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## Experiences of Burnout, Self-Care, and Recovery of Female University Counsellors in Taiwan Les expériences d'épuisement professionnel, d'autosoins et de rétablissement de conseillères en milieu universitaire à Taiwan

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### ABSTRACT

The purpose of this study was to describe the burnout, self-care, and recovery experiences of female university counsellors working at a university counselling centre in Taiwan. The 9 participants had an average age of 42.44 years and had worked at the centre for an average of 11.3 years. A qualitative method of phenomenology with in-depth interviews was adopted. Themes that emerged from the data analysis included (a) burnout is influenced by conflicts between work environment and family; (b) burnout is influenced by changes on campus and in the counselling profession; (c) self-awareness, self-assessment, and action are keys to self-care; and (d) recovery requires the right balance between self, life, and work.

### RÉSUMÉ

Cette étude a pour but de décrire les expériences d'épuisement professionnel, d'autosoins, et de rétablissement chez des conseillères en milieu universitaire travaillant dans un centre de counseling universitaire à Taiwan. Les 9 participantes étaient âgées en moyenne de 42,44 ans et avaient accumulé en moyenne 11,3 années au service de cet organisme. On adopta une méthodologie qualitative phénoménologique comportant des entrevues approfondies. Parmi les thématiques qui sont ressorties de l'analyse des données sont : (a) l'épuisement professionnel est influencé par les conflits entre le contexte de travail et le contexte familial; (b) l'épuisement professionnel est influencé par les changements qui surviennent sur le campus et au sein de la profession du counseling; (c) la conscience de soi, l'auto-évaluation, et l'action sont des éléments cruciaux des autosoins; et (d) le rétablissement exige un équilibre adéquat entre le soi, la vie, et le travail.

Counsellors are at constant risk of burnout from having to deal with the maladjustment of clients in an environment that is often highly emotionally charged (Walker & Matthews, 1997). Because counsellors are the primary tool of counselling intervention (Feltham & Horton, 2006), they influence the outcome to a greater degree than do any of the techniques they employ (Wampold, 2001). Therefore, providing services of optimum quality requires that counsellors maintain themselves physically, mentally, and spiritually.

The counselling code of ethics outlined by the Taiwan Guidance and Counseling Association (TGCA, 2001) explicitly specifies the responsibilities of counsel-

lors, including self-monitoring of physical and psychosocial conditions. In the event the counsellor becomes impaired, counselling work must cease, to prevent possible harm to clients (TGCA, 2001). Researchers should provide information about counsellor burnout, self-care, and recovery to assist counsellors in overcoming the difficulties and preventing the potential risks of conducting counselling treatment. In Taiwan, most certified counsellors work within a school setting and most are female (C. S. Lin, 2008); therefore, the purpose of this study is to describe Taiwanese female university counsellors' experience of burnout, self-care, and recovery.

#### BURNOUT

S. M. Lee et al. (2007) define burnout as "a counsellor having significant difficulty performing the necessary functions of his or her job at an objectively competent level" (p. 143). Burnout among counsellors is characterized as a failure to perform clinical tasks due to feelings of personal discouragement, apathy toward systemic stress, and emotional or physical drain (Harrison & Westwood, 2009). Counsellors who are burned out frequently suffer from secondary traumatic stress (STS), vicarious traumatization (VT), compassion fatigue (CF), and other negative reactions. Mental health practitioners with STS show symptoms of intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment (Figley, 1995). VT refers to the changes observed in the caregivers of traumatized persons, which cause "significant disruptions in one's sense of meaning, connection, identity, and worldview, as well as in one's tolerance, psychological needs, beliefs about self and others, interpersonal relationships, and sensory memory" (Pearlman & Saakvitne, 1995, p. 151). CF is the convergence of traumatic stress, STS, and cumulative stress/burnout in the lives of caregivers (Figley, 2002).

A framework for conceptualizing burnout should incorporate both individual and organizational dynamics, taking into account the interaction between them (Harrison & Westwood, 2009; Y. C. Wang, 2009). Medeiros and Prochaska (1988), after examining psychotherapists' reactions while working with stressful clients, claimed the more that psychotherapists rely on optimistic perseverance, the better they perceive themselves as coping with the stresses of their job; alternatively, the more they use self-reevaluation and wishful thinking, the greater the intensity and the stress they experience. Other characteristics of counsellors that relate to higher occurrences of burnout include having an unrealistic expectation of what can be accomplished; unresolved family issues (Grosch & Olsen, 1994); the need to be liked by clients; and over-involvement, blurred boundaries, or feeling personally responsible for change (Ackerley, Burnell, Holder, & Kurdek, 1988). Counsellors with the above characteristics are less likely to conduct effective self-care to help prevent impairment, dysfunction, and/or burnout.

