WORKPLACE COUNSELLING AS A REMEDY FOR BURNOUT:

A case study of operational Non-Governmental Organisation sector responding to emergencies in Midlands Region of Zimbabwe

By

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Thesis submitted in fulfilment of the requirements for

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TO

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ABSTRACT

The study investigated whether workplace counselling was a remedy for burnout which operational nongovernmental organisation (NGO) employees experience. The study was prompted by the fact that in Zimbabwe there is no recommended solution to the problem of burnout. This study was premised on the qualitative research design rooted in the interpretivist paradigm and was conducted in four operational NGOs responding to humanitarian emergencies in Midlands Region of Zimbabwe. The sample was made up of 8 participants from management, 22 employees from field staff to get a total of 30 participants purposively sampled. Data were generated through open ended questionnaires, interviews, observation and document analysis. Ethical considerations were met through seeking permission and informed consent from the selected NGOs and participants. Grounded theory was used as the basis for the analysis. The results were centred on four themes which were causes of burnout, current methods being used to prevent and treat burnout and their shortfalls and counselling as a means to deal with burnout. The findings showed that participants knew what burnout is and indicated that it is characterised by exhaustion, lack of enthusiasm and motivation and feeling ‘drained. Findings on causes of burnout indicated that overworking and irrational thinking were some of the major causes of burnout. The research results also indicated that burnout negatively affects employees, resulting in diminished accomplishments, reduced efficacy, absenteeism, physical illness, reduced commitment and professionalism. On current methods of treatment of burnout, results indicate that employees largely rely on generic counselling, natural approach and medication. However, participants pointed out that burnout cannot be treated by medicine since it is not an infectious illness. Moreover, drugs cannot change irrational thinking that promotes burnout and drugs whip the adrenals. Findings showed that counselling can treat burnout through behaviour modification and change in lifestyle. Hence, it can be concluded that counseling is a remedy for burnout. The first key recommendation is that workplace counselling should be provided by NGOs to employees as a remedy to burnout that employees experience and counselling should be theory driven for it to be effective and professional. I further recommend that medical treatment be used to treat symptoms of burnout.
ACKNOWLEDGEMENTS

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DEDICATION

To my late mother Mrs. Flora Shumba (Nee Gwirambira).
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CHAPTER 1

BACKGROUND TO THE PROBLEM

1.1 Introduction

This chapter puts into context the problem of burnout which operational Non Governmental Organisations employees responding to emergencies experience. It helps the reader to understand and appreciate the problem under investigation and the theoretical framework within which the study is guided through provision of background information. The statement of the problem and the main purpose of the study, research questions and its importance and pertinence, and the delimitation and assumptions of the study are highlighted, with study limitations and the definition of key terms concluding the chapter.

1.2 Background

“Burnout is a psychological term for the experience of long-term exhaustion and diminished interest (depersonalization or cynicism), usually in the work context” (Tracy, 2000:6). Maslach, Jackson and Leiter (1996) point out that burnout is often caused by expending too much effort at work while having too little or no recovery services and time. On the other hand, Gorkin (2012) says burnout is a condition one enters into due to lack of the internal body energy resulting in exhaustion and cynicism. This means burnout can develop due to prolonged exposure to activities that deplete one’s internal resources resulting in physical exhaustion, emotional fatigue and cognitive weariness (Maslach, Jackson and Leiter, 1996). The general point is burnout occurs when there is lack of energy in the body due to overworking which at times is caused by irrational thinking and maladaptive behaviour (Kjellerup, 2011).
According to Demerouti, Bakker, Nachreiner and Schaufeli (2000), the word burnout is used to describe a specific form of cumulative stress reaction that happens after being exposed to work stressors for a long period of time. Being exposed to emotionally challenging and demanding activities for a long time without adequate replenish services results in gradual depletion of one’s internal resources and energy for combating stress, strain and burnout (Bakker, Schaufeli, Sixma, Bosveld and Van Dierendonck, 2000). The aforementioned definitions show that when burnout manifest itself the internal bodily energy will have been depleted to the extent that the body will find it difficult to recover without behaviour change (Kjellerup, 2011).

Burnout is frequently associated with individuals who work in the helping professions such as teaching and humanitarian work and do long term, “people oriented” work under conditions of chronic stress (Anderson and Bateman, 1997; Tracy, 2000). High stress jobs like responding to disasters and emergencies can create a conducive environment for the onset and maturation of burnout than does less emotionally demanding jobs. Operational Non-Governmental Organization (NGO) employees responding to emergencies seem more prone to burnout than employees from other professions (Abraham, 2000; McKay, 2007). Hence, I was motivated to carry out this research by what I observed when operational NGO employees were executing their duties. I observed that working with people directly puts too much stress on the NGO employees by long term involvement in emotionally demanding situations. McKay (2007:13) argues that, “In the NGO environment, there is very seldom a sense of satisfaction that a job or a project is complete. The problems in environmental and in humanitarian work are ongoing and endless. Thus, the sense of fulfilment and satisfaction of having achieved set targets and quantifiable goals rarely apply as there are always endless activities. This can lead to a sense of being overwhelmed and a feeling of being pressured to
keep working regardless of lack of energy and the feeling of exhaustion one may have, which leads to emotional breakdown, cynicism, depression and ultimately burnout (Burke, and Richardson, 2000). The most worrying thing that I observed is that there is no recovery strategy that is put in place to combat burnout.

Tortora (1999) points out that in response to burnout, employees resort to placebos, antidepressants and stimulants which only offer a temporary relief. It seems there is no long term plan to prevent and treat burnout. This prompted me to carry out this research in order to determine whether workplace counselling can be a remedy to the burnout being experienced by NGO employees responding to emergencies in the Midlands Region of Zimbabwe where burnout occurrence in NGOs was affecting quality service provision, employee wellness and at times leading to deaths (Masimira, 2002).

In the NGO field, burnout has been seen to proceed in stages that blend into one another so smoothly that one might not realise what would be happening until one is in a state of despair, physical and emotional breakdown (Golembiewski and Munzenrider, 1988; Karon, 2013). Most employees join the NGO sector, especially the emergency unit thinking that they will offer durable solutions to problems being experienced by vulnerable children and communities, forgetting that such types of jobs have high risk of burnout (Dike, 2014). In most cases, employees who have extremely and unrealistically high hopes and expectations about the change they will make to the lives of the affected communities become candidates for burnout (McKay, 2007). Thus, the progression of stress to burnout is often paved with good intentions (Hutman, Jaffe, Segal, Kemp and Dumke, 2013). Hence there is great need to put up a strategy that will combat onset of burnout.
I also observed that the humanitarian employees’ strong desire to help others often masks their own needs. Although NGO employees are technically proficient in various specialized skills, they have a tendency to forget that burnout is a phenomenon that can affect work, ability and performance (Navare, 2008; Katja, 2010). Burnout can also contribute to health problems. According to Maslach and Jackson (1986), accumulated burnout affects not only personal morale and self-efficacy or individual performance, but also the effectiveness and efficiency of the organisation. Moore (2000) points out that, when the negative impacts of burnout are not recognized and dealt with, work suffers. Not only is there poor service provision but employees may become demotivated and frustrated to the extent of leaving the field embittered, critical of the humanitarian work and filled with a personal sense of failure (Ehrenreich, 2001). This means that there is great need to put up a recovery plan as remedy for burnout.

The related literature has it that burnout has become a worrying issue these years, in the human service professions (Gary, Salyers, Rollins, DeVita and Pfahler, 2012). Burnout is of concern because its occurrence is associated with negative outcomes such as reduced self-efficacy, reduced competence and physical illness on employees and high staff turnover, poor service provision which is costly to the organisation (Dike, 2014). Powell (2011:1) points out that:

"Burnout is an important topic for leaders to be thinking about right now. Because of the present economic challenges, many organizations are finding themselves trying to accomplish equal or more work with fewer employees. This translates to greater workloads and job demands, which in turn results in higher levels of stress. Too much stress reduces employee effectiveness and puts people at risk for burnout.

Some of the researchers have revealed that burnout affects employees mentally and physically and is costly to organisations and agencies and harmful to employees (Cherniss,
1980; Goldberg and Steury, 2001). According to Maslach and Leiter (1997), burned out employees offer poor service and lack commitment to their work. Maslack and Schaufeli (1993) point out that burnout is associated with decreased job satisfaction, hence, the greater need to improve human conditions for quality service provision to prevail, to reduce high staff turnover and absenteeism that may be caused by burnout (Mayor, 2001; Navare, 2008).

According to Armstrong (2001), many organisations have (in recent years) realized the importance of human resource as a necessary source of competitive advantage through luring and keeping highly educated, skilled and quality employees. The previous strategies of competitive advantage have become less effective overtime. A shift to the use of quality workforce along with innovative tools as a source of competitive advantage to gain the number one market leader position has been adopted (Kotler, 2003).

According to Navare (2008), one good example is that, previously, a company’s success was credited to access to financial markets, an emphasis on product and process technology, developing economies of scale and learning curves, patents, protected and regulated markets and individual attractiveness. Recently, however, some studies have shown that the traditional sources of competitive advantage are less important than in the past and emphasize that the recruitment, management and retention of a quality workforce has become an increasingly critical factor to organizational success (Analoui, 2002). Today, NGOs are busy putting up strategies for better management of employees as a way of combating burnout (Joshi, 2010).

In developed countries such as America, workplace counselling has been noted as one such instrument that soon is likely to gain popularity in the NGOs and corporate world (Joshi,
According to McLeod and Henderson (2003:2), “The provision of workplace counselling has steadily expanded over the past 20 years, with more than 75% of medium and large organisations in Britain and North America making counselling available to their staff”. However, no such documented research is being carried out in Zimbabwe to establish whether workplace counselling can prevent and cure burnout. Kotler (2003) points out that people are the most important resource assets of any business. Once this important asset is affected psychologically, business is severely affected. Therefore, it is humanitarian to recognize that the changing patterns of working life bring real pressure and burnout to many employees.

The operational NGO employees that witness deaths, property destruction and displacement of people occasioned by floods, political violence and man-made disasters, such as Zimbabwe’s Operation Restore Order of 2005, are highly exposed to burnout (McKay, 2007). According to Ehrenreich (2001:5), “work in the fields routinely involves responding to disasters and emergencies”. The exposure to displacements, assets destruction, deaths and the suffering victims make NGO employees susceptible to burnout. In addition, the concentrated pressure and stress involved in the effort to assist take toll on everyone both at and near the site as well as those in management in the region. “All involved must remain effective for long hours in uncertain and often dangerous conditions, make decisions with limited information and resources and function as part of a multi-lingual, multi-functional team assembled for the occasion” (Ehrenreich, 2001:5). All this creates an environment which is conducive to the onset of burnout. Yet, in Zimbabwe organizations do not offer solutions to the problem of burnout although they make use of workplace counselling variables such as debriefing, meditation, retreats and generic counseling (Mutsau and Billiat, 2015).
Operational NGO employees responding to humanitarian emergencies are not spared from stress and burnout. Recent research has advocated for employee counselling as a remedy for burnout that is being experienced by the human resource but unfortunately there are no conclusive studies that indicate that workplace counselling is a solution to the problem of burnout (UNHCR, 2000). Studies on methods of dealing with burnout I was exposed to are not clear on prevention and treatment of burnout (Farber, 2000). Burnout is not a diagnosis currently recognized by Western medicine (Rabin, Saffer, Weisberg, Kornitzer, Peled, and Ribak, 2000). If one is on sick leave because of burnout, the doctor will describe it as depression or Chronic Fatigue Syndrome (CFS) (Wilson, 2011). In most cases the medical answer for burnout problems is usually a drug (Hills, 2012). The conventional treatment of burnout often involves prescription medicines to treat the symptoms of burnout (antibiotics, antidepressants and sedatives) which offer short-term relief and have harmful side effects such as drug addiction and damage to the adrenal glands(Wilson, 2011). There is very little confrontation of the source of burnout such as overworking, being exposed to disasters and risk behaviour that creates a conducive environment for the onset of burnout as a long term solution to the problem of burnout (Jameson, 2004).

Some researchers point out that psychosocial support has been well documented as a highly effective intervention for coping with burnout (Pines, Aronson, and Kafry, 1981). Recent studies published by the British Association for Counsellors and Psychotherapy (2010) show that workplace counselling can be a remedy for burnout that is being experienced by operational NGO employees responding to humanitarian emergences. Jenkins (2006), points out that through counselling employees are enabled to identify the causes of burnout and put up an intervention strategies such as job rotation and physical exercises.
Critics of workplace counselling as a remedy to burnout argue that there is no enough convincing evidence to prove that workplace counselling treat burnout although most employees who received counselling services were satisfied and recovered from burnout (McLeod, 2001). According to McLeod and Henderson (2003), Professor McLeod in his findings failed to find a single result showing a negative outcome for workplace counselling which one can suspect or regard as a clear indication for publication bias. McLeod and Henderson (2003:4) argue that “All treatments that work have the potential for adverse effects and this holds true for psychotherapeutic as well as pharmacological interventions”.

1.3 The Context of the NGOs under study

In the Midlands Region of Zimbabwe there are more than 12 operational NGOs responding to emergency. These include Care International, Oxfam, Caritas and Midlands AIDS Service Organisation (MASO) (NANGO, 2006). Care International and Oxfam started to work in Zimbabwe in 1992 in response to a severe regional drought. The overall goal of Care International and Oxfam is to empower disadvantaged and poor households to meet their basic needs. On the other hand, Caritas Zimbabwe is the service arm for the Catholic Church involved in both emergency and development work. MASO was formed and registered as an NGO in 1991 by members of the Gweru Community (Masimira, 2002). It is one of the key AIDS Service Organisations in Zimbabwe involved in HIV and AIDS and emergency programme activities (NANGO, 2006).

The aforementioned NGOs employed staff that can be divided into two categories, that is, field employees who directly implement programs in different parts of the Midlands Region and support staff. The role of support staff is not to directly implement programs but to provide support through administration, logistics and availing required programme resources.
Support staff activities are also time consuming and require employees to overwork which makes them susceptible to burnout just like the field staff.

According to Mutambara and Hungwe (2015), most of the NGO employees were former government workers who were highly qualified personnel who occupied senior profile jobs in the public service or the private sector during the hyper-inflationary years in Zimbabwe. They left their good jobs in the civil service and the private sector to occupy very low profile jobs in the NGO sector as it was one of the few sectors paying salaries in foreign currencies during the hyper-inflationary era. The most stressful thing is these high profile employees would settle for even the lowest positions such as assistant officer in the NGO sector. This resulted in a situation where an employee who was a provincial head managing eight districts became a mere assistant officer and a ‘yes man’ reporting to three project officers at times of low qualifications (Simango, 2007). Promotion was next to zero and even if one broke his/her back working no one appreciated the effort. Non recognition of effort, Mal-adaptive beliefs, and lack of respect are among some of the disincentives that created a conducive environment for the onset and maturation of burnout (Cortis, Hiferty, Chan, and Tannous, 2009). This was exacerbated by NGO beliefs where lower level employees are not allowed to be critical of those occupying high offices. If one becomes critical and outspoken that employee will be dismissed from work (Mbohwa, 2009). Hence, conditions teach them to be a ‘yes’ employee for them to remain employed since they are at the mercy of management whose decisions cannot be challenged which sustain the condition of burnout.

The environment in which the NGOs operated in was heartbreaking. It was characterised by socio-economic decline, food insecurity due to recurrent drought and the impact of climate
change, loss of livelihoods, increased poverty and decline of the formal economy and donor fatigue (Mbohwa, 2009). The economic decline that was being experienced in the country had negative and crippling effects on the populace. The distressed population had to live with high poverty levels (over 80% living below the poverty datum line), very high unemployment (over 80%) which resulted in millions of Zimbabweans needing emergency support primarily provided through donor funded, NGO implemented programmes (Raftopoulos, 2009).

In response to these challenges, operational NGOs in the Midlands Region with a population of 1.7 million (600,000 men and 700,000 women) implemented emergency programmes such as the general feeding programmes, schools supplementary feeding programmes, institutional feeding programmes (clinics and hospitals, orphans’ centres and old people’s homes) home-based care feeding programmes for the terminally ill especially the HIV and Aids patients, responding to disasters and counselling (Masimira, 2002; Simango, 2007).

I observed that, due to donor fatigue, NGOs in the Midlands Region recruited very few employees as a cost cutting measure leaving staff to beneficiary ratio very high, where one employee ended up servicing more than 1,000 beneficiaries. It is the caring for so many beneficiaries that brought suffering to the employees. They began to suffer from emotional overload because all the targeted beneficiaries drained energy from the employees leaving them in a condition of burnout. In addition, NGOs tried to accomplish equal or more work with fewer employees (Powell, 2011). This translated to greater workloads and job demands, which, according to Hobfol and Shirom (2000), results in higher levels of stress a pathway to burnout. Employees ended up burning out from the stress of trying to fulfill too many roles. Thus, employees were overloaded and were expected to work long hours with very little time for restitution, which made them susceptible to emotional fatigue and physical exhaustion.
Besides operating with a very small staff complement, resources availed in most cases could not cater for all needy communities which made selection and registration of beneficiaries cumbersome and time consuming which was conducive for development of burnout. This is similar to Kramer’s (1990) view who argues that resource scarcity causes burnout. Worse still at times the shortage of resources was blamed on the field staff by some politicians which was stressful and a pathway to burnout.

The situation was worsened by the cumbersome endless activities, for example in food distribution after beneficiary selection; a comprehensive beneficiary verification process is carried out before food is extended to beneficiaries. A sample of households is selected and visited in efforts to verify volunteered household status. The process normally results in registers with the names of the poor among chronically ill, the elderly, orphans and child-headed households, the disabled, single parent-headed households, displaced households, and households with no or little access to land for agricultural activities.

After beneficiary registration and verification have been done, distribution plans are prepared by NGO staff in liaison with district authorities and food committees. Registered beneficiaries are called up for Pre-Distribution meetings, one per ward at ward meeting points/centres, at which they are notified of project duration, ration sizes, distribution dates, Food Distribution Points (FDPs) and mobilized to receive/offload, store and guard the food commodities during delivery dates.

Distribution of food commodities are done once to vulnerable members of the wards. Food committees are assisted by NGO field staff to get food commodities to registered beneficiaries. One food distribution per ward, are done per day with beneficiaries from all
villages in the ward meeting at one FDP. On average, a total of 10 000 beneficiaries each receive 10kg of maize, 2 kg of pulses and 750ml of cooking oil would be served per day per ward.

Beneficiary registers are verified and updated regularly by field staff at pre and post distribution meetings. These meetings serve to gather beneficiary views on food quality and adequacy, the distribution process and to make changes to registers necessitated by migration or death. Such an array of activities ruthlessly drains the internal resources of staff which causes burnout. Hence, need to put in place a remedy for burnout. Reporting schedules are also tight. Monthly project reports and weekly project updates are produced by Staff and submitted to funding partners on or before the due date. Caseload reviews are done on monthly basis depending on the need for that particular month.

I was also motivated to carry out this study because of what I observed on the ground where NGO employees worked in a social environment characterised by people needing people. The environment where people are not able to make it on their own. NGO employees’ routine duties were to assist beneficiaries to cope, to survive, to adapt and adjust so that they improve their lives. NGO employees were regarded as employees who want to help others. They were always reaching out and making contact with the disadvantaged groups. I observed that, at the surface, it was the human connection that matters most, the connection that brought a sense of fulfilment to the givers, to the sharers of their talents and energies. The assistance brought relief, joy, direction and a new beginning to those who utilised it. I also noticed that continuous contact and prolonged stay in such an environment drained the employees’ internal resources and energy resulting in employees complaining about physical fatigue and emotional exhaustion. Researchers Bakker, Schaufeli, Sixma, Bosveld and Van
Dierendonck (2000) say by over stretching the helping hand the employees end up being the sufferers of stress and burnout (Hobfoll and Shirom, 2000).

Disasters were also a pathway to burnout. Some of the disasters NGO employees attended to were heartbreaking and shocking. Prolonged stay in an environment characterised by a hodgepodge of traumatic situations, where employees continuously hear the noise of screams of anguish and pain, the spectacle of the human dead bodies and pieces of human flesh scattered all over the place on the scene of the disaster creates a psychological discomfort which can cause mental disorders (George, 1999). Employees are exposed to and affected by traumatic events which lead to development of burnout if measures are not taken to reduce the impact of disasters. In Australia, both victims of disasters and service providers use Psychological First Aid after being exposed to bush fire and flood disasters, which helps survivors in the immediate aftermats of disaster (Rabiel, Nakhaee and Pourhosseini, 2014). Although in Zimbabwe and in Midlands Region NGO employees responding to emergencies are trained to provide emergency and disaster counselling to victims of disasters, there is no research findings that indicate that NGO employees also receive professional counselling services after exposure to traumatic events during operations (Mutsau, and Billiat, 2015). Research findings indicate that NGO employees that offer service to victims of disasters occasioned by droughts, floods, and epidemics for a prolonged time exhibit psychological problem such as burnout. Hence they also need assistance to prevent and mitigate burnout.

Employees interviewed before carrying out this study pointed out that on joining the NGO sector employees were motivated and robust about their involvement with beneficiaries, excited, full of energy, dedicated, willing to give tremendously, thinking for others. They gave everything until there was nothing left to give anymore. They did not realise that
responding to emergencies was potential exhaustive. According to Maslach (2003), burnout arises from the social interaction between helper and recipient. A person gets overly involved emotionally, over extends him or herself and feels overwhelmed by the emotional demands imposed by other people (Mutambara and Hungwe, 2015). I observed that people feel drained and used up. They lacked enough energy to face another day. Their emotional resources were depleted and there was no source of replenishment. According to Melamed et al. (2006), replenishment needs someone who will give back the energy such as counsellor or a psychologist. Thus, this study focused on finding out whether workplace counselling is a remedy for burnout by interrogating practices that deal with burnout in the NGO sector in Midlands Region of Zimbabwe.

During the visits to the NGOs in Midlands Region, employees claimed that because of burnout they detach from any meaningful involvement with others, go by the book when executing their duties. Dehumanise or depersonalise beneficiaries and were changed from an avid, eager, open minded, caring employees to an extremely cynical, not giving employees. This is similar to Bakker et al. (2000) findings which indicate that due to burnout employees show cynical attitude towards clients. They also suffered from feeling of inadequacy about ability to reach to recipients and reduced personal accomplishments.

I also observed that all the targeted NGOs had at least one employee who suffered from stroke linked to burnout. The targeted NGOs had also at least five employees per NGO who were suffering from diabetes and high blood pressure which they claim was linked to burnout. This tally with Melamed, Shirom, Toker and Shapira’s (2006) research findings which indicated that stroke and diabetes are linked to burnout. The targeted NGO lost three employees who were victims of stroke which they also claimed was caused by burnout yet
there is no clear cut solution to the problem of burnout. Employees ended up using anything such as placebos antidepressants, counselling and herbs in their endeavour to treat burnout. Hence this research aims to investigate whether workplace counselling is a solution to the problem of burnout that is being experienced by operational NGOs responding to emergencies in the Midlands Region of Zimbabwe.

1.4 Statement of the problem

Worldwide and in Zimbabwe Operational NGO employees responding to humanitarian emergencies work under conditions that expect them to continuously invest emotional, cognitive and even physical energy in provision of emergency services which makes them susceptible to burnout (McKay, 2007). The employees’ routine duties are endless which expose them to an unusual array of potentially stressful conditions endemic to emergency work such as working long hours with very little time to rest (Mbohwa, 2009). In addition, the traditional mistaken false belief that NGO employees are tireless and somehow ‘immune to pressure’ of work, creates a conducive environment for on set and maturation of burnout (Burke and Richardson, 2000).

Whilst in Midlands Region, the assistance brings relief, joy and a new beginning to those receiving emergency assistance, it brings emotional overload and finally burnout on employees (Masimira, 2002). The sad news is that in Zimbabwe there is little or no effort being made to find the solution to the problem of burnout (Mutambara and Hungwe, 2015). In trying to reverse or prevent burnout, employees in Midlands end up relying on illegal means such as sexual abuse of minors and beneficiaries, drug abuse and misuse of resources (Simango, 2007). In 2010 some NGOs in Midlands region of Zimbabwe proposed castration of male employees before recruitment as a means of combating sexual abuse of minors by
NGO male employees. Studies suggest that burnout leads to strokes, onset of type 2 diabetes and coronary heart disease (Appels and Schouten, 1991; Melamed, Shirom, Toker and Shapira, 2006). In Midlands Region of Zimbabwe, operational NGO employees are not spurred from the problem of burnout. All the targeted NGOs for this study have employees who suffer from high blood pressure, diabetes with some being victims of stroke which they claim to be linked to burnout. Whilst the introduction of Maslach Burnout Inventory (MBI) for measurement of burnout by some NGOs in Midlands Region brought a sigh of relief in terms of conforming the presence of burnout, the nightmare is on how to deal with burnout after conformation of its presents. NGO employees I visited and interviewed before carrying out this study indicated that employees have nowhere to go since there is no clear cut solution for prevention and treatment of burnout. Employees end up relying on anything such as placebos and herbs they think can reduce impact of burnout. Therefore this study seeks to answer the following question which is the statement of the problem; how effective is workplace counselling as a remedy for the problem of burnout which is being experienced by NGO employees responding to emergencies in Midlands Region of Zimbabwe?

1.5 Purpose of the study

The purpose of the study was to examine whether workplace counselling is a remedy to burnout being experienced by operational NGO employees responding to humanitarian emergencies and disasters in the Midlands Region of Zimbabwe.

1.6 Research Questions

In order to develop a deeper understanding of the purpose of the study the following questions were addressed:

1. What are the causes of burnout?
2. How can burnout be dealt with in the workplace?

3. What are the shortfalls of workplace methods of prevention and treatment of burnout?

4. How is workplace counselling a remedy to burnout?

1.7 Assumptions of the study

The study proceeded on the assumptions that:

- Effective workplace counselling positively impacts on burnout.
- Burnout is a treatable condition.
- There are well trained counsellors in Zimbabwe who can be utilised to prevent burnout.
- The authorities at the selected four operational NGOs in Midlands Region would avail to me the important and confidential information that will enable me to draw conclusions on whether workplace counselling is a solution to the problem of burnout operational NGOs employees responding to emergency experience.
- Participants will be open, sincere and willing to contribute authentic information that will lead to trustworthy, reliable and credible research findings.
- Operational NGOs have documents in the form of human resource policy, employment contracts, medical aid policy, counselling records, memos, reports, work plans, evaluations and minutes of meetings which should yield valuable information on causes, effects of burnout and on whether counselling can reverse burnout.

1.8 Significance of the study

- The study is most likely to give me an opportunity to gain insight into burnout being experienced by operational NGOs responding to emergencies in Midlands Region. It
will also help me to get experience in the use of appropriate methodology in study at Doctor of Philosophy level.

- The study will serve as reference material for future studies and create interest in study of workplace counselling as a remedy to burnout.

- Management people at operational NGOs who will have access to this study may be influenced to utilise workplace counselling to relieve burnout that employees experience.

- Operational NGO employees could utilise workplace counselling as an alternative treatment of burnout if research findings indicate that Workplace counselling is a remedy for burnout.

### 1.9 Delimitations

This was a case study of the operational NGO sector responding to humanitarian emergencies in the Midlands Region of Zimbabwe. It generated information from employees of four NGOs that were purposively sampled. Hence, the study applies to operational NGO sector responding to humanitarian emergencies in the Midlands Region of Zimbabwe whose roles were to rescue victims of disasters, implementing general feeding programmes, schools supplementary feeding programmes and home-based care feeding programmes for the terminally ill especially the HIV and Aids patients and counselling. It is restricted to the areas namely workplace counselling as a means to prevent and treat burnout being experienced by workers of operational NGOs. Only the representatives of operational NGO sector responding to humanitarian emergencies in Midlands Region of Zimbabwe were interviewed. The research did not cover burnout in life domains other than work, like crossover of burnout among marital partners. The research focused on work related antecedents of burnout and
how counselling can be a remedy of burnout rather than the problems burnout is causing in other life spheres.

1.0 Limitations

- A case study deals with small samples and in most cases subjective in nature which may affect trustworthiness of findings since the subjectivist believe that the research should start with pre-conceptions or bias (Flower, 2009). However, I suspended my preconceived views on burnout and focused on research questions so as to increase trustworthiness and credibility. Triangulation was also used to increase credibility of research findings.

- Some of the participants were reluctant to participate due to fear of victimization. To circumvent this I spelt out the benefits of the research and guarantee confidentiality of all disclosures.

- I have a humanitarian background and did not go into the research field like an empty vessel. Thus, I have my own conceptualized ideas about burnout, of which this was a threat to the researcher’s interpretation of some of the issues raised. I used bracketing to reduce contamination of data. In addition I was guided by the research questions which were a heuristic device that was recursive and circular in nature. Answers to a question led to another which generated broad range of data for interpretation.

- Semi-structured interviews were costly especially where at times the participants were far from me in a place some 100 kilometers away. It took me half a day to interview one participant including travelling. It took more days, when the participant didn’t reach me in time to cancel the interview. As a solution to this problem, I reminded the participant a day before and in the morning about the interview, so as to avoid wasting money visiting a participant who was committed with other issues that day.
1.11 Theoretical Framework.

This interrogation on workplace counselling as a remedy for burnout is guided by the humanistic and cognitive behavioural approach. The humanistic theories depict that human beings have in-born feeling for self-actualisation (Nelson-Jones, 2001). McLeod (2001) points out that human beings were born with the desire for gratification and realisation of one’s potential, which is the ultimate goal. Hence the humanistic proponents believe that one has the choice to experience the world intentionally for life to be meaningful. Life becomes meaningless when hope for self-actualisation is lost due to disturbances such as burnout. When the life becomes meaningless, and when there are barriers that prevent someone from living a happy life that person must be assisted to find his/her own solutions to the problem (Farber, 2000). Humanists argue that human beings have the capacity for change for the better and have within self vast resources for self-understanding, for changing his/her self-concept and self-directed behaviour. Powell (2011:2) says:

However, the good news is that many factors are well within your sphere of influence: understanding each and taking action to deal with them will not only greatly reduce burnout, but in doing so will also contribute to employee retention and job satisfaction.

In the case of burnout, the humanists denote that human being put up new pathways to self-actualisation. They cited workplace counselling as one pathway to overcome burnout. The humanistic theories depict that human beings have in-born feeling for self-actualisation. McLeod (2001) postulates that counselling makes life richer and according to Nelson-Jones (2001) contributes to the well being of body and mind.

The cognitive behavioural theories, especially Ellis’s Rational Emotive Behaviour Therapy (REBT), hold the similar beliefs about burnout by postulating that human beings have power to choose perceptions, beliefs and behaviour that leads to happiness. Ellis (2004) points out
that people have the capacity for both rational and irrational beliefs. Adaptive behaviour is linked to rational thinking while maladaptive behaviour is as a result of irrational beliefs. Hence, emotional upsets, physical fatigue and cognitive weariness which are some of the attributes of burnout are caused by irrational beliefs (Joshi, 2011). REBT, just like the humanistic theory, put its focus on the present: on currently-held attitudes, painful emotions and maladaptive behaviours that can sabotage a fuller experience of life (Ellis, 2004).

Joshi (2011) takes the argument further and indicates that REBT believes that one is responsible for his or her own emotions and actions and one’s harmful emotions and dysfunctional behaviours are the product of one’s irrational thinking. On burnout phenomenon REBT focuses on dealing with irrational thinking and maladaptive beliefs that create conducive environment for onset and maturation of burnout in an environment where help can be given and received while the humanists advocate for a warm and accepting environment that allows the healing process. The goal for REBT is rational living a pathway to achievement of personally chosen goals (Nelson-Jones, 2001) which is similar to humanistic theory’s goal of self-actualisation. Irrational thinking leads to maladaptive behaviours such as overworking which in turn leads to continuous activation of the prefrontal cortex which leads to the depletion of internal energy resulting in burnout.

1.12 Research Methodology
This research was qualitative in nature which used a case study design. A qualitative, interpretivist paradigm was preferred. The aim of this paradigm is to understand how people in everyday settings create meaning and interpret events in their world (Wimmer and Dominick, 2000). In this regard, the phenomena of whether workplace counselling is a remedy to burnout would unfold naturally in that it has no formulated hypothesis to be tested.
such as would occur in quantitative research (Seidel, 2010). Moreso, the qualitative method was preferred because the actual findings of the study are beyond anticipation of the researcher (Fine and Gary, 2003). This research was descriptive and inductive in nature as it focused on burnout that NGO employees responding to emergencies experience and how it can be reversed. Hence, the focus was on theory building than theory testing which is qualitative (Morse, 2009). According to Wimmer and Dominick (2000), qualitative research is flexible, which enables the researcher to enjoy freedom in using theories to change as events unfold. In this qualitative research study, all phases such as reconstruction of research questions, data generation and data analysis, construction of theory and theory modification went on almost at the same time as they interacted with each other. Marxwell cited in Tasnim (2006) hailed the qualitative research method which I used in this study as the best appropriate for some specific purposes such as understanding meaning, context, identifying unforeseen phenomena and influences, generation of new theories and being knowledgeable of the process through which actions take place and developing causal explanations (Maxwell cited in Tasnim, 2006). Details are in chapter 3.

1.13 Research Design: The Case Study Research

I used the qualitative research methodology drawing largely on the case study which allowed me to go deeper into investigating whether workplace counselling is a remedy to burnout. Case studies are extremely useful for understanding a particular and unique problem in an in-depth way by focusing on few participants (Stake, 2005). The selection of a case study enabled me to understand causes and effects of burnout and how it can be reversed through the use of a variety of data generation methods to facilitate triangulation (Krauss, 2005). Data were generated using face to face interviews, open ended questionnaire, observations and document analysis. Observations took place in the participants’ natural settings and people
were interviewed in place and under conditions that were comfortable and familiar to them. Open ended questionnaire and document analysis were also used so as to get a deeper meaning of participants’ views on workplace counselling as a solution to the problem of burnout (Patton, 2002). The 30 Participants in the sample were drawn from four NGOs responding to emergencies in Midlands Region. Details of the research methodology are discussed fully in Chapter 3.

1.14 Ethical and legal considerations

Denscombe (2002) defines ethics as “the system of moral principles by which individuals can judge their actions as right or wrong, good or bad”. Researchers have a responsibility to conduct their investigations and report their findings without harming research participants (Keyton, 2001). In my data generation, I observed research ethics and legality as determined by legislation and society. In this research, informed consent was sort from all the participants free of unjustifiable influence such as deceitfulness, coercion and duress. The purposes of the research and potential reparations to the participants were made explicit to them. In addition, participants were told that they reserved the right to choose whether or not to participate (Johnson and Christensen, 2004). Participants were not deceived in order to take part in the research and no misplaced promises were made to participants. Participation was voluntary.

Issues of confidentiality and anonymity were assured in the open ended questionnaires and interviews carried out with the participants. Any materials that were collected through document analysis, interviews and observations were kept away from the data generation site to further enhance confidentiality (Bogdan and Biklen, 2007). To gain access to the different sites, consent was sought from the selected operational NGOs responsible authorities in
Midlands Region through letters and meetings. Every effort was made not to harm any individual by abiding to laid down ethical considerations. All ethical considerations concerning informed consent, debriefing and publication of results were adhered to in the open ended questionnaires, interviews, document analysis and the report publication. In the case of observation and situations in which I interacted with participants in more public settings, objectives were made clear and I respected each individual’s wish to or not to participate and left the scene where necessary. According to Trace (2000), burnout penetrates on the privacy of participants which may result in divulging sensitive information. Hence it was important to maintain confidentiality to protect participants from any harm that could emanate from the disclosed information. Participants were not paid in any form to elaborate on sensitive issues. Individual decision was respected.

1.14.1 Informed consent

I explained to the participants the purpose, methodology, risks and benefits of participating in this study. This was in line with Bulger (2002) who points out that informed consent must be obtained after participants were informed of the research’s procedures, benefits and dangers. Hence the participants understood that participation was voluntary and were allowed to ask questions and to withhold information that they deemed unfit to divulge. In addition participants were told that they could withdraw from participation at any point without any penalty. Participants were asked to read and understand the Informed Consent Agreement before consenting and the signing was free and voluntary. Participation, therefore, was voluntary and decisions to take part were on the basis of informed consent.
1.14.2 Member Checks
Denzin and Lincoln (2000:393) stated that “validity” and “reliability” in qualitative data gathering result when we “cross–check our work through member checks. The researcher needs to find a way to allow for the participants to review the material one way or another.” In this research I used this ethical principle.

1.15 Data Generation Techniques
I used the multiple measure instruments to establish credibility, trustworthiness and reduce uncertainty of interpretation. Manion and Cohen (1980:208) define triangulation as, “the use of two or more methods in data collection.” The methods used in this study were, open ended questionnaires, interviews, document analysis and observation.

1.16 Data Analysis Procedures
This research used grounded theory to analyse data.

1.17 Trustworthiness
According to O’Leary (2004), quantitative research is more concerned with issues like validity, reliability, generalisability and objectivity. On the other hand, the function of these quantitative key terms is not clear in qualitative research. Proponents of qualitative research stipulate that qualitative research should be geared towards trustworthiness (O’Leary, 2004). In ensuring trustworthiness, I employed the following strategies: triangulation of data, use of member checking, observing the situation over a long period of time in order to develop an in depth understanding of the phenomenon, peer examination and use of thick description to convey findings. The researcher also used audiotapes in interviews to augment field notes, wrote down all the questions asked in order to make sense at a later date, out of answers
recorded earlier as well as to reduce distortions and to clarify the bias the researcher could bring to the study. This self reflection creates an open and honest narrative that will resonate well with the readers.

**1.18 Definition of key terms**

In this research burnout is defined by (2000:6) as, “a general wearing out of alienation from the pressure of work”. It is caused by long hours at work, little down time, being exposed to traumatic experiences and continual peer, customer and superior surveillance (Tracy, 2000).

The term Non-Governmental Organization (NGO) meansan organization that is free from government control, non-profit, not considered a political party and not involved in criminal activity (Zimbabwe Private Voluntary Organizations Act, 1996). This research focused on operational national and international NGOs whose primary focus is on responding to emergencies, development and implementation of the projects and programmes.

Operational Non-Governmental Organizations shall mean NGOs whose primary focus is to offer emergency, recovery and development assistance to disadvantaged communities (Viravaidya, 2014).

In this research, humanitarian means work that is being done by operational national and international NGOs with the aim of saving lives, alleviating suffering, improving the welfare and happiness of people (Asian Development Bank, 2010).
In this research, Workplace Counselling shall mean the provision of counselling services for employees of an organization which are paid for by the employer (McLeod and Henderson, 2003).

In this research treatment means therapy through the use of verbal and non-verbal communications to alter maladaptive patterns of coping, relieve emotional disturbance and encouraging personality growth. It also means what Rodgers defined as therapy to mitigate troublesome behaviours, beliefs and thoughts replaces with more pleasant and functional alternatives through interactive process between a person or a group of people and a counsellor. It is also used to mean curing through medication.

Remedy is, in the context of this research, used to mean a way of eliminating, solving or correcting a problem and in this research burnout being the problem.

In this research ‘Energy’ is defined as anything that nurtures, feeds and inspires one to operate at one’s fullest potential at all levels (Dike, 2014).

Emotional exhaustion is, in the context of this research used to mean a situation where, due to shortage of internal resources and energy, employees feel drained emotionally to the extent that they cannot involve themselves on an emotional level (Marin, Campayo, Mera and Hoyo, 2009).

Depersonalization entails “…the development of negative attitudes and feelings towards persons for whom work is done, to the point where they are blamed for the subject’s own problems” (Maslach and Leiter, 2008:16).
Diminished personal accomplishment is defined in this research to mean a tendency by employees to doubt their capacity to offer quality services to clients resulting in reduced self-efficacy and feeling, frustrated and displeased with work results (Tracy, 2000).

An emergency is defined as an event which is sudden and usually with no warning that causes or threatens death leaving a trail of destruction or damage to property and disruption of essential services that requires urgent measures to reduce its undesirable consequences (Asian Development Bank, 2010).

1.19 Summary
Chapter one focused on the background to the study. The statement of the problem was clearly spelt out and clarified. It contained the purpose of the study and what it seeks to achieve. The rationale or motivation of the study was also explained in this chapter. The ethical and moral principles guiding the conduct of the study were highlighted. The chapter also provided limitations that were inherent in the study. The study delimitations highlighted clearly the focus of this research. Lastly, operational definitions of key words for this study were spelt out to avoid any misrepresentations. Chapter two will focus on review of the related literature as it relates to the causes and effects of burnout, methods of treatment of burnout and their shortfalls and how counselling can be a remedy for burnout.
CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter seeks to highlight and discuss issues related to causes and effects of burnout on operational NGO employees responding to emergencies and disasters in Midlands Region. An attempt to define the term burnout will be made. Literature on history of burnout and how it affects the body will be exposed. Finally, the review of related literature will look at methods that are being used to prevent and treat burnout highlighting shortfalls of these methods and how counselling can be a remedy for burnout.

2.2 Theoretical Framework

According to Jameson (2004), the main hypotheses which attempt to explain burnout are the cognitive behavioural theories, which propose that burnout is due to abnormal beliefs, maladaptive behaviour and exposure to activities that deplete one’s internal resources resulting in physical exhaustion, emotional fatigue and cognitive weariness.

Daniel, Daniel and Daniel (2011) also point out that the concept of burnout is rooted in psychological theories such as cognitive behavioural theory and humanistic theory. According to McLeod (2001), humanists believe that human beings were born with the need for gratification, need for self-actualisation or realisation of one’s potential. They also postulate that human beings have enough internal resources to improve their lives for the better in any situation bearable or unbearable because they believe change is an inborn gift for all people. Humanistic theory is indentified with the idea that the individual is an
experiencing being with the choice to experience the world intentionally. However, due to disturbances in life such as burnout, a person may need to be assisted to find his/her own solutions to the problem of burnout because every person has within himself/herself vast resources for self-understanding, for altering his or her self-concept and self-directed behaviour. The assistance should be given in an environment conducive for treatment of burnout (Nelson-Jones, 2001).

