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Relationships between Burnout, Resilience, and Self-Care among Marriage and Family Counsellors in Malaysia

Lee Zhi Jie, Siti Aishah Hassan* and Zeinab Zaremohzzabieh

Department of Counsellor Education and Counselling Psychology, Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

ABSTRACT

The psychological impact on marriage and family counsellors during the outbreak of COVID-19 pandemic is an important deliberation. This study aimed to examine the relationships between burnout, resilience, and self-care among marriage and family counsellors in Malaysia. A total of 96 marriage and family counsellors in Malaysia were selected by using simple random sampling technique to participate in the present study. Data were collected by using three self-report instruments to measure the burnout, resilience and self-care. The findings demonstrated significant relationships between the constructs in which burnout and resilience as well as burnout and self-care were negatively correlated. Self-care and resilience were positively correlated. Multiple regression analysis revealed that burnout could not be significantly predicted by self-care and resilience. Findings of the study implied that emphasis must be given to burnout, resilience, and self-care and among marriage and family counsellors to enhance their personal and professional development.

Keywords: Burnout, family counsellors, resilience, self-care

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E-mail addresses:
leezhijie351@hotmail.com (Lee Zhi Jie)
siti_aishahh@upm.edu.my (Siti Aishah Hassan)
zeinabzaremohzzabieh@gmail.com (Zeinab Zaremohzzabieh)
*Corresponding author

INTRODUCTION

Since the outbreak of COVID-19 pandemic, the world has been facing unprecedented challenges especially among the healthcare workers (Heath et al., 2020). In Malaysia, there is a noticeable impact of the pandemic on the skyrocketed increase in the needs of getting help during the pandemic. According to Arumugam (2020), the Ministry of Women, Family and Community

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Development (KPWKM) has reported that the calls to Talian Kasih hotline, a hotline that provides psychological help and support has increased by 57 per cent (or 1,893 calls). The calls were mainly from women who were in distress due to financial constraints, marital problems and domestic violence when the Movement Control Order (MCO) was introduced to prevent the spread of the pandemic.

Even though the demand on mental healthcare is overwhelming, there are very limited numbers of competent counsellors to deal with people with family issues. As of 31st July 2020, out of the total 9,243 registered counsellors in Malaysia, there were only 1,605 of them, who were specialized to conduct marriage and family counselling. Thus, only 17.3 per cent of the registered counsellors are available to deal with family issues among clients in Malaysia (Ministry of Women, Family and Community Development, 2020).

Marriage and family counselling is an essential component in the counselling field in Malaysia (Ahmad et al., 2018). The importance of this counselling approach is evident as the Malaysian Board of Counsellors has outlined the competence and training needed by a marriage and family counsellor in Malaysia (Lembaga Kaunselor Malaysia, 2015). More competent marriage and family counsellors are needed to provide counselling services to individuals with family issues.

As a result of dealing with overloaded family issues that are commonly more complicated, the counsellors are subjected to demanding conditions that test their maturity, energy, and competence (Sriram & Duggal, 2016). In work, the counsellors have to perform a variety of duties which is physically, mentally, and emotionally taxing. This situation has exerted higher stress level exposure to the counsellors. Another factor that can increase the stress level of the counsellors is the counsellors' role in the counselling process. Wampold (2001) underscored the crucial role of counsellors as compared with the methods they used to determine the counselling outcome. This means any negative impacts from clients on the counsellors which are not properly addressed would exert a greater risk of succumbing to a high degree of work burnout among the counsellors.

In addition, Puig et al. (2012) and Eddington (2006) opined that counsellors, more specifically marriage and family counsellors, suffered from burnout due to work requirements. Burnout is caused when a counsellor places effort that is not within his or her ability in work circumstances combined with a belief in self-doubt about personal resources, which will influence the quality of the counselling service (Lent & Schwartz, 2012; Slater & Lambie, 2011).