The working environment of the counselling profession is highly pressured, and counsellors encounter job strain in the workplace (S. M. Lee et al., 2007).

A variety of environmental factors contribute to low morale among professionals, such as a lack of influence over decisions at work, heavy caseloads, insufficient resources, a lack of feedback related to job performance, role ambiguity, and conflict (Osborn, 2004). Needing to fulfill numerous tasks of preventive and administration services can also lead to a loss of professional and personal commitment (Boy & Pine, 1980).

#### SELF-CARE

Self-care is a spontaneous, goal-oriented activity used to enhance and maintain health (Orem, 2001); it is characterized by the integration of mental, emotional, physical, and spiritual well-being (Faunce, 1990). Many counsellors recognize the importance of self-care but ignore early warning signs, such as emotional shifts, changes in physical well-being, or altered behaviour (O'Connor, 2002; Sperry, 2007). Knowledge of, recognition of the need for, and the ability to perform self-care do not necessarily translate into self-care behaviour (Barlow & Phelan, 2007).

Self-care is both professional and personal. The professional self-care of counsellors includes ongoing development of work-related skills, counselling, supervision, and preventing or dealing with STS, VT, CF, and other negative consequences of counselling work. The personal self-care of counsellors includes maintaining a healthy lifestyle, incorporating a balanced diet, exercise, and spiritual practices (S. L. Lee, 2009). Counsellors have to monitor their reactions to work stress (Chi, 2011) and implement strategies in their professional and personal lives to reduce stress (S. L. Lee, 2009).

Counsellors need support from organizations to conduct professional self-care (Y. C. Wang, 2009). Within a supportive organizational culture, counsellors are able to validate their feelings through supervision and to support one another as a team (Bride & Figley, 2007). Organizations can also provide a sense of hope and empowerment by encouraging involvement in self-care activities. Staff at university counselling centres (UCCs) who maintained positive interpersonal relationships and had a more extensive network of persons with whom they shared interests and concerns reported less emotional exhaustion and depersonalization (Ross, Altmaier, & Russell, 1989).

#### RECOVERY

Resilience refers to one's ability to recover after exposure to stress or to cope under adverse circumstances (Egeland, Carlson, & Sroufe, 1993). Resilient individuals are capable of surviving and even thriving in the face of adversity (Kitano & Lewis, 2005). There are four predictive factors of one's resilience:

1. Compensatory factors, such as having healthy family functioning, have beneficial consequences irrespective of one's risk level.
2. Risk factors (e.g., poverty) have a potentially harmful effect, whether the risk is high or low.

3. Protective factors (e.g., positive coping strategies) exert a buffering effect at high risk but have little or no effect at low risk.
4. Vulnerability factors have the opposite effect of protective factors, with little or no effect at low risk and detrimental effects at high risk (Kitano & Lewis, 2005).

To bolster resilience, compensatory and protective factors should be adopted, while risk and vulnerability factors should be avoided. In so doing, external resources can be integrated and internal strength can be leveraged to accelerate recovery.

#### UNIVERSITY COUNSELLING IN TAIWAN

Counselling has been practiced as a profession in Taiwan for more than 50 years. The first UCC was established in the 1970s, and there are currently more than 170 centres. Statistics show that the number of postsecondary students in Taiwan has increased dramatically, from 280,000 in the 1980s to more than 1.2 million in 2011 (Ministry of Education, 2011). This presents a range of difficulties that is particularly challenging for counsellors who have to provide multiple services to ensure a healthy campus for students (Y. Lin, Liu, & Hsieh, 2010).

In addition, the counselling profession in Taiwan has undergone radical changes as a result of the Psychologist Act and the certification system adopted in 2001. Over the past decade, the number of certified counsellors has continued to grow, thereby increasing competition in the field. Due to a shortage of manpower, UCC counsellors in Taiwan tend to have heavy caseloads and play a variety of roles in counselling services (Wen, 2006). High student-counsellor ratios and annual work contracts detract from the self-worth of UCC staff, which tends to result in a high turnover rate and high susceptibility to burnout (Mai, Wang, Wu, & Li, 2006). All of these factors have combined to exacerbate counsellors' work stress and their susceptibility to burnout, so implementing measures to alleviate these difficulties is crucial for counsellors facing the challenges of the future.

