentions namely: developmental interventions and normative interventions.
- This study implemented a convergent parallel mixed methods design whereby both quantitative and qualitative data were collected in parallel, analyzed and discussed separately.

7.3.2 Rationale for integrating Clinical Supervision in dealing with Low self-esteem, Burnout and Turnover Intentions.

One of the main objectives of this thesis was to apply quantitative and qualitative data to clinical supervision. In this section, the researcher reviews and extrapolates specific findings to clinical supervision. Further suggestions on interventions are explained.

Self-esteem and Clinical Supervision

To begin with, the researcher examines the relationship of counsellors' self-esteem and clinical supervision. An open question during clinical supervision is whether a counsellor experiencing low self-esteem is an effective counsellor. In addition, what should a clinical supervisor do with a low self-esteem counsellor? From the quantitative part of the study 6.8% of the counsellors interviewed had a score of below 14 on the Rosenberg self-esteem scale. Further from the qualitative findings, three themes emerged from participants' narratives and responses namely feelings of self worth, global self-esteem and self-evaluations.

Historically, this question has received considerable response. Wiggins and Giles (1984) found that high self-esteem counsellors are more helpful than counsellors with low self-esteem. Walz (1991) contended that counsellors' self-esteem is a vital determinant in the counselling

relationship between client and counsellor. Butler and Constantine (2005) observed that counsellors' own perceptions of themselves as members of the counselling profession can affect their competence and the client counsellor relationship. Yu, Lee and Lee (2007) stated that self-esteem is positively related to better client relationships. Williams (2015) opined that supervisory experiences and self esteem have a significant relationship. Furthermore, Williams (2015) hypothesized that psychologists involved in clinical supervision have skills, knowledge and attitudes to improve self esteem of their supervisees.

However these responses have not been primarily targeted at the clinical supervision for self-esteem issues of the counsellor. Inskipp and Proctor (1993) demarcated 3 functions of supervision that can be deduced to dealing with low self-esteem namely:

- *Formative*; to refer to learning new skills and through reflection and improve self-esteem,
- *Restorative*; to refer to support for the counsellor emotionally in dealing with self-esteem challenges,
- *Normative*; concerned with maintaining standards and ethics and how they impact on the counsellor's adherence especially when experiencing low self-esteem.

Another adaptation is derived from the Discrimination Model by Bernard and Goodyear (2009). Bernard and Goodyear (2009) suggested three roles of the supervisor namely *teacher*, *counsellor* and *consultant*. From this it can be postulated that the supervisor:

- Can teach the counsellor strategies on how to improve self-esteem.
- Counsel the counsellor on how to deal with impediments for self-esteem,
- Be a consultant to the counsellor and facilitate personal reflection on self-esteem.

When reflecting on the impact of self-esteem in supervision; the supervisor can help the counsellor to resolve specific events that trigger feelings of low self-esteem. Indeed the supervisor can help the counsellor by facilitating increase in self-esteem. Ladany, Friedlander and Nelson (2005) delineated a model of supervision known as “interpersonal or events based approach”. According to this approach the counsellor and the supervisor are confronted with specific events in supervision; which need to be resolved. Further they schematized these resolutions in categories that focus on increasing self-awareness, knowledge and skills and their impact on the supervisory alliance.

Turnover and Clinical Supervision

Concerning the interaction of turnover and supervision, reviewed studies show that clinical supervision is a significant intervention for dealing with turnover among counsellors. In this study 45.7% of the counsellors had a score of above 45 out of 75. Further in the qualitative study participants were asked to identify reasons for changing jobs three major themes emerged regarding counsellor turnover namely: diversification reasons, growth and development reasons and remunerative reasons.

The question then arises, what can a clinical supervisor do with a counsellor with turnover intentions? Knudsen, Roman and Abraham (2012) observed that clinical supervision is a buffer for resolving workplace issues. As derived from the study findings in chapter six, the supervisor who interacts with a counsellor with high turnover can offer them some of the following:

- Career counseling especially for those counsellors whose reasons for turnover is career related.

- Be consultant on how to deal with job and career dissatisfaction. Gallon et al. (2003) reported career development programs as one of interventions to reduce turnover
- Lobby for counsellors to have their remunerative and benefits reasons dealt with.
- Advise employers on how to deal with workplace grievances. A number of participants expressed current complaints and concerns emanating from the workplace.
- Assist in implementation of professionalism oriented strategies. Many participants expressed that these are those practices aimed at improving the counsellor's expertness and skilfulness. These strategies include: Motivation talks, on the job training, providing clear job description, Training, Increase remuneration and also personal therapy.
- Advise on institutional policies, procedures and practices that will lead to low turnover
- Implement oversight and gate keeping practices mainly by referring counsellors for personal therapy and offering clinical supervision.
- Encourage counsellors to implement self care strategies.

Burnout and Clinical Supervision

Regarding the relationship of burnout and supervision, reported studies reveal evidence of supervision models in dealing with burnout. In this study 20.4% of the counsellors presented with scores for high burnout and 79.6% presented with scores for low burnout. In the qualitative part of the study counsellors narrated their incidents of burnout; three major themes emerged namely:

- Exhaustion; derived from participants narratives that elaborated counsellors' emotional and physical fatigue.

- Work settings and characteristics; depicted from participants narratives that talked about contexts and attributes of the workplace that cause burnout
- Sources of stress; derived from participants narratives of client induced factors, interpersonal factors and the experience of loss and grief.

Many participants expressed that clinical supervision, attending personal therapy and engaging in continuous professional development are some of the ways of dealing with burnout. Reported studies show evidence of the benefits of attending to clinical supervision (Gachutha, 2006; Kinga et al. 2012).

7.3.2.1 Structure and Focus of the ‘Burnout-Turnover’ Integrated model

This section presents a model of clinical supervision of counsellors that is integrated and which can be carried out in managerial, administrative and consultative supervision. The model is insight oriented and reflective; it can be carried out with groups or individuals.

The rationale of this integrative model is to provide a structure on how to deal with high turnover and high burnout levels in the context of a supervisor-supervisee relationship. The central point of this model is on helping counsellors, supervisors and institutions that they work at deal with burnout and turnover intention. Barak, Nissly and Levin (2001) contended that employee turnover affects employees, employers and their clients. Smith (2005) further agreed that relationships have to be modified or terminated, and that at times clients have to start therapy afresh.

Conversely Hom et al. (2012) stated that employee turnover is inevitable. With this in mind, the key question for this model is to balance between the motivations of counsellor turnover and

dealing with counsellor burnout on one hand, and dealing with institutional expectations on the other hand.

In addition, from the study findings, the theme of oversight and gate keeping practices was extrapolated. Herein the participants revealed three major practices namely: (1) attending personal therapy, (2) going for clinical supervision and (3) involvement in continuous professional development programs. However review of literature showed that supervision has a role in dealing with burnout and supervision. The model presented contributes to this discourse by providing a 'guide' for the supervisor and manager on how to intervene. Further results reveal a number of institutional procedures, policies and practices in dealing with burnout and turnover intentions. This model contributes towards these policies and practices.

A number of authors have looked at the qualities of a good model of clinical supervision (Bernard & Goodyear 2004; Powell & Brodsky 2004). Centre for Substance Abuse Treatment, (2009) cited the following as characteristics of a good model: "Rooted in the individual, beginning with the supervisor's self, style, and approach to leadership, precise, clear, and consistent, comprehensive, using current scientific and evidence based practices, operational and practical, providing specific concepts and practices in clear, useful, and measurable terms" (p. 9).

Centre for Substance Abuse Treatment, (2009) further mentioned that a good model is: "Outcome-oriented to improve counsellor competence; make work manageable; create a sense of mastery and growth for the counsellor; and address the needs of the organisation, the supervisor, the supervisee, and the client" (p. 9). However Stoltenberg and McNeill (2012) cautioned by stating that there is insufficient evidence on which models are most effective.

The Care Quality Commission of the United Kingdom (2013) enumerated a number of benefits of clinical supervision. These benefits include:

- managing personal and professional demands, as related to what was narrated by participants in tables 6.8, 6.9 and 6.10
- exploring personal and emotional reactions to work as related to what was expressed by participants in tables 6.8 and 6.9
- enabling staff members to reflect and challenge their own practices as related to what was reported in table 6.10
- Ensuring clients receive services from staff who manage their personal and emotional issues and ensuring good HR practices as expressed in Table 6.11.