Symptoms of burnout among marriage and family counsellors are shown when the counsellors suffer from unaddressed mental distress. It is necessary for the counsellors to resolve burnout in order to prevent possible harm to clients (Merriman, 2017). Based on previous studies, burnout among counsellors are related to a few factors such as the counsellors' experience (Wardle &

Mayorga, 2016), perfectionism (Moate et al., 2016), high level emotional empathy (Gutierrez & Mullen, 2016), and the age of the counsellors (Rosenberg & Pace, 2006).

Protective Factors of Burnout

Burnout among marriage and family counsellors must be properly addressed. In order to resolve burnout, resilience is a vital aspect that has to be instilled. Resilience was defined by Boss (2006) as the ability to sustain or increase the level of functioning when facing a crisis. Resilient individuals were characterized by Lambert and Lawson (2013) as those able to cope with challenges through the development of coping mechanisms in the face of obstacles. Resilient marriage and family counsellors are able to rebound or bounce back when they face challenges when working with clients or due to issues related to their work.

Also, as related to resilience, Macedonia (2018) found that resilience and self-care practice were significantly positively correlated among disaster responders. Another study by Lin (2012) suggested that self-care actions could nurture resilience in counsellors. In this regard, resilience and self-care can be inferred as two pivotal components for helping professionals such as the marriage and family counsellors. The counsellors have to uphold the importance of being resilient and the practice of self-care in their professional and personal lives.

Self-care practice is characterized as the counsellors' actions to reduce the amount of tension, anxiety, and emotional reactions they experience while interacting with clients (Williams et al., 2010). Meanwhile, Bradley et al. (2013) described self-care as behaviours or experiences that stimulated improvement and sustainability of the counsellors. It is undeniably that self-care is crucial in the professional and personal life of a counsellor; the lack of it could possibly cause harm to them (Coaston, 2017).

It is also an ethical imperative to self-care practice as outlined by Malaysian Board of Counsellors (Lembaga Kaunselor Malaysia, 2016). There is a necessity for counsellors to practise self-care activities. The practice is beneficial to the holistic wellness of the counsellors. By maintaining a high functioning level through self-care, the counsellors could provide quality services to clients as well as avoid possible harm to clients.

As self-care practice, marriage and family counsellors can sustain their professional and personal functioning by attending to their social, mental, spiritual, physical, cognitive, and vocational needs. The benefits of practising self-care activities are clear and significant. Through self-care practice, the counsellors are able to handle job stress, and to avoid burnout, exhaustion of compassion, and vicarious trauma (O'Halloran & Linton, 2000; Thomas & Morris, 2017).

Despite the importance of self-care practice, there are empirical findings showing that both in-service counsellors and counsellors-in-training do not practise self-care techniques regularly (Nelson et al., 2018; Patsiopoulos & Buchanan, 2011; Thomas & Morris, 2017). They tend to

neglect their well-being by not properly addressing problems they face in work. In this sense, the functions of self-care practice as a way to prevent secondary traumatic stress after dealing with clients' traumatic first-hand experiences must be clearly acknowledged (Craig & Sprang, 2010; Hensel et al., 2015).

Rationales and Objectives of the Study

Due to the importance of preventing or resolving burnout, building resilience, and engaging in self-care practise, this study was conducted. In past studies, previous researchers merely put emphasis on burnout, resilience, and self-care among counsellors in general and other mental health professionals (Mache et al., 2016; Richards, 2017). This means not many studies have been done previously to highlight burnout, resilience, and self-care specifically among marriage and family counsellors. Also, there was no study done on relationships between the three constructs. Another main rationale of conducting this research on marriage and family counsellors in Malaysia is that there is limited research explicitly on marriage and family counsellors or the therapy process (Noor, 2014).

Therefore, this study was carried out to explore the relationships between burnout, resilience, and self-care, particularly on marriage and family counsellors in Malaysia. It is hoped that the findings of this study will provide empirical evidence which explains the psychological conditions of the counsellors.

There were four hypotheses formulated in this research.

H_1: There is a significant relationship between burnout and resilience among marriage and family counsellors in Malaysia.

H_2: There is a significant relationship between burnout and self-care among marriage and family counsellors in Malaysia.