#### CAREGIVER ROLE OF FEMALE COUNSELLORS IN TAIWAN

Roughly 70% to 85% of the caregivers in Taiwan are female (Cao, 1997), and over 80% of the licensed counsellors in Taiwan are women (C. S. Lin, 2008). The socialization of gender roles strengthens the role of Taiwanese women as caregivers (F. C. Liu, 1999; L. R. Wang, 1997), and career women struggle with the expectations of caregiver duties at home together with professional duties at work (H. S. Liu, 2008; C. H. Wang, 2002). Women who identify with traditional female roles are more likely to assume responsibility of the care of family members and significant others (M. C. Lee, 1997; M. C. Lee & Chung, 1996). As a result, they are also more likely to suffer from conflicts between motherhood and professional development. Married female counsellors are obliged to care for others both at work and at home, which burdens them with physical and emotional stress (Huang, 2011; H. S. Liu, 2008).

## RATIONALE FOR THIS STUDY

Female counsellors tend to play dual caregiver roles in their family and work settings; this double burden increases their risk of burnout. In this study, counsellor burnout is conceptualized as a dynamic mechanism of personal characteristics interacting with factors associated with the work environment. Counsellors need to conduct both personal and professional self-care actions, which are affected by the counsellor's personal factors mediated within their organization's system. After experiencing burnout, counsellors should strengthen their resilience by employing compensatory and protective factors and should reduce the influence of risks and vulnerability factors through self-care actions.

## METHOD

This study adopts the qualitative method of phenomenology to describe the phenomena as experienced by female counsellors. This method expresses, illuminates, and describes the meaning of individual subjective experiences. This phenomenological research entails a careful description of counsellors' ordinary conscious experiences and offers a better understanding of the specificity and complexity of their experiences of burnout, self-care, and recovery during their UCC careers. This method is suitable for answering the research questions: What were the burnout, self-care, and recovery experiences perceived by Taiwanese female university counsellors? How did female counsellors perceive these experiences while working at UCCs in Taiwan?

*Participants*

Nine counsellors working at five UCCs were interviewed ( $M = 42.44$  years, age range = 30–60). The counsellors had worked at a UCC for between 5 and 28 years ( $M = 11.32$  years). Six were contracted counsellors with a Master's degree, 2 were lecturers, and 1 had a doctoral degree. Six of the counsellors had degrees in counselling and guidance, and 3 had degrees in counselling psychology. Seven of the participants were married (5 had children), and 2 were single. The 2 unmarried participants reported that they lived with elderly parents and cared for them. All 9 participants served as the primary caregiver in the family.

Several criteria were used for participation. Participants had to be female university counsellors who (a) had worked at UCC for at least five years, (b) had experienced at least one work-related burnout, (c) had already recovered from the burnout and had at least four months of self-perceived well-being and quality service, and (d) were open-minded and willing to share their experiences with the interviewer. The reasons for the above criteria were (a) the majority of the counsellors in Taiwan are female, (b) the dual caretaker role of females exposes them to a higher risk of burnout, (c) the work-related stress at UCCs has increased as a result of changes in both higher education and the counselling profession, and (d) the peak work period of each semester is roughly four months. When counsellors

are able to deliver good quality service over the course of a peak period, it implies that their recovery process is good.

#### *Interviewer*

A research assistant with a Master's degree in counselling conducted the nine interviews for this study. Prior to the study, the research assistant completed courses in interviewing skills, counselling, qualitative research, and research methodology. She also received training and completed pilot studies to refine her interviewing skills. During the interviews, she maintained an open and nonjudgemental manner and worked toward establishing trustful and genuine relationships with the participants.

#### *Researcher*

The researcher had served as a full-time professor and part-time counsellor for more than 12 years. She is familiar with UCC services and a counsellor's work content, caseload, and burnout risk. She has observed several counsellors experiencing burnout and recovering from the resulting work impairment. The researcher bracketed her personal viewpoints by thoroughly reviewing and describing her personal experiences of burnout, self-care, and recovery before starting data analysis.