Hence the ‘Burnout Turnover’ integrated model presented in this thesis exhibits these characteristics.

7.3.2.2 Supervision Format and Modes of Presentation

From the study findings, many participants talked about attending both individual and group supervision. In this model, the supervisor can employ various formats e.g., individual, triadic, peer/colleague review and group supervision. In addition, the supervisor chooses or creates a structure and process that encourages supervisee involvement and constructive feedback. If group supervision format is employed the recommended group size is four to six persons. Kinga et al. (2012) reported that counsellors received great benefits from attending fortnight individual and or group supervision sessions. They inferred that this is sufficient supervisory time. Group

supervision gives counsellors a sense of commonality with others in the same situation (Bernard & Goodyear, 2004).

Many respondents reported writing personal journals and diary notes to reflect and deal with burnout and Turnover intention. Corey, Corey and Callanan (2011) described self-report as one of the most widely used supervision methods. Feist (1999) stated that process notes enhance self-reports by providing insight into the content and interactional processes of the sessions. Accordingly, the counsellor can present session logs, or journal entries to help describe the impact of burnout, turnover intention or self-esteem on their clinical work. In addition, the supervision for burnout and turnover intention can be done on a needs basis.

Table 7.1 presents the steps of the integrated supervision model, the counsellor's tasks and supervisor's tasks involved. The steps are derived from counseling and supervision literature and integrated with Participant responses from chapter six. They have been adapted and modified from Brammer and Shostrom Model (Brammer & Shostrom 1977) and the Transtheoretical model (Prochaska, DiClemente & Norcross 1992).

Table 7.1:
'Burnout-Turnover' Integrated model

	Counsellor tasks	Supervisor tasks
Contracting/structuring	<ul style="list-style-type: none"> Express their expectations of the supervision session 	<ul style="list-style-type: none"> Set the objectives of the supervision session
Exploration/narrative	<ul style="list-style-type: none"> Narrative about discrepancy on burnout, or turnover intention or self-esteem 	<ul style="list-style-type: none"> Explores current scenarios and discrepancies expressed

		by the counsellor.
Psychometric assessment Results sharing and exploration interview	<ul style="list-style-type: none"> • Self-administers and Self-reports using the burnout inventory and the turnover intention scale 	<ul style="list-style-type: none"> • Explains the objective of the assessment • Scores and interprets the scales
	<ul style="list-style-type: none"> • Open to feedback, participates in the interview 	<ul style="list-style-type: none"> • Gives feedback and explores the different factors expressed in the questions of the scales.
Structured interventions using the trans-theoretical model <ul style="list-style-type: none"> • Pre-contemplation • Contemplation • Preparation • Action • Maintenance • Relapse 	<ul style="list-style-type: none"> • Explores their own change process in relations to the stages of change 	<ul style="list-style-type: none"> • Explores the counsellor's stages in the change process and offers feedback.
Review	<ul style="list-style-type: none"> • Summarises the content of the session, overview of 	<ul style="list-style-type: none"> • Provides an overview and summary of the

	feelings and insights gained	issues discussed
Terminate/appointment	<ul style="list-style-type: none"> • Sets goals for the next period • Updates their supervision log and journal 	<ul style="list-style-type: none"> • Facilitates goal setting •

7.3.2.3 Contracting/structuring

Structuring refers to an interactional process between counsellors and clients in which they arrive at similar perceptions of the role of the counsellor, an understanding of what occurs in the counselling process and an agreement on which outcome goals will be achieved (Brammer, et al. 1989). Further, Structuring is a term that describes the behaviours by which counsellors' let the clients know their respective roles at various stages of the counselling process (Nelson - Jones 1998).

In this case, structuring is identification of the different expectations of the counsellor and the supervisor. It involves the definition of roles and an agreement of the outcomes of the supervision process.

From the study findings, a number of participants expressed instances that reflected the need for structuring. For instance when asked for reasons for desire to change jobs; Participant 23 stated: *“Monotony.”* Participant 6 stated: *“Discord with management”*, Participant 7 stated: *“Dissatisfaction in the current jobs”* and Participant 12 expressed: *“Both sides sharing objectives and expectations from the beginning.”*

Structuring Purposes

From Nelson - Jones (1998), the following can be outlined and adapted as the purpose of structuring in supervision:

- Helps the counsellor to know the role of the supervisor in the supervision process
- Enables the counsellor to understand what occurs in supervision
- Helps to establish the goals to be achieved in the supervision
- It reduces the counsellor's ambiguity and anxiety about supervision
- Ensures smooth termination during the last stage of supervision
- Reduces anxiety about dissolution of the supervisory relationship
- Conveys action expectations and information about what may happen after supervision terminates

7.3.2.4 Exploration Stage

A number of definitions of the word exploration have been offered. Merriam-Webster's Learner's Dictionary defines 'explore' as: "to look for; to search in order to discover; to try and find out something; to go far and deep in order to find what is hidden". Culley and Bond (2011) stated that exploration means helping clients to articulate their concerns. This is what the client is expected to do. To look deep within himself to search for his hidden motives, thoughts, feelings - that he has pushed away from his awareness into his consciousness.

Accordingly when applied to supervision, exploration is essentially an enabling and a clarification procedure through which the counsellor discovers what is important for them,

examine their own behaviour and find meaning in their feelings. It also involves helping them in the process of sharing their experiences, hopes and feelings in relation to burnout and turnover intention (Culley and Bond 2011).

The supervisor in this case has the responsibility for facilitating exploration with the counsellor and needs both to appraise and to monitor the process. Culley and Bond (2011) proposed the following questions that have been modified to assess the exploration stage in Supervision.

- *How specific is this counsellor being?* (p. 75).
- *How focused is the counsellor being?* (p. 76).
- *How prepared is this counsellor to talk about him herself?* (Culley and Bond 2011, p.77).

In summary, exploration for the counsellors means helping them to talk about themselves and their concerns in a specific and focused way. In addition, it is aimed at making them to acknowledge their strengths and weaknesses, their achievements and values, and interests. It also means taking stock of relationship resources and deficits, community back and economic and cultural factors that influence their burnout and turnover intention (Culley and Bond 2011).

Many respondents reported instances that would have been appropriately and extensively discussed in the exploration stage. Some of these statements made in regard to Turnover are as follows: Participant 11 expressed: *“I didn’t feel motivated and felt lost within the counselling department,”* Participant 17 stated: *“Lack of challenges,”* and Participant 19 stated: *“Lack of team work.”* Other statements that can be discussed in exploration include: Participant 23 stated: *“Engage in negative self talk, unresolved conflicts about the past.”*

Hence based on the above the following can be stated as the aims of the exploration stage:

- *“To establish a working relationship*
- *To clarify and define problems*
- *To make an assessment*
- *To negotiate a contract”* (Culley and Bond 2011, p. 62).

These aims provide a framework for focusing supervision work and for assessing both process and progress. They are stage specific - that is they are outcomes more appropriate to the beginning stage of supervision than to any other (Culley and Bond 2011).

7.3.2.5 Psychometric Assessment, Results Sharing and Exploration Interview

Gachutha (2006) stated that burnout inventories and other psychological tests are utilised in supervision in order to provoke personal plot lines, themes and patterns requiring exploration. Further, they are used to generate new insights and action (Gachutha 2006). Dorr (1981) contended that the use of the standard tests together with interpretation and feedback fosters objectivity.

At this stage, the supervisor will administer the scales to measure burnout and turnover intention and/or alternatively interpret the scores. Turnover intention can be measured by utilising the intentions-to-stay questionnaire by Roodt (2004). The questionnaire deals with intentions to stay, the theory and findings still hold valid for turnover intentions (Martin & Roodt 2008). Burnout can be measured by the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981). The questionnaire deals with burnout as a single syndrome that has three definite components of emotional exhaustion, depersonalisation and feeling of personal accomplishment. High burnout

is the signified by high score on emotional exhaustion and depersonalisation and low scores on personal accomplishment. Low burnout is signified by low score on emotional exhaustion and depersonalisation and high scores on personal accomplishment (Maslach and Jackson 1986).