The humanists advocate for a warm and accepting environment or climate that allows the best out of the person to come out. Another interesting theme in humanistic approaches was the concept of the person in growth, which means the person is always in searching for fulfilment for actualisation (Maslow, 2000). Therefore, the humanistic theories denote that human beings were born willing to self-actualize and when they are confronted with barriers, if no escape routes are put in place to thwart those barriers they will be demotivated to do anything thus failing to reach self-actualization stage (McLeod, 2001). However, in most cases, human beings put up escape routes to achieve the objective of satisfaction which leads to self-actualisation, the ultimate goal. One such escape route, which is gaining popularity, is counselling (Navare, 2008). Studies have it that burnout is a worrying issue for human service professionals which results in depletion of body energy which in turn leads to physical fatigue, mental weariness and emotional exhaustion (Freudenberger, 1980; Demerouti, Bakker, Nachreiner, Schaufeli, 2000).

The cognitive behavioural theory also known as Ellis’s Rational Emotive Behaviour Therapy (REBT) also shares the same views by denoting that people have the power to choose behavior and perceptions that leads to happy life (Jameson, 2004; Ellis, 2004). According to Ellis’s (REBT), people have a potential for both rational and irrational beliefs that
respectively lead to adaptive and maladaptive behavior (Ellis, 2001). The basic assumption of this theory is that emotional upsets are caused by irrational beliefs (Nelson-Jones, 2001).

According to Joshi (20011:1), REBT is a:

...practical, action-oriented approach to coping with problems and enhancing personal growth. REBT places a good deal of its focus on the present: on currently-held attitudes, painful emotions and maladaptive behaviors that can sabotage a fuller experience of life. REBT then provides a variety of methods to help people reformulate their dysfunctional beliefs into more sensible, realistic and helpful ones by employing the powerful REBT technique called ‘disputing.’”

At the end, REBT aims to help employees to build up a philosophy and a mind set to living that can increase their performance, effectiveness and satisfaction at work. It also help employees in living happily with others, in parenting and educational settings, in making our community and environment healthier and in enhancing their own health and personal welfare which may result in the prevention and treatment of burnout (Dryden and Neenan, 2003).

According to Joshi (2011), REBT is based on a few simple principles as follows:

- One is responsible for his or her own emotions and actions;
- One’s harmful emotions and dysfunctional behaviours are the product of one’s irrational thinking;
- You can learn more realistic views and, with practice, make them a part of you; and
- One will experience a deeper acceptance of him or herself and greater satisfactions in life by developing a reality-based perspective.

The humanist and the REBT theorists advocate that employees have the power to choose perceptions that leads to happy life or self-actualisation(Nelson-Jones, 2001. The REBT theorists point out that employees experience burnout because of their irrational thinking. In
other words employees are responsible for development and maturation of burnout through their harmful emotions and dysfunctional behaviours which are the product of their irrational thinking and beliefs at the workplace. Hence, the focus should be on assisting employees to build a rational mind set that can reverse and thwart development of burnout leading to self-actualisation (Joshi, 2011).

Ellis (1993) proposes that people have three fundamental goals namely to survive, to avoid pain and to be contended in life. They also have sub-goals (primary goals) which include pursuit of happiness as individuals, together with others and in different situations. Happiness comes when we get information, education, recreation and careers that bring satisfaction and fulfillment of goals (Ellis, 2004; Martin, 2013).

Rational living consists of thoughts, feelings and behaviour that lead to achievement of personally chosen goals (Robertson, 2010). For example, an NGO employee who believes that he/she is the best to supply most disadvantaged communities with daily food rations and works hard to provide them with the good life thinks he deserves to achieve his goals.

Irrational living consists of thoughts, feelings and behaviour that block achievement of goals (Nelson-Jones, 2001; Beck, 2011). An example is an NGO employee who wishes to provide for most disadvantaged communities but cannot due to inadequate resources. They feel that they cannot afford the vulnerable communities enough food they deserve, resulting in depression which in turn negatively affects the prefrontal cortex (Jameson, 2004).

The aim of REBT is to help clients actively challenge their irrational beliefs and develop rational thinking through teaching, directing and education (Butler and Beck, 2000). The
problem with the cognitive behavioural theories especially REBT is that it does not adequately explain the physical and physiological symptoms of the condition, such as abnormal immune and Hypothalamic Pituitary Adrenal (HPA) axis function.

With various viral theories, the problem is that no single virus has been shown to infect all burnout patients (Ellis and Dryden, 1997; Jameson, 2004). The persistent herpes virus and other infections seen in burnout patients are simply a symptom of the suppressed immune function seen in burnout rather than being the cause of burnout itself. The viral theories do not adequately explain why personality and mental attitude have been shown to be important in determining which patients contract burnout and which recover the most quickly and why stress is a significant trigger in initiating the condition (Jameson, 2004). At this point, it is fundamental to look at the history of burnout and discuss how it was discovered.

2.3 History of the term “burnout”

The term burnout emanated from the language of aerospace, the latest OED also translated into other languages, while a number of journal articles on the subject have been published in western countries including other industrialized countries (Maslach and Schaufeli, 1993). This increased interest indicated that burnout needed serious attention, among researchers in a variety of cultural contexts. Freudenberger (1974) and Maslach (1976) first began explaining and defining the term in the 1970’s. Freudenberger (1972) includes several citations from the 1950s that use burnout to describe the burning up of fuel in rockets and nuclear reactors. Although the application of the term to human behavior is not shown by the OED, it does remind us of nuclear variants like SLOWBURN (manifestation of anger and frustration) and BURN UP (US slang for irritate or enrage). The term burnout was recognized by the dictionaries after a long time.
The significant meanings for the term burnout extend the concept of human (humane) behaviour, burnout was used to mean, to become exhausted especially due to over work or dissipation. The term “burnout” has generated great debate and interest in the past 30 years and has resulted in the production of a considerable number of books, professional articles, and workshops (Maslach and Schaufeli, 1993). In the last two decades, a number of research reports, articles and instruments on burnout used the dictionary definition meaning to fail, to wear out or, “Become exhausted by excessive demands on energy, strength or resources” (Freudenberger, 1974: 159). Maslach and Jackson (1981) then defined burnout as involving three aspects: emotional exhaustion, depersonalization and reduced personal accomplishment.

2.3.1 The concept burnout

According to Borritz (2006:9), “The concept of burnout started as a grassroots description of prolonged occupational stress among human service workers, where former engaged employees gradually get overwhelmed by emotional exhaustion, loss of energy and withdrawal from work”. The term burnout was crafted by two American researchers Herbert Freudenberger and Christina Maslach, who carried out studies separately on the phenomenon and used the concept burnout to describe prolonged workplace stress that progressed to an unknown physical and mental disturbance. Hence, the idea of burnout was not derived from theory but it emanated from field studies (Johnson and Hunt, 2010). Schaufeli and Enzmann cited by Borritz (2006:9) conclude that: “Burnout is not a new phenomenonit has its roots in the past. However, because of a unique constellation of several factors, it was ‘discovered’ in the early 1970’s as a particular type of prolonged occupational stress that seemed to occur most prominently among human service professionals”.

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In 1975, Freudenberg was the first researcher and clinician to make use of the expression "burnout" to indicate a condition of physical, emotional and mental exhaustion experienced by his workmates and himself while executing their duties in the free clinic movement of between late 1960’s and early 1970’s (Borritz et al., 2006). At the end of the 1970’s and the beginning of the 1980’s literature on burnout was mostly anecdotal and concern in the concept of burnout was interestingly among professionals who carried out ‘people oriented work’ rather than researchers (Daley, 1979 cited in Kee, Johnson and Hunt, 2010).

The definition of the term “burnout” proposed by researchers had no consistency (Golembiewski, Boudreau, Munzenrider and Luo, 1996). For example, Freudenberg and Richelson (1980:13) defined burnout as a "state of fatigue or frustration brought about by devotion to a way of life, or relationship, that has failed to produce the expected reward", whereas Edelwich and Brodsky (1980:14) defined burnout as a "progressive loss of idealism, energy, purpose, and concern as a result of conditions of work". On the other hand, recent studies argue that burnout involves emotional exhaustion, dehumanisation and reduced personal accomplishment at work (Marin, Campayo, and Hoyo, 2009). Hence, due to over expansion of the concept, it did not offer any particular and significant construct. Moreso, lack of consistency in definition of the term burnout was another challenge (Maslach, 1993; Kulkarni, 2006).

The definitions of burnout discussed in the preceding paragraph shows that there is no agreed single definition of the burnout phenomenon. Probably this is the reason why up to now there are several definitions of the term burnout. Starrin, Larsson and Styrborne (1990:84) point out that “it is possibly easier to agree on a common description of burnout than a common definition of it.” Most authorities in trying to define the concept burnout give a catch all
expression and the expressions are constituted by various signs, symptoms and conditions of burnout ranging from mental, physical, emotional and spiritual domains. According to Hobfoll and Shirom (2000), the multidimensional nature of burnout makes it difficult to put up an appropriate remedy before a thorough investigation on its causes, development and sustenance is done. In this study participants were asked to define burnout as employees who have experienced it. Participants’ definitions were compared with other scholars to check on similarities before discussion on causes of burnout.

According to Boles et al. (2000), the development of the Maslach Burnout Inventory (MBI) was a landmark event in the study of the concept of burnout because it addressed the issue of a lack of a consistent definition. The MBI, which was based on extensive empirical research studies, availed researchers with the methodological specificity necessary for studying the condition of burnout (Schaufeli, Salanova, Gonzalez-Roma and Bakker, 2002). Three dimensions of burnout emerged from their analysis: emotional exhaustion, depersonalization of clients, and lack of feelings of personal accomplishment. Maslach and Jackson (1981) cited in Farber (2000) describe emotional exhaustion as reduction in emotional energy or resources, constituted by the perception that one is no longer able to participate on an emotional level, or give of him or herself. They characterize depersonalization as the development of negative, cynical attitudes and feelings toward people for whom work is done to the extent where one's clients are blamed for own problems (Bakker et al., 2000). Lack of feelings of personal accomplishment is the tendency to view one's capacity to perform activities with a negative light, they also negatively value their self-efficacy to interact with people for whom work is done and feeling unhappy dissatisfied with one’s accomplishments on the work (Demerouti et al., 2000).
In current years, burnout is now a well-known challenge especially in the human service professions such as humanitarian, teaching and nursing (Halbesleben, and Buckley, 2004). A number of research studies have indicated that burnout is emotionally, mentally and physically unbearable for employees, costly to companies and institution, and unhealth to employees (Cherniss, 1980; Andersson and Bateman, 1997).

According to Borritz (2006:9), “The history of burnout can be divided into three different stages. The first stage lasted from the 1970s to the mid 1980s; case stories were reported from which several theories of burnout were proposed”, for example, the cognitive behavioural theory. The second phase in terms of the history of burnout research studies ended between mid 1980s and late 1990s. This stage witnessed over 1000 studies on the concept of burnout being carried out. The designs of the studies were mostly cross-sectional in nature that involved observation of a representative subset from workers that were affected by burnout at a defined time (Schaufeli et al., 2002). Therefore, this did not allow causal inference. The last stage that started in the late 1990’s up to this point in time witnessed an increase in the number of longitudinal studies which were carried out where the same people from human service professions were tracked and repeatedly observed over a decade to determine the condition of burnout (Brenninkmeijer and Van Yperen, 2003). In this regard, panel studies were used. Burnout researchers panel studies sampled a cross-section and surveyed it at intervals to understand burnout. “The main findings of those studies were that high workload, high level of emotional demands and imbalance in job demands control and support predict emotional exhaustion” (Borritz, 2006:10).
2.4 The aetiology of burnout

Marin, Campayo, Mera, and Hoyo (2009:17) say, “Burnout is a psychosocial syndrome. It involves feelings of emotional exhaustion, depersonalization and diminished personal accomplishment at work”. While Gorkin (2012) defines burnout as a condition by which a person, in response to prolonged stress and physical fatigue, mental weariness and emotional exhaustion, detaches from work and other meaningful relationships. It is an organizational issue caused by long hours at work, little down time, being exposed to traumatic experiences and continual peer, customer and superior surveillance (Tracy, 2000:24). Gorkin (2004) points out that; burnout is often construed as the result of a period of expending too much energy at work while having too little recovery services and time.

According to Jameson (2004), burnout is a physical and mental state a person turn into by exploiting his or her body ruthlessly until all resources and energy are expended and the body cannot recover without prolonged restitution and other necessary actions as is highlighted in figure 2.1.

![Figure 2.1 Simplified illustration of ruthless exploitation of internal resources](image)

**Figure 2.1 Simplified illustration of ruthless exploitation of internal resources**

Source: Jameson (2004)
Figure 2.1 shows a simplified demonstration of merciless consumption of energy until the state of burnout. The green line, (whole line) highlights the amount of available and accessible internal resources and energy. The red, (dashed line) reveals the amount of expended resources and energy. Because of the gap between accessible and consumed resources and energy, the amount of accessible resources and energy will gradually decline. If this lasts for a long time, the resources and energy will decrease to the extent that the person will experience the condition of burnout (Karon, 2013).

The gap between available and consumed internal resources and energy is caused by the person or the environment. Usually, it is a combination of these internal and external factors that causes burnout. The exact factors differ from person to person, but usually, the main cause of burnout is overworking and irrational thinking.

On the other end, Dike (2014:4) points out that “burnout occurs when there is an energy deficit in the human body. When energy output exceeds the energy resources that are entering the body the result is fatigue and exhaustion on all levels: physical, emotional, mental and spiritual”.

This is in line with Katja’s (2010:2) who says burnout:

...happens when the energy we are investing in trying to keep control of our lives, to keep things the same, demands more and more from us. As the energy needed to keep things stable increases, we become increasingly depleted and exhausted with the effort. The greater the exhaustion, the closer we get to almost complete mental, physical, social and spiritual collapse. Burnout is a form of deep human suffering at every level – physical, psychological, social, and spiritual – which occurs when old ways of being in the world no longer work and start to disintegrate. Nothing less than a complete transformation in our being is called for and, whether we perceive it consciously, or whether it is bubbling along in the unconscious, this fact can be terrifying. The levels of fear, panic, pain and distress in our lives are often unprecedented.

In trying to explain how depletion of internal resources results in burnout, Dike (2014) used a metaphor of an “Energetic Bank Account”. Dike (2014) says, like most bank accounts with a
negative balance, one can overdraw his/her energetic bank accounts due to his/her life style and continue to perform operations although the quality of work will be not the best one can offer. To clarify burnout, Dike (2014:4) argues that, “The key to understanding burnout is to recognize that each of these scales on the Maslach Burnout Inventory correspond to their own ‘Energetic Bank Account’ within the individual employee”. Dike’s 3 energetic bank accounts, as they are related to burnout, are now explained.

2.4.1 Dike’s 3 Energetic Bank Accounts

Dike linked the three scales of the Maslach Burnout Inventory to a negative balance in its own Energetic Bank Account.

1) Exhaustion linked to one’s Physical Bank Account.

2) Sarcasm, Cynicism, Blaming linked to one’s Emotional Bank Account.

3) “What’s the use?” Linked to one’s Spiritual Bank Account.

In his explanation, “spiritual” means one’s deeper connection with meaning and purpose in one’s practice. Using the energetic bank account metaphor to understand burnout, Dike (2014) says, when in an operation, each time the employee expends physical, emotional and spiritual energy. Once an employee becomes aware of the existence of the three energetic bank accounts, his/her job becomes very clear which is to keep all three accounts in a positive balance. In a way, failing to do so results in the closure of the account which is the same as the total collapse of the body due to non availability of the energy for the functions of the body. In short the three authorities (Jameson, Katja and Dike) agree that behaviour that consumes more energy than what the body has need to be changed, they are calling for behaviour change as a way to prevent burnout. In addition, the irrational thinking such as ‘I should work harder to please my boss’ also need to be addressed through change of the mind set which needs professionals such as counsellors.
On the other end, Farber (2000) points out that, when someone has burnout he/she will begin to notice three major symptoms, exhaustion, depersonalisation and lack of efficacy and these three main symptoms of burnout are measured by a standardized research survey tool called the Maslach Burnout Inventory (MBI). According to Dike (2014), exhaustion is when someone has little physical energy to continue with any activity. Depersonalisation usually shows up as cynicism or compassion fatigue and lack of efficacy revealed itself as doubting your capacity and quality of work.

According to Gorkin (2012), the results of burnout are poor service provision, cynicism, hopelessness, a feeling of being tired and having nothing more to offer whether at work or school (or even in a marriage). The end result is poor service provision which tarnish the image of the organization (Bakke et al., 2000).

Tracy (2000) argues that burnout is not stress, depression or distress because it is a worse condition than these conditions. Though burnout is often confused with stress, it is not, the two conditions are different (Shirom and Ezrachi, 2001). Stress is evidenced by being in a state of hurry and anxiety, but burnout is characterised by feeling tired, poor service provision, a loss of interest and a feeling of "giving up" or failure (Cherniss, 1980; Schaufeli and Dierendonck, 1993; Schaufeli and Enzmann, 1998). It is a recognized disorder in the International Statistical Classification of Diseases and Related Health Problems (ICD-10), a standard for classifying mental disorders endorsed by the World Health Organization (WHO). Moreso, Farber (2000) argues that burnout is not chronic fatigue syndrome which is a severe condition and very difficult to reverse. If burnout is not reversed in time, it can have long-term physical, mental and emotional effects (Maslach and Schaufeli, 1993). Jameson (2004)
points out that burnout is not caused by microorganisms such as bacteria, fungi and viruses that cause infectious illness. Hence burnout is not an infectious illness (National Institute of Allergy and Infectious 2012). Current studies show that burnout is not caused by unidentified viral infection resulting in the rejection of the viral theory (Gjellerup, 2013).

According to Jameson (2004:5), burnout “is caused by a persistent, chronic functional suppression of the hypothalamus, pituitary, and adrenal axis (HPA axis). This burnout persists long after the triggering HPA axis stressors have been removed due to factors such as negative mental attitude, loss of motivation and perceived goals”, either because of factors such as maladaptive behavior or due to other factors.

The prefrontal cortex (PFC) is likely to be central to the aetiology of burnout, as it has been shown to be abnormal in burnout patients (Tsidos and Chrousos, 2002). Jameson (2004:7) says, “It functions as a modulator of the HPA axis and its control over serotonin would explain most, if not all, of the physiological and psychiatric symptoms” of burnout. The prefrontal cortex is also the area of the brain involved in the placebo effect which is relevant because many reports of temporary recovery from burnout involve treatments that are essentially placebos such as homeopathy, kinesiology and anti-Candida diets (Jameson, 2004). Placebos look like drugs but have no active chemical to effect some changes in the body (Berkow and Beers, 2002). Wilson (2011) points out that, because there is no medical treatment for burnout doctors prescribe these placebos and because employees psychologically anticipate treatment upon taking the drug they get a temporary treatment. This temporary treatment is deemed the placebo effect (Waugh and Grant, 2001). This also sustains the presence of burnout because placebos do not treat burnout (Friberg, 2006). This
study looked at how the NGO employees in Midlands region relied on placebos as a means of dealing with burnout.

Rabin, Saffer, Weisberg, Kornitzer-Enav, Peled, and Ribak (2000) argue that psychosocial treatments do result in recovery from burnout but the nature of the treatment itself is important. Some studies indicate that Cognitive behavioural therapy (CBT) is effective in dealing with burnout (Kjellerup, 2011). However, it should be borne in mind that the patient’s motivation and belief in the treatment are likely to be important for recovery and the fact that many burnout patients lack confidence and motivation in CBT probably has a lot to do with CBT’s lack of effectiveness (Jameson, 2004).

Jameson (2004) suggests that burnout is a condition caused by structural changes in the PFC due to long-term morbid stress, reinforced by the condition itself which can be reversed by counselling or psycho-social rehabilitation treatments.

According to Mariem (1998), the most effective treatments appear to be counselling rehabilitation programmes which fit in with the patient’s mindset and which encourage the patient to re-integrate back into normal life while reducing negative stressors and increasing motivating, enjoyable activities. Anti-depressants can also be useful, especially where depression and anxiety are present (Tortora, 1999). Anti-depressants can only be effective when accompanied by behaviour change counselling therapy to avoid beliefs and behaviour that promote maturation recurrence of burnout (Ellis, 2001; Wilson, 2011). In this study participants were asked to explain methods they use in dealing with burnout. A comparison was made with what other scholars say.
The most widely accepted conceptualization of burnout was found in the work of Maslach and Schaufeli (2001). They defined burnout as a three dimensional syndrome constituted by emotional exhaustion, low personal accomplishment and depersonalization, particularly professionals working in human services (Maslach and Schaufeli, 2001). For instance, NGOs field staff, teachers, social workers and nurses are vulnerable to burnout. Specifically, emotional exhaustion refers to the feelings of being emotionally drained by intense contact with other people (Maslach and Leiter, 1997). Depersonalization refers to the negative attitude or callous responses towards people (Bakker et al., 2000). Laig (1999) used depersonalization to mean fear of the loss of autonomy in interpersonal relationship by the ontologically insecure which means depersonalization is an alteration in the perception or experience of the self so that one feels detached from and as if one is an outside observer of one’s mental processes or body.

Derealisation is a similar term to depersonalization and the two are often used interchangeably. However, more specifically, derealisation is the feeling that nothing is real while depersonalization is the feeling that one is detached from one’s body or world (Maslack, 1986). According to Smith et al., (2008), though these feelings can be experienced by anyone, they are most prominent in anxiety disorders, clinical depression, bipolar disorder, sleep deprivation and stressful instances.

Maslack (1986:54) argues that “individuals who experience depersonalization feel divorced from both the world and from their own identity and physicality. Often, a person who has experienced depersonalization claims that life feels like a movie, or things viewed as out of this world or unclear.
There is no enough literature on studies of burnout in Africa. However, in Zimbabwe studies carried out by Mutambara and Hungwe (2015) at some NGOs in Manicaland indicated that burnout is really a concern for most operational NGOs responding to emergencies and disasters. This tally with findings by Simango (2007) at one of the local NGO in Midlands which indicated that due to burnout NGO employees find it difficult to have stable social assets. 6 out of the 8 support staff from the targeted NGO did not have a sound social asset and had problems in their marriages ranging from divorce to separations while 15 out of 22 field staff did not have stable marriages due to extra marital affairs. 7 out of 22 were divorcee while 3 were happily married. All the employees linked their marriage problems to burnout. In comparison 4 out of 30 civil servants from one institution did not have stable marriages. Burnout was also linked to high staff turnover that NGOs experienced. Out of the 30 employees only one employee had more than 10 years as an NGO employee and out of the 30 civil servants from one secondary school, 28 employees had more than 20 years of working experience. The institution enjoyed low staff turnover. NGO employees indicated that one cannot stay for long time as an NGO employee because operations are traumatic, sad, and heartbreaking which results in mental problems such as burnout. However, it problematic to conclude that high staff turnover experienced by NGOs was caused by burnout because NGO employees also lose their employment due to programme termination. NGO employees’ employment contracts in most cases are tied to programme life span.

The major gaps presented by these theorists and studies are not about the causes, symptoms or effects of burnout but the treatment and prevention of burnout (Friberg, 2006). Whilst most theorists advocate for rehabilitation counseling, in Zimbabwe normally the solution is a drug which might worsen the situation (Simango, 2007). Hence, in spite of NGO employees being exposed to a hodgepodge of shocking situations of different forms, usually man-
made, ranging from floods, droughts, conflict and epidemics characterising Zimbabwe today, there is no research studies that give solutions for burnout which makes burnout treatment a nightmare in Zimbabwe (NANGO, 2006). Measurement of burnout to confirm its presents before treatment is done by most NGOs although they rely on one instrument the Maslach Burnout Inventory (MBI) because it is easier to use than the other burnout instruments and it also measure all the attributes of burnout such as Emotional exhaustion, depersonalisation and reduced personal accomplishments.

2.5 The measurement of burnout
According to Schaufeli et al. (2002), questionnaires are generally used to measure burnout because medical treatment is not used in the treatment of burnout. Doctors prescribe drugs such as sleeping pills, in order to reduce symptoms of burnout, like sleeping problems as a temporary measure (Wilson, 2001). The MBI that was developed by Maslach and Jackson is the most commonly and widely used instrument to measure burnout (Maslach and Jackson, 1986). The three parts of burnout are included in the MBI and these are: emotional exhaustion (to be overused and depleted of emotional energy or resources), depersonalization (development of a negative attitude towards the people whom one provides care) and personal accomplishment (a feeling of reduced self- efficacy and results satisfaction at work) (Schutte, Toppinen, Kalimo, and Schaufeli, 2000). According to Borritz (2006), the MBI is mostly useful if it is used by employees who work with people and because of this shortfall, Later, Maslach and co-workers formulated an all-purpose version of the MBI, the MBI-General Survey (MBI-GS). This instrument also takes on board the three components: exhaustion, cynicism and personal efficacy which are like the MBI components, but developed in a manner that caters for participation of all employees (Schaufeli, Leiter, Maslach and Jackson, 1996).
According to Borritz, Kristen, Villadsen and Christenen (2006), burnout measure (BM) is another burnout instrument, formulated by Pines and Aronson in 1988. Borritz (2006:11) says “This instrument measures physical, emotional and mental exhaustion. The BM can be used by all persons within or without the workforce”. In 2006 Borritz and others developed the Copenhagen Burnout Inventory (CBI) a new instrument designed to measure burnout. This instrument was developed after an extensive evaluation of the literature on the theoretical assumptions and empirical results of the MBI, MBS-GS and the BM, and the testing of these three instruments in a Danish pilot study. The CBI, in accordance with the historical development of the burnout concept focuses on exhaustion. Borritz (2006:11) points out that, “The key feature is the attribution of exhaustion to three specific domains in the person’s life that is general exhaustion, exhaustion attributed to work in general and exhaustion attributed to work with clients”.

The CBI has three different scales: 1) A scale on general exhaustion, called personal burnout, which corresponds to the general exhaustion concept of the BM and applies to everyone in and out of the workforce (Maslach and Leiter, 2008). The six items of this scale were derived from the 21 items of the BM that showed the best psychometrics properties. 2) A scale on work-related burnout, which corresponds to the MBI-GS and applies to everyone in the workforce. Six of the seven items of this scale were derived from the emotional exhaustion parts of the MBI and the MBI-GS. 3) A scale on client–related burnout, which corresponds to the MBI and applies to employees doing “people work”. This scale was designed specifically for client-work. Compared with the above-mentioned burnout measurements that have seven response-categories, the CBI-scales have five. The Copenhagen Burnout Inventory (CBI) focuses on exhaustion and was used at Copenhagen studies of burnout.
At workplace, the most widely used tool to measure burnout is the MBI because it was designed for employees who work with people and it measures three aspects of burnout which are; dimensions of emotional exhaustion, cynicism, and reduced personal effectiveness (Moore, 2000). Moreso, the tool is not difficult to use and can be self-administered. This has increased confirmation of presence of burnout in most human service organization and formulation of strategies to deal with the problem of burnout (Friberg, 2006).

2.5.1 Measurement of burnout in Zimbabwean Context

Currently some of the NGOs in Zimbabwe rely on Maslach Burnout Inventory (MBI) for measurement of burnout. The MBI takes 10 to 15 minute to complete. It is self-administered (Collins, 1999; Dike, 2014). Instructions are given for the client to reduce or minimise response bias the testing sessions should be characterised by completion of the MBI in privacy without knowing how other clients are answering (Borritz et al. 2006). Hence they can be tested individually or in groups in which privacy is ensured.

The MBI is designed to assess the three components of burnout: Emotional exhaustion, depersonalisation and reduced personal accomplishments (Boles, Ricks, Short and Wang, 2000). The MBI is composed of 22 items which are divided into three subscales (Maslach, Jackson, and Leiter, 1996). People receiving services, care, or treatment are generally referred to as recipients. MBI items are written in form of statements about personal feelings, views or attitudes. For example, “I feel burned out from my work” “I don’t really care what happens to some recipients” (Collins, 1999). The items are answered in terms of the frequency with which the respondent experiences these feelings, on a 7-point, fully anchored
scale (ranging from 0, "never" to 6, "every day") as highlighted in the abbreviated Maslach Burnout Inventory with some of the selected items in table 2.1.

The abbreviated Maslach Burnout Inventory consists of the following questions: How often do the following statements describe the way you feel about working as a humanitarian employee?
# Table 2.1: Burnout Inventory

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month or less</th>
<th>Once a Month or less</th>
<th>A few times a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I deal very effectively with the problems of my patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I treat some patients as if they were impersonal objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel emotionally drained from my work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've become more callous towards people since I took this job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel I'm positively influencing other people's lives through my work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with people all day is really a strain for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't really care what happens to some patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel exhilarated after working closely with my patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think of giving up NGO work for another career</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I reflect on the satisfaction I get from being a humanitarian worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I regret my decision to have become an NGO worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2.2: Scored Items

The items may be scored as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Every day</th>
<th>A few times a week</th>
<th>Once a week</th>
<th>A few times a month or less</th>
<th>Once a Month or less</th>
<th>A few times a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I deal very effectively with the problems of my patients</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel I treat some patients as if they were impersonal objects</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel emotionally drained from my work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel fatigued when I get up in the morning and have to face another day on the job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I've become more callous towards people since I took this job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel I'm positively influencing other people's lives through my work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Working with people all day is really a strain for me</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I don't really care what happens to some patients</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I feel exhilarated after working closely with my patients</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I think of giving up NGO work for another career</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I reflect on the satisfaction I get from being a humanitarian worker</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I regret my decision to have become an NGO worker</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Author (2017)
The three items in italic or in red are for *Emotional Exhaustion*. Sum the scores allocated to the various responses to get the total score. High scores indicate greater emotional exhaustion (and hence more burnout).

The three items in bold or in blue are for **Depersonalisation**. Sum the scores allocated to the various responses to get the total score. High scores indicate greater depersonalisation (and hence more burnout).

The three items underlined or in green are for **Personal Accomplishment**. Sum the scores allocated to the various responses to get the total score. High scores indicate greater personal accomplishment (and hence *less* burnout).

The three items not in italics not in bold and not underlined or in (black) are a new scale of *Satisfaction with Humanitarian work* which some NGOs developed. High scores indicate more satisfaction with being a humanitarian worker.

According to McLeod and Henderson (2003), the challenge is after conformation of the presents of burnout through the use of the MBI the employees have nowhere to go since there is no established means of dealing with burnout. Employees end up relying on anything (such as placebos) they think can reduce impact of burnout. Some depend on generic counselling that has not yet been subjected to rigorous investigation (Carroll and Walton, 1999). Operational NGO employees in Midlands also face the same challenges. I observed that after conformation of the presents of burnout getting the treatment was a nightmare. Employees relied on herbs, antidepressants and social support among other things.
2.6 Human service work

In the past, the concept of burnout came out in human service professions. People oriented work or emotional work involves face-to-face or voice-to-voice contact with the service receivers to generate emotional state in another person (Borritz et al., 2006). According to Hasenfeld (1983:62), “The professional in human service organization has the mandate to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes”. It must also be noted that clients differ in nature and needs and they produce different emotional states. Hasenfeld (1983) classified clients in to two categories: normal and mal-functioning clients (for example, school children versus patients). He also classified the type of work in to three service groups: people processing (for instance, custom offices, visitation offices), people sustaining (for example, security services) and people changing (for example, education institution, prison and clinic). This gives us six groups of human services work; of which dealing with mal-functioning clients in “people changing” work has the highest workload and emotionally demanding (Tracy, 2000).

According to Borritz (2006:12), “The core of the job in human service work is professional and constitutes the relation between the employee and the client, meaning that the employee is acting on behalf of society in order to bring about a change in the client (to become healthy, more educated, less criminal)”. McKay (2007) points out that duties, responsibilities, aims and the contents of work in “people oriented” work are usually not clear. In addition, social work or people oriented work can become very difficult especially if the beneficiary is not voluntary in contact with the service provider and when the employee has to carry out the function of helping and controlling the client (for example in a prison) (Hasenfeld, 1983).
Morris and Feldman (1999) categorise emotional work into four characteristics: 1) frequency of emotional display (number of clients per time), 2) attentiveness of emotional display – to be divided into duration (short-or long-time contacts) and intensity of emotional display (surface-or deep-acting where the latter means more involvement), 3) variety of emotion to be expressed (the greater variety the greater the emotional labour), and 4) emotional dissonance (the emotion felt is not allowed to be displayed).

2.7 NGO Work Environment and Burnout

According to Viravaidya (2014), Non-Governmental Organisations (NGOs) have commonly depended on funding from donor agencies for their own administration and for humanitarian work. In the past, the relationship between the donor and NGOs generally worked well for non-governmental organizations. But, currently, funding is proving to be very difficult due to the fact that, “both the NGO community and the donor community are susceptible to any number of political and economic pressures occurring everywhere from the organizational level all the way up to macro variations in national and international economies” (Viravaidya, 2014:2). Donors are subject to funding constraints of their own and are often beholden to boards that can limit their capacity to fund.

In recent years, NGOs in countries like Zambia and Zimbabwe have been witnessing a marked decrease in available grants and other funding from both overseas and local donors. Zimbabwe is increasingly considered to be too well off to receive international donor funding. Major donors concentrate more on dealing with countries in states of emergency such as Syria, Democratic Republic of Congo (DRC), Iraq just to mention a few. Zimbabwe will have to deal with continued efforts at social development and poverty eradication more...
or less alone, thus creating an environment conducive for burnout (Counselling Services Unit, 2013).

2.7.1 NGOs Expectations and Burnout

Due to the fact that funding is proving to be difficult to source, NGO workers are expected to work long hours with very little time to rest for ‘the good cause’ (Dike, 2013). Lack of funding creates a situation where NGO employees end up carrying duties that are not part of their heart’s path or natural skill bank, for instance, a programmes employee whose strength lie in working with vulnerable communities and stakeholders in areas of operation may also be required to do a lot of time-consuming financial and administration work (Katja, 2010). He/she may also be involved in proposal writing where he/she will work after hours in order to meet the submission date which according to Katja (2010:4) is “…often very counter-productive as people tend to burn out from the stress of trying to fulfil too many roles and the energy drain of doing work that they are not naturally proficient at”. It must be noted that, employees’ desires and aspirations differ. There are employees who are at home and enjoy working with beneficiaries and others who really enjoy organising, coordinating and have good administrative skills. Generally it is wiser and cost effective and energy efficient to have administrative staff in place to support programmes staff (Farber, 2000). According to Katja (2010), lack of funding forces employees to end up having unreasonable expectation due to irrational thinking. McKay (2000: 7) says “The traditional image of NGO workers is that they are selfless and tireless. They, themselves, tend to expect that because their work is for a good cause, they will somehow be immune to pressure”.

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2.7.2 Nurturing of irrational thinking and burnout

In the NGO sector, provision of services to vulnerable communities is valued and highly honoured and is viewed as more important than the well being of the individual (Farber, 2000). The worth of a person is measured by how hard they work and how much they produce. Katja (2010:4) points out that, “In work situations where people have a low sense of self-esteem, the need for external affirmation often drives people unconsciously to buy into this heartless dynamic”. Employees end up having mal-adaptive beliefs such as, ‘I will become a slave to the organisation so that I can feel that I am of some worth to someone’ (Dike, 2013:6). This may work for a while but at some point there will be repercussions, fatigue, depersonalisation, disillusionment and possible soul revolt which is conducive for onset and maturation of burnout (Marin, Campayo, Mera and Hoyo, 2009). Having such maladaptive beliefs is not the tragedy but how to remedy the beliefs is the tragedy. The most worrying thing is how to prevent and treat burnout caused by irrational thinking and maladaptive beliefs being perpetuated by the NGO environment. Becoming a cog in this machine can be fulfilling for some if they enjoy the work they are doing and are receiving sufficient reimbursement to balance their energy expenditure. However, for others, becoming part of this ‘agreement’ can be soul destroying (Katja, 2010).

2.8 Attributes of Burnout

According to Smith et al. (2008), burnout is a state of emotional exhaustion and physical fatigue due to too much stress experienced for a longer period. Burnout can take place when one’s internal resources and energy get depleted resulting in the victim failing to meet regular demands. If no solution is provided and if the stress continues, one will start to experience loss of interest and motivation. Hence, according to Smith et al. (2008), burnout is characterised by emotional and physical exhaustion. Whilst for Maslach et al. (2001) burnout
is characterized by exhaustion, cynicism and ineffectiveness as highlighted by Maslach et al., (2001; 52) where they say, “What started out as an important, meaningful and challenging work becomes unpleasant, unfulfilling and meaningless. Energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness”.

In agreement with this perception, Marín et al(2009:4) takes the debate further and point out that burnout “Involves feelings of emotional exhaustion, depersonalization and diminished personal accomplishment at work”. However, there is an addition of another attribute in this definition where the researchers talk of depersonalization which is explained as onset of negative attitude towards persons for whom work is done, to the extend where they are blamed for the subject’s own problems. Moore (2000) also talks of emotional exhaustion as one of the attributes of burnout, a situation which is constituted by lack of energy resulting in employees ending up seeing that they are no longer able to participate on an emotional level. Shirom and Ezrachi (2001) cited diminished personal accomplishment as one of the key characteristics of burnout which is similar to Maslach et al’s (2001) element of ineffectiveness. However, in diminished personal accomplishment the emphasis is on the “tendency in professionals to negatively value their own capacity to carry out tasks and to interact with persons for whom they are performed, and feeling unhappy or dissatisfied with the results obtained” (Marín et al., 2009:4).

The aforementioned attributes by different researchers are similar to Powell’s (2011:2) findings in the UK. Powell (2011:2) says “Burnout is defined as a state of exhaustion where one is cynical about the value of his/her occupation and doubtful about his/her ability to perform”. This definition has three key dimensions: exhaustion, cynicism, and personal accomplishment/performance. A closer look at these dimensions shows that there is one new
dimension of personal accomplishment/performance not mentioned by the first three researchers cited earlier on. Powell’s (2011) three attributes describe burnout and tend to occur in order; showing that emotional exhaustion usually comes first, which then leads to cynicism. Personal accomplishment is eventually diminished as an outcome of the burnout cycle. Like other researchers, Powell (2011) points out that exhaustion is depletion of an employee’s emotional and internal energy or resources which make an employee feel like he/she does not have anything more to give because there is nothing left to give. Cynicism was described as an attempt to distance oneself from clients. Depletion of emotional resources leads to the increase in cynicism about the value of their work and actively starts to ignore positive aspects of the job. Powell (2011), like Marín et al. (2009), cited reduced personal accomplishment and performance as an outcome of exhaustion and cynicism, employees feel much less effective in their job, and performance decreases.

On the other hand, Bodsky’s (1980) definition brings out the attributes of idealism and energy. Bodsky (1980:13) defines burnout, “as a progressive loss of idealism, energy and purpose experienced by people as a result of their conditions of work”. Burnout is, therefore, characterised by a pronounced stress state over time. Bodsky (1980), like other psychologists, agree that exhaustion and fatigue are the main features of burnout.

In short, all the cited authorities (Bodsky, 1980; Marín et al., 2009; Powell, 2011) agree that burnout is characterized by emotional exhaustion, depersonalization or cynicism and diminished personal accomplishment initiated by depletion of internal resources due to overworking that is also linked to irrational thinking and maladaptive beliefs reason why Smith et al.(2008:34) say “When a person sees the problems as insurmountable, everything
looks bleak and is difficult to master up the energy to care, let alone do something about one’s situation then realize that you are burned out”.

2.9 Signs and Symptoms of burnout

The signs of burnout tend to be more mental than physical Kulkarni (2006). They can include feelings of powerlessness, frustration, hopelessness, emotional exhaustion, being trapped, failure, detachment, despair, isolation, cynicism, irritability and apathy (Smith et al., 2008). If one is burning out and the burnout expresses itself as irritability, one might find oneself always snapping at people or making snide remarks about them (Halbesleben and Buckley, 2004). If the burnout manifests as depression, you might want to sleep all the time or feel too tired to socialise (Abraham, 2000). One may turn to escapist behaviour such as sex, drinking, drugs, partying, or shopping binges to try to escape from one’s negative feelings (Farber, 2000). One’s relationships, personal life and commitment at work may begin to fall apart. This has a negative bearing on job satisfaction, motivation, high quality service provision, high productivity and commitment (Ehrenreich, 2001). This shows that people tend to experience burnout in different ways. However, signs of burnout do tend to cluster in physical, emotional, mental, spiritual and behavioral domains. The following are some common signs of burnout.
Table 2.3: Common signs of burnout.

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>EMOTIONAL</th>
<th>MENTAL</th>
<th>SPIRITUAL</th>
<th>BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhaustion</td>
<td>Self-doubt</td>
<td>Emotional exhaustion and fragility</td>
<td>Apathy</td>
<td>Decline in performance</td>
</tr>
<tr>
<td>Headaches</td>
<td>Blame</td>
<td>Feeling overwhelmed</td>
<td>Inability to engage</td>
<td>Apathy</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Negativity</td>
<td>Feeling helpless</td>
<td>Wounded ideals</td>
<td>Boredom</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Disillusionment</td>
<td>Hopelessness</td>
<td>Cynicism</td>
<td>Interpersonal difficulties</td>
</tr>
<tr>
<td>Dreams</td>
<td>Reduced sense of accomplishment and purpose</td>
<td>Mistrust of colleagues &amp; supervisors</td>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>Back pain and other chronic tension-linked pain</td>
<td>Feeling unappreciated or betrayed by the organization</td>
<td>Depression</td>
<td>Increased addictions or dependencies</td>
<td></td>
</tr>
<tr>
<td>Stomach complaints</td>
<td>Foggy thinking</td>
<td>Anxiety</td>
<td>Reckless behaviour</td>
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<td></td>
<td>Mental apathy</td>
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<td></td>
<td>Lack of insight into reduced capacity to function well</td>
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Physical Signs and Symptoms of burnout tend to mislead burnout treatment (Wilson, 2011). In most cases treatments target headaches, high blood pressure, stomach complaints, back pain and other chronic tension-linked pain and the treatment in most cases is a drug. The
major shortfall of such treatments is that they do not target the root cause of burnout such as irrational thinking that may cause and sustain burnout (Marieb, 1998; Maslach, Schaufeli and Leiter, 2001). While in Zimbabwe some NGOs are using the MBI to check presence of burnout, the worrying issue is that most intervention strategies target the physical dimension with very little action being taken to target the emotional, mental and the spiritual dimensions. This is making it very difficult to get the model for treatment of burnout. Workplace counselling is still being tried in other countries but in Zimbabwe no detailed research findings confirm its suitability for treating burnout.