H_3: There is a significant relationship between self-care and resilience among marriage and family counsellors in Malaysia.

H_4: Burnout is significantly predicted by self-care and resilience among marriage and family counsellors in Malaysia.

METHODOLOGY

This study employed a non-experimental quantitative approach research design. A correlational research design was used to examine the relationships between the constructs of interest (Gay et al., 2012). The correlation coefficient between variables can be either positive or negative which shows the direction of the relationship between the variables.

Population and Sampling Procedures

Marriage and family counsellors in thirteen states and three federal territories were involved. The target population of the study was marriage and family counselling practitioners in Malaysia. Currently, the amount of marriage and family counsellors is unknown as there is no recorded data related to the number of marriage and family counsellors in Malaysia.

Bujang and Baharum (2016) stated that an important consideration for correlation research was to ensure that the sample size is sufficient. In light of that, a G*Power analysis was conducted to determine the sample size of this study based on the desired correlation coefficient, power, and Type I error (p-value) values.

In most studies, as suggested by (Cohen, 1992), correlation coefficient which is considered sizable is 0.3. There are a few commonly used values for power, which is the probability of Type II error (one minus beta). Power of 0.8 (beta = 0.2) or 0.9 (beta = 0.1) are commonly used and acceptable values. In this research, power of 0.8 was used with the p-value set at 0.05. Based on the correlation coefficient of 0.3, statistical power of 0.8, and the alpha level of 0.05, it was determined that the sample size required for this study was 84 counsellors (Bujang & Baharum, 2016).

Simple random sampling method was then used in this study to ensure the representativeness of the sample (Gay et al., 2012). Due to the unknown total amount of marriage and family counsellors, 200 marriage and family counsellors in Malaysia were first recruited to participate in the research. This number of respondents was larger than the required number of respondents from the power analysis. Questionnaires were then distributed to the randomly selected respondents. There were 96 responses returned by the respondents. The response rate was acceptable as the amount of responded questionnaires had exceeded the required amount suggested from the power analysis.

Instrumentation

This study had utilized four different instruments in the data collection process. The instruments were (a) Demographic and Occupational Data Survey, (b) Counselor Burnout Inventory (CBI; Lee et al., 2010), (c) Brief Resilience Scale (BRS; Smith et al., 2008), and (d) Self-Care Assessment Worksheet (SCAW; Saakvitne & Pearlman, 1996).

Demographic and Occupational Data Survey. The Demographic and Occupational Data Survey form was developed to gather demographic information about the respondents' gender, age and ethnicity.

In terms of occupational data, practice setting, academic qualification in counselling, level of specialized training in marriage and family counselling, and years of marriage and family counselling experience of the respondents were included.

Information related to the respondents' age, race or ethnicity, gender, practice setting (Education Setting, Hospital, Welfare Department, Non-Governmental Organization, Private Practice) was collected for descriptive purposes. Academic qualification in counselling, level of training in marriage and family counselling, and years of marriage and family counselling experience indicated the participants' competency, such as skills and knowledge in general counselling and marriage and family counselling practice.

Response choices of the academic qualification in counselling were (a) Bachelor's Degree, (b) Master's Degree, and (c) Doctorate Degree. As for level of training in marriage and family counselling, five different levels were included, namely (a) Certificate, (b) Diploma, (c) Bachelor's Degree, (d) Master's Degree, and (e) Doctorate Degree. Meanwhile, for years of marriage and family counselling experience, the durations of experience were grouped into three subcategories as proposed by Ronnestad and Skovholt (2003), which were: (a) novice (0–5 years), (b) experienced (6–14 years), and (c) seasoned (more than 15 years).

Counsellor Burnout Inventory

Counselor Burnout Inventory (CBI; Lee et al., 2010) was developed to measure burnout among professional counsellors. This inventory consisted of 20 items which were divided into five subscales, namely Exhaustion, Incompetence, Devaluing Client, Negative Work Environment, and Deterioration in Personal Life.

