

# Burnout Among HIV/AIDS Counsellors in Kerala: Individual and Organizational Factors

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## Summary

**Objective:** The aim of this study was to identify the crucial determinants of burnout among hiv/aids counsellors in Kerala. **Methods:** In order to explore the views of counsellors regarding burnout, a qualitative approach was used. A semi-structured interview guide was used to conduct this qualitative descriptive study. The study participants consisted of 14 hiv/aids counsellors from the State AIDS Control Society, Kerala, India. All counsellors had a Post Graduate Degree in Social Work. The inclusion criteria for this study stipulated that all Counsellors had at least 5 years of experience of the job and should report a high score in Burnout assessment. Qualitative data were collected using in-depth interviews. During the interview, participants were asked to respond to questions about their perceptions related to their profession and burnout. The audio recording is done with the consent of the participants. Data were systematically analyzed using thematic analysis. **Results:** Burnout among hiv/aids counsellors is preceded by unmet career expectations. The crucial determinants of burnout include role conflict and role ambiguity, fear of infection, compassion fatigue, low self-efficacy beliefs, lack of social support, job insecurity, remuneration, workload, improper coping strategies and lack of autonomy. **CONCLUSION:** The environment that helps counsellors cope with burnout should be improved to ensure the quality of service they provide.

**Keywords:** Counsellors, Burnout, JD-R Model.

Counselling in the HIV/AIDS care continuum begins at the Vocational Counselling Centres (VCTC). They provide psychological, medical, legal, and social services to the needy and to educate the general public about safe behaviours. In addition, it reduces stigma and discrimination by increasing public awareness of this epidemic. However, the dynamic demographics of the epidemic, the complications of treatment procedures, and the difficulty of managing clients are crucial for counsellors in this field. Although the counselling process deals with emotional and social concerns related to viral infection, the main challenge is the experience of emotional exhaustion and burnout among counsellors. The emotional demands and the unique nature of their jobs make them especially susceptible to burnout (Ito & Brotheridge, 2001; Visser & Mabota, 2015; WHO, 2016). As a result, they may become irritable and resentful toward authorities, colleagues and even their clients.

## 1. Burnout

The concept of burnout in the psychosocial literature was introduced by Freudenberger (1974) and Maslach (1976). After studying similar types of responses among volunteers working in human service professions, they each came up with their own independent findings on burnout. Burnout has been defined by Maslach and her colleagues as "a syndrome of emotional exhaustion, depersonalization and reduced personal

accomplishment that can occur among individuals who work with people in some capacity" (Wilmar B. Schaufeli, Leiter, & Maslach, 2009). Researchers in the field of burnout have confirmed that burnout is the result of a long-term process that may last months or even years. A worker's incapacity to invest his or her energy continuously in the occupation contributes to burnout (Korunka & Tement, 2010). Burnout usually begins at an early stage of emotional exhaustion. Excessive emotional exhaustion may result in withdrawal, especially from clients, patients, colleagues, and from the job itself. In turn, these desertions result in depersonalized reactions towards clients and a detached attitude towards the profession (Christina Maslach, Schaufeli, & Leiter, 2001). Despite differences of opinion regarding the conceptual formulation of burnout, all of the studies in this field emphasize the term 'emotional exhaustion' as the most significant phenomenon in burnout theory (Kristensen, Borritz, Villadsen, & Christensen, 2005).

People who are engaged in any kind of work often experience burnout. The result is a reduction in job performance, a decrease in productivity, a decrease in job satisfaction, as well as a reduction in commitment to the job (A. Bakker, 2004). Furthermore, it is considered a motivating factor for the turnover of employees in the human services sector. Employees who are burned out can start conflicts with their co-workers and interrupt projects that require collective action. The effects of burnout can therefore be spread to colleagues of those

professionals or workers who are experiencing it. Owing to absenteeism and frequent sick leaves, burnout can act as a primary reason for financial losses in organisations (Maslach & Goldberg, 1998; Maslach, Schaufeli, & Leiter, 2001a; W. B. Schaufeli & Bakker, 2004). Additionally, burnout has been shown to negatively impact organisations. As a result, employees' mental health can be deteriorated, and they may experience anxiety, depression, and low self-esteem (Antoniou, Polychroni, & Vlachakis, 2006; Khatiban, Hosseini, Bikmoradi, Roshanaei, & Karampourian, 2015).

## 2. HIV and Counsellors burnout

Counsellors who suffer from burnout may not be able to engage actively in their jobs and ensure quality in their service delivery (Casale, Wild, Cluver, & Kuo, 2014; Cooper et al., 2016). They report feeling unsafe while interacting with HIV infected individuals (Taegtmeier et al., 2008). When they need to create an intense and long-term relationship with the infected, they feel pressure. Likewise, research has shown that caregivers bear a psychological burden when they manage the afflicted relatives of the patient, bereavement, grief, etc. (Regan, 2013). Counsellors need to cope with certain professional challenges, such as motivation to survive in the profession, resolving the stigma and fear of others, and handling professional role expansion and role ambiguity, among others (Miller, 2005). Moreover, they face difficulties in expanding their responsibilities, discomfort in addressing sexual behavior and sexuality issues, difficulties in neurological management, professional inadequacy, role ambiguity, as well as a number of other challenges (Sebastian & John, 2013; Mazta et al., 2012; Visser & Mabota, 2015). Due to the complex and dynamic determinants of burnout, a model is required for the study that integrates the determinants of burnout into one framework. This will offer more insight to researchers, academicians, and other professionals who work in the field of burnout. Job Resources-Demand is considered to be one of the most commonly accepted models for conceptualizing burnout.