2.10 Causes of Burnout

The common causes of burnout are:

- Setting unrealistic goals for one’s self or having them imposed upon you;
- Being expected to do too many things;
- Working under rules that seem unreasonably coercive or punitive;
- Doing work that frequently causes you to violate your personal values;
- Boredom from doing work that never changes or does not challenge you; and
- Feeling trapped by economic reasons by a job that fits any of the scenarios above.

(Schaufeli and Bakker, 2004)

Maslach and Jackson (1986) point out that burnout is largely or strongly linked with job dissatisfaction. Workforces involved in social work are most prone to job dissatisfaction due to over involved, overworking and cumbersome protocols.

Irrational beliefs are also cited as the major causes of burnout and these irrational beliefs also perpetuate the condition of burnout; “When input fails to achieve the hoped-for output (...
(they) work harder and harder in the belief that a point will be reached where their efforts finally will succeed" (Farber, 2000:682).

Irrational thinking and maladaptive beliefs can cause one to overwork. The belief for achievement at all cost, the belief that external approval comes from good operations, the thinking that one should attempt to surpass others to be the best at his/her job results in overuse of internal resources which is conducive for onset and maturation of burnout (Nelson-Jones, 2001).

According to Ellis (1993), in most cases employees seek good results without recognizing the negative aspect of their mental capacity and put themselves under pressure caused by their exaggerated need to obtain praise and distinction. On the other side, Nelson-Jones (2001) says irrational thinking and maladaptive beliefs are central to the onset of burnout. Belief that overworking will make someone special and that one should not give up even when others would, results in one being seduced by ideas of moral superiority (Joshi, 2011). Farber (1991:97) says"... feeling so energetic and optimistic (or so desperate to prove themselves and regain some measure of self-esteem) that they invest more than ever and more than is healthy in their work …”

Kyriacou (1987), points out the major source of stress and burnout for social service providers as low income and shortage of resources, time pressures and short deadlines; job mismatch, failure to abide by organizational policy by management, corruption, conflicts with colleagues and supervisors, rapid technological changes, poor working conditions, poor worker’s motivation and poor career opportunities. This blends well with what is contained
in the document produced by Headington Institute on stress and burnout (2000:14) where it says:

In the NGO field, the road to burnout is often paved with good intentions. Those who come into a job thinking that it’s going to be the solution to all their problems, who have extremely and unrealistically high hopes and expectations about the change they will make, and who would rather work than do anything else, are prime candidates for burnout. There is nothing wrong with being idealistic, a hardworking perfectionist, or a self-motivating achiever. The problem lies in the reality or unreality of the ideals and expectations. Unrealistic, highly idealistic job expectations and aspirations are doomed to lead to failure and frustration.

Operational NGO employees responding to emergencies implement project in an environment where sense of satisfaction that activities end well rarely exists. The emergency activities are always on going thwarting the sense of being satisfied for achieving set targets. The endless activities put pressure on employees to soldier on working regardless of how energy depleted they may feel which results in mental weariness, physical fatigue and emotional exhaustion and finally burnout (Campbell, 2005).

Nhliziyo and Chikandi (2002) argue that most stress and burnout experienced by NGO employees and UNICEF workers emanates from systems related to challenges. For example, they argue that positions of mobilisers in relation to district level technocrats, politicians, and processes can be a source of burnout and stress while at ground level officers have a role that includes assessing as a link between the local community and the district level and bring up issues of concern to communities. For example, sustaining community commitment, motivation requires that there must be visible changes in their circumstances or a perception that they are capable of making changes happen. Hence, it is necessary to ensure a minimum availability of key external resources such as financial support that may be critical in building the community confidence in them. This may be difficult for ground officers and become a source of burnout.
The Hard Human Resource Management (HRM) model advocates that workers are to be treated like instruments (Ihuah, 2014). They also argue that workers are reactive not proactive which means that they cannot do anything until pushed or forced to work (Bratton and Gold, 2003). Hence the hard model has low trust in the worker, reason why they engage supervisors to instill trust (Armstrong, 2001). It is this mistrust that will cause stress and burnout on the part of workers resulting in poor service provision, or low productivity (Tyson, 1995). The hard human resource management model approach in most cases results in a cost effective employees where decision-making is faster and focused on senior management. Unfortunately, such a model pays relatively little attention to the needs of employees and an organisation which adopts this approach may end up suffering from high staff turnover, poor service provision and absenteeism linked to the problem of burnout (Caker, Bititic and MacBryde, 2003). Therefore, it is important for intervention strategies at workplace to also consider how the human resource management model sustains beliefs that facilitates the development of burnout (Halbesleben and Buckley, 2004).

Kotler (2003) argues that change can be a source of stress and burnout. If change is not managed properly it can lead to stress, for example, the introduction of new technology. Thus digitalization and connectivity where many applicants such as computers can now operate with digital information which connect data, text, sound and images that can be transmitted from one applicant to the other can create a conducive environment for maturation of burnout. Disintermediation and intermediation where most of the product and services are sold online; customization and customerization where industry boundaries are fading seeing the rise of new services which need competent workers, hence if this change is not managed through staff development programmes can stress workers resulting in burnout. While some
jobs have higher rates of burnout, it is present in every occupation. Those most at risk are employees who are underpaid, underappreciated or criticized for matters beyond their control. Service professionals, who spend their work lives attending to the needs of others, especially if their work puts them in frequent contact with dark or tragic side of human experience, are also at high risk (Maslach, Jackson and Leiter, 1996). Identification of causes of burnout will enable counsellors to select the appropriate counselling theory, process and intervention strategy meant to confront the really causes of burnout rather than symptoms of burnout (Cooper, 2008). The current situation where most treatments of burnout used at workplace target symptoms of burnout sustain presence of burnout which make burnout a nightmare for NGO employees responding to emergency (Simango, 2007).

Brummelhuis et al. (2011) point out that it is very important to know the stages of burnout of the employee before putting an intervention strategy. This will make the selected type of treatment effective otherwise most treatment may not be adequate to deal with burnout resulting in recurrence of burnout. Gorkin (2012) suggests that burnout progress in stages which therapist need to take into consideration before treating the employee.

2.11 Gorkin’s Five Stages of Burnout

2.11.1 Physical, Mental and Emotional Exhaustion.

According to Gorkin (2012), at first one will be in good health at work free from physical, mental and emotional exhaustion. However, doing more work with less time for restitution, having plenty of responsibility but not enough authority, or juggling an unmanageable schedule will deplete internal body energy which creates a favourable environment for development of burnout. (Those grappling with all three stressors...automatically proceed to stage two, if not three.)
Normally, NGO employees are known for doing a thorough job, a high quality performance. But, due to the development of burnout, the employee starts to look for shortcuts, if not cutting corners. This gnaws at one’s efficacy and self-esteem. In most cases one may also feel pangs of guilt. A case of the "brain strain" will start developing, accompanied by an energy shortage and feelings of exhaustion. If stress levels continue unabated, one may be ripe for the second stage (Gorkin, 2012).

2.11.2 Shame and Doubt

Freudenberg and North (1974) point out that when a worker is asked by his supervisor to take on a new assignment which may overload the employee emotionally, the employee accept due to irrational thinking and belief that one should not say no to superiors. The employee may want to be quiet, but his inner-self will be silently screaming; "Say no. Who are you kidding!" One might not feel confident about the future and one feels pretty lousy about the present. Not surprisingly, one may even start discounting ones past accomplishments (Maslack and Schaufeli, 1993). This may not be a logical process, but, a psychological one. Now, one wonders if colleagues, friends or family members will detect that something is wrong. While projecting a competent image has been the norm, now this voice inside is relentlessly shouting, "Impostor!" "Impostor". This is when one starts emitting heavy, laboured sighs. Often, employees engage in deep, laboured breathing or sighing when they are asked to call those 1-900 numbers or when experiencing sense of loss and change perceived as uncontrollable. This is a chronically grappling state, with a profound sense of vulnerability or uncertainty, which none of us would like, which forces some workers to progress to the third phase “Cynicism and Callousness” (Gorkin, 2012).
2.11.3 Cynicism and Callousness

In response to that prolonged feeling of insecurity or vulnerability, some employees feel there’s only one thing left to do: that is to put on the armour. They develop an attitude: For instance, they always look out for psychological defence mechanism but the strategy is usually in the short run and often works. One becomes sufficiently abrasive or obnoxious and other workers start avoiding him/her. This hard exterior can eventually become a burdensome, self-defeating strategy (Gorkin, 2012).

According to Maslack and Schaufeli (1993), being a good person can be someone’s biggest stress trap. Mostly good employees cannot say "no!" Nor are they confident establishing their boundaries. They have difficulty with authority - being one or interacting with one. These good workers tend to avoid conflict; they do not want to hurt others' feelings. They are not comfortable with anger or do not know how to express their frustration or displeasure in a focused manner. Their personal mantras are being "fair" and "accommodation" (while feeling deep rejection when others are not fair or accommodating).

Gorkin (2012) points out that these accommodators, despite having a full workload plate, when asked to take on new work, will just accept any extra work without complaining and allow others to pile on more work on them. They do not understand that being a team player does not mean one has to sacrifice his or her integrity or health. Setting realistic limits is not a negative reflection on one’s work ethic or one’s ability to go the extra mile. Without boundaries, that mile often morphs into a marathon. Gorkin (2012:12) argues that “Burnout is less a sign of failure and more that you gave yourself away.”
According to Laig (1999), burnout does not just facilitate a hardening of the psyche but also facilitate onset of emotional exhaustion. When one’s stress starts to smoulder into frustration and anger; then turns to suspicion and mistrust as one encloses himself in embattled armour. This is not just how one hardens an attitude, but it is a formula for hardening the arteries, as well. Cardiovascular complications, high blood pressure, even premature heart attacks can ensue (Wilson, 2011). Which is why, usually, workers rather hit the fourth stage of burnout than linger in the third.

2.11.4 Failure, Helplessness and Crisis

At this stage, the employees are undecided on whether they should do the task which they have been asked to do or they should not, the employees sometimes think of leaving the job, but are undecided as well, which means that one’s coping structure is becoming unglued.’ The body parts will break down. In fact, one reason the fourth stage is so disorienting is that, a person's psychological defences have worn down. Cracks start appearing in the defensive armour. Painful memories and old hurts normally contained by one’s emotional defences are leaking through the cracks. A slight or an emotional bump can set off an overly sensitive and personal reaction. Now, a workmate’s occasional, somewhat annoying behaviour really irritates as it reminds one of a mannerism of one’s father or jealousy towards a colleague reeks of sibling rivalry (Gorkin, 2012).

2.11.5 Double-Edged

According to (Wilson 2011), before one throws up his or her hands, he or she has to remember that burnout is not for wimps, lots of other people would have jumped ship much earlier. Many employees reach the further stages of burnout because of their tenacity and dedication. They have a strong sense of responsibility and do not like being deterred from
reaching their goals. All noble qualities, unless compelled by rigid perfectionism and "there's only one right way" thinking. Then, pursuing their goals takes a back seat to proving others wrong and overcoming humiliation. They chase (maybe, also, being chased by) ego-driven goals, especially in times of overload, uncertainty and major change, "driven and rigid responsibility" can quickly transform a performance benefit into a personal and professional liability (Gorkin, 2012).

These employees are also usually not just responsible. They often are quite responsive to others. Some employees lean on them for support. These employees are usually a pillar of strength for those around them but those dependents are not quick to notice that their pillar of strength is becoming shaky and is in need of a shoulder to lean on because their sense of security is contingent in their heroic masks, ignoring the signs and symptoms of burnout (Laig, 1999). Hence, employees who are committed to work and who offer support to others also need a shoulder to put on when their internal resources become weak. In this study the shoulder that needs to be investigated is workplace counselling to find out whether it is a solution to the problem of burnout.

Workplace counselling being offered in other countries like America and Britain consider these stages and the number of sessions is also determined by the stage the employee will be at. The counselling approach and process is also expected to be linked to the stage of burnout (Kulkarni, 2006). In comparison in Zimbabwe there is very little information which shows that burnout stages are considered when dealing with burnout. Even in the usage of herbs or drugs there is no any study that indicate consideration of burnout stages (Masimira, 2002). Probably this gives us the reason most treatments are not yielding the wanted result of treating burnout.
2.12 How burnout attacks the human body

2.12.1 Phases

Psychologists Freudenberg and North (1974) have theorized that the burnout process can be divided into 12 phases which are not necessarily followed sequentially, nor necessarily in any sense be relevant or exist other than as an abstract construct.

1. The Compulsion to Prove Oneself

2. Often found at the beginning is excessive ambition. This is one's desire to prove oneself while at the workplace. This desire turns into determination and compulsion.

3. Working Harder

   Because they have to prove themselves to others or try to fit in an organization that does not suit them, people establish high personal expectations. In order to meet these expectations, they tend to focus only on work while they take on more work than they usually would. It may happen that they become obsessed with doing everything themselves. This will show that they are irreplaceable since they are able to do so much work without enlisting the help of others.

4. Neglecting Their Needs

   Since they have devoted everything to work, they now have no time and energy for anything else. Friends and family, eating and sleeping, start to become seen as unnecessary or unimportant as they reduce time and energy that can be spent on work.

5. Displacement of Conflicts

   Now, the person has become aware that what they are doing is not right, but they are unable to see the source of the problem. This could lead to a crisis in themselves and become threatening. This is when the first physical symptoms are expressed.
6. Revision of Values

At this stage, people isolate themselves from others; they avoid conflicts and fall into a state of denial towards their basic physical needs while their perceptions change. They also change their value systems. The work consumes all energy they have left, leaving no energy and time for friends and hobbies. Their new value system is their job and they start to be emotionally blunt.

7. Denial of Emerging Problems

The person begins to become intolerant. People do not like being social, and if they were to have social contact, it would be merely unbearable for them. Outsiders tend to see more aggression and sarcasm. It is not uncommon for them to blame their increasing problems on time, pressure and all the work that they have to do, instead of on the ways that they have changed themselves.

8. Withdrawal

Their social contact is now at a minimum, soon turning into isolation, a wall. Alcohol or drugs may be sought out for a release since they are obsessively working "by the book". They often have feelings of being without hope or direction.

9. Obvious Behavioural Changes

Coworkers, family, friends, and other people that are in their immediate social circles cannot overlook the behavioural changes of this person.

10. Depersonalisation

Losing contact with themselves, it's possible that they no longer see themselves or others as valuable. As well, the person loses track of his or her personal needs. Their view of life narrows to only seeing in the present time while their life turns to a series of mechanical functions.
11. Inner Emptiness

They feel empty inside and to overcome this, they might look for activity such as overeating, sex, alcohol, or drugs. These activities are often exaggerated.

12. Depression

Burnout may include depression. In that case, the person is exhausted, hopeless, indifferent and believe that there is nothing for them in the future. To them, there is no meaning of life. Typical depression symptoms arise.

13. Burnout Syndrome

They collapse physically and emotionally and should seek immediate medical attention. In extreme cases, usually, only when depression is involved, suicidal ideation may occur, with it being viewed as an escape from their situation. Only a few people will actually commit suicide.

Phases 1 to 3 of the aforementioned burnout process indicate that burnout is caused by irrational thinking in an environment where one believes that if he/she overworks him/herself in order to prove that they are the best and they cannot be replaced which is typical of NGO employees (Farber, 2000). Such beliefs will result in depletion of the body internal resources such as energy (Powell, 2011). The problem is, in Zimbabwe beliefs are not targeted as the causes of burnout and even the treatments used such as herbs targets the physical body ignoring the thinking component. Hence use of herbs has shortfalls because herbs cannot prevent burnout caused by beliefs or irrational thinking (Burke, and Richardson, 2000). Phases 4 to 8 describe how a person can use psychological defense mechanism to deal with burnout which will worsen the situation (McLeod, 2001). Herbs and drugs which are commonly used by employees may not help to change the situation since psychological defense mechanism cannot be reversed by drugs or herbs but by psychological strategies such as counselling (Burke, and Richardson, 2000). The last stage 9 to 12 may require treatment
that targets physical, emotional, mental and spiritual aspects. This is where drugs and herbs target problems such as headaches, stomach pains and high blood pressure and workplace counselling targeting symptoms linked to emotional, mental and spiritual components (Wilson, 2011).

Whilst Psychologists such as Freudenberg and North (1974) divided burnout process into 12 stages. Selye (2013) explained the general Adaption Syndrome model which describes how the body reacts to a stressor, real or imagined. Selye (2013) found out that:

- The first stage of the general adaptation syndrome is the alarm stage. At this stage, the stressor or the threat is identified and body’s threat response is a state of alarm. This stage calls for the production of adrenaline in order to bring about the fight-or-flight response. Cortisol is also produced due to the activation of the HPA axis.

- The second stage is resistance where if the stressor persists, it becomes necessary to try other means of coping with the stress. The body will attempt to adapt to the stress or threats of the environment. However, because of its persistence which may be indefinite the body’s resources and energy are gradually depleted.

- The last and final stage of the GAS model is the exhaustion stage. At this stage almost all the internal resources and energy of the body are seriously depleted to the extent that the body is not able to maintain and carry out its normal functions. The initial autonomic nervous system signs and symptoms such as increased heart rate and sweating may reappear. If this stage is prolonged long term bodily damage will happen due to the fact that the immune system is exhausted and its function is seriously ruined resulting in decompensation and burnout as highlighted in figure 2.2.
This results in physical and mental illness such as boredom, depression, ulcers cardiovascular, digestive problems and other mental challenges (Wilson, 2011).

2.13 Progression to burnout

The progression to burnout depends largely on how one exploits his resources and energy and how much energy and resources one has in the first place and the nature of the gap between the resources and energy one possess and use.
As the graph figure 2.3 to the right highlights, the quickest way to burnout is where there is a big gap between internal resources and the consumed resources as highlighted by the 2 lines the dotted (red line) and the green (whole line) The dashed line denoting the amount of consumed resources or energy with the whole line denoting available energy. Even a small gap will end up in burnout if it is prolonged without time for recuperation (Karon, 2013).

De Jong (2003) argues that burnout seriously affects the hippocampus, essentially the brain’s shock-absorber and other brain structures of employees resulting in dysfunctioning of other brain structures. De Jong (2003) estimated that 3 to 4 percent of MSF employees experienced severe mental problems such as cognitive weariness, depression and psychosis when carrying out their activities in the field.

2.14 How the body responds to burnout

2.14.1 Neurochemistry and physiology

According to Tortora (1999), researchers in the past years have managed to make the basic neurochemistry of stress response understandable. However, a lot still need to be discovered especially on how the elements of this system work together in the brain and throughout the body. When exposed to a stressor, neurons with cell bodies in the Para ventricular nuclei (PVN) of the hypothalamus release corticotrophin-releasing hormone (CRH) and arginine-vasopressin (AVP) into the hyperphysical portal system (Tsigos and Chrousos, 2002). This also activates the locus ceruleus and other noradrenergic cell groups of the adrenal medulla and Pons, collectively known as the LC/NE system. The LC/NE system makes use of the brain epinephrine to perform autonomic and neuroendocrine responses, acting as the body’s warning system or alarm system (Tortora, 1999). The purpose of the autonomic nervous system (ANS) is for the provision of a rapid response to stress commonly known as the fight-
or-flight response, which is done through engagement of the sympathetic nervous system and withdrawing the parasympathetic nervous system, thereby enacting cardiovascular, respiratory, gastrointestinal, renal, and endocrine changes (Waugh and Grant, 2001).

According to Waugh and Grant (2001), autonomic nervous system is divided into:

1) Sympathetic stimulation; and

2) Parasympathetic stimulation

These two have opposite effects on the body. The sympathetic stimulation prepares the body to fight or flight in times of danger as well as to deal with stressful situations. The parasympathetic stimulation slows down the body processes concept for the functions of the digestive system and the genitourinary system. In burnout condition the sympathetic stimulation remains active depleting the internal energy (Waugh and Grant, 2001).

2.14.2 Effects of autonomic stimulation

According to Tortora (1999), the cardiovascular system operates as follows: Sympathetic stimulation.

- It increases heart rate and force of the heart beat.
- It causes dilatation of coronary arteries, thus increasing blood supply to cardiac muscle.
- It increases the capacity of the muscles to work.
- It increases blood supply to highly active tissues such as skeletal muscle, heart and brain.

According to Tortora (1999), if sympathetic stimulation is prolonged for weeks and month the condition will be conducive for development and maturation of burnout. Hence the need
to rest where parasympathetic stimulation will decrease rate and force of the heart beat and reduces blood supply to the cardiac muscle. This will save internal body resources.

2.14.3 Respiratory system

The sympathetic stimulation causes dilatation of airways for intake of greater amount of air, increases the respiratory rate and it increases oxygen intake and carbon dioxide output. Marieb (1998) points out that if this condition is maintained due to endless demanding activities, it will depletes body internal resource leading to the condition of burnout. However, to avoid burnout the body’s parasympathetic stimulation causes constriction of the bronchi but this can be necessitated through behavior change activity which will allow parasympathetic stimulation (Marieb, 1998).

According to Waugh and Grant (2001), the functions of the digestive and urinary systems in sympathetic stimulation are:

- It causes the liver to convert an increased amount of glycogen to glucose for energy provision.
- It makes the adrenal glands to secrete the adrenaline and noradrenalin to sustain the effects of sympathetic stimulation.
- It delays digestion; onward movement of digestive contents; and absorption of food.
- Tone of sphincter muscles is increased.
- Inhibits micturation and defaecation.
- It causes relaxation of the bladder wall.
- It increases the metabolic rate.
In the NGO environment, functions of the digestive and urinary systems are kept in operation due to overworking among other things which triggered continuous sympathetic stimulation leading to exhaustion and fatigue which are key elements of burnout (Tortora, 1999). However, the pathways to burnout in this case can be avoided through activating parasympathetic stimulation which has the following functions:

- Increases the rate of digestion and food absorption;
- Increases the secretion of pancreatic juice and the hormone insulin;
- It causes relaxation of the internal urethral sphincter; and
- It causes contraction of the muscle of the bladder wall (Wilson, 2011)

Marieb (1998) says the eyes and skin’s functions in sympathetic stimulation are:

- It causes pupil dilatation; and
- It causes wide opening of the eyes which gives the appearance of alertness and excitement.

On the other hand in parasympathetic stimulation the functions are; constriction of the pupil and closure of the eyelids, giving the appearance of sleepiness which saves body’s internal energy to avoid on set of burnout (Waugh and Grant, 2001).

### 2.14.4 Skin

Sympathetic stimulation:

- It causes increased secretion of sweet for heat loss from the body;
- Produces contraction of the arrestors pilorum which gives the skin the appearance;
- Of goose flesh; and
- It causes constriction of blood vessels to prevent heat loss.
There is no parasympathetic nerve supply to the skin. It must be noted that the autonomic nervous system hand in hand with the HPA axis.

According to Marieb (1998), the HPA axis is the bigger component of the neuroendocrine system which involves the interactions of the hypothalamus, the pituitary gland, and the adrenal glands. This, aforementioned system is also activated by the secretion of CRH and AVP resulting in the release of adrenocorticotropic hormone (ACTH) from the pituitary into the general bloodstream which in turn results in secretion of cortisol, corticosterone, cortisone and other glucocorticoids from the adrenal cortex. Glucocorticoids such as cortisone are mostly used as a key anti-inflammatory component in drugs that treat skin rashes and in nasal sprays that treat asthma and sinusitis (Waugh and Grant, 2001). Tsigos and Chrousos (2002) point out that, scientists recently discovered that the brain also uses cortisol to suppress the immune system and lessen inflammation within the body. In times of stress corticoids involve the whole body when a person respond to stress and at the end of the day contribute to the cessation of the response via inhibitory feed (Tsigos and Chrousos, 2002). Figure 2.4 illustrates the pathway to burnout.
Stress

↓

Hypothalamus

↓

Corticotrophin Releasing Hormone (CRH)

↓

Anterior lobe of pituitary gland

↓

Adrenocorticotropic hormone (ACTH)

↓

Adrenal Cortex

↓

Glucocorticoids (cortisol, corticosterone, and cortisone)

**Figure 2.4 Pathway to burnout**

According to Wilson (2011), these glucocorticoids are essential for:

- Gluconeogenesis (formation of new sugar) for brain and body use;
- Lipolysis (breakdown of triglycerides into fatty acids and glycerol for energy protection); and
- Stimulating breakdown of proteins into amino acids used for synthesis of enzymes.

In pathological and pharmacological quantities, they:

- have an anti-inflammatory action;
- suppress the immune response;
- reduce the response of tissues to injury; and
- delay wound healing (Wilson 2011).

Waugh and Grant (2001) point out that when the amount of glucocorticoids in the bloodstream exceeds the body’s requirements, then a message is sent to the hypothalamus to inhibit their production. When the glucocorticoids have been used by the body and their blood levels are low, a message is relayed to the hypothalamus for production of more glucocorticoids, thus, the cycle starts again. In times of stressful and burnout situations, the hypothalamus is continuously stimulated (to meet the body’s increased requirements of energy).

Jameson (2004) says during the duration of long-term morbid stress the prefrontal cortex reduces the activation of the HPA axis and production of serotonin with the aim of forcing the person to change the unwanted behaviour that consumes a lot of energy. Hence, the prefrontal cortex may have a protection function of maintaining the energy of the body at acceptable level. However, if there are no measures taken to reverse the stress the result is
burnout or depletion in both mental and physical energy. If the condition is not reversed then the stress will persist and lead to burnout as highlighted in figure 2.5

![Diagram of stress response](image)

**Figure 2.5 Possible response**


Research findings by Selye (2013) indicate that chronic stress can lead to both high and low levels of cortisol depending on the type of threat that triggers the responds, the time since onset and how the person responds to such situations. According to Selye (2013:3), “Cortisol output tends to be elevated initially, and then tends to reduce as time passes”. While research findings by Jameson (2004) indicate that stress in most cases leads to an increase in HPA axis activation, chronic long-term stress can paradoxically results in reduced activation of the HPA axis, hypocortisolism, and fatigue which was termed by Sely (2013) General adaptation syndrome (GAS). The end result normally is burnout.

Recovery from burnout may be trick if treatments are not done properly or if treatments are not appropriate. Current treatments such as rational emotive behavioural therapy (REBT), cognitive behavioural therapy (CBT) and graded exercise therapy (GET) being used in some of the developed countries are only moderately effective for treating burnout (McLeod,
The fact that cognitive elements do not appear to make a therapy more effective, and that recovery is not associated with an increase in activity, calls for more investigations on how counseling can be a remedy for burnout especially on counselling approach which is all encompassing such as integration approach which uses suitable concepts from all available theories. This will cater for the rehabilitation aspect that is ignored by some theories (Selye, 2013). Some of these treatments may be due to a benign ‘kick’ that they provide to the HPA axis, reversing the state of persistent hypoactivation. Or at times it is a matter of these strategies acting as placebos that provides the employee self-efficacy and a positive objective to work towards. Jameson (2004) argues that by simply decreasing stress and pacing activities does, not in most cases result in prevention and treatments of burnout.

2.15 Effects of Burnout on Service Provision

According to Morris and Feldrman (1999), burnout reduces one’s productivity and saps one’s energy, leaving one feeling increasingly hopeless, powerless, cynical and resentful. The unhappiness burnout causes can eventually threaten the employee’s job, relationships and health. Moyor (2001) points out that, officers who are burned out offer poor services, unprofessional services; unethical services which tend to undermine the status of the company.

More importantly, burnout at a company can also result in high staff turnover whereby the company will end up incurring high expenses on recruitment, staff development and training (Ehrenreich, 2001). For example, after training workers in Water and Sanitation, the trained officers may leave the organization to join other NGOs where the working conditions may be less stressful. This means the organization will have to recruit and train new staff which will be very expensive to the organization. In other words, the company will end up being a
training ground for other organizations which is an unpleasant situation and unhealthy for any organization. The organization will end up offering poor services and being out-competed by its competitors (Gorkin, 2012).

Most important burned out workforce is a workforce which is not committed, not trusted and once that happens the services offered may not reach minimum standards in terms of quality which has a negative bearing on the human resource department (Armstrong, 2001). HRD needs to ensure that it has committed and competent workforce and this is done through having good policy on recruitment and selection but once the competent (workforce) employees are selected and experience burnout, if the HR department fails to manage burnout at workplace, lots and lots of money will be used in trying to recruit committed and competent employees since those selected will end up leaving or performing poorly due to burnout which results in poor service provision and high cost on the part of the organisation, on recruitment, selection and development (Maslach, Jackson, Leiter, 1996). Figure 2.6 summaries the effects of burnout on employees.
Lack of resources

Burnout

- Diminished;
- Control coping
- Social support
- Autonomy
- Decision involvement

Cost

- Cynicism
- Exhaustion
- Depersonalization
- Diminished
- Accomplishments & efficacy

- Diminished
- Turnover & Absenteeism
- Physical Illness
- Organizational Commitment

Figure 2.6 Demands

Source: Maslach, Jackson, Leiter (1996)
2.16 Myths about Burnout

According to Wilson (2011), there are so many myths about burnout and some of the myths highlighted by Wilson (2011) are:

**Myth 1: Burnout is psychological.**

Burnout is a breakdown of the energy system of the body. Vital minerals are depleted or “burned out” (used up) and replaced by toxic metals. Psychological stress may be a cause, and burnout can affect one’s emotions and behaviour. However, according to Kjellerup (2011), burnout itself is also biochemical, not only psychological. Recovery may involve improving emotions and dealing with psychological issues and it also involves rebuilding body chemistry because it is a physical condition as well (Hills, 2012).

**Myth 2: People in burnout condition have no energy and cannot work.**

According to Wilson (2011), many in burnout hold full-time jobs or other active lifestyles. They may also appear in good health. However, they are often tired or stressed. They may require stimulants in order to keep going. Some bury themselves in their work to forget how tired they feel. One can go on like this for years in some degree of burnout. This usually stops when burnout gets very serious, as there is not enough energy to continue working hard and living a very active life (Candy, 2012).

**Myth 3: Vigorous exercise is good for burnout.**

Vigorous exercise can be attractive to those in burnout. Exercise may temporarily make one feel better. Hills (2012) points out that while exercise may provide a boost, vigorous exercise further exhausts the bodies of those in burnout. People in burnout need to reduce exercise, often to a minimum. This helps conserve their energy and allow their adrenals to rebuild.
Exercise in moderation can assist circulation and oxygenation, factors that may help with burnout. Excessive exercise of any kind uses up energy and adrenal reserves that individuals in burnout do not have and cannot afford to lose (Wilson, 2011).

**Myth 4:** A vacation, a diet or a nutritional supplement can cause recovery from burnout.

Most people never recover from burnout, although they can reduce its effects if they followed a nutritional balancing programme to the letter. Kjellerup (2011) argues that, recovery also requires a strong commitment to healing. Recovery also takes at least several years. If one recovers faster, that may mean that one was not in burnout condition.

**Myth 5:** Burnout affects only physical health.

According to Jameson (2004), burnout affects every area of life. Family and work are often affected. Relationships often suffer. One may lose interest in everyone and everything. There simply is not enough energy available for intimate relationships or for activities beyond those required for survival. Gorkin (2012) also says the result of burnout is lowered productivity, cynicism, confusion, a feeling of being drained, having nothing more to give, whether at work or school (or even in a marriage). Friends, family and employers are often unaware of what is occurring, which only worsens the situation.

**Myth 6:** Burnout is an overused term without a scientific basis.

Just because burnout does not show up on x-rays or certain blood tests does not mean it is not real. According to Maslach and Jackson (1986), burnout is usually measured with questionnaires. The most widely used instrument is the Maslach Burnout Inventory (MBI) developed by Maslach and Jackson (Maslach and Jackson, 1986). Burnout can be measured
and quantified using tissue mineral testing and hormone testing (Wilson, 2012). The term is not overused. In fact, it is greatly underused (Jameson, 2004). Farber (2000) argues that a large percentage of the population is in burnout and it would be helpful if physicians understood it better, even if they have no drug “cure” for it.

Myth 7: Burnout is new phenomenon.
According to Jameson (2004) burnout is as old as humanity. Understanding adrenal exhaustion can even help us understand the rise and fall of civilizations. For example, it is known that many great civilizations have fallen slowly or even suddenly. Why does this occur? Wilson (20011) points out that one way to understand the fall is that the people, as a whole, go into burnout and cannot sustain the intellectual, cultural and social traditions of the culture. Wise leaders and strong traditions become replaced with vulgar habits, lower moral standards and leaders who sway the people’s passions, but do not appeal to their higher sensitivities. Constant wars, as occurred in Europe, can also contribute to burnout. Toxic technology can also take its toll. The Roman Republic was famous for its lead water pipes, for example. We are famous for our medical drug cures and surgeries, both of which involve a lot of toxic chemicals. Industrialization has brought large amounts of many toxic metals into our homes, air, water and food. Even oppressive political and economic systems can contribute in some nations. This is a problem with the socialist and fascist ideologies that spring up around the world. They repress the people and, as a result, people do not function well after a time. Freedom, in contrast, tends to help people live better and function better. This was the goal of the founders of America. “I hope we have not lost sight of the absolute value of freedom and liberty as opposed to all other values such as diversity or environmentalism” (Wilson, 2011).
Myths can sustain burnout if they are ignored and may be difficult to deal with especially if they are emanating from the leaders (Hills, 2012). In Zimbabwe, some leaders regard burnout as a term without a scientific basis. The fact that burnout does not show up on x-rays or certain blood tests does not mean it is not real (Friberg, 2006). The denial of the reality of burnout makes it difficult to put up intervention strategies. Hence, the gap is on how to deal with myths which sustain the presence of burnout and the question is can drugs, herbs and workplace counselling offer durable solution to the problem of myths which creates a favourable environment for onset and maturation of burnout.

2.17 Preventing and treating of job burnout

Kjellerup (2011) argues that in most cases, burnout is treated like infectious illness or disease which results in inappropriate treatment. The term "disease" refers to conditions that impair normal tissue function. For example, cystic fibrosis, atherosclerosis, and measles are all considered diseases. In comparison, burnout is not an infectious illness but linked to prolonged exposure to activities that depletes one’s internal resources resulting in physical exhaustion, emotional fatigue and cognitive weariness (Maslach, Jackson and Leiter, 1996).

2.17.1 Comparison between causes of Burnout and infectious illness.

There are a few agents that cause illness. Possible candidates include the microorganisms, such as bacteria, fungi and viruses which is different from causes of burnout like overworking and pressure of work (Berkow and Beers, 2000).

2.17.2 Microorganisms

Microorganisms are living organisms; most of them are unicellular creatures that can be seen only with a microscope. Humans need them to live. They help us digest food and enable the
normal development of our immune system. Microbes include viruses, bacteria, fungi and parasites which can cause disease when our immune system cannot fight them.

2.17.3 Microbes ThatCause Infectious Diseases

According to the National Institute of allergy and infections (2012), there are five major types of infectious agents: bacteria, viruses, fungi, protozoa and helminths. In addition, a new class of infectious agents, the prions, has recently been recognized.

2.17.4 Burnout and modes of transmission

According to Berkow and Beers (2002), infectious agents may be transmitted through either direct or indirect contact. Direct contact occurs when an individual is infected by contact with the reservoir, for example, by touching an infected person, ingesting infected meat, or being bitten by an infected animal or insect. Transmission by direct contact also includes inhaling the infectious agent in droplets emitted by sneezing or coughing and contracting the infectious agent through intimate sexual contact. Some diseases that are transmitted primarily by direct contact with the reservoir include ringworm, AIDS, trichinosis, influenza, rabies, and malaria.

Indirect contact occurs when a pathogen can withstand the environment outside its host for a long period of time before infecting another individual. Inanimate objects that are contaminated by direct contact with the reservoir (for example, a tissue used to wipe the nose of an individual who has a cold or a toy that has been handled by a sick child) may be the indirect contact for a susceptible individual. Ingesting food and beverages contaminated by contact with a disease reservoir is another example of disease transmission by indirect contact. The fecal-oral route of transmission, in which sewage-contaminated water is used for
drinking, washing, or preparing foods, is a significant form of indirect transmission, especially for gastrointestinal diseases such as cholera, rotavirus infection, cryptosporidiosis, and giardiasis (National Institute of allergy and infections, 2012).

These modes of transmission are all examples of horizontal transmission because the infectious agent is passed from person to person in a group. Some diseases also are transmitted vertically, that is, they are transmitted from parent to child during the processes of reproduction (through sperm or egg cells), fetal development, or birth (Tortora, 1999). Diseases in which vertical transmission occurs include AIDS and herpes encephalitis (which occurs when an infant contracts the herpes simplex type II virus during vaginal birth) (Waugh and Grant, 2001). According Maslach, Jackson and Leiter (1996), burnout is not a condition that can be transmitted either through direct or indirect contact, hence modes of transmission both horizontal and vertical are not linked to burnout but to infectious illness reason why medical treatment of burnout may not be a solution to the problem of burnout being faced by operational NGO employees responding to emergencies.

Figure 2.7 Prevention of diseases

The black arrows illustrate a generalized infectious cycle; the shaded arrows indicate points where infectious diseases can be prevented. (1) A host is infected by the reservoir or a vector for the pathogen. This individual may infect (2) other hosts in a population or (3) new vectors. (4) The pathogen also may cycle between the vector and a reservoir (National Institute of allergy and infections 2012).

Unlike Infectious diseases, burnout cannot be prevented at a variety of points through the use of drugs or by vaccinations as highlighted on the diagram above but can be prevented through dealing with its causes such as irrational beliefs that respectively lead to adaptive and maladaptive behavior (Nelson-Jones, 2001).

2.17.5 The difference between treatment of burnout and infectious diseases

It has been seen that besides these three main causes of infection, human beings can also succumb to other illnesses which are psychologically based. When the cause of illness is due to viral, bacterial or fungal infection, one can be treated using chemical drugs, for instance, bacterial infection can be treated using anti-bacterial drugs such as chloramphenicol or benzyl penicillin, fungal infection can be treated using anti-fungal such as miconazole cream 2% ointment, but as for viral infection there is no specific treatment, hence treatment is of the signs and symptoms or treatment is aimed at reducing the replication of the virus, such as in the case of HIV/AIDS.

When it comes to those conditions which are psychologically based such as burnout, there are no chemical drugs which can treat them or their signs and symptoms, hence the need for psychological intervention such as counselling.
2.17.6 Drug Administration

According to Berkow and Beers (2002), drugs can be taken by several routes. When using drugs for treatment, there is need for a drug to get into the body so that it can travel through the bloodstream until it reaches where it is needed. Drug administration is by several routes which are through the mouth (oral route), by injection, either into a muscle (intramuscular), into a vein (intravenous) or beneath the skin (subcutaneous), drugs can also be placed under the tongue (sublingual), or can be inserted in the rectum (rectal), sprayed into the nose (nasal) or into the mouth (inhalation) they can also be applied to the skin either local topical or systemic (transdermal).

2.18 Medical treatment of burnout

Burnout is not a diagnosis currently recognized by Western medicine. If you take sick leave because of burnout, the doctor will call it something else, for example, Chronic Fatigue Syndrome (CFS). The medical answer for burnout problems is usually a drug. The conventional treatment of burnout often involves prescription medicines to treat the symptoms of burnout (antibiotics, antidepressants and sedatives) which have harmful side effects. Usually, we find, the answer is not any drug, the best way to deal with burnout is to confront the source of the problem. While confrontation is not always easy, Rich and Whichard (2007) argue that professional counselling should be availed to confront causes of burnout that are psychological.

According to Wilson (2011), if the diagnosis is based purely on the symptoms, without identifying the underlying cause(s), then it is highly likely that relapse will occur. Rich and Whichard (2007) suggest that to effectively treat burnout and reduce the risk of future relapses, it is essential to identify and acknowledge the true cause which results in depletion
of the body’s energy and resources. To treat only the superficial symptoms, is a “band-aid” solution and will have only a temporary effect. While in some cases, it may be important to treat conditions such as depression, it is more important to identify the fundamental cause of the burnout. Failure to do so is a serious pitfall in the management of burnout. Wilson (2011) emphasis that, if medications are absolutely necessary for treating symptoms of burnout, the body’s condition and reaction to the medication should be monitored by an acupuncturist to avoid Myalgic encephalomyeopathy (ME). (ME) is a more severe variant of Chronic Fatigue Syndrome, whose name describes a condition in which there is muscle pain, combined with pathology in the brain and muscle fibers. It is much more difficult to recover from Myalgic encephalomyeopathy than burnout. Some people never get well. Commonly, those who develop ME were largely burned out prior to the ME becoming apparent (Tsigos Chrousos, 2000).

2.18.1 The Natural Approach

While Western medicine has become the norm in many cultures, it is not the only treatment option. According to Wilson (2011), conventional Western medicine (often called allopathic or orthodox medicine) is the system of medicine taught at most medical schools and many pharmaceutical and synthetic medicines are manufactured and marketed according to the principles of allopathic medicine. Because most people in the Western world have grown up in a society in which allopathic medicine is the prevailing norm, they forget that only a few decades ago, homeopathic, herbal and other natural medicines were commonly available and freely used even by conventional doctors (National Institute of Allergy and Infections 2012). While there are often heated debates about which system of medicine is ‘better’ than the other, many responsible doctors (whether they are allopathic or not) recognise that both have a role to play in the treatment programme. Natural medicine has often been frowned upon by
conventional doctors, especially by those who do not have sufficient knowledge of these medicines. However, it is encouraging to note that some medical schools are now beginning to re-introduce it into their course-work, thereby providing doctors with a wider range of treatment options from which to choose. In many countries, especially in Europe, India and China, natural and homeopathic medicines are commonly prescribed by conventional doctors and represent significant part of the total annual drug sales (Carelse, 2001).