From the study findings, a number of participants talked about instances that would have necessitated a need to use inventories and scales for example when asked to describe their perceptions of self esteem; Participant 16 stated: *“It is low.”* Other examples include when asked about incidents of burnout; Participant 12 reported: *“Feel easily irritated and unsettled; burnout due to working constantly”* and Participant 13 stated: *“Feeling depressed and loss of interest in my career almost thought of quitting.”*

After the assessment, the supervisor then discusses the scores with the counsellor. The supervisor will discuss specific statements from the scales that are significant to the counsellor’s current scores and stage in supervision. Watkins, Campbell & McGregor (1988) posited that counselling psychologists use tests because they can answer to needs and provide information.

7.3.2.6 Structured Interventions using the Trans-theoretical Model

Reported studies show the application of the trans-theoretical model to clinical supervision (Aten, Strain & Gillespie 2008; Perera-Diltz & Yeager 2009). Aten et al. (2008) presented an application of this model on the process of clinical supervision. They further discussed and modified to facilitate a comprehensive understanding of the application to clinical supervision (Aten et al. 2008).

Prochaska, DiClemente and Norcross (1992) developed the trans-theoretical model in the context of substance abuse treatment. They were concerned with the processes of intentional change of

addictive behaviours. They carried out research on self-initiated and professionally facilitated change of addictive behaviours using the key trans-theoretical constructs of stages and processes of change. They posited that behaviour change involves progression through five stages namely: pre-contemplation, contemplation, preparation, action, and maintenance and individuals typically recycle through these stages several times before termination (Prochaska et al. 1992).

Perera-Diltz and Yeager (2009) postulated an application of this model within the integrative model of supervision. In addition, they contended that both the trans-theoretical model and the integrative developmental model are based on a philosophy that is progressive and developmental in nature. They further acknowledged that the explanation of these processes tends to oversimplify the complex issues of human development and supervision (Perera-Diltz & Yeager (2009).

Table 7.2:

Prochaska and DiClemente (1994) Stages of Change Model

Stage of Change	Characteristics	Techniques
Pre-contemplation	<ul style="list-style-type: none"> • Not currently considering change: "Ignorance is bliss" 	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: Decision is theirs • Encourage re-evaluation of current behaviour • Encourage self-exploration, not action • Explain and personalise the risk
Contemplation	<ul style="list-style-type: none"> • Ambivalent about change: "Sitting on the fence" • Not considering change 	<ul style="list-style-type: none"> • Validate lack of readiness • Clarify: Decision is theirs • Encourage evaluation of pros and cons of behaviour change • Identify and promote new,

	within the next month	positive outcome expectations
Preparation	<ul style="list-style-type: none"> • Some experience with change and are trying to change: "Testing the waters" • Planning to act within one month 	<ul style="list-style-type: none"> • Identify and assist in problem solving re: obstacles • Help individual identify social support • Verify that individual has underlying skills for behaviour change • Encourage small initial steps
Action	<ul style="list-style-type: none"> • Practicing new behaviour for 3 -6 months 	<ul style="list-style-type: none"> • Focus on restructuring cues and social support • Bolster self-efficacy for dealing with obstacles • Combat feelings of loss and reiterate long-term benefits
Maintenance	<ul style="list-style-type: none"> • Continued commitment to sustaining new behaviour • Post - 6 months to 5 years 	<ul style="list-style-type: none"> • Plan for follow-up support • Reinforce internal rewards • Discuss coping with relapse
Relapse	<ul style="list-style-type: none"> • Resumption of old behaviours: "Fall from grace" 	<ul style="list-style-type: none"> • Evaluate trigger for relapse • Reassess motivation and barriers • Plan stronger coping strategies

Source: Prochaska and DiClemente (1994) Stages of Change Model

Stages of Change and Clinical Supervision: Application to Burnout and Turnover Intention

Prochaska and DiClemente, (1994) depicted that there are five stages through which a person progresses when engaging in change. The first stage, pre-contemplation is defined by lack of awareness of the problem and lack of motivation to change. The second stage, contemplation, the individual is aware of the problems but rarely needs to rectify them (Prochaska & DiClemente, 1994). The third stage, preparation is marked by small changes, this could be cognitive and/or behavioural (Prochaska & DiClemente, 1994). Prochaska and DiClemente, (1994) generalised that the action stage involves further cognitive and behavioural changes. The last stage is maintenance; this involves active preservation of changes made at previous stages to avoid a relapse (Prochaska & DiClemente, 1994).

Aten et al. (2008) reported that these five stages are both hierarchical and spiral; this means that an individual may move through each stage more than once. Prochaska and Norcross (2009) extrapolated that there are 10 empirically supported processes or activities that people utilise to alter feeling, thinking, and/or behaving within the above stages. These processes are: “Consciousness-raising, catharsis/dramatic relief, self-re-evaluation, environmental re-evaluation, self-liberation, social liberation, counter-conditioning, stimulus control, contingency management, and helping relationships (Prochaska & Norcross, 2009).

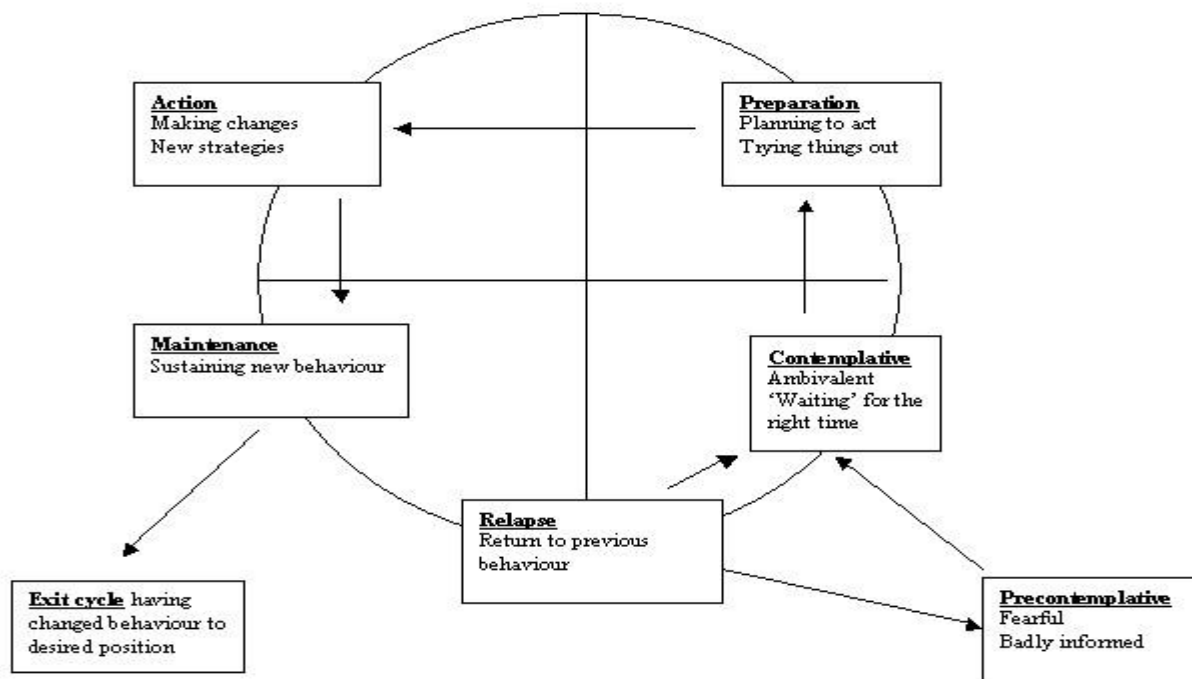


Figure 7.1: Prochaska and DiClemente's Wheel of Change; Prochaska, DiClemente and Norcross, (1992).

Aten et al. (2008) applied this model of change to the process of clinical supervision. This thesis integrated this application to dealing with turnover intention and burnout in clinical supervision.

Pre-contemplation Stage

Aten et al. (2008) depicted that in this stage, Supervisees are not focused on change instead it is those who interact with the supervisee who may notice the supervisee's potential growth area. Aten et al. (2008) further stated that the supervisee might readily accept suggestions for change based on the quality of the supervisory relationship. The supervisor's task is to establish rapport with the counsellor and to present realistic alternatives and opportunities for growth.

Contemplation Stage

Aten et al. (2008) reported that in this stage supervisees have a sense that they need change however, the supervisee is not sure how this change looks like and whether to commit themselves to that change. Aten et al. (2008) further construed that at this stage the supervisee engages in deliberation and stagnation as result of increased awareness about professional expectations. The supervisor's task is to explore feelings of ambivalence, apprehension, distress and anxiety. Further, they can explore with the counsellor the pros and cons of change and what it costs to implement the changes associated with Burnout and turnout intention (Aten et al. 2008).

