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PERCEIVED SOCIAL SUPPORT AND EMOTIONAL EXHAUSTION IN  
HIV/AIDS COUNSELLING.

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**Abstract**

*Counsellors have been identified as a group of professionals at elevated risk of burnout in general and emotional exhaustion in particular. Considering the nature of the illness, the multifaceted needs of the client, the relative paucity of available counsellors/counselling centers and various psychosocial issues connected with HIV/AIDS, the potential for emotional exhaustion is especially high among HIV/AIDS counsellors. Despite these problems, little or nothing is being done by way of rigorous research and ameliorative activities on this important issue. This study investigated emotional exhaustion among HIV/AIDS counsellors in Lagos State, Nigeria. Two hundred and forty purposively selected counsellors (170 females and 70 males with an average age of 34.19 years) participated in the cross-sectional survey. Results indicated that respondents were very high on emotional exhaustion. Results also indicated that counsellors who perceived high level of social support were indeed significantly lower on emotional exhaustion than those who perceived low social support as hypothesized,  $t(2, 238) = 4.67; <.05$ . Additionally, age, education and work experience significantly independently and jointly predicted emotional exhaustion  $\{R=.50; F=26.01; P NS\}$  by jointly accounting for about 25% of the variances in emotional exhaustion. Furthermore, significant influence of marital status on emotional exhaustion was found,  $\{F(4,235)=7.83; P<.01\}$ . These findings were exhaustively discussed and recommendations were made, especially on the need for psychologists, researchers, practitioners, and other stakeholders to address emotional exhaustion among HIV/AIDS counsellors actively. This could improve both the lives of the concerned professionals and the quality of the services they provide.*

**Key words:** Emotional exhaustion, perceived social support, burnout syndrome, demographic variables.

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### **Introduction**

Counsellors have been identified as one of the groups at risk of suffering emotional exhaustion, due to the nature, intensity and diversity of the stressors related to their job tasks (Leiter 1993, Maslach & Leiter 1997, Maslach, Shaufeli & Leiter 2001). It has been observed that social support prevents the appearance of emotional exhaustion because it decreases the intensity of the stressors and interacts with the stressors, reducing their consequences (Maslach, Shaufeli & Leiter 2001).

Studies carried out from the transactional perspective have highlighted that the job demands of counsellors can increase the *job stress* and overwhelm personal coping resources and, consequently, unleash physical and emotional reactions. The nature of these job demands may be physical (e.g. work overload), emotional (e.g. continuous contact with suffering and death), and social (e.g. problems interacting with co-workers) (Gray-Toft & Anderson 1981, Schaefer & Moos 1993). As a consequence, both health and job performance become affected (Lazarus 1991).

Among the psychological reactions which take place as a consequence of the continuous exposure to this job stress is burnout syndrome, characterized by the development of the experience of finding oneself mentally fatigued, negative attitudes towards the people to whom their work is directed, and the idea of having failed professionally (Shaufeli, Leiter, Maslach, & Jackson, 1996). It is a process, initiated after continuously suffering the perception of inability to face job demands

with the available resources, which leads to the development of *emotional exhaustion* (Leiter 1993, Maslach & Leiter 1997). Afterwards, a process of depersonalization is triggered, characterized by the tendency to treat patients in a mechanical way, until finally, the professionals become less and less effective at achieving their objectives, develop feelings of incompetence and lessen their personal development (Cordes & Dougherty 1993, Lee & Ashforth 1993). Emotional exhaustion is considered a dimension with high predictive value of the results of stress in the health of the active work population (Maslach, Shaufeli & Leiter 2001).

Research has revealed the importance of *social support* in coping with job stress and preventing emotional exhaustion (Abikoye, 2009; Maslach, Shaufeli & Leiter 2001). Social support is defined as the mesh of social relationships and transactions (i.e. emotional, cognitive, and behavioral) whose function is to complete the personal resources to allow adaptive coping in situations of need (Sarason & Duck 2001). To analyze its role against job stress, the main and buffering effect hypotheses have been tested. The main effect postulates that social support enhances health and well-being irrespective of the person's stress level because it decreases the intensity of the experience of the stress (Eisenberger, Fasolo & Davis-LaMastro, 1990). The buffering effect establishes that social support interacts with job stress to reduce distress responses, in such a way that the relationship between job stress and distress is greater in individuals with low levels of support (Greenglass, Fiksenbaum &

Burke, 1994).