Respondents provided their responses by using a five-point Likert-type scale in which 1 indicates "never true", while 5 represents "always true". Each score of the five subscales ranges from four to 20, with total scores ranging from 20 to 100.

Lee and his colleagues (2010) found that the overall internal consistency of this instrument was 0.94, with 0.80 for Exhaustion, .81 for Incompetence, 0.83 for Devaluing Client, .83 for Negative Work Environment, and 0.84 for Deterioration in Personal Life subscales. Hence, it can be concluded that the instrument was reliable.

Brief Resilience Scale. Brief Resilience Scale (BRS) was developed by Smith et al. (2008) to measure an individual's level of resilience. This instrument consists of six self-report items. The scale used in the items of BRS is a five-point Likert-type scale; strongly disagree (1) to strongly agree (5). The possible highest score is 30, and the lowest score is six. Higher score indicates higher level of resilience of an individual. The result of Smith and his colleagues' initial study showed that this instrument demonstrated strong convergent and discriminant predictive validity. It was also found that the internal consistency of the BRS ranged from 0.80 to 0.91. The use of this instrument was found to be valid and reliable in the context of Malaysia (Amat et al., 2014).

Self-Care Assessment Worksheet. Self-Care Assessment Worksheet (SCAW) is an assessment tool to indicate and measure the degree or frequency of engagement in effective self-care maintenance strategies by individuals (Saakvitne, & Pearlman, 1996). However, it is not used for diagnostic purposes. Instead, it provides descriptive data of the respondents' self-care activities. This tool is divided into six dimensions, namely Physical, Emotional, Spiritual, Psychological, Workplace or Professional, and Balance.

Respondents of this study were required to rate from 1 to 5 in terms of the frequency

they engaged in each item, such as the frequency of they practiced certain self-care activities according to the six dimensions. The scale used in this instrument is a five-point Likert-type scale, in which 1 indicates "never occurred to me", whereas 5 indicates "frequently occurs". The higher the total score, the higher the frequency of self-care activities engagement. Despite the instrument's popularity in the study of self-care, no psychometric properties are being established for this measure (Alkema et al., 2008) as it is commonly used as a behaviour checklist (Saakvitne, & Pearlman, 1996).

Pilot Study

A pilot study was conducted on 32 counsellors who practised marriage and family counselling to validate the survey instruments and their measurements in terms of reliability (Ruel, Wagner, & Gillespie, 2015; Creswell, 2018). The respondents consisted of eight males (25%) and 24 females (75%) aged between 27 to 48 years old. In terms of ethnicity, 19 (59.37%) of the respondents were Malay, nine (28.13%) were Chinese, and four (12.5%) were Indian.

In this study, reliability analyses were conducted by identifying the overall reliabilities of the instruments and their respective subscales. From the pilot study, the overall reliability of CBI was 0.91. The reliability values of the subscales were Exhaustion (0.68), Incompetence (0.63), Devaluing Clients (0.66), Negative Work Environment (0.64), and Deterioration in Personal Life (0.65). On the other hand, the reliability of BRI was 0.66.

The overall reliability of SCAW was 0.93. The reliability coefficients of the subscales were Physical (0.84), Emotional (0.78), Spiritual (0.78), Psychological (0.85), Workplace or Professional (0.79), and Balance (0.75).

Nunnally and Bernstein (1994) stated that the acceptable value of the reliability coefficient was 0.60. Hence, by considering the Cronbach's alpha values obtained from the instruments, the instruments were reliable and suitable for measuring the constructs.

Data Collection and Analysis

Data collection and analysis were adopted similar to the study conducted by Ghoroghi et al. (2015). Items in the instruments were transferred to a web-based survey tool of Google Form. They were then distributed to the respondents. The respondents were advised that the completion of the survey would take approximately 10 to 15 minutes. At the end of the data collection process, there were 96 responses obtained. The data collected was then transferred to Statistical Package for the Social Sciences (SPSS) version 25.0 for data analysis purposes.

Meanwhile, descriptive statistics analysis, which included the frequency and percentage were also performed on the Demographic and Occupational Data Survey data. This statistical analysis was to describe the basic features of the data from the respondents in this study (Trochim et al., 2016). By performing this analysis, deeper understanding of the respondents' background can be attained.