From the study findings, a number of participant expressions signified being at this stage. For example when asked to narrate their incidents of feeling burnout Participant 4 reported that: *“When I feel low or stressed out I share with a supervisor or other trusted counsellor. Most of the time, they are issues related to work,”* Participant 2 narrated: *“I was working double shifts. I was disappointed by the work I do. I expected success, and unfortunately it did not work out well”* and Participant 18 narrated that: *“Loss of a loved made me feel burnout, The insecurity of failing to deliver in terms of counselling, and also meeting my goals and objectives in life both spiritually and professionally.”*

Preparation Stage

Aten et al. (2008) emphasized that those in the preparation stage are aware of areas in need of growth and intend to change. Turnbull (2000) reiterated that the supervisee would make small behavioural changes after dealing with ambivalence of the contemplation stage. The task of the

supervisee and the supervisor at this stage is collaborating in setting goals and to evaluate foundation for changes. Aten et al. (2008) forecasted that structured collaboration results in success at the action stage.

A number of respondents reported instances that would depict preparation for change. For example when asked about interventions for dealing with burnout and turnover; Participant 2 reported: *“Improving communication channels,”* Participant 18 stated: *“Proper planning,”* Participant 16 expressed: *“Training and also personal therapy”* and Participant 18 stated: *“Redefine failure and keep trying.”*

Action Stage

Aten et al. (2008) contended that supervisees experience anxiety in this stage as a result of applying and implementing new knowledge, skills, and treatment interventions. They further espoused that this anxiety is similar to those experienced by clients in counselling. Aten et al. (2008) generalised that at this stage the supervisee embarks on making commitments to professional development, and executing concerted behavioural strategies to affect client growth. In my view, what stands out is that the supervisee is committed to change that fosters growth. The supervisor’s task is to evaluate the counsellor’s competence in implementing change. Further, the supervisor is expected to offer support and challenge the supervisee as they grow in the change process (Aten et al. 2008).

From the study findings, many participants’ expressions signified being at this stage. For example when asked to describe interventions for dealing with burnout and turnover; Participant 1 reported: *“Referral for personal sessions and sensitization through training,”* Participant 21

reported: *“Taking time off from work”* and Participant 19 reported: *“Ensuring personal therapy and supervision.”*

Maintenance Stage

In this stage, supervisees strive for and make a conscious effort to sustain change. In addition, supervisees in this stage will likely experience less developmental setbacks. Aten et al. (2008) reported that: “Supervisors’ primary goal during the maintenance stage is to help supervisees maintain positive momentum, unite developmental changes, and promote continued growth” (p.3). They further stated that the goal is to build off of positive changes that have been made in order to prevent regression (Aten et al. 2008).

A number of respondents reported instances that would exhibit being in this stage, for example Participant 19 stated: *“Setting boundaries,”* Participant 20 stated: *“Learning to manage stress”* and Participant 21 reported: *“Taking time off from work.”*

7.3.2.7. Review

Here both the counsellor and the supervisor evaluate the supervision session. They audit whether the goals set out in the session and supervisory relationship have been met. Burns (2004) stated that evaluation in supervision is aimed at measuring the benefits of supervision and finding out whether the supervisee accepts the content and process of supervision. Duncan, Miller, and Sparks (2004) postulated that the impact mental health professionals can have on change is achieved by influencing the client’s perceptions of the therapeutic alliance. This can be applied to the supervisory relationship (Duncan et al. 2004).

7.3.2.8 Termination Stage

Guillot, Kilpatrick, Herbert, and Hollander (2004) contended that termination occurs when specific areas of change have been achieved and do not require attention. Aten et al. (2008) reported that the supervisors and supervisees assess the gains made in supervision, identify areas still in need of growth, and discuss the supervisory relationship. Aten et al. (2008) stated that termination *in this model* (italics mine) denotes a transition during which supervisors and supervisees assess supervision goals and refocus on more pressing or advanced areas of professional development. The supervisor's task is to evaluate areas where changes have been achieved and areas that need improvement (Aten et al., 2008).

7.4 The relationship of Turnover Motivational States, Typology of Burnout and the Model of Clinical Intervention.

Table 7.3: burnout typology and Turnover intentions permutations

Motivational States	Well Adjusted Counsellor	Disconnected Counsellor	Persevering Counsellor
Enthusiastic leaving	√	√	√
Enthusiastic staying	√	√	√
Reluctant staying	√	√	√
Reluctant leaving	√	√	√

As earlier summarised in chapter 2, Lee et al. (2010) described a typology of counsellors. Accordingly, they reported that counsellors could be classified according to their MBI scores namely; well-adjusted counsellors, disconnected counsellors and persevering counsellors.

In a prior review, Hom et al. (2012) derived motivational states to explain turnover. They did this by crossing dimensions of desired staying or leaving and high or low perceived control. By

combining these, they came up with four categories namely: enthusiastic stayers, reluctant stayers, enthusiastic leavers and reluctant leavers.

The integration of the typology of burnout and the turnover motivational states presents us 12 different permutations and characteristics. This integration depicts interesting arguments. To begin with, the ‘well adjusted counsellor’ who is ‘enthusiastic leaving’ will exhibit scores lowest on the depersonalisation subscale, highest on the personal accomplishment subscale, highest job satisfaction, more positive self-esteem and *desire and freedom to quit* (Lee et al., 2010; Hom et al.,2012).

The ‘well adjusted counsellor’ and ‘enthusiastic staying’ will exhibit scores lowest on the depersonalisation subscale, highest on the personal accomplishment subscale, highest job satisfaction and more positive self-esteem and *who stay because they choose to stay* (Lee et al. , 2010; Hom et al. 2012).

The ‘well adjusted counsellor’ and ‘reluctant staying’ will exhibit scores lowest on the depersonalisation subscale, highest on the personal accomplishment subscale, highest job satisfaction and more positive self-esteem and *who stay because they must* (Lee et al., 2010; Hom et al.,2012).

The ‘well-adjusted’ counsellor and ‘reluctant leaving’ will exhibit lowest on the depersonalisation subscale, highest on the personal accomplishment subscale, highest job satisfaction and more positive self-esteem than those *who leave because they must* (Lee et al., 2010; Hom et al.,2012).

The ‘disconnected counsellor’ and ‘enthusiastic leaving’ will exhibit medium scores on the subscales of emotional exhaustion; however they scored highest on the depersonalisation subscale and *desire and freedom to quit* (Lee et al., 2010; Hom et al., 2012).

The ‘disconnected counsellor’ and ‘enthusiastic staying’ will exhibit medium scores on the subscales of emotional exhaustion; however, they scored highest on the depersonalisation subscale and *who stay because they choose to stay* (Lee et al., 2010; Hom et al., 2012).

‘Disconnected counsellor’ and ‘reluctant staying’ will exhibit medium scores on the subscales of emotional exhaustion; however, they scored highest on the depersonalisation subscale and they *stay because they must* (Lee et al., 2010; Hom et al., 2012).

‘Disconnected counsellor’ and ‘reluctant leaving’ will exhibit medium scores on the subscales of emotional exhaustion; however they scored highest on the depersonalisation subscale and those *who leave because they must* (Lee et al., 2010; Hom et al., 2012).

‘Persevering counsellor’ and ‘enthusiastic leaving’ will exhibit high scores on the subscales of emotional exhaustion, desire and freedom to quit (Lee et al., 2010; Hom et al., 2012).

‘Persevering counsellor’ and ‘enthusiastic staying’ will exhibit high scores on the subscales of emotional exhaustion and *who stay because they choose to stay* (Lee et al., 2010; Hom et al., 2012).

‘Persevering counsellor’ and ‘reluctant staying’ will exhibit high scores on the subscales of emotional exhaustion and *who stay because they must*.

‘Persevering counsellor’ and ‘reluctant leaving’ will exhibit high scores on the subscales of emotional exhaustion and those who leave because they must (Lee et al., 2010; Hom et al., 2012).

A review of these motivational states and the typology of counsellors by a manager or clinical supervisor influence the content and tempo of both clinical and administrative supervision. For instance, the supervision a well-adjusted counsellor receives is not going to be the same as that of a disconnected counsellor.