Naturopathy is a branch of medicine which operates according to the underlying philosophy that the body has an innate capacity to heal itself (health remedies for burnout, 2008). Hills (2012) says, while natural medicines are often called ‘alternative’ or ‘complimentary’ medicines, they are, in fact, a unique and independent form of medicine in their own right, well able to treat a variety of conditions. Perhaps the term ‘holistic’ medicine is more apt, given the broad range of treatment options and approaches which are to be found within the practice of natural medicine. This encompasses many different disciplines, including herbalism, homeopathy, iridology, osteopathy, chiropractic, therapeutic massage techniques, aromatherapy, and acupuncture among others (National Institute of Allergy and Infections, 2012).

2.18.2 Related Natural Remedies

PureCalm: Promote inner calmness and peace naturally. PureCalm is a 100% safe, non-addictive herbal remedy that has been specially formulated by a Clinical Psychologist for adults and children (Gorkin, 2012). PureCalm can be used to safely maintain harmony, health and systemic balance in the brain and nervous system, without harmful side effects and without sedatives. This remedy contains a selection of herbs known for their supportive function in maintaining brain health. PureCalm can especially benefit those individuals
needing support overcoming worry, managing stress and to promote inner calm related to certain situations. Natural stress relief products such as PureCalm can be used consistently without side effects or compromising health (Native Remedies, 2008).

Fatigue Fighter: Helps maintain energy levels and feelings of well being, overall systemic and immune functioning. Fatigue Fighter is a 100% safe, non-addictive, natural herbal remedy that can be used consistently to safely support healthy energy levels, increase stamina and endurance. Fatigue Fighter contains a selection of herbs known as natural energy boosters for their supportive function in maintaining healthy energy levels, thereby helping to maintain balanced metabolism, stamina, endurance and routine, healthy performance without artificial stimulants or caffeine. Fatigue Fighter can make all the difference, without compromising health and without the risk of serious side effects. The formula remains true to the whole spectrum method of herbal extraction, ensuring the bio-availability and balance of all the active ingredients contained in the remedy. This method of manufacture also significantly reduces the likelihood of side effects and maintains all active ingredients in perfect balance– exactly as nature intended!( 1997-2008 Native Remedies, LLC.).

MindSoothe: Promotes balanced mood and feelings, as well as healthy levels of serotonin and other neurotransmitters. MindSoothe is a 100% safe, non-addictive, natural herbal remedy that has been especially formulated by a Clinical Psychologist for adults and teens and comes in an easy-to- take capsule form. MindSoothe can be used to safely maintain emotional healthy, mood and systemic harmony in the brain and nervous system, without harmful side effects. This remedy contains a selection of herbs known for their calming and supportive function in maintaining brain and nervous system health, emotional balance and overall well-being.
Mood Tonic optimizes nervous system health and promotes balanced mood and peacefulness. There are many options for supporting balanced mood naturally. Nature provides us with many natural mood tonics. Triple Complex Mood Tonic is a 100% natural combination of three cellular-supporting biochemical tissue salts especially selected for their positive effects on brain structures, brain chemistry, and nervous system health. This combination of tissue salts can be used regularly in a general capacity to promote systemic and chemical balance in the brain and nervous system as well as in conjunction with other remedies to maintain therapeutic effectiveness (Native Remedies, 2008).

According to Nhliziyo and Chikandi (2002) in Zimbabwe, NGO workers make use of herbs like Rosemary, Basil, Eggplant, Thyme and Asparagus for internal homeostasis through making the autonomic and endocrine systems effective. However, workers at times take these drugs from uninformed position of the side effects of these herbs. In addition no counselling is given to the workers pertaining to health use of drugs, what drugs are meant for, myth surrounding use of herbs. Most naturopaths will use a variety of treatment modalities in order to treat burnout (National Institute of Allergy and Infections 2012).

According to Berkow and Beers (2002) homeostasis of the internal environment is maintained partly by autonomic nervous system and partly by the endocrine system. To bring back the affected person’s system to balance, the affected person is given stimulants. The affected person can be addicted to these drugs if the use of the stimulants is given as a solution to burnout (Waugh and Grant, 2001), hence drugs alone without change of behaviour may not work. There is great need to change irrational beliefs and emotion as durable solution to condition of burnout (Nelson-Jones, 2001).
Wilson (2011) argues that stimulants damage the adrenal glands. Caffeine, sugar and alcohol are among the most common stimulants. Less obvious but no less important stimulants may include anger, rage, arguing, hatred, loud music, fearful news and even movies full of suspense or violence. Some activities that may act as stimulants and must not be overlooked include vigorous exercise, sexual preoccupations, recreational drug use or other thrills. These often provide a temporary “high” which is caused in part by the secretion of high amounts of adrenal hormones. However, over time, this weakens the adrenals and can eventually lead to adrenal depletion and insufficiency (Tortora, 1999).

2.18.3 Stimulant use can also be a result of burnout

While stimulants can cause or contribute to adrenal weakness, some who use stimulants do so because they are in burnout already. Stimulants are attractive to one in burnout to provide temporary energy. This is an important appeal of the drug culture, both legal and recreational. It is also the appeal of loud music, sexual addiction and even anger (Berkow and Beers, 2002).

Stimulants can provide enough stimulation to allow a person to feel better temporarily. This is an important reason why giving up one’s addictions can be difficult. When one gives them up, one must face the fact that one is exhausted, depressed and often just feels awful due to burnout. It is safe to say that most people addicted to stimulants or other drugs including cigarettes, cocaine, marijuana and others have some degree of adrenal insufficiency (Hills, 2012).
2.18.4 Placebos

According to Berkow and Beers (2002), placebos are substances that are prescribed like drugs but contain no active chemicals. A true placebo is made to look exactly like a real drug but is made up of an inactive chemical such as a starch or a sugar. Placebos are used in research studies for comparison with active drugs. In addition, a placebo may be prescribed under very limited circumstances to relieve symptoms if the doctor doesn’t think that a drug with an active chemical is appropriate. A placebo effect — a modification in symptoms after receiving a treatment with no proven effect — may occur with any type of therapy, including drugs, surgery, and psychotherapy (Wilson 2011).

Placebos can cause or be associated with a remarkable number of changes, both desirable and undesirable. Two factors tend to influence a placebo effect. One is the anticipating of results (usually optimistic) from taking a drug, sometimes called suggestibility, faith, hope, or optimism. The second factor, spontaneous change, is at times even more important. Sometimes people experience spontaneous improvement; they get better without any treatment. If spontaneous improvement occurs after a placebo is taken, the placebo may incorrectly be given credit for the result. Conversely, if headache or rash develops spontaneously after taking a placebo, the placebo may incorrectly be blamed (Waugh and Grant, 2001).

According to Berkow and Beers (2002), studies to determine whether people with certain personality characteristics are more likely to respond to placebos have led to vastly different conclusions. Placebos reactivity is a matter of degree, since virtually everyone is influenced by suggestion under some circumstances. However, some people seem more susceptible than others. Some people who respond strongly to placebos show many of the characteristics of
drug addiction, a tendency to need dose increases compulsive desire to take the drug, and the development of withdrawal symptoms when deprived of it.

### 2.18.5 Unhealthy responses

According to Nelson-Jones (2001), unhealthy responses to stress and another cause of burnout include habits of worrying, or becoming angry or afraid. “Don’t worry, be happy”, is a great prescription for burnout. This applies particularly to high strung, nervous individuals and those with very active minds, as they are especially prone to burnout.

### 2.19 Counselling

According to Joshi (2010), counselling is known by many names such as 'therapy' or 'helping'. Although counselling is known by these names it is to a greater extent, an attempt to encourage change (Kaplan and Gladding, 2011). The employee’s burnout problems could be so multifaceted that it might be not easy to see any system of help as an elegant solution. Joshi (2010:31) says “Counselling has shown some effectiveness over the years, as a process of helping people come through with their troubles”.

According to McLeod (2001), counselling focus on helping employees to learn how to solve certain interpersonal, emotional and decision problems. Counsellors help their counsellees to ‘learn’. According to Mayor (2001:17), “The criterion for success in any counselling is real changes in behaviour on the part of the counselee”. Counsellors aim at creating an environment that enables the counselee to identify his/her problem and utilise his/her resources to solve his/her problems independently. Counsellors discourage continued dependence on the counselling relationship as well as other relationships. Niels (2013) says counsellors are concerned with maladaptive belief changes that increase employees'
satisfaction with themselves. This can encompass anything from assisting people choose a career option or helping people develop better communication skills which creates good relationship with workmates. Largely, counselling has been a 'remedial approach' where it was mainly used as a remedy to a problem. But recently there has been a slight change in emphasis, from remedial to 'preventive’” This means people do not need to wait until there is problem to utilize counselling services but can prevent onset of a problem (McLeod and Henderson, 2003:7).

Powell (2011), argues that burnout presents is very high among employees of any successful organization. Hence employees from successful organizations are more susceptible to burnout. Karon(2013) points out that to remain competent, organizations should put strategies that deal with burnout at all levels. According to McLeod and Henderson (2003), the role of counselling is to create a conducive environment which allows employees to identify, talk and try to solve their personal and work related problems. Various causes of burnout such as mistaken beliefs or irrational thinking calls for the need for employee counselling (Karon, 2013). These causes include: overworking, being drained emotionally, intra and interpersonal problems and workplace conflicts, lack of resources, inability to meet deadlines, over work-load, poor relationship with authority, responsibility and accountability, conflicts with superiors, lack of appreciation and support from supervisors, and other various family problems. Counselling’s role is to provide an environment which enable individuals to identify and put up strategies to deal with their problems in other words counselling help people to help themselves (Joshi, 2010).

Joshi (2010:9) says “Counselling, basically, aims at helping individuals take charge of their lives. For this, individuals need two types of skills: ability to make decisions wisely and
altering one's own behaviour to yield desirable consequences”. A counsellor's role, then, becomes that of creating an environment that enables effective counselling process, putting up a plan for rehabilitation counselling or a strategy for dealing with burnout and formulation of suitable learning experiences so that employees develop the required skills (Jenkins, 2006). Counsellors should avoid giving advice or lectures of what should be done, but should with the active co-operation of the counsellee develop strategies for action to deal with the problems (Mcleod, 2001). The Counsellor must not give a picture that the problem is too big which may result in the employee thinking or feeling that the situation is hopeless (Schwenk, 2006). Instead, he/she should give confidence the employee to start taking appropriate action, the successful consequences of which would egg on the employee to carry on (Eisenberg and Delaney, 2010).

According to Eisenberg and Delaney (2010), the aims of counselling are as follows:

- Understanding self;
- Making impersonal decisions;
- Setting achievable goals which enhance growth;
- Planning in the present to bring about desired future;
- Effective solutions to personal and interpersonal problems;
- Coping with difficult situations;
- Controlling self-defeating emotions;
- Acquiring effective transaction skills; and
- Acquiring 'positive self-regard' and a sense of optimism about one's own ability to satisfy one's basic needs.
Counselling aims at discussing employee’s problem that more often than not has an emotional content to it, with the aim of helping the employee manage with the situation better (Jenkins, 2006). Counselling’s goal is to improve an employee’s self-efficacy and mental health so that the employee attain job satisfaction a pathway to self-actualisation. Employees feel at home or at easy about themselves and about other employees and are capable to meet the strains of life when they have a good mental health status (Navare, 2008).

According to Nelson-Jones (2001), counselling in general and ‘psychological counselling’ are not the same thing, the two are different from each other. In generic terms counselling may be in the form of comforting, advice giving, encouraging and sharing of coping strategies which normally happens in all life domains and may not need a professional counsellor Schwenk (2006). This type of counselling also usually happens at all levels in all organisations, which mostly is deemed informal (Hughes, 2015). According to Mayor (2001), this type of counselling is regarded as the generic counselling and it is informal or friendly form of counselling. Psychological Counselling is a process that requires professionalism and that emphasises on counselling that is theory driven and creation of a formal counselling relationship between the client and the counsellor (Gary, Salyers, Rollins, DeVita, and Pfahler, 2012). The focus of the counselling relationship is to achieve specific goals such as solving the problems as disclosed by the client or employee (Schwenk, 2006). The help is governed by a contract which specifies number of session to be attended, times and days to receive counselling and termination of the counselling relationship after achievement of objectives (Mcleod, 2001). The counsellor has specialized training and uses the principles of psychology to assist employees. Joshi (2010) says there are several institutes which provide courses in counselling. In Zimbabwe some universities such as Zimbabwe Open University offer professional counselling training. These universities train students in the specialized
field of counselling. The professionally trained counsellors are well equipped to assist people in need of help. They are trained to: obtain informed consent before entering any counselling relationship, maintain confidentiality, observe counselling ethics, remain objective and minimize biases (Mcleod, 2001).

Creation of a useful counselling relationship requires certain attitudes and skills from the counsellor and the set of attitudes required for effective and efficiency are: Respect, that is, positive regard for human dignity, observation and respect of an employee’s freedom and rights and belief in potential growth for human, genuineness authenticity, considerate and Non-judgmental approach towards the counsellee (Joshsi, 2010).

According to Joshsi (2010), the set of skills required for a competent counsellor are:
Decency skills that is social etiquettes, warm manners, excellent verbal and non-verbal communication skills, questioning and listening skills, objectivity, maintaining confidentiality and empathy, through these attitudes and skills the counsellor creates good environment for relationship building which in turn influences a positive feeling in the counsellee, and a trust that the counsellor will be of great assistance. The establishment of this rapport marks the beginning of treatment.

On the other hand, Rogers, Carkheff and Patterson (1998) suggest seven core counseling techniques which help the counsellor to apply suitable core counseling conditions. These are: Structuring, silence, active listening, responding, reflection, questioning and interpretation.

The aforementioned attitudes and skills are meant to equip the counsellor to provide a shoulder to burnout employees so that they are able to restitute the lost energy. Melamed et
al, (2006) point out that replenishment needs someone who will give back the energy such as counsellor. Hence at the workplace the counselling provided should be professional for it to achieve goals of treating burnout. The current situation in Zimbabwe where counselling is done by managers makes it generic which has many shortfalls such as treating symptoms than burnout which will not work (Simango 2007). This also forces employees to resort to other illegal means like drug and person abuse.

2.19.1 Awareness Workplace Counselling

According to Joshi (2011), research studies carried out in India indicate that human development models such as coaching mentoring and counselling are no longer restricted to the non-corporate world. Nowadays these models are a component of Human Resource Management (HRM) of the corporate sector. Research studies show that few organisations are familiar with the importance of counselling in spite of counselling being an upcoming Human Resources approach like coaching and mentoring. Organisations are not aware that their employees will benefit from counselling even without employing a full time counsellor (Armstrong, 2001). Counselling sensitisation meeting need to be done from the individual employee level to the highest that is the industry level (Dyer 2002).

According to Joshi (2011) in 2002 a primary research study was done in Mumbai a city in India at a manufacturing company which had five manufacturing sites across the country and four sales divisions. The purpose of the research was to find out whether there was a need for employee counselling at the company. The design of this research study was exploratory in nature. The instrument that was used for data collection was structured interviews and the study sample was one hundred and ten (110) employees which was 20% of the employee strength – five hundred and fifty three (553) of the corporate office of the company. The
interview schedule questions were both open ended and closed in nature. The study used a random sampling technique. The employee sample was 20 % of each of the divisions operating from the corporate office and was a perfect mix of managerial level employees, staff level employees and worker level employees.

Some important conclusions that were derived from the research study are:

• Majority of the employees of the company (61% of the sample) were unaware of the concept of Employee Counselling. Those employees who had a partially correct idea (25 % of the sample) about employee counselling knew that it was related to helping an employee in distress, advising, creating self-awareness and personality development. The remaining 14 % had an incorrect understanding about the concept.

• After the researcher had explained what employee counselling was all about, 69 % of the sample agreed that there was a (perceived) need for employee counselling in the company. The reasons were many, most common ones being to assist employees solve their personal and/or work related problems and to improve the employee relationships and overall culture of the workplace. Among the 31 % who were of the viewpoint that employee counselling as an institutionalized process was not needed in the company, 57 % of this group felt that the company had a family culture and the informal relationships between the employees could be leveraged upon.

• Only 22 % of the sample disagreed on the importance of employee counselling as a part of HR systems while 78 % of the employees felt that counselling is an important HR function.
• 83% of the employees were unaware of the companies practicing Employee Counselling in India (this could also be because the sample was a mix of managerial employees, staff level and workers).

The research results indicate that majority of the sample under study responded positively to the hypothesis, that is, a need for workplace counselling was felt and that it would benefit the organization. However, the awareness about the concept of counselling and employee counselling, particularly so was found to be exceptionally low.

In Zimbabwe, the National Association of Non-Governmental Organisations (NANGO) tried to put up measures to deal with burnout. After some consultations counselling was proposed to be the best way of dealing with burnout. However no professional research (research study that is trustworthy and credible) that was carried out to establish whether counselling is a remedy to burnout although there is a proposal from some NGOs on the use of counselling as a means of dealing with burnout (NANGO, 2013).

2.19.2 Workplace counselling as a solution to burnout

Peter Drucker one of the greatest management thinkers of our time observes that:

In a few hundred years, when the history of our time is written from a long term Perspective, it is likely that the most important event the historians will see is not Technology, not the Internet, nor e commerce. It is the unprecedented change in the human condition (Navare, 2008:12).

Drucker’s argument is that in the past, organizations were greatly worried about how technology would give the organization a competitive advantage over their rivalries. Technology was at the center of company survival and prosperity (Analoui, 2002). But then there is a paradigm shift from relying on technology for competitive advantage to proper human resource management for company success (Ihuah, 2014). The focus now is on
creating good working condition at the workplace for staff retention, quality service provision and good mental health for employees. Hence, need to find out if counselling can deal with stress and burnout at the workplace (Hughes, 2013).

The latest trend catching up in the corporate Human Resource across the world is 'Employee Counselling at the Workplace'. In the world of ever increasing complexity and the stress in the lives, especially the workplaces of the employees, employee counselling has emerged as the latest HR tool to attract and retain its best employees and also to increase the quality of the workforce (Navare, 2008).

Karon (2013) points out that in today's fast-paced corporate world, world full of both man-made and natural disasters there is virtually no organization free of burnout or burnout-free employees. The employees can be stressed, depressed, suffering from too much anxiety arising out of various workplace related issues like managing deadlines, meeting targets, lack of time to fulfill personal and family commitments, or bereaved and disturbed due to some personal problem (Kulkarni, 2006).

Jameson (2004) states that employees are finding work pressure difficult to cope with. Some are resorting to medicine to calm themselves, but it doesn't seem to help. There is great need for employees to manage themselves, but society is totally unprepared for it (McLeod and Henderson, 2003:2). On the other hand Katja (2010) suggest that employers need to do something before this starts hampering productivity and staff well-being and counselling as has been highlighted before can be definitely one service that can help people learn to manage themselves. Ferber (2000) research findings on workplace counselling indicate that
workers who were provided with counselling felt that they were relieved of burnout after receiving counselling, although his findings were not subjected to rigorous investigations.

2.20. Workplace counselling

Workplace counselling is a service offered by companies to their employees. Organizations that care for their employees are perceived as more meaningful and purposeful (Ehrenreich, 2001). Every organization has economic and social goals (McLeod, 2001). Here, it is worthwhile to note some observations made by the Chairman of Infosys in this regard. He states that: “The task of leadership is to make people believe in themselves, the organization, in the aggressive targets the organization sets. Belief comes from trust: the trust that this organization isn’t about making one set of stakeholders better off; it is about making every one of us better off…” (Kulkarni, 2006).

Armstrong (1993) points out that the HR function of any organization has the most important challenging job of "making the most" of their Human Resource. An employee can give his best to the organization only if he is in a positive "frame of mind". A mentally pre-occupied or troubled individual will be in a position to give very little to his company. A firm may gain competitive advantages from employee counselling activities, especially if its reputation and image is valuable, rare and not easily imitated (Kotler, 2003). Employee counseling, therefore is a very powerful tool in the hands of companies in attracting and retaining quality workforce (Navare, 2008).
2.20.1 Preparing employees for workplace counselling

Preparing the employees for counselling is yet another important area. One of the biggest fears that prevent employees from using the services of a counsellor is the social and professional stigma attached to counselling (Carroll and Walton 1999).

Gandy (2008) suggests that if a system is being introduced in an organization for the first time, it is advisable to do a pilot study. For example, the company in which the author has done primary research on employee counselling – an institutionalized set-up for counselling can be initiated at a particular division/location on an experimentation basis. If this process succeeds overtime, the same model can perhaps be replicated throughout the company. However, for this, the process should be predictable, repeatable and measurable. Some criteria to gauge the impact of employee counselling are feedbacks, dip-stick surveys, focus groups, indirect or direct effect on absenteeism, employee turnover, work performance and productivity, motivation levels of employee (Maslach and Jackson, 1986). According to Kotler (2003), before introducing and sustaining any new system, the following four steps prove handy; create awareness, educate the employees, then motivate them and finally all this will lead to (expected or required) actions.

Creating awareness:

The starting point to introducing any new system in an organization is creating awareness. In fact in the above mentioned research by Joshi (2011), 75 % of the sample population was not aware about a trained counsellor in the company. Awareness can be created by various means the most common ones being posters and notice boards.
Education:

“The roots of education are bitter, but the fruit is sweet” – Aristotle

Educating the employees implies some formal training about the new process to be introduced or leveraging on informal channels. However, a systematic and planned formal approach is usually preferred.

Motivation:

After creating awareness and educating the employees, it is imperative to motivate them with the right set of attitudes and values as required for the process, especially for a process like employee counselling, the mind-set of the employees plays a crucial role in influencing the success or failure.

Action:

As is commonly known, actions speak louder than words. If the above three steps are methodically followed, it generally leads to positive results. Introducing a system is not more challenging than sustaining a newly introduced system. To ensure sustainability of a new system, whether it is employee counselling or any other, the parameters to determine success need to be well defined. For any system to sustain itself, the process should be crystal clear.

The way the corporate sector has opened up to the world economy, it is now high time for organizations to open up for employee-orientated HR processes like counselling, coaching and mentoring (Analoui, 2002). The corporate world is changing and so are the Human Resource Management practices. Navare (2008) argues that it is imperative that we adapt the changing styles to manage our people better. It is not just for the benefit of the employees but
in the interest of the organization to show that ‘we care’ about this important segment of our stakeholders (Hughes, 2013).

2.20.2 Research findings on the effectiveness of workplace counselling

There has been a rapid increase in compensation claims for work-related stress in recent years (Dyer, 2002). A Court of Appeal ruling few years ago in (Sutherland V. Hatton, 2002) made it clear that employees who feel under stress at work should inform their employers and give them a chance to do something about it. Any employer who offers a confidential counselling service with access to treatment may have some protection from prosecution. In the face of a possible explosion in the provision of such services one need to ask, do they actually work? In 2001 the British Association for Counselling and Psychotherapy commissioned and published a report, Counselling in the Workplace: the Facts (McLeod, 2001), which described itself as ‘the most comprehensive possible review of all English language studies of counseling in the workplace’. The results appeared clear and unequivocal. After counselling, work related symptoms of burnout returned to normal in more than half of all employees and sickness absence was reduced by over 25%. The report received much publicity in the general medical press (Mayor, 2001). The reliability of the evidence is problematic. However, the findings will inform other debates into interventions that seem intrinsically to be a ‘good thing’ but that have not yet been subjected to rigorous investigation. There is not much research findings on Zimbabwean situation. However, some Zimbabwean Universities such as Zimbabwe Open University have been training counsellors as human resources needed to offer psychosocial support services to the people who have been traumatized by natural disasters like Operation Restore Order (Murambatsvina) of 2005, floods and political violence of 2008. Some organizations like Christian Care are offering workplace generic counselling (Simango, 2007).
According to Dyer (2005), Consultancy Services (TCS) set up a network “Maitree” in 2005 to counsel its 30,000 employees. Under the initiative, 90% of TCS offices organize family get-togethers and activities such as ball dancing and yoga classes and theatre workshop, helping employees working long hours keep healthy.

"At Wipro, to reduce employee stress after long working hours, HR initiated "Mitt", an in house counselling service, in 2003, the set up train employees in counselling to help out colleagues in distress," said a senior HR manager with Wipro Technologies. Workplace counselling is often viewed by employers as an insurance policy against the threat of compensation claims made by employees exposed to work related burnout (Ferber. 2000).

The provision of workplace counselling has steadily expanded over the past 20 years, with more than 75% of medium and large organizations in Britain and North America making counseling available to their staff (Cooper, 2008). A review of research into the outcomes of workplace counselling (McLeod, 2001) identified 34 studies, including controlled studies, naturalistic studies in which reliable pre- and post-counselling data were collected and case studies. Employees who received counselling were highly satisfied, and believed it had helped them resolve their problems. Clinically significant improvement in levels of anxiety and depression was reported in 60-75% of employees. Mayor’s (2001) studies shows that counselling was associated with reduction in sickness absence and improvement in other organizational outcomes such as more positive work attitudes, fewer accidents and enhanced work performance.
In the NGO sector, most large-scale, professional NGOs have recognized the need to maintain workers’ mental health. These NGOs provide counsellors to support staff before and after missions, links to 24-hour telephone hotlines, and routinely receive staff debriefings on the highs and lows of the mission. Medicins sans frontiers (MSF) regularly sends counsellors on "stress visits" to emergency zones to do group work with field-workers and take stock of how they are feeling (Headington institute, 2007).

Joshsi (2011), observes that agencies also try to improve working and living conditions. In the Haiti earthquake response, Moustafa Osman, head of humanitarian aid at Islamic Relief, provided a television for the staff, allowed them to watch films in their down-time, and strongly urged them to participate in weekly football games to maintain physical health and social interaction. However, this was used as a way of preventing burnout not as a treatment of burnout. Moreover, this did not address the beliefs and irrational thinking which causes burnout. Most of the activities used were meant for general mental health wellness and were not used as a remedy for burnout (Rabin, 2000).

Bosch (1980:41) points out that, "If we isolate ourselves, we’ll all be lost," Stress-relievers can be as simple as encouraging staff to contact their families by email, or bring photographs and other reminders of home with them. One aid agency, Headington Institute (2007), works closely with handed out skipping ropes to all field-bound aid staff. The thinking behind this was based on new research that exercise can alter stress-addled brains. But again this did not confront causes of burnout such as maladaptive beliefs. Exercises and contacting families does not restitute lost energy through continuous engagement with vulnerable communities (Beck, 2011).
The hippocampus shrinks under extreme stress, while the brain’s alarm bell the amigdala expands, triggering trauma symptoms (Jameson, 2004). "Hence, aid workers who experienced after-shocks during the Haiti earthquake might jump every time a large truck goes by." (Bosch, 1980:31). While the bad news is that the amigdala is trained not to forget, the good news is that exercise can cause the hippocampus to grow again. "You may not be able to jog around Port-au-Prince, but you can do calisthenics, dance, jump rope." (Bosch, 1980:23).

Mother Theresa was described by many as being "tireless in helping others". But the woman did something to prevent herself from getting too tuckered out. According to Candy (2012), the secret might be found in her words where she said:

Do not think that love, in order to be genuine,
has to be extraordinary. What we need is to love
without getting tired.

For many her aforementioned words have some counselling effects. Targeting the mindset which believes that for love to be genuine it has to be extraordinary through counselling may prevent burnout associated with such a belief.

2.20.3 Critics of workplace counselling

According to McLeod and Henderson (2003:2), “workplace counselling may be defined as the provision of brief psychological therapy for employees of an organisation, which is paid for by the employer”. Workplace counselling can also include any ‘external’ service, employees can receive to reduce, prevent and reverse burnout, such as an Employee Assistance Programme (EAP). McLeod (2001) points out that workplace counselling usually is constituted by face-to-face counselling, a telephone helpline counselling, legal advice and
critical-incident debriefing. In an ‘in-house’ service, provision of counselling services may be hired or NGOs can employee counsellors who offer counselling services directly.

According to McLeod and Henderson (2003:2, “workplace counselling offers employees a facility that is confidential, easily accessed (initial appointment normally within 2 weeks), provides a properly qualified and supervised practitioner... and promises to alleviate distress within a reasonably short period of time (most services allow only 6-8 sessions in any one year).” Though it is yet to be vigorously investigated workplace counselling provides NGOs a service that is valued by employees which results in reduction in sickness absence, managers are also relieved from pressure of dealing with burnout through provision of counselling. In countries such as United States of America and Britain employers view workplace counselling as a means which contributes to its reputation as a caring employer and it is also viewed by employers as an insurance policy against the threat of compensation claims made by employees exposed to work-related burnout (Carroll and Walton, 1999).

Although the provision of workplace counselling has steadily expanded over the past 20 years, with more than 75% of medium and large organisations in Britain and North America making counselling available to their staff and despite workplace counselling being associated with treatment of burnout (McLeod, 2001), critics of workplace counselling argue that the concept of workplace burnout implies that work is the only causative factor forgetting beliefs and attitudes which can add to maturation of burnout. But despite an individual being unhappy at work and using a work-based outlet to complain, symptoms may be explained in several other ways. According to Carroll and Walton (1999), there may be a perception that appropriate help is difficult to access via more traditional routes but treatment
for such a heterogeneous group of problems caused by burnout with a single therapeutic modality would seem difficult, yet this is what workplace counselling claims to do.

In addition, the quality of the evidence to support the argument that workplace counselling is the solution for the problem of burnout is not satisfactory (Nelson-Jones, 2001). McLeod (2001) in his recent review failed to find a single study showing a negative outcome for workplace counselling which may be a clear case for suspecting publication bias, yet an issue barely touched upon in the review. All treatments that work have the potential for adverse effects and this holds true for psychotherapeutic as well as pharmacological interventions. McLeod and Henderson (2003) point out that, “The available studies are limited by small sample sizes, short follow-up periods and wide variation in the form and content of the therapy given”. This point to the fact that data generated on workplace counselling do not allow us to conclude that workplace counselling is the remedy for burnout.

However, despite these methodological weaknesses, the general picture that emerges is that workplace counselling is appreciated by its users, and appears to have a positive impact on objective measures of distress (for example, sickness absence) and on self-reported measures of symptomatology Mariem (1998). A distinctive strength of workplace counselling is that the client is seen by a therapist who is sensitised to the combination of personal and work pressures that the person may present (Jenkins, 2006). Workplace counselling is a systemic, as well as individual, intervention (Schwenk, 2006). The introduction of a counselling service may begin to change the way that managers and other staff think and talk about emotional difficulties and personal problems informants described themselves as learning something new and useful about themselves as a result of counselling.
2.20.4 Workplace counselling and reward management

Maslach and Jackson (1986) say HR policy on reward management has a major role to play in the organization’s endeavor to reduce stress and burnout. People are not attracted to an organization only for financial rewards. Armstrong (1993) points out that, incentives such as promotion other than money also play an important role. They act as motivators for the individual to continue working and being loyal to the organization. Positive incentives other than money can include the training, development and promotion prospects in an organization. These incentives reduce burnout since they appeal to psychological, emotional and social needs of workers.

2.20.5 Making work more meaningful

According to Armstrong (1993), workplace counselling can make work more meaningful through among other things, job rotation (employee rotates from one task to another), job enlargement (employee range of tasks is increased but the skills level remains the same), job enrichment (employee range of tasks is increased requiring a higher skills level) and delegation (employee is given authority to perform higher order tasks the delegator remaining ultimately accountable). This will in a way motivate workers and reduce stress and burnout. Furthermore, allowing workers to take time off is also important especially if burnout seems inevitable, Human Resources (HR) department should design a policy that allows workers prone to burnout to take a complete break from work, go on vacation, use up their sick days, ask for a temporary leave-of-absence to remove the worker from the situation that are conducive for burnout to occur. The Human Resource Management (HRM) should have a policy that allows workers to use the time away to recharge their batteries and take perspective (Maslach and Jackson, 1986).
Workplace counselling can capacitate the Human Resource Department (HRD) to realize the need to:

- Clarify job descriptions so that workers do not do work that is over and above the parameters of their job.
- Request a transfer if the organization is large enough. Workers can transfer to another department to avoid a situation that places workers at risk of burnout.
- Ask for new duties. If workers have been doing the exact same work for a long time, they should be allowed to try something new; a different grade level, a different sales territory, a different machine (Kulkarni, 2006).

Human Resource Department (HRD) should have clear policies on the above mentioned items so as to thwart the onset of burnout, thus allowing high quality services to prevail. Armstrong (2001) states that HR soft model stress that Human Resource is an organization’s special asset and different from other assets hence need to treat and counsel them professionally so as to induce commitment and loyalty. It is this commitment that will induce a sense of belonging to the organization (Bratton and Gold, 2003). Once that happens, then the workforce will be motivated to deliver quality service so as to uplift the image of the organization. This results in high productivity, high job satisfaction and less burnout and low staff turnover (Analoui, 2002). But business is about making profit through using employees regardless of the type of model the organization will be using (Caker, Bititic and MacBryde, 2003). In the NGO sector where profit in form of money is not an issue, accountability and quality service provision are fundamental for good image of the organization and for donors to fund organizational projects (Viravaidya, 2014). Hence overworking will remain an issue regardless of the type of model being used by the organization which creates an environment that promotes development of burnout at the workplace. Burnout is a specific problem that
needs a specific therapy not something general such as Human resource soft model (Schaufeli and Bakker, 2004). Can workplace counseling be a solution that specific remedy for burnout?

2.20.6 Role of the counsellor in the organization

A counsellor in a workplace can work with designated employees as thinking partner, a revealing mirror, and a pacesetter among others. The counsellor can train staff members on some of the topics like relaxation and natural remedies. There are a number of relaxation techniques that can help you cope with stress and improve concentration, productivity and overall well-being. These include deep breathing exercises, meditation, muscle relaxation, visualization and affirmations (Native Remedies, 2008).

In short a counsellor can help:

- In leveraging core capacities of employees;
- Create a culture for greater synergy in organizational learning and development;
- Improve mental health; and
- Employees increase their self-awareness regarding their thinking patterns and behavioral tendencies so as to make them more effective as individuals and in turn effective in their job also.

Train people in managing themselves and thus enhancing Personal growth. They will be able to assist with a wide range of topics including health, everyday issues, life skills, addiction and recovery and more. Therapy can reduce stress, improve morale and enhance coping skills. Unfortunately in Zimbabwe no NGO has a trained counsellor at the workplace specifically for staff welfare (NANGO, 2006). NGOs in Zimbabwe rely on generic counselling which is offered by managers in most cases that make the type of
counselling more like advice giving which violets counselling ethics (Goss, Anthony, Jamieson and Palmer, 2001).

2.20.7 Counselling benefits to the organization:

- Decrease costs related to turnover, burnouts, absenteeism and accident-related disability;
- Improvement in employee performance and, therefore, increase in productivity; and
- Counsellor can play the role of a business partner to manage behavioral Problems brought about by organizational changes (Kulkarni, 2006).

2.21. Major counselling principles to be observed by counsellors

According to McLeod (2001), the person practicing counselling could be a professional counsellor. The personality of the counsellor, the maturity, knowledge and experience are all significant for counselling to be effective. Above all, the counsellor should vouch complete confidentiality, observe the ethical principle of informed consent and avoid dual relationship where possible. In Midlands Region of Zimbabwe the counseling practices at various NGOs lacked professionalism and most counselling principles were not being followed. For example counseling was offered by managers whom employees accused of being perpetrators of abuses which resulted in burnout. In addition the major shortfall of the counselling practices offered by most NGOs did not observe counselling principles which reduced the counselling value to advice giving (Simango, 2007).

2.21.1 Confidentiality

Welfel (1998) defines confidentiality as the counsellor’s ethical obligation to keep the client’s identity and all counselling disclosures private. Thus, confidentiality is an ethical issue, it
involves the counsellor on keeping the client’s personal information to him/herself. Information to be kept confidential includes: Words spoken during the counselling relationship, records related to the counselling relationship, client’s identity. Counsellors disclose confidential information with the appropriate consent of the client that is the client has to agree to have the information disclosed. Surprisingly in Midlands Region of Zimbabwe counselling at NGOs is done mostly by managers who lack counselling skills, ethics and knowledge resulting in reduced counselling benefits and may be harmful to employees which in turn sustain burnout.

2.21.2 Informed consent

Welfel (1998) states that informed consent is made of the following aspects:

- Informed consent means that clients understand the counselling process and willingly agree to it;

- The clients should be informed of counselling conditions at or before the time he/she enters the relationship;

- The information which should be given to clients includes purpose, goals, techniques, rules of proceedings benefit of the counselling relationship;

- Such aspects as potential pitfalls of counselling, fees, counsellor responsibilities, confidentiality and its limitations, counsellor’s credentials and the client’s rights to refuse counselling and the implications of that refusal should be discussed;

- Counsellors should also discuss with clients how they can address grievances that may arise.

- If counsellors want to take notes or tape the session they should discuss this with client’s note taking and taping of sessions. The discussion should focus on the purpose and uses to which the notes will be put; and
It is important to note that counsellors should use language that can be easily understood by clients to obtain appropriate informed consent.

When the client is legally capable of giving informed consent, counsellors obtain informed consent from a legally authorized person. For example, when the client is a child, the informed consent may be obtained from a parent. Informed consent of a mentally handicapped client may be obtained from a parent or relative (Welfel, 1998).

In Zimbabwe especially in Midlands most NGOs did not get informed consent from employees this was evidenced by lack of paper work which was signed by NGO employees as an indication that they willingly attended the counselling sessions. Masimira (200) points out that most employee counselling was occasioned by poor performance not by need for that counselling from employees themselves, hence informed consent was not regarded as fundamental. In short this gap made counselling disclosures very difficult and identification of the causes of burnout trick and complicated which resulted in treatment of symptoms of burnout rather that burnout itself.

2.21.3 Dual relationship

According to Welfel (1998):

Dual relationship exists when the counsellor has other relationship with the client in addition to the counsellor-client relationship. The counsellor has other interests besides helping the client solve his or her problems. For example, a counsellor may in addition to being a counsellor to a client be a business partner of that client. In this example, there is a clash of interest between being a counsellor and business partner.
Dual relationships also exist when a counsellor tries to provide counselling services to his or her spouse or child;

- Counsellors with personal, business and other professional relationships with individuals seeking counselling services must not provide counselling services to these people but should refer the individuals to other professionals;

- Counsellors in the situation above can only enter into a counselling relationship if there is no alternative professional;

- Dual relationships with clients sometimes impair the counsellor’s objectivity and professional judgement. This can reduce counselling benefits for the counselling and thus making the client’s situation worse. Because of this negative effect, dual relationships are strongly discouraged and referral to other competent professionals is highly recommended; and

- However, the occurrence of dual relationships is always high as counsellors discharge their professional and personal roles in society.

Avoiding all dual relationships is also inconsistent with the right to free association. In the above example, the counsellor has the right to have friends or relatives in the neighbourhood (Nelson-Jones, 2001). However, dual relationship at the workplace where the manager becomes the counsellor of his/her subordinates makes it very difficult for employees to disclose sensitive information especially where the perpetrators of burnout are the managers. This mostly result in wrong counselling intervention strategies for interventions will be targeting at times symptoms of burnout which can worsen the employee’s situation (Mutsau and Billiat, 2015). Hence the major gap is non observation of counselling ethical principles which makes counselling activities at NGOs in Midlands Region more like advice giving to improve work performance than the well being of employees (Simango, 2007). A scenario
which cannot prevent development of burnout or treat burnout after confirmation of its presence which is the shortfall of generic counselling being offered by most NGOs in Zimbabwe (Masimira, 2002).

2.21.4 Other expertise

Quarterly statistical reports to Management that quantifies utilization rates and share trends of issues for which consultation is sought while adhering to the principle of confidentiality which will reduce shortfall of counselling (Nelson-Jones, 2001). Human resource department also needs to incorporate personal counselling as part of their services. It requires a respectable place for a counsellor where an individual can experience privacy to express him/herself. Managing self or Life Style is very much in the purview of workplace counselling and thus a counsellor can add value to the services provided for wellness (Navare, 2008).

In order to avoid burnout, it is important for HR to reduce and manage stress at work through targeting causes of burnout. The counsellor may start by identifying factors that are involved. The department can take steps to deal with the problem either by changing the work environment for targeted workers or changing tasks or replacing workers on different jobs that motivate them (Nelson-Jones, 2001). This can only be successful when workplace counselling structures are put in place to make counselling processes and practices professional. In other countries like Britain and America such structure exist although research findings are still not conclusive in terms of effectiveness of workplace counseling as a solution to the problem of burnout. In Zimbabwe such structures do not exist at most NGOs which makes the current counselling practices problematic although employees like counselling.
2.22. Counselling process

According to the Counseling Services Unit (CSU) (2013), for counselling to professional and effective it is supposed to follow certain steps and practices. The first step is to know different types of employees who come for counselling. This will help in counselling session preparation. Knowing the type of the employee in advance enables the counsellor to prepare the counselling-room and process in line with the type of the client which in turn will facilitate a good counselling environment conducive for a sound counselling relationship suitable for counselling to be given and accepted by the employees (Miwa and Hanyu, 2006).

In Zimbabwe CSU (2013) suggested the customer, complainant and the visitor as the three categories of clients that need counselling. The customer is the employee who comes for counselling after recognizing a need for counselling and is easy to deal with. The complainant comes to complain about someone else and relies much on psychological defense mechanisms such as denial of reality. Employee categorised as complainant are difficult to counsel than the customer because relationship building for counselling can be a nightmare. Lastly the visitor type is even more difficult because these are employees referred by someone and may not recognize the need for counselling. If employees of different categories are treated as per their employee type and counselling needs then workplace counselling will provide a shoulder to put on for victims of burnout which has a healing effect (Kaplan and Gladding, 2011).

2.22.1 Arranging the room or place

Minimum requirements of the room include spacious, well ventilated, appropriately furnished, free from all distractions and private (Welfel, 1998). The counselling room should
further the major purpose of the relationship building which is “to foster rapport, trust, hope in the client in an effort to help the client talk openly” (Mackell, 2008:16). A well ventilated room is also a health place to work in. Such a room will enable the employee to relax which in a way help restitution of energy a pathway to reversal of burnout (Schwenk, 2006). Taking the debate further Pearson and Wilson (2012:8) say “The room itself plays an important role, as it becomes the physical ‘holding environment’ where the therapist conveys to the patient that he or she is safe to explore those areas within him/herself that are threatening or causing distress.”