In addition, the normality of the data collected from CBI, BRI, and SCAW was also checked with skewness and kurtosis. Mahalanobis distance test was used to determine the presence of outliers. Pearson product-moment correlation coefficients were calculated among the quantitative constructs. The coefficients obtained were interpreted based on the strength and direction between the constructs in the study. Correlation coefficients that range from ±0.70 to ±1.00 indicate a strong relationship, ±0.30 to ±0.69 indicate moderate relationship, whereas none (0.00) or weak relationship range from ±0.00 to ±0.29 (Jackson, 2014). A multiple regression analysis was also conducted to predict burnout by self-care and resilience.

RESULTS

Descriptive Statistical Analysis Findings

Out of the 96 respondents, 78 (81.3%) were female marriage and family counsellors whereas the percentage of male counsellors was 18.3% (n = 18). Most of the respondents were aged 35 to 44 years old (n = 39, 40.6%). There were 35 (36.5%) respondents who were between 25 to 34 years old. The remaining respondents were 21% (n = 21.9) for respondents aged between 45 to 54 years old and 1% (n = 1) for respondents above 55 years old. In terms of ethnicity, the majority of the respondents were Malay (n = 47, 49%), followed by Chinese (n = 31, 14.6%), Indian (n = 14, 14.6%) and other (n = 4, 4.2%).

In term of work settings, there were 25 (26%) respondents who worked in a hospital setting, followed by 24 respondents (25%) who worked as private practitioners, 23 (24%) of the respondents in education settings, 15 (15.6%) in non-governmental organizations, and the remaining 9 (9.4%) respondents provided their services in the welfare department.

The majority (n = 46, 47.9%) of the respondents earned a Master's degree in the counselling field. There were 35 (36.5%) respondents who owned a Bachelor's degree in counselling, and 15 (15.6%) were qualified at the Doctoral degree level. In terms of specialization, most of the respondents (n = 57, 59.4%) received their certificate level training in the marriage and family counselling field. Twenty-five (26%) of the respondents reported that they earned a Master's degree related to marriage and family counselling. Four (4.2%) respondents graduated at the Doctorate level. Meanwhile, 10 (10.4%) of the respondents indicated that they never received any marriage and family counselling training. None of the respondents received training at a diploma or bachelor's degree level.

Forty (41.7%) respondents were deemed novices in the marriage and family counselling field as the years of their practice as marriage and family counsellors were not more than five years. Meanwhile, 32 (33.3%) counsellors have practiced marriage and family counselling for six to fourteen years. Twenty-four (25%) of the respondents were seasoned marriage and family counsellors.

Inferential Statistical Analysis Findings

In order to ensure the data was normally distributed, skewness and kurtosis of burnout, resilience, and self-care were calculated. Table 1 shows the skewness and kurtosis of self-care, resilience, and burnout. The data collected was normally distributed. The skewness and kurtosis of a set of normally distributed data was expected to range from -2 to +2 (Garson, 2012).

Table 1

Skewness and kurtosis of self-care, resilience, and burnout

Constructs	Skewness	Kurtosis
Burnout	-0.08	-1.28
Resilience	0.51	0.06
Self-care	-0.15	-0.47

Hypothesis 1 outlined the relationship between burnout and resilience among marriage and family counsellors in Malaysia. The findings as shown in Table 2 show that there is a statistically significant relationship between resilience and burnout ($p < 0.05$). The correlation between resilience and burnout is a moderate negative relationship ($r = -0.323$). An increase of resilience is moderately correlated with decreased burnout, $r(94) = -0.323$, $p < 0.05$. Therefore, Hypothesis 1 is retained.

Table 2

Correlation between variables (n = 96)

	Burnout	Resilience	Self-care
Burnout	1.0		
Resilience	-0.323**	1.0	
Self-care	-0.324**	0.879**	1.0

Note. ** Correlation is significant at the 0.01 level (2-tailed).