### Job Demands-Resources Model (JD-R model)

As a professional stress model, the JD-R model proposes that stress and strain are caused by an imbalance between an individual's job-related demands and his or her available resources (A. B. Bakker & Demerouti, 2007). There are several variables that have been integrated by the propagators of the JD-R model, Arnold B. Bakker and Evangelia Demerouti to analyze job-specific stress. The JD-R model was unique in that it took into accounts both positive and negative outcomes, as well as crucial predictors of employee engagement. The authors categorize job-related risk factors into two broad categories, such as job demands and job resources. Job demands include physical, social and

organisational aspects of the job which necessitate skills or efforts from the workers. Physical or psychological resources must be consumed by individuals in order to cope with such stressors. Examples of such demands include work pressure, targets, and empathy. A job resource is comprised of those components of the job that are functional in achieving the job-related goals, mechanisms for reducing the physical, psychological, and emotional costs of the job, as well as means for encouraging professional development, growth, and learning among employees. Such resources include job autonomy, role clarity, and career development opportunities. The job resources are divided again into personal and workplace resources (Demerouti & Bakker, 2011). Individuals possess personal resources such as optimism, self-esteem, efficacy beliefs, and so on, while workplace resources include the physical and social means necessary for their work, including adequate infrastructure and descriptions of their responsibilities and authorities.

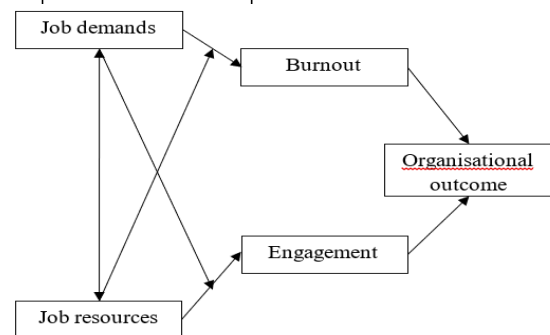


Figure 1.1: Burnout and Engagement in JD-R perspective

In figure 1.1, both burnout and engagement are analyzed from the perspective of the Job Demand Resource model. The model describes how job resources influence work engagement and burnout (A. Bakker, 2004; Smith & Clark, 2011). It views burnout as a result of a lack of resources among employees. As a result of the demanding nature of work, it can result in overworking and eventually burnout (Demerouti, Mostert, & Bakker, 2010). Additionally, the absence of resources complicates the achievement of job demands, leading to employee withdrawal from their positions (Demerouti, Nachreiner, Bakker, & Schaufeli, 2001). Due to the continuous withdrawal, the employee becomes disengaged from work, which in turn results burnout (A. B. Bakker & Demerouti, 2014; Demerouti, Bakker, Nachreiner, & Schaufeli, 2000; Maslach & Goldberg, 1998; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007).

### Objective and method of the study

To identify the crucial determinants of burnout among HIV/AIDS counsellors in Kerala, this study utilized the thematic analysis. This was done to determine the various factors that contribute to burnout among counsellors.

### Research setting and Sample

The respondents were HIV/AIDS counsellors working

for Kerala State AIDS Control Society (KSACS), India. Initial burnout assessment of the participants was done by the Copenhagen Burnout Inventory (CBI). The researcher contacted counsellors who reported high levels of burnout on the three subscales (Work-related burnout, Client-related burnout, and Personal burnout) of CBI. The demographic variables of these respondents were examined, including age, gender, experience, etc. This sorting was done to ensure representativeness, saturation, and variability. Saturation occurs when qualitative data collection yields no additional information or data. Data saturation occurs when researchers hear the same comments repeatedly (Glaser & Straus, 2006; Goulding, 2002). Fourteen respondents were selected for the inquiry according to the following criteria;

### Inclusion Criteria

1. HIV/AIDS Counsellors working for KSACS with at least two years of experience
2. Counsellors who reported a high level of burnout during the assessment process

### Data Collection Process

Data collection for the inquiry was conducted using an interview guide that included a number of questions and probes. The primary objective of the process was to collect a broad range of responses within the framework of reference. The researcher always tried to keep the interview process as interactive as possible. The questions were related to the respondent's role, specific activities he is required to perform, as well as duties and responsibilities. Despite the flexibility of the interviews, the researcher relied on the following three research questions when asking probing questions.

### Research Questions

1. What are the specific causes of burnout among HIV/AIDS counsellors in Kerala as a result of the demand-resource conflict?
2. Which are the explicit antecedents of burnout resulting from loss of personal resources among HIV/AIDS counsellors in Kerala?
3. What are the crucial precursors of burnout among HIV/AIDS counsellors in Kerala due to disparities in resources and rewards?

