



THE RELATIONSHIP BETWEEN RESILIENCE,
BURNOUT AND PSYCHOLOGICAL
WELL-BEING AMONG CARELINE
COUNSELLORS IN TALIAN
KASIH AND NALURI



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SULTAN IDRIS EDUCATION UNIVERSITY

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PSYCHOLOGICAL WELL-BEING AMONG CARELINE COUNSELLORS
IN TALIAN KASIH AND NALURI

DARSHINI A/P BALASINGAM

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ABSTRACT

This study is carried out to identify the relationship between resilience, burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri. A total of 325 careline counsellors participated in this study, including 306 from Talian Kasih and 19 from Naluri. The research instruments used were Ryff's Psychological Well-Being Scales (PWB), Brief Resilience Scale (BRS) and Maslach Burnout Inventory (MBI). The data were analysed using descriptive and inferential statistics involving percentage, mean, Pearson correlation and Multiple Regression. This study was done to determine the level of psychological well-being, the relationship between resilience and psychological well-being, the relationship between burnout and psychological well-being and the contribution of resilience and burnout on psychological well-being among careline counsellors in Talian Kasih and Naluri. The results of this study showed that the psychological well-being of careline counsellors is low (min=133.64). In addition, resilience and psychological well-being were found to be significantly correlated ($r = .539, p = 0.00$). Additionally, the research revealed a significant relationship ($r = -.535, p = 0.00$) between burnout and psychological well-being. The multiple regression analysis revealed that $F(2,322) = 99.362, p = 0.001$, which was statistically significant at the 0.01 level of confidence. R Square values ($R^2 = 0.382$) demonstrated a 38.2% total contribution by independent variables. Resilience is the greatest predictor of psychological well-being, contributing 29%. This means that, careline counsellor who scores well on resilience will also score highly on psychological well-being. Besides, burnout had an effect on 9.2% of psychological well-being, which was the second predictor. In other terms, a careline counsellor with burnout will experience a decline in their psychological well-being. The study provides implications in different aspects which involves the careline counsellors, professional counsellors, trainee counsellors, *Lembaga Kaunselor Malaysia* and to employers.



HUBUNGAN DI ANTARA DAYA TAHAN, BURNOUT DAN KESEJAHTERAAN PSIKOLOGI DALAM KALANGAN KAUNSELOR CARELINE DI TALIAN KASIH DAN NALURI

ABSTRAK

Kajian ini dilakukan untuk mengenal pasti hubungan di antara daya tahan, *burnout* dan kesejahteraan psikologi dalam kalangan kaunselor *careline* di Talian Kasih dan Naluri. Sebanyak 325 kaunselor *careline* mengambil bahagian dalam kajian ini, termasuk 306 dari Talian Kasih dan 19 dari Naluri. Instrumen penyelidikan yang digunakan adalah *Ryff's Psychological Well-Being Scales (PWB)*, *Brief Resilience Scale (BRS)* dan *Maslach Burnout Inventory (MBI)*. Data dianalisis menggunakan statistik deskriptif dan inferensi yang melibatkan peratusan, min, korelasi pearson dan regresi berganda. Kajian ini dilakukan untuk menentukan tahap kesejahteraan psikologi, hubungan antara daya tahan dan kesejahteraan psikologi, hubungan antara *burnout* dan kesejahteraan psikologi dan sumbangan daya tahan dan *burnout* terhadap kesejahteraan psikologi dalam kalangan kaunselor *careline* di Talian Kasih dan Naluri. Hasil kajian ini menunjukkan bahawa kesejahteraan psikologi kaunselor *careline* adalah di tahap rendah (min=133.64). Daya tahan dan kesejahteraan psikologi didapati berkorelasi secara signifikan ($r = .539, p = 0.00$). Selain itu, penyelidikan menunjukkan hubungan yang signifikan ($r = -.535, p = 0.00$) antara *burnout* dan kesejahteraan psikologi. Analisis regresi berganda menunjukkan bahawa ($F(2.322) = 99.362, P < 0.001$), yang signifikan secara statistik pada tahap keyakinan 0.01. Nilai R Square ($R^2 = 0.382$) menunjukkan jumlah sumbangan 38.2% oleh pemboleh ubah bebas. Daya tahan adalah peramal utama kesejahteraan psikologi, menyumbang 29.0%. Ini bermaksud, kaunselor *careline* yang mempunyai daya tahan yang baik akan mempunyai kesejahteraan psikologi yang baik. Selain itu, *burnout* memberi kesan sebanyak 9.2% terhadap kesejahteraan psikologi, yang merupakan peramal kedua. Bagi istilah lain, kaunselor *careline* yang mengalami *burnout* akan mengalami penurunan pada kesejahteraan psikologi. Kajian ini memberikan implikasi dalam pelbagai aspek yang melibatkan kaunselor *careline*, kaunselor profesional, kaunselor pelatih, Lembaga Kaunselor Malaysia dan kepada majikan.



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LIST OF ABBREVIATION

BRS	Brief Resilience Scale
DP	Depersonalization
EE	Emotional exhaustion
KPWKM	<i>Kementerian Pembangunan Wanita, Keluarga dan Masyarakat</i>
LKM	<i>Lembaga Kaunselor Malaysia</i>
MBI	Maslach Burnout Inventory
PWB	Psychological Well-being
SPSS	Statistical Packages for Social Sciences

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CHAPTER 1

INTRODUCTION

1.1 Introduction

This study was carried out to investigate the relationship between resilience, burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri.