Besides, it was found that there is a moderate negative correlation between burnout and self-care, $r(94) = -0.324$. The relationship between self-care and burnout is statistically significant ($p < 0.05$). Therefore, Hypothesis 2 is retained. This result suggests that an increase of self-care is moderately correlated with a decrease of burnout, $r(94) = -0.324$, $p < 0.05$.

As for Hypothesis 3, the result shows that there is a statistically significant relationship between self-care and resilience ($p < 0.05$). The relationship between self-care and resilience shows a strong positive relationship ($r = 0.879$). An increase of self-care is strongly correlated with an increase of resilience, $r (94) = 0.879$, $p < 0.05$. The Hypothesis 3 is retained.

A multiple regression analysis was carried out to examine whether burnout is statistically predicted by self-care and resilience. In the Multiple Regression Analysis, the result of ANOVA in Table 3 shows that the model is significant ($F = 5.826$, $p < 0.05$). In Table 4, the results indicated that the model explained 11.1% of the variance. The analysis in Table 5 shows that self-care did not significantly predict burnout (Beta = -0.199, $p > 0.05$, and so did resilience (Beta =-0.572, $p > 0.05$). Thus, Hypothesis 4 is rejected.

Table 3

ANOVA result of multiple regression analysis

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1687.170	2	843.585	5.826	0.004[b]
	Residual	13465.319	93	144.788		
	Total	15152.490	95			

Note. a. Dependent Variable: Burnout; b. Predictors: (Constant), Self-Care, and Resilience.

Table 4

Model summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	Change Statistics				
					R^2 Change	F Change	df_1	df_2	Sig. F Change
1	0.334[a]	0.111	0.092	12.033	0.111	5.826	2	93	0.004

Note. a. Predictors: (Constant), Resilience, Self-Care

Table 5

Coefficients for the multiple regression model

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	110.632	50.773		2.179	0.032
	Self-care	-0.199	0.229	-0.178	-0.869	0.387
	Resilience	-0.572	0.708	-0.166	-0.807	0.421

Note. a. Dependent Variable: Burnout.

DISCUSSION

According to the result, a significant negative correlation between burnout and resilience exists. This finding is consistent with the previous research by Burnett (2017) that revealed resilience was significantly negatively correlated with burnout among trauma responders. Besides, Harker et al. (2016) found that a high level of resilience could be a significant predictor of low burnout levels. These studies have shown that there is consistency between the results of previous studies and this study despite different instruments being used to measure resilience and burnout.

From the relationship found between burnout and resilience, it can be suggested that individuals with low resilience level are more likely to be exposed to burnout, whereas those who are more resilient are less likely to be at risk of burnout. It can be said that resilience could function as a protective factor to burnout among marriage and family counsellors. The counsellors who have a higher capability of bouncing back are more capable of coping with challenging situations that could lead to burnout. Therefore, the development and conduct of programmes which focus on resilience building must be encouraged as a way to increase the resilience level which consequently could act as a prevention of burnout.

This study also examined the relationship between burnout and self-care. The relationship between the two constructs was found to be significantly moderate. This result is in line with the previous finding by Catlin-Rakoski (2012) which indicated that professional self-care was strongly related to low burnout. However, it should be noted that there is a difference in terms of the magnitudes of the correlation between the finding by Catlin-Rakoshi and the present study. The finding of this research also resonates with Malinowski's (2014) opinion that self-care is a determining factor to reduce burnout.

From the result, it can be said that marriage and family counsellors who practise self-care activities by attending to

their needs regularly do not easily get to experience a high level of burnout. These activities serve as barriers to cushion the impacts of tension that the counsellors face in their work settings. The counsellors must engage in self-care practice for their overall well-being. There are a host of self-care activities that can be engaged. The counsellors must first be proactive to identify activities that are healthy in order to attend to their physical, emotional, social, spiritual, and mental needs.