## 3. Data analysis

All interviews were recorded digitally using a mobile recorder, and transcripts were prepared for each response. Transcripts were uploaded into NVivo software for thematic analysis. As part of an iterative process, themes, categories, and codes were developed by analyzing and reviewing interview transcripts. Using open coding, each line of the interview was analyzed for similarities and differences. These codes were then categorized, clustered and merged into the core categories (Creswell, Clark, Gutmann, & Hanson, 2003; Glaser & Straus, 2006; Taylor, 2013). Researchers analyzed

the semi-structured one-to-one interview data. According to counsellor responses, they do not fully engage in their duties and responsibilities. When they joined as HIV/AIDS counsellors, most of them had a sense of dedication on the profession's service-oriented nature. However, the nature of work, culture of the organization, and the responses they received from both their clients and the authorities made them feel worthless in their profession. Counsellors feel that their professional expectations have not been met. One of the counsellors responded that,

"I'm dissatisfied with the job requirements, especially the client demands, the high caseload, and the decreased perks." I'm frustrated about my pay. It's nothing compared to my time and effort at work."

Many respondents felt they were underpaid, unrecognized, and lacked professional development opportunities. The work culture among HIV/AIDS counsellors is emotionally demanding for many of them. Consequently, due to job-related factors, they need to adjust and prepare themselves more. During the interview process, one of the respondents revealed,

"It is imperative that we show more consideration and care to those who are insecure or experiencing distress. Our authorities were constantly requesting reports and records that had already been sent. I am pointing out an example here. Even though we lack adequate infrastructure here, we still do our part, yet we are not considered for remuneration, facilities, etc".

It has been noted that the factors contributing to counsellor exhaustion are interconnected. Counsellors can experience work-related exhaustion as a source of personal and client-related distress. Figure 1.2 describes the process of burnout development and its outcome among HIV/AIDS counsellors.

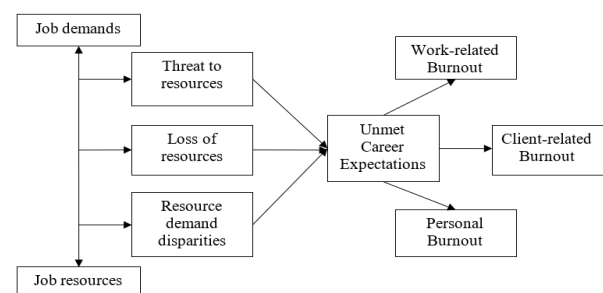


Figure 1.2: Burnout development process among the HIV/AIDS counsellors

### Overarching theme: "Unmet career expectations"

This study revealed that counsellors' career expectations are not being met, despite investing their entire resources into the job. According to one respondent,

"How can I get involved in my job if it fails to satisfy my needs? When I joined here as a counsellor, I had a lot of expectations. I was more interested in my

career achievements and advancement. Those my friends who migrated to other countries were already well established in their careers. This incompetent environment still bothers me."

As a result of the interaction of individual factors, client factors, and work-related factors, counsellors find themselves in a state of disgust when they find that their expectations have not been met. When counsellors become aware of this, burnout begins. Several studies have shown that burnout is caused by job-related stressors (Cordes & Dougherty, 1993; Schaufeli & Enzmann, 1998). According to theorists who have conceptualized burnout, it results from a conflict between individual factors and job demands. As per Conservation of resource (COR) theory, stress develops when (1) job demands threaten personal resources, (2) personal resources are lost, and (3) workers are underpaid considering their investment of resources (S. E. Hobfoll & Ford, 2010; S. Hobfoll, Halbesleben, Neveu, & Westman, 2018; Scherer, Allen, & Harp, 2016). The current study analyzes the responses related to questions regarding individual factors of burnout according to COR theory. Based on their nature, the determinants of burnout were grouped into three categories such as, (1) "Determinants resulted from the demand- resource conflict", (2) "Determinants resulted from the loss of personal resources" and (3) "Determinants resulted from the disparities in resources and rewards".

### 1: Determinants resulted from the job demands threat to resources

Counsellors' categorised responses indicated that they experienced conflict at work. The analysis of the responses reveals the determinants that arise as a result of the conflict between resources and demand among the respondents. It was evident that these counsellors were under threat or in conflict with one another. Based on the responses of the counsellors, the data analysis process identified the following determinants of burnout.

#### 1.1. Role conflict and role ambiguity

Role conflict is defined as "the simultaneous occurrence of two or more role pressures so that the compliance with one makes it more difficult to comply with the other". While, "role ambiguity refers to the lack of clear information regarding the expectations associated with a role" (Kahn et al., 1990). It may arise among the individuals as obscurity in the expectations of a role and the inability to fulfil the demands of a particular role. Both role conflict and role ambiguity causes stress among counsellors. Additionally, respondents to the study expressed conformity to the stress that resulted in role conflict and ambiguity. In response to the question related to the role clarity, one of the counsellors stated that, "I just wanted to counsel the client; I am not sure if it is called counselling or not? HIV/AIDS counselling has many procedures. It's important to have pre-test and post-test counselling in HIV/AIDS counselling. But the Pre-test counselling is just for namesake. In the post-test counselling, it was recommended that

we make them aware of risky behaviours and risky environments if the test is negative, but that wasn't possible."

Counsellors believed that it was their duty to inform clients about HIV infection and AIDS. According to respondents, no ample pre-test counselling was conducted among the clients in HIV/AIDS counselling. Client overload and client demands were the major obstacles to pre-test and post-test counselling. Moreover, the respondents were conflicted due to these compulsions in their profession. Rather than identify themselves as counsellors, they just wanted to provide information about the syndrome. Counsellors were confused by these contradictions, which led to the same inter-role conflict.