2.22.2 Seating arrangement

Seating arrangement in most cases depends on client type, age, and gender (Pitts and Hamilton, 2005; Jenkins, 2006). However, the common arrangement for most counsellors is a situation where counsellor and client sit face to face and have a desk between them or may seat at about 90-120 degree angle of each other (Schwenk, 2006). The idea is to make the client comfortable and relax but at the same time giving the counsellor an opportunity to check on client body language for better communication and understanding the client (Littauer, Sexton and Wynn, 2005). The counsellor should prepare him/herself including the physical setting, professional, ethical issues, emotionally and psychologically (CSU, 2013).

2.22.3 Social or joining stage

Relationship building is a complex process which with some clients may begin before the counsellor and client have their first formal meeting (Goss, Anthony, Jamieson and Palmer, 2001). A client can make various pre-counselling contacts with the counsellor and the organisation. These contacts occur when the client; make appointments, is greeted at
reception desks, makes phone inquiries, is called by the Counsellor and is shown into the counselling room (Gary et al., 2012). Counsellors can make clients relax through discussing different things not linked to his/her problem. Through the use of positive regard, empathy and assurance of confidentiality clients can settle or relax and become ready to discuss his/her problem (Kaplan, and Gladding, 2011).

2.22.4 Problem identification stage
At this stage the counsellor switches from putting the client at easy to exploration of his/her problem (Mutsau and Billiat, 2015). This is done through the use of techniques like, reflection of feelings, content, empathetic listening, open-ended questions, probing and challenging. Workplace counselling through these techniques can enable identification of the really cause of burnout before an intervention strategy is put in place (George, 1999).

2.22.5 Widening the view of the problem
This is done through tracking and exploring focusing on issues raised by the employee as a client. Further probing is also very important to ensure that the counsellor gain insight of the burnout problem the client may be experiencing which will help in choosing the appropriate intervention strategy (Rabiel, Nakhaee, Pourhosseini, 2014).

2.22.6 Conclusion
The counsellor summarises the session through restating in a few words what has happened and what the employee as a client is hoping to attain (Kaplan, and Gladding, 2011). The counsellor should make sure that he obtains approval at each statement to ensure that they end the session on the same page (Goss et al., 2001). The counsellor should also assure the employee that it is possible to get the solution to the problem. If the raised counselling issues
are beyond the scope of the counsellor he/she should refer at this stage. Becoming well is not a once of thing, it is ongoing hence at the end of each session the counsellor should give the client some homework to ensure that client deal with her problems (Jenkins, 2006). The counsellor and client will agree on the date of the next session before termination of the session.

2.22.7 Solutions stage

This stage is not reached after one session, in most cases it is attained after several sessions. At this stage the counsellor and client will look at the challenges and how to overcome them. They will brainstorm a number of solutions to the problem before an intervention strategy is put in place which will lead to the treatment of the problem (McLeod, 2001).

2.22.8 Post session

The counsellor assesses the counselling process from session preparation to termination. The counsellor also assesses the information he got from the employee so that he/she understands the nature of the presented problem. The information also helps the counsellor to decide the most appropriate counselling approach to use during the next session. Session evaluation results will then be used as the springboard for the next session.

The whole idea of the counselling process is to give the employee a social environment which allows him/her to face reality of the problem and confront the causes of the problem and the problem so as to get the remedy to the problem (Welfel, 1998). The counsellor and the conducive environment for counselling process facilitate mind set change so that the client will be empowered to face and deal with his problem. According to Melamed et al, (2006) replenishment needs someone who will give back the energy such as counsellor or a
psychologist. Thus, this study focused on finding out whether workplace counselling is a remedy for burnout.

2.23 Summary

Individuals in every domain are at risk of developing burnout, including operational NGO employees responding to emergencies and disasters. It is evident from the literature that not only is burnout serious emotional altering states, but also astonishing negative changes in personal self-esteem and efficacy, performance and commitment. Although this phenomenon may influence operational NGO employees very negatively, it is reversible. Through the correct strategies and early intervention burnout can be both prevented and treated very successfully as highlighted on the proposed intervention strategies in this chapter. In short this chapter chiefly constituted review of literature related to the key concepts in this study. It looked mainly at the theoretical framework of the study. It touched broadly on the aetiology, history and stages of burnout which are critical to the study. It also highlighted on the methods of dealing with burnout that are currently being used by employees. The literature suggests that burnout does not require medical treatment because it is not caused by pathogens. There is generally limited research on counselling as a solution to the problem of burnout which operational NGO employees responding to emergencies experience. In Zimbabwe, research undertaken so far mainly focused on coping strategies without giving the solution to the problem of burnout. Chapter three will focus on how the study was carried out. It is a description of all the activities and procedures undertaken during the course of the research. It includes the methodological framework, research design, instruments, data generation procedures, data presentation and analysis plans.
CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This chapter presents and justifies the research methodology that was used in this study. The chapter uses the interpretive epistemology, an ontological perspective of the study that considers reality to be subjective and a creation of organisational actors. The research study is based on a case study which falls into the qualitative paradigm. The case study was explained in relation to how data generation, analysis and interpretation were carried out. The process by which the study sample was selected, descriptions of the ethical considerations and the procedures used for data generation and analysis were explained in this chapter. The analysis and interpretation aimed at answering the research questions were also explained. The aim of the entire chapter was to explain how I subjected the research questions to empirical investigation.

3.2 Research Philosophy

This section discusses the philosophical underpinnings of the study. The ontology, epistemology, paradigm, and the methodology that drove this research were examined.

3.2.1 Ontology

Blaikie (1993) describes the root definition of ontology as the science or study of being and develops this description for the social sciences to encompass claims about what exists, what it looks like, what units make it up and how these units interact with each other. In short, ontology describes our view (whether claims or assumptions) on the nature of reality and
specifically, whether it is an objective reality that really exists, or only a subjective reality, created in our minds. This study took the post-positivist view that knowledge and truth are created, not discovered; the world is only known through people’s interpretations of it (Cohen, Manion and Morrison, 2007), hence the nature of reality is subjective (Hoijer, 2008). Subjectivists argue that there is multiple, emergent, shifting reality out there which can be obtained through subjective experience (O’Leary, 2004 and Seidel, 2010). Truth, therefore, is relative rather than absolute, it depends upon time and place, purpose and interests (Pratt, 1998). With this in mind this research generated data on whether workplace counselling was a remedy for burnout. Reality about workplace counselling as a remedy for burnout was subjective. Data that were generated were interpreted as per the specifications of the post-positivist views so as to create truth on whether workplace counselling was a solution to burnout.

3.2.2 Epistemology

According to Seidel (2010), epistemology provides philosophical background for deciding what kinds of knowledge are legitimate and adequate. Different views exist regarding what constitutes reality, how that reality is measured, and what constitutes knowledge of that reality. Epistemology is the basic assumption about what we can know about reality, and about the relationship between knowledge and reality. Hofer and Pintrich (1997) define personal epistemology as an area of philosophy concerned with the nature and justification of human knowledge. It answers questions on what is knowledge and what we know about reality (Silverman, 2000). For positivists meaning exists in the world while for the interpretivists meaning exists in our interpretation of the world (Pratt, 1998). Thus, this study subscribes to the argument that knowledge is interpretation. It leans toward the subjectivist end of the epistemological spectrum. Post-positivist researchers develop knowledge by
collecting primarily verbal data through the intensive study of cases and then subjecting these data to analytic induction.

3.2.3 Paradigm

The Oxford English Dictionary (2013) defines the term paradigm as "a typical example or pattern of something; a pattern or model. In Social Sciences the term can mean a distinct concept or thought pattern (Silverman, 2000). According to O’ Leary (2004), a paradigm is an overarching perspective concerning appropriate research practice, based on ontological and epistemological assumption. PostPositivism, interpretivism and constructionism are the three basic paradigms in Social Science research. This study was based on the interpretive paradigm which recognised the importance of the researcher’s perspective and the interpretative nature of social reality. Seidel (2010) points out that, in the social world, it is argued that individuals and groups make sense of situations based upon their individual experience, memories and expectations. Meaning, therefore, is constructed and (over time) constantly re-constructed through experience resulting in many differing interpretations. It is these multiple interpretations that create a social reality in which people act (Cantrell, 1993).

The study was conducted from a qualitative, interpretive research paradigm to understand whether workplace counselling is a treatment for burnout.

Trace (2006) says burnout is a form of deep human suffering at every level, physical, psychological, social and spiritual which occurs when bodily resources are depleted. Understanding causes, effects and solutions to the problem of burnout is complicated, hence exploring such sensitive and complicated issues entails the use of qualitative techniques. Therefore, the interpretive paradigm is best suited to examine inter-relationships, emotional reactions and cognitive processes, which cannot be categorised into small and simple
definitions (Cohen and Manion, 1994). In this investigation the interpretivist paradigm which stipulates that research must be observed from inside through the direct experience of the participants was used to guide the study (Maree, 2007).

3.2.4 Knowledge

According to Seidel (2010), the positivist proponents advocate that accurate knowledge exactly reflects the worlds as it is while the interpretivist paradigm assumes that knowledge is gained through a strategy that “respects the differences between people and the objects of natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action” (Bryman as cited in Grix, 2004:64). Knowledge is gained inductively to create a theory. In addition knowledge arises from particular situations and is not reducible to simplistic explanation (Maree, 2007). Hence, this study because it was based on interpretive paradigm assumed that knowledge provides suggestive interpretations by particular times.

3.3 Research Approach

3.3.1 The interpretive research approach

According to Holden and Lynch (2013), objectivity and subjectivity are the two major philosophical traditions which have been labelled variously in the literature. They were described as positivism and interpretive by Hughes and Sharrock (1997). Interpretivists are subjective (Holden and Lynch, 2013). The theoretical perspective chosen for the study is the subjectivist epistemology and with a corresponding ontology, which reflect the type of knowledge and the attendant reality the study assumes. The purpose of adopting subjectivism in this study was to illuminate the specific phenomena of workplace counselling as a remedy to burnout through participant perceptions in operational NGOs responding to emergencies in Midlands Region. The employment of the subjectivist epistemology translated into the
gathering of ‘deep’ information and perceptions through inductive and qualitative methods such as interviews, open ended questionnaire, and observation, representing it from the perspective of the research participants. Flowers (2009) says that the subjectivist epistemology is a powerful tool for understanding subjective experience, gaining insights into people’s motivations and actions, and cutting through assumptions that are taken for granted and treated as conventional wisdom. The assumption is that subjectivist research should start with pre-conceptions or bias, and the researcher should remember the importance of making clear how interpretations and meanings have been placed on findings. In this research I was visible in the conduct of the research as an interested and subjective actor and not as a detached and impartial observer.

I used the subjectivist views in order to utilize their effectiveness at bringing to the fore the experiences and perceptions of individuals, drawn from their own perspectives. A general principle which I involved is that of minimum structure and maximum depth, which, in practice, should not be constrained by time and opportunity to strike a balance between keeping a focus on the research issues and avoiding undue influence by the researcher. The establishment of a good level of rapport and empathy by the researcher enabled me to gain depth information of issues under investigation. The subjectivist epistemology assumes the view that reality is dependent on the meaning participants give to their actions and their own existence and experiences. Knowledge is dependent on what social actors produce during the moment of perception, knowledge and truth or reality is created. This philosophical perspective guided me in the review of related literature, choice of methods and in data analysis.
The aim of adopting the interpretive perspective was to document and interpret the totality of the interaction between me and the participants so as to establish whether workplace counselling was a solution to the problem of burnout that was being experienced by NGO employees responding to emergencies. According to Yanow and Schwartz-Shea (2006), it is through the interpretive analysis of the participants’ values, meanings and experiences, their beliefs and thoughts about their world that the authentic meaning of that phenomenon can be understood. Interpretive views of research start from the position that the knowledge of reality, including the domain of human action, is a social construction by human actors and that this applies equally to the researcher (Cohen et al., 2007). Interpretive views of research afforded me opportunity to experience the reality being studied through my closeness to the participants and this proximity resulted in the creation of knowledge on how to deal with burnout which NGO employees responding to emergencies experience.

In this study, I utilised the four categories of interpretive research which are: phenomenology, ethno methodology, hermeneutics and the philosophy of language (Schwandt, 2001; Honer, 2004). Chisaka (2013) points out that hermeneutics are the theory of interpretation, which aim at the understanding of texts, utterances and similar modes of communication. Hermeneutics was employed in the reading, the interpretation of messages and texts behind behaviour and linguistic expressions, which are associated with whether workplace counselling is a solution to the condition of burnout. Ethno methodology is defined by Flowers (2009) as an inquiry aimed at the study of everyday methods that people use for the production of social order was also used focusing on how workers make sense of work place counselling as a way to deal with the problem of burnout. The philosophy of language was used on the interpretation of language to access the required or desired meaning regarding burnout and work place counselling as a means of dealing with burnout. Phenomenology was
utilised by the researcher when he observed participants interacting in NGO cultural setting so that there is social cohesion, unity of purpose and a sense of belonging. Phenomenology was also used to study how employees and organisations dealt with the problem of burnout at workplace. I also improved quality adopting hermeneutic principles. The principles are: abstraction and generalisation, dialogical reasoning, multiple interpretations, suspicion, hermeneutic circle, contextualisation, and interaction between the researcher and participants (Saunders, Lewis and Thornhill, 2007).

I followed these principles in an interrelated manner and in a context I decided to be relevant. The second principle relates to how data were created in relation to the subject. The third principle helped in deciding the theories and principles employed. The fourth principle considered when my own intellectual history becomes an issue. The fifth principle related to how a variety of interpretations were made and whether they needed the researcher to examine the influence of the social context, which is essential in a qualitative research paradigm. My aim was to focus on understanding the meaning and interpretation of participants and their world from their point of view.

3.3.2 Methodology

According to Dwyer and Buckle (2009), methodology is a discipline of learning how research study is done scientifically. Methodology spell out how the researcher may go about sensibly studying whatever the researcher deems can be known (Bohnsack, 2004). In other words is a way to systematically offer solutions to the problem under investigation. Therefore, the aim of this research study was to establish the causes of burnout, methods used to treat burnout and to establish whether workplace counselling is a remedy for burnout in the context of operational NGOs responding to emergencies in Midlands region of Zimbabwe. The study
looked at methods used by NGO employees in dealing with the problem of burnout and how they are also using counselling as means of preventing and treating burnout. It was fundamental to gain access to their experiences, insights, perceptions and evaluations of the factors and practices in the NGOs in Midlands Region of Zimbabwe. In this context the study was qualitative in nature embracing a post positivist belief (O’Leary 2004).

The qualitative methodology aims to understand how human beings in everyday settings create meaning and interpret events in their world (Wimmer and Dominick, 2000). According to the cognitive behavioural theoretical frame I used, burnout is sustained by irrational beliefs and maladaptive behavior (Jameson, 2004). Hence great need to examine and describe burnout victims’ thoughts, feelings, attitudes and values that create conducive environment for maturation of burnout. Therefore, descriptions which are qualitative are central in understanding irrational beliefs because statistical measurement of burnout can be very difficult since beliefs are not observable and measurable. Under this score, this study took the qualitative paradigm because of my desires to gain deep, intense and holistic understanding of causes of burnout, current methods being used in dealing with burnout and whether workplace counselling can prevent and reverse the condition of burnout. Prasad (2005) argues that the researcher should get involved more intimately in the interaction with participants with a view to read deeper meanings coming out of the interactions in the analysis section. I empathised with the participants as I was investigating the current methods used to deal with burnout at workplace. The purpose was to understand burnout and whether workplace counselling can be a solution to the problem of burnout being experienced by NGO employees responding to emergencies within the context and setting of the NGOs selected for the study. This is in line with Gray (2009) who agrees that this approach is
essential in an environment where the researcher wants to carry out an authentic investigation whose findings are dependable and trustworthy in the given context.

Moreso, the qualitative paradigm afforded me the opportunity to generate data in an in-depth and focused manner, unlike the quantitative paradigm, which deals with numbers (Maykut and Morehouse, 1994). The qualitative paradigm possesses unique characteristics which suit this study and these are: It is used where relatively little of the phenomenon under study is known and it is conducted through intense contact within the organisation.

In addition, I adopted the qualitative paradigm because of its other unique characteristics of being essentially inductive; it is interpretive in its focus; it focuses on the context of the phenomenon under investigation; it takes reality as possessing multiple dimensions; the data are always in the form of rich verbal descriptions (Stake, 2005). The data generation process is interactive; data are constructed from the meaning the participants give; it focuses on knowledge creation; the sampling procedure is purposive and focuses on rich sources of data; the focus is on a question, a problem or a phenomenon; and the researcher is the research instrument (Xu and Storr, 2012; Chisaka, 2013). The focus of the interpretive paradigm is to develop an understanding of participant experiences and create knowledge out of the analysed data. These characteristics were essential in this study which explored whether workplace counselling is a solution to the problem of burnout experienced by NGO employees in emergency sector.

The study was inductive, rather than deductive, in that it moved from specific observations on the problem of burnout which NGO employees experience to more generalised perspectives. The specific observations and findings were employed to construct a model which can be
used by all NGOs implementing emergency programmes in dealing with the problem of burnout.

I also used the qualitative research methodology because of the nature of my research questions. According to Carson and Fairbairn (2002), the research questions should determine the design and methodology that best answer the research questions. If research questions include words such as “explore,” “understand,” and “generate,” it’s an indication that the study is qualitative. Whereas words such as “compare,” “relate,” or “correlate” indicate a quantitative study. The methodology that I used came from the research questions, not from my personal preferences for one design or another. Firstly I identified the research problem and the purpose of the study. I then formulated the research questions with great attention to detail and context. The way I formulated my research questions shows that I wanted to generate descriptive data. Words such as “how” and “what” which were key in the research questions generated descriptive knowledge. The intention was to construct research questions that will result in a rich or thick description, which interprets the experiences of NGO employees from their own viewpoints.

The research tools I selected were also related to the research questions, where research tools such as semi-structured, open ended questionnaires, observation and document analysis were used to generate descriptive data. This resulted in congruence between the nature of the research questions I posed and the qualitative methodology I selected because I framed the research questions first and then selected the most appropriate method to answer the research questions. The design came out of the study, rather than being imposed on the study. Qualitative studies tend to use methods that result in text production rather than numerical outputs which best suits the research questions I formulated for this study. Hence the study
used the qualitative paradigm and case study approach, as it is best suited to the research questions.

In short the qualitative research methodology is a research approach which involves the use of qualitative data such as interviews, document analysis and observation to understand and explain social phenomena. Thus, it was developed to enable researchers to study social and cultural phenomena (Belgrave, Zablotsky and Guadagno, 2002). I opted for this approach because of its distinctive attribute of the utilization of observation.

3.3.3 The case study Research Design

A research design is the procedure of conditions for generation and analysis of data in a way that aims to combine relevance to the research purpose with economy in procedure (Xu and Storr, 2012). In this study, I employed the descriptive case study which enabled provision of a rich or thick description data (Flick, 2004), which interprets the experiences of NGO employees from their own perspectives. According to Stake (2005), a case study is an empirical method aimed at investigating contemporary phenomena in their context. The boundary between the phenomenon and its context may be unclear and data is gathered from few entities, and stresses the use of multiple-sources of evidence (Dwyer and Buckle, 2009). Saunders, Lewis and Thornhill (2011) define a case study as a strategy for the generation of data, its analysis and interpretation. A case study is effective in investigating a contemporary phenomenon in-depth and within its real life situation. This is more effective in a real life situation which has no boundaries between the phenomenon and the context (Saunders, Lewis and Thornhil, 2011).
I used a case study design to enable the intense analysis of causes and treatment of burnout and whether workplace counselling can be a remedy to burnout being experienced by NGO employees responding to emergencies. The method articulates the generation of data from selected participants, the analysis of the data and the interpretation of the analysed data into meaningful information, from which the findings were derived. The foregoing illustrates that the research method is “the logic that links the data to be generated and the conclusions to be made, to the initial questions of the study” (Yin, 2009:21). I believe the case study is the logical sequence that connects the empirical data to the study’s initial questions and, ultimately, to its conclusion.

I agree with Gray (2009:165) on the point that “a case study approach is authentic, and provides results that are dependable and trustworthy within a given context”, which is the objective of this investigation. A case study was chosen because I was the instrument of data generation. The data generation was done through the use of inter-personal data generation tools. According to Holliday (2002), the researcher works directly with participants and uses the medium of language in its word form as opinions and impressions generated in an interactive manner. I involved participants in constructing their own experiences through the data generation interaction and the sharing of these experiences which resulted in the production of meaning. The tools were the open ended questionnaire, the semi-structured interview and document analysis.

The case study of NGOs responding to disasters and emergencies enabled this research to explore intensively and evaluate deeply the occurrences that lead to maturation of burnout and how it can be prevented and treated. The case study enabled me to investigate underneath the surface of the know-how of the employees on how workplace counseling can be remedy
for burnout with the intention of setting up generalisations about the circumstances in other areas (Best and Kahn, 1993). In this study, I also experienced the advantage of a case study of generating data through a variety of research instruments (Hopkins, 1985; Merriam, 1988; Best and Kahn, 1993). I generated data using instruments such as open ended questionnaires, interviews, document analysis and observations.

However, the challenge I faced was how to generalise the research finding since case studies have weaknesses of generalisability (Gossley and Vulliamy in Kariem, 2010). Some researchers argue that research studies that are restricted to a section of a social entity or a social case that is isolated in most cases do not generate adequate data that can be generalised to all cases. Nonetheless in this study, my argument is that generalisability is a fundamental concern for quantitative research and has insignificant meaning for most proponents of qualitative research studies (University of Sheffield, 2008) and that generalisability is not a fundamental principle or concern for qualitative researchers. Generating data which is extremely subjective was another challenge, data whose validity and reliability is not easy to ascertain. However, trustworthiness was used as the guiding code in this study.

In a nutshell, a case study research design enabled me to reduce the scale of research by focusing on fewer units. In this study it enabled me to use a variety of data generation techniques and it enabled me to interact with study participants in their own natural settings. The following section presents and justifies the population from which the data were generated.
3.4 Population

3.4.1 Target population

According to Chimedza (2003), the target population is the whole group of (individuals) to which we are interested in applying our conclusions. However, due to large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time consuming. A study population is subset of target population that can be studied from which a sample is to be collected (Schofield, 2006). Conventional science distinguishes three groups of individuals. Target population is population of ultimate clinical interest. But, because of practicalities, entire target population often cannot be studied. Study population is subset of target population that can be studied (White, 2005). Samples are subsets of study populations used in clinical research because often not every member of study population can be measured (Arbo, 2012). The study focused mainly on national and international operational NGO employees responding to humanitarian emergencies in Midlands as the study population from which the sample was purposively selected. Figure 3.1 shows relationship between target population, study population and the study sample.

![Figure 3.1 Relationship within target population.](source: Abort(2012))
The study population consisted of all the individuals responding to emergencies in humanitarian work in Midlands Region with burnout, those who are counselling employee with burnout and those employees treated of burnout. However, because it was unrealistic to perform research on all employees responding to emergencies in Midlands Region, I settled on a subset, or a sample, with defined inclusion and exclusion criteria. However, the results drawn from the investigation of the sample are interpreted and applied directly only to the study population.

3.4.2 The study population

Only four NGOs were purposively selected. Eight representatives were purposively selected from each organization giving us a study sample of 32 people targeted. These were selected using purposive sampling technique to avoid bias for the biases that might be introduced in the selection of the sample impact the confidence in the conclusions that can be drawn from a research study.

The study population was as follows:

**Group 1: The National NGOs** - which has more than 13 NGOs, where two NGOs were purposively chosen and these are:

Caritas Gweru and Midlands Aids Service Organization. (MASO)

**Group 2: The International NGOs** - which has more than 8 NGOs, where two NGOs were targeted, these are:

Oxfam and Care International.
Four NGOs were selected purposively. Purposive sampling was also used in selecting the study sample where 6 field workers affected by burnout, 1 manager and 1 human resource officer were chosen from each organization.

### 3.4.3 Study Sample

According to White (2005), a study sample is defined as a part of the elements in a population, which means a sample is a collection of some, but not all of the study population elements. Since it is impractical to carry out a research study on all elements of the study population in qualitative research the researcher usually settle for a small group of participants in order to “understand the problem in depth” (Horberg, 1999: 57). In this research the sample size targeted was relatively small due to the nature of the study (qualitative) and the limited resources available to the researcher. A sample size of 30 participants took part in the study consisting of 13 females and 17 males. Participants reported working in the following settings: 4 in management; 4 in human resource or administration and 22 were field staff. A total of 15 participants took part in answering open ended questionnaires. The participants for open ended questionnaire consisted of 5 females and 10 males. Another 10 participants took part in semi-structured interviews. It is also important to note that the study participants were also used for observation.

### 3.4.4 Sampling Technique

A purposive non-probability sampling procedure was used in this study. Purposive sampling is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher (White, 2005), based upon a variety of criteria which may include the participant’s possession of specialist knowledge of the research issue or capacity and willingness to participate in the research (Saunders, Lewis and
Thornhill, 2007). In this study the participants were perceived to possess and be able to freely contribute appropriate data, both in terms of relevance and depth.

According to Panneerselvam (2004), purposive sampling involves the selection of a sample with a particular purpose in mind. Saunders et al. (1997) point out that purposive sampling enables the researcher to select cases which will best enable them to answer research question(s). “In purposive sampling the goal is to select cases that are likely to be ‘information-rich’ with respect to the purposes of the study” (Gall, et al., 2007: 218). In purposive sampling, the researcher seeks individuals and sites that can best supply relevant information needed to answer the research questions raised (Creswell, 2008:214). This form of sampling is often used when working with small samples, and when you wish to select cases that are particularly informative (Neuman, 1991). It is also a sample which is selected by the researcher subjectively, where the researcher seeks to obtain a sample that appears to him or her, to be the source of data that will answer the research questions.

In the case of this study, my focus was on whether counselling can be a remedy to burnout that is being experienced by NGO employees responding to humanitarian emergencies in Midlands, as such purposive sampling was used to eliminate those employees in emergency but never treated, experienced burnout or were never involved in counselling people with burnout. Purposive sampling enabled the researcher to select NGO employees in emergencies with burnout, or those who were treated for burnout or those who were counselled for burnout or those that counsel workers with burnout at workplace. Thus, it includes people of interest and excludes those that do not fulfill the conditions in mind. Hence the results are expected to be accurate. In this study, purposive sampling is best because the sample size for the study is small but sufficient for understanding human perceptions on causes, effects and
how counselling can be a remedy of burnout which is the main justification for a qualitative audience research.

The employees experiencing burnout were better placed to avail information on causes, effects, treatment and on whether counselling is a remedy to burnout. On the other hand managers gave information on effectiveness of counselling as a remedy to burnout. The study also had to find out from human resource officers to see whether workplace counselling can be a solution for burnout since they are the ones responsible for working conditions of employees. Only participants with at list a diploma from a recognised institution and English at ordinary level were allowed to participate in this research. Moreso, I allowed participants who feel having been affected by burnout to participate. As for management, only participants in a position to provide the information needed were therefore, selected, especially those who were involved in some counselling of employees with burnout or those that feel they are also victims of burnout.

3.5. Ethical Considerations

The ethical principle of autonomy is contained in the idea of informed consent where the participants were allowed to choose to participate or not to participate in research were explained to the participants. Bhutta(2004) says when a sample has been selected, permission should be sought from the organisations and from the selected participants to seek their assistance in generating the required data. They should voluntarily enter into an arrangement for participation in the study. I obtained informed consent from the NGOs and employees (White, 2005). Every interview session started with a confidentiality statement and an explanation that participants were free to choose to participate or not to with the provision for withdrawal from participation at any time without explanation (appendix 6). Permission was
also sought to tape-record the interview and participants were informed that they can stop the taping whenever they do not feel comfortable with the taping, or when they felt that the information they were about to give was sensitive. The participants were also informed, before the interview, that they were free to withdraw their participation at any time without giving any reason (Dench, Iphofem and Huws, 2004). Member checks were not necessarily used for validity purposes but also for verity in the description and interpretation of the perceptions of the participants. Participation at every stage was voluntary, and confidentiality and anonymity were assured wherever possible (appendix 6).

The participants’ disclosures were kept confidential. This issue of confidentiality was also highlighted on the research open ended questionnaires. Bias was eliminated through the use of self-examination at all stages of the research study (Merriam, 1998). However, participants were also made aware of the limitations of confidentiality linked to this study. I informed the participants that their disclosures were going to be disclosed only for the purposes of educational attainment or study.

3.6 Data generation Instruments

According to Maykut and Morehouse (1994:46), the data generated through qualitative inquiry is in most cases people’s words and actions and thus requires methods that allow the researcher to capture language and behaviour. The effective methods used in gathering these forms of data are observation, interviews, open ended questionnaires, and document analysis. The combination of multiple methodological practices, empirical materials, perspectives and observers in a single study is best understood as a strategy that adds rigor, breadth, complexity, richness and depth in any inquiry (Flick, 2002). The study used the multiple
measure instruments, that is, triangulation to ensure trustworthiness. Manion & Cohen (1980:208), define triangulation as “the use of two or more methods in data collection.”

The data generation methods used in this study are, interviews, open ended questionnaires, document analysis and participant observation. Because of the nature of this type of research, investigations were connected to methods such as in-depth interviewing, participant observation and the collecting of relevant documents which the researcher adopted and adapted in this research. The use of different data generation methods created room for triangulation. Triangulation is defined as, “a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study” (Creswell and Miller, 2000: 126). “The use of multiple methods or triangulation reflects an attempt to secure an in-depth understanding of the phenomenon in question. “The “trustworthiness” of the conclusions established by “triangulation” was superior because they had been verified through “the use of multiple data sources” (Gay, et al., 2008: 88).

3.6.1 Researcher as the Instrument

Qualitative research involves generating information on what people say and do and create in their natural settings to discover the world as the people themselves see and experience it (Maykut and Morehouse, 1994). Flick (2002) points out that in qualitative research, the researcher is the instrument for data generation, who uses tools to generate data. In this study, I as the researcher was the main instrument for data generation.

I used a number of data generation methods to help me generate the needed data. The methods I used included observations and semi-structured interviews as detailed below. The researcher
experiences first-hand the phenomenon of data generation as the instrument, which is an advantage. Maykut and Morehouse (1994) argue that in qualitative methodology there is data generation through interviews and document analysis. The third method employed in the study is the open ended questionnaires, which seek to access the thought processes of the participants by asking open-ended questions that seek a detailed explanation of the position. I also used document analysis in this study.

I collaborated by investigating my own experiences and the available literature, through a review of related literature (cf. Chapter 2). These techniques emphasise the maintenance of closeness to the participants, unlike the quantitative methodology that maintains distance between the researcher and the participants. Chisaka (2013:15) says “the notion of data generation as opposed to data collection is based on the idea that the qualitative paradigm researcher involves participants in constructing their own experiences as they interact with the researcher”. The use of multiple tools ensures there is efficiency and effective complementary generation of data. The employment of three tools promotes data triangulation. Data from Interview, observations and open ended questionnaires increased credibility of my study as conclusions centered on different data sources are far trustworthy than those suggested by one source (Maree, 2007). These tools facilitate the generation of data and helped me to interpret and construct knowledge (Creswell and Miller, 2000).

Gaining Trust was a major challenge for me as a researcher. I needed to come up with ways of gaining access both of the environment and participation of the respondents. Entering the group and gaining trusts was slow and difficult. I overcame this challenge through being formally introduced to the participants. NGO management played an important role in connecting me to the participants by introducing and allowing me to participate in their
execution of duties like food distribution to the vulnerable communities especially when I was carrying out some observations. I met participants at different times and at different levels (Field staff and management) and as such developed relationships with them.

### 3.6.2 The open ended questionnaire

In this study, the open ended questionnaires protocol, a tool with open-ended questions, was designed to capture qualitative data, meant to solicit specific responses from participants in terms of causes, effects of burnout, current methods used to deal with burnout and whether workplace counselling is a remedy to burnout. The open-ended questions sought an explanation of the stated position (appendix 2).

I increased the effectiveness of the open ended questionnaires by making the wording clear so that all the questions were easily understood the same way by participants. Taking into consideration that most of the targeted participants were field officers, open ended questionnaires became very convenient in getting the needed information from these participants. Thus, through open ended questionnaires burned out participants involved in humanitarian emergencies in Midlands Region answered the questions at their convenient time, which made the open ended questionnaires very useful for the type of participants targeted. However, to cater for the participants who did not return the open ended questionnaires or those who did not adequately answer the questions and to offset the weaknesses of these data generation instruments, I adopted the use of a combination of interviews and open ended questionnaires.

The open ended questionnaires were administered to 15 operational NGO employees responding to humanitarian emergencies who were selected from Caritas, MASO, Care
International and Oxfam. Part A of the open ended questionnaires solicited demographic data such as age, sex, designation and number of years that the employee has been working for his/her organization.

Part B of the open ended questionnaires solicited data on major causes and effects of burnout amongst operational NGO employees responding to humanitarian emergencies. Part C sought to find out methods that were being used for prevention and treatment of burnout. Part D of the open ended questionnaires solicited data on whether workplace counselling is a remedy to burnout and part E sought to find out whether NGO employees were aware of workplace counselling as a treatment of burnout (appendix 2).

3.6.3 Interviews

According to Suler (2014), interview provides in-depth information in research study. In most cases interview is described as a qualitative research method. Whereas quantitative research gather small amount of data from big samples qualitative interviews gather a broad range of information from a small sample (Opdenakker, 2006). The synchronous communication of time and place in a face to face interview also has the advantage that the interviewer has a lot of possibilities to create a good interview ambience (Wengraf, 2001). In other words the interviewer can make more use of a standardisation of the situation. Nachmias et al (1996:298) elaborate that “in-depth interviewing is founded in the notion that delving into the subjects ‘deeper self produce more authentic data”. In support to the rise of in-depth semi-structured interviews Johnson (2002) elaborates that in-depth interviews through the deeper understanding of the self allows the researcher to see the world from the participant’s point of view which brings an empathetic appreciation of his/her world. This helps the interviewer to gain access to the hidden perceptions of the interviewees (Nyawaranda, 2003).
In this research I opted for a semi-structured interview technique to dig deeper into the issues at stake through probing the participants for clarification and interpretation of the given data. Semi-structured interview allowed me to use hermeneutic method in analysing data which falls under the qualitative research methodology which prefers generation of data that is descriptive not quantifiable or amenable to standardised analysis (Suler, 2014). Where I looked at how all the statements made by the participants were inter-related and how the individual statements from the participant relate to the big picture. Interview allowed me to explore the subjective knowledge, opinions and beliefs of participants, which the three combined together form the participant’s “system” I explored which is in line with Patton (2002) who pointed out that, face-to-face interviews are,

.....the opportunity for a short period of time to enter another person’s world. This means being interested in what people have to say. You must yourself believe that the thoughts and experiences of the people being interviewed are worth knowing. In short, you must have the utmost respect for these persons who are willing to share with you some of their time to help you understand their world.

I also used the semi-structured interview because it’s more free-wheeling (unrestrictive) which allowed me to adjust questions according to how the participant responded. Interviews were also used because; interviews can take advantage of social cues. Social cues, such as voice, intonation and body language of the participant (interviewee) gave me a lot of extra information that I added to the verbal answers of the interviewee on a question (Opdenakker, 2006). The semi-structured interviews also provide a multi-perspective understanding of the topic. Thus, by not limiting the participants to a fixed set of answers, it had the potential to reveal multiple attitudes about the topic which brought about a concrete understanding of the topic of stress and burnout(Cresswell, 2008).
I used the semi-structured interviews because I was in agreement with Runeson and Host (2009) who suggest that semi-structured questions are the best for a case study because of a number of reasons. These reasons which are; questions are planned but they are not always asked in the same order as they are listed; the development of the conversation in the interview can decide which order the different questions are handled; the researcher can use the list of questions to be certain that all questions are handled; and the interview allows for improvisation and exploration of the studied subject. These reasons are pertinent to the current study, especially the latitude to improvise and to explore. The semi-structured interview questions allow the interviewer and research report readers to qualitatively experience the phenomenon under study (Rubin and Rubin, 2005).

3.6.3.1 Interview Process

According to Suler (2014), the process of the interview involves reading between the lines of what the participant says. It also involves noticing how the participant talks and behaves during the interview session (Fontana and Prokos, 2007). I noticed that participants were confident when talking about counselling as a means of dealing with burnout. They were a bit reserved when discussing about medical treatment of burnout. They were also very clear on how counselling sessions should be carried out and were emotional when talking about causes of burnout. Participants were enthusiastic when discussing solutions to the problem of burnout. They contributed without any encouragement. I observed that some of the participants’ body language changed to reserved position when dialoguing about how exposure to victims of political violence causes burnout. Participants’ voices were very clear and loud when they were discussing about counselling as a solution to burnout and were slow, soft and mumbled when explaining how herbs can relieve burnout.
Generally, participants responded well to semi-structured interview questions, but most of the questions needed a follow-up and attracted responses that needed further probing and explanation. According to Patton (2002), the advantages of a semi-structured in-depth interview are that: there is high reliability of the information gathered since similar questions are employed to gather data; an in-depth understanding about a particular case is obtained because the interviewer focuses on specific issues ((Rubin and Rubin, 2005; Hoijer, 2008). It is systematic because the researcher intensively investigates one particular issue with each question; the interviewee response to the question asked, thus saving time; the researcher gets a comprehensive detailed understanding of the issues from the participant (Patton, 2002; Stake, 2005).

The administration of interviews was effective as there was a 100% response rate because all questions were answered and explored in much depth, as I wished. However, because of the disadvantage of in-depth interview in tending to take more time, only a few participants were interviewed with the rest of the participants contacted through open ended questionnaires. Interviews were carried out with 10 selected NGO employees. The interview started with introductions where I introduced myself to the participant in a polite, friendly and professional way. Good rapport was established through casual chit-chat at the beginning of the session. I told the participant that I was a Zimbabwe Open University Doctor of Philosophy Degree candidate under the supervision of Doctor Mavundukure. I explained to the participant that I was carrying out research on whether workplace counselling is a remedy for burnout that operational NGO employees experience. The purpose and significance of the study was also explained to the participant. Informed consent to participate in the research was obtained after the participants went through a written consent form and some clarifications were made where the participant needed clarity. This was done according
to White (2005) guidelines. Informed consent to tape record the interview session was also sought at the beginning of the session. On questioning, I started with few background questions about burnout. This was followed by questions on causes and effects of burnout. The main questions, which were more involving, came in the third and last part of the interview (Appendix 3). The participants were asked the same questions but were free to answer each one of them in their own individual way.

3.6.3.2. Ending the interview

I was sensitive to the participant schedule and time limits hence in most cases the interview lasted not more than the stipulated time of 25 minutes. I also used clues for example by shuffling the papers and turning off the tape recorder to indicate that the end of the interview was near. Suler (2008) takes a position that interviewers should try not to offend the participants by going beyond the agreed interview time and should also not end the interview abruptly. The interviews ended by summarising the major parts of the interview and the participants were asked if there were further remarks that might be relevant to the topic or the interview process. Shapira, Arar and Azaiza (2010) argue that researchers must summarize major points of the interview to see if the researcher really understood what the participants were saying during the interview. Conduct details were given to participants to allow them to communicate any issue regarding the research if they need to. Participants were thanked for participating in this research.

3.6.3.3 Interview Challenges

I noticed that during the interview process some of my thoughts and feelings were stirred up when participants explained how counselling can reverse burnout. I was excited listening to participants explaining how counselling can deal with burnout. According to (Stake 2005)
interviews allowed participants to give meaning for their life phenomenon, from their own subjective standpoint and to shade a rich picture of their world. I was disturbed when participants indicated that counselling was not being utilised by NGOs and was not part of their benefits. To remain focused I constantly referred myself to the research questions. At times participants could perceive me as the provider of a solution to burnout they experience. As a solution to this challenge, I explained once again the purpose of the study. At times some of the participants could not stop explaining areas of interest especially on burnout and how it affects them resulting in some cases the interview session taking longer than expected. To resolve this I gave comments that could refocus the participant as suggested by Fontana and Prokos (2007) who say to avoid deviation researchers should refocus participants where necessary and should continuously refer to research questions.

Some of the participants could agree at the beginning tape recording of the session. But when it comes to sensitive information the body language warned me that the participant was no longer at easy with tape recording of the sensitive information I checked with the participant to verbally agree to stop recording that area which worries that participant, tape recording only continued upon indication by the participant (Hancock, 1998). Whilst using a tape recorder has the advantage that the interview report is more accurate, tape recording also brings with it the danger of not taking any notes during the interview (Wengraf, 2001). Taking notes during the interview helped me to check if all the questions had been answered, and was handy on areas where participants did not like to be taped. The challenge of forgetting to push the "record" button on or where malfunctioning of the tape recorder was experienced during the interview notes were used. At times participants could not open up and clearly express their ideas. In this case I used basic techniques and statements such as; so you believe that counselling can be a solution to burnout but how? Could you tell me more

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about how workplace counselling can be a remedy to burnout? Where participants were reserved I used encouraging words like, I find that fascinating! Tell me more.

3.6.4 Observations

According to Jerry, Jack and Stephen (2013), observation in qualitative research generally involves spending a prolonged amount of time with the participants in their natural setting. Researchers record notes to assist in determining what the observed events might mean and to provide help for answering the research questions during subsequent data analysis (Bogdan and Biklen, 2007; Pitney and Parker, 2009). Field notes are taken throughout the observations and are focused on what is seen (Morse, 2003). Researchers also use cameras to record what is occurring at the research site. It is a widely used instrument in many disciplines, particularly, cultural anthropology, but also sociology, communication studies, and social psychology (DeWalt and DeWalt, 2002). Its aim is to gain a close and intimate familiarity with a given group of individuals (such as a religious, occupational, or sub cultural group, or a particular community) and their practices through an intensive involvement with people in their natural environment, usually over an extended period of time.