Counsellors involved in HIV/AIDS encounter many stressors in their work: fear of contagion, stigma, and feelings of helplessness in the face of an unpredictable and currently incurable disease, inadequate medical and social resources, profound grief and loss, the youthfulness of many clients, repeated exposure to death and dying, and ethical and legal dilemmas (Hoffman, 1996). Even family members and/or professional colleagues of some caregivers may not be supportive, due to their concerns about contagion, or fear of stigma by association (Vachon & Dennis, 1993). All these factors make HIV/AIDS counsellors a particularly vulnerable population for emotional exhaustion and other negative outcomes.

Despite this barrage of risk factors associated with HIV/AIDS counselling, not much has been done in this direction in Nigeria by way of empirical investigation and ameliorative intervention. Also, little or nothing has been done to understand the relationship between the emotional exhaustion and perceived social support. Moreover, empirical evidence has not been able to find consistency in the results, so in some studies the main effect of support does not appear, while in others, the buffer effect (Abikoye, 2009; Chapell & Novak, 1992) and an opposite effect have even been observed, that is, high support levels exacerbate more than alleviate the effect of job stress, producing processes of personal weakening and loss of social status (Kauffmann & Beehr, 1986). The present study, therefore, represented an attempt aimed at investigating the level of emotional exhaustion among HIV/AIDS counsellors and the role of perceived social

support and demographic factors, with a view to contributing to a better understanding of these vital issues.

### *Hypotheses*

Based on the review of the empirical literature which clearly suggests high potentials for the development of emotional exhaustion among HIV/AIDS counsellors and the apparent paucity of empirical studies in this direction in Nigeria (where the HIV/AIDS scourge is endemic, thus increasing the involvement of counsellors and other formal and informal caregivers in providing care and support for the infected and affected people), the following hypotheses are tested:

1. Emotional exhaustion will be high among HIV/AIDS counsellors,
2. Counsellors who perceived high level of social support will be significantly lower on emotional exhaustion than those who perceived low social support, and
3. Demographic factors (age, sex, work setting, year of professional experience, marital status and educational status) will influence emotional exhaustion.

### **Method**

#### *Participants*

Participants were 170 female and 70 male HIV/AIDS counsellors purposively selected from across private and public Voluntary Counselling and Testing (VCT) centers in Lagos state. Participants' average age was 34.19 years with a standard deviation of 6.82. Majority

of the counsellors who participated in the study (76.7%) were from private non-governmental organizations while 23.3% were from government-owned establishments such as designated Departments in General Hospitals and Teaching Hospitals. One hundred and seventeen (48.8%) of participants were University graduates or Higher National Diploma (HND) holders, 43 (17.9%) were holders of the National Diploma or its equivalent, 53 (22.1%) were registered nurses, while 27 (11.3%) were Secondary School Certificate holders. Work experience ranged from one year to 21 years, with a mean of 3.29 and standard deviation of 2.73. With regards to marital status, 99 (41.3%) of participants were married, 87 (36.3%) were single, 24 (10.0%) were divorced, 19 (7.9%) were widowed, and 11 (4.6%) were separated.

#### **Measures and procedure**

*Demographic Variables consisted of those variables which in the literature are shown as related to emotional exhaustion (age, sex, work setting, year of professional experience, marital status and educational status). These were assessed with items in the first section of the research questionnaire*

*Emotional Exhaustion* was evaluated with the corresponding sub-scale of the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996). It consists of 9 headings to which the interviewee had to respond, according to the frequency of the expressed feelings, from (0) *never* to (6) *everyday*. The alpha coefficient obtained was .94 while the split-half reliability coefficient was .91.

*Perceived Social Support* was

assessed with the Modified Groningen Social Support Scale (Akker Scheek, Stevens, Spriensma, & Van Horn, 2004). The scale assesses the extent to which people feel that social network, social interaction, perceived or subjective support and instrumental support is available to them from their family, friends and work. There are twelve items on the scale to which respondent may choose one of the options: "never or rarely" (1), "now and then" (2), "regularly" (3) and "often" (4) with high scores denoting high perceived social support. The alpha coefficient for the scale was .96 while the split-half reliability was .90.