#### 1.2. Fear of Infection

Research studies in the field of HIV/AIDS have reported that people are concerned about becoming infected with the virus because of direct contact with patients (Chandra, Deepthivarma, & Manjula, 2003; Shinde et al., 2012; Solomon, Kumarasamy, & Challacombe, 2016). However, due to appropriate awareness-raising strategies organized by different organizations working in the HIV/AIDS field, it was not evident among caregivers. None of the respondents reported a positive response to the question regarding fear of infection. When the counsellors began their careers, they had to overcome the stigma associated with HIV. However, the functions of KSACS and other HIV/AIDS-related agencies may alter public attitudes towards this disease. HIV positive individuals survive among them without experiencing much stigma or discrimination. However, the respondents admit that they fear associated infections such as tuberculosis and hepatitis B.

"Some clients are infected with contagious diseases like tuberculosis, hepatitis, etc. Do we have any protection against these infections? As counsellors, we need to talk to clients face-to-face. How will you interact with a counsellor who wears masks during your session? Will it be fruitful?"

It was revealed by the respondents themselves that they were more concerned about infectious diseases in clients than HIV. As a result of this fear of infection, counsellors are forced to reduce the duration of their counselling sessions. Respondents shared their feeling of helplessness when faced with the management of people suffering from infectious diseases. In addition to preventing them from providing quality services, these dilemmas also result in distress and burnout.

#### 1.3. Compassion fatigue

The term compassion fatigue refers to a state of tension experienced by a counsellor following the re-experience of distressing events, the avoidance or numbing of reminders associated with traumatized clients (Figley, 2002). Essentially, it is the subjective feeling of sympathy and grief experienced by a counsellor towards a client who is suffering. This

feeling is intended to alleviate the pain and grief of the client (Gilbert, 2005; P.R. & K.S., 2005). As a result of the nature of their work, the respondents of this study are forced to be companionate towards their clients whenever they are at work. As the respondents were unable to exclude traumatized clients during their work, they unconsciously acted as passive listeners. When the respondents were asked about the most stressful event in their job, one of the female respondents replied that,

"During a counselling session, I distanced myself from a client who was escaping from an alcoholic husband. She couldn't finish her studies because her husband took her to work. She had to deal with her paranoid, alcoholic husband's sexual deviations and physical abuse at its worst. Her husband's ill-treatment left me scared when she showed me the after-effects. There was a severe wound on half of her breast, and I'm scared to look at it again. After the exposure, I stopped listening actively. My session ended quickly and I referred her to a psychologist"

Counsellors may use an unconscious process known as the silencing response in order to escape from their clients sharing their traumatic experiences, according to reviews on compassion fatigue. The counsellor's response would effectively "shout down" the entire counselling process and prevent the client from interacting with the counsellor. There is a possibility that counsellors suffering from compassion fatigue are utilizing an unconscious process known as the silencing response to avoid the client's traumatic memories. As a result of these silencing responses, the therapeutic process is terminated and communication between the counsellor and the client is impeded (Figley, 2002). Furthermore, an unaccomplished professional function may lead to confusion, emotional drain, and burnout on the part of the counsellor. The stress created by compassion fatigue can affect not only the professional boundaries but also the personal life of a counsellor.

## 2. Determinants resulted from the loss of personal resources

Conservation of resources theory defines resources as "those entities that are either centrally valued in their own right, or are instrumental in achieving centrally valued ends" (S. E. Hobfoll & Ford, 2010). In applying the lens of COR theory to identify burnout determinants that arise as a result of personal resource loss, the researcher identified the following determinants.

### 2.1. Low self-efficacy beliefs

When an individual engages in any profession or service, self-efficacy beliefs are inevitable. They are able to fulfil their duties and responsibilities intact as well as practice effectively as a result. The lack of self-efficacy skills will result in failure in both the professional and personal spheres (Bandura, 2010). Additionally, it appears that individuals who are able to cope with difficulties and discomforts with ease will have high levels of self-efficacy beliefs (Hill, Smith,

& Mann, 1987; Nease, Mudgett, & Quiñones, 1999). Data from the interview revealed that respondents with high burnout on each of the burnout scales had low self-esteem and low self-efficacy beliefs. In response to the question "How much do you value your profession and job?" one of the respondents answered as;

I am sorry to say that I do not value that much because I am receiving less return than my friends. It would have been better if I had chosen another course during my postgraduate studies.

Thirteen of the counsellors who were being interviewed provided similar responses. The respondents themselves believe that their profession does not guarantee them the remuneration and benefits they require. There was a sense of cognitive dissonance regarding their chosen profession. Most of the counsellors who participated in the interview felt underachieved and underemployed, and they did not find true value in their current job. Counsellors were asked about situations in which they were forced to make decisions, with the example of general clients who tested positive for HIV in a confirmation test. The reply was;

"Those cases are rare, for example, people with high-risk behaviours accept their status without much effort. Our preference is to follow what has already been instructed to us during the training period, rather than making decisions according to our own will. However, the cases I referred to as rare would not be easy to deal. Depending on the situation, we must make appropriate decisions. Before informing the client of their infection status, we should prepare them. Initially, they would never accept the results, they would shout at us, express denial and distress". Women counsellors admitted that decision-making is tedious in some cases, while male counsellors did not think so. In the further investigations conducted by the researcher, it was revealed that HIV/AIDS counselling is difficult and that they often fail to make appropriate decisions. The respondents admitted to being easily irritated when interacting with TI clients, especially when the researcher asked about their feelings of hostility and irritation. As a result, it was determined that the respondents did not possess high levels of self-esteem or efficacy beliefs, as they expressed compliance with the questions designed to assess these beliefs.

