

**An Interpretive Phenomenological Analysis of the effects of  
burnout as experienced by volunteer lay counsellors (VLCs)**

**By**

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***Dedicated to my father-in-law,  
Murgas Kistensamy Moodley,  
who was truly the epitome of  
strength, courage, determination  
and dignity. We miss you dad.***

# **An Interpretive Phenomenological Analysis of the effects of burnout as experienced by volunteer lay counsellors (VLCs)**

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## **Abstract**

This study aimed to explore and describe burnout from the perspectives of VLCs who struggled with this phenomenon at some stage during their work as VLCs.

Phenomenology provided the epistemological framework and a qualitative research approach was used. Five in-depth interviews were conducted with five participants who are VLCs. The data was analysed using Interpretive Phenomenological Analysis (IPA).

The participants' stories were reconstructed as themes. A systematic analysis of the narratives was conducted and then linked to relevant literature.

This study created an understanding of the complexity of burnout as it relates to VLCs. The themes highlighted the importance of exploring the experiences of VLCs and giving voice to their stories.

**Key terms:** burnout, volunteer lay counsellors, multiple voices, qualitative research, phenomenology, interpretive phenomenological analysis, reflexivity.

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## **Chapter 1**

### **Introduction**

Everyone on a mystical journey must deal with darkness and unknowing. One of the great struggles of the mystics is to let go, to be open, and receptive in order to plumb the depths of self.

Fully experiencing our pain and suffering and pain is an important way of letting go.

(Frager, 1989, p.303)

### **A personal statement**

#### **In retrospect**

I began this study knowing that it would incorporate my own difficulties as a volunteer lay counsellor (VLC). I worked as a VLC at a hospital in Johannesburg in 2007. I was motivated to engage in volunteer work due to the compassion I felt for people. I have always felt the need to support and help people who are in distress. It seemed that the hospital was a good place to begin. I worked mainly with patients admitted to the Trauma Intensive Care Unit. My work also included the families of these patients. My time as a VLC was certainly one of the most difficult stages of my life. The daily experience of watching severely injured and comatose people lying in their beds, and witnessing the uncertainty of their families, was extremely painful. I remember thinking that I did not have proper training in this kind of work, I did not know what to do, I was not aware of how to help these distraught patients and families. Each day I questioned my role in the hospital. I questioned my role as a VLC. Was it enough that I was physically there for the family, showing my support? Was my lack of training a hindrance or was my compassion enough? I wanted to do more, I wanted to take their pain away, but I knew this was unrealistic. Although I had regular supervision sessions I did not feel entirely equipped to deal with the tragic events occurring in the hospital, or to cope with my own overwhelming feelings. Support from colleagues was limited as each person had to contend with their own struggles. Although I enjoyed the work, the lack of income was also extremely stressful.

When I look back I realise that there were many 'signs' telling me that I was heading towards burnout, but I ignored them at the time. The burnout process was gradual and so I



accepted it as normal. I started to neglect myself, became irritable with my family and did not look forward to my trips to the hospital. I became emotionally numb and felt that I could not help people in distress. I was frustrated with myself and could not understand my feelings. In an attempt to understand and make sense of myself and a world where suffering was rife, I decided to join the field of professional psychology.

My training as clinical psychologist has been invaluable to understanding myself and my reactions in different environments. Although my experience is currently limited, I feel more equipped to help patients and I am able to recognise when I need to take care of myself. I have not forgotten about my work as a VLC and have often wondered whether other VLCs experience burnout, and if they do what this experience is like. I wanted my research to explore their stories about burnout as well as relating their own understandings on the experiences. I believe my research has achieved this.

### **Overview**

This chapter introduces myself as the researcher and aims to provide background information on my stance towards the research. My motivation for the study is explained. The research question is stated and the research problem explored. The overall research goal is presented, with a brief discussion of the more specific goals considered. The chapter then discusses the structure of the research report before concluding with a summary.

### **Description of the Research**

The research presented in this mini dissertation relates specifically to VLCs working at HospiVision. Further details regarding HospiVision and the VLCs working at this institution are discussed in Chapter 2. An in-depth study was conducted exploring the effects of burnout on VLCs working in a government hospital setting. The purpose of the study is to explore and describe the subjective experiences of burnout of the VLCs working at HospiVision.

## **Aim and Rationale**

The work of VLCs answers a social and psychological demand for interventions in areas in need of skilled and affordable services. The role of a VLC is likely to be challenging, demanding and at times overwhelming. VLCs experiencing burnout can often no longer conduct their duties, leaving this area further depleted of vital services. VLCs form an integral part of the health care system. However, little research has been conducted on the effects and experiences of burnout on VLCs, specifically those working in government hospitals.

This study aimed to use an IPA methodology to explore and describe the experiences of burnout amongst VLCs working in a government hospital. The study contributes to an existing body of research on burnout and VLCs. However, the study makes a unique contribution by employing a different methodology (IPA) and focusing on a context (government hospital setting) that has not been previously explored. The study should prove beneficial to the VLCs as well as the institution at which they provide their services by providing meaningful and important feedback.

## **Brief Description of Research Question**

The title of this study, An Interpretive Phenomenological Analysis of the effects of burnout as experienced by volunteer lay counsellors (VLCs), effectively summarises the fundamental nature of the study. The study explored the core experiences of burnout from the perspectives of the VLCs. Thus in essence the study endeavoured to provide the participants with the opportunity to tell their stories, thus giving them a voice. An IPA methodology was used to acquire information and insight into the experience of the VLCs in relation to burnout.

## **Research Question**

This study focused on an Interpretive Phenomenological Analysis of the effects of burnout as experienced by volunteer lay counsellors (VLCs). The research question that guided this research was “How do VLCs experience the effects of burnout?”

## **Primary Research Goal**

The primary aim of this research study was to explore the effects of burnout. This could lead to a better understanding of the experiences of the VLCs working at HospiVision. In this regard, their lived experiences of burnout, including their thoughts, feelings and emotions, were explored in the form of a mini dissertation.

## **Secondary Research Goals**

The study also hoped to provide HospiVision with recommendations on how they can help prevent and detect burnout amongst their VLCs. It is likely that an awareness of the causes of burnout amongst their lay counsellors will help HospiVision gain a deeper understanding of the kind of support or assistance that is required by the counsellors in order to ensure their well-being. This aim is in keeping with both an expressed concern regarding burnout from HospiVision as well as worldwide focus on burnout and VLCs.

## **The Design of the Study**

The research study is presented in the format of a mini dissertation outlining the process of research within the chosen methodology of Interpretive Phenomenological Analysis.

### **Selected Research Paradigm**

A qualitative research approach was selected as it was felt to be appropriate to the research aims. These aims required the generation of an in-depth and rich understanding of the experience of burnout through the ‘voices’ of the participants. A qualitative research

approach places emphasis on process and the meanings created which are not meticulously measured in quantity and numbers. Qualitative research also recognizes the personal relationship between the researcher and what is studied (Casebeer & Verhoef, 1997).

### Research Orientation

A postmodern point of reference was used when searching for individuals' lived experiences of burnout. In this sense my research did not seek a definitive, generalised truth, but the unique truth of each individual. In resonance with this stance this research is explorative and interpretive in nature.

### Research Method

An interpretative phenomenological analysis (IPA) was conducted. Data was accumulated through in-depth individual interviews. After the interviews with the participants, their stories were constructed in terms of themes. The themes identified are discussed in detail in Chapter 4. In an attempt to incorporate more voices, these themes were linked to the relevant literature. As the researcher I acknowledge from the onset that my interpretations of the stories are coloured by own specific reality. The final presentation of highlighted themes and the comparative analysis of themes thus represent a co-construction, consisting of the researcher's reality, the participants' realities and the relevant literature. The orientation of this study presupposes that the findings cannot be generalised and extrapolated to a larger population. The study does, however, contribute meaningfully to the understanding of VLCs and their experience of burnout.

The research method is discussed in detail in chapter 3.

### Strategies to Ensure Quality of Research

Credibility, dependability, conformability and transferability are methods used to ensure trustworthiness in qualitative research. These methods are discussed in chapter 3.

## Ethical Considerations

It was my duty as researcher to ensure that the research complied with ethical standards. Anonymity and confidentiality of participants had to be ensured, they had to be guaranteed of their right to self-determination throughout, and respect and trust had to be maintained at all times. As the researcher it was my responsibility to ensure that the research was conducted in a way that would ensure that participants were not harmed during any part of the research process. This aspect of the study is discussed in chapter 3.

## Presentation of the Study

This study consists of the following chapters:

**Chapter 2** begins by contextualising the research. This includes information regarding HospiVision, the non profit organisation involved in the research study. A discussion regarding the fundamental aspects of volunteerism, volunteer lay counselling and the motivation for engaging in volunteer lay counselling follows. The concept of burnout, including its definition and historical development, is also explored. The differences between burnout, stress, compassion fatigue and depression are detailed. The literature reviewed pays specific attention to research concerning VLCs and burnout.

**Chapter 3** focuses on IPA, the research methodology used in this study. The fundamental aspects of the research design, sampling, data collection and data analysis are discussed. Salient issues relating to validity are discussed as well as all ethical considerations involved in the research process.

**Chapter 4** explores and extrapolates the findings of the study with specific reference to themes identified in the data analysis. In relation to the primary aim of this research study, the lived experiences of the participants are depicted. These experiences are also explored in light of the chosen theoretical paradigm of phenomenology.

**Chapter 5** provides the conclusion to the study. A brief overview and evaluation of the study, in terms of strengths and limitations, is presented. An integration of the themes from the data analysis and the relevant literature is provided. Recommendations for further research regarding VLCs and burnout are discussed.

## Summary

It appears that research has not previously focused on the burnout experiences of VLCs working in a government setting. Existing literature provides an abundance of information on burnout but does not necessarily focus on the unique experiences of those people working under stressful conditions in a government setting. My study therefore attempted to address this shortcoming by exploring and describing the unique experiences of the participants. This exploration and description was conducted through the use of a qualitative method within an interpretative phenomenological framework.

## Chapter 2

### Literature review

Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will, an erosion of the human soul (Maslach & Leiter, 1997, p.17)

### Introduction

Burnout is a universal phenomenon and affects people working in diverse professions. Numerous studies have been published in relation to burnout. This chapter therefore needed to focus specifically on literature relevant to burnout and VLCs. The relevant literature is organised around the following topics: volunteerism; the volunteer lay counseling population, and; motivations for engaging in volunteer lay counseling.

Before moving on to the literature surrounding burnout, this chapter begins with a description of Hospivision. This description provides contextual background.

### Hospivision

On their website Hospivision provides the following description of their vision (Hospivision: Business Overview, [www.hospivision.org.za](http://www.hospivision.org.za)):

*To touch the lives of sick people and those around them on a national basis  
and to give them living hope through spiritual care and counselling.*

Hospivision is a non-profit organisation providing spiritual, physical and psychosocial services to patients receiving inpatient and outpatient care at Steve Biko Academic Hospital, in Pretoria, South Africa. As a faith-based organisation, Hospivision's services adhere to Christian doctrine. These ideals were stringently followed in the 1980s, but were revised



during the 1990s to include a diverse religious and cultural ethos (de la Porte, Jordaan & Gravett, 2005).

Hospivision was officially named in the 1990s, a period which also included a reformation of structures within the organisation. Volunteers were trained and supervised to provide more holistic services. In this context volunteers serve as preliminary counsellors, social aids and spiritual supporters. They also have a responsibility to refer patients to individuals (psychologists, social workers) or groups (e.g. support groups) who may further serve the patients' emotional, psychological or spiritual needs ([www.hospivision.org.za](http://www.hospivision.org.za)).

In recent times, the organisation has become more inclined to incorporate a psychological focus, although they have not abandoned their theological perspective. This indicates an amalgamation of psycho-spiritual services more attuned to servicing the diverse population of patients at the hospital (de la Porte, Jordaan & Gravett, 2005).

Hospivision currently offers the following services to the public sector (Hospivision: Business Overview, [www.hospivision.org.za](http://www.hospivision.org.za)).

**Support:** Emotional and spiritual care as well as physical support to patients and their families.

**Hopeful Compassion Program:** Support, care and counselling for people infected or affected by HIV and/or AIDS and their families, as well as training for their caregivers.

**The Oasis: Tshwane District Hospital:** Pre- and post test counselling and support to people on anti-retroviral therapy.

**Children's Care Train:** Support for children in health crises or those infected or affected by HIV and/or AIDS in the family.

**Choose Life:** A value based HIV prevention program for church leaders and youth.

**Training:** Training of those who would like to become involved in 'caring' and/or wish to start their own ministry.

**Employment Assistant Program:** Support for medical personnel and care-givers through special programs and EAP services.

**Trauma Counselling:** 24-hour trauma counselling to patients, their families and staff.

**Volunteer Services Program:** A valuable volunteer services program through which patients and personnel are visited and supported.

**Present Hospivision Time:** A weekly program on Radio Pulpit, a national Christian broadcaster.

The counsellors working at Hospivision are trained as lay counsellors by this institution. The training focuses on narrative counselling. The VLCs provide supportive counselling to patients in the hospital as well as their family members. The patients' experiences include depression, suicidal ideation, chronic illness and the possibility of death. The VLCs also support patients who have been exposed to traumas such as rape, abortions and vehicular accidents.

### **Volunteerism**

Volunteering is defined as any undertaking in which time is generously used to help other people, groups or organisations. It entails "long term, planned, prosocial behaviours that benefit strangers" and may occur in diverse settings (Penner, 2002, p. 447). Penner (2002, 2004) identifies four significant features of volunteerism:

**Longevity:** Volunteering is generally a long-term commitment made by individuals. However, a South African study (Fourie, Rothmann & Van de Vijver, 2008) suggests that counsellors may also volunteer their services for a limited time.

**Planfulness:** Many people think about volunteering and plan their actions long before they begin to offer their services.

**Nonobligatory helping:** Many people who benefit from the services of volunteers are strangers to the actual volunteers; therefore the volunteers are under no obligation to help. The volunteers are driven by the desire to help.

**Organisational context:** A large percentage of volunteer work occurs within organisational settings. While people may volunteer their services on an individual basis, many volunteers work as part of an organisation.

Volunteering forms part of a group of helping behaviours that require people to have an immense dedication to the volunteer work they embark on (Wilson, 2000). Helping behaviour is generally divided into two types, spontaneous and non-spontaneous helping behaviours. Spontaneous helping entails succinct and limited decisions to engage in the act of assisting others, while non-spontaneous helping describes circumstances where individuals have time to think about whether they want to engage in acts of helping, and to consider their reasons for helping others (Clary & Snyder, 1991). This research involves understanding and reflecting on non-spontaneous acts of helping.

Research has found that volunteering is an activity that occurs worldwide, and numerous factors such as age, income and employment status influence how much time people will spend volunteering in their lifetime (Curtis, Grabb & Baer, 1992). Volunteerism has positive and encouraging results for people receiving the help as well as for the person volunteering their services (Wilson, 2000). Clary et al. (1998) found that volunteers may enthusiastically search for opportunities to help others, make a concerted effort to give as much time as possible to volunteer and commit to engage in volunteer activities for extended periods. Volunteer lay counselling is a specific form of volunteering.

### **Volunteer Lay Counsellors**

Several institutions, including non-profit organisations, rely heavily on people who volunteer their services (Finkelstein, 2008; Macneela, 2008; Yui, Au & Tang 2001). The volunteer sector in the health care system utilises volunteers as counsellors. These volunteers are sometimes referred to as volunteer lay counsellors. I use the term VLCs consistently. However, when citing other references, other terms are used interchangeably. In South Africa it is regarded as the norm for lay counsellors to be trained by non-governmental organisations and then work adjacent to skilled professionals in public health centres (Rohleder & Swartz, 2005).

VLCs are nonprofessional people, who are not currently registered under the auspices of the Health Professional Board of South Africa (HPCSA). They are individuals who usually volunteer their services for a limited time with minimal or no pay (Fourie et al., 2008). The

duration of the services provided by the VLCs generally range from three months to several years.

According to Bakker, Van der Zee, Lewig and Dollard (2006) the work of volunteer caregivers harmonises and complements the work of professional health care workers. Volunteers generally work both day and night. Volunteers are mostly involved in palliative care, where they offer emotional and practical support as needed. Their services may include providing food and medicine for the patients, as well as sitting at the bedsides of the patients while listening, talking and supporting them and their families. Shah, Garland and Katz (2007) add that volunteers also provide care to people who have been exposed to severe physical and emotional trauma.

Rohleder and Swartz (2005) state that VLCs are not recognised as an official entity in the public health system. They lack the official training that is acquired by other health professionals, and they do not have a specifically delineated place in the health professions hierarchy. The work of VLCs is demanding and challenging, the counsellors are constantly involved in a dynamic and often stressful interrelationship between the clients and the organisations in which they work. Yet, limited awareness has been given to the counsellors and the difficulties they may experience in these organisations and in other significant contexts (Rohleder & Swartz, 2005).

### **Motivation for Engaging in Volunteer Lay Counselling**

Research has shown that there are a myriad of reasons why lay counsellors choose to volunteer their services (Clary et al., 1998; Claxton & Catalan, 1998; Macneela, 2008; Omoto & Snyder, 2002; Penner, 2002). In this section the factors that are fundamental for initial volunteer engagement and long term engagement will be highlighted and discussed.

### **Factors involved in becoming a volunteer**

Volunteer work has widely divergent meanings for different people. In order to understand the motivations associated with volunteerism, factors such as demographics, education and

societal pressures must be understood (Penner, 2004). An individual's decision to volunteer is also largely dependent of the individual's personal character traits, as well as the circumstances that he/she is in at that point (Penner, 2002; 2004).

Studies that looked at the individuals' initial decision to volunteer (Penner, 2004; Wilson, 2000; Omoto & Snyder, 2002) found that demographic characteristics, personal attributes, social pressure and volunteer activators played a significant role in volunteering. Wilson (2000) found that there might be a link between demographics and volunteering. The study found that people with higher incomes are more likely to volunteer, possibly due to having the opportunity to work regular hours with regular pay, resulting in the opportunity to volunteer. Education may also play a role in the decision to volunteer because "education heightens the awareness of problems, increases empathy and builds self confidence" (Wilson, 2000, p. 219).

Personal attributes refer to an individual's character traits, convictions, attitudes, motives and personality characteristics (Penner, 2004; Omoto & Snyder, 2002). Although personal attributes play a fundamental role in a person's decision to volunteer, societal pressure can also impact on this decision. Penner (2004) states that individuals may be subjected to either indirect or direct societal pressure.

Personal attributes and societal pressure are not always separate entities, for example a person who decides to volunteer on their own may have received subtle pressure to volunteer. In the same way, people who received direct requests to volunteer their services may be perceived by society as having the appropriate personal attributes for the job.