#### *Data Collection*

Research questions served to guide the interview. The interview began with this initial statement:

Please describe for me as completely, clearly, and concretely as you can, what are your experiences of burnout, self-care, and recovery, and how do you take care of yourself and recover from burnout experiences while you work as a counsellor at the UCC.

The researcher formulated a draft of broad, semi-structured, and open-ended interview questions by following standard research questions; she then sought comments and advice from two counsellors at UCCs to revise the draft questions. Purposive sampling using a snowball method was adopted for the study.

The interviewer invited one of the counsellors to be the first participant. The counsellor had worked at a UCC for 8 years and had previously recovered from burnout. At the end of the interview, the counsellor recommended a second participant, and the same procedure continued until data saturation was achieved. Each interviewee participated in one interview lasting 90–120 minutes. Questions of the interview included the following:

Would you please talk about your own burnout experiences servicing at a UCC? Could you describe the symptoms you had experienced during burnout, your feelings as well as reactions? What were the factors that led to your burnout? How did you deal with burnout? What did you do to take care of yourself while you found out you had been in burnout condition? How did you proceed with self-care? How did you recover? How did you continue to work at a UCC and provide good quality service?

### *Data Analysis*

Audiotapes of the in-depth interviews were transcribed verbatim. The author served as the analyst and conducted data analysis in accordance with the methodology outlined by Creswell (2009) with some revisions. The analyst performed the following tasks:

1. Organized and prepared the data for analysis, which involved transcribing interviews, reviewing materials, typing field notes, and sorting the data
2. Read through the data to obtain a general sense of the information, reflected on its overall meaning, and developed a list of significant statements
3. Began detailed analysis utilizing a coding process that formulated the significant statements into meaning units and clustered them into themes
4. Used coding to describe the settings, people, places, and events
5. Built additional layers of complex analysis and shaped themes into an in-depth, exhaustive description
6. Moved beyond descriptions to make complex theme connections.

The appendix provides examples of formulating meaning units and clustering into themes.

The analyst employed dependability strategies proposed by Gibbs (2007). First, she documented the steps of the procedures, and set up a detailed protocol and database. Next, she checked the transcripts to ensure accuracy during transcription, constantly comparing the data with the codes and making notations about the codes and their definitions. The analyst also utilized credibility strategies proposed by Creswell and Miller (2000). The analyst triangulated different data sources by examining evidence from the sources and using it to build a coherent justification for themes. Next, she employed member-checking to determine the accuracy of the findings. After that, she used rich description to convey the findings and illustrate the setting, thus giving the discussion an element of shared experience and helping readers envision the setting. The strategy following this involved self-reflection, initiated by the analyst, to create an open and honest narrative and to contemplate how the interpretation of the findings might have been shaped by her own backgrounds. Finally, the analyst spent a prolonged period of time in the field, developing an in-depth understanding of the phenomena and conveying details about the site and the people, which lent credibility to the narrative account. A peer debriefer who reviewed and asked questions and an external auditor who reviewed the entire project were both employed to provide an objective assessment of this study.

## RESULTS

Participants considered burnout to be a gradual, multifaceted, and multifactorial process that tends to be ignored by counsellors. In this section, the author describes themes and subthemes that emerged from the data analysis, using quotes from the participants to explain them.



*Burnout Is Influenced by Conflicts Between Work Environment and Family*

Participants reported that their interaction with the work environment at the UCC (CU, or counsellor-UCC interactions) was a critical factor that influenced how severely they were affected by burnout. Participants were likely to feel exhausted when the work atmosphere was negative, and also when colleagues tended to be cold, detached, and self-centred. When counsellors perceived they were in a more negative work environment (based on, for example, the atmosphere, relationships with colleagues, the system of the environment), they tended to reveal more symptoms of job fatigue, stress, anxiety, distress, depression, CF, or other negative symptoms.

The expansion of UCC services has also taken a considerable toll on counsellors. Participants perceived that with an increase in the number and diversity of students, counsellors have had to deal with considerable uncertainty, problems of increasing complexity, and growing demands by students on campus.

Participants described various factors directly related to the UCC environment, emphasizing the importance of the work setting; UCC resources; administrative systems; efficient operations; and warmth, trust, support, and cooperation among UCC staff. Four of the 9 participants quit their jobs because they had been exhausted for an extended period and received little or no support from the UCC director or their colleagues. The participants were prone to dissatisfaction, disappointment, anger, and doubt about themselves and their professional services. They eventually developed burnout.