### 2.2. Lack of social support

According to the respondents to the current study, the social support network they rely on to reduce job-related stress is:

"Whenever I feel stressed, I seek assistance from my colleagues, especially those who are present with me. However, I cannot divulge all the incidents I heard or experienced during the counselling sessions. How can we break confidentiality if the client is not harmful to society?"

"In my opinion, the support of colleagues, friends, and family members does not alleviate my job-related stress. Clients approach HIV/AIDS counsellors continuously without interruption. When

I am in the counselling process, I may not even have time to meet my personal needs"

Counsellors argue that the type of social support they receive cannot alleviate their actual problems. There are few provisions for quick assistance from colleagues, supervisors, or authorities. As compared to the nurses and other support staff of the centre, training and capacity-building programs are limited. The majority of counsellors who participated in the qualitative inquiry emphasized the need for capacity building or resource strengthening training in the field of HIV/AIDS counselling.

"Initially, we received training once a year, but now it is not available. The training provides ample opportunity for us to interact with our fellow counsellors, exchange views, and observe demonstrations of cases that require additional skills or expertise. It is my firm belief that training makes us more resourceful than anything else."

It is important for counsellors to consider training as a venue for both learning and venting their stress and discomforts associated with their jobs. Sharing their difficulties in the workplace allows them to update their knowledge, sharpen their skills, and refresh themselves.

### 2.3. Job insecurity

Based on the data, HIV/AIDS counsellors perceive their job as insecure. Because it is a project-under the Kerala State AIDS Control Society (KSACS), it lacks permanence. Counsellors' personal resources are squeezed by job insecurity, resulting in distress and burnout.

"The job is from a project and it can be terminated at any time by the authorities, so I am not sure whether I opted to be a counsellor if the hospital takes over the counselling centre when KSACS withdraws from the project."

According to the respondents, if the AIDS control society ceases this project, they will be expelled in the future. Most of the counsellors are in a state of helplessness regarding their future. The consequence of such attitudes is the reduction of the quality of service delivery and the emergence of burnout among these service providers.

### 2.4. Lack of autonomy

In response to questions regarding their autonomy in their jobs, the Counsellors commended as;

"We did not receive any opportunities to participate in the decision-making process of the project. The authorities should take care of policy statements and guidelines, which we *considered* too rigid and unfriendly for counsellors. There are certain provisions for our salary upgrade, targets, and so on, but we do not receive any direct instructions regarding those criteria from the authorities. It would have been beneficial to you to be given the opportunity to participate in the decision-making process."

It has been shown that worker exhaustion is caused by a lack of autonomy, also known as a lack of participation in decision making (Jackson, Schwab, &

Schuler, 1986; Maslach et al., 2001). Jackson et al. (1987) relate non-participatory decision making to depersonalization, the second factor of burnout. In the absence of autonomy, there is an uncontrollable environment, and employees resort to depersonalizing their relationships when they believe the environment is sufficiently uncontrollable (Jackson et al. 1987). In a 1993 study, Cordes and Dougherty found that employees who work in impersonal, bureaucratic, rigid, or controlling environments are more likely to experience burnout.

## 3: Determinants resulted from the disparities in resources and rewards

The result of resource-reward disparities in a job may lead to burnout. Burnout is determined by the evaluation of the relationship between resources and rewards. Employees expect some assurance of security in return for their commitment to the organization (Kulnert & Vance, 1992). Burnout tendencies may flourish in an environment where an employee does not believe that the organization will honour its end of the implicit psychological contract. According to the interview data, the following determinants of burnout were evident in HIV/AIDS counsellors in Kerala.

### 3.1. Remuneration

The counsellors consider their remuneration to be nominal in comparison with the work they performed. The majority of their active time must be spent in their work environments. As per the respondents, the income that they receive will not suffice to meet their needs. Their salary-related issues were brought to the attention of the authorities on a number of occasions, but none of their requests were considered favourably.

"Yes, whenever our voices are heard, we raise the issue of nominal remuneration. However, the authorities expressed their helplessness. They were instructed to follow the project's norms. You know, most of us do not receive even the minimum wage determined for even the manual labourers."

Counsellors also complain about problems associated with salary distribution. Their complaints included the delay in distributing salaries, irregularities, and unequal salary increases.

"There are a few counsellors among us who joined the project at the beginning. As a result, they receive a decent remuneration with ample increments. Among us, there are counsellors earning 25,000 rupees per month and 12,000 rupees per month. Each performs the same job, faces the same stressors, and works the same hours. There is only a difference in salary."

In the field of burnout research, salary has been found to be one of the most prominent predictors of burnout (Duarte et al., 2020; Meadows, Eyre, & Gollenberg, 2022; Weinborn, Bruna, Calventus, & Sepúlveda, 2019).