Volunteer activators are a general set of factors that stimulate the desire to volunteer. These factors range from a personal experience such as losing a loved one to viewing a picture or message that brings forth certain thoughts and emotions. Another example of a volunteer activator is witnessing a historical event that evokes feelings of indignity, despair and empathy (Penner, 2004).

Volunteer research has also found that certain people volunteer their services to gratify a charitable responsibility to help others, while others may have a genuine concern for the well-being of their society. Some individuals volunteer their services as a means of challenging themselves to learn more about those in need. Others volunteer to evade their own difficulties, while some people volunteer to feel good about themselves (Omoto & Snyder, 2002). Claxton and Catalan (1998) found that motivations to volunteer ranged from compassion and charitable reasons stemming from direct and indirect experience, to a need for self development and the meeting of personal needs such as acquiring knowledge and experiencing through working in a voluntary organisation.

### **Factors involved in long term volunteering**

With regards to factors influencing long-term engagement, a literature search on motivation also highlighted significant benefits linked to volunteering. Individuals who continue to volunteer for long periods of time do so because of the benefits they receive. Studies conducted by Clary and Snyder (1991) and Clary et al. (1998, p. 1517 - 1518) propose the “six motivational functions” or benefits of volunteerism:

**Values:** Volunteering may provide the opportunity for people to express values associated with altruistic and humanitarian concerns for others.

**Understanding:** It is likely that volunteering one’s services may afford one the opportunity to gain new experiences. Volunteering is also a chance to exercise and put into practice knowledge, skills and abilities.

**Social:** Volunteering may promote social functioning, in that individuals have the opportunity to engage in activities with friends and others.

**Career:** Some career-related benefits may be acquired from partaking in volunteering services.

**Protective:** This particular function has its origins in conventional concerns theorising that volunteering involves processes that protect the ego from negative features. This might include reducing guilt about being more fortunate than others.

**Enhancement:** Volunteerism also aids the development, growth and optimistic strivings of the ego.

According to Clary et al. (1998) volunteers who enjoyed the benefits of the six motivational functions found their work gratifying and planned to continue volunteering in the future. Similarly, Wilson (2000) adds that numerous studies that looked at the benefits of volunteering show that volunteerism has “positive effects on self esteem, life satisfaction, self rated health, education and occupational achievement as well as functional ability and mortality” (p.215). These studies suggest that there is a reciprocal relationship between motivation for maintaining volunteer engagement and the benefits associated with volunteering. The literature also indicates that volunteering is beneficial to the youth because it decreases the possibility of becoming involved in problematic behaviours such as substance abuse. This is a fundamental benefit to communities where problematic behaviours are prevalent (Wilson, 2000).

Since this research was primarily concerned with the VLCs working at HospiVision, enquiries were made as to their reasons for volunteering their services. The VLCs at HospiVision have chosen to volunteer because they feel that they are able to offer emotional support to people in need. Some of the counsellors were patients at hospitals themselves and believe that they can identify with the problems that the patients and their families experience. Some of the counsellors also feel that they have ‘a calling’ to help people who are experiencing difficulties (I. Gravett, personal communication, July 2008).<sup>1</sup>

## **Burnout**

### **Historical Development**

The term burnout gained recognition in the 1970s in the United States. The term was initially mainly used in connection with people working in the human services industry. It seems that the term burnout was coined by Greene’s 1961 novel, *A Burnout Case*, in which a cynical and grief stricken architect relinquishes his profession and retreats into the African jungle (Greene, 1961/1975). However, earlier literature had depicted this phenomenon in both fiction and non-fiction, and symptoms identified included intense exhaustion and the

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<sup>1</sup> Ilse Gravett is the head of counselling and spiritual care at HospiVision

loss of optimism and enthusiasm for one's profession. Since its inception, the term burnout has had a significant and contentious impact on research (Maslach, Schaufeli & Leiter, 2001). In the 1980s burnout received extensive exposure, mainly due to its positioning as a socially acceptable term associated with minimal stigmatisation. Admitting to burnout did not mean that the individual was hopeless, nor could an individual be held personally liable for burnout (Shirom, 1989).

Burnout was initially researched using a bottom-up approach that took into account peoples' workplace experiences, as opposed to a top-down approach that did not focus on personal experiences but was derived from academic theories. It appears that the "non-academic origins of burnout were more of a liability than an advantage, and led to it being referred to as pop psychology" (Maslach et al., 2001, p. 398). Nevertheless, after numerous empirical studies and the development of theoretical models, the issue of "research scholarship has now been laid to rest" (Maslach et al., 2001, p. 398). Schaufeli (2003) adds that research on burnout has continued to thrive. A search of database reveals more than 6000 scientific publications with the word burnout in the title (Schaufeli, 2003).

Schaufeli (2003) states that two noteworthy inferences have been made since the inception of research on burnout. The first inference is that professionals first used the term burnout informally to illustrate feelings of exhaustion and cynicism. These feelings were related to numerous other physical and mental symptoms. Although many professionals recognise burnout as a severe problem it is not recognised as a psychiatric disorder and does not appear in the Diagnostic and Statistics Manual (DSM). Burnout could be incorporated into diagnoses such as depression, and could also be coded as further information on Axis IV. The second inference is that two people were essential in the description of the burnout syndrome. These individuals represent two distinct approaches to burnout. Herbert Freudenberger, a psychiatrist, epitomized the clinical approach, which regards the burnout syndrome as a "mental disorder that is mainly caused by personal characteristics such as intrapersonal conflicts, dysfunctional personality traits or cognitions and wrong coping patterns" (Schaufeli, 2003, p.2). The focus of this approach is on observation, diagnosis, psychotherapy and various individual treatments including rehabilitation. Alternatively Christina Maslach, a social psychology researcher, represented the scientific approach,



which deemed “interpersonal, social and organisational factors as the root causes of burnout” (Schaufeli, 2003, p.2).

Research on burnout has progressed through two distinct phases, a pioneering phase and an empirical phase (Maslach et al., 2001). The pioneering phase placed emphasis on exploring the experiences of individuals working in the field of delivering health care, with the aim of providing a service to people in need. This research focused on emotional and interpersonal stressors. At this stage burnout research was focused on the individuals’ feelings and on the motivational factors underlying their work in the helping profession. A significant focus at this stage was the relationships between the helper and patients and between colleagues and/or family members and the effect that burnout had on each of these relationships (Maslach et al., 2001). During the empirical phase, which began in the early 1980s, self-report inventories were introduced and heralded a new era of research. The most prominent inventory was the Maslach Burnout Inventory, which conquered the field of burnout research. The empirical phase also helped burnout become a significant scientific focus which drew worldwide attention. Over time the value of burnout research was enhanced. The notion developed that burnout was complemented by its “positive antithesis – job engagement – so that the entire spectrum of a worker’s well-being was being covered” (Schaufeli, 2003, p.3). Furthermore researchers such as Cherniss (1980) added to the body of research by concentrating specifically on the relationship between organisational factors and burnout.

Burnout is thus a field that is constantly being examined and analysed. An online search for current research and studies on burnout found over 1967 studies listed on a single website (Current research and studies on burnout, [www.0-online.sagepub.com.innopac.up.ac.za/](http://www.0-online.sagepub.com.innopac.up.ac.za/)). Although not all these studies can be discussed in this mini dissertation the sheer number of studies illustrates that burnout is a widespread phenomenon. It is also important to continually research the phenomenon in order to ensure the wellbeing of the countless people in society that are vulnerable to burnout.

## Defining the Construct: Burnout

Burnout has been defined in many different ways. I discovered that no single distinct definition of burnout is universally accepted. What follows is a review of literature exploring the various ways that burnout has been explored and defined.

The term burnout was first coined in 1975 by Herbet Freudenberger who described burnout as “failure or exhaustion because of excessive demands on energy, strength, or resources” (Freudenberger, 1975, p. 73). Today burnout is most frequently described as a “syndrome of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment”, which can occur during particular interactions with other individuals (Maslach & Jackson, as cited in Maslach & Leiter, 1988). Cordes and Dougherty (1993) state that while no distinct definition of the burnout process exists, most authors agree that burnout represents a kind of job stress where aspects such as emotional exhaustion, depersonalization and a reduced sense of personal accomplishment occur due to a myriad of work related stressors particularly those stemming from interpersonal difficulties. Emotional exhaustion describes a feeling of being emotionally overloaded and worn out by interactions with others (Maslach & Leiter, 1988).

Depersonalization refers to a sense of being unsympathetic and uncaring to individuals in need of support (Maslach & Leiter, 1988). Murgatroyd (1990) states that at this stage counsellors may find that they have lost passion for their work, and perform their duties in a monotonous way. They may experience difficulty in recognising the benefits of the work that they do. Furthermore, Maslach and Leiter (1988) state that a reduced sense of accomplishment describes an individual’s subjective sense of deteriorating capability, specifically in relation to interactions with others (Maslach & Leiter, 1988).

Gryna (2004) describes burnout as a form of physical or emotional fatigue that is a consequence of stress experienced over a lengthy period (six months or more). Similarly, Gilliland and James (2005) state that burnout is an internal psychological experience involving feelings, attitudes, motives and expectations. Although these definitions of

burnout vary the “end result is a process in which highly motivated and committed individuals lose their spirit” (Pines, 1993, p. 21).

Burnout is thus experienced as a state of physical, mental and emotional exhaustion caused by long term involvement in emotionally demanding situations. It is accompanied by an array of symptoms including physical depletion, feelings of helplessness and hopelessness, disillusionment, negative self-concept and negative attitudes towards interpersonal relationships and life itself. It represents a breaking point at which the ability to cope with the environment is severely hampered (Gilliand & James, 2005). Edelwich and Brodsky (1982) propose four stages to describe the process of burnout as experienced by some individuals. These stages are discussed below. These steps are not experienced in a rigid manner, for example some people may get stuck at just one of the steps, or certain steps may be skipped.

**Stage 1 – Enthusiasm:** The individual initially begins a job with optimism and idealistic expectations. If the individual does not receive adequate training and support, enthusiasm is likely to end in stagnation.

**Stage 2 – Stagnation:** At this stage the individual may begin to feel that certain personal, financial and career needs are not being fulfilled. The individual may find it difficult to meet financial requirements, there may be a lack of incentives in the work environment and added personal pressures may inevitably lead to frustration.

**Stage 3 – Frustration:** At this stage the individual may experience uncertainty around the efficacy, significance and influence of his or her efforts in daily life. Frustration may affect people around the individual and invade other aspects of the individual’s life such as the social and work contexts. Failure to recognise and resolve difficulties at this stage leads to the final stage of apathy.

**Stage 4 – Apathy:** At this stage the individual experiences burnout. The individual is unsympathetic to the difficulties experienced by others, and does not make an effort to assist people in any way. It is a critical stage and the individual is mostly unable to identify or refuses to acknowledge what is happening.

Ekstedt and Fagerberg (2004) state that burnout occurs as resulting of unsuccessful coping strategies in the field of counselling. A constant state of worry, tension and work pressure tends to intensify burnout. Cordes and Dougherty (1993) also demonstrate that numerous challenges, limitations and other factors are precursors of burnout. They have grouped these precursors into three categories.

**Job and role characteristics** primarily involve employee-client relationships. Frequent client interactions of lengthier durations correlate with increased levels of burnout. Also, role conflict, role overload and role ambiguity in various interpersonal situations lead to burnout (Cordes & Dougherty, 1993).

**Organisational characteristics** are associated with the likelihood of specific organisational outcomes. This includes the degree to which “rewards and punishments are linked to performance” and thus related to burnout (Cordes & Dougherty, 1993, p. 629).

**Individual traits** provide an explanation of why certain people burnout. For example, having a supportive network may be linked to lower levels of burnout. Employees’ personal hopes for the institution, as well as their personal worth, are also closely linked to burnout (Cordes & Dougherty, 1993).

Burnout is a multifaceted concept, consisting of behavioural, physical, interpersonal and attitudinal components (Gilliand & James, 2005; Cordes & Dougherty, 1993). The following table presents some of the most prevalent symptoms of burnout. Although not all symptoms are experienced by VLCs, many are evident in those suffering from burnout (Gilliand & James, 2005).

**Table 2.1 Symptoms of burnout**

<b><u>Behavioural</u></b>	<b><u>Physical</u></b>	<b><u>Interpersonal</u></b>	<b><u>Attitudinal</u></b>
Reduced quantity and efficiency of work. Use and abuse of alcohol and illicit drugs. Increase in absenteeism. Increase in risk taking. Increase in medication. Clock watching. Complaining. Changing or quitting the job. Inability to cope with minor problems. Lack of creativity. Loss of enjoyment.	Chronic fatigue and exhaustion. Lower resistance. Colds and viral infections. Poor coordination. Insomnia, nightmares and excessive sleeping. Muscular tension. Addiction to alcohol and or drugs. Increased use of tobacco and caffeine. Over and under eating. Hyperactivity. Sudden weight gain or weight loss.	Withdrawal from family. Compulsion to do all and be all at home. No mature interactions – keeping hidden agendas. Keeping everyone subservient. Feeling drawn to people who are less secure. Reduction of significant others to status of clients. Breaking of long lasting relationships. Becoming therapeutically minded and overreacting to comments of friends.	Depression. Feelings of emptiness, meaningless. Ranging from omnipotence to incompetence. Cynicism. Paranoia. Compulsiveness and obsessiveness. Callousness. Guilt. Boredom. Helplessness. Terrifying and paralyzing feelings and thoughts.

*Crisis Intervention Strategies* (5<sup>th</sup> ed.). p.485. Gilliland, B.E. & James, R.K. (2005). USA: Brooks/Cole

It remains difficult to predict or anticipate burnout. In the current climate of prevention, early detection of burnout would significantly increase the emotional well-being of the individual and the system. However, early detection has proved to be difficult. Burnout is not completely foreseeable (Murgatroyd, 1990). Counsellors can work effectively and enjoy their work for many years. However, mental, emotional and physical fatigue over a sustained period of time (for example, 6 months) can result in a lack of interest in their work. Counsellors may reach a point in their professional lives when they perceive the work they are doing to be ineffective or unappreciated. They may be too afraid to seek help, in case they are viewed as 'weak' or incompetent.

It is important to note that counsellors may not be able to recognise that they are suffering from burnout. This may be because they accept this as being 'part of the job'. Alternatively, they may not interpret signs and symptoms as being indicative of burnout. If left untreated, burnout may result in the counsellor becoming increasingly ineffective and dissatisfied.

Organisations are also affected by burnout. For example, organisations may have regulations stipulating that patients and clients should receive optimal treatment at all times. Individuals suffering from burnout habitually become disparaging, pessimistic and at times antagonistic with their clients (Potter, 1987). This may create serious negative implications for the organisations and their clients. Individuals who are experiencing burnout may not be able to provide quality treatment to their patients (Cherniss, 1980). This could create difficulties in community programs. It is important to stress that no one is immune to burnout and that those individuals involved in health care such as social workers, nurses, teachers and police officers are most affected by burnout (Potter, 1987). Cordes and Dougherty (1993) agree that many professionals experience burnout, and that the phenomenon is not just limited to the helping professions. However, burnout is a fundamental concern for individuals involved in human services (Cherniss, 1980).

### **Burnout, Depression, Compassion Fatigue and Stress**

It is often difficult to differentiate between burnout, depression, compassion fatigue and stress. In order to ensure that this study remains focused on VLCs it is important to differentiate between these concepts.

#### **Depression**

Although depression and burnout are similar in some ways, significant differences do exist (Brenninkmeijer, Van Yperen & Buunk, 2001). The DSM-TR-IV states that a depressive episode "must last at least two weeks, and typically a person with a diagnosis of a major depressive episode also experiences at least four symptoms from a list that includes; changes in appetite, weight, sleeping patterns, activity levels, lack of energy, feelings of

guilt, making decisions, and recurring thoughts of death and suicide” (Sadock & Sadock, 2007, p. 527-528).

Although individuals experiencing burnout may display depressive symptoms, burnout is characterised by additional core symptoms such as dissatisfaction with one’s personal accomplishments, as well as job dissatisfaction and emotional exhaustion. Burnout is context-related, usually work related, whereas depression is pervasive, interfering with all aspects of the person’s life (Depression vs burnout, [www.swissburnout.ch/Depression](http://www.swissburnout.ch/Depression) and burnout. Furthermore, depression is classified as a mental disorder in the DSM-IV-TR and is recognised by the APA. Burnout is not classified as a mental disorder.

### Compassion Fatigue

Compassion fatigue refers to the normal reactions and emotions that occur when a person learns of a traumatising event experienced by a significant other. Compassion fatigue incorporates the stress resulting from wanting to assist a person who is experiencing trauma (Figley, as cited in Collins & Long, 2003). It is also known as secondary traumatic stress and occurs when a person discovers, or observes a traumatising event that involves a significant other (Huggard, 2003). Compassion fatigue gives rise to feelings of powerlessness, vulnerability and a feeling of loneliness and separation from supporters (Huggard, 2003).

While burnout develops gradually and progressively worsens if untreated (Halpern, as cited in Huggard, 2003), compassion fatigue has a rapid onset and occurs without warning (Huggard, 2003). Compassion fatigue also has a quicker recovery time than burnout (Huggard, 2003).

Although compassion fatigue and burnout differ in their onset and duration, they are similar in that they both render the worker incapable of offering effective therapeutic services or sustaining meaningful relationships (Figley, as cited in Collins & Long, 2003).

## Stress

“If excessive stress is like drowning in responsibilities, burnout is being all dried up”.  
(Preventing burnout, [www.helpguide.org/mental/burnout\\_signs\\_symptoms.htm](http://www.helpguide.org/mental/burnout_signs_symptoms.htm))

Stress can be classified as acute or chronic. Acute stress is the response to an immediate threat, generally known as the fight or flight response. The immediate threat is a real or imaginary incident that constitutes a risk to self or others. In acute stress the intensity of stress hormones lessens and returns to normal once the threat has passed. However, if the stress remains and the individual experiences further difficulties it is likely to cause severe physical and psychological disturbances (Types of stress and coping with stress, [wiki.answers.com/Q/What are the models of stress and coping](http://wiki.answers.com/Q/What_are_the_models_of_stress_and_coping)). This is described as chronic stress. Chronic stress is further defined as an extended, intensive stress. Examples of such stress include existing in destitution, being in a negative relationship and continuing in an extremely demanding job (Ogden, 2004; Taylor, 2009).