Questionnaire, was personally administered to the participants in their various centers by the researcher and two trained assistants over a six-week period. Consent to participate in the study was implied by the voluntary completion of the questionnaire. Out of the 300 questionnaire administered, 240 were returned with usable data, representing 80% return rate.

#### **Results**

The hypothesis that HIV/AIDS counsellors will be high on emotional exhaustion was tested by comparing participants' scores with the demographic norm values (mean score for eleven thousand human service employees) outlined in the Maslach Burnout Inventory (MBI) test manual. The mean score on the emotional exhaustion subscale for respondents was 30.18 compared to the demographic norm of 20.99. It is important to stress that high scores on both emotional exhaustion connote high level of burnout. The scores of respondents in this study, therefore, indicate a high level of burnout

in the dimension of emotional exhaustion because their mean scores clearly put them in that category (going by the cut-off points from the MBI manual).

The hypothesis that counsellors who perceived high level of social support will be significantly lower on emotional exhaustion than those who perceived low social support was tested with t-test for

independent groups. Results, as presented in Table 1, indicated that counsellors who perceived high level of social support were indeed significantly lower (mean =23.57) on emotional exhaustion than those who perceived low social support (mean=34.17) as hypothesised,  $t(2, 238) = 4.67; <.05$ .

**Table 3**

*Summary Table of multiple regression of age, education and years of experience on emotional exhaustion, depersonalisation and personal accomplishment*

Predictors	$\beta$	t	P	R	R <sup>2</sup>	F	P
Age	-.28	-4.03	<.01				
Educ.	-.20	-3.55	<.05	.50	.25	26.01	<.01
Exp.	-.20	-2.97	<.05				

The influence of marital status on emotional exhaustion was also examined through the use of univariate ANOVA and Scheffe's post hoc test. Results indicated that there was a significant influence of marital status on emotional exhaustion,  $\{F(4,235)=7.83; P<.01\}$ , with single (yet to marry) counsellors scoring significantly higher (mean=35.23) than married (mean=27.92), divorced (mean=25.50), and separated (mean=22.45) but not significantly higher than widowed counsellors.

**Discussion**

The aim of this study was to explore the influence of social support and some demographic factors on emotional exhaustion in a sample of HIV/AIDS counsellors. It was found that emotional exhaustion was very high among this group of people as evident in elevated score that was far above the demographic norm for the

scale. The finding was not unexpected because researchers have highlighted the fact that counsellors are among the populations at high risk for burnout (Brodaty, 2004; Adali & Priami, 2002). Considering the nature of HIV/AIDS and its associated psychosocial care-related demands and challenges, potential for emotional exhaustion in HIV/AIDS counselling is particularly high (Feeley, Rosen, Fox, Macwangi & Mazimba, 2004; UNAIDS 2002; 2000; 1997; Ito & Brotheridge, 2001).

The finding that emotional exhaustion was lower among counsellors with high level of social support appeared to be consistent with the buffering effect hypothesis of social support which establishes that social support interacts with job stress to reduce distress responses, in such a way that the relationship between job stress and distress is greater in individuals with low levels of support

(Greenglass, Fiksenbaum & Burke 1994; Maslach, Shaufeli & Leiter 2001). The effect of social support could also partly explain why married counsellors reported significantly lower on emotional exhaustion than their counterparts that were yet to marry. The impact of intimacy, sharing (materially and emotionally) and the social status associated with being married can hardly be overemphasized.

It was also found that age, education and work experience predicted emotional exhaustion. The prediction of age could be due to a feeling among relatively younger counsellors that the care-related demands of HIV/AIDS counselling are age-inappropriate and causing intrusions into their lifestyles and activities. Relatively older persons are less likely to be emotionally sapped by caring role than their younger counterparts because as people grow older, they tend to be more nurturing and more others-oriented. These tendencies are consistent with counselling work. The role of education is also understandable since higher educational status is synonymous with better understanding of the disease and many aspects of it as well as better perceptual and coping abilities. Similarly, the longer a person works in a particular setting, the greater his or her ability to cope with various work-related and psychosocial demands of the work, thus less likelihood of emotional exhaustion

Finally, it was found that sex and work setting did not significantly influence emotional exhaustion. Traditionally, females were considered the more nurturing sex and would, ordinarily, have been expected to be significantly lower on emotional exhaustion than males. The finding could be due to the nature of

HIV/AIDS counselling which imposes the same enormous demands on males and females alike and irrespective of whether it is in private or public setting.