### 3.2. Workload

The most frequently cited factor is work overload

(also known as role overload). There are two types of work overload: quantitative and qualitative. Quantitative work overload refers to the perception that there is too much work to be accomplished in a given period of time. Qualitative work overload occurs when the job requirements exceed the skills of the employee (Sanders, Fulks, & Knoblett, 1995). It has been shown in earlier research that prolonged work demands drain emotional resources and energy and lead to emotional exhaustion (Maslach, 1982). It has been confirmed by researchers that workload and time pressure are consistently and strongly related to job burnout (Maslach, Schufeli, & Leiter, 2001). A variety of physiological, psychological and behavioural strain symptoms have also been linked to quantitative and qualitative work overload (Beehr & Newman, 1978; Miller & Ellis, 1990). In the absence of adequate management, work overload can result in stress, fatigue, accidents, exhaustion, depression, and other adverse effects (Fong & Kleiner, 2004). Several counsellors reported that they were unable to accomplish their job-related responsibilities because of the lack of infrastructure facilities when asked about their workload.

"It may be necessary for me to take more time to complete my records and reports in some cases. In fact, this is not always the case. However, especially at the end of the month, I need to work more, struggle more in order to prepare the reports, etc. Occasionally, I am disappointed when the authorities ask me to submit reports that have already been submitted".

### 3.3. Improper coping strategies

Coping is the process by which an individual becomes familiar with stressors and their effects by using cognitive and behavioural strategies. Counsellors in the HIV/AIDS field are often faced with an emotional burden due to the nature of their work. The counsellor becomes vulnerable to burnout when he or she is unable to cope with the emotional and psychological strain of his or her job. Counsellors' responses to the questions regarding caregiver stress resolving strategies were as follows:

"It is our responsibility to help the client by actively listening to them, creating a venue for their emotional venting, and so on. It is possible that the clients will receive enough relief as a result of doing so. However, where can we obtain adequate assistance to alleviate caregiver stress?"

Counsellors did not even know where they could find assistance to resolve their emotional burdens. Due to the nature of their contract, they do not have any provisions for such assistance. According to one of the counsellors,

"We do not have any facilities for relieving our job-related stress. At first, training was provided by agencies other than KSACS, where counsellors could meet. However, such training has been discontinued. There are, however, some of us who meet once every six months, conduct tours and gatherings on our own."

Even though some counsellors seek assistance for

job-related stress through yoga and meditation, these methods are not sufficient enough to alleviate the emotional burdens experienced by counsellors every day. It has been reported by Pines and her colleagues that active coping strategies such as confronting a problem result in lower levels of burnout, whereas inactive coping strategies such as avoidance or denial result in higher levels of burnout (Malach-Pines & Yafe-Yanai, 2001). Respondents adopted inactive coping strategies like avoiding stressors, symptoms, and weariness associated with these stressors. Most counsellors did not pay much attention to their stress-relieving strategies in response to the questions on self-defense strategies.

### Implications of the findings

1. This study provides a framework for planning, organizing, and implementing policies and programs for the welfare of counsellors who work in the field of HIV/AIDS management in Kerala.

2. It is disappointing to learn that the minimum wages act still applies to HIV/AIDS management in Kerala. Despite the fact that the authorities demand higher educational qualifications during the recruitment process, the counsellors were able to receive only a nominal salary. There may be a reason for social workers to migrate abroad due to such a denunciation in the field.

3. According to the findings of the study, unmet career expectations play an important role in exacerbating burnout among HIV/AIDS counsellors in Kerala. Burnout experience of counsellors will have a combination of personal, work-related, and client-related determinants. Consequently, it would be impractical to separate the determinants by burnout category.

4. Among the determinants of demand-resource conflict are fear of infection, compassion fatigue, role conflict, and ambiguity. There are several determinants associated with the loss of personal resources, including low self-efficacy beliefs, a lack of social support, job insecurity, and a lack of autonomy. Due to disparities in resources and rewards, inadequate remuneration, workload, and inadequate coping strategies contribute to burnout among HIV/AIDS counsellors.

5. In order to deal with the distress and burnout experienced by counsellors in the HIV/AIDS management sector, it is imperative to provide them with exclusive training. In the absence of counselling supervision and skill training, counsellors are more likely to experience burnout. A higher degree of burnout will adversely affect the quality of service provided by these counsellors and may ultimately hinder the continuum of HIV/AIDS care and management in Kerala.

## 4. Recommendations and Conclusion

This study could identify the key determinants of burnout among HIV/AIDS counsellors in Kerala. Consequently, it will contribute more to the planning

and development of management strategies for dealing with burnout among these counsellors. As a result of the findings of the study, the researcher proposes the following recommendations.

1. In order to preserve or retain employees, organizational culture and climate play a significant role. In order to ensure the quality of service provided by counsellors, efforts should be made to improve the climate. Therefore, it is imperative to maintain an environment that promotes employee engagement.
2. Most respondents highlighted the importance of training and workshops designed specifically for them during the qualitative data collection process. The purpose of such initiatives is to provide them with a venue for emotional ventilation and stress reduction.
3. Counsellors' professional efficacy and commitment to their jobs will be enhanced when efforts are made to ensure their permanent employment and create opportunities to meet their career expectations.
4. In order for these professionals to remain professional, it is essential to promote healthy work environments, provide education and advocacy, and maintain a strong understanding of the role of professionalism in the workplace.