Different people experience stress differently. Stress can be either enjoyable or distasteful. Examples of stressful situations include changing jobs, moving to different countries and beginning new employment (Stranks, 2005). Stress is thus a conventional and physical response to situations that cause an individual to feel alarmed and disturb the body's natural equilibrium. When the individual senses a threat the body's natural response is to fight back or escape the threatening situation, this is referred to as the stress response (Understanding Stress: Signs, Symptoms, Causes and Effects, [www.helpguide.org/mental/stress\\_signs.htm](http://www.helpguide.org/mental/stress_signs.htm)).

Stress can equip the body with additional resources in order for an individual to protect him/herself. However, when stress becomes overwhelming, as is often the case with chronic stress, it ceases to be beneficial and begins to cause harm by negatively affecting the individual's work and social functioning (Understanding Stress: Signs, Symptoms, Causes and Effects, [www.helpguide.org/mental/stress\\_signs.htm](http://www.helpguide.org/mental/stress_signs.htm)). Stress frequently initiates burnout, but not all individuals who are experiencing stress will experience burnout (Niehouse, as cited in Rink, 1985).



Although burnout results from chronic stress this is not synonymous with having a great deal of stress. Stress entails excessive demands and difficulties that affect the individual on a physical, cognitive and emotional level. Stress is also experienced when coping resources cannot meet demands. On the contrary, burnout constitutes a lack of inspiration, enthusiasm and concern. Individuals who are stressed have the ability to envision ways to make their lives more manageable, whereas people suffering from burnout are unable to see any way of changing their difficult circumstances. Burnout results in feelings of hopelessness. Another important difference between burnout and stress is that individuals are likely to be aware that they are experiencing stress, but they are unlikely to recognise burnout (Understanding Stress: Signs, Symptoms, Causes and Effects, [www.helpguide.org/mental/burnout\\_signs\\_symptoms.htm](http://www.helpguide.org/mental/burnout_signs_symptoms.htm)).

The following table highlights the fundamental differences between stress and burnout.

<b>Stress</b>	<b>Burnout</b>
Characterized by overengagement	Characterized by disengagement
Emotions are overreactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living

(Understanding Stress: Signs, Symptoms, Causes and Effects, [www.helpguide.org/mental/burnout\\_signs\\_symptoms.htm](http://www.helpguide.org/mental/burnout_signs_symptoms.htm))

Although depression, compassion fatigue and stress were not the focus of this study, it is nonetheless important to differentiate between these concepts. These concepts overlap significantly, and this may lead to theoretical confusion. The differences between the concepts have been highlighted in order to provide conceptual clarity.

## Factors Leading to Burnout amongst Volunteers

The year 2002 was the year of the volunteer in South Africa, yet volunteer burnout and the sustainability of volunteer involvement in South Africa is problematic (Chandler & Kruger, 2005, p. 72).

The literature gives numerous reasons for why individuals working in human services profession frequently burnout. VLCs often work with patients' feelings of anger, anxiety, depression and hopelessness (Van der Zee, Bakker & Bunnk, 2001). Constantly working with grief and bereavement makes the volunteer acutely aware of his/her own mortality. These intensely difficult situations can be stressful for the volunteers because they "cannot substitute their intrinsic motivation for an extrinsic one as the paid worker can" (Van der Zee, Bakker & Bunnk, 2001, p.392). Demanding and stressful situations experienced by the volunteers can lead to burnout (Van der Zee, Bakker & Bunnk, 2001).

Helping activities are generally biased, and the person receiving help requires copious attention with the helper receiving little or no credit. The helper's doubt that he or she can have a positive impact results in stressful and vague outcomes and ultimately burnout (Chandler & Kruger, 2005).

Studies reveal that HIV/AIDs volunteers in Australia as well as Hospice volunteers in South Africa are more likely to suffer from burnout and/or eventually drop out of the volunteer program when they experience the following difficulties: role ambiguity, more emotional overload, patient overload and numerous problems with organisational factors (Ross, Greenfield & Bennett, 1999; Sardiwalla, Van den Berg & Esterhuysen, 2007).

Ramarajan and Barsade (2006) found that burnout is likely to occur when employees feel that they are treated with disrespect and with a lack of dignity. Feeling disrespected by the organisation leads to negative feelings towards that organisation. Volunteers may try to hide these feelings when helping patients, but this may impact negatively on the helping process and relationships. It is possible that individuals react differently to burnout because of their different personality types.

Some personality traits may help protect the individual against burnout, while others may make the individual more vulnerable to burnout (Bakker et al., 2006; Zellers et al., 2004). Personality is a term used to describe a plethora of emotions and behaviours. It is defined as the fairly constant and unique patterns of behaviour that characterise an individual and his or her response to the environment. Personality arises from within the individual and remains fairly consistent throughout life (Matteson & Ivancevich 2002). Personality is also viewed as a holistic embodiment of a person's behavioural and emotional traits. It incorporates a person's frame of mind, manner, opinions, talking and responses. A person's personality is part of what makes them unique (Personality, [www.answers.com/topic/personality](http://www.answers.com/topic/personality)).

Bakker et al. (2006) found that literature on the relationship between personality and burnout was vague and inconclusive. These authors conducted a study among volunteer counsellors caring for terminally ill patients. This study focused specifically on the relationship between personality and burnout (Bakker et al., 2006). Their quantitative study found that previous research had reported on the effects of situational stressors (such as stressful work situations and intense emotional interactions) on volunteer burnout. Their study of volunteer counsellors took into account not only the difficult situation but also individual personality traits. They theorised that individual personality traits may explain why some individuals are more likely than others to develop burnout. The central aim of their study was to explore the relationship between the Big Five factors of personality and burnout in volunteers. The Big Five factors of personality are Neuroticism, Extraversion, Openness to experience, Agreeableness and Conscientiousness (Pervin & John, 1997). Bakker et al. (2006) suggest that research exploring essential personality features may provide further fundamental information about whether "burnout is a social phenomenon or is more related to individual variability" (p.4). In addition, it may be possible to identify people who are at risk of developing burnout. The results of the study confirm that particular personality traits may protect individuals in the health professions against the development of burnout. For example, the study suggests that people who are "high in extraversion and low in neuroticism" may perform well in volunteer positions in the health professional field, whereas people who are high in "neuroticism and low in extraversion

deserve special attention” (Bakker et al., 2006, p. 45). In other words, an appropriate selection process could place individuals in appropriate positions.

Claxton and Catalan’s (1998) study concentrated on investigating the factors related to burnout and psychological distress in the United Kingdom. They found significant associations between certain demographic factors (age, gender, sexual orientation, level of education, occupation) and burnout and psychological distress. Younger volunteers had higher burnout and anxiety scores than older volunteers, and men had higher depersonalization scores than women. Heterosexual women scored lower on anxiety, depression and depersonalization. Employed individuals with a higher level of education obtained higher scores on emotional exhaustion, and unemployed individuals obtained lower scores on emotional exhaustion and higher scores on personal accomplishment.

It seems likely that the VLCs’ work is demanding, and puts them at risk for developing burnout. They are pressured to deal with large case-loads in a limited amount of time. They are asked to help people who have suffered severe psychological and physical trauma including sexual and physical assault, murder and HIV/AIDS. The high emotional demands combined with the high case-loads require an immense amount of energy, resilience and hardiness. VLCs who continuously work within these conditions may eventually experience exhaustion, a lack of optimism and a decrease in motivation. (McRaith, as cited in Gilliland & James, 2005).

The literature presented above allows for several conclusions to be drawn. Factors such as not feeling acknowledged, role ambiguity, emotional overload, patient overload as well as problems experienced with the organisations impact significantly on the VLCs and can lead to burnout. It is likely that certain personality traits and demographic variables may render individuals vulnerable to developing burnout.

### **Research Studies Specific to VLCs and Burnout**

Burnout has been the focus of numerous studies. Studies have investigated burnout amongst populations as diverse as teachers (Bakker & Schaufeli, 2000), nurses working at

Intensive Care Units (Bakker, Le Blanc & Schaufeli, 2005), therapists working with sex offenders (Kadambi & Truscott, 2003), Hospice workers (Sardiwalla, Van den berg & Esterhuysen, 2007), HIV/Aids volunteers (Ross, Greenfield & Bennett, 1999), caregivers in nursing homes (Isaksson, Graneheim, Richter, Eisemann & Astrom, 2008), firefighters (Lourel, Abdellaoui, Chevaleyre, Paltrier & Gana, 2008), dentists (Te Brake, Smits, Wicherts, Gorter & Hoogstraten, 2008), prison officers (Cieslak, Korczynska, Strelau & Kaczmarek, 2008), employees (Schulz, Greenley & Brown, 1995), human service workers (Ramarajan & Barsade, 2006) and junior doctors (Toral-Villanueva, Aguilar-Madrid & Jua´rez-Pe´rez, 2008). It is clear that burnout affects a multitude of professions. No occupation is immune to developing burnout. This dissertation focuses specifically on burnout amongst VLCs.

Numerous studies have looked at burnout and VLCs. These studies have been both local (Fourie et al., 2008; Pronyk et al., 2002; Rohleder & Swartz, 2005) and international (Bakker et al., 2006; Ross, Greenfield & Bennett, 1999). A selection of the most relevant research results are discussed below. Interestingly, findings clearly demonstrate that VLCs, irrespective of the setting in which they work, are susceptible to developing burnout due to numerous reasons.

Despite this large body of research no studies have focused specifically on the experiences of VLCs working within a government hospital setting, such as the Steve Biko Academic Hospital. This is surprising as VLCs working within the hospital setting are continuously exposed to various types of trauma, work under immense pressure and receive little or no monetary compensation. VLCs form an integral part of health care in these settings.

VLCs work in a myriad of fields where their help and support is urgently required. Some of these fields include HIV/ AIDS related areas, community support programs, shelters for abused men and women, clinics or hospitals and the banking sectors. These fields are discussed below. However, as all of these fields experience a high incidence of volunteer turnover this factor is discussed first.

## Burnout and High Volunteer Turnover

High turnover amongst volunteers is a common occurrence in South Africa (Chandler & Kruger, 2005) and constitutes a major difficulty. Research findings suggest that burnout is a major factor in VLCs leaving the profession. In their study of experiences of lay counsellors at a support centre for abused women in Cape Town, South Africa, Chandler and Kruger (2005) explored the experiences of lay counsellors who work with victims of domestic violence. The study focused on supervision, debriefing and supportive needs of lay counsellors. This study was performed in 2002 and three years later all but one of the ten volunteers had left the centre. The study found that the lay counsellors suffered considerable stress as a result of the work they engage in and their exposure to numerous traumatic events. Chandler and Kruger (2005) found that there was an urgent need for counsellors to receive formal debriefing, support from management and ongoing supervision. All of these factors were lacking. When these important support structures are lacking VLCs are likely to experience symptoms of burnout and may choose to leave the helping profession completely.

## Burnout and HIV/AIDS

Ross, Greenfield and Bennett (1999), in a longitudinal study conducted in Australia, found that burnout among HIV/AIDS volunteers contributes to the loss of dedicated personnel, resulting in strain on the HIV/AIDS care system. The study found that patients' problems, role ambiguity, emotional strain and a sense of depersonalization are important symptoms of burnout. These symptoms in turn result in high volunteer turnover. The data derived from this study is significant in that it provides important information on why volunteers drop out of programs. The study also provides a launch pad that can be used to assist volunteers in obtaining positive outcomes from their work.

VLCs working within the field of HIV/AIDS have received considerable research attention (Benevides-Pereira & Das Neves Alves, 2007; Claxton & Catalan, 1998; Maslanka, 1996; Nesbitt, Ross, Sunderland & Shelp, 1996; Ross, Greenfield & Bennett, 1999). Volunteers play a crucial role in the care of HIV/AIDS patients (Claxton & Catalan, 1998). According to

Maslach & Ozer (as cited in Nesbitt et al., 1996) volunteers' commitment and dedication saves the HIV/AIDS care delivery system innumerable amounts of money. HIV/AIDS volunteer care-givers deal with difficult and often challenging circumstances such as a lack of training, volunteering while having other employment and having a special relationship with individuals with HIV/AIDS.

Benevides-Pereira and Das Neves Alves (2007) maintain that devoting physical and psychological help to others is an exhausting activity, not only because it requires responsibility but also because of the "emotional aspects involved in this relationship, which lead to stress and, if this stress continues, to burnout syndrome"(p. 565). The emotional requirements for caring for HIV-positive individuals are greater than those needed for caring for other types of patients and this amplifies the likelihood of burnout (Benevides-Pereira & Das Neves Alve, 2007).

Numerous volunteers undertake the demanding task of counselling HIV/AIDS patients and their family members. In many cases the volunteers play a significant role in supporting the patient and providing emotional support to the family. VLCs who work in this field are continuously exposed to feelings of despondency and sadness. They are frequently faced with patients who suffer acutely, especially during the final stages of their illness. They are also expected to provide support to the distraught family members that are left behind. In their study on nurses who render volunteer HIV/AIDS counselling in addition to testing, Mavhandu-Mudzusi, Netshandama and Davhana-Maselesele (2007, p. 254) identified the following important themes: "challenges related to inadequate resources; the emotional drain associated with stress and burnout; and frustration related to certain behaviours and practices of clients and community members". Those researchers found that when the nurses were incessantly exposed to difficult circumstances and received limited support from their supervisors they were more vulnerable to experiencing burnout.

#### Burnout and Hospice Volunteers

VLCs working with terminally ill patients in organisations such as at Hospice also experience enormous emotional strain. The patients admitted to Hospice are generally in the terminal

stage of their illness, and are thus close to dying. The volunteers working at Hospice are highly susceptible to experiencing burnout since they are continuously exposed to the trauma of working with dying patients. A study conducted in South Africa by Sardiwalla, Van den Berg and Esterhuyse (2007) found that volunteers working at Hospice describe their work as both rewarding and demanding. While they do receive gratification from supporting people who are in need of their help, they also endure an immense amount of emotional strain, which may lead to burnout. They may attempt to deal with the effects of burnout by isolating themselves and/or refusing to acknowledge that they may be suffering from burnout.

#### Burnout and Counsellors in the Banking Sector

Non-professional counsellors are frequently used within the banking sector in South Africa. Counsellors are called upon to support and treat employees who have been exposed to trauma, such as bank robberies. Fourie, Rothmann and Van de Vijver (2008) conducted a study that examined the possible effects of job demands and resources of non-professional counsellors in South African Banks. The results showed that the counsellors who experienced high job demands, such as heavy case-loads in a short amount of time, as well as an excess of administrative duties in addition to counselling, felt that they lacked support from their supervisors and had inadequate exposure to debriefing. Constant exposure to negative experiences makes the counsellors susceptible to developing burnout. Those counsellors who experienced their work as reliable and received support from colleagues and supervisors were less prone to burnout and were able to work effectively.



## Summary

In summary, various studies have demonstrated the importance of VLCs. VLCs work in diverse settings and experience numerous stresses, mainly due to the heavy case-loads and the emotional nature of the work. This may explain the high turnover rate of VLCs as well as the high rate of burnout. The situation is exacerbated if the VLCs do not receive emotional support. VLCs perform demanding work and they require constant attention from institutions, management and supervisors. Although burnout significantly impairs the lives of VLCs it can also be prevented. In order to prevent burnout the signs, symptoms and causes of burnout must be recognised.

## **Chapter 3**

### **Research Methodology**

The phenomenologist lives amidst a world of expressive surfaces, amidst a world of endless references and interconnections.

(Jager, 1989, p. 221)

#### **Introduction**

The previous chapter reviewed literature relevant to the burnout and its impact on different health professionals, including VLCs in South Africa. This chapter provides an outline of the paradigm and research method used in this study. Phenomenology served as the preferred paradigm for this study and interpretative phenomenological analysis (IPA) was selected as the preferred research method. Significant details regarding the methods of sampling, data collection and data analysis are provided. Factors intended to ensure research quality and strict ethical standards are discussed. Details are presented regarding the application of ethical standards and quality assurance during the study.

#### **Research Design**

This research project focused on the subjective nature of the effects of burnout as experienced by VLCs. The study utilised a qualitative approach.

According to Kvale (1996) qualitative approach gives attention to interpretation, descriptions, characteristics and meaning, while quantitative research focuses on measurements and numbers. Neuman (2000, p.16) describes quantitative research as being “a measurement of objective facts, with a focus on variables and several subjects are required”. Quantitative research involves statistical analysis and the researcher remains disconnected from the research (Neuman, 2000). It is possible to investigate burnout and its related constructs and variables by means of quantitative measures (e.g. Oldenburg

Burnout Inventory, Maslach Burnout Inventory), but a qualitative approach seems more fitting when the focus is on the individuals' subjective lived experience.

The fact that the subjective experience of burnout cannot be accurately measured does not make it any less important. Information that specifically revealed the lived experience of the participants was vital to this research project.

### **Qualitative Research**

This study utilised a qualitative approach, and this was reflected by the research question: 'What are the experiences of burnout on volunteer lay counsellors working within a hospital setting?' The question was explorative and qualitative in nature, and therefore a qualitative methodology was selected.

Qualitative research has an extensive, well-documented and at times difficult history in the field of psychology. The significance of qualitative research in the study of human behaviour was first established in the 1920s and 1930s (Denzin & Lincoln, 2004). Since its establishment, qualitative research has encompassed a "complex and interconnected family of terms such foundationalism, positivism, postfoundationism, postpositivism and poststructuralism" (Denzin & Lincoln, 2004, p. 2).

A qualitative approach was selected for several reasons. Qualitative approaches are perceptive and sensitive to the true context in which people live (Kvale, 1996). They are commonly more exploratory and descriptive in nature and interpretation is based on the participants' lived experiences, rather than measured facts or truths. In this sense the researcher is not detached from the participants and attempts to understand the participants' own experiences of their world (Smith, 2003). Willig (2001) adds that qualitative research is concerned with meaning and the core lived experience that is rooted in the individuals' socio-cultural context. Qualitative research takes the researcher out of the laboratory and into a context where the phenomena can actually be studied (Creswell, 1998; Willig, 2001). Qualitative research encompasses a natural, holistic and inductive process (Durrheim, 2006), and is generally engaged with exploring, describing and

interpreting the personal and social experiences of participants (Smith, 2003). The purpose of an inductive, natural and holistic process is to study phenomena without manipulating the context in which they appear. The aim is to explore phenomena as they occur in people's lives (Durrheim, 2006). Smith (2003) adds that the qualitative approach seeks to understand a small number of participants' frames of reference towards, instead of trying to test a preconceived hypothesis on a larger sample.

The qualitative research methodology was thus consistent with the aim of this research project, which endeavoured to seek a deeper understanding of the phenomenon of burnout from the VLCs' perspective and to understand the meaning and 'texture' that they offer this phenomenon.