In this research, I observed NGO employees responding to emergencies in Midlands executing their duties for a period of at least three months. I observed targeted employees affected by burnout in mobilization, registration, verifications and distributions of food and non food item to the affected people in disasters and emergence situations in Midlands Region. During my stay with the group, I extracted the needed information through observation in line with Kawulich and Barbara’s (2005) guidelines. Direct observation on things like daily time allotment, behaviour of employees affected by burnout and workload, participation in the life of the group, collective discussions, and analyses of personal
documents produced within the group, self-analysis and life-histories were part of observation instrument used to gather information (appendix 4). In this research observation also consisted of taking field notes on the participants, the setting, the purpose, the social behaviour, and the frequency and duration of phenomena. I also used a camera where photos on herbs as a means of dealing with burnout by employee were taken. Observations were also made of non-verbal behaviour, verbal behaviour, and physical phenomena.

3.6.4.1 Observation stages

Selection of a site concepts and behaviour to focus on
I selected Chirumhanzu and Gokwe South as my sites and chose to focus my observation on behaviour that will answer research questions especially on causes of burnout and methods employees used as a remedy to burnout. I also selected participants to observe that is field staff and two from management.

Strategy I used to move into the research setting
I visited the site three days before the initial data collection. The intention was to make sure that the participants become accustomed to having the researcher and devices I used during data generation. I obtained informed consent to record observations and photo taking from the participants during the first three days. Ethical issues such as confidentiality and anonymity were guaranteed. I adopted a passive role at first so as to learn their work dynamics (Cohen and Manion, 1994). At the initial stages I did not allow myself to become closely identified with any one person or subgroup until I was sure that it was not going to cost me information in the long run. This was done in line with Kawulich and Barbara (2005) who advocate that at the initial stages researchers should not favour an individual or group of participants because it can cost information in other stages.
Key informants

At this stage, I identified “key informants.” The people I relied upon in the beginning to help me get acculturated to the situation. Being in field in advance and selection of informants resulted in me not considered a novelty. The statements of key informants were not taken as evidence and not part of the data that were analysed.

How I developed relationships with the participants

I visited the site three days before data generation which gave me enough time to get used to the environment, this period was also utilised for relationship building which resulted in me not considered a novelty and being as unobtrusive as possible in everything from dress to choice of location in a room. Through speaking their "language" and having the ability to understand their "world." I managed to win their trust and confidence.

Analyzing observations

I check whether behaviours that were observed answered the selected research questions such as, “what are the causes of burnout?” Or whether behaviours observed were enough to generate credible information (appendix 4). Further observations were then collected to increase credibility where it was necessary. Rossman and Rallis, (2003) suggest that observation should be done till the point of saturation.

3.6.4.2 Challenges of using observations

According to Jerry et al., (2013) one major drawback to observation method was obtrusiveness. A stranger with a notepad and pencil or a camera recording people’s natural behaviour unsettled the participants which resulted at times in change of behaviour to please me. This challenge was thwarted through making sure that the participants become
accustomed to me. This was achieved by visiting study site couple of days before data generation. The presence of an observer in the field resulted in reactivity. Reactivity was suppressed through relationship building which centred on the purpose of the study ethical issues and positive regard.

3.6.5 Document analysis

According to Bloor and Wood (2006), when one carefully examine documents and their content with the objective of drawing conclusions about the social conditions in which the documents are generated and read, it is deem document analysis. Kariem (2010) points out that document analysis’s most important strategy include: content analysis so as to express the nature of the documents; interpretative analysis so as to discover meaning contained by content; and critical analysis with the aim of exploring the relationship between documents and facets of communal structures. The method was suitable for this study in order to look at the methods that NGO employees apply in order to prevent and treat burnout.

I used the existing records on absenteeism and sickness related to burnout (appendix 5). Such record systems helped me to purposively sample participants with burnout. Records on employees that received medication because of problems related to burnout were used. In addition, statistical data on number of employees that received counselling services linked to burnout for the past two years were used. Information on number of employees that would have received counselling services related to burnout helped me to determine whether professional or generic workplace counselling was being used as a remedy to burnout that is being experienced by its staff.
Schram (2003) says documents serve to strengthen the evidence from other sources while they are also useful for making inferences about events. The NGOs were requested to put to my disposal any documents the institution may be using in dealing with burnout and any other documents in which reports or records of burnout were contained (appendix 5). I analysed these and determined measures the NGOs took in dealing with burnout. The advantages of documents analysis are that they were; stable and catered for repeated reviews; unobtrusive and they exist prior to the case study; exact names are used; and they offer broad coverage and an extended time span (Schram, 2003). In addition, the advantage of using existing records is that consent of the subject of the record is not needed so long as they have agreed to their record being used in research. Moreso, documents can be accessed at a time convenient to the researcher at a minimum cost and documents tend to contain data that are thoughtful because adequate time and care are given to compile them (Schram, 2003).

Prasad (2005) argues that document analysis is important in qualitative research as it provides an additional source for analysis and interpretation of issues under investigation. Documents can provide valuable insights into the status of how NGOs are dealing with burnout (Rossman and Rallis, 2003). This reason motivated me to choose the qualitative research paradigm because document analysis helped me compare data generated through in-depth interviews and information gathered in the review of related literature with information found in the documents. To cater for the limitations associated with document analysis triangulation of data generation techniques enabled me to verify the data generation from documents.
3.7 Data presentation, analysis and interpretation

3.7.1 Quick review

I read all the data before delving into analyzing the generated data. This was done to ascertain whether the research questions were answered and whether the data I generated was right. Quick review enabled me to be sure that I had sufficient data to properly reach a conclusion before undertaking a detailed analysis of the generated data. Noticing, thinking and coding were the guiding tools in this quick review.

During the quick review, I looked at every question to check if the results "make sense". This "gut feel" check of the data enabled me to ascertain if the people that respond were the right people. For example, I noticed that participants were working in the following settings: 4 (14.3%) in management; 4 (14.3%) in human resource or administration; 20 (71.4%) field staff which adequately capture a representative sample of all departments within the selected NGOs.

The quick review also highlighted problems with some of the completed research open ended questionnaires. I noticed that 2 respondents did not return the completed open ended questionnaires. Lastly, the quick review of the research data showed that the researcher was to focus on whether workplace counselling is a remedy to burnout being experienced by NGO employees responding to emergencies for detailed analysis.

3.7.2 Data analysis process

In this research, I used grounded theory in data analysis. Grounded Theory is a research method developed by Glaser and Strauss (1967). It is a general methodology for developing theory that is grounded in data which is systematically gathered and analysed (Strauss and
Corbin 1994). Theory develops and evolves during the research process due to the interplay between data generation and analysis phases. It is important to note that the result of a Grounded Theory study is the generation of a theory, consisting of a set of plausible relationships proposed among concepts and sets of concepts (Glaser and Strauss, 1967). Figure 3.2 shows the key concepts of grounded theory.
Figure 3.2 Key concepts of grounded theory in data analysis are noticing, collecting and thinking.

Source: Strauss and Corbin (1994).

As Figure 3.2 suggests, the QDA process is not linear. When one is doing qualitative data analysis one does not simply notice, collect, and then think about things, and then write a report (Seidel, 2010). Rather, the process is Iterative and Progressive, recursive and
The process was iterative and progressive because it was a cycle that kept repeating (Seidel, 2010). For example, when I was thinking about things I started noticing new things in the data. I then collected and thought about these new things. In reality the process is an ongoing spiral. The process was also recursive because one aspect called me back to a previous aspect. For instance, while I was collecting data I simultaneously started noticing new things to collect. Lastly, it was holographic: The process was holographic in that each step in the process contained the entire process (Strauss and Corbin 1994). For example, when I first noticed things, I was mentally deeply involved in collecting and thinking about usefulness of those things.

McMillan and Schumer (2001) suggested that the researcher would check informally with participants for the accuracy of the information during data generation. Denzin and Lincoln (2000:393) stated that “validity” and “reliability” in qualitative data gathering result when we “cross–check our work through member checks. The researcher needs to find a way to allow for the participants to review the material one way or another.” In this study when conducting interviews, notes were typed verbatim and participants were invited to check the accuracy of the transcription and to make any changes. This assured the Participants that the researcher was accurately noting their thoughts and perceptions. Data were then analysed by means of thematic content analysis (Honer, 2004).

Thematic content analysis is a process of breaking down the text into themes and categorising the patterns in the data (Terre Blanche and Durrheim, 2002). The researcher read and re-read the textual database in order to discover categories, concepts and their relationships. Bogdan and Biklen (1992) recommend reading data several times in order to begin a coding scheme. Detailed analysis began with open coding, which was a process of organising materials into
‘chunks’ (Rossman and Rallies, 1998). This enabled the researcher to capture a range of concepts used by participants to be identified and to extend the analysis so that research questions could be better understood in terms of grounded theory.

The preliminary part of the data analysis process is that it was coded, which is the process of categorising and combining the data to form themes and ideas (Miles and Huberman, 1994). Coding refers to the process of summarising the prevalence of codes, discussing similarities and differences in related codes across distinct original sources, contexts, or comparing the relationship between one or more codes (Bogdan and Biklen, 1992). On the other end Strauss and Corbin (1994) say marking of similar passages of text of interview transcripts with a code label to ensure all text with the same code are on the same theme or idea is known as coding. Apart from mere coding the process also involves defining words and phrases used in a text or interview (Cooper and Schindler, 2011). Fisher (2007) defines coding as a formal process that involves identifying themes, dividing the research material into chunks or units, and excluding the great bulk of the interview material that the researcher decides is of no value. The units are then allocated to the identified themes. The codes were organised in a hierarchical order to enable cross-referencing in an effort to connect disparate elements in the code structure. These involved the identification of recurring features of data that relate to each of the research questions (see Chapter 1).

My objective was to carry out a detailed examination of generated data, separate the whole data into component parts and arrange it into elements and establish their relations. This was done through working with the data, organising it, breaking it into manageable units, synthesising the units, searching for patterns in order to establish what was important and what was to be learnt and how it can be structured into a written report. I agree with Kinsella,
(2006) who says data analysis takes an induction or formative angle. This is because when data were generated through interviews, the open ended questionnaire and document analysis I checked on patterns, behaviours, themes and sub-themes in the unfolding evidence. It is through this process of analysis that I created new knowledge. I systematically searched and arranged the interview transcripts, open ended questionnaire material and document analysis results in order to increase the understanding of how to deal with burnout NGO employee’s experience.

The coded information was organised into themes of similar information, as contained in the research questions (see Chapter 1). These themes, which are topics or major subjects that came up in the interview and discussion were then subjected to data analysis to give real meaning about workplace counselling practices on the ground. The approach was to analyse the data generated in the investigation and produce a comprehensive interpretation of that data. The two data analysis techniques that were employed as special strategies were pattern matching and rival explanation. Pattern matching, as a strategy, compares empirically based patterns with the predicted patterns which means the researcher identified patterns and themes in the data, and was based on research questions (Fisher, (2007). Campbell (1975:179) defines pattern matching as “a useful technique for linking data to research questions; it is a situation where several pieces of information from the same case may be related to some theoretical proposition”. Gray (2009) demonstrates that the logic behind pattern matching is that the patterns which emerge from the data matches, or fails to match, those that were expected. The expected outcome in this study was to show whether workplace counselling is a remedy to burnout being experienced by NGO employees responding to emergencies.
The open ended questionnaire questions were analysed to establish causes, effects and current methods used to deal with burnout. Lastly, they were used to find out whether workplace counselling is a remedy to burnout. Although the numbers were used for analytical purpose they were not employed for statistical interpretation. They did not have statistical significance which is found in the positivist sense in which reality is verifiable through numerical measurement. The focus was on the languages and the descriptions and how the participants make sense of workplace counselling as a solution to burnout.

Data interpretation is the bringing out of the meaning of analysed data (Yanow and Schwartz-Shea, 2006). Most of the presentation of the findings is in narrative or prose form. Holliday (2002) advises researchers adopts the advice, to employ the strategy of quotations and descriptions of data as the essential of qualitative enquiry, which allows the reader to empathise. The thick descriptions allowed thick interpretations, which were basis for the research findings (cf. Chapter 1). I could claim that the thick interpretations were a result of the shared experience with the participants in the study.

In short, the pre-processing involved unusable data, the interpretation of ambiguous responses and removing contradictory data from related questions. Second, the coding process involved the creation of codes for related responses, assign codes to similar responses and set assign codes to cater for all possible answers. Third, the data were stored in electronic storage for speedy retrieval.

3.8. Measure to Ensure Trustworthiness

In quantitative research, issues of validity, reliability, generalisability and objectivity are a fundamental concern where as in qualitative research the function and role of these terms is
not clear or not important (Gay, 2006). Some researchers are of the opinion that these terms are not necessary and irrelevant to qualitative research and argue that the qualitative researcher’s tool kit must be focused towards trustworthiness and include concerns such as dependability, credibility, transferability, and confirmability (O’Leary, 2004). To be more precise, qualitative concerns such as reliability, validity and generalisability are not deemed necessary in qualitative research (Denzin, 1997, Silverman, 2000). Therefore, in this study trustworthiness was increased, when more than 3 instruments that measured causes, effects and whether workplace counselling is a remedy to burnout were used.

According to Morse (2009), five measures of trustworthiness are: first, data is generated from different sources to provide a broader picture of causes, current methods of dealing with burnout and whether workplace counselling can be a treatment of burnout. Triangulation, in case study, can occur with data, investigators, theories, and even methods; and triangulations are protocols that are used to ensure accuracy and alternative explanations. Stake cited in Tellis (1997) agrees and says that the protocols that are used to ensure accuracy and alternative explanations are called triangulations. There is need for triangulation which arises from the ethical need to confirm the validity of the processes. The triangulation referred to in the previous paragraph is called data triangulation. In this investigation, data were generated from different sources using four data generating instruments. Interviews were the main data generation instrument and were followed by open ended questionnaires. Observations and document analysis were also used and this was used as a strategy so that research result yielded by the different data generation methods could be credible and trustworthy. Hence, triangulation increased the truthfulness of the research results of this study.
The second measure is member checking in which each participant is given a transcription of his/her interview to authenticate. The interviewer could miss aspects of the participants’ responses and they are given an opportunity to correct and re-affirm their positions. I utilized this measure in this study. This is the emic perspective. The interpretation the researcher makes of data generated is the etic perspective (McMillan and Schumer, 2001). In this study, the participants were given transcriptions of their interviews and asked to ensure these captured the material substance of the interview. They were asked to correct portions they felt failed to reflect what they intended to say.

The third measure is thick description. This is the detailed explication of the processes, practices, services and explanations as they are understood by the researcher. The aim was to afford the reader the opportunity to closely experience what was said, how it was said and what I saw in a manner the reader empathised with the researcher. The fourth is prolonged engagement of the researcher with participants. The longer the engagement period the more open and honest the interaction became (Jerry, Jack and Stephen, 2013). The interaction was prolonged through both physical contact and through other means of communication on a regular basis. The interaction would then be undertaken in a ‘natural’ setting, and not a contrived setting. In this regard I stayed with field staff observing NGO employees executing their duties.

The fifth measure of trustworthiness reposes in the trust the investigator earns from participants. I created this trust through creation of good rapport and the assurance of confidentiality. The trust resulted in participants having faith that the researcher would report the correct thing.
3.9 Data Presentation Plan

On data presentation, data were organised into smaller units in the form of main concepts, sentences and words (Cohen, Manion and Morrison, 2000). Finally, data were arranged in categories denoting the major aspects of the state of affairs investigated which then resulted into the writing of the research report. In the thesis, direct quotes were used to capture what the participants themselves said. This, combined with the narrative form of the report, allows the participants, as it were, to “speak” for themselves (Yanow and Schwartz-Shea, 2006).

3.10 Summary

The chapter covered the area of methodology, which was defined as the course of action taken for the execution of the research. The theoretical perspective chosen for the study is the subjectivist epistemology. The subjectivist perspective states that reality is created by social actors; it is not fixed but is subjectively constructed. This study took the qualitative paradigm because the researcher desires to gain deep, intense and holistic understanding of causes and treatment of burnout. The research study is based on a case study which was explained in relation to how the data generation, analysis and interpretation was carried out which is in line with the cognitive behavioural theoretical approach used to describe beliefs and behaviour that sustain the condition of burnout. Research tools that were used for data generation were discussed in this chapter. A description of how the study sample was selected and ethical considerations were also covered in this chapter. Lastly, a detailed account on how data were analysed was covered in this chapter. Chapter four focused on data presentation, analysis and discussion and interpretation of research findings.
CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

Chapter three described the methodology, the research design and the instruments used in the research. All the activities and procedures that were executed during the research study were outlined. This Chapter focuses on data presentation, analysis and interpretation of the research findings. The Chapter highlights the findings of the research based on the thematic content analysis of the recorded transcriptions and notes from the interviews, open ended questionnaires as well as the observations I made. Bogdan and Biklen (1998) define qualitative data analysis as, “working with data, organising it, breaking it into manageable units, synthesising it, searching for patterns, discovering what is important and what is to be learnt and deciding what you will tell others”. I generated data from observations, individual interviews and open ended questionnaires. I also analysed documents. I tried to answer research questions to deal with the causes and effects, methods and shortfalls of methods that are being used to prevent and treat burnout and how workplace counselling can be a remedy to burnout that NGO employees are experiencing.

4.2 Demographic data

Participants were all full-time NGO employees responding to humanitarian emergences. All of the participants were either diploma holders or degreed workers in social sciences. I selected 2 international NGOs and 2 local NGOs operating in Midlands Region implementing emergency programmes. I purposively selected 32 participants from a study population of 50 workers.
Eight participants were selected from each organisation giving a total study sample of 32 people. All the selected 32 participants met the inclusion criteria for this research study. Eight participants were from management and administration and 24 participants were drawn from field staff. The inclusion criterion was centered on the following considerations. First, field staff had to work in an emergency programme, such as implementing activities that are emergence in nature like vulnerable group feeding, offering assistance to the internally displaced people and other activities that causes emotional exhaustion. Second, the individual was a provider of administrative services linked to emergencies. Third, the individual worked full-time offering management services in these selected NGOs. Moreso, the participant was to be someone with tertiary qualification in social sciences. Finally, the employee was supposed to be someone with burnout, or those who were treated for burnout or those who were counselled for burnout or those that offered counselling services to workers with burnout at workplace.

All the 17 open ended questionnaires were hand delivered. Included in the packet of materials was a cover letter explaining the purpose of the study (see Appendix 1). I gave the participants questionnaires after I created a sound relationship with the participants. This was done after taking part in their daily work activities such as beneficiary registration and distribution of food and non-food items. Participants’ questionnaire responses reflected what they said during discussion in the field and at the workplace. A sign that their questionnaire responses were authentic and trustworthy. It was anticipated that it would take participants approximately 20 minutes to complete the questions of the open ended questionnaires, and I collected the completed open ended questionnaires after 10 days. I explained the procedure for completion of the open ended questionnaires. Reminders against receiving outside help were made both orally and in writing through personal delivery. On picking up the open
ended questionnaires, I checked with the participant to make sure he/she had answered all the questions himself/herself. Hand delivery and collection resulted in high response rate (15/17) 88.2%. Of the 17 packets that were hand delivered, 2 packets were not returned by some of the participants. As a result, after eliminating the 2 packets the sample was reduced to 30 which was still a good sample for a study population of 50 employees.

The final sample demographic makeup was as follows. There were 13 females (43.3%) and 17 males (56.6%). Respondents’ ages ranged from 24 to 47 years. Participants reported working in the following settings: 4 (13.3%) in management; 4 (13.3%) in human resource or administration; 22 (73.3%) field staff. Their current length of employment in management ranged from 2 years to 9 years. Their length of employment in human resource management or administration ranged from 1 year to 7 years. Field staff length of employment (running contracts) ranged from 5 months to 6 years. The academic qualifications of participants ranged from diplomas to masters degree with most 13 out of 30 participants having first degree qualifications and 8 out of 30 having masters’ degrees in all the organizations as shown on table 4.1 and Figure 4.1 below.

Table 4.1: Academic Qualifications

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>No of Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>First Degree</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>8</td>
<td>26.6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
The aforementioned biodata shows that the selected sample was qualified and experienced enough to respond to burnout issues. Moreso, all NGO employees who respond to emergencies were trained in emergency and disaster counselling at various institutions such as Zimbabwe Open University, Connect Institute of Systemic Therapy, Christian Counselling Centre, Southern African Institute of Counselling and Counselling Services Unit. Hence there were knowledgeable in terms of counselling theories, processes and practices. It was their role to offer professional counselling services to victims and survivors of disasters in any emergency situation (Simango, 2007).

Secondary information was obtained via organisational documents, such as management meeting minutes, office memos, human resource policy and internal notices. Organisational documents assisted in obtaining an objective framework to support the data gathered via the individual assessments. Although no copies of the secondary information were allowed to be
made, organisations indicated that their policies and procedures were in place. The organisational policies were viewed.

4.3 Data presentation

The current study asked four questions. First, what are the causes of burnout? Second, how can burnout be dealt with in the workplace? Third, what are the shortfalls of workplace methods of prevention and treatment of burnout? Finally, how is workplace counselling a remedy to burnout in the Midlands Region? In writing research report, direct quotes from the responses of the 10 participants who were interviewed were coded as field staff 1 (FS 1) up to field staff 6 (FS 6) for field employees, while quotes from management were coded as management 1 (M1) up to management 4 (M 4) to facilitate easy categorization. I used the excerpts to capture what the participants themselves said. The researcher analysed data using grounded theory. Emergent themes were highlighted and data were then discussed with reference to the data obtained from different sources. The following themes emerged from the research questions: Definition of burnout, causes of burnout, effects of burnout, strategies to reduce burnout, workplace counselling, demerits of using drugs to remedy burnout, importance of workplace counselling, role of workplace counselling and workplace counselling as a long-term solution for burnout.

4.3.1 Definition of Burnout

On question 6(a) of the open ended questionnaire, where participants were asked to define burnout, participants described burnout as the experience of long-term exhaustion or prolonged stress due to long hours at work, for some it is characterized by exhaustion, lack of enthusiasm and motivation and feeling ‘drained’. On the other hand, participants who were interviewed pointed out that burnout was the experience of emotional exhaustion due to overworking. These are some of the statements extracted from the interview participants:
FS 1: *Burnout represents erosion in spirit and will which reduces workers’ commitment to work.*
FS 2: *Depletes one’s internal bodily resources resulting in workers’ having low self-esteem and efficacy and less loyal to the organization.*
FS 5: *Is constituted by lack of energy, reduced participation and inefficacy.*
M 1: *Burnout is the result of prolonged stress lasting periods longer that the body is designed to stand.*
M 2: *Depletes internal bodily resources and interfere with the capacity to revert back to normal after resting.*

This shows that participants in the Midlands Region know burnout and have experience in burnout issues.

### 4.3.2 Causes of burnout

On question (6b) of the open ended questionnaire, where 15 participants were asked to list causes of burnout, all 15 out of 15 of the participants cited overworking followed by irrational thinking, expected to do too many things to too many people and expending too much effort at work while having too little recovery services and time. Some of the participants viewed executing work that regularly causes you to go against your personal values as something that results in burnout. Interestingly participants interviewed (10 out of 10) cited irrational thinking, overworking and putting too much effort at work without having enough time to rest as the causes of burnout.

Documents availed to me and analysed show that in most cases employees signed contracts of employment which emphasise that there is a lot of work as explained in the extract below from the human resources policy of one of the selected NGOs:

> However, because of the nature of work of the organization, there are times when extra hours are worked. The hours of work are determined by job requirements. As a matter of policy, the organisation does not pay overtime. If additional hours are worked, off days in lieu of overtime may be arranged.
On how overworking causes burnout, participants said usually overworking causes a person to sleep less which is the first thing that can affect one’s health in a negative way. All participants pointed out that being tired makes them rely on drugs such as alcohol or mbanje more in order to keep going with their hectic pace. The participants also argued that their food eating was characterised by grabbing junk food which they experienced as harder for their digestive system to process and in turn cause problems like heartburn, gas pains, constipation or diarrhea. One worker echoed these views:

FS 3: …. For example in Gokwe South, due to some heavy downpours in the upper course of the Sengwa river, the two river channels over spilled covering a flood plain radius of about 3km from the river bank. A total of 29 people were marooned by the river for three days from 14 January to 16 January 2013. We were all expected to share the burden of working 24 hours per day including weekends till the trapped people were airlifted to safer areas. In such cases the difference between being at work and time off from work becomes blurred since we were required to be alert for 24 hours and make ourselves available for crisis intervention which is conducive for burnout.

Participants pointed out that the bad cycle of little sleep, bad eating habits and reliance on alcohol to keep going resulted in irritability. This results in one being unable to handle one’s emotions which is conducive to being overreacting or showing temper-tantrums to situations at work and at home. Participants argued that the next thing that usually happens is that the immune system is weakened because of the stress the worker may be living with. Participants also argued that trying to be productive at work will be very difficult because of going to work with stress. The participants added that the stress levels will build and unless the worker put an end to the overworking, the worker will end up in a condition of burnout. Participants believe that being overworked and being healthy are often at opposite ends of the continuum.

On how irrational thinking causes burnout the participants pointed out that some workers over work because they want to please their bosses. Participants argued that one way of
remaining employed is to please the management at whatever cost. These supporting statements were extracted from the interviews:

FS 1: *We work with constant fears and sometimes threats of staff reduction.*
FS 2: *We always wait for next person to be laid off. Who’s next … me?*
FS 4: *The nature of our contracts forces us to believe that overworking and pleasing managers is a tool to remain employed regardless of how that may affect our health.*

They believe that, for those who do not get laid off and take on more responsibility, it can be a great opportunity to be appreciated by the management and when things turn around, the management will remember them. The following statement summed it all:

**FS 5:** *It’s a way of building greater loyalty from management in the hard times so that they will remember the worker when his contract terminates.*

They indicated that if a worker overworks without complaint, no matter how many hours one works, how many people’s jobs the employee is doing, someone is going to notice. They believe that the right position will come along as long as they stay strong and do not give up.

The following statement appear to ably articulate this stance:

**FS 6:** *At times we work effectively without adequate protective measures for our health and safety in dangerous situations hoping that those in management will one day respond positively and recognise our efforts.*

Employees believe that they must frequently interact with clients on a crisis basis without basic safety precautions so as to be recognised by employers.

The participants also pointed out that some workers think that the additional hours worked may lead to a promotion sooner than someone who only works 40 hours a week. They believe that when the organization expands, they will be the first people to get more opportunities:

**FS 3:** *One has to go the extra mile so as to be noticed and get promoted*
**FS 5:** *You do not have to do the ordinary if you are to be promoted.*
**M 3:** *You have to do the unusual as to please the management if you want to be recognised or promoted.*
The participants pointed out that such irrational thinking result in the employee having less time to spend with friends and family. Some participants said working longer hours not only affects the employee, but their families too. The participants pointed out that having less personal time means spending less time with your children and spouse and less time to rest which is conducive for development of burnout.

On how expending too much effort at work while having too little recovery services and time causes burnout, participants highlighted that such behaviour means life entails nothing but work, which reduces the chance of one getting enough rest, relaxation and opportunity to forge close relationships. This also results in conflicts amongst workers. The following statement bears testimony to this:

FS 6: Faster paced endless work destroys the sense of togetherness among coworkers, which further disrupts our job performance.

Because of this, one might eventually experience mental and physical exhaustion. This could eventually translate into poor health and serious medical issues which is fertile for the maturation of burnout.

The participants argued that when overworked, the body and mind become stressed. With no opportunity to refresh and replenish, the employee will experience cognitive weariness, feel discouraged and lethargic. Participants interviewed pointed out that Lethargy and inability to focus in order to do a good job will compound the stress. Too much anxiety and stress results in burnout.

Participants also said being expected to do too many tasks to too many beneficiaries or vulnerable people means the body is constantly asked to perform, the body will pump up
adrenaline to perpetuate performance and then extreme fatigue sets in. Employees in most cases are forced to resort to stimulants in order to do the job effectively: drinking alcohol or any other drugs and sodas and treating oneself to sugary snacks often resulting in a nervous breakdown and burnout. Some participants argued that being asked to assist too many people especially in different emergency situations, leaves the employees susceptible to stress linked to condition of victims of emergency like deaths caused by floods or political violence. Because of this, workers often fall prey to depression, anger and resentment which may end up in an emotional breakdown. At the end, body systems collapse from mental and physical exhaustion.

Participants pointed out that executing work that frequently causes you to go against your personal values, results in guilt feelings and over neglecting other areas of life are also apt to produce high anxiety and in ability to focus or concentrate which end up in a condition of burnout. Some of the values and needs that were cited by participants which were being violated at workplace include safety needs, social needs and esteem needs.

On safety needs respondents pointed out that needs to be free of physical danger, job security and protection against any emotional harm are not respected. Some substantiating statements are:

FS 4: We live in fear of losing our job since we are employed on contracts.
FS 6: We are really worried because at times we operate without protective clothing and chances of being infected are very high.

On social needs, participants argued that at times they are separated from their families for a long time which denies them access to social assets such as family and friendship where their affections are satisfied. The participants interviewed indicated that satisfaction of social needs
prevent worries and burnout and failure to satisfy these needs result in lack of self-confidence
and powerlessness which is conducive to onset of burnout.

Participants also pointed out that stress also wreaks havoc with mental health. Overworked
individuals often fall prey to disturbances in bodily homeostasis due to shortage of internal
energy to keep things going. Overworking as a regular routine could result in burnout.

However, those in management who were interviewed emphasized that the major causes of
burnout are: political interference, overworking, unrealistic expectations, short contracts and
limited resources. Some employees in management interviewed gave the following
statements:

M 1: At times we are forced by some politicians to assist a certain well off political group at the expense of the needy.
M 2: Belief that we are good NGO employees staunchly committed to helping others
M 3: The nature of our contracts which are in most cases short are really a worrying issue.
M 4: Being overburdened with unmanageable workloads.

Existing records on contracts of employment I was exposed to show that most of the field
staff (75%) were on short contracts ranging from 6 months to 3 years with (20%) of these
employees having contracts that were terminating in June and (25%) of these participants’
contracts were terminating in mid July 2012 without any hope of renewal. All of these (45%)
employees whose contract were terminating in June and mid-July were from both local
NGOs and international NGOs with 5 of them working for local NGOs that is Midlands
AIDS Service Organisation (MASO) and Caritas and 4 working for Oxfam.

Whilst short contracts were regarded as one of the causes of burnout for field staff, donor
fatigue and shrinking programme portfolio were noticed as the major causes of burnout for
management who reported spending sleepless nights fearing organisational closures linked to non availability of funding. Whilst non availability of funding was a threat to local NGOs, international NGOs were threatened by political interference since they were regarded as agents of foreign forces that want to destabilise the country. Some issues of concerns raised by managers who were interviewed include:

M 2: We live in great fear that our NGO can be banned and lose employment.
M 4: At times we are abused because of being regarded as aligned to a certain political party.

I observed that those in management 2 out of 2, in most cases, knocked off at 10pm writing proposals and donor reports that were due. This was the same scenario with field staff 3/3 that also knocked off late due to endless activities like registration of beneficiaries and distribution of food and non food items, offering workers involved very little time to rest and recover. It was also observed that NGOs have shrunk employee rosters to lower payroll costs overburdening staff, hence in this regard burnout was mainly caused by overworking. Some of these statements extracted from the interview bear testimony:

FS 5: We experience that when we carry out endless activities day after day, week after week, month after month, we begin to lose interest for our work and our profession.
M 4: Overworking without rest result in reduced efficacy to participate and contribute meaningfully to the organization.

I observed that NGO employees, especially at ground level, often suffer from burnout, chiefly because of not being able to offer sustainable assistance to communities. Resources availed by the organisations resulted in the communities selecting the most vulnerable people but those left in most cases were also vulnerable and could cry for help, especially at food distributions. Some expecting beneficiaries after spending 3 nights without eating anything were really a sorry sight and to let them just go empty handed was a major source of burnout
for field employees. The major problem was where to get the extra food and how to diplomatically dismiss the affected members of the communities.

On signs of burnout, all the 15 participants described employees who are emotionally exhausted, person with physical fatigue and person with cognitive weariness as people with burnout. Those interviewed argued that people with burnout often feel exhausted and overwhelmed, self-doubting, anxious, bitter and cynical. These statements appear to capture the essence:

M 1: Consistent “negative” feeling such as depression, anger, inefficacy, temper tantrums and guilt are some of the signs of a person with burnout.
FS 2: In some cases we become aware of an overall feeling of helpless, boredom and mental apathy.
FS 3: When we are inclined to overwork for more hours than expected due to feelings of inadequacy, with a belief that the more we work, the better we will feel, we know thus burnout.
M 4: Marked increase in sexual activities, beer drinking, taking of drugs and cigarette smoking.
FS 4: We may become less effective because of low self-esteem, boredom, lack of interest, feelings of hopelessness or an inability to concentrate.
FS 5: When we experience common health problems associated with burnout like frequent insomnia, fatigue, headaches, backaches, lethargy and high blood pressure we suspect presents of burnout.
FS 6: At times we experience conflict with others in the form of emotional outbursts, irritability, hostility and non-participation.

The following statement summed it all:

FS 1: I experienced a lack of enthusiasm and satisfaction at work, inability to provide quality services, lack of patience with co-workers and beneficiaries, headache, backache, dizziness, eating and digestive problems, and sleep problems, alcohol and drug abuse.

However, it was interesting to note that some five participants cited people with HIV as people with burnout. This may mean participants also included other sources of burnout outside workplace.
4.4 Effects of burnout

On question 8 of the open ended questionnaires, where Participants were expected to describe effects of burnout on operational NGO employees responding to humanitarian emergencies, all participants cited the following, diminished accomplishments and efficacy, absenteeism, physical illness, reduced commitment and professionalism. Some argued that burnout reduces one’s productivity with some less than 9 out of 15 citing hopelessness and powerless as a sign of having burnout. They pointed out that the condition of burnout, if not reversed can lead to job dissatisfaction, displeasure, frustration, bruxism (grinding teeth), or an increased use of alcohol and drugs. One of the field staff interviewed said;

FS 3: I started to feel tired at work more days than not. This was followed by reactions like excessive beer intake. But the excessive beer intake did not work. I soon felt physical exhaustion progressing to mental exhaustion. I discovered that I was now less able to focus on my activity. It was almost impossible to go to work every day.

Participants brought out that stress and burnout affect organisation’s quality of service provision and is costly to the organisation due to cost related to work accidents, misdemeanors, absenteeism and high staff turnover. The following statements summed it all;

FS 4: We cannot offer good services because we are always exhausted
FS 5: Due to burnout some of our workmates end up sexually abusing service recipients which damage the image of our profession.
FS 6: At times we sell food or non food items meant for victims of disasters so that we buy drugs we think can deal with burnout which affects professionalism.

They argued that stress and burnout are a phenomenon that can affect ability and performance. The participants pointed out that due to stress and burnout, employees end up on sick leave, absent from duty and abscinding which in most cases, negatively affects service provision. One of the participants interviewed said:

FS 1: Sometimes due to burnout induced absenteeism we fail to distribute food to beneficiaries and promise to give them food at a later date which seriously affects service recipients because they stayed without food for weeks.
Some of the participants explained that burnout which is not treated can result in job displeasure, frustration, low morale and health problems or an increased use of drugs. The following statement clarifies the point:

FS 2: At times we accuse our beneficiaries for causing us burnout which causes conflict between us and beneficiaries.

They pointed out that such burnout signs can turn into serious health problems in the long-term. Diseases such as cardiovascular disorders, musculoskeletal disorders or psychological problems can develop when the condition of burnout is not dealt with. Some of these statements extracted from the interview bear testimony:

M 1: Health problems such as strokes linked to burnout are on the increase in emergency department.
FS 1: We believe due to burnout some of our friends suffered severe strokes and died which makes us worried all the times.

These responses correlate with those already mentioned in chapter 2 regarding effects of burnout to self and organisation where Staff Welfare Unit (2000:6) argues that: “organizational effectiveness can be affected by stress and burnout since burnout affects not only personal morale and individual performance, but also the quality of service offered by the organization”.

4.5 Strategies to reduce burnout

Research findings on question 9 of the open ended questionnaire, where the participants were asked to explain methods that were being implemented by their organisation to prevent burnout, 13 out of 15 participants pointed out that they rely on generic counselling as solution to burnout being experienced at workplace. The participants argue that employees need to be prepared before implementing activities like assisting people displaced by floods, political violence where workers witness victims dying or in serious bad conditions. In addition, some participants pointed out that counselling prepares workers psychologically before termination
of work contracts especially in periods leading to layoffs due to programme termination. Participants had this to say in this direction: “They prepare us through counselling before venturing into assisting victims of disasters”.

However, the participants were quick to point out that in most cases counselling was meant to warn the employees of the consequences of violating humanitarian policies such as those of the International Rescue Committee (IRC). Moreso, I observed that the counselling they received was not professional enough to quickly harness the problem of burnout because at times informed consent and contract forms were not signed before counseling which was not professional. The counselling stages were not followed, there were no intervention strategies that were put in place as a measure to prevent and treat burnout.

Documents on code of conduct analysed show that at times counselling was based on the following IRC Code of Conduct and principles of International Law and Codes of Conduct.

1. An IRC humanitarian worker will always treat all persons with respect and courtesy in accordance with applicable international and national conventions and standards of behaviour.

2. An IRC humanitarian worker will never commit any act that could result in physical, sexual or psychological harm to the beneficiaries we serve.

3. An IRC humanitarian worker will not condone or participate in corrupt activities or illegal activities.
4. IRC and IRC humanitarian workers recognize the inherent unequal power dynamic and the resulting potential for exploitation inherent in humanitarian aid work and that such exploitation undermines the credibility of humanitarian work and severely damages victims of these exploitive acts and their families and communities. For this reason, IRC humanitarian workers are prohibited from engaging in sexual relationships with beneficiaries. Sexual activity with children (persons under the age of 18) is strictly prohibited.

5. An IRC humanitarian employee must never abuse his or her power or position in the delivery of humanitarian assistance, neither through withholding assistance nor by giving preferential treatment including requests/demands for sexual favors or acts.

6. It is expected of all IRC humanitarian employees to uphold the highest ethical standard of integrity, accountability and transparency in the delivery of goods and services while executing the responsibilities of their position.

7. An IRC humanitarian employee has the responsibility to report any known or suspected cases of alleged misconduct against beneficiaries to senior management (as outlined in the reporting pathway) immediately. Strict confidentiality must be maintained to protect all individuals involved.

The seven points of the document only focus on how NGO employees should nicely treat beneficiaries and others. There is totally nothing on the welfare of the employees that prevent creation of an environment conducive for development of burnout.
Six participants identified medical treatment as treatment of burnout. Participants were of the opinion that at times they were relieved by antidepressants, placebos and other drugs like alcohol. Some of these statements bear testimony:

FS 2: Alcohol can alter the state of your mind so that you forget about burnout for a while.
FS 4: It makes one active for a moment enabling a person to complete given tasks without fear and getting tired in a short time.
FS 5: Placebos can prepare you psychologically because you end up thinking that you have been treated yet it’s false.

However, it was also interesting to note that some (2) participants pointed out that they also rely on natural approach where they prevent and treat burnout through using herbs like fatigue fighter and also (2) participants explained that one can confront the source of the problem as treatment of burnout. Participants indicated that herbs like fatigue fighter help maintain healthy energy levels thus supporting naturally stamina and vitality. They also pointed out that herbs:

- Strengthen healthy energy levels, resilience and liveliness
- Enhance overall systemic health and boost the immune system;
- Support and maintains healthy systemic adequacy for physical performance and endurance;
- Address common feelings of restlessness associated with routine tiredness; and
- Support the health of the adrenal gland.

I observed that some of the participants relied on herbs from Save the Family Trust located in Nashville of Gweru. In trying to reduce impact of burnout, employees were seen drinking juice made from different herbs like Rosemary, eggplant, asparagus and basil. However the gap was that, there was no problem identification, plan and strategy to deal with the condition of burnout. In addition there were no clear explanations on when and how to use the herbs.
Employees were using the herbs on uninformed position. Furthermore, some of the employees highlighted that, the unwanted beliefs that led to maturation of burnout were also not catered for through the use of herbs. Pictures below show some of the herbs used by participants when they suspect burnout.

Pictures of herbs used by workers taken from the Save the Family Trust garden.

![Fig. 4.2 Rosemary Supports healthy energy levels.](image1)
![Fig. 4.3 Asparagus improves memory and general brain health.](image2)
![Fig. 4.4 Eggplant for cognitive agility.](image3)
![Fig. 4.5 Basil supports the immune system.](image4)

Source: Author (2017)

Participants interviewed said medication cannot be used as a preventive measure because burnout is not caused by infectious agents. They argue that burnout is a different condition
which does not need chemical injection to prevent it. Here are some supporting excerpts from the interviews:

FS 2: *Burnout is not caused by pathogens hence cannot be prevented by medicine.*

FS 5: *Although burnout is also biochemical it is largely psychological and psychological issues cannot be prevented by medicine.*

M 2: *Burnout has no Modes of transmission like infectious illness hence cannot be prevented by meditation.*

M 3: *Irrational beliefs and overworking that cause burnout cannot be prevented through the use of drugs or by vaccinations.*

Participants pointed out that burnout is totally different from infectious illness which is caused by infectious agents. Hence, needs a different treatment model.

The participants who were interviewed viewed workplace counselling as a measure that prevents burnout where workers are sensitised about burnout through counselling as individuals and in counselling groups. One participant interviewed was also of the opinion that:

FS 1: *The more burnout issues concerning ourselves are explained, we become more informed and better armed we become to take care of ourselves. Consequently, the better job we do of taking care of our own needs, the more we can be physically, mentally, and emotionally helpful to our beneficiaries and vulnerable communities around us. Attend a support group where you can share your concerns and feelings.*

I also observed that 100% of participants observed relied on generic counselling where the counselling strategy to deal with burnout included activities such as, going on sick leave. Taking off days was very difficult as there was a lot of endless work to be done. In areas of operation where counsellors could not be available I noticed that participants relied on African way of counselling which was offered by relatives of the same totem, traditional chiefs and traditional healers.
I observed that traditional chiefs had multiple roles which included serving as a symbol of authority and as a regulator. Since these roles were accepted and respected by all, there was a clear direction in the day-to-day affairs of society. NGO employees did not use this route. I was told by some of the participants that it was only used after committing misdemeanors such as impregnating local girls or found with someone’s wife. However, the employees enjoyed the guidance of the chiefs especially on dealing with burnout related to political activities and harassment from the members of the community. Where employees were heavily involved in the use of drugs and prostitution as a way of cushioning oneself from burnout and stress, employees were referred by fellow employees to their relatives and traditional healers for ritual as a means to deal with irrational beliefs and mental distortions of the client. I observed that rituals or ceremonies were also aimed at treating mental problems. Counselling was readily sought and provided by local leadership because workplace counselling was not available.