7.5 Summary

This thesis sought to combine insights gained from the qualitative and quantitative study. The combination was then developed into a model of intervention. This thesis proposes a model that is integrated model and which can be carried out in managerial, administrative and consultative supervision. The model is insight oriented and reflective; it can be carried out with groups or individuals. This was in line with Bernard and Goodyear (2004) who looked at the qualities of a good model of clinical supervision.

The model presented in this thesis exhibits characteristics as espoused by Centre for Substance Abuse Treatment (2009) namely; that a good model is “outcome-oriented to improve counsellor competence; make work manageable; create a sense of mastery and growth for the counsellor; and address the needs of the organisation, the supervisor, the supervisee, and the client” (Centre for Substance Abuse Treatment, 2009; p. 9).

Synthesis

Quantitative Objectives: Levels of self-esteem, burnout and turnover intention among a sample of counsellors in Nairobi, Kenya has been established. Further, the relationship between the variables of self-esteem burnout and turnover intention and the background variables of age, gender, duration of employment, employment status, academic qualification and marital status has been reported.

In addition, the predictive value of self-esteem and burnout to employee turnover intention has been elaborated. It was established that burnout is predictive of employee turnover, though there was no relationship between self-esteem and turnover intention.

Qualitative Objectives: The personal meanings of self-esteem, turnover intention and burnout among the counsellors were elaborated. Counsellors presented with three sets of reasons for turnover intentions notably; diversification reasons, growth and development reasons, and remunerative and benefits reasons. The experience of counsellors regarding self-esteem was classified into three categories namely: feelings of self-worth, global self-esteem and self-evaluation. The perceptions of burnout revealed three major themes namely: exhaustion, work settings and characteristics, and sources of stress.

Regarding the common cultural and institutional factors that lead to low self-esteem, burnout and turnover intentions, two sets of factors were elaborated namely: responsive factors and generic factors. Responsive factors included aspirations, chronic disease, feedback, norms, rewards and benefits. Generic factors included demographics, family issues, interpersonal issues and workplace issues.

Elaborated institutional factors included connectedness shortfalls and factors that referred to client induced factors and interpersonal challenges. Others factors are workplace deficits and workplace induced deficits that referred to benefits and rewards deficits, employee motivation shortfalls, employee performance, management deficits, and pressures of work and resource deficits.

The study presented interventions for dealing with burnout and turnover and these were classified into two namely; developmental interventions and normative interventions. The developmental interventions included communication improvement strategies, institutional procedures and practices, and professionalism oriented strategies. The normative interventions included appreciative and affiliative practices, oversight and gate keeping practices and self-care.

Integrative Objectives: A clinical supervision model for dealing with burnout and turnover was proposed and presented. Study findings were integrated in the discussion of this model. The findings indicated that supervision is viewed as a crucial intervention for oversight and gate keeping purposes.

Chapter eight sets forth detailed recommendations for further action and research, and conclusion derived from this study.

CHAPTER 8: CONCLUSION AND RECOMMENDATIONS

8.0 Introduction

This thesis extends the research on turnover intention among professional counsellors in Nairobi Kenya. Specifically, self-esteem and burnout were postulated as predictor variables of employee turnover intention. Both qualitative and quantitative data collection methods were utilised and results analysed.

This chapter presents conclusions and recommendations. As this is the capstone chapter of the thesis, areas of further study have been proposed and limitations of the study have been presented.

8.1 Conclusion

This study focused on burnout and self-esteem as predictors of turnover intention among counsellors in Nairobi, Kenya. This thesis had qualitative and quantitative objectives. First, the levels of burnout, self-esteem and turnover intention were measured by use of standardised tools and qualitative data was collected through focus group discussion. A review of literature revealed a dearth of studies of the Kenyan context among counsellors and psychologists.

The use of both quantitative and qualitative data has provided a comprehensive presentation of self-esteem, burnout and turnover intention within the population of interest namely the counsellors in Kenya. Hence, one of the contributions of this thesis was the breadth in the data collected and the number of variables assessed.

This thesis found that 6.8 percent of counsellors had low self-esteem, 60 percent had normal self-esteem and 32.7 percent had high self-esteem. In addition it was found that 20.4 percent of

the counsellors reported high levels of burnout, and 79.6 percent of the counsellors reported levels of burnout. Further, regarding turnover intention 45.7 percent of the counsellors reported high turnover and 54.3 percent of the counsellors had low turnover intention. Further these results depicted that instruments used to measure the three variables have a high internal consistency with this sample of counsellors. These findings were consistent with results of similar studies in other contexts.

The second quantitative objective of this study was to measure the relationship between burnout, self-esteem, turnover intention and the background variables of age, gender, marital status, highest academic qualification, employment status and duration of employment. Turnover was found to be significantly related to age, marital status, academic qualification, duration of employment and employment status. These findings were congruent with other studies in reviewed literature.

The burnout subscale of emotional exhaustion had a significant relationship with age, marital status, academic qualification and employment status. The burnout subscale of personal accomplishment was found to be significantly related to age, gender, marital status, academic qualification, duration of employment and employment status. The depersonalisation subscale was found to be significantly related to gender, marital status, academic qualification and employment status. These findings were consistent with findings in other contexts with counsellor and psychologists.

Self-esteem was found to be significantly related to gender, marital status, academic qualification and employment status. These findings were in line with reviewed literature among counsellors and psychologists in other contexts and various specialisations.

The third quantitative objective was to assess the relationship between turnover intentions, self-esteem and burnout. Self-esteem and turnover intention were found to have weak correlation and no statistically significant relationship. The burnout subscales of emotional exhaustion and personal accomplishment were found to have a significant relationship with turnover intention. These findings were congruent with literature reporting other studies with counsellors and psychologists.

The first qualitative objective was to find out the counsellors' personal experiences of dealing with burnout, turnover and self-esteem. Study findings revealed three categories of reasons influencing turnover among counsellors; these were diversification reasons, growth and development reasons and remunerative reasons. Reported studies in different contexts with different demographics of counsellors revealed similar results. Counsellors feelings about self-esteem were categorised into three namely; feelings of self-worth, perceptions of self-evaluation and perception of global self-esteem. In addition, counsellor narratives of burnout experienced revealed three major themes; exhaustion, work settings and characteristics, and sources of stress. These findings revealed the similarity of counsellors' experiences in this setting with other contexts.

Another qualitative objective of the study was to explore the common cultural and institutional factors that lead to low self-esteem, burnout and turnover intentions. Study findings revealed cultural factors as responsive and generic factors. Responsive factors included aspirations, chronic disease, feedback, norms and rewards; and generic factors, which included demographics, family issues, interpersonal issues and workplace issues.

Institutional factors were mainly related to connectedness shortfalls and deficits as exhibited by client induced factors and interpersonal challenges at the workplace. The other institutional factors were revealed was workplace deficits and workplace-induced deficits. These findings were consistent with other reported studies in different contexts.

The third objective was to elaborate common cultural and institutional interventions. Study findings revealed two categories of interventions namely: developmental interventions and normative interventions. Developmental interventions articulated communication improvement strategies, institutional procedures, policies and practices, and professionalism oriented strategies. Normative interventions articulated appreciative and affiliative practices, oversight and gate keeping practices and self-care practices. There was extensive congruence with findings from other studies with psychologists, counsellors and other professions too.

An integrated model of clinical supervision for responding to burnout and turnover intention was presented. This model was proposed as an intervention for equipping and guiding clinical supervisors and agencies on how to deal with burnout and turnover intention in a structured, personalised and systematic way. The model is integrative since it develops its concepts from participant responses, other models of therapy and clinical supervision.

8.2 Recommendations

The study provides a significant contribution to understanding self-esteem, burnout and turnover intention in the Kenyan context among counsellors. The recommendations herein target three beneficiaries namely: counsellors, clinical supervisors and organisations that employ counsellors. Recommendations for future research have been presented too.

8.2.1 Recommendations for Counsellors and Psychologists

This thesis focused on self-esteem and burnout as predictors of employee turnover among counsellors in Nairobi Kenya. The study revealed significant relationship between burnout and turnover intentions. Many studies reviewed show that burnout and employee turnover have an impact on the quality of counselling services provided by counsellors experiencing burnout. Deriving from the participant responses in Chapter 6 concerning their experiences of burnout and turnover it was shown that turnover intention and burnout have an impact on the provision of services.

