Lone working, self-efficacy and burnout: The potential moderating effects of reflecting team working in counselling settings.

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Thesis Submitted in Partial Fulfillment

Of the Requirements of the Higher Diploma in Arts in Psychology at Dublin Business School, School of Arts, Dublin.

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March 2014.

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Abstract.

Aims: To explore and understand the relationship between counselling self-efficacy, burnout, team climate, and the potential moderating effects of reflecting team working. The rise of lone working in the counselling profession has led to fewer opportunities for contacts with colleagues. Team working although widely researched in organisational psychology has not been extensively researched in the counselling workforce (Allen & Hecht 2004, Cordery 2003, Hackman 1987).

Recent research has challenged the view that burnout can be classified as a single phenomenon (Ferber1990). Ferber using Banduras self efficacy theory as its basis (Bandura 1997, 2001), proposes three clinical presentations of burnout: Frenetic, Under Challenged and Worn-Out that lead to an increasing disengagement from work. This research points to new directions in studying burnout by assessing absorption, engagement and participation in work, and in studying workplace environments that promote this. This study investigates the experience of counsellors, psychotherapists and counselling psychologists differentiated by their working environment in a qualitative and quantitative study.

Method: participants (N= 74) completed a survey package with three questionnaires (BCS36, CASES and TCI) and a demographic form. From the pool of the sample 15 semi structured interviews were conducted with 5 participants drawn from each working context. Data was analyzed using a mixed methods qualitative and quantitative design with converging data streams.
Results: Team participation, acknowledgment and climate for innovation are predictors of burnout in the counselling population. The moderating role of working context is shown to have a significant effect on self efficacy. The analysis suggests that working alone leads to a significant relationship between team climate and self-efficacy.
Acknowledgments.

I want to thank the psychology faculty in Dublin Business School for their enthusiasm, time and energy in supporting the development and execution of this study. My thanks to my classmates, the gift of having a class group that has been inspirational, supportive and nurturing of each other has been priceless. My thanks to my work colleagues in the HSE Alcohol and Addiction services and my participants who took the time to fill in surveys and return them. To those participants who gave me their time for interviews my heartfelt thanks and gratitude. Finally to my family having a daughter, wife, mother, sister, auntie who has had her head in a book for the last two years has not been an easy journey my thanks for your support and patience.
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Introduction.

Professional counsellors work in a wide variety of settings, for example in schools, hospitals, community agencies, colleges, universities and workplace environments. They can be working with a wide range of presenting concerns ranging from addiction, mental health issues, vocational issues, family and relationship issues. The demands of working as a professional counsellor can be challenging, assessing complex presenting issues, being present with clients who are experiencing a wide range of emotions, interacting with other professional judicial and self-regulatory bodies and keeping pace with the ever changing therapeutic and workplace environment. Burnout, vicarious traumatisation, traumatic stress and compassion fatigue are all risks within the counselling workplace.

Dwindling resources in the public sector has led to higher workloads and less organisational support (Hickey, 2006). In the private sector there is increasing competitiveness and value for money demanded from counsellors by clients and insurance providers. The increase in subcontracting and outsourcing contracts for private counselling services with time limited access to sessions may lead to these professionals being at high risk for burnout (Kee, Johnson, & Hunt. 2002).

The rise in both public and private areas of lone and off site working has led to fewer opportunities for contact with colleagues. Performance management by employers or contract providers can be in conflict with the pace of therapeutic change that may
occur slowly, and the impact of the counsellor’s work may not be readily observable. Human resource management models within the counselling workplace may also lead to increasing levels of burnout. Hard human resource management models such as the Michigan Model proposed by Fombrun, Tichy and Devanna are beginning to be used increasingly in the public area. This model proposes that employees should be viewed as an organisational resource and a means of achieving the goals of the organisation. Increasing performance and competitiveness is its management goal (Fombrun, Tichy & Devanna, 1984). In contrast to the soft human resource management models that may be a better fit for the counselling environment are less and less used such as the Harvard model proposed by Beer, Spector, Lawrence, Quinn and Mills whose focus is to increase employees commitment through increasing employees influence in the workplace rewards that may be intrinsic or extrinsic to help create a motivated and productive workplace (Beer, Spector Lawrence, Quinn & Mills. 1984).

The significant changes in modern counselling workplaces can challenge the mental wellbeing of those that work there. Stress and burnout in the helping professions are considered as modern day epidemics (Hallsten, 2005; Schaufeli, Leiter & Maslach, 2009). Consequently counsellors need to possess high levels of resilience and strong levels of confidence to fulfil the role task and functions of the job while creating an appropriate therapeutic environment for clients. The purpose of this study will be to explore using a qualitative and quantitative approach the modern counselling workplace
environment. The levels of counselling self-efficacy and burnout will be explored with counsellors who are lone workers, team workers and occasional team workers.

**Self-Efficacy**

Social cognitive theory proposes that humans actively participate in creating their own development and constantly create change throughout their life. A central concept of this “agentic perspective” (Bandura, 2001, p3), is that our choice to engage persist and maintain or cease a behaviour is not dependant solely on our outcome expectations of rewards or punishments as described by behaviourism. But is also influenced by our own internal cognitive appraisal of our abilities to perform the behaviour our efficacy expectation (Bandura, 1977). These powerful beliefs affect whether individuals will attempt a task, the magnitude of effort, perseverance, and resilience displayed when facing adversity. Even if individuals expect to be rewarded for a particular behaviour, they may still avoid doing it if their confidence in their ability is low. Bandura’s named these process efficacy expectations and the individual’s beliefs as self-efficacy beliefs.

Bandura suggests that self-efficacy beliefs are instrumental in the choices of settings that people choose to engage in for example in educational environments, job choice and social and personal relationships. Individuals will seek out environments where they perceive a higher chance of success and avoid ones in which they anticipate failure. Following their choice of environment self-efficacy will still influence how people cope with trying out new behaviours and adapt to new environments. Stronger
self-efficacy, it is proposed, will allow individuals to cope with novel experiences and the challenges that they bring.

**Dimensions of Self-Efficacy**

Bandura (1977) suggests that an individual’s self-efficacy is composed of three dimensions namely Magnitude, Generality and Strength. The magnitude of self efficacy expectations refers to the level of task difficulty that the person believes her or she is capable of executing. For example counsellors whose client’s experience success are more likely to presume similar future success with similar clients.

Generality of self efficacy refers to how widely an experience of failure or success will be interpreted. For some, one experience of failure will only result in lower self-efficacy in that area, for others the experience of failure will lower self-efficacy across a wide range of similar tasks. The strength of self efficacy beliefs refers to whether the judgment on magnitude is strong, in which case the person will persevere with the behaviour despite discomforting experiences, or weak, in which case the person will begin to question their own ability in the face of difficulty or discomfort (Bandura 1977).