Qualitative research's inductive approach means that much of the narrowing and tapering of themes occurs after a researcher has begun to collect data (Neuman, 2000). Qualitative research entails the collection of diverse empirical data such as "case studies; personal experience; introspection; life story; interviews; artifacts; cultural texts and productions; and observational, historical, interactional visual texts" (Denzin & Lincoln, 2004, p. 3). This data portrays difficult and momentous times in people's lives. For the purposes of this research project data was collected in the form of interviews. Analysis of the data entailed interpreting the narrative reports in order to understand the phenomenon.

De Vos and Fouche' (1998) describe different research designs in the field of qualitative research. These designs include phenomenology, grounded theory, ethnography, ethnomethodology and symbolic interactionism. Smith (2003) includes interpretative phenomenology, narrative psychology, conversation analysis, discourse analysis, focus groups and cooperative inquiry under the umbrella of qualitative research. Qualitative methods in psychology thus encompass diverse methods of understanding and exploring participants' experiences. The present study utilised phenomenology and IPA. This approach was felt to best fit the study as it involves: "exploring the lived experience of the participant and/or understanding how they make sense of their personal and social world" (Smith, 2003, p.3)

## Phenomenology

Edmund Husserl (1859-1938) is seen as the founder of the phenomenological approach. He aimed to provide a solid base for all the disciplines by ascertaining the meaning of their most essential concepts (Ashworth, 2003). Husserl believed that academic disciplines lacked an approach that would determine the nature of their fundamental concepts. Phenomenology, which aimed to enable major concepts to be structured in a meticulous way, was intended to provide a definite basis for each science. The core philosophy of Husserl's phenomenology was the refutation of the assumption that there is something following or underlying or more important than experience. Phenomenology is concerned with the lived reality, as it appears, that is the phenomenon (Ashworth, 2003).

Giorgi and Giorgi (2008) state that phenomenological psychological research aims to explore and describe situations as experienced by people in their daily lives. Instead of reducing a phenomenon to a number of variables and attempting to manipulate the context in which the phenomenon will be studied, phenomenology aims to be as true as possible to the phenomenon and the situation in which it appears (Giorgi & Giorgi, 2008). Consequently, in order to explore a specific phenomenon phenomenology focuses on attaining first hand descriptions of the individuals' experiences of the phenomenon.

Karlsson (1995) adds that phenomenology provides a personal view of the individuals' experiences. It allows the individual the opportunity to talk about events in his or her world, rather than describing events that occur outside of that world. Willig (2001, p.52) explains that phenomenology "focuses on the content of consciousness and the individuals' experience of the world". This statement indicates the importance of establishing how individuals view their world. It is important to understand personal meanings, perceptions and experiences. Lindegger (2006) states that phenomenology is especially interested in the relationship of the individual to the world in which she/he lives. This world is not the physical world but the world of the individual's experiences. This world of personal experiences can be explored by attempting to understand the personal experiences of the individual and seeing the world as he or she sees it.

Polkinghorne (1989) maintains that phenomenology is different from the natural sciences. In the natural sciences the individual is viewed as a passive recipient of reflective sensations from natural objects. However, phenomenology involves an individuals' experience where phenomena are approached through their presence in "conscious awareness" (Polkinghorne, 1989, p.45). The meanings of individuals' experiences are studied, rather than their physical attributes. This study is fundamental and provides a window to all that can be directly known, because all knowledge is captured in human experiences. Polkinghorne (1989) identifies two types of phenomenologically-based inquiries. The first type focuses on how an object or subject is understood by the different methods of conscious experience or memory of conscious experience. Inquires of the second type search for information on how the meanings present themselves in the experience. This research attempted to gain knowledge of the experience of burnout through a phenomenological investigation of both the conscious and memory perceptions of individuals. It also investigated how individuals understand the meanings of the experience.

### **Interpretative Phenomenological Analysis (IPA)**

IPA is a fairly new qualitative method that is gaining popularity within the field of psychology. Various other health professions, especially the nursing sciences, are using this methodology. The methodology is particularly popular in the United Kingdom (Interpretative Phenomenological Analysis, [www.ipa.bbk.ac.uk/about-ipa](http://www.ipa.bbk.ac.uk/about-ipa)).

IPA is phenomenological in that it is concerned with the individual's lived experience and explores the personal perceptions and meanings attributed to an object or an experience. According to Smith and Osborn (2003), IPA is specifically aimed at exploring how participants make sense of their personal and social world. IPA also adheres to phenomenological thought in that it explores in detail intimate experiences and takes into account the person's personal perceptions of the situation, as opposed to attempting an objective view of the situation (Smith & Osborn, 2003).

This methodology emphasises the importance of language as interpretative and not just descriptive. Giorgi (1992) explains that descriptive language is used to describe events or

actions as they occur without any manipulation from the researcher. Descriptive language assumes an "attitude of phenomenological reduction" (Giorgi, 1992, p, 121). By contrast, an interpretation of a phenomenon takes into account the meaning attached to the phenomenon. An interpretative stance maintains that different individuals may attach different meanings to the same phenomenon. Phenomena form part of the individual's lived experience (Giorgi, 1992).

IPA views the research process as a dynamic process. In this process the researcher aims to get as close to the participants' lived experience as possible. It is not possible to achieve this unequivocally and therefore the process is never complete. The researcher's own perceptions may obscure the research process. However, this is necessary in order to understand the personal world of another through a process of interpretation (Smith, Jarman & Osborn, 1999). Such an interpretative stance necessitates the acknowledgement and utilisation of the researcher's own perceptions as well as the interaction between participant and researcher.

In summary, IPA pays attention to cognitions in an attempt to understand how the individual thinks about the event under discussion (Smith, Jarman & Osborn, 1999). During the research process IPA can be used to interpret the VLCs' perceptions of their cognitions. Smith and Osborn (2008) add that IPA presumes a connection between the way people communicate, think and feel. However, because people may find it difficult to convey their thoughts and emotions the researcher must interpret their thoughts and feelings from their narratives.

### **Role of the Researcher in IPA**

The IPA researcher must maintain a reflexive attitude. Reflexivity refers to reflecting, or thinking critically, sensitively, sincerely and candidly, about the research experience and process (Willig, 2001). Reflexivity acknowledges that meanings acquired from the analysis of transcripts are influenced by interpretation. Although IPA strives to gain a better understanding of the participants' world, this can only be done through the researcher's intimate engagement with the participants' transcripts. In this sense IPA is both

“phenomenological (that is, it aims to represent the participants’ view of the world) and interpretative (that is, it is dependent upon the researcher’s own conception and standpoint)” (Willig, 2001, p.67).

As the researcher I tried to consistently focus on the real life world of the participant. I tried to provide the fundamental meanings of the participants’ life experiences through sincere and honest descriptions. My own reflexive process is presented throughout this research report.

### **Sampling**

Neumann (2000) states that researchers focus on particular methods in order generate sample groups that are representative of their research requirements. Two broad kinds of sampling methods are available to researchers. Probability sampling entails random sampling, while non-probability sampling entails non-random sampling. In phenomenological research the primary aim of sampling is to collect specific information in order to access a deeper understanding of the participants’ experiences. It is for this reason that qualitative researchers make use of non-probability sampling. Neumann (2000) outlines several methods of non-probability sampling. These methods include the haphazard, quota, purposeful, snowball, deviant case, sequential and theoretical methods.

IPA studies generally involve small groups of participants (Smith & Osborn, 2003). The aim of small groups is to allow the researcher the opportunity to obtain an in depth account of the perceptions of the group, instead of inferring general statements. This study made use of purposeful sampling.

As the researcher I ensured that VLCs who were recruited met the criteria for burnout. It was thus necessary to identify a set of criteria for burnout, in order to ensure that participants met these criteria. The Oldenburg Burnout Inventory (OLBI) was used to identify suitable participants for the study. Although the Maslach Burnout Inventory (MBI) is the most widely used burnout measure, “researchers have been troubled by some of the psychometric limitations of that scale (e.g. wording of the scale items as well as the limited



conceptualization of burnout upon which it is based)” (Halbesleben & Demerouti, 2005, p. 208). Hence Demerouti, Bakker, Vardakou and Kantas (2002) developed the OLBI as an alternative measure of burnout. This scale addresses the limitations of the MBI and offers more balanced wording (Halbesleben & Demerouti, 2005).

The OLBI is similar to the MBI except that it consists of only two elements, exhaustion and disengagement, and excludes the MBI’s third element of personal accomplishment (Shirom, 2005). The developers of the OLBI attempted to expand on these components. The exhaustion element was extended to encompass cognitive and physical exhaustion as well as the original focus on emotional exhaustion (Shirom, 2005).

A significant motivation for using the OLBI in this study was that it is within the public domain, whereas the MBI has copyright restrictions. The English translation of the OLBI is available from E. Demerouti on request (Halbesleben & Demerouti 2005). A copy of the OLBI is included in the appendix of this research study.

Participants in this study were either currently experiencing burnout, or had experienced burnout in the recent past. It was also essential that the participants selected experienced burnout in relation to their work as VLCs, and not due to other demanding occupations.

In order to exclude gender bias, both male and females participants were invited to participate. The sample consisted of adult male and female participants. Fluency in English was preferable although not compulsory. Further information describing the participants is provided in Chapter 4.

The following steps guided the research process.

Step 1: Approach HospiVision in order to obtain a list of possible participants.

Step 2: Ensure possible participants characteristics, such as age, language etc.

Step 3: Screen for burnout using the Oldenburg Burnout Inventory.

Step 4: Data collection.

Step 5: Analysis of data.

## Data Collection

According to Smith and Osborn (2008) IPA consists of a two stage interpretation process, also known as double hermeneutics. The participants attempt to understand their world, and the researcher attempts to understand the participants who are trying to understand their world. IPA merges empathetic hermeneutics with questioning hermeneutics. Empathetic hermeneutics is essentially an attempt to understand the world and lived experiences of the participants, while questioning hermeneutics involves the use of critical questions aimed at eliciting additional information relating to the phenomenon that is being studied (Smith & Osborn, 2008).

In accordance with the concept of questioning hermeneutics, semi-structured interviews were used to gather data. Interviews are the predominate method of data collection in phenomenological research (Wimpenny & Gass, 2000). In interviews the participants' experiences are investigated and elucidated. The use of semi-structured interviews in a phenomenological approach helps "the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participant's responses and the investigator is able to probe interesting and important areas which arise" (Smith & Osborn, 2008, p.57). The participants were asked open-ended questions related to the phenomenon of burnout, their experience of burnout and the meaning of burnout in their worlds. The research questions were guided by suggestions from Smith and Osborn (2008). The interview questions served as a guide, when other themes emerged during the interview process the researcher remained flexible and open.

The interviews were audio recorded and transcribed as accurately as possible. The transcriptions included verbal and non-verbal cues. I transcribed the recordings shortly after the interviews were conducted. This ensured that the sentiments and emotions contained in the interviews were accurately encapsulated and reported.

The interview schedule included questions generated from the literature (Smith & Osborn, 2008) as well as from communication with the director of HospiVision (I. Gravett, personal communication, July 2008). The following guiding questions were used:

1. Describe how you became involved in volunteer work?
2. What does the term burnout mean to you? How do you understand it?
3. Describe your experiences of burnout as a volunteer lay counsellor?
4. Describe how burnout has influenced the way you view your work as a volunteer lay counsellor?

### **Data Analysis**

This project aimed to understand the meaning of the experience of burnout. The data was analysed using the methods proposed by Smith and Osborn (2003). In addition (Willig, 2001) states that meaning is acquired through a continued and consistent engagement between the participants' transcripts and the development of interpretation. IPA data analysis involves an idiographic approach. Meanings are generated as a result of rigorous and thorough exploration of each individual case. Integration occurs in the later stages of the research (Willig, 2001). Huysamen (1997) demonstrates that the interviewer works collaboratively and attempts to understand how the individual experiences their world (in this case, their lived experience of burnout), and how they make sense of it in their lives.

This study includes the following steps of data analysis (Smith & Osborn, 2003):

#### **Step 1: Looking for themes in the First Case**

The process of analysis began with reading the first interview several times. I made notes in the left margin of the transcript. In the first stage of analysis the aim is to become as close and intimate as possible with the person's account (Smith & Osborn, 2003). Each time the transcript is read new meanings emerge. During this process some parts of the data seemed to be richer than others. The use of language and sophistication were also noted. This initial analysis focused on the similarities, differences, paradoxes and amplifications in the first participant's transcript.

After the initial reading the transcript was re-read and I noted emerging themes in the right hand margin. The processes of identifying themes also lead to the identification of phrases

or vignettes, which were listed in Chapter 4 (Smith & Osborn, 2003). These phrases capture the essential quality of the texts. Through this process the themes progressed to a higher level of abstraction and the process started invoking more psychological terminology. The same process was repeated with each of the transcripts.

### **Step 2: Looking for Connections**

During this analysis process I listed all the emerging themes on a separate sheet of paper. Some of the themes clustered together and formed subordinate themes, while other themes emerged as super ordinate themes. Once these clusters of themes had emerged they were cross-checked with the initial transcribed material to ensure that they remained consistent with the actual words of the participants.

The next step was to produce a coherently ordered table of themes. Themes that did not fit with the emerging structure were discarded.

### **Step 3: Continuing the Analysis with Other Cases**

Themes that emerged from the first case were used to assist with the analysis of the subsequent transcripts (Smith & Osborn, 2003). The template of themes that emerged from the initial transcript was used as a guide to identify themes in the other transcript. This approach helped identify themes that were similar to the initial transcript, and also highlighted new and different themes in the other transcripts.

Once all the transcripts were analysed, a comprehensive table of super ordinate themes was constructed. At this stage it was essential to ensure that the themes were correctly prioritised and categorised into subordinate and super-ordinate themes. Some themes were discarded at this point. This is referred to as reduction of themes, many of the themes discarded contained information that was not relevant to the topic being researched.

#### **Step 4: Writing up**

This stage is concerned with translating or transforming the themes into a narrative account (Smith & Osborn, 2003). The analysis becomes expansive as the themes are explained, discussed and illustrated. It was necessary to distinguish between the participants' words and my own interpretations.

In addition, Willig (2001) states that once the data has been analysed, the researcher may attempt to integrate the summary tables into a comprehensive list that reflects the experiences of the group in its entirety. It is important that the integration process produces a list of master themes that illustrate the quality of the participants' shared experiences of the phenomenon being explored. This reflects the quintessence of the phenomenon itself.

Various authors (Conroy, 2003; Kvale, 1996; Valle, 1989) agree that no distinct standard method is sufficient to obtain significant meaning in qualitative analysis. Kvale (1996) suggests five broad approaches to assist with the generation of meaning. These approaches are categorisation, condensation, narrative functioning, deeper interpretations and ad hoc or mixed tactics. He recommends that the researcher approaches the transcripts of the interview as a living discussion and engages in a 'dialogue' in order to obtain information that would enhance and intensify the meaning of the participants' words. The researcher has a specific perspective on what is being explored and interprets the data from this perspective. Adding a deeper element to the interpretation ensures that the interpretation goes beyond that which is directly said and finds meaning that is not directly apparent from the original transcribed text.

#### **Strategies to Ensure Research Quality**

Babbi and Mouton (2001) and Van der Riet and Durrheim (2006) suggest possible strategies to ensure that bias is lessened during the research process. These strategies include credibility, transferability, dependability and conformability.

## Credibility

Credibility refers to the degree to which the findings are convincing and believable. Credibility is determined during the research problem, and can be achieved by member validation and peer evaluation (Van der Riet & Durrheim, 2006). Member validation involves presenting the themes to the individual participants in a follow up interview. The aim is to allow the participants the opportunity to assess the themes that emerged from the analysed data, and comment on the congruence of their own feelings and the results of the data. Follow up interviews and feedback discussions were used in this study.

The participants appreciated the feedback discussions, which were initiated to add to the trustworthiness of the research. They took pleasure in hearing a summary of their stories as they felt that I had captured the essence of their experiences, and they agreed with the themes presented to them. The participants admitted that the interviews had elicited emotional responses and had been difficult at points. I reflected on this via telephone and email at the end of the interview process. The feedback sessions also contributed to a richer understanding of the participants' worlds and confirmed the truthfulness of the information presented in my mini dissertation. The participants found the feedback sessions to be a polite and gracious act as they felt that their stories were received with dignity. As a researcher I found the feedback sessions exciting and anxiety provoking at the same time. I worried that I had interpreted the participants' stories incorrectly, and was afraid that they would feel misunderstood. This was not the case as the participants expressed that they were pleased with the results. The participants did not change any of the information reported to them in the feedback sessions.

## Transferability

Transferability refers to the degree to which findings derived from the research process can be applied to other contexts and with other participants (Babbi & Mouton, 2001). Transferability is attained by providing a comprehensive description of all aspects of the research study, including the participants and the research context (Krefting, 1991). Within

the limitations of ethical considerations, the participants and the context are described as extensively as possible in this study.

### Dependability

According to Van der Riet and Durrheim (2006) dependability describes the extent to which the data reflects findings that are congruent with the research findings. For the purposes of this study dependability was achieved by providing rich and thorough accounts of the development of events and situations during the research process.

In order to enhance the dependability of the data analysis, the technique of reading the transcripts repeatedly and rechecking the themes was applied (Krefting, 1991). The data was analysed using a twofold process – the transcripts were left for a limited period after the first analysis and then analysed again. The two sets of data were then contrasted and integrated.

### Conformability

This refers to the extent to which the findings from the research process reflect the focus of the research process and the bias of the researcher (Mouton & Babbi, 2001). Qualitative research in general, and phenomenological research in particular, acknowledges the researcher's ongoing role in the research process. In order to ensure conformability I engaged in continuous supervision with a dissertation supervisor during the entire research process. I also continuously reflected on my own personal contributions to the research.

## **Ethical Considerations**

According to Wassenaar (2006), research ethics should serve to protect the rights and welfare of the participants at all times. Specific principals must be adhered to in order to ensure that the research is carried out according to ethical guidelines. The research data obtained for this research project is deemed private; consequently consent was obtained

from the participants as well as from HospiVision. The researcher undertook to ensure confidentiality at all times.

Each participant received a letter of informed consent before the interview explaining the nature of the interview process, the structure of the interviews and follow-up discussions. The letter was structured to be as clear as possible and participants were informed that they were free to ask questions pertaining to their participation.

Before the start of the interviews, each participant was provided with information regarding the research procedure itself. The nature of the study was made clear and participants were made aware that they would be given the opportunity to receive feedback and provide additional input and validation.

The participants were assured that their participation was voluntary, and they were free to withdraw at any time for any reason. Anonymity is an important ethical consideration (Durrheim, 2006). Pseudonyms were used to protect the participants' identity. All material derived from the research process will be stored safely for a period of 15 years at the department of Psychology, University of Pretoria.