The revelations presented from the current study challenge counsellors to be self-aware and monitor their own process of burnout and turnover intention. The counsellor is further motivated to take appropriate self-care strategies in dealing with burnout and turnover. This is derived from the participant responses that exhibited self-care practices, exhaustion, sources of stress and interpersonal challenges as articulated in chapter 6.

8.2.2 Recommendations for Clinical Supervisors (Counsellor Supervisors)

Clinical supervisors are encouraged to implement study findings in their periodic supervision of counsellors. This is derived from the participant responses in Chapter 6 that narrated oversight and gate keeping practices as interventions for dealing with burnout and turnover intention. The utility value of the model lies in the process of assessing for turnover intention that is related burnout as exhibited in Chapter 5 whereby the scales show validity and reliability in testing for self-esteem, burnout and turnover intention. Further, clinical supervisors are encouraged to be supportive of counsellors experiencing burnout and to implement appropriate intervention strategies; this is derived from the participant responses in Chapter 6 that articulated

communication improvement strategies, institutional procedures, policies and practices, and professionalism oriented strategies as means of interventions in dealing with burnout and turnover intentions.

8.2.3 Recommendations for Employers of Counsellors (Agencies and Organisations)

Participant responses in Chapter 6 articulated two sets of interventions namely: developmental interventions and normative interventions. Some of the developmental interventions articulated included communication improvement strategies, institutional procedures, policies and practices, and professionalism oriented strategies. Examples of the normative interventions articulated included appreciative and affiliative practices, oversight and gate keeping practices and self-care practices. These study findings can be utilised by employers of counsellors in the following ways:

- Formulation and implementation of a burnout prevention and treatment policy
- Development and implementation of employee retention policy

It is anticipated that the policies and strategies implemented will encompass aspects of assessment and interventions. Organisations that can benefit from this include hospitals, schools and workplaces in both the private and public sectors. Participants elaborated on examples and expectations of these interventions. It would be interesting for Managers to review some of the suggestions as captured in chapter 6.

8.2.4. Recommendations for Further Study

This study results in Chapter 5 indicated that self-esteem has weak correlations with burnout and turnover respectively; in addition they indicated that turnover intentions and burnout have

moderate correlation. Further the study participants in chapter 6 provided the meanings and perceptions of their experiences of self-esteem, burnout and turnover intention. Based on these, the following are suggestions for future research among counsellors in Nairobi, Kenya:

- This thesis yielded a 0.829 Cronbach's Alpha coefficients for the 'intentions-to-stay questionnaire'; an unpublished questionnaire by Roodt (2004), a Cronbach's alpha coefficients of .807 for the Rosenberg self-esteem scale. In addition this study yielded a Cronbach's alpha coefficients of .843 for the MBI - emotional exhaustion scale, for the depersonalisation (DP) scale, this study yielded Cronbach's alpha coefficients of 0.743 and for the personal accomplishment (PA) this study yielded Cronbach's alpha coefficients of 0.899. Future research could test the reliability and validity of these scales and other self-esteem scales, burnout scales and turnover intention scales using samples of counsellors in Kenya.
- Secondly, a future research could examine whether counsellors who are high or low performers are having high turnover intentions and the impact on the quality of service provision. Specifically, what are the effects of counsellor turnover on the counseling outcomes of clients and their families across different areas of specialisation? This is because this study reported categories of reasons influencing turnover among counsellors; as diversification reasons, growth and development reasons and remunerative reasons; and the open question is on the nature of the relationship of these reasons with work performance in this population.
- Finally, this research found that 20.4 percent of the counsellors reported high levels of burnout and 45.7 percent of the counsellors reported high turnover. In addition reported results exhibited interventions used by counsellors and organizations in dealing with

burnout and turnover intentions. Future research could establish the best evidence based interventions (organisational and therapeutic) used to reduce high rates of turnover and burnout among counsellors in Nairobi, Kenya.

8.3. Limitations

This study presented a number of key limitations as follows:

- First the literature reviewed largely relied on online databases and resources; however, the researcher is aware that there was a possibility of other publications, masters and doctoral thesis not available in **electronic format**. This was remedied by continuous reviews of databases and literature search with the help of the UNISA Psychology librarian.
- Second, the study implemented both qualitative and quantitative research method. The study participants were selected through convenience sampling; hence the study findings have limited relative generalisability. Assuming that all the KCPA members were willing to participate in the study, random sampling would have extended the ability of the quantitative part of the study to be generalised. This was remedied by ensuring and testing for reliability and validity of the measurement instruments.
- Longitudinal studies would be of value especially because of the nature of turnover intentions, to see whether the intentions actually translate to actual turnover and to see whether clinical supervision would have actually remedied burnout and turnover intention. Further remedy involved repeating the data analysis and reviewing results with peers and supervisor/promoters.

- Another issue noted is related to the focus group interview, it is possible that some participants may have not openly discussed sensitive and negative experiences with fellow professionals; hence it is possible that the issues presented in Chapter 6 may not be fully representative of the whole counselling profession in Kenya.
- Finally, time management was a challenge for the researcher, because he was studying while working.

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APPENDIX 1: QUANTITATIVE RESEARCH QUESTIONNAIRE

Instructions

This questionnaire contains a number of questions about your perceptions of self and how you feel about your work. Please read each question carefully and respond appropriately. There is no right or wrong answers.

The questionnaire has four sections

SECTION A: DEMOGRAPHIC SECTION

SECTION B: ROSENBERG SELF-ESTEEM SCALE

SECTION C: MASLACH BURNOUT INVENTORY

SECTION D: INTENTIONS TO STAY QUESTIONNAIRE

YOUR TIME IN COMPLETING THIS QUESTIONNAIRE IS GREATLY APPRECIATED

SECTION A: Demographic section

- Please indicate your age group [] 20-29 [] 30-39 [] 40-49 [] 50-59 [] 60 and above
- What is your gender [] male [] female
- What is your marital status [] married [] single never married [] divorced [] widowed [] other ----- (please specify)
- How long have you worked for your organisation?
- What is your highest academic qualification?

- What is your current job status [] working on a fixed term contract
 [] working on permanent terms or open ended contract [] self
 employed [] part time or locum basis [] other -----
 (please specify)

Section B Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

- | | | | | | |
|-----|--|----|---|---|----|
| 1. | On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2.* | At times, I think I am no good at all. | SA | A | D | SD |
| 3. | I feel that I have a number of good qualities. | SA | A | D | SD |
| 4. | I am able to do things as well as most other people. | SA | A | D | SD |
| 5.* | I feel I do not have much to be proud of. | SA | A | D | SD |
| 6.* | I certainly feel useless at times. | SA | A | D | SD |
| 7. | I feel that I'm a person of worth, at least on an equal plane with others. | SA | A | D | SD |
| 8.* | I wish I could have more respect for myself. | SA | A | D | SD |
| 9.* | All in all, I am inclined to feel that I am a failure. | SA | A | D | SD |
| 10. | I take a positive attitude toward myself. | SA | A | D | SD |

SECTION C: Maslach Burnout Inventory MBI; (Maslach & Jackson, 1981)

The Maslach Burnout Inventory is copyrighted. The entire instrument may not be included or reproduced at any time in any published material.

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SECTION D: INTENTION TO STAY QUESTIONNAIRE- Roodt G (2004)

The following questionnaire aims to ascertain the extent to which you intend to stay at the organisation.

Please read question and indicate your response using the scale provided for each question.