Assuming multiple roles at work exacerbated the difficulty of dealing effectively with stress. Participants mentioned that UCC directors frequently changed, and not all of the directors were concerned with managing the UCC and/or promoting UCC services. Some participants did not approve of the leadership style of their directors or the attitude and behaviour of their peers. Participants pointed out that the UCCs were understaffed and that each counsellor was responsible for a heavy caseload, a variety of services, and administration duties. Performing multiple roles caused participants to suffer from a high degree of stress, making burnout almost inevitable.

Balancing multiple roles at work and home compounded the difficulties faced by participants. All 9 participants described having to play the role of the primary caregiver in their families, and the interactions between participants and family (PF, or person-family interactions) influenced counsellor burnout. Seven married participants (5 with children) believed that PF was strongly associated with their spouse or children. The 2 unmarried participants explained that they had to take care of their parents. When family members (young children or seniors) were in need of care, the participants suffered from chronic stress, and their risk of burnout was high. Participants explained that PF was influenced by individual personality traits, age, the physical condition of the participants, the age and health of family members, and expectations regarding family life. One participant who took care of two young children described her situation:



A while ago, I was tired because I had to take care of two kids all by myself. I worried that my counselling profession would not make any progress because I spent so much time taking care of my kids. It's impossible to achieve the best of two worlds! I was like burning the candle at both ends!

Participants made a special note of the stress they faced. When clients were in crisis, counsellors had to react promptly and cautiously. Stress could be significantly reduced in these situations if supervisors provided consultation and team members offered support. However, stress increased when colleagues were absent or the counsellors' work was questioned or criticized by others. A participant shared her experience with a client in crisis:

One of my clients became a very big news event. I was a mess at the time. I felt that several professors started to question my ability as a counsellor, and my supervisor and colleagues also doubted my professional capability. I was traumatized because of this client. I did not want to take any clients in crisis after this event.

In summary, participants believed that burnout and the severity of their symptoms were closely associated with the relationship between work and family (CU-PF). When they perceived the CU-PF interactions to be nurturing, they functioned normally or energetically; however, when their energy was drained by negative CU-PF interactions, counsellors often encountered disability, impairment, and burnout.

#### *Burnout Is Influenced by Changes on Campus and in the Counselling Profession*

Participants described how the external environment influenced their sense of burnout, particularly with regard to the culture on campus. When the faculty did not trust the counsellors or their services, counsellors felt frustration, which increased their work stress and lowered their feelings of accomplishment. Six participants who had annual contracts felt disappointed with the lack of job security and stability at the university. Meanwhile, many universities are at risk of shutting down owing to Taiwan's falling birth rate, and all of the participants worried that they might lose their jobs one day. A participant described her disappointment and anxiety:

The university leaders expect me to work hard and carry out a variety of services on campus. But, at the same time, they only provide me with an annual contract and little benefit and welfare. My title and position at this university is an "annual assistant," which really upsets me and makes me worry about a possible job loss at any time.

Participants also described dramatic changes in the counselling profession as a result of increased competition in the job market and the need for caution since the adoption of the Psychologist Act in 2001. Participants pointed out that counselling education in Taiwan focuses more on practical counselling

theory and skills than on self-care, preventing counsellor burnout, encouraging devotion to their jobs, or the need to serve many clients. Counsellors with a traditional Taiwanese work ethic leverage their work performance to the fullest. Not surprisingly, counsellors with a strong passion for and belief in helping tend to work overtime and ignore warning signs, resulting in an increased incidence of burnout. In conclusion, pressure from changes on campus and in the counselling profession increase the stress of university counsellors and, with it, the risk of burnout.

*Self-Awareness, Self-Assessment, and Action Are Keys to Self-Care*

Participants in this study tended to ignore early warning signs of burnout, accepting that they had already developed severe burnout with the onset of psychosomatic symptoms, such as sleeplessness, illness, exhaustion, anxiety, and depression. By that time, they had lost their enthusiasm to help people, lacked a sense of satisfaction at work, and were indifferent to interpersonal interactions. After participants suffered from serious symptoms for an extended period, they finally became aware of their burnout and began to face the problem.

Participants first assessed their situation (family, circumstances, stressful life events, workload, and the UCC environment) and then adopted the easiest and most immediate self-care actions, including taking a leave of absence, participating in leisure activities or sports, reducing their workload, and reducing the number of clients in crisis they saw. They sought supervision, continued education, consultation, individual counselling, and/or support groups, in addition to increasing their break time, adjusting their lifestyles, gradually triggering bigger changes, and eventually forming a positively reinforced cycle of self-care.