As the researcher I ensured that the participants did not experience any emotional harm during the interview process. Interviews were conducted in a safe space where participants could feel secure and comfortable. Since the topic of burnout required the participants to speak intimately about their difficult experiences, they were provided with the option of receiving counselling during or after the research process.

### **Dissemination of Research Results**

Research findings are reported in the form of a mini-dissertation. This mini-dissertation will be published in electronic format. The research findings will also be published in article format. Research findings were also used to provide HospiVision with feedback concerning the VLCs' experience of burnout. Recommendations were made to equip HospiVision and to help them protect their VLCs from burnout.



## Summary

This chapter discussed the study's research methodology. The research design was outlined and a discussion of qualitative and quantitative approaches to research provided a context for the discussion of IPA as research methodology. The motivation for using IPA was provided with reference to its emphasis on the phenomenological and interpretative and its fit with the research question. I determined a list of sample criteria and presented it to HospiVision. HospiVision provided a list of possible candidates; participants were selected from this list. The participants signed a consent form, which provided relevant information, and guaranteed confidentiality. Individual interviews were conducted and audio recorded. The participants were requested to reflect on their experiences of burnout. The data was transcribed and analysed according to the principles outlined in this chapter. Adhering to the methods outlined in this chapter ensured the quality of the research, and ethical standards were maintained. Follow up feedback discussions were individually scheduled, during which time the results of the analyses were presented to the participants.

## **Chapter 4**

### **Results**

If we want to move beyond sharing an experience with our participants, and understand their experiences well enough to explain them, we need to be aware of the conditions that gave rise to these experiences in the first place (Willig, 2001, p. 65).

### **Introduction**

This study set out to explore VLCs' experiences of burnout. This chapter presents and discusses the main themes that emerged from the narratives. The participants are introduced by presenting their demographic characteristics and a short description of each participant.

All of the themes identified are coloured by the lens through which I, as the researcher, interpreted the narratives during the research process. Thus these themes do not symbolise the participants' only truth, instead they are possible interpretations emerging from my perspective as the researcher. The themes identified and explored in this chapter are not absolute, as another researcher may draw attention to different or additional themes.

The themes highlighted in this chapter are central to the experience of burnout, and provide significant answers to the research question. Although not all the participants experienced burnout at the time of the interviews, all of the participants had experience of burnout and were able to relate those experiences. Each story was unique and the participants used the opportunity to relate their unique experiences.

### **Participants**

I approached the director of HospiVSION, Ilze Gravett, to help me locate participants for the study. Ilze was able to provide contact details of participants who she felt matched the

required criteria and would be willing to participate in my study. I screened these potential participants during a brief telephonic conversation in which the purpose of the research was explained and a summary of their experience of burnout requested. From the pool of possible candidates the 5 participants were selected. The participants were selected based on their experience of burnout while working as VLCs. The participants were also screened using the Oldenburg Burnout Inventory. This screening is discussed later in this chapter.

Three of the participants were Caucasian and two were African. All the participants were living in Gauteng at the time of the study. Four women and one man participated in the study. The participants' ages ranged from 31 to 59, with a mean age of 43.4. On average the participants had worked as VLCs for 4.4 years. The participants' demographic information, along with other relevant information, is presented below.

The quotes presented in this research study have been taken verbatim from the transcribed interviews and have not been altered in any way. The emphasis is on representing the participants honestly and congruently.

Table 4.1 summarises the basic characteristics of the participating individuals.

**Table 4.1: Demographic Information**

Participant	Age (years)	Male/Female	No. of years as a VLC	Concurrent paid employment at present	Pension/ Government Grant
Graham	31	Male	+/- 2	No	No
Elise	50	Female	+/- 4	Yes	No
Rose	59	Female	+/- 11	No	No
Mary	39	Female	+/- 3	No	No
Cindy	38	Female	+/- 2	No	No
Number of Participants					5
Age Range				31 years to 59 years	
Mean Age					43.4
Male: Female					1:4
Black: White: Coloured: Indian: Other					2:3:0:0:0

**My personal thoughts:**

At this stage I sat with each participant's transcript and wondered how I could introduce the participant. Each person was unique. I felt different emotions sweep through me as I thought of each participant. In introducing each participant I wanted to capture (what I thought) was the essence of the person who sat in front of me during the interview process. I wanted to ensure that I told their stories of volunteering and burnout with honesty and dignity and gave them the same respect they afforded me during the interview process. I found that some of the participants became VLCs as a result of a traumatic experience, while for others it was an intense personal experience. Some of participants also experienced a calling from God to involve themselves in volunteer work.

## Graham

Graham is a 31 year old Caucasian male. He is a deeply religious person of Christian faith and describes himself as a man of God. During the interview he spoke openly of his experience of burnout and did not appear apprehensive when describing his thoughts and feelings.

Graham was introduced to volunteering by a family member. He was involved in a serious motor vehicle accident in 2006. He was working in the kitchen cupboard industry at the time. When the accident occurred he was very tired, as he had not slept for three days. On the way to Johannesburg he fell asleep behind the steering wheel and crashed into another vehicle. According to Graham the paramedics who attended the scene of the accident told him that he was lucky to be alive. Graham expressed his gratitude that no one else was hurt in the accident. He experienced severe depression following the accident, and felt as if he did not want to continue living. He commented:

*I felt as if the world was gliding and crashing down on me and I was in a deep dark hole.*

It was during this time that a family member who observed his low mood suggested that he might feel better if he volunteered as a lay counsellor at HospiVision. Graham's work at the hospital made him realise that other people are struggling with their own difficulties and he felt that his problems seemed miniscule in comparison. He describes his work at the hospital as a "total paradigm shift in life", and sees it as a godsend. By helping others Graham felt that he was helping himself. Being a VLC helped him pull through his own problems.

## Cindy

Cindy is a 38 year old Black Female who believes that she exists to help other people. She has two children with whom she has a close relationship. She is very protective of her

children. Cindy has been a Red Cross counsellor for many years and has worked in African countries such as Zambia, Mozambique, Malawi, Tanzania and Kenya.

Cindy has experienced many painful things in her own life. In 1999 her father was murdered in Africa, the only part of his body that could be found was the patella bone. In 2006 her brother was also murdered under tragic circumstances. It was a struggle for her to come to terms with their deaths and this led her to question her life and attempt to find a purpose for her life. Her religion allowed her to cope. She commented:

*I started seeking the face of God. And seeking to understand and help myself made me come to HospiVision.*

Cindy was introduced to HospiVision by a member of her church congregation. She enjoyed the fact that the HospiVision stance to counselling was pastoral based and narrative. Narrative therapy helps her to understand the patients and their life stories, and this allows her to facilitate their recovery.

Elise

Elise is a 50 year old Caucasian woman who views her religion as a powerful force in her life. She describes herself as a happily married woman with three children. Elise believes that she has been richly blessed in her life and she attributes these blessings to the commitment and dedication she displays in her religion.

Elise experiences volunteering as a specific spiritual calling in her life. She had an intense and powerful sense that volunteering her services as a lay counsellor was the right decision for her. Elise received support, understanding and encouragement from her family and friends. She was initially sceptical as she was in a very good permanent position. She was also a bit afraid of what to expect from volunteering, and she was uncertain about how she was going to earn a salary.

However the pull she felt towards volunteering was overwhelming and Elise felt she could not ignore this calling. She said that:

*...God was speaking to her and telling her what she needs to do". And added  
... I realized that there was another calling on my life and needed to fulfil that calling.*

Elise says that she has no regrets about her decision. On further exploration of this pull towards volunteering, Elise also reported many painful experiences with her own family members being hospitalised and realising that patients and their families require an immense amount of support. She believes that patients and their families need to have people around them who are supportive and encouraging. She feels that it is important to not express negative emotions around patients and to give them hope even when there appears to be no hope.

Rose

Rose is a 59 year old Caucasian woman who is married with one son. Like my other participants, Rose describes herself as a deeply religious person. She believes that it is essential to spend our lives as human beings helping other people, and giving meaning to the lives of others.

Rose has been volunteering for many years. She admitted that when she first came to the hospital eleven years ago, she felt disappointed because it was "filthy". However, when she walked around and looked at the faces of the patients, she felt a deep sense of "passion" for the people. She believes she "looks through the eyes of Jesus" when she looks at the patients. She realised that it was not the condition of the building that was important, it was the people in the building who are important.

Rose related that a defining moment in her decision to volunteer came when she stood by her father's bed when he died, and experienced peace and calm. In that moment she realised that life and death are not purely physical. She realised that it is fundamental to

nurture the spirit and know where it is going when a person's physical being ceases to exist.

Rose commented:

*Sometimes people have a problem with dying because there is unforgiveness, there is such hardness. When it is time to die they realize that they can't die because there is something else there...*

Rose feels it important for her to help people when they are at this difficult stage in their lives. She also believes that a person's religious and spiritual needs must be fulfilled as this can help them in their last stages of existence in the physical world.

Mary

Mary is a 39 year old Black female who is not financially stable. She believes that her work as a VLC makes her feel fulfilled and rewarded. She is of Christian faith and describes herself as happily married with two young children.

Mary was raised in very poor conditions. She and her family had minimal finances with which to feed and clothe all the family members. When she got married her struggles continued. Mary and her husband reached a point where they were both unemployed. They were not sure when they were going to have their next meal. However, they received help from members of the church who supplied them with food and other requirements. Their hardships have made Mary compassionate towards other people in need. She commented:

*So that is why when somebody is suffering I feel pain deep down really because I know where I am from.*

Mary was unemployed and became depressed and bored. When a friend suggested that she volunteer her services as a lay counsellor, she felt that helping others was better than staying at home and doing nothing. Although Mary thoroughly enjoys her job she also expressed a need to do something else with her life. Mary reported that one of her regrets is not completing her schooling career, as this makes it difficult to find employment. She



feels that due to her lack of education she may not be able find employment that pays a large salary.

### **Results from the Burnout Screening Inventory**

The OLBI was used to screen the participants for burnout. It was explained to the participants that it was crucial that the burnout they experienced was due to their work as VLCs. Table 4.2 presents the participants' results at the time of the interviews. A discussion of the results follows.

**Table 4.2** An overview of the results of the Oldenburg Burnout Inventory

		Graham	Mary	Cindy	Elise	Rose
1	I constantly discover new and interesting aspects in my work	Totally agree	Agree	Totally agree	Totally agree	Agree
2	There are days when I feel tired even before I start working.	Agree	Totally Agree	Agree	Totally agree	Totally agree
3	It happens more and more often that I speak in a derogatory way about my work.	Agree	Totally agree	Totally agree	Agree	Disagree
4	After work, I now need more time than in the past to relax and become fit again.	Totally agree	Totally agree	Totally agree	Totally agree	Totally agree
5	I tolerate the pressure of my work very well.	Agree	Agree	Totally agree	Agree	Agree
6	Lately, while doing my job I tend to think little and perform it mechanically.	Agree	Totally agree	Agree	Disagree	Disagree
7	My job holds no challenges for me.	Disagree	Disagree	Totally disagree	Totally disagree	Disagree
8	At work, I more and more get the feeling that I am emotionally drained.	Agree	Agree	Agree	Agree	Totally agree
9	As time passes, one loses the inner relationship with one's work.	Agree	Disagree	Agree	Totally disagree	Disagree
10	After work, I usually still feel totally fit for my leisure activities.	Disagree	Disagree	Disagree	Totally agree	Totally disagree
11	Sometimes I feel really sick about my work tasks.	Agree	Totally agree	No answer	Totally disagree	Totally disagree
12	After work, I usually feel worn out and weary.	Agree	Totally agree	Disagree	Agree	Agree
13	I can imagine no other occupation for myself.	Disagree	Totally disagree	Disagree	Totally agree	Totally agree
14	As time passes I get more and more engaged in my work.	Disagree	Agree	Totally agree	Totally agree	Totally agree
15	Normally, I can manage the amount of work well.	Disagree	Agree	Totally agree	Totally agree	Totally agree
16	While I am at work, I feel totally fit	Disagree	Totally agree	Agree	Totally agree	Agree

The OLBI measures exhaustion and disengagement. Results derived from the OLBI showed that the participants were experiencing varying degrees of disengagement and exhaustion.

While all the participants reported that they enjoyed their work as VLCs, the results of the OLBI suggested that they all experience physical, cognitive and emotional exhaustion in relation to their work. This was an interesting finding, as the participants did not admit to feeling this way. I wondered if they were aware of their feelings and were uncomfortable with revealing them in the context of the research relationship. It is possible that the participants suppress these feelings. They are also likely to attend to the feelings of others and ignore their own feelings. This can be linked to the theme of self-sacrifice, which is explored in the analysis section.

Four of the participants showed signs of disengagement. Only one participant did not report feeling disengaged from her work. One participant's responses indicated extremely high disengagement and exhaustion scores, indicating that at the time of the interview this participant may have been experiencing burnout.

The OLBI was a helpful and constructive screening tool that gave me an indication of how the participants were experiencing their work as VLCs. The interviews and the analysis of the narratives provided further and richer descriptions of the participants' experiences. My interpretation of the findings suggests that the participants had the ability to mentally re-live the experience of burnout, while distancing themselves from the emotions attached to the experience.

### **Themes Derived from the Analysis**

Although the stories contained some similar themes, the stories were also unique and emerged from the individuals' experiences of burnout. Several superordinate general themes, stemming from the related experiences of all or nearly all the participants. A number of subordinate themes arose. These themes were not reported by all participants but occurred frequently during the narratives. Some themes emerged less often in the interviews, but were significant in their own right and are therefore mentioned. According

to Kvale (1996) a reporting approach on phenomenological analyses that uses interminable quotes can become boring. This chapter follows Kvale's (1996) suggestion and includes only a few select quotes from the vast quantity of narratives produced.

Diagram 4.1 provides a summary of the themes derived from the analysis. These themes include motivation for engaging in volunteering, the effects of burnout, precipitating factors, protective factors and the issue of self-sacrifice and burnout.

## Diagram 4.1 Summary of themes

## Motivation for Engaging in Volunteering

When services are volunteered for little or no financial gain it signifies that different reasons exist for volunteering. This first super-ordinate theme provides an in-depth look at the participants' reasons for working as VLCs. As a researcher I was intrigued by what attracted them so powerfully to this line of work. Several subordinate themes form part of this super-ordinate theme and are discussed below.

### Volunteering as a Calling

Four of the five participants explicitly stated that volunteering was a calling in their lives. This was a religious calling, a 'voice' from God giving them direction and guidance to help others. The calling was so strong and powerful that they could not ignore it and they felt that they had to answer this call. The transcripts show that the participants see spirituality and religion as similar and they referred to these terms in an interconnected and interchangeable manner. It was also apparent that spirituality and religion form an essential part of the participants' lives and create significant meaning in their lives. Without religion their lives would be empty and meaningless and they would cease to exist. In an attempt to describe her experience of the calling, Elise eloquently said:

*I got a calling from the Lord, and I realized that HE has handed me over to assist people and just be there for people in need.*

*In the calling I am just assisting these people, I cannot change the circumstances but I can be there for them and give some stability and I can bring hope.*

Rose agreed and related her own experience of a strong religious pull towards volunteering. She remembered having an intuition about the powerfulness of her calling from God, and knew immediately that that this is what she needed to do. She commented:

*Ja, it was a calling in my life. One morning in the church, they asked people who wanted to be involved and I just sensed in that split second that this is what I should do.*

Two of the other participants shared similar experience regarding the religious influence on their motivation to volunteer. Mary's related a slightly different story. Although Mary is a deeply religious person, she did not experience volunteering as a religious calling. For Mary the calling was to help people who were destitute and needed her support, replicating the way she was helped when she was struggling. This motivation links to the subordinate theme of societal obligation. However, Mary did incorporate her religion in her interactions with the patients. She believes that sometimes patients need to know that even when they are suffering religion can still provide help. She also describes that when a patient does not want to talk about his or her problems, she deals with it in the following way:

*So if she doesn't want to talk about it, we don't talk about that at all. But we can always pray for that...*

#### Intrinsic Rewards

The participants indicated that they receive intrinsic rewards from their work as VLCs. These intrinsic rewards motivate them to continue with their work. Reaching out to other people evokes positive feelings. Volunteering enriches their lives by adding meaning and creating a purpose that allows them to feel fulfilled. It appears that they emotionally invest in others through helping behaviours because they receive emotional rewards in return. Graham felt that volunteering and helping other people was fundamental to finding meaning in his own life. He describes this feeling as follows:

*With that (volunteering) I start enjoying life, and I find the value of life and the meaning of life. This work at the hospital gave me a total paradigm shift in life.*

When asked how she feels about volunteering Cindy agreed with Graham, but struggled to describe her feelings. She feels that volunteering has allowed her to be "healed", which allows her to be more effective in her work as a VLC. For Cindy the healing process is a reciprocal exchange between herself and the patients. She commented:

*I feel good because not just the word good is good enough for me to explain. I should say I feel healed within me first and I am able to identify with people of different traumas, different problems.*

Rose also stated that volunteering adds meaning to her life, because she feels better knowing that she is helping other people. The intrinsic rewards she receives make her work more momentous and vital. She describes this feeling in the following straightforward manner:

*...I feel much better. I think the most important thing for me is to bring hope to those people. And ja I think its good to be there and to be an ear so people can just talk.*

### Societal Obligation

Two of the participants commented that they also feel obligated to volunteer. I had many questions about this subordinate theme. I wondered why the participants felt this strong pull to society. Why did they feel the need to help people and what did it mean to them to provide this help? I speculated that it might be due to their upbringing or their religious or cultural milieu. The narratives also showed that the participants chose to volunteer at HospiVision because it the institution's vision matched their belief systems.

#### **My personal thoughts:**

At this point of the analysis I wondered if the participants experienced a sense of guilt. This guilt could stem from their lives being filled with strong supportive relationships and financial comfort. This could lead to the urge to give back to the impoverished. Feelings of guilt and shame are not unusual. As human beings we can acknowledge that we are 'lucky' to have food, clothing or a home, but these things can also be easily and suddenly lost.

I returned to the thought of guilt at a later stage of the analysis, and realised that feeling guilty is a normal human emotion. Guilt is not always an awful feeling with negative connotations. Many people feel this guilt, but only a few people respond as the participants did.