**Sources of Counselling Self-Efficacy**

Self-efficacy is acquired from four sources, (a) enactive mastery, (b) vicarious learning, (c) social persuasion and (d) psychological arousal. These performance accomplishments can instil a sense of mastery and may be achieved through actual or symbolic practice. Bandura (1977). When an individual performs a behaviour, evaluates the results of that behaviour and its’ outcome and uses the outcome to develop and
enhance further self-efficacy beliefs. Bandura proposed that these performance accomplishments are the strongest way to improve the person’s self-efficacy. Vicarious learning or modelling is the second source of self-efficacy beliefs and in the counselling field its importance in the training environment has been recognised. Learning by observing retaining, recalling and replicating skills and approaches used by other colleagues who have similar styles or approaches, or conversely have different styles that may be effective with particular clients is a vital part of counselling. Focus on this aspect is very high in training programmes, however once training is completed the levels of vicarious learning depends highly on the work environment, the quality and frequency of professional supervision and the commitment to continuous professional development activities of the individual counsellor. The third source of self-efficacy is social persuasion (Bandura 1977). External feedback suggesting that individuals are likely to succeed, targets an individual’s self-efficacy, and can help to bolster the individual’s sense of enactive mastery. Counsellors who are working alone or without regular contact with other colleagues and who may be working with hostile or difficult caseloads are likely to be without this source of self-efficacy.

The final source of self-efficacy identified by Bandura is psychological arousal. Bandura suggests that emotional arousal can be a motivating or debilitating factor for the individual’s self-efficacy depending on how the individual interprets it. Counsellors who are working often with highly emotionally aroused individuals can experience both motivating and debilitating levels of arousal.
Research on counsellor self-efficacy has been extensive in underpinning the training programmes that are now delivered. Over the past 20 years Robert Lent has been studying and researching the counselling self-efficacy beliefs among counsellors in training programmes. These studies emphasize the correlational, and it is proposed reciprocal relationship of high counselling self-efficacy on career development and effectiveness as a counsellor (Lent, Hoffman, Hill, Treistman, Mount & Singley 2006). Longitudinal studies of the relationship between counsellor self-efficacy and burnout have been rare one is the study of Cherniss (1982) studied the careers of several helping professions over 12 years. His further analysis of this group in 1990 identified four common factors that seemed important for their ability to prevent burnout. These were a change to a more favourable work setting, the growth over time of professional self-efficacy, the development of special interests on the job and greater vocational maturity at the beginning of their careers (Cherniss, 1990). This study will add to this research by studying the link between counsellor self-efficacy and burnout across several different work settings.
**Burnout**

The symptoms that characterise burnout were first identified by Freudenberger in a population of workers in a substance treatment unit (Freudenberger, 1974). Classic burnout was further identified by the work of Christina Maslach who first described it as a syndrome:

“Burnout is a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who work with people some capacity” (Maslach & Jackson. 1996, p4)

Maslach and Susan Jackson (1991) developed and published what has become the most widely used instrument for measuring burnout the Maslach Burnout Inventory (MBI) in. Since then research in to the phenomena of burnout has exploded, Maslach, Schaufeli & Leiter in a review in 2001 estimated that over 6000 books articles dissertations and reviews have been issued on the topic (Maslach Schaufeli, & Leiter. 2001).

Research into burnout has concluded that it closely resembles the ICD10 diagnosis of job related neurasthenia, however though it may be correlated with other mental health conditions such as depression or stress disorders it a distinct disorder (Awa, Plaumann & Walter. 2010; Maslach et al 2001). Secondary traumatisation, vicarious traumatisation and compassion fatigue although sometimes combined under the umbrella of burnout have been shown to be distinct from it (Canfield, 2005; Dunkey, & Whelan, 2006; Fingley, 1995).
Theoretical basis of burnout theory.

The theoretical basis of burnout theories can be found in the theories relating to general stress. Theories can be sub divided into (A), those that concentrate on the individual worker and attempt to generalise from that standpoint examples are the PE- Fit and the conservation of resources model and (B), those that concentrate on the dynamic balance between the factors of demands and resources in the workplace. These models have focused on the working environment as the core factor in producing burnout. Drawing heavily from the social cognitive theory of Albert Bandura. These models are the Demand & Control model( Karasek,1979), the Job demands resources model( JD-R, Demerouti, Bakker, Nachreiner & Schaufeli 2001), and the two models based on effort and control namely the Effort recovery model( Meijman & Mulder 1998) and the Effort Reward Imbalance (ERI, Sigrist, 1996).

A: Theories that concentrate on the individual worker.

One of the most influential theories has been the Person Environment Fit theory (PE-Fit) which posits that the imbalance between the workplace demands and opportunities and the skills and expectations of the employee is an antecedent of stress and deterioration in the employees’ health (French, Caplan & Van Harrison, 1982). For example when an employee is overqualified for a position and the job may seem boring or frustrating. Conversely when an employee is in a position that is beyond their skill level they may experience deterioration in their self-efficacy and feel overwhelmed.
The conservation of resources model is a model that combines several stress theories and states that individuals seek to acquire and maintain resources such as objects, personal characteristics, conditions and energies in their everyday lives. Stress occurs when there is a loss or threat of loss in these areas (Hobfoil, 1989).

B: Theories that concentrate on the balance between demands and resources.

The demand and control model conceptualises stress as stemming from an imbalance between job demands and autonomy. According to this model developed by Karasek (1979), employees who have highly demanding environments and who experience little control or autonomy within these environments will experience significantly more stress than employees who have higher levels of autonomy (Karasek 1979; Karasek & Theorell 1990).

The JD-R model as outlined by Demerouti et al (2001), proposes that the development of burnout has two steps. Firstly extreme and taxing job demands lead to a high allostatic load and constant overstressing of the autonomic and endocrine systems. Secondly this constant overstressing leads to chronic exhaustion. Within this model, job resources are seen as either promoting engagement or when they are absent as promoting disengagement (Demerouti et al 2001). The Effort recovery model of Meijman, & Mulder (1998), proposes that psychological resilience is protected when individuals have enough recovery time from the efforts that needed in the working environment. Further research using this model have identified four factors that speed recovery and promote
resilience these are psychological detachment from work, relaxation mastery and control (Fritz & Sonnentag 2004).

The effort reward imbalance model originally proposed by Siegrist (1996) is also a balance model. It states that the effort and reward structure of work along with the intrinsic characteristics of the individual are key determinants of burnout. It assumes that employees who have specific motivation patterns will have more burnout related effects. Specifically it highlights employees who have an excessively high commitment to work and a high need for approval as being vulnerable to strain when there is a poor extrinsic reward system in place.

**Specific burnout theory development.**

The development of specific models of the aetiology of burnout has been led unsurprisingly by Maslach and Leiter (1988), two of the pioneers of the field who have developed a process model where emotional exhaustion leads to depersonalisation and then to reduced personal accomplishment, Leiter & Maslach (1988). The phase model of burnout developed by Golembiewski, Munzenrider and Stevenson (1986), proposes that detachment emerges first, then depersonalisation, and finally emotional exhaustion. Lee and Ashfort (1996) propose a third model, in which they propose that emotional exhaustion leads to depersonalisation, however in contrast to the other two models they propose that reduced personal accomplishment is independent of depersonalisation and
instead develops from emotional exhaustion (Lee & Ashforth 1996). This literature review illustrates that the dominance of the concept of burnout as a single phenomenon with relatively consistent aetiology and symptoms across all individuals has been questioned and challenged by research conducted since its initial description by Freudenberger (1974).