Counsellors began to realize that there was a limit to the time and energy they could devote to their jobs. The participants learned to adjust their perceptions and expectations of work and accepted imperfection in their work. They took a less aggressive approach to accepting challenging tasks, expanding their workload, and reaching new professional levels. They stopped endlessly pursuing performance breakthroughs at work and practiced a work-life balance. One participant expressed it in this way:

My job had occupied all of my life.... I later learned that I should draw a line, and I could not take that large of a workload.... I used to focus so much on pursuing challenges and further development in my professional career, but failed to take care of myself.... I know my limit now, and at the moment, I do not want to challenge myself anymore!

The accumulation of stress and frustration took its toll, and those affected had to deal with the consequences. Five participants developed a self-care regimen that included reducing their workload and accepting fewer clients in crises. Four participants chose quitting their jobs as their key self-care strategy when they discovered that reducing their caseload was not a possibility. Participants gradually became aware of the signs of burnout, assessed their interactions with their

families and the UCCs, leveraged protective factors to take self-care actions, and formulated a positively reinforcing self-care cycle.

*Recovery Requires the Right Balance Between Self, Life, and Work*

Participants underwent a process of self-awareness, self-assessment, and self-care action. They gradually adjusted their daily routines to include more exercise and leisure activities to facilitate recovery from burnout. Counsellors gradually rediscovered their personal needs, and they learned to employ protective and compensatory factors to reduce the effect of risk and vulnerability factors. They were aware that the stresses from home and work combined to trigger fatigue and burnout, and they recovered to a balanced state of personal and professional life. Participants recognized the experience of burnout as a turning point in their lives in which they had to reconsider their personal needs, career goals, and life values. Burnout also signified a point at which to reassess their professional expectations, roles, functions, enthusiasm, and values and the limitations of themselves and their profession.

#### DISCUSSION

This study built on previous findings, but extended and emphasized the effect of CU-PF interactions on burnout instead of focusing only on the interaction of counsellor and the work environment as suggested by Y. C. Wang (2009). The study results reveal that the combination of CU-PF interactions influences the development of burnout among counsellors. If counsellors create harmonious and positive CU-PF interactions, counsellor burnout is less likely to occur. When counsellors develop negative CU-PF interactions, they are inclined to suffer from disability, impairment, and burnout. Similarly, while counsellors need to prevent burnout by avoiding the negative CU-PF, they can create positive CU-PF by employing self-care methods. The study results echo similar findings showing that the interplay of counsellors' and therapists' personal and professional lives can affect their personal transformation and growth (Paris, Linville, & Rosen, 2006), and counsellors need to manage their work-life balance (Evans & Payne, 2008).

The study also found that the tendency toward burnout was not only influenced by the work environment but also affected by various factors related to external conditions in Taiwan, such as university regulations, campus culture, the higher education system, and sociocultural factors. Counsellors were hindered by work stress and feelings of inadequacy regarding their accomplishments on the job when faculty, staff, and students did not trust the counselling services they provided. When counsellors perceived that university administrators were not providing adequate job security or benefits, they felt frustrated, and their enthusiasm for counselling services was impaired over the long term. The study results echo previous findings showing that when counsellors perceive they are in a negative work environment (e.g., the atmosphere, relationships with colleagues, the system), they tend to reveal symptoms of compassion fatigue, depersonalization, low satisfaction

of work, and low sense of personal accomplishment (S. M. Lee et al., 2007). A low birth rate in Taiwan may eventually lead to the closure of universities and the loss of counsellor jobs, which contributes to an increase in job-related stress for everyone involved, including counsellors.

Participants also recognized the impact of dramatic changes in the counselling profession, particularly the enforcement of the 2001 Psychologist Act, under which counsellors must meet certain qualifications in order to practice. Participants must prepare for the license examination while shouldering stress from both family and work. Moreover, an increasing number of new counsellors are passing the qualification examinations and entering the job market, leading to fierce competition in Taiwan.