## Reference

- Antoniou, A. S., Polychroni, F., & Vlachakis, A. N. (2006). Gender and age differences in occupational stress and professional burnout between primary and high-school teachers in Greece. *Journal of Managerial Psychology*, 21(7), 682–690. <https://doi.org/10.1108/02683940610690213>
- Bakker, A. (2004). Job Demands and Job Resources and Their Relationship with Burnout and Engagement: A Multiple-Sample Study relationship with burnout and. *Journal of Organizational Behavior*, 25(October 2002), 293–315. <https://doi.org/10.1002/job.248>
- Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*. <https://doi.org/10.1108/02683940710733115>
- Bakker, A. B., & Demerouti, E. (2014). Job Demands-Resources Theory. In *Wellbeing*. <https://doi.org/10.1002/9781118539415.wbwell019>
- Bandura, A. (2010). Exercise of personal and collective efficacy in changing societies. In *Self-efficacy in Changing Societies*. <https://doi.org/10.1017/cbo9780511527692.003>
- Biju Sebastian, K., & John, D. P. (2013). Understanding stigma and burnout among HIV/AIDS health care workers Implications for counselling. *Indian Journal of Social Work*, 74(2), 255–272. Retrieved from <http://www.scopus.com/inward/record.url?eid=2-s2.0-84897830354&partnerID=40&md5=0e72dced7df9e705e7c2d68d5db25bc6>
- Casale, M., Wild, L., Cluver, L., & Kuo, C. (2014). The relationship between social support and anxiety among caregivers of children in HIV-endemic South Africa. *Psychology, Health and Medicine*. <https://doi.org/10.1080/13548506.2013.832780>
- Chandra, P. S., Deepthivarma, S., & Manjula, V. (2003). Disclosure of HIV infection in South India: Patterns, reasons and reactions. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*. <https://doi.org/10.1080/0954012031000068353>
- Cooper, S. L., Carleton, H. L., Chamberlain, S. A., Cummings, G. G., Bambrick, W., & Estabrooks, C. A. (2016). Burnout in the nursing home health care aide: A systematic review. *Burnout Research*, 3(3), 76–87. <https://doi.org/10.1016/j.burn.2016.06.003>
- Cordes, C. L., & Dougherty, T. W. (1993). A Review and an Integration of Research on Job Burnout. *The Academy of Management Review*, 18(4), 621–656. <https://doi.org/10.2307/258593>
- Creswell, J. W., Clark, V. L. P., Gutmann, M., & Hanson, W. E. (2003). Advanced mixed methods research designs. In *Handbook of Mixed Methods in Social and Behavioural Research*. <https://doi.org/10.1017/CBO9781107415324.004>
- Demerouti, E., & Bakker, A. B. (2011). The Job Demands–Resources model: Challenges for future research. *SA Journal of Industrial Psychology*. <https://doi.org/10.4102/sajip.v37i2.974>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2000). A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing*, 32(2), 454–464. <https://doi.org/10.1046/j.1365-2648.2000.01496.x>
- Demerouti, E., Mostert, K., & Bakker, A. B. (2010). Burnout and work engagement: A thorough investigation of the independency of both constructs. *Journal of Occupational Health Psychology*, 15(3), 209–222. <https://doi.org/10.1037/a0019408>
- Demerouti, E., Nachreiner, F., Bakker, A. B., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.86.3.499>
- Duarte, I., Teixeira, A., Castro, L., Marina, S., Ribeiro, C., Jácome, C., ... Serrão, C. (2020). Burnout among Portuguese healthcare workers during the COVID-19 pandemic. *BMC Public Health*. <https://doi.org/10.1186/s12889-020-09980-z>
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*. <https://doi.org/10.1002/jclp.10090>
- Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial approach. In *Compassion: conceptualisations, research and use in psychotherapy*.
- Glaser, B. G., & Strauss, A. L. (2006). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. *American Sociological Review*.
- Goulding, C. (2002). Grounded theory: A practical guide for management, business and market researchers. *Strategies of Qualitative Inquiry*.
- Hill, T., Smith, N. D., & Mann, M. F. (1987). Role of