The interesting new direction proposed by the work of Farber in suggesting that a more useful definition of burnout can be developed based on the clinical presentations of burnout. In contrast to Maslach’s single phenomenon, Ferber uses Bandura’s self-efficacy theory as its basis, Bandura (1997; 2001) and proposes three distinct clinical presentations of burnout: Frenetic, Under Challenged and Worn-Out that lead to an increasing disengagement from work. This research points to new directions in studying burnout by assessing absorption engagement and participation in work, and in studying workplace environments that promote this.

**Prevalence studies**

There have been many significant studies of burnout in the workplace (Cordess & Dougherty, 1993; Lee & Ashforth, 1996; Schaufeli & Buunk, 2003; Schaufeli & Enzmann 1998; Schaufeli, Leiter & Maslach, 2009; Schaufeli, Maslach & Marek, 1993; Psychology & Health, 2001: 16).

Studies of burnout conducted in the addiction and mental health area are also plentiful with the potential for burnout in counselling practice has being well
documented. For example, Farber and Heifetz (1982) investigated prevalence of burnout in mental health professionals. They found burnout in 71% of the psychologists, 43% of the psychiatrists, and 73% of the social workers. More recently Oddie conducted a study of 71 mental health workers and found 54% had high level of emotional exhaustion (Oddie 2007).

Consequences of Burnout.

The physical, mental health and job consequences of burnout have also been extensively researched. However most research has suffered form the problem of small sample size. The exception to this is in the Nordic countries that traditionally gather a large collection of population and health statistics that have allowed vast correlational research to be undertaken. For example Ahola and colleagues conducted a large study in Finland of 3276 workers and found a significant correlation between job burnout and depression (Ahola, Honkonen, Isometsa, Kalimo, Nykyri, Aromaa & Lonnqvist 2005). In Sweden Peterson and colleagues showed a strong correlation between burnout and physical and mental health issues in 1252 Swedish mental health workers (Peterson, Demerouti, Bergstrom, Samuelsson, Asberg & Nygren. 2008).

Work setting and Organisational Setting Research.

Work site factors have been consistently shown to be important variables in predicting burnout (Schaufeli & Enzmann1998). Data from research on both addiction counsellors and other health professionals show that work-site factors of job control, co-
worker social support, supervisor support, workload and job security are reliable predictors of burnout (Maslach et al 2001). For example, Leiter & Harve (1996), Prosser, Johnson, Kuipers, Szmukler, Bebbington, & Thornicroft (2007) and Travis (2009) all concluded that there are significant differences in burnout levels between private agencies and public agencies. While the data suggests that private counsellors have a higher level of control and autonomy leading to less burnout, it also suggests that whether the participant worked in inpatient and outpatient settings were also predictive of burnout, with inpatient less predictive. A large area of research is in the nursing field where research into job demands and job characteristics that predict burnout is extensive; for example, Koekemer and Mostert (2006), studied the job characteristics that predict exhaustion in 300 south African nurses and identified pressure, lack of autonomy, lack of role clarity, poor colleague support and poor financial reward as all predictors of exhaustion in their sample.

**Intervention testing**

In the most recent review of interventions to address burnout conducted by Awa and colleagues in (2010) they reviewed 25 intervention studies conducted between 1997 and 2007. They found 68% of the studies were person directed research 8% were organisation directed and 24% were person and organisation directed. They further concluded that while person directed research reduced burnout in the short term. Organisation directed and person organisation directed research had a longer lasting positive effect. (Awa, Plaumann & Walter 2010) Most interventions are only directed at
one area, (E.g. mindfulness training), whereas organisational variables tend to be more potent predictors of burnout. Several interesting programmes have developed as a result of the third generation cognitive behavioural approaches. For the purpose of this study the focus will be on what has been tried at the organisational level. The programme developed by Burke and Richardson focused on teaching communication skill and social skills to supervisors. They also studied the effects of increasing employee autonomy and involvement in decision making, (Burke & Richardson 1993). While Stalker and Harvey (2002), studied the effects of reducing role ambiguity and conflict in the workplace. Several interesting intervention models have been developed. For example Gillsonn and colleges proposed an availability responsiveness and continuity model ARC to reduce the antecedents of burnout in the workplace ( Gillsonn, Dukes, Green, 2006). In another workplace intervention study Leiter, Laschinger, Day & Oore (2011) Tested their civility respect, and engagement at work (CREW) model in 41 hospital units, and found some very positive results in preventing exhaustion and disengagement.

*Lone working.*

There is very little research into lone working in the counselling setting one study conducted by Simpson (2002) recognises the crucial need for support and networking with other counsellors when working alone. There are two studies that studied the experiences of lone counsellors working in higher education (Hewett & Wheeler 2004, Winning, 2010), one looked at work setting and burnout among professional psychologists and included lone working settings. (Rupert & Morgan, 2005) and one that
looked at the experience of lone librarians, (Riley 2004). Of note is Winnings (2010) research that pointed to the importance of reciprocity and a sense of belonging for the counsellor working alone. She hypothesises that a lack of reciprocity is accompanied by negative affect and that the counsellors that she studied had created a supportive peer network to fulfil this need. (Winning, 2010)

*Team working.*

The role of team has increased significantly in the counselling area. The view that multi professional teams with multiple skills and areas of expertise can provide expert and seamless holistic care has promised much. Multi professional team working offers numerous challenges in retaining professional identity and the power dynamics of different professional groups as highlighted by Gergen (1989) in the concept of the “warranting voice”. Team working has been extensively studied in manufacturing and learning institutions by 1998 it was estimated that half of all workers in the USA working this way. Recent estimates place the figure now at closer to 75%. Most of the research into team working stems from the early research by Mc Grath & Altman (1966), the importance of working in groups is seen in the amount of organisational change and strategic planning that is now done in a group format. The irony is that most counselling and psychotherapy training programmes use teamwork extensively as a training and teaching tool that increases the students’ self-efficacy, creativity and promotes reflection in action and reflection on action Schon (1983) in the trainee counsellor. When these students graduate and begin to work in the field they will enter a field where lone
working and limited colleague support has become the norm. One study of burnout in team settings from a social constructionist perspective concluded that “Stress is, instead, an answer to an impossible change” (Fruggeri & Mc Namee 1991). Even in fields like family therapy where there has been traditionally a high focus on team working with the benefits of a binocular vision and team peer consultation, working in this way has declined. Thus the experience of most counsellors is that they may work as a lone counsellor in a multidisciplinary team.