DURING THE PAST 9 MONTHS

1.	How often have you considered leaving your job?	Never	1-2-3-4-5	Always
2.	How often do you scan newspapers in search of alternative job opportunities?	Never	1-2-3-4-5	All the time
3.	To what extent is your current job satisfying your personal needs?	To no extent	1-2-3-4-5	To a very large extent
4.	How often are you frustrated when not given the opportunity at work to achieve your personal work related goals?	Never	1-2-3-4-5	Always
5.	How often are your personal values at work compromised?	Never	1-2-3-4-5	Always
6.	How often do you dream of getting another job that will better suit your personal needs?	Never	1-2-3-4-5	Always
7.	How likely are you to accept another job at the same compensation level should it be offered to you?	Highly unlikely	1-2-3-4-5	Highly likely
8.	How often do you look forward to another day at work?	Always	1-2-3-4-5	Never
9.	How often do you think about starting your own business?	Never	1-2-3-4-5	Always
10.	To what extent do other responsibilities prevent you from quitting your job?	To no extent	1-2-3-4-5	To a very large extent
11.	To what extent do the benefits associated with your current job prevent you from quitting our job?	To no extent	1-2-3-4-5	To a very large extent
12.	How frequently are you	Never	1-2-3-4-5	All the

	emotionally agitated when arriving home after work?			time
13.	To what extent does your current job have negative effect on your personal well being?	To no extent	1-2-3-4-5	To a very large extent
14.	To what extent does the fear of the unknown prevent you from quitting?	To no extent	1-2-3-4-5	To a very large extent
15.	How frequently do you scan the internet in search of alternative job opportunities?	Never	1-2-3-4-5	All the time

Thank you for taking your time in this survey

APPENDIX 2: UNISA ETHICS CLEARANCE FORM

ETHICAL CLEARANCE FORM FOR HIGHER DEGREE RESEARCH PROPOSALS

SECTION A CANDIDATURE DETAILS

- A1 Full name of candidate **THOMAS AUSTIN OBULUTSA**
- A2 Academic and professional qualifications
- **M.A. Counselling Psychology**, August 2005, United States International University-Africa, Nairobi, Kenya,
 - **B.A Philosophy**, October 2002 (Magna cum laude Probatas) Pontifical Urbaniana University, Rome, Italy
 - **Higher Diploma** in Psychological Counselling, August 2003 Kenya Institute of Professional Counselling, Nairobi, Kenya
 - **Higher Diploma in** Human Resource Management, 2010, Kenya National Examination Council, Nairobi Kenya
 - **T.O.T/T.O.F** Trainer of Trainers/Facilitators, Certificate in Counsellor Education, December 2005
- A3 Personal particulars
- 3.1 Student number: **4867-548-2**
- 3.2 Email address: tobulutsa@gmail.com
- 3.3 Phone number: +254720841665
- A4.1 Promoter/supervisor
- 4.1.1 Name : **Prof M J (Martin) Terre Blanche, MA (UNISA), D.Litt et Phil (UNISA)**
- 4.1.2 Department: **PSYCHOLOGY**
- 4.1.3 Contact number or email address: terremj@unisa.ac.za
- A4.2 Co-promoter/co-supervisor (if applicable)
- 4.2.1 Name: _____
- 4.2.2 Department: _____
- 4.2.3 Contact number or email address: _____

SECTION B DETAILS OF RESEARCH PROJECT

B1 Title of the thesis/dissertation

Self-esteem and Employee Burnout as Predictors of Employee Turnover Intention among Professional Counsellors in Nairobi, Kenya.

B2 Supply a short abstract of the proposal (maximum of 300 words)

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Self-esteem, burnout and employee turnover intentions are widely studied topics on their own. However, relating the three variables among counsellors reveals a dearth in literature and research. This study intends to fill this gap especially in the African context and more specifically in the Kenyan context. The Kenya Counselling and Psychological Association (KCPA), which is the national counsellors association and has an estimated 2000 members of which a sample shall be obtained.

This study proposes a model of intervention of professional counsellors, counsellor supervisors and managers/employers of counsellors. The model will be developed by use of both quantitative and qualitative research design. The quantitative data will be analysed by both descriptive statistical analysis and inferential testing. The qualitative data will be analysed by interpretational analysis.

Expected results will show significant relationship between employee turnover intention (dependent variable) and self-esteem and burnout (independent variables). In addition, the cultural and institutional factors and interventions and patterns will also be revealed.

Key words: employee turnover intention, self-esteem, burnout, counsellors

B3 Specify the objectives of the research, as described in your full research proposal

The overall research objective is to develop a model of employee turnover intention as it relates to employee burnout and self-esteem. To develop this model both qualitative and quantitative objectives have been proposed.

Quantitative research objectives.

Primary research objective # 1: What are the measured perceptions and levels of turnover intentions, self-esteem and

burnout among professional counsellors in Nairobi?

Primary research objective # 2: What measured relationships exist between the background variables (age, gender, marital status and highest academic qualification) and turnover intentions, personal self-esteem and employee burnout?

Qualitative research objectives

Primary research objective # 1: What are the subjective meanings of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi?

Secondary research objective #1: what are the subjective experiences of dealing with low self-esteem, high burnout and employee turnover intentions?

Secondary research objective #2: what are the common cultural and institutional factors that lead to low self-esteem, high burnout and employee turnover intentions?

Secondary research objective #3: what are the common cultural and institutional interventions for dealing with low self-esteem, high burnout and employee turnover intentions?

B4 Describe the method by which you will conduct your research, including details on the research design and techniques of data analysis

This research is designed with the following characteristics:

- It is both a qualitative and quantitative study; i.e. as a quantitative study it measures different variables, as a qualitative study it allows the subjective perspective of the different variables.
- It is non experimental.
- It is based on primary data collected through self-report scales, questionnaires and focused group discussion.

- The chosen method of data collection for the quantitative part is the questionnaire. The questionnaire will have the following sections: demographic details, intentions-to-stay questionnaire (ISQ) - (Unpublished questionnaire by Roodt, 2004); Maslach Burnout Inventory (Maslach & Jackson, 1981) and the Rosenberg self-esteem scale (Rosenberg 1965).
- The chosen method of data collection for the qualitative part of the study is the focus group discussion.

Quantitative Data Analysis

The analysis will consist of two phases. The first phase will consist of a descriptive statistical analysis describing simply what the data is showing. The second phase will consist of inferential testing.

- The first phase will include frequencies, percentages, means, standard deviations and interrelations among the main variables. These will be used to present the main characteristics of the sample.
- Phase two will include the following statistical tools:
 - Independent samples t - test: This will be used to compare the mean differences of the two groups of a categorical variable, in this case the gender differences in relation to the dependent variable namely: employee turnover intention and independent variables namely: self-esteem and burnout. This is because one of the quantitative research objectives is to measure the relationship between the background variables and the dependent and independent variables.
 - ANOVA: This will be used to compare the mean differences of the counsellor's perceptions of employee turnover intention in relation to their qualification and experience.
 - Pearson product moment correlation. This is a test for measuring the relationship of the variables by focusing on their interdependency. In this study, this will be used to measure the relationship of self-esteem and burnout, self-esteem and employee turnover intention, and burnout and employee turnover intention.
 - Multiple regression analysis: Since there is more than one independent variable in the conceptual framework, multiple regression analysis is used.
 - Factor analysis: This will be used to test if the instruments are one-dimensional or multi dimensional in

representing the constructs measured.

- Cronbach's alpha will be calculated to test the consistency with which the participants responded to the items in each of the measures.

- **Qualitative Data Analysis**

- The transcripts and reports will be analysed using interpretational analysis. By using this method, I will be looking for patterns like commonalities and constructs within the data to explain the three variables as experienced by the participants.

B5 Describe the source of your research participants, and how you intend to find a sample (not required for purely theoretical studies)

Sampling Framework

- The study will utilise non probability sampling. Convenience or opportunity sampling will be used.
- The study population will be drawn from the Kenya Counselling and Psychological Association (KCPA)- the national association for counsellors and Psychologists in Kenya. The KCPA has an estimated 2000 members and each year each member is required to renew their subscription, the members who are up to date with their annual subscription are then classified as active members. As at August 2012, fully paid up active members were 600 and the average number of counsellors attending the quarterly general meetings were 350. I estimate that if I distribute 300 questionnaires, I will get back 200 filled. Of these, I also estimate that completely and correctly filled questionnaires will be around 180; hence, the estimated response rate is 60 percent.