Some of the field employees also relied on sedatives and alcohol, where they were involved in excessive beer drinking as a means of dealing with burnout. 2 out of 5 of the observed workers were deeply involved in misdemeanours like stealing beneficiaries’ food and non-food items and also abused and exploited beneficiaries. Asked why they were misbehaving? The workers could blame work unrest as the cause of the unwanted behaviours.

**4.5.1 Workplace Counselling**

Question 10 showed that all, (100%) participants viewed workplace counselling as the best method used to treat burnout. Some of the participants argued that in early stages, steps to reverse burnout can include self-management techniques that is workers are supposed to learn to say no at work that is endless and enforce a more reasonable pace; take more frequent
breaks and personal time to exercise; engage in a hobby; spend more time with the kids or the spouse; develop healthful rituals, like exercising the same time each day which are all counselling activities. The following statement said by one of the participant who was interviewed appears to point to this direction:

**FS 3:** *Say yes to what you want to say yes to, and say no to what you want to say no to.*

Participants interviewed also pointed that identification of specific burnout symptoms need psychosocial support which could be offered by counselling. Participants argued that putting up a recovery strategy to address specific symptoms also need counselling support not medication. Likewise, if the employee feels that the job activities he/she is assigned to do are wrong he/she needs someone with good perspective to discuss his/her career goals and the best person to do that is the counsellor hence the need to have a workplace counsellor.

Participants explained that in later stages of burnout, employees need to find a therapist or counsellor to understand the problem clearly and form a healing strategy. Employees need professional counsellors whom they will openly tell what they will be going through otherwise employees will deny, hide or rationalize the problem which will only worsen the situation.

Some participants pointed that employee burnout symptoms will not disappear overnight and over time, the positive effects of burnout interventions can decline. Participants who were interviewed said these positive effects can last longer when employees participate in review sessions which can be easily availed through counselling. By offering review sessions and keeping psychological health at the forefront of people's minds, burnout is less likely to go unnoticed and untreated which other treatments may not offer.
Most of the participants also said for a victim of burnout to come out and accept that he/she has burnout the environment must be conducive for counselling process. Issues of confidentiality and informed consent are central. Confidentiality needs to be assured by someone giving help. Informed consent is also an issue fundamental to sensitive disclosures. These two principles are vital for counselling to be effective. They argued that treatment involves workplace counselling through employee assistance programme.

Some Participants explained that natural approach and confronting the source of the burnout can also be used as methods to treat burnout. A sign that workers can rely on at least two methods, showing the diverse nature of methods of treatment of burnout.

Interestingly those interviewed 10/10 also indicated natural approach treatment and counselling with its many activities like relaxation, meditation, retreats and debriefing. Visiting resort areas and resting as the major treatment of burnout. I also noticed that all counselling activities were only availed to employees if funds were disbursed by their donors and for one of the local NGOs they last received such funding in 2008 and for all international NGOs time was not allocated by management for such counselling activities.

4.6 Demerits of using drugs to remedy burnout

On shortfalls of using drugs as a method for prevention and treatment of burnout, all (15) participants pointed out that, a medical doctor may prescribe medicinal treatment for the symptoms of burnout. Prescriptions usually include:

- Antidepressants;
- Sedatives or sleeping pills;
- Placebos; and
The participants argue that although medical treatments can reverse symptoms of burnout, it's usually impossible to truly treat it if the situation or internal factors like irrational beliefs remain the same. One participant said that:

M2: Hence, the targets for modification in psychotherapy are those maladaptive beliefs, irrational thoughts, attitudes, and meanings that causes emotional-behavioural disturbance. Beliefs that make workers vulnerable to irrational thinking draw unreasonable conclusions which are not objective and are cognitive distortions of reality.

In short the participants cited the following as some of the major shortfalls of medical treatment of burnout:

- No change of maladaptive behaviour that facilitate on set of burnout;
- Cannot address negative attitudes that promote burnout;
- Rarely prevent burnout; and
- Cannot facilitate better working conditions or organisational change.

This supporting statement was extracted from the interviews:

FS1: Medication cannot help clients actively challenge their irrational beliefs and develop rational thinking which can be done by counselling through teaching, directing and education.

Some participants pointed out that medical treatment targets infectious illness not conditions that are non infectious such as burnout although stimulants and placebos can be used to offer temporary relief.

Participants (100%) interviewed cited side effects of drugs as the major shortfall of medical treatment. They also cited that drugs cannot confront sources of burnout and change maladaptive behaviour that causes burnout. In addition, they explained that medical treatment
cannot prevent burnout or address issues related to organisational changes and life style that cause burnout. Participants argued that to effectively treat burnout and reduce the risk of future relapses, it is essential to identify and acknowledge the true cause – depletion of the body’s energy and resources. To treat only the superficial symptoms, is a “band-aid” solution, and will have only a temporary effect.

To cater for the shortfalls of medical treatment of burnout question 6, those interviewed pointed out that counselling can be used to:

- enable the burned out worker to recognizing burnout and speaking with someone about it;
- prevent on set and maturation of burnout through education and advocacy; and
- Help the affected through activities like relaxation and confronting causes of burnout.

On awareness activities of burnout being carried out by their organisation (40% ) of the participants cited sensitisation meetings, as the activity being done by the four NGOs, (15%) of the participants said no awareness activities were being carried out and in short, participants cited the following as burnout awareness activities that were being carried out by their organisation:

- Implementing related schedules to help workers through Human Resource Department;
- Having several workshops in order to educate employees on burnout; and
- Discussions about burnout.

On question 13 of the open ended questionnaire where Participants were asked to explain how burnout can be a treatable condition, most (93%) of the participants said through the use
of counselling where employees are educated about importance of resting, reduction of working hours, taking vacation time, change in lifestyle and use of placebos or stimulants workers recover due to motivation and focus provided by the treatment which is in line with Jameson’s (2004) ideas. According to Jameson (2004), the prefrontal cortex may have a stress protection function, reducing HPA axis activation and serotonin production during periods of long-term morbid stress. This results in burnout and depression (or to put it another way, a reduction in both physical and mental energy and motivation), aiming to force the person to change the situation. If the situation is not changed, or if the burnout itself becomes a negative stressor, then the stress will persist and lead to burnout, hence through counselling the worker is helped to change the situation which is a long term solution. Some supporting statements from Interview participants:

FS 1: Counselling environment is conducive for development of rational beliefs.
FS 4: Counselling relationship offers security to workers where we can discuss burnout issues and put ways of dealing with burnout.
M 3: Through counselling workers are empowered to confront sources of burnout like overworking.
FS 5: Workers are forearmed against reindoctrination of irrational beliefs by NGO social agents.
M 4: Counselling process enables workers to change behaviour that sustain irrationality through activities like positive self-talk which results in positive behaviour.

On question 14, on how workplace counselling can prevent burnout, participants pointed out that workplace counselling:

- Provides a platform for workers to share coping strategies;
- Assist employees to change maladaptive behaviour that cause burnout;
- Assist employees to manage change that may cause burnout;
- Helping the individual to understand and help himself;
- Understand the situations and look at them with a new perspective and positive outlook;
- Helping in better decision making; and
- Provides a network of people who care for one's well-being which is an important aspect, since burned out people may not be able to notice the symptoms in themselves until they become severe.

This shows that counselling, basically aims at helping individuals take charge of their lives. For this, individuals need two types of skills: ability to make decisions wisely and altering one's own behaviour to yield desirable consequences. However, existing records show that all 30 participants were on medical aid but none was on counselling aid or any form of psychosocial support although the employees reported to be receiving generic counselling from their managers. Some of these managers were regarded by employees as perpetrators of burnout resulting in employees being more susceptible to burnout. 5/5 participants observed relied on medical treatment and generic counseling.

I also noticed that participants received other benefits like field allowances or travelling and subsistence allowance as highlighted in table 4.2.

### Table 4.2: Benefits Received by Participants

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th>No of Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Aid</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Travelling and Subsistence Allowance</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Funeral Aid</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>HIV and AIDS Awareness</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Human Resources documents I analysed revealed that funeral and medical aid benefits were offered to employees, especially those on long term contracts. Here are some supporting excerpts from the documents that were analysed.

1.1 As an additional staff benefit, -------------- will pay full contribution to CIMAS Medical Aid Society for membership of its employees.

1.2 Long term contract employees and contract employees with contracts of over one cumulative year will benefit from the facility. Those on short-term contracts shall be assisted to pay their medical bills.

1.3 In order to ensure that staff members and their immediate families are accorded decent burials, -------------- will provide financial and material assistance towards funerals of its members and their families.

1.4 All employees shall have access to complete and updated information so they can protect themselves from Sexual Transmitted Infections/ HIV and AID. -------- will provide resources necessary to raise awareness and training of staff on HIV and AIDS. Information shall be disseminated through leaflets, banners, printed wear, etc with HIV and AIDS awareness literature. ---------------- will also provide and facilitate HIV and AIDS training as part of staff development program. To this end training sessions shall be developed for all staff.

The pie chart figure 4.6 shows that there is no aid for professional counselling although participants view workplace as a remedy to burnout.
Most employees depended on generic counselling which may not be effective. Existing records indicated that personal therapy was never sought before and also indicated that the possibility in seeking personal therapy was not an option. I also observed that to relieve themselves from burnout employees also engaged in excessive beer drinking.

4.7 Importance of Workplace Counselling

On question 15 of the open ended questionnaires, participants cited the following as the importance of workplace counselling to NGO employees responding to humanitarian work:

- It gives confidence and determination;
- Employees will be flexible enough to handle predicaments;
- It enables team building for the staff;
- Workplace counselling work as conflict resolution;
- Enables employees to respond to different people with different problems and from different areas without being affected.
- It offers platform for group counselling where employees share problems;
- It coaches employees on causes and management of burnout;
- It helps employees to deal with organisational changes;
- It offers psycho-social support to employees who are separated from their families thus creating an environment that motivates employees; and
- It increases productivity and there will be increased commitment and professionalism.

On how workplace counselling can be a treatment of burnout participants pointed out that being the counseling room has a healing effect. Some the participants who were interviewed said:

FS 2: Some counselling rooms are filled with plants and photos of lakes to bring nature inside which provides a sense of calm and peacefulness thereby supporting self-disclosure and reducing effects of burnout.
FS 3: The moment we enter the counselling room and experience the calmness and peacefulness and room comfort we feel burnout release.
FS 4: Counselling rooms with light shades of yellows and grey, with pops of green that are a bit amazing, enables us to feel more at easy, rest and avoid energy loss.

Participants also highlighted that furniture and wall colours also play a fundamental role in provision of sense of security and encourage employees experiencing burnout to disclose burnout issues. The following statements from interviews appear to ably capture this stance:

FS 1: In the counselling room we sit on a chair with two pillows written on top using stencils. Words on the pillows were encouraging and comforting. The pillows were comfortable and easy to hold close which made me feel relaxed and peaceful.
FS 5: In one of the counselling rooms I entered, the wall colours were dusky purple and soft green accompanied by natural light that passed through the windows which gave me physical and emotional comfort resulting in my disclosure and discussing burnout problems I was experiencing.

Participants pointed out that counselling enables employees to identify their core problem for example work overload. Participants argued that NGO employees are distinctly vulnerable to work overload for two reasons. First, NGOs may often have fewer resources than organizations in other sectors, leaving employees with too little time and too few tools with
which to handle their workload. Second, non-profit organization employees have high expectations. This idealism can lead them to overextend themselves risking bodily homeostasis.

The participants interviewed indicated that counselling also enables NGO employees to understand the environment they operate in and how such environment leads to maturation of burnout. For example, through counselling employees can be informed that at times making frantic efforts in trying to get what victims of disasters need may not yield positive results. The following statement extracted from the interview summed it all:

FS 2: Through counselling we are made aware that endless fast paced activities keep us hyper-alert at all times which ruthlessly exploit our internal energy leading to the development of burnout

They pointed out that at times it would be emotionally draining because of so many needs and so few resources. In this regard counselling capacitates employees to take action and well-informed action rather than assumptions and “best guesses” about what the problem is. Participants were of the opinion that solutions that don’t address the problem can be worse than no solutions at all.

The participants interviewed explained that working in emergence means being expected to remain effective for long hours in uncertain and often dangerous conditions, make decisions with limited information and resources, prolonged exposure to hapless family members, old and young, male and female alike left in the open without shelter at times in the winter cold after being displaced by natural disasters like freak storm or floods has a psychological damage on those assisting especially at the site. Those interviewed indicated that psychological damages need psychological treatment approach like counselling. One participant interviewed says:
FS 3: *After giving everything to the victims of disasters, we also need carers such as counsellors who would act as the shoulder to rest on, someone who will facilitate energy restoration.*

They pointed out that counselling activities such as taking regular breaks in which one gets away from the job, either physically (e.g., by jogging around the neighborhood) or mentally (e.g., by reading a book that has nothing to do with their work) or by engagement which reverse burnout. Participants pointed out that when burnout is counteracted with engagement, exhaustion is replaced with enthusiasm, bitterness with compassion, and anxiety with efficacy.

Participants who were interviewed also pointed out that:

- Counselling allows employees to say out their hidden feelings which has a healing effect;
- Enables employees to put up strategies in dealing with burnout;
- Motivates employees through activities like job enrichment and rotation; and
- Workplace counselling can provide a supportive service to employees, in the workplace, and alleviate symptoms of stress and anxiety.

However, it was interesting to note that although the participants were able to say out how workplace counselling can be a treatment of burnout, the participants interviewed (100%) indicated that personal therapy is an option that should be availed. Participants who were interviewed pointed out that counselling enables:

- Detection of irrational beliefs and their derivatives that sustain burnout;
- Disputing irrational beliefs is done once they are detected;
- Cognitive interventions: discussions, cognitive homework and problem solving is brought into the treatment regime. Pointing beliefs that sustain burnout and evaluation of such beliefs so as to replace irrational with rational thinking;
Emotive intervention: rationale-emotive imagery whereby client imagines worst activating event. Then he/she gets tough with undesirable negative emotional consequences. The coping statements are repeated. Forceful disputing, role playing, reverse role-playing, unconditional acceptance and humor are also used; and

Behavioural intervention: observing corresponding behaviour indicators is the only sure way of knowing whether beliefs have changed for the better. Self-talk is used to overcome fears of saying no to overworking. Assignments to challenge irrational thinking and unwanted behavior that sustain burnout are put in place accompanied by, skills training, rewards and penalties.

4.7.1 Role of Workplace Counselling

On question 17 of the open ended questionnaire, where participants were asked to explain how workplace counselling can improve one’s sense of coherence and commitment at work. Open ended respondents reported that:

- Workplace counselling improves one’s mental health which has positive impact on commitment; and
- Enables good mind set which improves one’s sense of coherence and commitment.

On how workplace counselling can combat irrational beliefs, maladaptive behaviour and work related life style that causes burnout question 7 of the interview guide, participants interviewed say:

FS 5: Workplace counselling can help employees to replace irrational beliefs and maladaptive behaviour through mentoring and behaviour modification activities.
M 2: Counselling also provides a supportive environment that enables employees to choose life style that does not promote on set of burnout.
M 4: Employees are empowered to avoid taking social risks so that one is socially approved.
Participants also pointed out that during the counselling session counsellors express empathy behaviourally through their nonverbal and verbal language which allows the employees to feel that at least there are people who understand their pain. Participants indicated that in such instances counsellors are regarded as friends who assist employees to deal with burnout.

These are some of the statements extracted from interviews:

FS 1: *Counselling relationship is a rare setting which allows us to share beliefs and intimate thoughts regarding the problem of burnout which has a healing effect.*

FS 3: *Warmth, support, and attention from the counsellor encourages us to confront causes of burnout such as illogical thinking.*

Participants who were interviewed reported that, counselling process raised their sense of competence, confidence and enthusiasm to change unwanted behaviour that sustain burnout.

For example some participants said:

FS 2: *Counselling enables us to identify patterns in the way we behave, discover the sources of burnout and understand stumbling blocks to prevention and treatment of burnout. The result is personal growth that empowers change and assists people in becoming the person they would like to be in the world.*

FS 6: *Counselling process, helped me to explore the good, the bad and the ugly within myself that allows onset and perpetuation of burnout in order for me to deal with burnout.*

The participants who were interviewed also highlighted that counselling processes install hope and expectancy for treatment of burnout. The following statement summed it all:

FS 4: *To us counselling is just like air. Without it we will find it difficult to deal with burnout. When we are offered counselling we feel intense hope and courage to change the way we think and behave so as to deal with burnout.*

Participants also reported that burnout caused them to feel shame, fear, self-loathing and mistrust but counselling relationship raised their-esteem and hope for a better life. One participant had this to say:

FS 1: *Counselling relationship triggered bodily relaxation, calming and a sense that I was not alone. The counsellor facilitated the opening of the doors of my mind*
which allowed me to explore burnout issues that were affecting me.

All the 10 participants who were interviewed indicated that counselling process increase a sense of safety and peaceful which has a healing effect. Some of these statements bear testimony:

FS 1: Having someone who listen to burnout problem is enough for us to gain confidence and energy to deal with burnout.
FS 3: Raised the belief in myself that I can change my behaviour so as to prevent burnout.
FS 5: Counselling gives us a rare platform to learn new habits and thinking ways that prevent and reverse burnout.

4.7.2 Workplace Counselling as a Long-term Solution for Burnout.

On how workplace counselling can be a long-term solution to burnout question 18 of the open ended questionnaire participants reported that workplace counselling:

- Can confront causes of burnout;
- Capacitates employees to stand for their rights like right to counselling therapy;
- Addresses maladaptive behaviour that creates conducive environment for onset of burnout;
- Provides a platform for sharing coping strategies;
- Has a motivational factor; and
- Enables workers to access complete and updated information on burnout so they can protect themselves.

The following statements appear to ably capture this stance:

FS 6: Counselling capacitates us about burnout .Once we become more informed about burnout issues, we become more aware of the reason we experience burnout, and the various ways burnout manifests itself, we can begin to focus on ways to prevent and guard against it. If already experiencing burnout one will develop a plan of action to reverse it.
Employees disagree on the provision of paid counselling assistance programmes and attendance of sessions during office hours. Employees from all organisations were in agreement that management did not provide employees with the opportunity to attend counselling sessions during office hours. In an interview, one participant put the argument this way: “Counselling is done after working hour because during the day management will be very busy with other organizational issues. Since we rely on counselling we always wait till they are free to offer us counselling services”.

The list below shows the advantages of workplace counselling over other methods of prevention and treatment of burnout that were cited by participants.

- **FS 1**: Counselling will identify the causes of employee’s burnout and walk the employee through restoring the worker’s life back.
- **FS 2**: Offers long term solution to burnout problem.
- **FS 3**: Has no known side effect.
- **FS 4**: Offers long term motivation through activities like job rotation, job enrichment and creation of relaxed environment.
- **FS 5**: For “people pleaser” counselling will empower them to learn to say “no”.
- **M 3**: Facilitated behaviour change and change in lifestyle that causes burnout.
- **M 4**: Enables change management through staff development programmes so as prevent burnout that emanates from organisational change phobia.

Interestingly, all the participants (100%) said counseling: offers long term solution to burnout problem, has no known side effect and offers long term motivation through activities like job rotation, job enrichment and creation of relaxed environment as advantage of using workplace counselling. However, those interviewed (question 8 of the interview guide) suggested the following in table 4.3 as the advantages of workplace counselling over medical treatment of burnout:
Table 4.3: Advantages of Workplace Counselling over Medical Treatment of burnout.

<table>
<thead>
<tr>
<th>Medical treatment</th>
<th>Work place counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers temporary relief</td>
<td>Offers long term solution to burnout problem</td>
</tr>
<tr>
<td>Has side effects like adrenal dysfunctional</td>
<td>Has no known side effect</td>
</tr>
<tr>
<td>Offers temporary motivation of workers</td>
<td>Offers long term motivation through activities like job rotation, job enrichment and creation of relaxed environment.</td>
</tr>
<tr>
<td>Cannot prevent burnout</td>
<td>Can prevent burnout through activities like sensitisation meetings, retreats, meditation and visits to scenic areas</td>
</tr>
<tr>
<td>Costly since it focus on symptoms and cannot prevent burnout</td>
<td>Can prevent burnout which is not costly since prevention is better than cure</td>
</tr>
<tr>
<td>Does not confront causes of burnout</td>
<td>Confront causes of burnout like maladaptive behaviour, irrational thinking and negative life style</td>
</tr>
<tr>
<td>Cannot be tailor to suit work place burnout</td>
<td>Can be tailor to suit work place burnout</td>
</tr>
<tr>
<td>Does not offer platform for information sharing</td>
<td>Offers platform for workers to share problems and coping strategies</td>
</tr>
<tr>
<td>Does not deal with organisational changes</td>
<td>Addresses organisational changes that may cause burnout</td>
</tr>
<tr>
<td>Can only be used as a treatment of symptoms of burnout</td>
<td>Can be used as both treatment and prevention of burnout</td>
</tr>
<tr>
<td>Focus on the individual.</td>
<td>Does not only focus on the individual and the problem but the system where the individual operates.</td>
</tr>
</tbody>
</table>

Source: Author (2017)

On benefits of workplace counselling to self (open ended questionnaire question 20) participants cited the following:

- Helping the individual to understand burnout and help himself;
Understand the situations and look at them with a new perspective and positive outlook;
Helping in better decision making;
Alternate solutions to problems;
Coping with the situation and the stress;
Raised self-efficacy and esteem;
improve mental health; and
reduce rates of sickness/absence

The participants also cited the organisation benefits of workplace counselling as:

- Decrease costs related to turnover, burnouts and absenteeism;
- Improvement in employee performance & therefore increase in productivity and good organisational image;
- Help to manage organizational changes; and
- Creates good working environment.

The following statement from one of the participants summed it all:

**M 3**: The provision of workplace counselling services may be one way of improving, increasing employee self-efficacy and sustaining employee performance to achieving business targets and showing appreciation and commitment to employees as individuals.

On how workplace counselling can be combined with medical treatment to cater for both long and short term treatment of burnout (question 9 of the interview guide), the participants interviewed argue that: Some effects of burnout need medical treatment as a quick response and counselling will then delve into the causes of burnout for a long term solution. For example, participants pointed out that drugs like stimulants offer a short term relief but
cannot change behaviour that causes burnout which can be dealt with through the use of workplace counselling. Hence, participants argued that medical treatment can be used as a primary treatment of some of the symptoms of burnout whilst counselling can be used as a preventive and long term treatment of burnout.

4.8 Discussion
4.8.1 Overview
Burnout can develop when individuals are exposed to stress in conjunction with perceptions that resources to alleviate the stress are inadequate (Maslach et al., 1996). Burnout among NGO employees responding to emergencies human service professionals has received significant attention in the literature (Lubin et al., 1992: Leiter and Harvie, 1996). These individuals are particularly susceptible to burnout due to their tendency to perform long term “others oriented” work under conditions of consistent stress. Review of the related literature on burnout also focused on the influence of stress on the development of burnout.

Operational NGO employees responding to emergencies face many challenges (for example, challenging caseload, short contract, political threats, large percentage of direct client contact hours, and lack of support from institutional administrators). Operational NGO employees responding to emergencies are additionally challenged to meet a number of demands unique to other spheres of life like social life. While research on operational NGO employees responding to emergencies has acknowledged the effects of burnout on both the individual and NGOs, the research on burnout among operational NGO employees responding to emergencies has not addressed the specific remedy to the problem of burnout. As a result, the current study seeks to find out whether workplace counselling is remedy to burnout being experienced by on operational NGO employees responding to emergences.
The current study provides a description on causes and symptoms of burnout, methods of preventing and treating burnout, establishes shortfalls of current work place methods of prevention and treatment of burnout and on whether workplace counselling is a remedy to burnout being experienced by operational NGO employees responding to humanitarian emergencies in Midlands. The results of this study provide strong evidence that employees are using medical treatment and generic counselling. In addition, results indicate that workplace counselling can offer a long term solution to the problem of burnout. However, the two methods can be used to support each other for a durable solution to the problem of burnout that is being experienced by operational NGO employees responding to humanitarian emergencies. To comprehensively postulate as regards to the findings in this study, objectives are presented followed by the most prominent results discussed in relation to theory presented.

4.8.2 Demographic results

Demographic results of participants who answered the open ended questionnaires, observed and those interviewed show that 56, 7% were male participants and 43, 3% were female participants. This shows that there are more males than female in the NGO sector. On age, 42, 9% of the participants are between the ages of 18-30 years followed by 39, 3% of those with the age range of 30-40 years and less than 20% of the participants are above 40 years old. This shows that most of the participants were mature enough and could understand issues about burnout being experienced by NGO employees.

The demographic data show that 73.3% of the participants were project assistants. This also comes as an advantage when it comes to reliability of results because project assistants are field based employees and by so doing they can provide needed information since they spend
most of their time in the field. The exposure to people oriented activities they have on the field can make them understand concepts or issues surrounding burnout and because of that they can provide credible information. On working experience, 57.1% of the participants have 1-3 years of working experience which means the majority of participants have been in the field for quite a long time and have accurate information pertaining to burnout. The academic qualifications ranged from diplomas to masters degree in social sciences, with most 13/30 participants having first degree qualifications and 8/30 having masters degrees in all the organisations indicating that participants have different degrees of knowledge and experience to offer. These participants who are highly qualified understood the concepts or issues surrounding burnout and gave the needed information when it comes to causes, effects and prevention and treatment of burnout.

4.8.3 Causes of burnout
Participants described burnout as the experience of long-term exhaustion or prolonged stress due to long hours at work, for some it is characterized by exhaustion, lack of enthusiasm and motivation and feeling 'drained' this is similar to definitions from Tracy (2000:6) and Gorkin (2012). These definitions are in line with definition from authorities like Maslach, Jackson and Leiter, (1996) who say burnout can develop due to prolonged exposure to activities that deplete one’s internal resources resulting in physical exhaustion, emotional fatigue and cognitive weariness, Whereas Edelwich and Brodsky (1980:14) defined burnout as a "progressive loss of idealism, energy, purpose, and concern as a result of conditions of work". This is also in agreement with Dike (2014) who pointed out that burnout occurs when there is an energy deficit in the human body. When energy output exceeds the energy resources that are entering the body, the result is fatigue and exhaustion on all levels: physical, emotional, mental and spiritual. In this context ‘energy’ can be defined as anything
that nurtures, feeds and inspires one to operate at one’s fullest potential at all levels. Which is also in line with the definition provided by Katja (2010:1) who says,

...happens when the energy we are investing in trying to keep control of our lives, to keep things the same, demands more and more from us. As the energy needed to keep things stable increases, we become increasingly depleted and exhausted with the effort. The greater the exhaustion, the closer we get to almost complete mental, physical, social and spiritual collapse.

These different definitions of burnout from the cited authorities and participants demonstrate the idea that up to now there is no agreed single definition of the phenomenon of burnout. Starrin, Larsson and Styrborne (1990:84) point out that “it is possibly easier to agree on a common description of burnout than a common definition of it”. Definitions given by participants were constructed in such a way that they become a catch all expression. These expressions take account of a range of conditions, signs and symptoms of burnout covering from spiritual, mental, physical and emotional. The absence of a comprehensible meaning of burnout is evidence of how trick it is to put up a remedy for the problem of burnout. Whilst the definitions given by the participants show that they know what burnout is, the problem is how to deal with the phenomenon as highlighted by Katja (2010:1) who says, “The challenge is to treat it for what it is”.

Findings on causes of burnout indicated that all participants 100% cited overworking as the major cause of burnout amongst operational NGO employees responding to humanitarian emergencies. Rose and Wilson (2001) argue that overworking produces a "fight or flight syndrome" where the body is constantly asked to perform, and then extreme fatigue sets in (Major, 2012). Under stressful situations such as overwork, the body will pump up adrenaline to perpetuate performance. Once the job is done for the day, cortisol hormones
are released because now the body must be protected and slowed down. This constant upheaval of up and down due to stress creates the condition of burnout.

Overworking was followed by irrational thinking where participants pointed out that they overwork thinking that employers will recognise and probably promote them. Faber (2000) in a study in Spain found out that employees seduced by ideas of moral superiority place themselves under pressure caused by their exaggerated need to obtain recognition, promotion, distinction and praise. In support of this argument, Marin et al. (2009) take the debate further and point out that employees risk their physical health and neglect their personal lives in order to please their managers hoping that one day they will remember them when their contracts of employment terminates or will consider them for promotion.

Participants also cited being expected to do too many things to too many people as the other cause of burnout. This aspect was highlighted in the review of the related literature, whereby it was acknowledged that many people are unwilling to admit to their bosses that new assignment is making them physically ill, for fear of being branded weak or lazy, lose out on a promotion or even get fired (Karon 2013). Research findings showed that the situation is worsened by the type of relationship between beneficiaries and NGO employees which is uneven or asymmetrical. As was highlighted in the review of the related literature, this type of asymmetrical relationship considered dissimilar to most human relationships known to be symmetrical elicit high level of emotional stimulation occasioned by direct, continual and intense interaction with emergency victims. The ultimate result is development and maturation of burnout.
Information gathered using interviews with support that overworking is also a major cause of burnout. This is in line with Staff Welfare Unit (2000) where it says stress and burnout are chiefly caused by: hazardous political climate, lack of resources, isolation, elements of hierarchy, and working long hours. However, the list on causes of burnout (political interference, overworking, unrealistic expectations, short contracts and limited resources) from participants interviewed differs a bit from those cited by open ended questionnaire participants. This might be because management’s level of effort is more centered on resource mobilisation, de-politicisation of humanitarian work and formulation of contracts and not implementation of field activities. The aforementioned causes of burnout show that burnout is a phenomena that is multidimensional which is in line with (Hobfoll and Shirom, 2000; Powell, 2011) who point out that burnout is not a one-dimensional construct but is a multi faceted phenomena occasioned by energy shortage in the body as a result of factors such as irrational thinking, conflict at work and overworking. Participants pointed out that, such causes of burnout cannot be prevented by the use of drugs but by change of behaviour and life style that creates conducive environment for onset of burnout.

I also noticed that both management and field staff agreed that layoffs and short contracts are also a source of burnout. The kind of employment contracts used is largely governed by the nature of the work to be carried out. Not all work requires permanent employees. According to the Labour Act (2007), some work is only available for a limited time or is task related while some is available and indefinitely. The term fixed term contract employee is defined by law as an employee who is employed for a fixed term to perform a specific task and whose contract terminates on the expiry of the fixed term or completion of the contracted task. What is trait is that fixed term contracts are not out lawed, but what is not permissible is abuse of fixed term contracts (Labour Act, 2007). What is obvious is that the nature of work
concerning NGO’s is not a permanent job but project based of which the project has a life span and another project will come at times requiring different expertise and educational qualifications. The situation is worsened by contract breaks in some cases 60 plus one day contract break, to destroy a legitimate expectation which is done through creativity to avoid the law which is not permissible.

Sometimes little can be done to reduce workload, short contracts and contract breaks since it is the nature of NGO work. However, as was highlighted by participants, workplace counselling can prevent burnout if provided at recruitment so as to prepare employees to understand the nature of their contracts. On workloads, counselling strategies and reports can help managers on work delegation where managers can delegate tasks but must also be aware of their employees’ workloads. Job re-design and the use of teams can help reduce individual workload through collaboration (Armstrong, 1993).

Layoffs, illegal contract breaks and termination of contracts disturb the balance between the employee and the community, thus creating a psychological crisis that leads to burnout (McKay, 2007). Research findings on medical treatment of burnout show that Medical treatment can not reverse burnout caused by layoffs. However, through workplace counseling, employees can be assisted to explore whatever benefits are available in the employees’ environment so that the employee is adequately helped to cope with any problems he/she may be facing (Joshi, 2011). In agreement with this perception Powell (2011:1) takes the debate further and points out that the, “good news is that many factors are well within your sphere of influence: understanding each and taking action to deal with them will not only greatly reduce burnout, but in doing so will also contribute to employee retention and job satisfaction”.

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On type of a person that shows signs of burnout all the 15 participants described, emotionally exhausted person, person with physical fatigue and person with cognitive weariness as people with burnout. This correlates with signs of burnout cited by Smith et al. (2008) who argue that signs of burnout tend to be more mental than physical. They can include feelings of powerlessness, frustration, hopelessness, emotional exhaustion, being trapped, failure, detachment, despair, isolation, cynicism, irritability, apathy. Research findings such as feeling hopeless and guilty show that use of medication without taking into consideration cognitive style and behaviour modification will not work (Dike, 2014).

On effects of burnout on operational NGO employees responding to humanitarian emergencies, findings were diminished accomplishments and efficacy, absenteeism, physical illness, reduced commitment and professionalism with less than 9 of the participants citing hopelessness and powerless, which was also supported by the interviewee 10/10 who said burnout is a phenomenon that can affect work ability and performance. This blends well with Maslach, Jackson and Leiter (1996) who argue that burnout reduces one’s accomplishments and efficacy, physical wellness and organisational commitment. In agreement with this perception Powell (2011:1) takes the debate further and point out that “Employees feel increasingly cynical about the value of their work and actively start to ignore positive aspects of the job....employees feel much less effective in their job, and performance decreases”. This indicates that burnout also changes self- efficacy which most researchers say cannot be reversed by medication which NGO employees rely on when they experience burnout.

On the effects of burnout to Organisation the findings were; burnout affects organisation’s quality service provision and is costly to the organisation due to cost related to work accidents, absenteeism and high staff turnover. This is similar to Tracy’s (2006) finding in
which the researcher indicated that burnout results in high costs and ineffectiveness of the organization. Whilst in developed countries such as America and Britain high staff turnover and absenteeism are regarded as some of the major effects of burnout, in Zimbabwe and in particular Midlands Region it is not the same. High staff turnover was not cited by participants as the effect of burnout. Probably NGOs are not experiencing high staff turnover due to high rate of unemployment paged at above 80%. Employees remain at their work because they cannot get any other employment in the country.

4.8.4 Methods of preventing and treating burnout

On current methods that are being implemented by their organisations to prevent burnout all participants identified counselling activities such as sensitisation meetings, debriefings and education as the methods that are being used by their organisations to prevent burnout. However, these activities were not used after identification of the causes of burnout through professional counselling but as a response to a problem. Interestingly after using these activities, employees felt better. This means that participants viewed workplace counselling as a preventive measure of burnout which is in agreement with Nelson-Jones’s (2001) views where he suggested the use of counselling as a way of dealing with burnout.

On current methods of treatment of burnout respondents 15 out of 15 were unanimous regarding workplace counselling as methods being used to treat burnout. This was also supported by the information gathered from interviews where all 10 out of 10 interviewee reported that they rely on workplace counselling and medical treatment of burnout. The interviewee pointed out that counselling through relaxation techniques such as imagery, meditation and breathing can at first conjure up feelings of inaction and static. This is in tandem with methods of dealing with burnout being used at Wipro. At Wipro, to reduce
employee stress after long working hours, HR initiated "Mitt", an in house counselling service, in 2003, the set up train employees in counselling to help out colleagues in distress. Consultancy Services (TCS) has set up a network “Maitree" in 2005 to counsel its 30,000 employees. Under the initiative, 90% of TCS offices organize family get-togethers and activities such as ball dancing and yoga classes and theatre workshop, helping employees working long hours keep healthy (Navare, 2008). Workplace counselling is often viewed by employers as an insurance policy against the threat of compensation claims made by employees exposed to work-related burnout (Kulkarni, 2006).

Few participants cited medical treatment as a solution to burnout. Participants considered use of stimulants, antidepressants and placebos that offers temporary relief as treatment. According to Berkow and Beers (2002), placebos are substances that are prescribed like drugs but contain no active chemicals. Berkow and Beers (2002 point out that a true placebo is made up of an inactive chemical such as a starch or a sugar and is made to look exactly like a real drug. In addition, a placebo may be prescribed under very limited circumstances to relieve symptoms if the doctor doesn’t think that a drug with an active chemical is appropriate. Placebos can cause or be associated with a remarkable number of changes, both desirable and undesirable (Tortora, 1999). Two factors tend to influence a placebo effect. One is the anticipating of results (usually optimistic) from taking a drug, sometimes called suggestibility, faith, hope, or optimism. The second factor, spontaneously change, is at times even more important. Sometimes employees experience spontaneous improvement; they get better without any treatment (Tsigos and Chrousos, 2002). If spontaneous improvement occurs after a placebo is taken, the placebo may mistakenly be given credit for the result. Conversely, if headache or rash develops spontaneously after taking a placebo, the placebo
may incorrectly be blamed. Hence, Dike (2014) encourages employees to avoid stimulants arguing that they are a short-term energy boost fix that deplete energy in the long run.

Some participants pointed out they also depend on herbs as a way of dealing with burnout which is in line with current literature which state that, Fatigue fighter is used in maintaining natural health and energy levels, as well as balanced metabolism, stamina, endurance and routine, healthy performance without stimulants or caffeine. Fatigue fighter can make all the difference, without compromising health and without the risk of serious side effects (Fatigue Fighter the natural remedies, 2013). However to use herbs properly and effectively there must be someone knowledgeable about these herbs to assists the affected to avoid misuse of herbs and combat the negative effects of herbs. Researchers such as Faber (2000) argues that before using any form of coping strategy such as herbs employees should receive some counselling chiefly because individual burnout treatments should be designed in relation to the aetiology and symptoms present in each subject. Thus, burned out employees are of different circumstances and need different specific treatment which take into account the source of the feelings of frustration, cynicism, negative self-efficacy and clarify the stressors endured, the way of coping with them and the symptoms the syndrome is manifested through. More important the decision to use herbs will be done on an informed position. This means counselling is also handy if herbs are to be used appropriately so as to reduce side effect of herbs.

I noticed that most of the counselling offered by organisations was generic and at times was done by perpetrators of burnout which can be more harmful unlike professional counselling services offered to workers in countries like America and Britain. At times contract forms were not signed before employees received counselling. Moreso, such generic counselling
services offered by workmates results in dual relationship. Dual relationship exists when a counsellor tries to provide counselling services to workmates, friends, spouse or child (Nelson-Jones, 2001). Dual relationship with clients sometimes impairs the counsellor’s objectivity and professional judgment. This can reduce counselling benefits for the client and thus worsening the client’s situation (Welfel, 1998).

4.8.5 Shortfalls of current workplace methods of prevention and treatment of burnout

On shortfalls of using drugs as a method for prevention and treatment of burnout all (15) respondents cited; no change of maladaptive behaviour, cannot address negative attitudes that promote burnout and rarely prevent burnout. Since drugs cannot change maladaptive and negative attitudes that promote burnout relying on such treatment may not work. According to Jameson (2004) the main hypotheses which attempt to explain burnout are the cognitive behavioural theories. These approaches propose that burnout is due to abnormal illness beliefs. Furthermore burnout and infectious illness that needs medication are different. Illness is caused by microorganisms (National Institute of allergy and infections, 2012). With this in mind, it can easily be concluded that the use of natural medicine alone as burnout treatment might not be effective because drugs alone without change of behaviour will not work.

According to the cognitive behavioural theory, a person can be assisted to change his abnormal illness beliefs through learning certain cognitive strategies such as decision making and problem-solving, asked to self-monitor their feelings and emotional experiences and to self-assert themselves (Ellis, 2004). This cannot be achieved using medical or natural medicine as treatment for burnout because these methods focus on treating symptoms of burnout rather than changing the abnormal beliefs which focus on the long-term causes and treatment of burnout. In this regard, it can be seen that natural and medical medicines as
methods of treating burnout ignore the fact that stress at work occurs when individuals are either threatened with resource loss, lose resources, or fail to regain resources following resources investment. According to Jameson (2004), considering the issue of stress when treating burnout, is of great importance because stress does not occur as a single event, but rather represents an unfolding process, where in those who lack a strong resource pool are more likely to experience cycle of resource loss.

The open systems approach as stated by Staw, Sandelands and Dutton (1981) postulates that there is dynamic interconnectedness among elements of any systems, its subsystems and within the more inclusive systems. Focusing on organisational burnout entails a much higher systems complexity than the extant focus on individual burnout. This shows that the use of treatment of burnout which is individual oriented like drugs might not be effective enough since there is need for interventions that are based on a systematic audit of the structural sources of workplace burnout with the objectives of alleviating or eliminating the stresses leading to burnout. In addition the conventional treatment of burnout includes antibiotics, antidepressants and sedatives which have harmful side effects. This type of treatment misses the idea of confronting the source of the problem even though confrontation is not always easy but it smoothes the process of coming up with the source of the problem. This implies that there is need for an intervention that can enable identification and acknowledgement of underlying causes of the depletion of the body’s energy and resources which can be offered by workplace counselling (Dike, 2014).

Participants interviewed cited side effects of drugs as the major shortfall of medical treatment. Participants pointed out that, conventional treatment of burnout often involves prescription medicines to treat the symptoms of burnout (antibiotics, antidepressants and
sedatives) which have harmful side effect. This confirms observations by (Waugh and Grant, 2001) and Berkow and Beers (2002) who point out that Stimulants damage the adrenal glands. Less obvious but no less important stimulants may include anger, rage, arguing, hatred, loud music, fearful news and even movies full of suspense or violence (Waugh and Grant, 2001). Other activities that may act as stimulants and must not be overlooked include vigorous exercise, sexual preoccupations, recreational drug use or other thrills. These often provide a temporary “high”, which is caused in part by the secretion of high amounts of adrenal hormones (Jameson, 2004). This is in agreement with Rose and Wilson (2001) who pointed out that individuals experiencing burnout may also find themselves seeking excitement or attempting to counter-balance through quick-fix stimuli such as drugs or alcohol that have potentially negative consequences when used in the long-term as a band-aid for burnout. Over time, this weakens the adrenals and can eventually lead to adrenal depletion and insufficiency (Wilson, 2001).