Rose and Mary explicitly stated that their motivation to volunteer was influenced by their societal obligation to help those less fortunate than themselves. By 'less fortunate' the participants mean people who are lacking in tangible goods such as money, food or clothing, and people who are lacking in emotional reserves, social support and good health. These participants felt compelled to reach out to suffering people. Mary commented that by helping others in distress she felt she was able to make a difference in people's lives. She could bring help and be emotionally available. Mary felt that this was for more beneficial to her than spending her time doing tedious, insignificant activities in her home. Mary is adamant that she spends her free time helping people because many people need nurturance and care. Rose states that she feels distressed when she sees people in need, especially when their own family members are far away. She perceives family closeness as being very important. She cannot bear to watch suffering and she believes that she has a responsibility to help these people. She related:

*Ja, there is really a need, people are very lonely, people are very isolated, and some people especially in this hospital come from very far. The family come and drop them here and they let them know that they can't be able to come and visit them. So the minute you come in and say that you are here because you care, then they really appreciate it.*

The participants gave clear and convincing reasons for their engagement in volunteer work. It was important to explore the factors that allow the participants to remain VLCs despite their experiences of burnout and other difficulties.

### **The Meaning of Burnout**

It was interesting to note how the participants described the meanings they attach to burnout. The participants experienced burnout as an extremely painful time and struggled to express their emotions surround burnout. Their entire lives came to a standstill as they attempted to make sense of what was happening. Some of the participants found it easier to describe the experience of burnout using metaphors. Their use of metaphors was a way for them to bring me into their worlds and help me understand the impact that burnout had

on their lives. They seemed unable to put the feelings into words; perhaps they felt that words could not portray the horror of the experience. They wanted and needed me to understand the full impact of burnout. For example, Graham described burnout in the following way:

*...a car that runs with no fuel, you empty yourself. So burnout means like running low on gas.*

This illustrates the sense of immobility associated with burnout. As they expressed their emotions and experiences, all of the participants seemed to replay their experiences in their minds. I observed them shaking their heads in disbelief and raising their voices at the thought of the anger they had experienced. The participants' non-verbal behaviour during the interviews was congruent with the experiences described. Cindy used this metaphor to describe what burnout meant for her:

*Burnout is like a traffic light. It's like a robot. It will show you orange, you start to feel like this, like this and you say stop! So burnout is literally red, tell you to STOP and watch yourself.*

Cindy also compared burnout to despair and disappointment. She believes that there is a loss of hope and while feeling burnout she had no optimism about her future. This can be an anguishing stage in a VLC's life. According to all the participants, support and understanding from family and friends is vital at this stage.

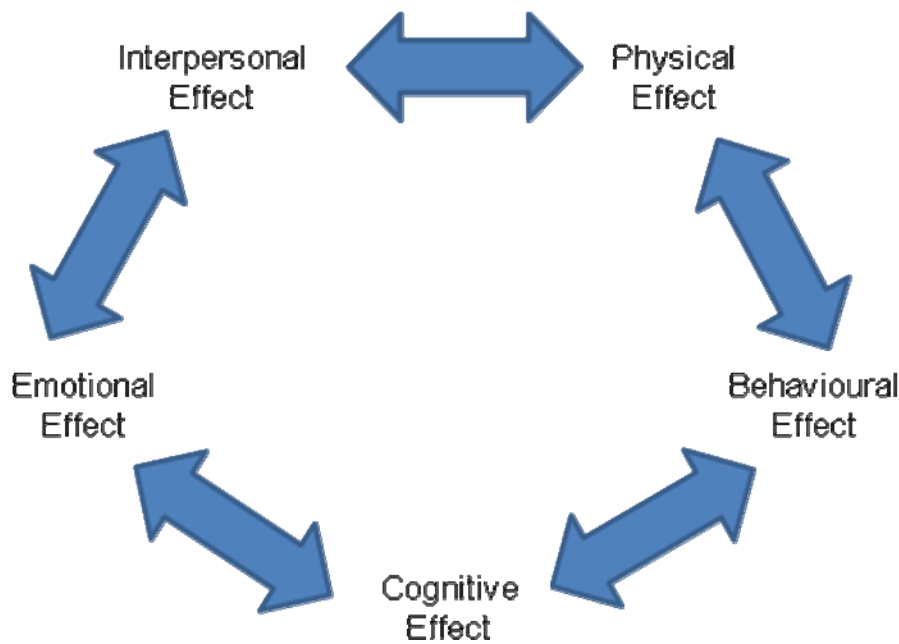
### **The Effects of Burnout**

#### **My personal thoughts:**

I found it interesting to note how the participants expressed the effects of burnout. All the effects seemed to be linked. For example, the participants' physical experience of burnout influenced them emotionally and this in turn influenced their behaviours and their relationships.

All the participants disclosed that they had been significantly influenced and impacted by burnout. Although the participants are holistic beings, it makes conceptual sense to separate the effects of burnout into behavioural, physical, cognitive, emotional and interpersonal components. These effects had a reciprocal impact on each other and on the participants' daily functioning. During the analysis of this super-ordinate theme it became clear that these effects are strongly interlinked, and relate to all aspects of their lives. For example, the participants' physical feelings impacted significantly on their emotions and their interpersonal interactions. These effects cannot be viewed in isolation; however it is theoretically convenient to separate them in order to enhance understanding.

**Diagram 4.2**



A view of the reciprocal effects of burnout

The participants provided a substantial amount of information on their experiences of burnout. The following table provides a summary of the effects of burnout on the participants' lives. The table suggests the most of the participants had similar experiences in relation to burnout.

**Table 4.3**

	<b>Graham</b>	<b>Elise</b>	<b>Rose</b>	<b>Mary</b>	<b>Cindy</b>
<b>Behavioural</b>	Isolation Does not want to see people No socializing Withdraws	Irregular sleep Tearful Isolation Withdraws Stayed away from work	Irregular sleep Cries a lot Eats unhealthy food Too much caffeine Lack of self care Neglected Self	Isolation Irregular sleep patterns Tearful	Smallest problems seem enormous Unhealthy eating habits Loss of appetite Isolation Quiet Sleeps excessively Does not want to talk
<b>Physical</b>	Tired Fatigue	Tired Lack of energy Impossible to rest	Exhausted Lack of energy Tired Ran a race	Tired Exhausted	Exhausted Headaches High BP levels Eyes dark and puffy Prickly needles under feet Can't move Feet are heavy
<b>Cognitive</b>	Confusion Distractibility Lack of concentration	Confused Forgetful Distracted Lack of focus Could not 'switch off'	Mentally exhausted Distracted Confused Lack of concentration Cannot focus Cannot complete a task	Inability to think Lack of concentration	Distraction Confusion
<b>Interpersonal</b>	Angry with family members due to lack of communication and understanding	Could not support patients Felt as if she was a burden to people Lack of family support	Sad and guilty because family is neglected	Guilt about not spending enough time with children	Finds it difficult to interact with children Feels overly sensitive towards family
<b>Emotional</b>	Emotional Emptiness Nothing to offer Depletion Can't cope Overwhelmed Helplessness Lack of empathy Superficial Therapy False self Feels fake Depersonalization Disengagement Lack of compassion Irritability Angry	Overwhelming Emotionally exhausted Mood Swings Frustrated Angry Depression Empty Demotivated	Can't move forward Sad Depressed Hurt Overwhelmed Drained Frustrated Irritated Felt worthless Angry	Helplessness Irritated Fedup Emotional exhaustion Feels hurt Sad Frustration Overwhelmed Apathy Anger	Discouragement Hopelessness Can't see tomorrow Speed humps standing in your way Emotionally exhausted

## Physical Aspects

All the participants reported that the physical aspects of burnout included feeling completely and utterly exhausted and unable to engage in any tasks. They could not perform their duties as VLCs and preferred engaging in non-counselling activities. In a sense they felt immobilised and physically stuck. Elise experienced burnout last year, and described the physical effects in the following way:

*I was very very tired. I was too tired to answer my phone. I had just given up on a lot of things. I didn't have energy to go into my garden. I didn't have the energy for my hobbies.*

Graham concurred with Elise and reported being constantly worn out. He also felt vague and weak. Graham reported that when he felt this way he resorted to doing administrative duties in the office. Rose used a metaphor to describe her physical exhaustion. This metaphor demonstrates the intensity of the physical effects of burnout. She said:

*I feel like I ran a race and I just need to rest...*

Cindy was very aware of what happened to her body when she experienced burnout. She was able to articulate how she struggled with burnout on a physical level. She knows that her body is exhausted when she feels the following physical symptoms:

*...and I feel like prickly needles under my feet. Its like you can't walk and you have to lie down. And here under my eyes, it's dark and puffy. Then I know that I am really tired.*

Burnout thus focused the participants' attention on their bodies.

## Behavioural Aspects

The transcripts suggest that the participants' physical feelings affected the way they reacted and behaved in different contexts. All of the participants felt that they did not have the energy or enthusiasm to socialise. They did not want to communicate with family or friends, all they wanted to do was rest in a quiet and undisturbed environment.

The difficulty in controlling their emotions had a behavioural impact. Some of the participants stated that they would burst into tears at minor problems. Mary, Elise and Rose described their tearfulness in an honest and open way. Mary said:

*I'm another person who when I get hurt I always cry. You know I always cry and I cry quickly. Really if I get sad I cry quickly.*

Elise found herself perplexed by her emotions; she describes them as confusing and unpredictable:

*You know one minute I would be ok and the next moment I would just burst into tears.*

Rose reported that it could be beneficial to show emotions. She unashamedly commented that shedding tears made her feel better, and that at times crying is an appropriate reaction. The release of tears seems to serve as a form of emotional release:

*...I cry, I think that is the best thing for me to do, to cry.*

Three of the five participants had struggled with irregular sleeping patterns. One of the participants said that she wanted to sleep excessively. Some of the participants stated that they resorted to unhealthy eating habits that exacerbated their symptoms. They were aware of this link but were unable to make rational decisions.

Rose reported that her eating habits were negatively affected, and this led to her feeling intensely critical of herself. She gained weight and began neglecting herself. This lowered her self-esteem and sense of self-worth and made her feel even more negative about herself. Cindy also felt that her eating habits suffered, in her case this manifested in a loss of appetite. She believes that not eating enough resulted in a decrease in the nutrition and nourishment that her body needed.

Some of the participants shook their heads in disbelief when they remembered behaving inappropriately at times and experiencing frustration at the smallest problems. At that stage they could not understand what was going on with them, and why they reacted so strongly. In hindsight they feel that their behaviour makes sense. Cindy provided an apt example of how trivial problems frustrated her and contributed to her experience of burnout. She commented:

*If you don't have an extension phone to phone back to the ward, you can experience burnout. Even if the phone is there but you forgot the extension numbers so you can't get back to the person so you have to walk to the ward...*

The participants' narratives illustrate the strong effect that burnout had on their behaviours.

#### Cognitive Aspect

Four of the participants described feeling very confused and disorganised when they were burnt-out. It seems that burnout significantly affected their thought processes, decision-making and ability to think. They were constantly preoccupied and struggled to focus their attention. Graham gave the following description:

*Your head feels like spinning, you don't know where, it's like you are mixed up...  
...loss of memory and I suffer to concentrate.*

Elise described being unable to relax her mind, she felt that should could not “switch off”. She found this experience frightening and worried that she was going crazy. She related her experience as follows:

*What I can remember I was at the stage quite confused. I felt alone. I was confused. I was vey confused. I was forgetting things. I was distracted. I couldn't focus on my work.*

Most of the participants experienced preoccupied thoughts, difficulty in relaxing the mind and lack of concentration. However, one participant described a “cognitive shut-down”. Doris experienced burnout as turning her mind into a blank space. Her cognitions centred on behavioural aspects such as wanting to sleep or even isolating herself. She could not function in her life and was often too tired to think. Doris commented:

*You don't even think actually. You just think I want to sleep now or just be alone now. Because you cannot actually, when your mind is ... when you are fed up you cannot even think to do something else.*

Consequently it does seem that burnout had a major impact on the participants' cognitive abilities.

### Emotional Aspects

Burnout also affected the participants' emotions. Their emotional difficulties seem to stem from a reciprocal effect between all aspects of burnout. The participants reported that their emotional struggles contributed negatively to their daily functioning. They struggled to make sense of their feelings and to understand their negative moods and attitudes. This made their work as VLCs difficult as they had to make a conscious effort to put their feelings aside when sitting with a patient. This placed excessive demands on their limited emotional resources. The participants reported feelings of sadness, hopelessness and frustration. They became angry with themselves, their families and their patients. They also felt apathetic and experienced a lack of compassion towards patients. This impacted their motivation to



participate in volunteer activities. Some of the participants experienced a sense of emptiness, and felt as if they had nothing to offer anymore. Graham describes this feeling as follows:

*I feel meaningless and worthless. I don't want to do this. I am empty*

When he experiences burnout, Graham reports that he feels so low that he thinks about leaving counselling altogether. Mary reports feeling very unhappy, disheartened and experiencing a strong sense of helplessness at a stage when she experienced burnout. She also describes how her negative emotions affected her work as a VLC. She related:

*I feel sad actually for me, sad for me, sad for me...*

*Sometimes you become sad actually and just think to go and cancel some other patient...*

**My personal thoughts:**

During my interview with Mary, I often became frustrated because I struggled to understand her. English was not her first language and I felt as if I was struggling to make sense of what she was saying. It also appeared that she had difficulty understanding me. I wondered whether I would be able to interpret her story in a way that would be true to her. However, during my analysis I took into consideration her non-verbal cues, and found that although Mary and I struggled to communicate verbally, she expressed herself authentically through her facial expressions, nods and body movements. We had found a way of communicating that extended beyond spoken language.

Rose admitted to her own feelings of worthlessness. She started to feel negative about herself and found it almost impossible to care for herself. At this point she struggled to accept support from her friends and family, which impacted her interpersonal relationships. She said:

*I didn't think much of myself. I was actually moaning a lot. I was thinking nothing of myself and I was breaking myself down, when people wanted to lift me up I was bringing myself down. So ... erm ... if you looked at me at that time, I looked much older. I neglected myself in a way.*

Burnout had a significant emotional impact on the participants. They were overwhelmed with feelings of sadness, frustration, demotivation and even anger. .

#### Interpersonal Aspect

All the participants expressed an awareness and concern of the effects of burnout on their interpersonal relationships. Burnout affected the way they related to others and also how others related to them. The physical, behavioural, cognitive and emotional symptoms had a negative effect on the people closest to them. This led to feelings of extreme guilt and shame. For some of the participants their interpersonal problems resulted from a lack of communication. During periods of burnout the participants tended to isolate themselves and found it demanding to interact with their family and friends. The participants expressed a deep sense of loneliness and isolation. Concerns about confidentiality prevented the participants from discussing their patients' problems with their loved ones. This led to them feeling misunderstood. Some of them also felt that their family did not or could not understand the intensity of their problems. Mary, a mother of two children, describes how disheartened she feels about the way burnout affected her children. She said:

*Honestly, honestly you know sometimes I feel sad about my boys. Sometimes they just wanted me to talk but you know I have a lot of things here in my mind. It's sad for my boys sometimes because they when they are happy ... it's sad, it's sad really.*

Rose believes that family can provide support and understanding. She also described burnout as negatively affecting her family relationships. She related:

*Ja I think sometimes when I burnout I am a bit frustrated. I want them to understand that at the hospital it is not so easy. And ja, I get frustrated and irritated with them and I sometimes I get upset easily.*

*When my son was still there, he would sometimes tell me, why don't you come and sit with me like you sit with your patients. So I would neglect him and ja...*

Graham talked remorsefully about how burnout had affected the way he communicated with his family. He did not know how to communicate with his family and he struggled to express his emotions. He found it easier to 'act out' rather than talk about his feelings. Graham related that the lack of communication led to numerous arguments and disagreements. He described his experience in the following way:

*When I'm burnout, the thing of communication ... my tone of voice maybe I won't mean it, but they will pick it up differently and then it will all become a fight. And I will be frustrated and they will frustrated and there will be clashing when we talking. A lot of times we fighting because of communication.*

Burnout appears to have affected the participants physically, behaviourally, cognitively, emotionally and interpersonally. These effects were reciprocally linked and influenced each other. These aspects did not follow a rigid progression and the symptoms emerged gradually.

### **Precipitating Factors**

#### **My personal thoughts:**

This theme heightened my awareness of the importance of individual experiences. I was reminded that I could not simply generalise the participants' experiences based on other research studies. It was important to hear the 'voice' of the person concerned. The literature review suggested the presence of several contributing factors, but I was determined to focus on the views of the participants.

The literature reviewed in Chapter 2 provides numerous possible explanations for the development of burnout. However, this research study was specifically interested in the stories of the VLCs working at HospiVision. The participants reflected on their own experiences of burnout and appeared to provide thoughtful answers about the experience. They provided a range of precipitating factors including limited support from family members and friends, difficult work circumstances, excessive work pressure, helplessness due to not being able to assist all the patients and feeling unappreciated at work.

### Patient Overload

All the participants expressed their frustration at having to take on too many patients. The participants believe that their patient load is high because too many patients are in need support. The participants seem to find it difficult to say no to helping the patients. This resulted in them pushing themselves to work even when they were physically and emotionally exhausted. Elise describes these feelings as traumatic. She said:

*It was very very traumatic. We sometimes saw between 20 and 40 ladies per day and starting from the age of 14 up to 39 years on a daily basis. That was very very tiring.*

Mary agreed with Elise and commented that when she first began her work as a VLC two years ago, the patient load was tolerable and she was able to manage her own stress levels. However, she has found that more people are now suffering and seeking help. She also expressed frustration as she is also involved in HIV counselling and she finds that an increasing number of people are coming to her after being diagnosed with HIV. She experiences frustration as she feels that people are being more irresponsible and they then come to her expecting help. Thus the number of patients as well as her experience of their needs places extreme pressure on her. Mary believes that these factors contribute significantly to her experiencing burnout. She related:

*The time when I came here for the first year we were not working with alot of people like this, but as time goes on they are coming increasing and increasing and*

*increasing...you can see people actually didn't take care of themselves as Aids is going, now and then its spreading, spreading, spreading now and then.*

Graham also feels this pressure intensely and admits that it was a major contributing factor to his burnout. The sheer volume of patients leaves him feeling overwhelmed and unable to cope. He said

*...so much people to see and so few hands to help. So it feels like there's too much irons in the fire. And you feel that you can't cope because all the people's problems are so big and massive.*

The participants all commented that the pressure of seeing too many patients in a limited amount of time leaves them feeling overwhelmed and helpless. They are unable to help everyone, but push themselves in an attempt to help as many as possible. In retrospect they acknowledged that putting themselves under pressure compromised their well-being.

#### Lack of support

Another essential subordinate theme emerging from the transcripts is the effect that lack of support has on the participants.

Participants experienced a lack of support from family, friends, work colleagues and employers. This is particularly distressing for the participants as they spend their time supporting others, and feel that they also deserve support. A lack of support from work colleagues, members of the larger hospital system, and employers leads to them feeling unappreciated and unacknowledged.