Findings of the present study have shown clearly that emotional exhaustion is quite high among HIV/AIDS counsellors. The high level of emotional exhaustion in this representative sample demonstrate that emotional exhaustion needs to be a focus of attention rather than merely a topic of casual conversation or the target of study of convenience samples of professionals. If psychologists, researchers, practitioners, and other stakeholders all begin to take burnout seriously, addressing it actively rather than just accepting it as ubiquitous but impervious to intervention, they could likely improve both the lives of the concerned professionals and the quality of the services they provide. Psychologists must become more informed about burnout's related personal and occupational variables so that they can more effectively prevent or address it as needed. Although the literature typically suggests personal stress-reduction techniques for workers experiencing emotional exhaustion, counsellors and managers of HIV/AIDS counselling centers should also engage in informed advocacy efforts to change the features of the workplace that may be contributing to burnout in themselves and their colleagues.

The present study has certain limitations that should be taken into account in drawing conclusions on the basis of the findings and in shaping future research. First, although it has been suggested that emotional exhaustion

reflects the most important aspect of burnout (Maslach, Shaufeli & Leiter 2001), it is beneficial to assess the influence of social support on the other dimensions. Cordes and Dougherty (1993) show that these other aspects of burnout appear later in the burnout process, so it is probably more difficult to assess them in active professionals and, as a result, longitudinal studies must be carried out. In addition, the design of the present study makes the establishment of causal relationships impossible since variables were not actively manipulated. Also, the purposive sampling technique adopted has implications for the external validity of findings. These limitations, however, are not so fundamental as to be capable of vitiating the unique contributions of the study to a very important but grossly under-researched issue of considerable public interest.

#### **Conclusion and Recommendations**

From the findings and discussion of the study, it is plausible to conclude that the potential for emotional exhaustion in HIV/AIDS counselling is quite high. Availability (or perception) of social support by HIV/AIDS counselors can serve as a buffer against emotional exhaustion. Other potential buffers against emotional exhaustion in HIV/AIDS counselling include being relatively older, having higher educational status, having more counselling experience and being in an intact marital relationship. Additionally, gender and work setting (private versus public) are not important factors as far as emotional exhaustion among HIV/AIDS counsellors is concerned.

There are several counselling implications of this study. First, the huge

psychological burden on counsellors, particularly those who work in HIV/AIDS settings, can be emotionally debilitating. Second, emotional exhaustion can substantially and negatively affect the quality of service being rendered by counsellors in HIV/AIDS settings. If counsellors are to render their service effectively and efficiently, therefore, there is need for the provision of psychosocial care and palliative measures for the counsellors themselves ("caring for the carers"). Finally, educational status, experience and age of counsellors are very important factors in HIV/AIDS counselling, and should be considered at the point of recruitment, selection and placement of counsellors into such an emotionally-demanding vocation.

The following recommendations are pertinent to reducing emotional exhaustion among counsellors working in HIV/AIDS settings with a view to enhancing their psychological well-being and the effectiveness of the service they provide:

1. Supportive atmosphere should be provided for counsellors working in HIV/AIDS settings. This could be at the organisational or (and) family level.
2. Only well-trained, experienced, emotionally-mature and sufficiently-motivated counsellors should be encouraged to work in HIV/AIDS counselling centers.
3. Periodic psycho-educational programmes should be organised out with a view toward improving counsellors' coping skills, resilience and other skills relevant to working effectively in



HIV/AIDS settings. Psychological debriefing could also be carried out periodically with a view toward helping counsellors ventilate the inevitable pent-up tensions arising from dealing with emotional issues almost on a daily basis.

4. The need for further research on the issue of emotional exhaustion among counsellors working in HIV/AIDS settings becomes particularly compelling given the relative paucity of empirical studies on this important issue, especially in Nigeria. Additionally, the limitations of the present study also highlights the need for more research in this area.

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