Taiwanese sociocultural factors weigh particularly heavily on females, with female counsellors perceiving their gender role as the primary caregiver in their families. Two of the participants were single, but they were the primary caregivers for their parents. All participants identified themselves as the primary caregivers who must assist clients in the workplace and take care of their families afterwards. The study results echo previous findings indicating that work-family conflict is a major issue for female counsellors (Huang, 2011; H. S. Liu, 2008). This study determined that the female counsellor's role of primary caregiver in a family (instead of the roles of wife and mother) may be a crucial factor affecting their burnout status in the workplace. This supports previous studies in which the socialization of women caused them to sacrifice their own needs in favour of others, leaving them little time for self-care (Chi, 2011; O'Connor, 2002). Not surprisingly, a dual caregiver role for female counsellors at home and work increases the risk of exhaustion and burnout.

The study results are consistent with those of previous studies, insofar as counsellors are highly vulnerable to unnoticed exhaustion and burnout (e.g., J. Lee, Lim, Yang, & Lee, 2011). Mental health practitioners who experience STS, VT, CF, and other types of harm due to emotional involvement with clients in traumas or crises often suffer from impairment or dysfunction in their personal lives and work (Chien, 2011; Figley, 1995). The study results reveal that educators involved in counselling seldom focus on the potential risks of their profession or assist trainees in developing self-care practices (Yeh, 2011). This lack of education could result in counsellors who lack knowledge concerning the risks of burnout at work (Skovholt, 2001) or are unable to transform the knowledge of self-care into practice, even though they acknowledge its importance (Barlow & Phelan, 2007; O'Connor, 2002).

Consistent with existing literature, the study results indicate that counsellor burnout correlates with the interaction of counsellors' personality characteristics (such as perfectionism, work expectations, passion for helping others, work values, stress adaptation, and professionalism) and work environment (such as manpower, resources, the number of crisis or trauma cases they must handle, work situation, and the climate of the team and institution; Y. C. Wang, 2009). In addition, environmental factors, including budgets, manpower (e.g., overloading counsel-

lors with clients), availability of resources (e.g., supervision or consultation), and caseload of clients in crises or traumas (Osborn, 2004; W. L. Wang, 2007; Wen, 2006), also influence a counsellor's susceptibility to burnout.

Consistent with the notions addressed by Patrick (2006), participants in this study went through the three stages of self-awareness, self-assessment, and self-care actions to overcome the adverse consequences of implementing counselling services. Counsellors became aware of their physical and psychosocial impairment and then accepted their state of crisis. The study results echo Chi's (2011) view that the first step in counsellor self-care is the development of self-awareness regarding his or her own crisis status.

After becoming aware of their state of burnout, counsellors conduct an initial assessment by reviewing their lives and work goals, reshaping their values, and changing their work habits or behavioural patterns accordingly. Following the stages of self-assessment and self-awareness, the performance of self-care activities enables participants to gradually recover from a dysfunctional state, and attain balance in their personal and professional lives. The results of this study echo those of several previous papers: counsellors not only need to comprehend the risk of burnout but also implement self-care practices for recovery to be effective (Ku, 2006); a knowledge of self-care means nothing without the will to actually implement it (Huang, 2011; H. S. Liu, 2008); and counsellors must maintain a balanced life, which means paying equal attention to work, play, social relationships, family relationships, personal growth, spiritual well-being, and their physical and emotional health (Brems, 2000).

### *Implications*

Counselling practitioners should assess CU, PF, and CU-PF interactions; relieve work stress; repair impairments in their abilities; and deal with crises proactively. Counsellors should avoid taking on counselling services that are too varied, accepting too many clients (particularly clients in trauma or crisis), and working overtime for extended periods. Counsellors require supervision, consultation, and self-care activities on a regular basis, as well as clearly established boundaries between their personal and professional lives.

UCC directors would be well advised to provide professional resources for counsellors, particularly when they encounter family, work, or personal stressors. They should offer support, listen to counsellors' reactions and needs carefully, and establish work and leave systems to allocate reasonable workloads (particularly caseloads involving crises or traumas) to alleviate the need for overtime and avoid situations in which counsellors become overloaded. A harmonious and productive team environment could be developed if members of counselling teams strengthened communication and strove to eliminate bias and prejudice.

Educators in counselling ought to provide trainees with knowledge concerning potential risks associated with serving as counsellors and help them identify the early signs of burnout. Trainers might consider implementing self-care programs to assist trainees in conducting self-awareness and self-assessment and

implementing professional and personal self-care behaviour on a regular basis. Counsellor educators would do well to assist trainees to enhance their competence in counselling clients in trauma and crisis situations and to learn strategies and skills to help them cope with work stress. Finally, researchers could work to develop burnout screening inventories to detect early warning signs and self-care models based on CU-PF interactions to assist counsellors in effectively enhancing self-care.