Rationale for this study

To date there has been extensive research into burnout that has led to an extensive knowledge base. The field has developed a standard definition and a gold standard measurement tool in the MBI. It has proved a reliable tool but has not promoted diversity of theoretical constructs. One can pose the question that the ubiquitous use of the MBI has limited and stilted creative research. This standard definition of burnout has in recent years been challenged by Farber’s (2010) proposal using Bandura’s self-efficacy theory as a theoretical basis for looking at burnout. His original contribution to the field of looking at the different clinical presentations of burnout as a useful way of moving the field forward, towards looking at the erosion of self-efficacy in the workplace as an antecedent of burnout. The study of the antecedents of burnout is somewhat underdeveloped. Workplace antecedents although widely acknowledged in the literature
as of high importance in the development of burnout are rarely examined with only seven studies found for this literature review six identified by (Awa, 2010) and one through this literature search. Modern counselling environments have developed towards a model of more offsite and lone working yet this is not well researched, multidisciplinary teams are increasingly common but in effect may only have one counsellor assigned to them the counsellor is still working alone. Team approaches and group practice settings are increasingly rare, the only exceptions being in inpatient settings, yet it is acknowledged in counsellor training that these settings provide the best environment for learning new skills and enhancing self-efficacy and creativity. This study will investigate several qualitative and quantitative research questions related to counsellor burnout:

Research Question 1: What are the bivariate relationships between counsellor self-efficacy, burnout and team climate.

Hypothesis 1a: There will be a statistically significant negative relationship between burnout and counselling self efficacy.

Hypothesis 1b: There will be a statistically significant positive relationship between team working and counselling self-efficacy.

Hypothesis 1c: There will be a significant positive relationship between team climate and burnout.

Hypothesis 1d: There will be a statistically significant moderating effect of team working on self efficacy.
Research Question 2: What are the bivariate relationships counselling self-efficacy and burnout.

Hypothesis 2a: Team climate will be significant predictors of clinical subtypes of burnout

Research Question 3: What are the bivariate relationships between team climate, burnout and self-efficacy?

Hypothesis 3a: There will be a statistically positive relationship between team climate and counselling self-efficacy.

Hypothesis 3b: there will be a statistically positive relationship between team climate and burnout clinical subtypes.

It is hypothesised that if the workplace settings of counsellors promote absorption engagement and participation within a positive team climate. Then there will be a significant reduction in the levels of clinical presentations of burnout.

Section 3: Method

Participants.

Counsellors, therapists, psychotherapists and counselling psychologists were recruited for this study. A non probability purposive sample of participants were recruited by contacting service directors, senior counsellors, line managers and registered supervisors requesting their permission to distribute surveys to their staff and supervisees.

Ethical approval to conduct the survey within the staff working in the HSE Addiction Services Dublin Mid Leinster was gained from the clinical governance committee of the HSE Addiction Services Dublin Mid Leinster. A total of four separate HSE Counselling
Services agreed to participate. One large private counselling service and one university counselling service also agreed to participate in the study. The Psychology Service of the CDETB agreed to participate in the study and two supervisors in private practice agreed to distribute the survey to their supervisees. The participants in this study are working in a large range of services addiction, trauma services, family services, and education services. The services in which the participants are working cater to different age ranges of clients, from HSE teenage addiction services, primary, secondary and third level education to adult populations within the addiction and national counselling services. Participants self-identified that they were lone workers, team workers or occasional team workers by completing the demographic part of the survey instrument.

Table 1

*Demographic Description of the Full Study Sample*

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<thead>
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<th>Mean</th>
<th>SD</th>
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<th>%</th>
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<td>Sex</td>
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<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td>Counsellor/Therapist</td>
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<td>43.8</td>
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<td>CounsPsychologist</td>
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<tr>
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<td>39.7</td>
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<td>27.4</td>
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<tr>
<td>Team working</td>
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<td></td>
<td>37.0</td>
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<tr>
<td>Occasional team</td>
<td>26</td>
<td></td>
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<td>35.6</td>
</tr>
</tbody>
</table>
Two hundred questionnaires were prepared and distributed, a total of seventy five questionnaires were returned. One was eliminated as one page of the questionnaire was omitted. By filling in the survey participants gave consent for the next part of the study. The qualitative part of the study was completed by inviting participants from the pool of returned questionnaires to participate in a semi structured interview of 20 minutes length. Five participants from each category lone team and occasional team were interviewed giving a total of 15 interviews. Most of the practitioners are counsellors with many years of service, with over 72% having 15 years and above working in the area.

*Design*

This study used a mixed methods qualitative and quantitative convergent parallel design with data collection occurring at the same time. Data was collected over the course of a six week period beginning in January 2014. Survey instruments were returned by post and all interviews were conducted and transcribed during this time. The independent variables in this study were lone working, team working and occasional team working, team climate, and burnout levels. The dependent variable was counselling self-efficacy. Participants self-categorized by identifying their working context in the survey. To enable retrieval of data for the qualitative section of the study participants were asked to complete an identity key consisting of mother’s maiden name. Participants were informed that their data can be removed at any stage of the study by contacting the researcher. The qualitative element of the study used a design based on the work of Elliot
& Tumalik (2006) who outline a descriptive interpretive framework for gathering qualitative data. From the pool of participants five participants from each working type alone, team and occasional team workers were invited to participate in the semi structured interviews. Transcribed interviews were analyzed using a five stage process described in Elliot et al (2006).

Materials Quantitative Section of Study.

Participants completed a packet of 4 instruments in the following order Brief demographic questionnaire created by the author of this study, Burnout Clinical Subtypes 36 (BCS36,Garcia-Campayo, 2010), the Counsellor Activity Self-Efficacy Scales (CASES: Lent, Hill, & Hoffman.2003) and the Team Climate Inventory (TCI Anderson & West ).

Burnout Clinical Subtype

The burnout clinical subtype’s questionnaire is a self-report measure developed by Montero- Marin and Garcia – Caimpayo (2010). It consists of a 36 item questionnaire with a 7 point Likert type scale. Participants rate their level of agreement with the question from 1(totally disagree) to 7 (totally agree). It measures the three clinical subtypes of burnout: frenetic, under challenged and worn-out as proposed by Farber (1990). It consists of 36 items with a 7 point Likert type scale, participants rate there agreement with the question from 1(Totally disagree) to 7(totally agree). The frenetic scale measurer’s items such as ambition, involvement and overload. The under
challenged scale measures Lack of development, boredom, and indifference. The worn-out scale measures neglect, lack of control and lack of acknowledgment. The validity of the scale was tested on a sample of 5,493 employees of the University of Zaragoza in comparison the Maslach burnout inventory. The authors have reported a high level of reliability with a Chronbach’s alpha of.87. For the purpose of this study the total scores on the 4 subscales will serve as the units of analysis and provide a measure of burnout.

Counselling self-efficacy:

The counsellor activity self-efficacy scale is a self-report measure developed by Lent et al (2003). It consists of 41 items with a 10 point Likert type scale. Participants rate their confidence from 0 (no confidence) to 9 (complete competence).  