To cater for the pseudo medical treatment of burnout participants interviewed pointed out that counselling can be used to prevent on set and maturation of burnout through education and advocacy, as a long term treatment of burnout for those already affected through activities like relaxation and confronting causes of burnout. On the other hand Eisenberg and Delaney (2010)saycounselling, basically aims at helping individuals take charge of their lives. For this, individuals need two types of skills: ability to make decisions wisely and altering one's own behaviour to yield desirable consequences which calls for removal of irrational thinking and maladaptive behaviour for prevention and treatment of burnout (Joshi, 2011). This was also highlighted by McLeod and Henderson (2003) in their study of counselling as a solution for burnout in Britain, Employees who receive counselling as a means of dealing with burnout reported that there were highly satisfied, and believed it had helped them resolve the
problem of burnout. Employees reported a clinical significant improvement in the level of burnout as was evidenced in 60-75% of clients. Workplace counsellors like Faber (2000) are in agreement with the point that workplace counseling prevents, treat and reduces negative effects of burnout as indicated by their findings in which they say, “counselling was associated with reduction in sickness absence and improvement in other organisational outcomes such as more positive work attitudes, fewer accidents and enhanced work performance” (McLeod and Henderson, 2003:2).

4.8.6 Workplace counselling as a remedy to burnout

Research findings indicated that counselling can prevent and treat burnout. Participants argue that by just entering the counselling room they felt being relieved from burnout. This is in line with Pearson and Wilson (2012) who point out that the counselling room itself plays a vital function as it becomes the physical “holding environment” where the counsellor communicates to the burnout victim that the employee is safe to look at causes of burnout within the self. Similarly Mackell (2008) reveals that counselling room symbolize hope, the room plays an important role of waking up the senses and make employees feel nurtured. This is also in agreement with Miwa and Hanyu (2006) who say the moment clients enter the counselling room and experiences the calmness and peacefulness of the room they feel a bit relieved from burnout.

Findings also revealed that physical counselling environment also plays an important role in supporting disclosures. Findings indicated that counselling room aesthetics influence positive counselling outcomes. This blends well with Pitts and Hamilton’s (2005) views in which they indicated that, the way the room is designed is very important in making the clients feel more at easy. In agreement with this perception Littauer, Sexton and Wynn (2005) argue that a well
designed, aesthetically pleasing counselling room contributes to mental relaxation and has a positive effect on the healing process. In support of this argument, Mackell (2008) says bringing nature into the immediate environment through the use of indoor plants can increase comfort, mood levels, and overall attractiveness of office environments. Whilst, Pearson and Wilson (2012) say, if well designed the counselling room becomes an ambience of peace, acceptance and tranquility, paving way for a peace of mind which has a healing effect on burnout.

Study findings indicated that counselling relationship where the counsellor and the employee form a strong remedial alliance activate the desire for positive change in work beliefs and perceptions that causes burnout which reduced emotional pain they experienced before engaging the counsellor. Similarly Schwenk (2006), points out that desire is necessary for burnout clients to deal with burnout and it is the beginning of most achievements pertaining to recovery from burnout. In support of this perception Kulkarni (2006) also noted that some employees may want to change the beliefs and behaviour that causes and sustain burnout but due to lack of desire or drive they remain victims of burnout. Hence counselling relationship becomes hand in generation of the needed desire which is half of what it takes to prevent and treat burnout. Taking the debate further Kaplan and Gladding (2011), argue that “When a person has both the desire to make changes and the motivation to do so, this is half of what it takes to achieve success”. Counselling relationship also raise the employee’s sense of competence regarded as the propagation of hope which gives employees relief from burnout.

Research findings also indicated that counselling process also provides employees with an opportunity to explore burnout problem which repair their self-esteem, trust and power that they can change beliefs and behaviour that causes and sustain burnout. This in line with
Mutsau and Billiat’s (2015) view that exploration of burnout problem during counselling affords the employees a chance to gain insights about thoughts and behaviours that creates a favourable environment for existence of burnout, which may have eluded them before they entered treatment. Concluding this argument Rabiel, Nakhaee, Pourhosseini (2014) say, the result of such exploration is courage and motivation which initiates personal growth that empowers employees to manage burnout at the workplace.

Research findings highlighted that having someone empathetic or someone who listens to burnout problem has a healing effect. Participants pointed out that a sense of being heard, seen, understood and acknowledged by the counsellor brought relaxation and relief of psychological pain and suffering related to burnout. This blends well Kaplan and Gladding (2011) who say active listening to the employee talking conveys the counsellor’s emotional relationship to the employee: “that he is willing to be more in touch with him, that he wants to try and understand more of what is happening for him, that he sees him, and accepts him”. Which has a speeding up of the natural tendency to feel emotionally well thus reversing burnout.

Research findings showed that counselling processes restored the belief that the employee has the capacity to change the unwanted behaviour and beliefs that promote development and maturation of burnout which is one of the most significant building bricks to prevent and treat burnout successfully. This is in line with Miwa and Hanyu’s (2006) point of view who argue that if burnout employees do not believe that they have that capacity to deal with burnout then it makes it very difficult to prevent and treat burnout. Hence positive belief is critical when dealing with burnout. This is also in agreement with Joshi (2010) who pointed out that, the more employees believe that they have the capacity to change behaviour and perceptions
that allow development of burnout the more they raise their chances of reversing burnout successful.

Findings indicated that workplace counselling processes gave employees the courage they need to confront causes of burnout and put up a recovery strategy. In agreement with this perception Littauer, Sexton and Wynn (2005) argue that most employees who suffer from burnout lack courage to change unwanted behaviour that sustain burnout and find it difficult to make some adjustments in life so as to prevent and reverse burnout. Similarly Schwenk (2006) points out that burnout employees find it very difficult to change beliefs and behaviour that sustain burnout because adjusting beliefs can cause much anxiety and means going outside employees’ comfort zone. New workplace beliefs, habits, new methods of doing things, and changing mind set patterns or behaviours require commitment, drive and time, as well as courage, making psychological, behavioural and emotional changes needs courage which can be enhanced by workplace counselling (McLeod, 2001).

Research findings also indicated that through the use of counselling where employees are educated about importance of avoiding defense mechanism, resting, reduction of working hours, taking vacation time, and change in lifestyle and behaviour modification burnout can be prevented and reversed. This is similar to Dike’s (2014:7) findings where one employee who received professional counselling says,

I started to feel better about my life within a couple weeks of beginning our conversations. I knew that I had an ally and friend. I realized that my feelings were predictable based on my circumstances, that I was “normal”. For the first time in years I had real hope that things would change for the better.

Participants pointed out that most employees experiencing burnout use negative defence mechanisms and remain in denial that they have burnout. In support of this argument, Nelson-Jones (2001) takes the debate further and point out that most burnout victims use defense
mechanisms as a copying strategy which perpetuates the condition of burnout. Defense mechanisms are defined by McLeod (2001) as any behaviour or thought process unconsciously brought into use by an individual to protect him/her against painful or anxiety-provoking feelings, impulses and perceptions. Hence, counselling will enable employees to; accept that they have burnout, realise that use of defense mechanism can only work for while, identify the source of burnout and put up a strategic plan to treat burnout using the internal and external resources (Nelson-Jones, 2001). Thus denial and rationalisation of the problem will be dealt with by workplace counselling (Rich and Whichard, 2007).

Participants also argued that through workplace counselling, employees are provided with a platform to share coping strategies. This is in line with Jameson (2004) where he says the most effective treatments appear to be counselling rehabilitation programmes which fit in with the patient’s mindset and which encourage the patient to re-integrate back into normal life while reducing negative stressors and increasing motivating, enjoyable activities.

Participants also said workplace counselling can be complemented by the primary use of drugs to temporarily motivate the prefrontal cortex. According to Jameson (2004), the prefrontal cortex is likely to be central to the aetiology of burnout, as it has been shown to be abnormal in burnout patients. Also, its function as a modulator of the HPA axis and its control over serotonin would explain most, if not all, of the physiological and psychiatric symptoms of burnout. Tortora (1999) point out that the prefrontal cortex is also the area of the brain involved in the placebo effect, which is relevant because many reports of temporary recovery from burnout involve treatments that are essentially placebos (homeopathy, kinesiology and anti-Candida diets). Counselling can also offer a long term motivation of the PFC through utilisation of making work more meaningful through among other things,
job rotation/employee rotates from one task to another) job enlargement (employee range of
tasks is increased but the skills level remains the same) job enrichment (employee range of
tasks is increased requiring a higher skills level) and delegation (employee is given authority
to perform higher order tasks the delegator remaining ultimately accountable)(Armstrong,
1993). This will in a way motivate employees and reduce stress and burnout.

On advantages of workplace counselling, ten interviewee cited eleven advantages of
counselling over medical treatment as highlighted in the table 4.3 (chapter 4) on advantages
of workplace counselling. However, whilst participants express the need for workplace
counselling it is not being offered to all participants 30 out of 30 although they depend on
generic counselling. No organisation has been sued for psychological damages workers are
experiencing unlike what is happening internationally. Dyer (2002) points out that there has
been a rapid increase in compensation claims for work-related stress in recent years. A Court
of Appeal ruling few years ago (Sutherland v. Hatton, 2002) made it clear that employees
who feel under stress at work should inform their employers and give them a chance to do
something about it. Any employer who offers a confidential counselling service with access
to treatment may have some protection from prosecution (McLeod and Henderson, 2003).

Participants also indicated that organisations also benefit from workplace counselling. This is
similar to McLeod and Henderson’s (2003:2) finding in the UK where research results show
that Workplace counselling “offers the employer a service that is valued by employees, has
the potential for savings by reducing sickness absence, takes pressure off managers through
the availability of a constructive means of dealing with ‘difficult’ staff or situations, and
contributes to its reputation as a caring employer”.
In short participants view irrational thinking and maladaptive behavior as the major causes of burnout. These sources of burnout are responsible for other causes such as overworking and acceptance of responsibilities more than one can execute (Jameson, 2004). In addition these causes or sources of burnout are also responsible for the continuous activation of the HPA to release cortisol for energy that will be required by the body during the stressful period (Jameson, 2004; Selye, 2013). If the activation of the HPA is prolonged the end result is the depletion of internal resources resulting in the condition of burnout. Hence participants point out that to prevent and treat burnout it is fundamental to confront the irrational thinking and maladaptive beliefs that creates conducive environment for onset and maturation of burnout. Participants indicated that this can be effectively dealt with through provision of workplace counselling that will result in modification of unwanted behaviour and mind set. They said counselling session stages enable the employees to search for answers from within and confront causes of burnout. Hamilton (2014) in (Duke2014:7) says “In our deepest moments of struggle, frustration, fear, and confusion, we are being called upon to reach in and touch our hearts. Then, we will know what to do, what to say, how to be. What is right is always in our deepest heart of hearts. It is from the deepest part of our hearts that we are capable of reaching out and touching another human being.” It is the means to the heart in order to reverse burnout that needs professional counselling. Through hypnotism and transference the employee can access the inner-self.

4.9 Summary

Non Governmental Organisations with employees facing burnout should provide their employees with professional counselling as an effective option to combat burnout. Results indicate that there seems to be no clear treatment of burnout and under utilisation of workplace counselling as means of dealing with burnout. It became evident that most of the
NGOs face the probability of their employees suffering from effects of burnout resulting in reduced commitment and poor service provision that tarnish the image of NGOs. Although the NGOs have some interventions in place, room for improvement always exist, especially through the introduction of workplace counselling as the most effective way of dealing with the condition of burnout. The next chapter focuses on summary, conclusions and recommendations.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to examine whether workplace counselling is a remedy to burnout which operational NGO employees experience with special reference to Midlands Region. This chapter concludes this research through provision of answers to research questions as indicated by research findings. It is divided into three sections; summary of key ideas from each chapter and summary of main findings, Conclusions and recommendations. This was done with reference to the research questions as outlined in paragraphs 1.5 as follows:

5.1.1 Research questions

The study was centred on the following questions:

1. What are the causes of burnout?
2. What are the methods of dealing with burnout?
3. What are the shortfalls of workplace methods of prevention and treatment of burnout?
4. How is workplace counselling a remedy to burnout?

In the previous chapter, an attempt was made to analyse and discuss data obtained from open ended questionnaires, interviews, observations, and document analysis. Relevant information from NGO management, administration and field were cited to provide credible, trustworthy, dependable and defensible arguments. Review of the related literature in Chapter 2 and research findings reported in Chapter 4 show that burnout is largely caused by irrational
thinking and overworking which result in reduced efficacy and commitment to work, cynicism and poor health. Preventive and corrective measures that are being applied as a solution to burnout have shortfalls that can worsen the situation. However research findings indicated that workplace counselling can be a remedy of burnout.

5.1.2 Summary of Chapters
The summary of the chapters below highlights what is contained in each of the chapters of the thesis. Chapter 1 looked at the research problem and its context. The chapter contained a detailed and clear statement of the problem, background to the study, research questions and assumptions. The chapter also highlighted the delimitations and limitations and the research methodology used. Finally the chapter provided the ethical considerations as well as the definition of the key concepts. I rounded up the chapter with a summary of the entire chapter. Chapter 2 mainly constituted review of literature related to the key concepts in this study to enhance understanding of the burnout concept as well as the theoretical framework of the study. It described the causes, effects, methods of preventing and treating burnout and how workplace counselling can be a solution to the problem of burnout. The chapter went further to show that some of the methods being used to deal with burnout are not appropriate and can worsen the situation of the employees. Chapter 3 described the research methodology and design used in the study to generate empirical data. This was a case study of operational NGO employees implementing emergency projects in Midlands Region. I unearthed rich data from the study sample of 30 NGO employees who were purposively sampled. Open ended questionnaires, Observations, interviews and documentary analysis were used to generate data. Chapter 4 presented, analysed and discussed the data that were generated during the research study. The data collected were then analysed and categorized according to themes.
5.2 Summary of Research Findings

5.2.1 Causes of burnout

Participants know what burnout is and they described it as a state of bodily exhaustion associated with excessive and prolonged stress. Findings on causes of burnout indicate that participants cited overworking, irrational thinking and being expected to do too many things to too many people as some of the causes of burnout amongst operational NGO employees responding to humanitarian emergences. However, those in management reported that political interference, overworking, unrealistic expectations, short contracts and limited resources as causes of burnout which differs a bit from those selected by open ended questionnaire participants. This may be because management’s level of effort is more centered on resource mobilisation, de-politicisation of humanitarian work and formulation of contracts and not implementation of field activities. Participants highlighted that such causes of burnout cannot be prevented by the use of drugs but by change of behaviour and life style that creates conducive environment for onset of burnout.

I also noticed that both management and field staff agreed that layoffs and short contracts are also a source of burnout. Documents analysed showed that the kind of employment contracts used is largely governed by the period and nature of the work to be carried out. Layoffs, illegal contract breaks and termination of contracts disturbs the balance between the employee and the community, thus creating a psychological crisis that leads to burnout.

On signs of burnout research results show that emotionally exhausted, physical fatigue and cognitive weariness are some of the sings of burnout. This correlates with signs of burnout cited by Smith et al. (2008) who argue that they can include feelings of powerlessness, frustration, hopelessness, emotional exhaustion, being trapped, failure, detachment, despair,
isolation, cynicism, irritability, apathy. The signs of burnout show that use of medication without taking into consideration cognitive style and behaviour modification will not work.

The research results also indicate that burnout affects negatively operational NGO employees responding to humanitarian emergencies resulting in diminished accomplishments, reduced efficacy, absenteeism, physical illness, reduced commitment and professionalism with less than 9 of the participants ticking on hopelessness and powerless which was also supported by the participants who were interviewee (10 out of 10) who said burnout is a phenomena that can affect work ability and performance. The participants also reported that burnout affects organisation’s quality service provision and is costly to the organisation due to cost related to work accidents, absenteeism and high staff turnover. Participants view workplace counselling as a preventive measure of burnout especially through counselling process where the employee creates a relationship with the counsellor, attend counselling sessions and the use of intervention strategies such as education, sensitisation and debriefings.

5.2.2. Methods of treatment of burnout

On current methods of treatment of burnout, results indicate that workplace counselling is viewed by participants as a solution to burnout. Participants interviewed pointed out that counselling through relaxation techniques such as imagery, meditation and breathing skills can treat burnout. However some participants also reported use of medical treatment to treat symptoms of burnout which means participants considered use of stimulants, antidepressants and placebos that offers temporary relief as treatment. The results also indicate that some of the workplace counselling services offered by organisations were generic and at times were done by perpetrators of burnout which can be more harmful unlike counselling services offered to employees in countries such as America and Britain where employees receive
professional workplace counselling. Such generic counselling services offered by workmates results in dual relationship. Dual relationship with clients sometimes impairs the counsellor’s objectivity and professional judgement. This can reduce counselling benefits for the client and thus worsening the client’s situation.

5.2.3 Shortfalls of current methods of treatment of burnout
On shortfalls of using drugs as a method for prevention and treatment of burnout, results indicate that medication cannot change maladaptive behaviour, cannot address negative attitudes that promote burnout and rarely prevent burnout. Results also indicate that drugs cannot confront sources of burnout or address issues related to organisational changes and lifestyle that cause burnout. Research findings also indicate that medical treatment of burnout has side effects since it relied on stimulants, antidepressants, sedatives and placebos. Stimulants for example, Caffeine, sugar and alcohol damage the adrenals.

5.2.4 Workplace counselling as a remedy to burnout
On workplace counselling as a remedy to burnout results indicate that employees are educated about importance of resting, reduction of working hours, taking vacation time and change in lifestyle and behaviour modification. Employees are provided with a platform to share coping strategies. Workplace counselling can also offer a long term motivation of the PFC through utilisation of making work more meaningful through among other things, job rotation/employee rotates from one task to another) job enlargement (employee range of tasks is increased but the skills level remains the same) job enrichment (employee range of tasks is increased requiring a higher skills level) and delegation (employee is given authority to perform higher order tasks the delegator remaining ultimately accountable). This will in a way motivate employees and reduce stress and burnout.
On advantages of workplace counselling, research results indicate that workplace counselling offers long term solution to burnout problem, has no known side effect, offers long term motivation through activities like job rotation, job enrichment and creation of relaxed environment, can prevent burnout through activities like sensitisation meetings, retreats, meditation and visits to scenic areas, offers platform for workers to share problems and coping strategies, addresses organisational changes that may cause burnout.

The research results indicate that the majority of the sample under study responded positively to the use of workplace counselling as a remedy to burnout.

5.3 Conclusions

5.3.1 Causes of burnout

In view of the summary above it is concluded that burnout amongst NGO field employees responding to emergencies and disasters is caused by overworking, irrational thinking and being expected to do too many things to too many people, whilst political interference, overworking, unrealistic expectations, short contracts and limited resources, layoffs and short contracts are viewed by those in management as sources of burnout. Hence operational NGO employees responding to humanitarian emergencies and disasters are particularly susceptible to burnout due to their tendency to perform long term “others oriented” work under conditions of consistent stress. This stress filled lifestyle makes them a group of people particularly susceptible to burnout. Operational NGO employees responding to humanitarian emergencies and disasters experience burnout that cause so much strain that normal coping skills/attitudes do not suffice. Thus overextended, the individual is left vulnerable to various upsets. It is concluded that such causes of burnout cannot be prevented by the use of drugs.
but by change of behaviour and life style that creates conducive environment for onset of burnout.

It is also concluded that emotionally exhausted, physical fatigue and cognitive weariness are the major signs of burnout. In view of the above summary these signs of burnout show that use of medication without taking into consideration cognitive style and behaviour modification will not work. Workplace counselling caters for cognitive style which enables it to deal with issues such as irrational thinking. Hence workplace counselling becomes a remedy of burnout which affects negatively operational NGO employees responding to humanitarian emergencies. This resulted in diminished accomplishments, reduced efficacy, absenteeism, physical illness, reduced commitment and professionalism which in turn affects organisation’s quality service provision and is costly to the organisation due to cost related to work accidents, absenteeism and high staff turnover.

5.3.2 Methods of treatment of burnout
On current methods of treatment of burnout, it is concluded that counselling through behaviour modification and relaxation techniques such as imagery, meditation and breathing skills can treat burnout. However, some of the workplace counselling services offered by organisations were generic and at times were done by perpetrators of burnout which can be more harmful unlike counselling services offered to workers in countries like America and Britain where workers receive professional workplace counselling. It can also be concluded that medical treatment can be used to treat symptoms of burnout through use of stimulants, antidepressants and sedatives that offer temporary relief as treatment.
5.3.3 Shortfalls of current methods of treatment of burnout

It can be concluded from the summary of results that drugs and herbs cannot confront sources of burnout. Hence, they cannot prevent or treat burnout. Drugs and herbs cannot address issues related to organisational changes and life style that cause burnout and medical treatment of burnout has side effects since it rely on stimulants, antidepressants and sedatives.

5.3.4 Workplace counselling as a remedy to burnout

It is also concluded that workplace counselling if utilised as a remedy of burnout can reverse burnout condition or prevent and treat burnout. This can be done through counseling sessions where causes are identified and counselling intervention strategies such as education where employees are educated about importance of resting, reduction of working hours, taking vacation time, and change in lifestyle and behaviour modification. Employees are provided with a platform to share coping strategies. Workplace counselling can also offer a long term solution to burnout through creation of a health working environment for employees. This can be done through among other things, job rotation (employee rotates from one task to another), job enlargement (employee range of tasks is increased but the skills level remains the same), job enrichment (employee range of tasks is increased requiring a higher skills level) and delegation (employee is given authority to perform higher order tasks the delegator remaining ultimately accountable). This will in a way motivate employees and reduce stress and burnout.

Conclusions that can also be reached from the summary are that workplace counselling offers long term solution to burnout problem has no known side effect, offers long term motivation through activities like job rotation, job enrichment and creation of relaxed environment. In addition workplace counselling prevents burnout through activities like sensitisation
meetings, retreats, meditation and visits to scenic areas. More important workplace
counselling offers platform for employees to share problems and coping strategies and
addresses organisational changes that may cause burnout.

5.4 Recommendations

5.4.1 Causes of burnout

I recommend that causes of burnout should be identified first before any intervention is
applied. Research results and discussion indicated that most treatments such as herbs and
antidepressants were used before the causes of burnout were identified which ended up
targeting symptoms of burnout which cannot prevent and treat burnout but sustain presents of
burnout. Furthermore, Burnout has been defined as multi-faceted construct by both
participants and authorities who were cited in the review of the related literature section.
Hence I recommend that remedy for burnout requires professional counselling which can use
multifaceted interventions such as meditation, job rotation, job enrichment, relaxation self-
management techniques and should be aimed at individuals.

5.4.2 Methods of prevention and treatment of burnout

I also recommend that treatments such as herbs and drugs be used to treat physical symptoms
of burnout such as headaches, high blood pressure, exhaustion and stomach complaints but
should not be used sorely to prevent and treat burnout. While it is a noble idea for
organisations to offer benefits like medical aid to cater for mostly infectious illness, it is also
fundamental for organisation to include Workplace counselling as one of the benefits package
to cater for psychological damages that are caused by burnout condition. Moreso, employees
of different settings, roles and status are not affected by burnout the same way and if
appropriate remedy is not used some of the employees may end up suffering from serious
mental disorder and strokes. I therefore recommend that intervention tactics should be specific and suitable to the targeted group of NGO employees implementing emergency and disaster projects.

5.4.3 Shortfalls of current methods of treatment of burnout

On shortfalls of methods of dealing with burnout such as generic counseling, herbs and medication I recommend that generic counseling should be avoided at all cost since it is more like advice giving which does not give employees a chance to identify causes of burnout and put up their own intervention strategies to deal with burnout. Other means for instance, medication and natural approach should be used to treat opportunistic diseases and symptoms of burnout. These should not be used to prevent and treat burnout since medical treatment and herbs cannot change maladaptive behaviour and negative attitudes that promote burnout and rarely prevent burnout. Since drugs cannot change maladaptive and negative attitudes that promote burnout relying on such treatment may not work. According to Jameson (2004), burnout is due to abnormal illness beliefs. Furthermore, burnout and infectious illness that needs medication are different. Hence it is recommended that behaviour modification therapy such as counselling be used.

I also recommend that NGOs should utilise qualified counsellors to effectively deal with burnout. Research results indicated that at times counselling was done by perpetrators of burnout which can be more harmful. Such generic counselling services offered by workmates result in dual relationship which may worsen the situation. In addition, counselling should be theory driven for it to be effective and professional which in turn makes the workplace counselling processes, practices and procedures ethical, legal and moral and above all effective and efficient.
5.4.4 Workplace counselling as a remedy to burnout

The first key recommendation is that workplace counselling should be provided by NGOs to employees as a remedy for burnout that employees are experiencing. From the results it became evident that most of the employees view and use counselling as solution to burnout. Research results also indicate that causes of burnout cannot be prevented by the use of drugs but by change of behaviour and life style that creates conducive environment for onset of burnout which can only be effectively done through counselling. Through counselling employees are educated about importance of resting, reduction of working hours, taking vacation time, and change in lifestyle and behaviour modification. Employees are provided with a platform to share coping strategies. Jameson (2004) says the most effective treatments of burnout appear to be counselling rehabilitation programmes which fit in with the patient’s mindset and which encourage the patient to re-integrate back into normal life while reducing negative stressors and increasing motivating and enjoyable activities.

I recommend that workplace counselling should be provided by NGOs for through workplace counselling employees can be encouraged to reduce workload by maximising community participation thus preventing development of burnout. Employees can also be urged to make use of government existing structures to add manpower to lean NGO field staff usually caused by lack of funds for recruitment of enough project staff. Counselling can also educate NGO employees on how to collaborate with government extension staff so as to utilise their expertise. This will allow NGO employees to focus on activities that they are good at which prevents development or sustenance of burnout associated with doing work which is against one’s personal values and being expected to offer too many services to too many victims of emergencies and disasters.
I also recommend that workplace counselling be complemented by the primary use of drugs to temporarily motivate the prefrontal cortex especially through the use of antidepressants or herbs as was indicated by research results. However, it must be noted that there is big difference between infectious illness and burnout. Moreso, doctors may prescribe medication to treat the symptoms of burnout such as digestive problems and other physical problems through the use of drugs such as; antidepressants, sedatives or sleeping pills.

In an ideal world employees should not work any more than 40 hours a week (Labour Act 2007). In reality, far too many hours are put in at work, without realizing that after a certain amount of time, work ceases to be productive. When energy lags, so does output. When employees are too fatigued from working long hours, it becomes counter-productive, for both the company and the individual. Hence, it is recommended that managers also need counselling for them to change their mind sets and beliefs that an employee is an energy source to be fully extracted and that a person is a commodity, just like a chair.

It is highly recommended that there is need for quick registration of a Professional board for counsellors in Zimbabwe so that the counselling practices are monitored and practicing counsellors are also accredited or registered and given practicing certificates. The board will also formulate ethical guideline for practicing counsellors. Ethics are important to safeguard the welfare of the clients or participants who are usually humans or animals (Kaplan and Gladding, 2011). The participants may be subjected to experimental conditions that are potentially harmful, psychologically and/or physically. They have to be protected. Therapists are also helped by ethical principles to decide on course of action in the case of complaints by clients. In other countries such as America counselling is not done by any person. Professional boards or associations like British Counselling Association and American
Counselling Association compile the guidelines for counsellors (American Counselling Association, 2007). These are well-established organizations with vast experience in counselling services. Their standards are adopted and modified internationally. They are intended to maximize professional competence of counsellors and benefit to clients. The board called Zimbabwe Family Counsellors and Professional Therapist Association provides ethical guidelines for counsellors in Zimbabwe but is yet to be registered. The association is at its early stages of formation. The proposal is that it will be affiliated to Health Professions Council.

It is also recommended that workplace counselling processes, practices and procedures be based on counselling theories concepts from cognitive behavioural theories in order to deal with issues of maladaptive behaviour and negative beliefs that promote burnout. Systemic theories concepts can also be used to deal with both employees’ body system and organizational systems that perpetuate the condition of burnout at workplace.

5.5 Further Research
Completion of this study indicates a need for further research in several areas. People suffering from burnout have endured a period of overload or extreme strain which may be thought of as a kind of self inflicted exploitation of one’s own body. The prolonged wear and tear can result in (either directly or indirectly) a range of diseases, injuries and/or deficiencies. There is need to carry out a research on how to use medication to support counselling for counselling may not deal with illness that burnout may cause.

Research could also be carried out on the effectiveness of counseling services that are being offered in Zimbabwe since there is no any professional board for Zimbabwean
Non existence of the professional registered board for counsellors is a cause of concern because no one is actually monitoring counselling activities that are being carried out in Zimbabwe. There is need to monitor these activities so that the counselling processes, practices and services adhere to the international standards which in turn will lead to effectiveness quality service provision.

In addition, further research needs to be undertaken on how to effectively use traditional counselling methods that some of the NGO employees depend on as a way of preventing and reversing burnout.

This research is qualitative in nature which used a case study strategy. A qualitative, interpretive paradigm was preferred. The aim of this paradigm is to understand how people in everyday settings create meaning and interpret events in their world study. The study focuses on, “whether workplace counselling is a remedy to burnout which NGO employees responding to emergencies are experiencing.” which limits the ability to generalise the conclusions to the entire population of NGO employees responding to emergencies in the Midlands Region of Zimbabwe. Hence need for further research based on multi-case and multi-paradigm research and team to come up with conclusions that can be easily generalised across setting.

Studies on the effectiveness of REBT, GET and CBT are not conclusive hence there is need for further studies to be carried out so as to establish how best these approaches can be improved so that counselling sessions based on these theories become effective, efficiency and appropriate.
Finally, there is need to carry out a research on the negative impact of burnout on operational NGO employees responding to emergencies, the health insurances, image of the organizations employing employees that experience the condition of burnout and on the economy.
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05 July 2012

Dear Participant

RE: DOCTOR OF PHILOSOPHY RESEARCH OPEN ENDED QUESTIONNAIRE

The researcher is a final year candidate studying for a Doctor of Philosophy Degree with the Zimbabwe Open University. The open ended questionnaire seeks to gather data on whether workplace counselling is a remedy to burnout that is being experienced by operational NGO employees responding to emergencies so as to give suggestion that combat burnout. This research is an issue of great importance within Zimbabwe. Little is currently known about solutions to burnout that non-governmental organizations employees experience.

You are one of a small number of people who are being asked to give your opinion on this issue. The researcher would be grateful if you could assist by completing and returning the attached open ended questionnaire. The researcher anticipates that the open ended questionnaire would take approximately 20 to 30 minutes of your time. The researcher will collect it by end of the day on 11th of July 2012.

Below are call back arrangements if you have any questions you wish to ask or there is anything you wish to discuss, please do not hesitate to contact the researcher on the following telephone number: +263 773 588 739 or +263 773 287 402.

All information you provide will be confidential and will not be disclosed to third parties. Note that your name and address do not appear on the open ended questionnaire and that there is no identification number. This is purely an academic research and all the information received will be treated in the strictest of confidence.

Thank you in advance for your assistance in this matter.

Yours faithfully

..................................................
Shepherd Shumba (P).
D Phil Research Student.
Zimbabwe Open University
Appendix 2: Open Ended Questionnaire

SECTION A: PERSONAL DETAILS
Tick the appropriate box

1. Sex
   Female ☐ Male ☐

2. Age
   18-30 ☐ 30-40 ☐ Above 40 ☐

3. Designation
   Project Assistant ☐ Project Officer ☐ Manager ☐

4. Period or number of years at work
   0-1year ☐ 1-3years ☐ over 4years ☐

5. Indicate your highest level of education. by ticking the appropriate box
   Diploma ☐ Undergraduate degree ☐ Masters degree ☐ others ☐

SECTION B
This section seeks to establish causes and effects of burnout on operational NGO employees responding to Humanitarian Emergencies in Midlands of Zimbabwe.

6. (a) What is burnout?
    (b) List causes of burnout you know and explain how the listed items cause burnout

7. List person type that shows signs and symptoms of burnout?

8. What are the effects of burnout on operational NGO employees responding to humanitarian emergencies?

SECTION C
This section seeks to identify current methods of prevention and treatment of burnout and their shortfalls.

9. List current methods that are being implemented by your organisation to prevent burnout?

10. Write methods that can be used to treat burnout.
SECTION D
This section seeks to identify shortfalls of current methods of treatment of burnout.

11. What are the shortfalls of using drugs as a method for prevention and treatment of burnout?
12. What awareness activities of burnout are being carried out by your organisation?

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13. Explain how burnout can be a treatable condition.

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SECTION E
This section seeks to find out whether workplace counselling is a remedy to burnout experienced by operational NGO employees responding to Humanitarian Emergencies in Midlands of Zimbabwe.

14. Explain how workplace counselling can prevent burnout.
15. Of what importance is workplace counselling to NGO employees responding to Humanitarian emergencies?

16. Explain how workplace counselling can be a treatment of burnout.
17. Explain how workplace counselling can improve your sense of coherence and commitment at work.

18. Explain how workplace counselling can be a long-term solution to burnout.

19. What are the advantages of workplace counselling over other methods of prevention and treatment of burnout?
20. What are the benefits of workplace counselling to self and your organisation?

End of open ended questionnaire. Thank you for participating in this research
Appendix 3: Interview Guide

SECTION A; PERSONAL DETAILS

Tick the appropriate box

1. Sex
   - Female
   - Male

2. Age
   - 18 -30yrs
   - 30-40years
   - Above 40 years

3. Designation
   - Project Assistant
   - Project Officer
   - Manager

4. Period or number of years at work
   - 6 months-1 year
   - 1-3 years
   - over 3 years

5. Indicate your highest level of education by ticking the appropriate box
   - Diploma
   - Undergraduate degree
   - Masters degree
   - others
SECTION A; INTERVIEW QUESTIONS

1. How are workers exposed to burnout at the workplace?

2. What are the effects of burnout to self and to the organisation?

3. What are the methods of preventing burnout?
4. What are the methods of treating burnout?
5. What are the shortfalls of medical treatment of burnout?

6. How can counselling be used to cater for the shortfalls of medical treatment of burnout?
7. Explain how workplace counselling can combat irrational beliefs, maladaptive behaviour and work related life style that causes burnout?

8. What are the advantages of workplace counselling over medical treatment of burnout?
9. Explain how workplace counselling can be combined with medical treatment to cater for both short term and long term treatment of burnout?

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Appendix 4: Observation Instrument

SECTION A: Descriptive Observational variables

1. Comments on knock of time
2. Comments on staff complement.
3. Comments on shrunk employee duty roster.
4. Comments on employees and beneficiaries interaction at food at distribution points.
5. Comments on staff morale.
6. Comments on use of herbs by employees as a means of dealing with burnout.
7. Comments on employee attitudes.
8. Comments on work environment observed.
9. Comments on use of counselling.
10. Any other descriptive observational variables

SECTION B: INFERENTIAL OBSERVATIONAL VARIABLES

1. Are employees overworking?
2. Are employees having enough time to rest?
3. Are employees committed to their work?
3. Do employees show beneficiary care?
5. Are there signs of exhaustion, hopelessness, frustration among employees?
6. Are there signs of personal clashes?
7. What methods are used to treat burnout?
8. How is counselling being used?

SECTION C: EVALUATIVE OBSERVATIONAL VARIABLES

1. What is the level of overworking?
2. How effective are methods of dealing with burnout?

3. Are herbs and medical treatment effective in preventing and treating burnout?

5. What has been observed as the shortfalls of herbs and medical treatment of burnout?

6. Is workplace counselling a remedy to burnout?

SECTION D: CRITICAL INCIDENTS

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Appendix 5: Document Analysis

The following documents were analysed:

1. Contracts of employment
2. Human Resources policy
3. Records on counselling activities
4. Document on IRC code of conduct
5. Benefits documents
6. Employee activity plans
7. Memos
8. Reports
Appendix 6: Informed Consent Agreement Form

Name of Researcher: Shepherd Shumba

Institute: Zimbabwe Open University

Degree: Doctor of Philosophy in Counselling

Research Topic: Workplace counselling as a remedy for “burnout”: A case study of operational NGO sector responding to emergencies in Midlands Region.

Purpose of the Study: To find out whether workplace counselling is a remedy to burnout being experienced by operational NGO employees responding to humanitarian emergencies and disasters in Midlands Region of Zimbabwe.

Description

You are being asked to participate in a study that is looking at workplace counselling as a remedy to burnout experienced by NGO employees responding to emergency in Midlands Region. The interviewer will ask you questions about causes and effects of burnout and whether counselling can reverse burnout. There are also more personal questions about things like your age and qualifications and your personal experiences in burnout issues.

Methodology.

This study is going to be a case study of operational NGO sector responding to emergencies in Midlands region. Data will be collected from field employees, managers and human resource officers affected by burnout from each organisation responding to humanitarian emergencies in Midlands. Participants will be engaged in open ended questionnaires and
face-to-face interviews where data will be written down or recorded on an audio recorder and some pictures taken. Completing the open ended questionnaire should not take more than 30 minutes while face to face interview should last approximately 30 minutes per person.

Research Ethics

Persons who are willing to participate in this research should read or listen to the following information very carefully so that they can make an informed decision about their participation.

Conditions for participation

Participation in this research is voluntary and participants should do so out of their own free will. The participant is free to withhold any information that they may decide not to share with the researcher or withdraw from the interview at any point if they feel like doing so for whatever reasons. If the interviewer asks you a question that you do not wish to answer, just say “pass” and the interview will skip that question.

Published results will only report aggregate information so your identity cannot be determined from these results. The computer data file that contains the interview responses as well as all other research materials will be kept in a locked, secure facility that is accessible only to the Principal Investigator.

Protection accorded to participants

1. Confidentiality: The research will uphold all participant’s right to confidentiality.
2. **Anonymity:** names of the individuals will not be revealed. The research will instead use pseudo names which may not in any way link the participants to the data collected.

3. **Risk:** There will not be any risk involved in participating in this research. Permission to conduct this research was granted by the .................. ..................

Data analysis

Data will be analysed using grounded theory and words and descriptions would used in data analysis.

Use of data collected

1. The end product of this study will be a Doctoral Thesis.

2. The data generated will be available for inspection by the Research Supervisor, the Research Degrees Committee, Internal Examiners of the Zimbabwe Open University and appointed External Examiners from other institutions.

3. It is envisaged that some of the chapters of the entire document will be published later on.

4. All information about the participants will be treated with strictest confidentiality and will not be revealed to anyone else except the persons noted unless required by law.

Benefits and compensations

There are no direct benefits to any participants other than that, it is hoped the results from this research will further the understanding of the experiences of the condition of burnout in Zimbabwean context. Also as a citizen you would have contributed to valuable information that helps the nation and police makers to understand the effects of burnout to Zimbabwean employees with the view of assisting them to formulate well conceived policies on this issue.
Appendix 7: Informed Consent

The purpose of my participation has been clearly explained to me and was made available to me. I understand that my participation entails that it is voluntary. I will be allowed to ask questions and opt to withhold information that I may deem unfit to divulge. I may withdraw from participation at any point without any penalty. I have read and understood the Informed Consent Agreement and sign it freely and voluntarily and a signed copy has been given to me.

Signature of volunteer participant ..........................................................

Date ........................................................................................................

Signature of researcher/Agent .................................................................

Date ........................................................................................................

Contact Details

If you are willing to participate and you need to seek clarification about anything related to this study please contact Shumba Shepherd on +263 0773588739 or e-mail shumbashepherd@yahoo.co.uk

Thank you.
Appendix 8: The Counselling Contract

To be completed by a client

1. Psychological counselling is helping relationship in which THERAPIST who is professionally trained in psychological process and concepts helps you the CLIENT to resolve issues that may be affecting your health, which if not attended to may damage your physiological, ultimately interfering with your relationships with other people within the family or workplace.

2. Workplace counselling is the provision of psychological therapy for employees of an organisation, which are paid for by the employer.

3. The successful resolution of your issues depends very much on your willingness to cooperate in the therapeutic process.

4. The issues discussed will be kept confidential unless you wish to inform certain third parties, or the information is required by the courts or law.

Date................../......................./......................

Signature.......................................................................... (Client)

Signature............................................................................(Therapist)

I agree to the following as outlined in the schedule.
Appendix 9: Letter Giving Permission to Carry Out Research

Shumba Shepherd
House 6214
Mkoba 19
Gweru

RE: PERMISSION TO CARRY OUT RESEARCH AT CARITAS

Reference is made to your application to carry out research at CARITAS on the title:
Workplace Counselling as a remedy for burnout: A case study of operational NGOs
Responding to emergencies in Midlands Region of Zimbabwe.

Please be advised that Caritas Manager Grants you the authority to carry out research
on the above topic. You are required to supply Caritas with a copy of your research
findings.

Caritas Gweru
Appendix 10: Letter Giving Permission to Carry Out Research

Shumba Shepherd
House 6214
Mkoba 19
Gweru

RE: PERMISSION TO CARRY OUT RESEARCH AT MASO

Reference is made to your application to carry out research at MASO on the title:

Workplace Counselling as a remedy for burnout: A case study of operational nurses responding to emergencies in Midlands

Permission is hereby granted. However you are required to supply MASO with a copy of your findings

Chief Executive Officer MASO
Appendix 11: Letter Giving Permission to Carry Out Research

Shumba Shepherd
22 February 2012

RE: PERMISSION TO CARRY OUT RESEARCH AT CARE

Reference is made to your application to carry out research at Care on the title:

Workplace Counselling as a remedy for burnout: A case study of operational NGOs
Responding to emergencies in Midlands Region of Zimbabwe.

Please be advised that Care Manager Grants you the permission to carry out research
on the above topic.

[Signature]

Manager CARE Zimbabwe
Appendix 12: Letter Giving Permission to Carry Out Research

TO WHOM IT MAY CONERN
This letter serves to acknowledge that Shumba Shepherd ID: 26-080131-S-26 carried a research study for his Doctor of Philosophy in Counselling with our institution. He made use of... field workers, Project Officers and Manager to enquire or to find out the effectiveness of workplace counselling as a remedy to burnout experienced by workers responding to emergencies in Midlands Region of Zimbabwe. His research was carried from 01/03/2012 to 31 December 2012

Regards

Mr./Ms. [Signature]
Director/Manager.