Owing to the homogeneity and small size of the sample, the research findings may not apply to the experiences of other counsellors in different work settings or with different demographic profiles. Data collection in this study may have been influenced by the criteria for participation, interview guidelines, self-disclosure, or memory of the participants.

#### CONCLUSION

Female counsellors in this study recognized that burnout was a gradual process that was often ignored. They believed that the critical factors influencing burnout were PF and CU interactions. After experiencing burnout first hand, these participants began to assess their lives, work situations, goals, profession, and values associated with helping others. They leveraged protective factors to perform self-care and adjusted their CU-PF interactions to strike a balance between self, family, and work.

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## Appendix

*Examples of Formulating Meaning Units and Clustering into Themes*

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An example reveals 7 participants' significant statements being transferred to the related formulated meaning units. Another example reveals that three meaning units (self-awareness, self-assessment, and actions of self-care) are clustered into the formulated theme: self-awareness, self-assessment, and actions are key to self-care.

First, significant statements of seven of the participants are listed and the related formulated meaning units are described in parentheses:

*Participant 1:* My job had occupied all of my life ... I later learned that I should draw a line, and I could not take that large of a workload.... I used to focus so much on pursuing challenges and further development in my professional career, but failed to take care of myself. (*self-awareness*)... I know my limit now.... (*self-awareness to self-assessment*)

*Participant 2:* It's impossible to finish my work. (*self-awareness*) If I take work home, I will exhaust myself. It's really not worth it. (*self-assessment*) I don't take anything related to work home and try to draw a boundary between them. Now I'll go abroad during summer vacation to get away from work and stress. (*self-care actions*)

*Participant 5:* A while ago, I was tired because I had to take care of two kids all by myself. I worried that my counselling profession would not make any progress because I spent so much time taking care of my kids. It's impossible to achieve the best of two worlds! (*self-awareness*) I was like burning the candle at both ends!... (*self-assessment*) After thinking about it, I knew I couldn't work as hard as I used to because I didn't have that much energy. I only had to lower my expectation and maintain what I can do right now. (*self-assessment to self-care actions*)

*Participant 6:* I was responsible for all kinds of problems. I overworked and came to work early in the morning the next day.... I didn't have time to rest. I couldn't stop thinking about work even after I got home. Then depression came to me. I couldn't sleep and had no appetite. (*self-awareness*) The problem was so serious that I was forced to leave. (*self-assessment to self-care actions*) After a while, I came to realize that the main source of my burnout was that I [had] completely dedicated myself to work. (*self-awareness to self-assessment*) Then I made some adjustments in my new job. I didn't take my work home and had a personal life. I was learning things that were not related to counselling. I also learned how to manage my time more efficiently. (*self-care actions*)

*Participant 7:* I didn't answer my phone at that period because I knew that when my phone rang, there was a new client for me. I lost my temper easily when things didn't go as I had planned or communication [didn't] move smoothly. (*self-awareness*) I knew I was tired but communication with my supervisor

couldn't solve my problems. That's why I decided to leave. I couldn't reduce burnout, then I had to leave. (*self-assessment to self-care actions*)

*Participant 8:* I was so exhausted and I felt so powerless against my work. (*self-awareness*) One day I realized that I couldn't repeat this style of life anymore.... I finally found a way to deal with it. Each week, I had a meal with counsellors from other universities. We formed a support group to encourage each other. (*self-assessment to self-care actions*)

*Participant 9:* During the first year as a counsellor, I had great passion for the job and high expectation of myself. I worked as hard as I could. That's why I was too tired to do anything after work. I often [lay] on my bed and did nothing. In the following day, everything repeated itself again. I was so exhausted in that year and under great stress. (*self-awareness*) Finally, I came to realize that I had to reduce my work load and gave myself more time to rest and to do something I enjoy. So I decided to take one day off each week and left some time to me to refresh. (*self-assessment to self-care actions*)

Second, after identifying the meaning units, the analyst clustered them into (a) self-awareness is the first step of self-care, (b) self-assessment is a second step after awareness of burnout, and (c) taking actions is the most crucial step of self-care. Thus, three meaning units (self-awareness, self-assessment, and self-care actions) are clustered into a formulated theme: self-awareness, self-assessment, and actions are key to self-care.

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