It measures three aspects of counselling self-efficacy 1: Helping skills self-efficacy (the ability to create a therapeutic relationship and elicit information from the client) 2. Session management self-efficacy, (managing common tasks in the counselling session; keeping session focused and on track) 3: Counselling challenges, (managing difficult and challenging sessions, by using examples of clients experiencing crisis points). The validity of the CASES questionnaire was explored in a sample of 345 undergraduate and graduate counselling students in comparison to four other counselling self-efficacy measures. The authors report that the CASES total score had a high level of reliability with a Chronbach’s alpha of.97. (Lent, Hill & Hoffman 2003) The total scores on the CASES questionnaire will serve as the unit of analysis for this study and provide a
measure of counselling self-efficacy. The total scores of each of the 4 subscales will serve as a unit of analysis for the purpose of this study.

*Team Climate Inventory:*

The team climate inventory is a multi-dimensional measure of facet specific climate for innovation within groups at work, developed by Anderson & West (1988). It consists of a 44 items divided into 4 subscales, with 2 subscales having a 5 point Likert type scale, and 2 subscales having a 7 point inert like scale. Participants rate their agreement with the statement presented from 1 (Strongly disagree) to 5 (Strongly agree) on the 5 point scales, and from 1 (to a very little extent) to 7 (to a very great extent) on the 7 point scales. Six of the 44 items are used to measure social desirability, 38 items were combined to create 4 scales 1: Vision (Clarity of team vision and future objectives). 2 Participative Safety (encouraging commitment and engagement, participation is viewed as reducing resistance to change). 3 Task Orientation (a high level of task orientation and commitment to excellence) 4 Support for Innovation, (Practical support within the team and support for creative suggestions within the team). The validity of the TCI was measured in community mental health teams with 113 teams and 1446 participants. The authors report that the TCI has a high level of reliability with a Chronbach’s alpha of 0.95. The total scores on each of the 4 sub scales will serve as the unit of analysis for this study and provide a measure of team climate for innovation.
**Materials Qualitative Section of the Study**

*The semi-structured interview.*

A series of open ended questions were generated for each work setting being studied. The questions asked included: *Can you tell me how would you class yourself as a lone team or occasional team worker? Can you tell me how you would recognise burnout, in yourself or in others that you have worked with? Does the climate in the team change over time? What are the benefits /drawbacks of team working? How does being able/ not able to reflect with a colleague very quickly impact on you? How safe is it to work in this way? Are there times when your safety was an issue? How much support is there from the organisation that you work for? Is your work acknowledged by the organisation/ team?*

*Procedure.*

Interviews were conducted at a time of the participants choosing, the researcher conducted interviews in either the researchers workplace or the participants workplace. One interview was conducted by arraignment at a venue where researcher and participant were attending a meeting. Participants completed a consent giving procedure and interviews took between 20-30 minutes. Prior to conducting the interview the participants has an opportunity to review their filled in questionnaire. Upon completion of the interview participants were offered a debriefing sheet that contained contact numbers if they felt that they needed further assistance.
Section 5:

Results

The purpose of this study was to explore the relationship between lone working burnout, team climate and counselling self-efficacy and to explore the potential moderating effect of team working. In this section the results of the study are presented, results are in two sections. (A) The quantitative results section includes the demographics of the study sample, descriptive statistics and the results of the analysis for each research hypothesis.

(B) The qualitative data analysis and results section includes a description of the data analysis of the sample and the results of the qualitative study.

(A) Description of the sample:

Participants were recruited by contacting line managers, directors of services and supervisors and requesting their permission to distribute surveys to their counselling staff. A power analysis suggested that 70 participants would be needed, 75 surveys were returned, and one was eliminated because the participant omitted one whole page of the survey. Demographic data for the sample is presented in table 1.
Table 1

Demographic Description of the Full Study Sample

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>3.6</td>
<td>.954</td>
<td>74</td>
<td>100</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
<td></td>
<td>35.6</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>47</td>
<td></td>
<td>64.4</td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor/Therapist</td>
<td>32</td>
<td></td>
<td>43.8</td>
<td></td>
</tr>
<tr>
<td>CounsPsychologist</td>
<td>12</td>
<td></td>
<td>16.4</td>
<td></td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>29</td>
<td></td>
<td>39.7</td>
<td></td>
</tr>
<tr>
<td>Lone Working</td>
<td>20</td>
<td></td>
<td>27.4</td>
<td></td>
</tr>
<tr>
<td>Team working</td>
<td>27</td>
<td></td>
<td>37.0</td>
<td></td>
</tr>
<tr>
<td>Occasional team</td>
<td>26</td>
<td></td>
<td>35.6</td>
<td></td>
</tr>
</tbody>
</table>

The sample population showed that many of the participants are vastly experienced practitioners and had been working in the area for long periods, with 32% in the field for between 11 and 15 years. A chart illustrating years working in the area is presented below.
Descriptive statistics.

Descriptive statistics were used to assess the means, standard deviation, skewness and kurtosis of the distributions of scores on the three measures. The distributions on the CASES and TCI scales were negatively skewed with few respondents endorsing the lowest levels of counselling self-efficacy, or lowest levels of team climate. Descriptive statistics are summarized in table 2.

Table 2

Descriptive statistics of BCS36, TCI & CASES

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Skew</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCS36</td>
<td>70</td>
<td>164.59</td>
<td>23.29</td>
<td>.382</td>
<td>-.406</td>
</tr>
<tr>
<td>CASES</td>
<td>70</td>
<td>294.10</td>
<td>42.70</td>
<td>-.487</td>
<td>.047</td>
</tr>
<tr>
<td>TCI</td>
<td>61</td>
<td>157.18</td>
<td>38.40</td>
<td>-.430</td>
<td>-.666</td>
</tr>
</tbody>
</table>

Level of Reliability

The levels of reliability for the three instruments used in the study were calculated for this sample population. The team climate inventory (TCI) has a high level of reliability with a Chronbach’s alpha of .98. The counsellor activity self-efficacy scale (CASES) total score has a high level of reliability with a Chronbach’s alpha of .97. The Burnout clinical subtype scale (BCS36) has a high level of reliability with a Chronbach’s alpha of .85.
Research Questions and Hypothesis

The intention of this study was to examine the relationship between burnout, team climate and counselling self-efficacy and the impact of work setting on that relationship. Accordingly three research questions and seven hypothesis were examined results are provided below.

*Research Question 1/ Hypothesis 1a-d*

Research question one regarded the strength and direction of the relationships between burnout, team climate and counselling self-efficacy. Results of these bivariate correlations are provided in appendix C. Scatterplots of bivariate correlations were also reviewed to determine if outliers existed that could skew results. No clear outliers were identified and therefore no participants were removed based on the findings of the scatterplots. A large number of correlations were conducted as part of this study and a correlation matrix is included in appendix C.

Hypothesis 1a: Suggested that there would be a statistically significant negative relationship between burnout and counselling self-efficacy. To test this hypothesis a Pearson’s Product Moment Correlation was used and no significant correlation was found and hypothesis 1a was rejected.