Cindy reported that there are times when her colleagues are disrespectful towards her. Although she tries not to let this affect her work, it is very difficult not to get upset. She sometimes feels that people are "trying to boss her around". This makes her feel misunderstood and unenthusiastic about her work. She feels that when she experienced

burnout some of her colleagues “look down upon her”, as if she is not allowed to feel tired or burnout.

Mary agrees with Cindy and reports that she finds the lack of support from her employer disturbing. Mary reports that she is not free to express her feelings in her work environment, if she does express her feelings she is met with disdain. This makes her not want to open up about her emotions. Having an unsupportive employer also makes it difficult to take time off work when she feels physically and emotionally exhausted. She related an example where she was forced to work despite being ill. This makes it difficult for her work effectively, and she is afraid of what the consequences would be if she were to speak up for herself. She said:

*He just comes and shouts at me without just calling me to sit down and asking me why are you doing this? Or just to hear my feelings, he just comes and shouts at me... just like that. Even if you want to explain something, he does not listen.*

When dealing with burnout Elise reported that she experienced a distressing lack of support from family members. She felt misunderstood and it upset her when they did not even attempt to support her.

Thus a lack of support from employer, work colleagues, family and friends contributed significantly to the participants’ experience of burnout.

#### Difficult patients and their families

Two of the participants expressed their frustration over working with difficult and disrespectful patients and their families. At times they feel abused by the patients. This is deeply upsetting because they are trying to help the patients. Their good intentions and actions are undermined. Some of the families do not accept it when the VLCs explain that they are there to offer support and cannot provide any other information regarding the patient. According to one of the participants, some families do not take the time to visit the patient in hospital and expect the VLC to be there for the patient. This may be due to the

families not really caring or due to practical considerations such as money, time or distance. It is also possible that the family members do not fully understand the role of the VLCs.

Cindy described her utter annoyance at a patient who wanted to commit suicide. She felt that she had supported him for many months, and he made her feel worthless and inadequate when he decided that he wanted to die. She was angry, and expected more from a patient for whom she had “sacrificed” a lot of time. Experiences such as these contributed significantly to her burnout. She related:

*He was injured in a car accident. So he related stories of how he used to kill people. So I said to myself, this person used to kill so many people and now he feels he can come to God. And then he made it worst when he said I wanted to kill myself. He just made me feel after all this months of visiting him, he’s now saying the truth and now he wants to kill himself. So which means we are useless. I felt so bad.*

Mary agreed with Cindy and also felt that patients could be selfish and self-centred. Many of the patients she sees expect her to fulfil their needs and provide food and clothes in addition to counselling. When she attempts to set boundaries with the patients, she finds herself insulted by the patients as they do not understand that she can only provide limited services. She feels “fed up” with the patients when they “behave like this”.

Rose reflected on her encounters with patients’ families and commented that sometimes families do not understand the needs of the patient. They expect the VLC to always be available for the patient, allowing the family the opportunity to stay away or visit when convenient. Rose related that the families of the patients would call her to find out how the patient was feeling, instead of making a concerted effort to visit the patient in hospital. She related the following story to help me understand:

*I visited a lady for about 5 weeks and how she ... oh it was sad. You know what the family do; they write a prayer and put it against the wall as if this is now their visit. They tell her to keep onto this. They rather stay away. They rather phone but you can see it ... no visits. And that upsets me alot when you see that they don’t worry,*

*because they think she won't recover, but eventually they did recover and she is well now. It's sad to see the family ignoring her...*

The participants felt that they were sometimes ill-treated by the patients and their families. This led to them feeling inadequate and bad within themselves. They are deeply frustrated and helpless and do not know how to handle the situation. It appears at this stage that the participants require supervision from senior counsellors at HospiVision in order to have a safe space to express their difficulties.

### **Ways of coping with Burnout**

#### **My Personal Thoughts:**

As the participants related their experiences I found myself wondering why they did not seek different jobs. Why did they continue with this difficult and demanding work? My question was answered during this stage of the analysis when the participants consistently expressed hope and passion for their work. Although burnout is a reality, the VLCs have many reasons for remaining in the profession.

Certain factors in the participants' lives protect them from the experience of burnout. During the process of analysis I found that the participants expressed their appreciation for numerous aspects in their lives that insulated them from burnout. The participants described positive and meaningful elements in their lives. These elements are fundamental to their work as VLCs.

#### **External Locus of Control: Instruments of God**

This subordinate theme plays a major role in the lives of the participants. All the participants understood their lives to be strongly influenced and directed by forces outside of the self. Their lives were thus influenced and inspired by their religious and spiritual beliefs. Their decisions were made in accordance with what they felt was customary and supported their religious and spiritual beliefs. This theme made me wonder how and why their beliefs



served as a protective factor. It appears that the participants' beliefs and religion provide them with the strength to continue their work. They feel that they are able to find answers to the negative feelings they experience. For example, when they experience burnout they look to their religion for comfort. The participants tend to hand over their painful feelings to God in order to help them manage those feelings. They have faith that God will always assist them. The participants are comforted by their knowledge that even the doctors and the medical personnel are influenced by God. Elise commented that God influences her life and the lives of all beings. She said:

*I personally believe that the medical people are there and they are instruments of God in assisting patients, assisting us to go through illnesses of operations or whatever. But I personally believe that God is still in control even though his people do their best and they are also inspired by God who is helping them.*

Rose agreed with Elise that her religious affiliations inspire her daily life. Religion provides guidance and helps her derive meaning from life. She draws comfort from knowing that God is always around her, and she believes that God will always ensure that she is helped, no matter how unpleasant the situation. Thus she feels sheltered and watched over in all that she does. She commented:

*Erm ... I would say I am not doing it for myself. I am doing it for Jesus and he wants us to care for people and I think it is important so I am not doing it for myself, I am doing it for the Lord.*

The participants seemed to believe that burnout was a message from God urging them to take care of themselves. While Rose was experiencing burnout last year she was involved in a car accident. When she looks back she believes that the accident could have been far more serious. She believes that it was the "hand of God" keeping her alive, and God was trying to tell her that she needs to take care of herself. She reported feeling ashamed that she had not seen the signs sooner and she "allowed" herself to deteriorate as a result of burnout. For her this meant that she was not listening to God and not "submitting to him". She was following her own path and not the path of God.

Graham also trusts that the work he does is not for himself but for a higher power. He believes that God has a supreme plan. He revealed:

*I know that I do it to help people and it's all about God and God's plan.*

This external locus of control informed the participants' engagement in volunteering and motivated them to carry on. It also allowed them to make sense of and assign meaning to burnout.

### Support from Family, Friends and Colleagues

All the participants were adamant that the support they received from their family, friends and colleagues while they were experiencing burnout was invaluable. It appears that although family members and friends did not always understand what the participants were experiencing, they tried their best to support them, and many times just to be present with them. Elise reported that her immediate family, including her children, provided her with immense support. This helped her endure the difficult stages and she felt stronger knowing that the people she loved were supporting her. She reported:

*I really admire their support, they were very supportive, they stayed with ... one daughter stayed with me, they were just there all the time. We actually grew closer.*

Mary expressed that she experiences feelings of guilt because she does not spend as much time with her children as she would like. However, her husband's support helps her tremendously. During the interview process I observed Mary's face light up with happiness and pride when she spoke of the support she received from her husband. She was truly grateful to him. She said:

*You know I am getting a lot of support from my husband actually. He try even if it is not exactly but he try to explain to them [her sons] so that they can understand really. Sometimes when I arrive home he's already there cooking, and the boys are eating so there is no problem. He is so supportive of me.*

Although the participants did receive support from family members, they also experienced a lack of support at times. This left the participants feeling angry and distressed. Elise reported receiving numerous negative comments from extended family members. She felt betrayed by these family members and attempted to overlook their negativity by concentrating on herself and her immediate family members. This was a difficult process that left her feeling infuriated and contributed to her burnout. She commented:

*Yes I was hoping for people to support me positively but people were in a way negative towards the situation. They weren't really supportive; I'm talking about family members. They weren't really supportive and that made me angry and I actually got angry...*

The participants revealed that support from work colleagues was important in recovering from burnout. It can also help prevent further burnout. The participants are able to speak openly about difficult work circumstances to their work colleagues. Work colleagues and employers who are supportive and understanding are able to appreciate the full extent of the participants' experiences. This leads to the participants feeling acknowledged and confident that they can turn to their work colleagues and employers as necessary. Graham revealed:

*Well we got wonderful staff here at HospiVision and they do understand, they really do. They tell me that ... listen ... take time out and go and drink a cup of tea or make yourself a cup of tea, or they will make me a cup of tea. They won't shout at me or be angry with me. I love the full time staff here, they are brilliant people.*

Cindy agrees with Graham and while she has experienced criticism from colleagues, most of them are compassionate and encouraging. When she does not speak to her employer about her problems, she says that her problems build up like a 'pile of books'. She tries to frequently meet with her employer for debriefing sessions. Mary felt that some of her colleagues played an important role in her life, in that they are able to share similar experiences. This has created a special bond between them.

## Hobbies

Hobbies are particularly important in ensuring that the participants find ways to prevent and/or cope with burnout. Four of the participants revealed that their hobbies played a major role in their lives. Their hobbies helped them to relax and calm down. They find that when they are involved in their hobbies they are able to regroup their thoughts and feelings and get a sense of rejuvenation. During the interview process the participants realised that they did not engage with their hobbies while they were experiencing burnout. This may be an important indicator of the development of burnout.

Rose is adamant that it is important to be involved in her hobbies, as it is therapeutic for her. She said:

*So I do needle work, I do clay sculptures. I paint oil and water colours, bead work. That's wonderful therapy, ja so this is what I do.*

Elise agreed that engaging in her hobbies was important to alleviating stress in her life and helping to preventing burnout. When she was burnout her hobbies helped her recover. She commented:

*I work in my garden alone. I love nature. I spend a lot of time with my husband just talking. If I really really feel everything is getting too much, I go out in my garden and work out there.*

Graham agreed that hobbies are therapeutic and healing to the human spirit. He believes that socialising with people and engaging in enjoyable physical activities keeps him healthy and helps him prevent burnout. Cindy describes her hobbies as having a replenishing effect on her. She revealed:

*I also like to do drawing and moulding. You become discouraged, so I get myself refuelled with that, I get myself refuelled.*

With the exception of Graham, all the participants prefer solitary hobbies. It seems that they are socially withdrawing (due to emotional saturation from working under difficult circumstances) in a socially accepted way.

### Taking Care of Self

The participants spoke about physical and emotional self care, which included boundary setting and the development of restrictions.

Some of the participants recognised the importance of taking care of themselves, especially when working as VLCs. This significant protective factor arose out of the participants' experience of burnout. The participants discovered how to prevent future experiences of burnout. All of the participants felt that they needed to take care of themselves and live a healthy lifestyle. For instance, Graham said:

*When it comes to exercise it helps me a lot because if I don't exercise or if I stop all exercise the chances of burnout is good. It is very very good. And also very important is my diet. So if I eat unhealthy stuff all the time I get burnout.*

Interestingly Cindy also ensures a healthy lifestyle, but she also takes pleasure in pampering herself. She commented:

*I also go to wash my hair at the salon when I get burnout, just to get fresh air. It's good because when somebody washes your hair at the salon, they will massage you and on your feet ... ja I give myself that.*

Two of the participants reported that taking care of themselves means putting certain boundaries in place and learning not to place excessive and unnecessary pressure on the self. They feel it is important to allocate duties to other VLCs and not take on all the work by themselves. Rose revealed:

*If you see the signs that you are tired, stressed, you must take a rest. You must tell people, listen, especially people that press on your button, listen for a week or two, I am not available. I think what happens is that you feel sorry for people, you don't want to disappoint people but in the end it will bounce back. Sometimes it is too much for you, but I will definitely make room to relax. Take time to step back and to be honest with people. You must be honest with yourself and the people.*

Elise agrees with Rose. She commented:

*If I only see three patients for that day and I feel this was too overwhelming then I would just excuse myself. I will just say to them, ok guys I will see you. You know this is what I feel like I could cope for that day.*

#### Recognising the Symptoms of Burnout

Only one of the participants commented on the significance of recognising the signs and symptoms of burnout. She said that one should assume that these symptoms are normal but should recognise them as symptoms of burnout. Rose described this as follows:

*You are so involved that you don't even recognise it, you think it is normal but say the accident was a wake up call but had it not been for that something bad would have happened to me. I might have ended up in depression and unfortunately that is the in-thing that is happening today, it is a sickness.*

Rose believes it is essential to speak to people about the symptoms and to ensure that help is received. If left untreated the symptoms worsen over time and the individual may only recognise them when it is too late. This is similar to Rose's experience where she only recognised her burnout once she was involved in a serious motor vehicle accident.

## Self-Sacrifice and Burnout

### **My Personal Thoughts:**

While reading and re-reading the transcripts I was struck by how the participants constantly push themselves to continue their work as VLCs despite experiencing intense negative emotions. It seemed to me that sacrificing themselves for the sake of the patients' well-being eventually contributed significantly to feelings of burnout. However, it was interesting to note that the participants did not view their actions as self-sacrificing but as passion for their work.

The concept of self-sacrifice appears to be a prominent theme, and necessitates a deeper understanding. Some of the participants seem to feel that despite the difficulties they experience, it is imperative not to allow their negative feelings to impact them in any way. The feelings are thus suppressed in an effort to ensure that patients receive the best possible care. It also seems that the participants are more concerned about the patients than about themselves. They also believe that the patients can sense when they are incongruent. This theme is in keeping with information obtained from the Oldenburg Burnout Inventory, which showed that all the participants were experiencing symptoms of burnout. These symptoms may be the result of the participants caring only for the patients and not themselves. The participants are constantly trying to keep their own feelings at bay. Graham revealed:

*Patients are very sensitive and some of them can pick up when you are not sincere and that's not nice for me to see that when patients can pick it up. Because patients are looking for sincerity and caring and when they pick it up they can shut down like a closed book. That's ... a horrible feeling when patients close down like a book. But with patients, when you got an open heart that's an amazing feeling, but when you got a closed heart, they won't let you in their life, that's a horrible feeling. They are very sensitive, they can pick up if you are with them or not.*

Graham's transcript shows that as a VLC he is often concerned about the effect his behaviour has on the patients. It seems that all the participants shared this concern. They felt that it was appropriate to place the well-being of the patients before their own mental and physical health. The participants revealed that since experiencing burnout they have learnt to take time off from work, and they do not give in to the pressures of taking on too many patients at once. Prior to this they would continue to work despite feeling exhausted and completely unable to work. However, Doris reported that no matter how resentful she feels, or how angry she becomes, she will never treat her patients with disrespect. She suppresses her feelings and continues to see patients. She only expresses her feelings when she is in her home environment with her loved ones. This indicates that Doris feels safe with her family, and trusts that they will understand her. She explains herself in the following way:

*Really I do like what I'm doing to participate in other people's lives. But I am a human being. I can, I can, you know I can get angry ... you know...*

*Some other people you know, but I try to behave myself, the only thing I can say is I try to behave myself because when you are angry you will do something you will regret. So I don't want to be like that actually. I try to behave myself if I am angry.*

### **Answering the Question**

What are the experiences of burnout of VLCs working in a government setting? This study provided rich and valuable data narrated by five participants of their experiences of burnout. The study showed how burnout affected their daily functioning and the quality of their lives. Six themes encapsulating these experiences were derived from the analysis process. These themes provided a window into the world of the participants.



## Summary

The participants' stories about their experiences of burnout unfolded in the research context, providing a wealth of information on the subject of analysis. Although each experience was unique in its own right, a shared process of meaning evolved in many of the themes. Through this process the participants gave a 'voice' to their exceptional experiences and allowed themselves the opportunity to speak and to be heard. As the researcher, I consistently ensured that I represented the participants in an honest and honourable manner.

## Chapter 5

### Conclusion and Recommendations

Your beliefs become your thoughts. Your thoughts become your words.  
Your words become your actions. Your actions become your habits. Your habits become  
your values. Your values become your destiny.

Mahatma Gandhi

### Introduction

This chapter aims to clarify and refine results, and integrate them with existing literature by means of critical appraisal. For that reason, each of the previous chapters is critically discussed. In the course of presenting the main ideas from previous chapters, the reader is reminded of the central elements of my mini dissertation (I refer here to the VLCs experience of burnout). The discussion aims to demonstrate the way in which these elements have developed throughout the research process. In conclusion, comments are made about several different aspects of my mini dissertation, as well as essential recommendations.

### Reflections on the Research Process

The lived experiences of burnout related by these participants provide an exceptional portrait of the profound and rich relationship that exists between VLCs and burnout. Each of the five participants had a distinct experience and personal narrative, with a wealth of interconnecting descriptions of meaning attached to the experience. The participants were selected based on the experience of burnout reported by the Oldenburg Burnout Inventory. During the research process it became apparent that their experiences of burnout manifested in numerous aspects of their lives.

The research process presented the participants' with the opportunity to capture their life experiences within their stories. They were able to tell their stories to an avid listener, a

listener who was keen to listen and acknowledge their feelings and perceptions. The participants commented on this and noted that they felt heard and understood, even though I was outside of the VLC context. They reported receiving significant value from the process. Telling their stories became a learning and reflective opportunity for them and added another dimension to their lives as VLCs. The participants felt that they were able to understand what led to their burnout and how to prevent burnout in the future. It also made them aware of the importance of taking care of themselves.

### Reflections on the Literature Review

#### **My Personal Thoughts:**

I found this chapter very challenging in that I was uncertain of how I could go about integrating all the information I gathered in a constructive yet succinct way. I felt overwhelmed at this point as I sat with all the information I had gathered, and wondered how I could make sense of it and then report on it. After exercising some avoidance, I began by reading through my previous chapters and formulating ideas in my head before putting them down on paper. Reviewing the literature helped me focus, and reminded me once again of my research topic.

The literature review covered the topics of volunteer lay counselling and burnout. These topics are reflected on below.

The comprehensive review of the academic literature on volunteerism and burnout highlighted several crucial aspects of these topics that were apparent throughout the rest of my research report. As I gathered data on these topics I was fascinated to discover the role the burnout plays in the lives of volunteers.

The literature chapter pointed out that several significant factors underlie an individual's decision to volunteer. The five participants who took part in my study showed that factors such as their personal characteristics, demographics, education and societal pressure (Penner, 2002; 2004) contributed to their decision to volunteer. Whilst the literature review

included a wide range of readings on volunteering, it did not cover the significant influence of religion on the individual's decision to volunteer. During the process of analysis I reflected on this and realised that while collecting information for my literature review, I was not aware of the significance that the role of religion sometimes plays in the process of volunteering.