- Efficacy Expectations in Predicting the Decision to Use Advanced Technologies: The Case of Computers. *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.72.2.307>
- Hobfoll, S. E., & Ford, J. S. (2010). Conservation of Resources Theory. In *Encyclopedia of Stress*. <https://doi.org/10.1016/B978-012373947-6.00093-3>
- Hobfoll, S., Halbesleben, J., Neveu, J.-P., & Westman, M. (2018). *Conservation of Resources in the Organizational Context: The Reality of Resources and Their Consequences*. SSRN. <https://doi.org/10.1146/annurev-orgpsych-032117-104640>
- Ito, J. K., & Brotheridge, C. M. (2001). An examination of the roles of career uncertainty, flexibility, and control in predicting emotional exhaustion. *Journal of Vocational Behavior*. <https://doi.org/10.1006/jvbe.2001.1800>
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., Rosenthal, R. A., Floyd, S. W., ... Price, J. L. (1990). Conflict and ambiguity, studies in Organizational Roles and Individual Stress. *The Journal of Behavioral Economics*. [https://doi.org/10.1016/0090-5720\(90\)90034-5](https://doi.org/10.1016/0090-5720(90)90034-5)
- Khatiban, M., Hosseini, S., Bikmoradi, A., Roshanaei, G., & Karampourian, A. (2015). Occupational burnout and its determinants among personnel of emergency medical services in Iran. *Acta Medica Iranica*, 53(11), 711–716.
- Korunka, C., & Tement, S. (2010). Burnout: Definition, recognition and prevention approaches. *BOIT: Burnout Intervention Training for Managers and Team Leaders*, 1–45. Retrieved from [http://burnoutintervention.eu/fileadmin/user\\_upload/BOIT\\_theoretical\\_abstract\\_2705.pdf](http://burnoutintervention.eu/fileadmin/user_upload/BOIT_theoretical_abstract_2705.pdf)
- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work and Stress*, 19(3), 192–207. <https://doi.org/10.1080/02678370500297720>
- Malach-Pines, A., & Yafe-Yanai, O. (2001). Unconscious determinants of career choice and burnout: theoretical model and counseling strategy. *Journal of Employment Counseling*, 38(4), 170–184. <https://doi.org/10.1002/j.2161-1920.2001.tb00499.x>
- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology*, 7(1), 63–74. [https://doi.org/10.1016/S0962-1849\(98\)80022-X](https://doi.org/10.1016/S0962-1849(98)80022-X)
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001a). Job Burnout. *Annual Review of Psychology*, 52(1), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001b). *Job Burnout: Control*, 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Mazta, S. R., Gupta, A. K., Parashar, A., Dhadwal, D. S., Thakur, A., & Kumar, S. (2012). Quality of life of ICTC counsellors of Northern India. *Journal International Medical Sciences Academy*, 25(4), 231–232.
- Meadows, A., Eyre, L., & Gollenberg, A. (2022). Workforce Characteristics, Workplace and Job Satisfaction, Stress, Burnout, and Happiness of Music Therapists in the United States. *Voices: A World Forum for Music Therapy*. <https://doi.org/10.15845/voices.v22i1.3366>
- Miller, D. (2005). *Dying to care: Work, stress and burnout in HIV/AIDS professionals*. *Dying to Care: Work, Stress and Burnout in HIV/AIDS Professionals*. <https://doi.org/10.4324/9780203982686>
- Nease, A. J. A., Mudgett, B. O., & Quiñones, M. A. (1999). Relationships among feedback sign, self-efficacy, and acceptance of performance feedback. *Journal of Applied Psychology*. <https://doi.org/10.1037/0021-9010.84.5.806>
- P.R., S., & K.S., M. (2005). Does compassion mediate the intrinsic religion-health relationship? *Annals of Behavioral Medicine*. [https://doi.org/10.1207/s15324796abm3003\\_6](https://doi.org/10.1207/s15324796abm3003_6)
- Regan, A. (2013). Counselor Burnout and Self-Care Within an Outpatient Mental Health Agency, 145.
- Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25(3), 293–315. <https://doi.org/10.1002/job.248>
- Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career Development International*, 14(3), 204–220. <https://doi.org/10.1108/13620430910966406>
- Schaufeli, W., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. CRC.
- Scherer, L. L., Allen, J. A., & Harp, E. R. (2016). Grin and bear it: An examination of volunteers' fit with their organization, burnout and spirituality. *Burnout Research*, 3(1), 1–10. <https://doi.org/10.1016/j.burn.2015.10.003>
- Shinde, N., Baad, R., Nagpal, D. K. J., Prabhu, P. R., Surekha, L. C., & Karande, P. (2012). Managing HIV/hepatitis positive patients: Present approach of dental health care workers and students. *Journal of Contemporary Dental Practice*. <https://doi.org/10.5005/jp-journals-10024-1246>
- Smith, R. J., & Clark, S. J. (2011). Does job resource loss reduce burnout and job exit for professionally trained social workers in child welfare? *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2011.05.026>
- Solomon, S., Kumarasamy, N., & Challacombe, S. J. (2016). The social impact of HIV/AIDS in India. *Oral Diseases*. <https://doi.org/10.1111/odi.12449>
- Taegtmeier, M., Suckling, R. M., Nguku, P. M., Meredith, C., Kibaru, J., Chakaya, J. M., ... Gilks, C. F. (2008). Working with risk: Occupational safety issues among healthcare workers in Kenya. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*. <https://doi.org/10.1080/09540120701583787>
- Taylor, B. (2013). Grounded theory. In *Qualitative Research in the Health Sciences: Methodologies*,

- Methods and Processes.*  
<https://doi.org/10.4324/9780203777176>
- Visser, M., & Mabota, P. (2015). The emotional wellbeing of lay HIV counselling and testing counsellors. *African Journal of AIDS Research, 14*(2), 169–177.  
<https://doi.org/10.2989/16085906.2015.1040812>
- Weinborn, R. M., Bruna, B. J., Calventus, J., & Sepúlveda, G. A. (2019). Burnout syndrome prevalence in veterinarians working in Chile. *Austral Journal of Veterinary Sciences.*  
<https://doi.org/10.4067/S0719-81322019000200091>
- WHO. (2016). Progress Report 2016, prevent HIV, test and treat all. *Progress Report 2016, Prevent HIV, Test and Treat All, 64.*
- Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The role of personal resources in the job demands-resources model. *International Journal of Stress Management.*  
<https://doi.org/10.1037/1072-5245.14.2.121>