Hypothesis 1b: Suggested that there will be a statistically significant positive relationship between team working and counselling self-efficacy. To test this hypothesis a Pearson’s Product Moment Correlation was used and no significant correlation was found and hypothesis 1b was rejected.
Hypothesis 1c Suggested there will be a significant positive relationship between team climate and burnout. To test this hypothesis a Pearson’s Product Moment Correlation was used and the correlation between team climate and burnout was moderately significant in the anticipated direction: Burnout (M=164.6, SD=23.28) and Team climate (M=157, SD 38.40) (r= (56) = .41, p<.001). Therefore the null hypothesis is rejected. This relationship can account for 16.64% of variation of scores.

Hypothesis 1d Suggested there will be a statistically significant moderating effect of working context on counsellor self efficacy. To test this hypothesis a moderation analysis was carried out. The results of the analysis confirm the moderating role of work type on the effect that team climate has on self efficacy. The effect of total team climate on self efficacy was significant for lone workers when compared to team workers: (B= -1.14; C=-1.56 to -.73). The result of the analysis suggests that working alone leads to a significant relationship between team climate and self efficacy. Therefore the null hypothesis can be rejected.

Research Question 2 Regarded the bivariate relationships between self-efficacy, burnout subscales and team climate subscales.

Hypothesis 2a: Suggested that burnout subscales will be significant predictors of self-efficacy. To test this hypothesis a Pearson’s Product Moment Correlation was used and correlations for all subscales were of burnout were calculated. No significant correlations were found therefore hypothesis 2a was rejected.
Hypothesis 2b suggested that team climate subscales will be significant predictors of self-efficacy. To test this hypothesis a Pearson’s Product Moment Correlation was used and correlations for all subscales were of team climate were calculated. No significant correlations were found therefore hypothesis 2b was rejected.

Research Question 3What are the bivariate relationships between team climate, burnout and self-efficacy

Hypothesis 3a: There will be a statistically positive relationship between team climate and counselling self-efficacy. To test this hypothesis a Pearson’s Product Moment Correlation was used and correlations for all subscales were of team climate were calculated a strong positive significant relationship was found between. Self-efficacy total scores (M=294.10, SD= 42.63) and Team climate support for innovation (M=27.79, SD= 7.33) (r= (57) = .859, p<.001). Therefore the null hypothesis is rejected, this relationship can account for 32.49% of variation of scores.

Hypothesis 3b there will be a statistically positive relationship between team climate and burnout clinical subtypes to test this hypothesis a Pearson’s Product Moment Correlation was used and correlations for all subscales of team climate were calculated. Significant correlations were found between the team climates. And burnout subscales listed below:
A weak positive significant relationship was found between TCI subscale: support for innovation and Burnout under challenged \( (r= (58) = .333, p<.001) \).

A weak positive significant relationship found between TCI subscale Task orientation and Burnout under challenged \( (r= (58) = .345, p<.001) \).

A strong positive significant relationship found between TCI subscale participation and Burnout worn out \( (r= (58) = .511, p<.001) \).

A strong positive significant relationship found between TCI subscale support for innovation and Burnout worn out \( (r= (58) = .569, p<.001) \).

A moderate positive significant relationship between TCI Subscale Objectives and Burnout worn out \( (r= (58) = .423, p<.001) \).

Therefore the null is rejected. and team climate can account for the variance of scores.
Results section B

B Data analysis and results Qualitative section.

Fifteen semi structured interviews were conducted with 5 in each work setting lone workers, team worker and occasional team workers. Data analysis was conducted using a descriptive and interpretative method outlined in Elliot and Timulak (2005), in which the authors propose a five stage generic approach to qualitative descriptive interpretative research. The authors draw the method form a wide range of qualitative approaches such as grounded theory, empirical phenomenology and consensual qualitative research.

Stage 1: All data collected in the semi structured interviews were read by the researcher and obvious redundancies and repetitions were removed, all identifying statements such as work locations, names of colleagues and treatment centers were removed from the transcripts.

Stage 2: A coding sheet was devised by the researcher, this was used to record each respondents answers. These were then assigned into meaning units. The meaning units have their root in the questions asked in the interview and can be traced back to the initial respondent.

Stage 3: Domains that structured the responses from the interviewees were outlined they were clustered into several common emerging narrative themes. They are (a) experiences of burnout, (b) reflection on action and professional isolation, (c) benefits, drawbacks and safety of each working context (c) phases that teams go through.
Stage 4: Generation of categories, meaning units for subsequent interviews could be added to the emerging narrative themes and these formed distinctive themes within the data.

Stage 5: Abstracting the main findings. This is a subjective interactive process, each category was analyzed to assess if it had enough support in the meaning units of the respondents. In this way the bias of the researcher who is a team worker was minimized as much as possible.

The participant’s experiences of burnout were clustered into categories that are presented in table 1b

Table 1b

*Recognizing Burnout;*

<table>
<thead>
<tr>
<th></th>
<th>Lone workers</th>
<th>Team workers</th>
<th>Occasional team workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 personal experience of burnout</td>
<td>5/5</td>
<td>1/5</td>
<td>4/5</td>
</tr>
<tr>
<td>2 physical consequences of burnout</td>
<td>3/5</td>
<td>2/5</td>
<td>4/5</td>
</tr>
<tr>
<td>illness/ time out/off</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Recognizing burnout in others</td>
<td>2/5</td>
<td>5/5</td>
<td>3/5</td>
</tr>
</tbody>
</table>
Of the respondent’s only lone workers and occasional team reported personal experiences of burnout. This can be illustrated by a quote from one respondent Lw1:

“I think if you’re working in a team, you’re more conscious of how you might be managing the work load, and by the end of the day I was wiped. Absolutely wiped. And like that there wasn’t anybody else to go, what are you doing that for? who are you doing it for?”

Team workers expressed that they were able to identify when their colleagues were approaching burnout as illustrated by one team worker. Tw3”Yeah that’s how I got here and my do you call it, my supervisor. She actually got burnout while I was here. That was my experience, frayed nerves around here at times and one of my colleague’s sick leaves for xx weeks as well”. Occasional team workers expressed high levels of burnout and also carrying client’s stories and waiting for the next supervision session to be able to discuss clients. Illustrated by Lw4:

“And that’s what I think that it’s one of the drawbacks here, that if I have something I want to talk about I’ve actually opened my diary to see when my next supervision is. I think it would be very, very (sigh) well as I said it’s really hard sometimes”

Physical consequences of burnout were identified at a high level in lone and occasional team workers requiring time out or off from work. Team workers identified most with physical illness at certain times of the year and related this to the physical effects of burnout illustrated by Tw3: For me myself, what happened to me is I fly through the year, but I find it stressful the work you know but I kind of cope, but every Christmas I’m ten years at it, so about five years ago I’d say about half way I started getting chest
infections” 2/5 team workers identified that they would feel worn-out coming to the end of the year.