My interactions with the participants showed that religion was a major contributing factor in their decision to volunteer. Four of the five participants described this as “a calling” to volunteer. This was confirmed by the head of Counselling and Spiritual care at HospiVision, Ilse Gravett (I.Gravett, personal communication, July 2008). My curiosity led me to further explore this aspect, and other studies have demonstrated that for some individuals a religious motivation appears to be the primary reason for volunteering (Gronbjerg & Never, 2004). In addition some volunteers utilise religion to strengthen their humanitarian value and improve their personal understanding and development (Clary et al., 1998; Clary & Snyder, 1999). This also applied to the VLCs who participated in this study.

Extensive literature is available of burnout, and it was a challenge to present the information succinctly. Numerous definitions of burnout exist and the review attempted to illustrate the most common ways that burnout is defined, described and explored. However this mini dissertation focused on burnout amongst volunteers and counsellors. The large body of research on burnout suggests that burnout has a major impact on society. The research also illustrates the relevance of burnout and the importance of further investigation and research.

### **Reflections on the Methodology**

The methodology chapter presents a survey of the extensive and diverse field of phenomenology. The methodology chapter provided the theoretical grounding for the research. The chapter's discussion of phenomenology and IPA as a specific phenomenological research contributes to this research by providing a sense of the challenging nature of any piece of research. The results obtained are dependent on the methodology used. In a straightforward sense, if you ask a certain type of question you get

a certain type of answer. However, methodology also includes the way the researcher sets about answering a question. This includes sampling, interviewing, interpretation and analysis. The methodology's influence on results is often downplayed, and the methodology is presented as a neutral way in which to access knowledge. I sought to avoid this by remaining as true as possible to the participants and the topic being researched. I also aimed to report on how the participants viewed their world, and how they understood their personal experiences.

In this sense the methodology's contribution is juxtaposed against the results by explicitly explaining the decision making process that led to the use of that specific methodology. This is in keeping with Kvale (1996) who emphasises the importance of exploring and describing the true nature of the participants' experiences. Thus the conceptualisation of phenomenology that was used during this research is acknowledged as being a contributing feature in the production of the results.

It is important to point out that during the process of analysis some themes were investigated because they were identified in the literature review. This included the motivation for engagement in volunteer lay counselling. Other themes arose from my conversations with the participants. Although I remained aware of the literature and my own interests I was also open and curious to discover the participants' experiences of burnout. The participants' experiences remained the primary interest.

Throughout the research process my reflexive attitude was represented and highlighted. I ensured that my thoughts and interpretations followed a rational process, while I consistently maintained sensitivity and sincerity. This is in line with suggestions by Willig (2001).

Certain measures were taken to ensure the quality of the research. As discussed in Chapter three, these measures were credibility, transferability, dependability and conformability. Credibility was achieved during feedback sessions where the participants were given the opportunity to assess and comment on the themes. The findings in my research were specific to my research participants and their experiences, and therefore may not necessarily be

generalised to other research contexts. Dependability was achieved by providing rich and thorough accounts of how events and situations developed during the research process. Conformability was ensured through engaging in supervision with my dissertation supervisor during the entire research process. I also continuously reflected on my own personal contributions to the research.

### **Reflections from Results**

The information gathered was interpreted according to the meaning and significance derived from the lived experience of the individuals. As I unearthed the themes I was fascinated to discover the unique burnout experiences of each VLC. I was intrigued to discover the factors that had led to them becoming volunteers, the factors that had led to burnout and the protective factors that existed in their lives. Through exploring and describing the lived experiences of the participants the following themes were developed:

- Motivation for engaging in volunteering
- Meaning of burnout
- Effects of burnout
- Precipitating factors
- Protective factors
- Self-sacrifice and burnout

These VLCs are deeply passionate about their involvement with volunteering. Despite this passion and compassion they all experienced burnout at some time in their work as VLCs. For each of these participants, their experiences of burnout created an opportunity for greater and richer meaning in their lives.

The experience of burnout helped the participants discover their strengths and weaknesses, and explore new aspects of themselves and their work as VLCs. Taking part in this research and engaging in the interviews seemed to help the participants become cognisant of the roles that VLC and burnout play in their lives. Burnout is not always necessarily a negative experience.

The first super-ordinate theme concerned the motivation for engaging in volunteering. Penner (2004) states that people have numerous and diverse reasons for choosing this line of work. The participants of this study expressed various reasons for volunteering. Their motivation for engaging in volunteering included strong inspirational and enthusiastic influences. These were key features in the lives of the participants. For example the participants reported that they received intrinsic rewards from volunteering and they felt a strong societal obligation to volunteer. This was similar to findings by Penner (2004), Omoto and Snyder (2002), and Wilson (2000). In addition they expressed the importance of religion and spirituality in their lives and the fact volunteering was also a calling in their lives. Studies by Grongjerg and Never (2004), Clary et al. (1998) and Clary and Snyder (1999) have reported similar findings. From the onset it was essential to understand what motivated the participants to volunteer and thus understand the meaning volunteering created in their lives. As a result this theme was included as a question in the semi-structured interview guide. This was found to be a common thread in the participants' transcripts during the process of analysis.

The second super-ordinate theme concerned the meaning that the participants attributed to burnout. While the literature review focused on burnout as a theoretical construct, this theme concentrated solely on how the participants felt. It looked at what burnout meant to the participants. Some of the participants used metaphors to help describe the meaning they attached to burnout. It is possible that the use of metaphors helped the participants' put feelings into words. It seems that they really wanted or needed me to understand the intensity of their experiences. The metaphors indicated prominent feelings of emptiness, anger, disappointment and exhaustion.

The third super-ordinate theme concerned the experiences of the impact of burnout in different domains of the lived world. This world includes the embodied self. This theme was crucial in exploring how participants experienced burnout on different levels. Although the participants are seen as holistic beings this theme was subdivided into behavioural, physical, cognitive, interpersonal and emotional aspects for the sake of clarity. Participants reported behavioural symptoms including loss of sleep or irregular sleep, withdrawing from family and friends and lack of self-care. Physical symptoms included fatigue and headaches.

Cognitively the patients experienced confusion, distractibility and inability to think. On an interpersonal level the patients complained that they felt guilty as they were neglecting their family, and they were also angry with their family at times. The participants also experienced feelings of helplessness, hopelessness, irritability, sadness and frustration. These symptoms are similar to those presented by Gilliland and James (2005). This theme suggests that burnout influences a VLC on all levels in their daily lives. These various impacts are all equally distressing to the individual.

The fourth super-ordinate theme concerned the precipitating factors for burnout. It appeared that the VLCs' passion for their work was affected by the experience of burnout. Their dedication to their work posed an immense challenge as they struggled to balance their passion with the difficulties they experienced. Several studies (Chandler & Kruger, 2005; Ramarajan & Barsade, 2006; Ross, Greenfield & Bennett, 1999; Sardiwalla, Van den Berg & Esterhuyse, 2007; Van der Zee, Bakker & Bunnk, 2001)) have shown that burnout may result from factors such as constant work, anger, disappointment with individuals and their families, feelings of helplessness and feeling disrespected by patients and employers. In this study the participants specifically alluded to problems with patient overload, a lack of support from family members and/or employers as well as having to deal with demanding patients and their families. Bakker et al (2006) have pointed out the importance of volunteer caregivers in the health sector, and it is also important to point out the problems that these VLCs experience.

Themes five and six were discovered during the analysis process and did not stem from the literature. As a researcher I found the fifth super-ordinate theme essential to the well-being of the participants. This theme considered the different ways of coping that assisted the participants in their daily lives. The participants found ways to cope with the painful feelings that resulted from burnout. This theme highlighted the importance of having a supportive family environment. It appears that communication with family members and friends, engagement in hobbies and boundary setting are important in preventing burnout. This is similar to findings by Smith, Jaffe-Gill, Segal & Segal (2008), who suggest that eating healthy, exercising, good sleeping habits, setting clear boundaries, finding hobbies and learning how to manage stress can assist in coping with burnout.



The sixth super-ordinate theme concerned the meaning of self-sacrifice and burnout in the lives of the participants. This theme necessitated a deeper understanding of the way this impacted on the VLCs. The participants' own choices and decisions impacted significantly on their experience of burnout. It was interesting to note that despite intense negative feelings the participants felt that it was important to move forward and not allow these feelings to interfere with their work. The participants consistently placed the feelings and needs of the patients ahead of their own. They did not see this as contributing to their burnout. It was important for them to maintain a professional attitude and to serve patients without allowing their own difficulties to interfere. It was also essential for them to give their best and remain congruent to their values.

All the themes presented share are connected in their contributions to the participants' experiences of burnout. The different perspectives shared by the participants reveal the damaging nature of burnout. The unpredictability and intrusiveness of burnout seems to have informed the experiences of the participants. This study highlighted and deepened the understanding of the VLCs' experiences of burnout.

### **Limitations and Strengths of this Research**

My own beliefs, feelings, values and viewpoints influenced the interpretation of the participants' narratives. My reflections resulted from literature reviewed, my interaction with the participants, the preparation of the interviews as well as my observations during the interviews. In other words, the stories that emerged from the interviews were co-constructed by myself and the participants. As the researcher I was enthusiastic about my topic of interest, which was motivated by my own personal interests. This was inevitably mirrored in my interactions with the participants and my interpretations of their stories. I therefore acknowledge that the findings of this study are coloured by the lenses that I wore at that particular time. Another researcher may have highlighted different themes and/or included other themes. The findings of my study can not be regarded as 'absolute' truth. The findings of this study can be more accurately described as a co-construction, consisting of the stories of the participants, my own views, experiences and values and the literature

consulted. The research is valuable in that it provides a rich description, but it is also limited in that it is only one of many possible co-constructions.

The descriptive nature of an interpretative phenomenological analysis does not provide proof of any of the features under discussion. Therefore this study can be criticised from a quantitative or empirical perspective as the findings are not generalisable. An experimental quantitative study may supply different information, but will also not be able to access the intimate and personal descriptions provided by this research. I feel that the rich and in-depth descriptions presented in this study are valuable in understanding the VLCs' experiences of burnout. As the researcher I made sure that I included as many perspectives and viewpoints at the study could reasonably accommodate. The aim was to provide a rich 'multi-voiced' description of the experiences of burnout. Common themes were extracted from these multiple voices, it is hoped that these themes will stimulate further research on this topic.

A further limitation of this study concerns the personal and sensitive information obtained from the interviews. The nature of the information makes it difficult to remain objective and I found myself overwhelmed by the participants' stories. However, through the process of supervision I was able to recognise the sensitivity and vulnerability of the participants. During the interviews I ensured at all times that I used my clinical judgement in being empathetic, compassionate and sensitive to the participants' responses. The participants were encouraged to indicate any discomfort felt during the interviews. To protect the participants' identities pseudonyms were used.

A notable strength of this study is that it explored the experiences of burnout through the voices of the participants. The participants' different experiences were connected through the nature of burnout and its tremendous effects on VLCs. To explore and describe burnout from this perspective provided rich descriptions that helped to understand burnout. The participants' experiences were explored from a phenomenological perspective, which allowed for the possibility of numerous realities and distinct individual realities. The phenomenological methodology allowed for the possibility of integration between the worlds of science, modernism and human experience. Exploring burnout from this

perspective highlighted the importance of living with burnout in addition to treating burnout.

The phenomenological nature of my study allowed for the development of a co-constructed reality. I was able to bring my understanding and experiences of burnout to the conversations. I reflected on this in the conversations, and this allowed new insights to develop.

The study's qualitative approach made it possible to inform the participants about the research process and aims. I was also able to inform the participants of my own personal views and interests concerning the research topic. Throughout the entire research process I remained consistently aware of the importance of the participants' stories, as it was their 'voices' that needed to be heard. The participants were allowed to tell their stories in their own way, as they were viewed as experts in their own unique experiences.

## Participants

There was only one male in the original pool of possible participants presented by HospiVision. This can be viewed as a possible limitation as a holistic representation of burnout and gender differences could not be provided. The reason for having one male participant is possibly due to their limited availability at the time of my research study. However it may also reflect a general tendency for women to be more involved in volunteering. It may also suggest that women are more likely to develop burnout. It would be useful to conduct a study that considered gender differences in relation to burnout.

## Culture

This research study included the experiences of three Caucasian South African participants and two Black participants. It is possible that individuals from other cultural groups may have very different experiences of burnout in the volunteering context. My own cultural identity impacted on the study as I am not comfortable with disclosing my own experiences of burnout. For example, at times I tend to think that it is unacceptable to reveal my own

feelings of dissatisfaction. I also erroneously feel that revealing my experience of burnout is a sign of weakness. Therefore it may be valuable to compare the experiences of various culture groups in a research study.

### **Recommendations**

My research study highlighted the importance of understanding burnout in the context of volunteering. The participants described burnout as a painful process. Therefore the following recommendations are made:

- Educating VLCs on the consequences of burnout so that they can recognise the warning signs. Early detection may assist in coping more effectively and possibly prevent the development of full-blown burnout.
- Providing recommendations to the institution on to protect their VLCs from burnout. These recommendations could include regular supervision and debriefing sessions, and ensuring that their work-loads are reasonable.
- Patients and their families should be provided with information, perhaps in the form of a brochure, about the services offered by HospiVision.
- Further research is needed to fully understand the effects of burnout on the lives of VLCs working in government settings. This research should take into account cultural and gender differences.

## Summary

This research aimed to provide a broad discussion of the field of burnout, supported by in-depth interviews and analysed using IPA. The aim was not to answer specific questions or provide specific answers, but to explore and describe what burnout means to the VLCs working at HospiVSION. The aim was to give them a voice and allow them the opportunity to speak freely and openly about their experiences, in order to help us understand their difficulties and hardships. These aims were met throughout the research process.

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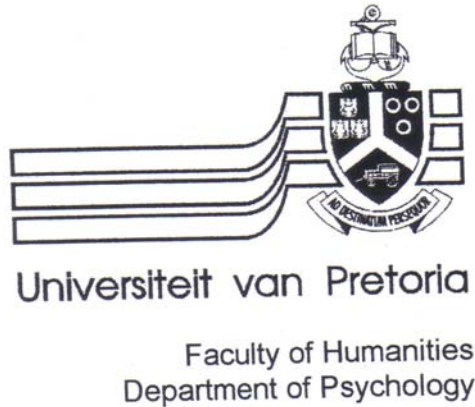
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## **Appendix One**

### **Informed Consent**

Research conducted by: Joelene Moodley

Dear Participant,

The following information has been compiled to enable you to be fully informed about the research study in which you have been asked to take part. It is important that you feel comfortable about your contribution and that the process takes place in an atmosphere of trust and transparency. If any aspect of it seems unclear, or should any matter of concern arise, please feel free to discuss it at all times.

This document consists of 3 pages.

The following information pertains to the following study:

#### **Title:**

An Interpretive Phenomenological Analysis of the effects of burnout as experienced by volunteer lay counsellors (VLC's)

#### **Purpose of the study:**

The study aims to explore and describe the subjective experiences of the volunteer lay counsellors working at HospiVision. This study also aims to contribute to an existing body of research on volunteer lay counsellors by employing a different methodology and focussing on a not-yet researched context of volunteer lay counselling.

#### **Procedures:**

The process will consist of an interview. The researcher will interview each participant, separately and privately. You will be asked to reflect on your experience burnout in relation to your work as a lay volunteer counsellor. You may talk about anything that comes to mind when you reflect on these experiences. You will be free to talk about these experiences in a

way that is comfortable for you, and not to talk about anything that you do not feel comfortable with you.

- The interview will be audio-recorded.
- The time required for the interview may vary, but will by estimate take 60 minutes
- Individual interviews will be scheduled according to each participant's preference.
- Individual interviews will be analysed and themes will be extracted from each set of information.
- You will be presented with a summary of the interview and the themes derived from your interview. You will be given the opportunity to comment (agree, disagree and elaborate) on the researcher's preliminary analysis.
- The aim is to complete the study within the year of 2009.
- The results of the study will be reported on in the form of a dissertation.
- The data gathered will be safely stored for the duration of 15 years should the need for further research arise.

**Risks:**

No risks or discomforts are foreseen.

**Benefits:**

No specific benefits for participants are foreseen. No remuneration is given for participating.

**Participants' rights:**

Participation is voluntary. You may withdraw from the study at any time and without fearing negative consequences. You may feel free to ask about any aspect of which you are uncertain and need further clarification.

**Confidentiality:**

Be assured that all information that you provide will be treated with the utmost of respect and confidentiality at all times. Fictitious names (pseudonyms) will be used and your identity will not be revealed. This will be done from the outset so that the pseudonym is used from the very first word that is written about your experience.

Documents in electronic format will password protected and stored on external media (CD or DVD) and kept in a secure code-protected safe. Original documents will be also placed in a code-protected safe.

The supervising promoter of this research will not have access to your identity, and neither will any other person involved in the research process.

You have the right not to participate in this study. Furthermore, should you wish to withdraw at any stage, you may do so without consequence.

Thank you for being available for this research process.

**Consent:**

I .....fully understand the nature of the research project and I am willing to take part in the process.

Signed at .....on this .....day of.....year.....

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Researcher: Joelene Moodley  
MA (Clinical Psychology) student



## Appendix Two

### Oldenburg Burnout Inventory

The answer categories range from 1 = totally agree to 4 = totally disagree

With an R are marked reversed items. The average scores for each subscale are calculated after reversing the respecting items, so that the higher scores indicate higher exhaustion and disengagement.

Totally Agree	Agree	Disagree	Totally disagree
1	2	3	4

1. I constantly discover new and interesting aspects in my work. (Disengagement) R
2. There are days when I feel tired even before I start working. (Exhaustion)
3. It happens more and more often that I speak in a derogatory way about my work. (Disengagement)
4. After work, I now need more time than in the past to relax and become fit again. (Exhaustion)
5. I tolerate the pressure of my work very well. (Exhaustion) R
6. Lately, while I am doing my job I tend to think little and just perform it mechanically. (Disengagement)
7. My job holds no challenges for me. (Disengagement) R
8. At work, I more and more get the feeling that I am emotionally drained. (Exhaustion)
9. As time passes, one loses the inner relationship with one's work. (Disengagement)
10. After work, I usually still feel totally fit for my leisure activities. (Exhaustion) R
11. Sometimes I feel really sick about my work tasks. (Disengagement)
12. After work, I usually feel worn out and weary. (Exhaustion)
13. I can imagine no other occupation for myself. (Disengagement)
14. Normally, I can manage the amount of work well. (Exhaustion)
15. As time passes I get more and more engaged in my work. (Disengagement)
16. While I am at work, I feel totally fit. (Exhaustion)