The importance of the practice of self-care has to be highlighted in the counsellor education programmes. Counsellor educators are strongly encouraged to expose counsellors-in-training regarding the significance of self-care in the endeavour as mental health professionals. Future counsellors must firstly be aware of the emotionally demanding work nature of a counsellor. Then, exposure about self-care practice has to be provided in order to prevent impairment to the counsellors as well as to clients. From the practice of self-care in the training programme, they will get more accustomed to self-care activities in order to achieve professional and personal life balance, and to prevent the occurrence of burnout to themselves.

In addition, this study also indicated that self-care level was related to resilience level among marriage and family counsellors. This means that resilient counsellors are counsellors who practise self-care activities regularly. As mentioned by Masson (2019), making oneself resilient is a part of self-care practices. Therefore, the engagement of self-care activities is deemed as a means to enhance resilience. In this context, Grant and Kinman (2015) suggested mindfulness self-care activity as a way to promote resilience among helping professionals. The effectiveness of mindfulness approach was evidenced as it was also found to be helpful to foster resilience among other professionals (Foureur et al., 2013).

Additionally, the practice of supervision must be spurred in the marriage and family counselling field. Supervision experience is inevitable in the development of counsellors (Jaafar, 2011). The effort of promoting self-care practice and building resilience must be emphasized through the supervision process. It was found by Thompson et al. (2011) that supervision was effective in promoting resilience among counsellors. Therefore, in the supervision process, opportunities can be offered to the counsellors to voice out issues or challenges that they face. This platform can serve as a way of self-care practice to the counsellors. The supervisors can function as mentors by providing advice, feedback, guidance, and emotional support to the counsellors. Successes which the counsellors have achieved in the past can also be discussed in the supervision session in order to elevate the self-efficacy of the counsellors (Ooi et al., 2018). Consequently, the counsellors will be more open to new experiences and well-equipped with the abilities and traits that are necessary to overcome hurdles in their professional life.

In the present study, burnout is not significantly predicted by the practice of self-care and resilience level. The result of

the prediction of burnout through self-care is divergent with literature that suggested the presence of relationships between the three constructs (Burnett, 2017; Malinowski, 2014). The finding of this study showed that burnout was not influenced by the habit of taking good care of oneself and by being resilient. This means marriage and family counsellors who often attend to their needs and who are able to bounce back in the face of adversity may not show the tendency to low risk of burnout.

One of the reasons that could explain the result is that burnout among marriage and family counsellors might be significantly predicted by other psychological constructs or demographic factors such as age (Mueller, 2018), hours worked per week and job setting (Rosenberg & Pace, 2006), psychological detachment (Nasharudin et al., 2020), as well as emotional, physical, and spiritual factors (Ismail et al., 2020) instead of the practice of self-care and resilience level merely. Therefore, this finding has offered a new perspective and opportunity for new study. Future research should give more considerations of the other constructs or variables on the relationships between the burnout, resilience, and self-care.

CONCLUSION

The psychological impact on marriage and family counsellors during the COVID-19 pandemic is an important deliberation. This study has provided new information on burnout, resilience, and self-care among marriage and family counsellors in Malaysia. These constructs are key to the personal and professional development of marriage and family counsellors. Thus, the findings have provided another evidence-based understanding of the practice of self-care, resilience, and their relationship on burnout among marital and family counsellors.

Despite the findings in this study, the limitations of this study should be noted as well. This study only utilized questionnaires in the data collection process. It was assumed that each respondent would provide a truthful and accurate response based on his or her personal experience. The data obtained in this research were solely based on the self-reported data of the respondents. An in-depth exploration of the respondents' perceptions was not through the instruments. Thus, the findings were only confined to the respondents' responses and might not reflect the most accurate measurement of the constructs.

Secondly, this study did not include demographic and occupational data in the inferential statistical analysis. Therefore, in future research, demographic and occupational data such as age, gender, or years of service experience can be included to further explore whether there are significant relationships between the constructs based on demographic and occupational data. For instance, correlations between self-care, resilience, and burnout can be determined specifically among novice marriage and family counsellors or among marriage and family counsellors who work in education settings. The inclusion of these variables is expected to yield new perspectives about the burnout, resilience, and self-care.

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