_Reflection on action and professional isolation._

The potential for reflection on action and professional isolation is reported in table 2b. Both team workers and occasional team workers reported high levels of being able to reflect with colleagues on practice issues. Occasional team workers reported missing the ability to reflect with colleagues as described by Oc3: “So you are left out, so I missed that and initially when I went out of that reflecting team I did miss that bit of the collegiality of it, that sense of you know how are you getting on? you know”. This was also identified by Oc1: “I suppose I really reflect back now and I think the headaches were more about my head being full, and I would find then in the evenings when you'd go home, rather than being engaged, there was that sense of just flopping.”

Occasional team workers and lone workers identified that they created an internalized team as described by lw4: “Or sometimes I might say something like say if I did something a bit different, I’d say ‘I wonder how that went now? It seemed to be okay. I wonder what Sxxx xxx will think of it?’

Lone workers identified that they developed an ad hoc network of support from other counsellors and also that they attended more training as a way of preventing professional isolation as described by Lw1: “It’s an interesting one, and I’m not sure if there is a correlation, but since I’ve been working on my own, I have done a lot of training. So I have been, so I guess there is that piece maybe around bringing more external into this
small space, if you like. Bring more energy to it. Particularly when you’re doing the courses, there’s a great energy to it as well, that you do bring to the work.”

Team workers and occasional team workers reported the sense safety of also the creativity of the team setting a being an important factor in keeping self-efficacy levels high, as illustrated by Oc3:

“safety and, it’s coming as like an idea of a flow, you know that place where you get to and it reminds me to some extent of being in with I suppose I’m just thinking of the kids at play, where you can get into this idea of play and you can fire things in and everything and there’s no judging, you are kind of there’s a sense of, there’s actually a sense of fun about this thing and it’s more enjoyable and yeah that time is a big factor actually the time went and we didn’t notice it, so you are lost in the thing in some ways together, but it’s a safe place to be, this feeling of lost is fun rather than scary and that you are drawing on each other for ideas and it’s enjoyable, the work is enjoyable when you are doing it yeah.”

The increasing self-efficacy was described by Tw 2: “The reason why I think it works very, very well is that it shares a pool of knowledge. It shares people’s individual thoughts and skills. And so everybody is contributing something very different to the pot. I would hope that what it does, now experience I’ve seen it, it brings people along. So you could see people developing skills and confidence even, in themselves, over the time of being working within a team.”

Professional Isolation was an issue for lone workers as was social isolation. Illustrated by this quote from Lw4:” Now mental health are great, they include me in their Christmas dinner if they’re going somewhere. I think once they forgot and they were mortified but they really do try and they told me I can have lunch in their rooms and everything and all that kind of stuff but I’m not part of their team.”
Table 2b

Reflection on action and professional isolation

<table>
<thead>
<tr>
<th></th>
<th>Lone workers</th>
<th>Team workers</th>
<th>Occasional team workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate reflection</td>
<td>5/5</td>
<td>2/5</td>
<td></td>
</tr>
<tr>
<td>Internalized team</td>
<td>4/5</td>
<td>5/5</td>
<td>5/5</td>
</tr>
<tr>
<td>Ad hoc support network</td>
<td>5/5</td>
<td>5/5</td>
<td></td>
</tr>
<tr>
<td>Increased training</td>
<td>5/5</td>
<td></td>
<td>5/5</td>
</tr>
<tr>
<td>Professional isolation</td>
<td>3/5</td>
<td>2/5</td>
<td></td>
</tr>
</tbody>
</table>

Benefits and drawbacks of each working context were clustered around the safety issue of working contexts and this domain also crossed into the area of social isolation when working alone reported by OC 4: “And again you see in many ways the work that we do is lone work but for me there was geographic distance as well, the rest of the team was based in the one place. So in between clients they could touch base. I had none of that.”

Organizational structures were perceived as doing little to prevent social and professional isolation and key to nearly all respondents was the lack of control and acknowledgment from the employing organization. The responses are presented in table 3b

Table 3b Benefits and drawbacks of working contexts

<table>
<thead>
<tr>
<th></th>
<th>Lone</th>
<th>Team</th>
<th>Occasional Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal safety</td>
<td>5/5</td>
<td>2/5</td>
<td>5/5</td>
</tr>
<tr>
<td>Geographical isolation</td>
<td>4/5</td>
<td></td>
<td>5/5</td>
</tr>
<tr>
<td>Organizational lack of acknowledgment</td>
<td>5/5</td>
<td>5/5</td>
<td>5/5</td>
</tr>
<tr>
<td>Organizational lack of control</td>
<td>5/5</td>
<td>4/5</td>
<td>5/5</td>
</tr>
</tbody>
</table>
Discussion.

The aims of the study were to examine several research questions in relation to counsellor burnout, counselling self-efficacy and team climate. This study tested Ferber’s proposition that the erosion of self-efficacy is a possible antecedent of burnout, with attention to the potential moderating effects of team working. Survey methodology was used and a sample of seventy four participants was obtained. Data were analyzed and results for each hypothesis in each section of the study presented.

Convergence of data from both sections of the study.

This study used a quantitative and qualitative method, assessing the points of convergence of the data from each section illustrates the importance of team climate and working context in keeping the levels of counsellor self-efficacy intact. Ferber’s proposal that the erosion of self-efficacy is an antecedent of burnout is also supported in the data obtained. Team climate is a relevant predictor of counselling burnout and also of counselling self-efficacy. Levels of counselling self-efficacy can be moderated by working in a team or occasional team setting, where the opportunities of reflecting on action with others, support for innovation, and acknowledgment and engagement are present.

Research question one testing the relationships between team climate burnout and counselling self-efficacy illustrated a weak positive correlation found between counselling team climate and burnout. The discovery of the moderating effect of work
place setting on self-efficacy is the significant finding in the quantitative results and is supported by the results from the qualitative data set. The findings of the qualitative section of the study exhibited a degree of overlap with previous studies most notably in the study of lone counsellors conducted by Winning (2010). This study also found that lone and occasional team workers will create an ad hoc network of support when they are professionally and socially isolated in the workplace. Further findings indicate that lone and occasional team workers may engage in training and supportive peer networks as a way of preventing burnout and also as a way of increasing their opportunities for modeling. The creative environment of the team working setting was a significant finding in the occasional and team group. The safety of exploring ideas and gaining support for creative ideas as well as the as well as the responsiveness of the team to the signs of burnout in colleagues was one that the lone workers had to engage in training to provide. This research adds to the evidence in support of the demand and control model proposed by Kerasek (1979). This study shows that team climate subscales of lack of control and lack of acknowledgment are significant predictors of the worn out subscale of burnout as Kerasek hypothesized.