B6 Describe whether your data collection techniques will fall in any of the categories below

B6.1	Personal, social or other information to be collected directly from research participants (e.g. questionnaire or interview)	Yes	No
B6.2	Participants are to undergo psychometric testing ^a	Yes	No
B6.3	Participants are to undergo a physical examination ^b	Yes	No
B6.4	Participant behaviour will be observed directly (live or by camera)	Yes	No
B6.5	Identifiable information will be collected about people from available records (e.g. medical records, staff records, student records, etc.)	Yes	No
B6.6	Other data collection method that may impact on anonymity or privacy of participants	Yes	No
B6.7	If question B6.6 was answered 'yes' please supply details:		

B7 If question 6.2 (relating to psychometric testing) was answered 'yes', please answer the questions below

B7.1	Is the assessment measure suitable in terms of its purpose and the individual(s) for whom it will be used?	Yes	No
B7.2	Will the participant(s) be informed with regards to the aim of the assessment and the use of the results?	Yes	No
B7.3	Have issues of feedback been clarified with the participant(s)?	Yes	No
B7.4	Have issues of confidentiality of the results been clarified with the participant(s)?	Yes	No
B7.5	Will the assessment measure be administered by an appropriately qualified person? (Applicable in case of restricted psychometric tests)	Yes	No
B7.6	Have you considered all copyright and related issues that are applicable to this instrument and made required arrangements with the test publisher/distributor? (Applicable in case of restricted standardized tests)	Yes	No
B7.7	If the answers to any of the questions B7.1 to B7.6 were 'no', please supply reasons:		

- B8 Give the age range of participants in this study ^c **18 YEARS to 60 years**
- B9 Describe procedures that will be used to obtain informed consent from research participants and other relevant affected persons (such as parents and guardians)

- The participants will be explained to verbally the objectives of the study
- Regarding the **quantitative part of the study**.
- They will then be given a packet that contains the research questionnaires for the quantitative part of the study. The research packet will contain an informed consent form giving the following details:
 - Objective of study
 - Duration of study
 - Confidentiality of results
 - Criteria of participation in the study
 - What to do in case one wants personal feedback from the study.
 - The use of the standardised scales/questionnaires.
- Regarding the **qualitative part study**
 - Criteria of participation in the study
 - Norms of the focus groups
 - Objectives of the focus group
 - What to do in case one raises issues that require further follow up and referral.
 - What to do in case one wants personal feedback from the study

- B10 If any risks are posed by the research project, describe these as well as steps that will be taken to limit the possibility of harm to research participants (any discomfort, pain/physical or psychological problems/side-effects, persecution, stigmatisation or negative labelling should be considered. Also see Appendix 5A for a list of possible risk factors)

- The possible risk posed by the study is identifying or involving a counsellor with a possible psychological disorder because of the burnout and low self-esteem. This may come up especially in the focus group discussion.
- On the overall participants will be encouraged to attend personal therapy and seek clinical supervision. The researcher will provide a list of personal therapist and accredited clinical supervisors.

^c For participants 18 or older, the informed consent form should be submitted. For minors or in cases where diminished responsibility exists, a consent form to be signed by the parent or legal guardian must be submitted.

- B11 Do the intended research participants fall under the category that can be described as “vulnerable participants” ^d

Yes	No
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- B12 If question 9 was marked ‘yes’, please provide details and steps that will be taken to protect these participants:

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B13 Are participants likely to incur any costs by participating in this research?

Yes	No
Yes	No

B14 Will any kind of compensation or reward be presented to research participants?

B15 If Question 5 (above) was answered 'Yes', please supply details:

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^d See the *Policy on Research Ethics of UNISA*, page 1 and especially page 15, paragraph 3.10

B16 | Will any arrangements for indemnity be made?

| Yes | No |

B17 If Question 5 (above) was answered 'Yes', please supply details:

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B18 Will any special arrangements be made for steps to be undertaken in case of adverse events or harm is experienced by the participants attributable to their participation in the study? (E.g. debriefing, counselling etc.)

Yes	No
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B19 If Question 5 (above) was answered 'Yes', please supply details:

<ul style="list-style-type: none">○ On the overall participants of the focus group discussion, if applicable, will be encouraged to attend personal therapy and seek clinical supervision. The researcher will provide a list of personal therapists and accredited clinical supervisors
--

B20 If countries other than South Africa are involved in the research project, list the countries here, as well as the nature of the involvement of each:

<ul style="list-style-type: none">○ KENYA: this is the study location; all the participants will be drawn from the Kenya Counselling and Psychological Association, which is the national body of counsellors in Kenya.

B21 If institutions other than UNISA (e.g. clinics, hospitals or schools) are involved list the relevant institutions here and specify the nature of the involvement of each

<ul style="list-style-type: none">○ Kenya Counselling and Psychological Association: for study participants

B22 If question 21 above is answered 'yes', will any of the institutions listed require ethical clearance from an appropriate ethics committee at UNISA before the research study can proceed?



Yes	No
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The form should be accompanied by the following appendices when ethical clearance is requested:

1. A copy of your full research proposal.
2. A copy or copies of each of the consent forms which you will use (for research participants, and parents/guardians for minors or cases where this is required)
3. Any other documentation that is of direct relevance to ethical clearance.

SECTION C CANDIDATE'S DECLARATION

I **THOMAS AUSTIN OBULUTSA** (Full names of student) declare that I have read the Policy for Research Ethics of UNISA and that the contents of this form are a true and accurate reflection of the methodological and ethical implications of my proposed study. I shall carry out the study in strict accordance with the approved proposal and the ethics policy of UNISA. I shall maintain the confidentiality of all data collected from or about research participants, and maintain security procedures for the protection of privacy. I shall record the way in which the ethical guidelines as suggested in the proposal have been implemented in my research. I shall work in close collaboration with my promoter(s)/supervisor(s) and shall notify my promoter(s)/supervisor(s) in writing immediately if any change to the study is proposed. I undertake to notify the Higher Degrees Committee of the Department of Psychology in the College of Human Sciences in writing immediately if any adverse event occurs or when injury or harm is experienced by the participants attributable to their participation in the study. I have taken note of paragraph 5 of the Policy for Research Ethics in which integrity in research is detailed and have read and understood UNISA's Policy for Copyright Infringement and Plagiarism (see Appendix 10).

Student:  
Signature Date

Supervisor: _____
Signature Date

APPENDIX 3: RESEARCH SUBJECT INFORMED CONSENT FORM

Prospective Research Participant: Read this consent form carefully and ask as many questions as you like before you decide whether you want to participate in this research study. You are free to ask questions at any time before, during, or after your participation in this research.

Project Information

Project Title: Self-esteem and Employee Burnout as Predictors of Employee Turnover Intention among Professional Counsellors in Nairobi	
Student Number: 4867-548-2	
Principal Investigator: THOMAS AUSTIN OBULUTSA MA.	Organisation: UNIVERSITY OF SOUTH AFRICA
Location: NAIROBI KENYA	Phone: +254720841665
SUPERVISOR : Prof M J (Martin) Terre Blanche, MA (Unisa), D.Litt et Phil (Unisa)	Institution: UNIVERSITY OF SOUTH AFRICA
Location: SOUTH AFRICA	Email : terremj@unisa.ac.za

1. PURPOSE OF THIS RESEARCH STUDY

You are being asked to participate in a research study designed to: to develop a model of employee turnover intention as it relates to employee burnout and self-esteem

2. CONFIDENTIALITY

Your identity in this study will be treated as confidential. The results of the study will be used for academic purposes and may also be published for scientific purposes but will not give your name or include any identifiable references to you.

However, any records or data obtained as a result of your participation in this study may be inspected by the UNISA Psychology Research Ethics Committee, or by any relevant

governmental agency in Kenya and South Africa. Provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law.

3. AVAILABLE SOURCES OF INFORMATION

- Any further questions you have about this study will be answered by the Principal Investigator:

Name: **THOMAS AUSTIN OBULUTSA MA.**

Phone Number: **+254720841665**

4. AUTHORIZATION

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable State, or Local Laws.

Participant Name (Printed or Typed):

Date:

Participant Signature :

Date :

Principal Investigator Signature :

Date :

Signature of Person Obtaining Consent:

Date:

APPENDIX 4: FOCUS GROUP DISCUSSION GUIDELINE

Primary research objective 1: What are the personal meanings of turnover intentions, self-esteem and burnout among professional counsellors in Nairobi?

- Secondary research objective 1: What are the personal experiences of dealing with low self-esteem, high burnout and employee turnover intentions?
 - How do you perceive your self esteem
 - Describe your experience/incident of burnout.
 - Have you ever thought of changing jobs? What are some of the reasons for you to change jobs?
- Secondary research objective 2: What are the common cultural and institutional factors that lead to low self-esteem, high burnout and employee turnover intentions?
 - What are the common cultural and institutional factors that lead to low self esteem, burnout and turnover intentions?
 - What are the common Workplace Factors That Lead to Burnout and Turnover Intention?
- Secondary research objective 3: What are the common cultural and institutional interventions for dealing with low self-esteem, high burnout and employee turnover intentions?
 - What are some of the Cultural and Institutional Interventions for Dealing with High Burnout, Low Self-esteem and Employee Turnover Intentions?