Research question two testing the relationship between counselling self-efficacy and burnout was also not supported by the data in the quantitative section of the study. Overall there was no statistically significant amount of variance in counselling self-efficacy explained by burnout.
Research question three was supported by the data. The statistically positive relationship between team climate sub scales: participation and counselling self-efficacy and several correlations between team climate and burnout were of strong significance. The findings for the analysis of particular subscales of burnout and self-efficacy also showed some weak positive significance. and team climate did emerge as a significant moderating variable in counselling self-efficacy. The study supports the hypothesis of the job demands resources model (JD-R) as described by Demerouti (2001) particularly subscales of support for innovation, task orientation, participation and team objectives emerged as more direct predictors of burnout. This study goes some way to confirming the proposal by Farber that workplaces that encourage participation, engagement and have clear objectives may reduce the risk of burnout in their staff.

Limitations

The results of the study can provide some insights into the relationships between burnout self-efficacy, team climate and work setting. As with any study the results need to be reviewed with respect to its limitations in design and sample. The sample gained in this study is relatively small and is limited by its convenience to the researcher and the time period assigned to complete the study. The sample is skewed towards experienced practitioners within mostly public services and may not generalize to the wider counselling population. This study relied on self-report questionnaires which has inherent limitations. Surveys rely on self-report that in turn rely on participant awareness and accurate reporting of experiences. The CASES measure of counselling self-efficacy may
not have been sufficient to assess the self-efficacy of such an experienced sample population. The limitations of the qualitative section of the study are that it had not the scope to assess the impact of different client populations and age groups on team climate burnout and counselling self-efficacy. The amount of data generated by the qualitative study is also too vast for one researcher to evaluate properly within the assigned time frame and would lead to this study being classed as a pilot study.

**Implications and applications of this research**

The retention and effective working of highly trained counselling staff is an important area of study in any organization. This study included counsellors working with a wide range of client groups and encompassed counsellors, psychotherapists and counselling psychologists. The working contexts of counsellors can contribute to their ability to maintain levels of self-efficacy which is hypothesized is an antecedent to burnout. Taken on its own the quantitative data may not have illustrated the levels of social and professional isolation that lone and occasional team workers reported in the qualitative data set. Experienced practitioners put in place several networks to prevent burnout when they are working alone that replicate the effect of working in a team environment. Team workers will remain in a team environment for most of their working career if the team environment is safe, has a high level of participation and support for innovation. The question of having counsellors working alone for extended periods is a potential application of this research most lone workers had been working for 10 or more years
alone and experienced high levels of lack of acknowledgment and lack of control over the services that they were able to provide due to being a lone worker. This research suggests that placing counsellors in team settings with access to other counselling colleagues may create a dynamic enriching and rewarding environment that will moderate the erosion of self-efficacy over time.

Conclusion.

In conclusion this study points to the need for more research in the area of workplace factors such as participation, support for innovation and team objectives in preventing burnout in the counselling population. This study adds to the small body of research into the coping strategies of counsellors who are working alone, and also into the protective factors within teamwork that promote creativity, absorption and engagement at work in experienced practitioners.
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Winning, F., J.

Counselling in organisations: What is the experience of the lone counsellor?

Counselling & Psychotherapy Research 10(4) December 2010 pp249-267
Appendix A: Instructions and Consent Forms

PARTICIPANT INFORMATION SHEET

Title of Study

Lone working, self-efficacy and burnout; the potential moderating effects of reflecting team working in counselling settings.

My name is Monica Whyte and I am currently a higher diploma student in Dublin Business School. My research supervisor is James Mc Elvaney. Before you decide whether to take part in this study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish.

Aim of Research

The aim of this research is to investigate several qualitative and quantitative research questions related to counsellor burnout. It will also examine if the rise in off-site working and lone working in the counselling profession with fewer opportunities for contacts with colleagues is having an impact on levels of burnout in comparison to those who work within teams.

Research Procedure. As part of the qualitative section of the study you may be invited to take part in a semi structured interview of 20 minutes with the researcher which will be audio recorded. This interview will take place at a time and place convenient to you. Before any data collection begins you will be required to engage in the process of giving consent and upon satisfactory completion of this process you will sign an informed consent form. On completion of the interview the participant and the
interviewer will engage in a debriefing process. The semi structured interview will be transcribed. Completed questionnaires results, transcriptions and recordings will be stored in a locked secure place at all times. Electronic data generated will be password protected. All materials will be stored for a minimum of 10 years in line with DBS data retention policy.

Participants are completely free to withdraw from the study at any time without prejudice. Participants will be free to decline to answer any question in the interview should they wish to do so. Participants may request to withdraw their data from the study at any stage. In accordance with the Freedom of Information Act participants have a right to request a transcript of their interview and the results of their questionnaire. The data generated by this study may inform workshops, conference presentations and/ or journal publications and may also inform future research projects. This study has been reviewed by the Research Ethics committee of Dublin Business School, and the clinical governance committee of the addiction services Health Service Executive.

All identifying information will remain anonymous and strictly confidential within the limits of the HSE and PSI Codes of Ethics. Disclosure of information to an appropriate third party where it is deemed necessary to protect the interests of the participant, to protect the interests of society, and to safeguard the welfare of another individual E.G. a child protection issue.
During the study the researcher will be available to answer any questions that the participants may have. If you require any further information please use the contact details below.

Researcher: Monica Whyte
Research Supervisor: James Mc Elvaney
Alcohol Treatment Unit: Department of Psychology
Baggot st Community Hospital: Dublin Business School

I agree to participate in the qualitative part of this study: ___________________

Date:
Appendix B: Instruments, Permissions and Demographic forms.

From: Monica Whyte  
Sent: 01 November 2013 10:29  
To: West, Michael  
Subject: Team Climate Inventory

Dear Dr West,
I am writing to ask if I could have permission to use the Team Climate Inventory in my upcoming research. I am undertaking a minor thesis on the Higher Diploma in psychology in Dublin Business School. I am proposing to study lone working, burnout and self-efficacy and the moderating effect of team working in a population of addiction counsellors and counselling psychologists. I am a systemic family therapist working in the Irish health service and I have identified that the TCI would be an ideal instrument for this study but have no access to the questionnaire. I have explored the possibility of DBS paying for a subscription but this has not been sanctioned. I thought I would email to ask if you grant permission and access to the instrument for students.
Yours Sincerely  
Monica Whyte.

Yes of course Monica. See attached.

Best wishes

Michael

Michael West

Professor of Organizational Psychology
Questions Used in Semi Structured Interviews.

Questions for those who work in teams currently

A. Belief in Teamwork Approach
B. Size of Team
C. Burnout
D. Resources Available
E. Organization for Task Accomplishment
F. Maintaining the Team Effort
G. Decision-Making and Conflict Resolution
H. Self-efficacy

Questions for lone workers will be focused around these themes.
A. Personal Safety using information from the Suzy Lamplugh trust
B. Networking and Support
C. Burnout
D. Maintaining Motivation
E. Perception of organisation
F. Perceived support
G. Self-efficacy

Questions for those who have experience of both working in team and working alone
A. Perceived benefits / drawbacks of both working contexts
B. Specific issues that arise in both contexts
C. Burnout
D. Self-efficacy
Appendix: C

Table 3 Pearson’s Product Moment Correlations.

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<th>TCISupport for innovation</th>
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<th>TCI Task Orientation</th>
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