This chapter covered the background of the study, statement of problem, research objectives, research questions and research hypothesis. The conceptual framework of the study, the limitation and its definition of terms used throughout the research had been elaborated.

1.2 Background Of Study

The global pandemic of COVID-19, a novel coronavirus, was a public health disaster. In January 2020, the first COVID-19 case in Malaysia was recorded. The mobility control order (MCO), which was implemented on March 18, 2020 as a result of a significant increase in COVID-19 cases, required Malaysians to remain at home, exercise social distance, and limit interaction with people who are not family members.



Separating and limiting the mobility of anyone who may have been exposed to a contagious disease constitutes quarantine. Because it was more extensive and involved people who might not have had contact with the infection, the MCO was unlike quarantine (Yee et al., 2021). On the other hand, the effects of the MCO and quarantine may have had comparable effects on psychological health. A variety of psychological pressures involving oneself and loved ones were linked to pandemic. People's emotional, mental, and physical health were said to decline as a result of COVID-19 (Zhang X, 2021).

WHO (2020) reported that there is an increased prevalence of depression and anxiety symptoms due to Covid-19. It was reported from a recent study that 33% of adults in America experienced symptoms of depression and 45% experienced feelings of fear and excessive stress (Mark Orkin, 2020). Another study in the USA also showed that an obsession with infection prevention activities is also experienced by most people (Troyer, Kohn, & Hong, 2020). On the other hand, psychological symptoms such as feelings of anger and boredom due to prolonged quarantine policies also become new problems that have emerged due to this pandemic (Brooks et al., 2020). The similar incident happened in Malaysia. A total of 872 teenagers aged 15 to 18 committed suicides, according to police statistics, between January 2019 and May 2021. Of the 1,708 suicide instances reported throughout the time period, this represents 51%. In the first five months of 2021, suicide rates nearly quadrupled on average across all age categories (94 cases per month) compared to 2019 (51 cases a month) (Hassan, 2021).

Besides in 2021, there are four times as many calls to the Health Ministry about mental health as there were in 2020. Since the primary mobility control order began in





March 2020, Deputy Health Minister Aaron Ago Dagang claimed counselling hotlines had received 210,930 calls. He claimed that since March, these hotlines have received 44,061 calls, but that number has already risen to 166,869 calls in 2021. Eighty-two percent of the calls were from people who needed emotional assistance or counselling. Various agencies and non-governmental organizations made the calls (Kaur, 2021). The growing number of mental health issues will undoubtedly raise the need for mental health services. In this circumstance, it is critical to provide both promotional and preventative mental health care. Preventive psychological therapies are often provided to eliminate risk factors prior to the emergence of psychological problems (WHO, 2002). Meanwhile, promotional programmes tried to improve people's knowledge of the significance of caring for their mental health (WHO, 2002), particularly in the midst of the uncertainty generated by this situation. All psychological therapy was offered remotely due to COVID-19's extremely infectious nature (via hotlines or online) including counselling services.

Counselling is one of the most significant developments of the latter part of the 20th century. As a profession, counselling has benefited individuals in transforming their lives. Nevertheless, it has been acknowledged that counselling may be both difficult and rewarding (Skovholt, 2016). During the crisis period, counselling has become one of the most commonly used mental health services in the community. Counselling is a process between a client and a counsellor in which clients are assisted in making decisions and planning their process of acting, feeling, and thinking to maximise their well-being (Kabir, 2017). Many face-to-face counselling services have been transferred to online-based services to decrease Covid-19 transmission (Pillay & Barnes, 2020). This limitation on face-to-face therapy enhances the public's need for



internet counselling. This online-based service enables people to receive counselling without needing to meet a counsellor in person. Several nations worldwide have worked to provide Tele counselling services during the epidemic. For instance, Talian Kasih and Naluri hotlines in Malaysia provide 24-hour Tele counselling services.

In connection with this, the telephone has become a global tool for supporting persons in crisis or considering suicide (Lester, 2019). The usage of telephone counselling services and the number of calls to these services has increased globally, suggesting the importance and necessity of such services. The counsellors who handled hotline services, serve as vital points of contact for suicidal or in emotional distress, letting callers speak anonymously and without fear of shame or prejudice (Ines Heinz, 2019). In regards to this, Talian Kasih hotline was utilised extremely as part of the Ministry of Women, Family, and Community Development's commitment to provide psychological help to people impacted by the stay-at-home order (Khairah, 2020). The helpline, which provided counselling services to people experiencing emotional distress, was available to Covid-19 patients, beneficiaries of those who died as a result of the terrible disease, health professionals at quarantine facilities, and others affected by the MCO.

The Health Ministry's (MOH) stated that the statistic was compiled from January 1 to June 18, and that 109,806 calls, or 89.4%, were connected to mental disorders caused by the Covid-19 epidemic. Among the issues were job and income loss, loss of a source of dependency, family feuds and marriage problems such as quarrels, separation, divorce, and abuse (emotional and physical) (Bernama, 2021). Apart from Talian Kasih, a private organization named "Naluri" was also involved in



providing careline counselling services to the community. Due to many cases, counsellors who handled hotline, like everyone else, endure burnout, discontent, tension, and unpleasant emotions, according to Roxas et al., (2019). Adding on, mental health service's initial burden was immense. Some counsellors were bombarded with phone calls during their 3 hours shifts which leads to danger of vicarious traumatization because they were exposed to the distress of others. Today's counsellors have many challenges in their careers because in addition to their primary responsibilities, they also have other responsibilities that have been delegated to them (Mustafa et al., 2022). This makes the profession of counselling challenging. These factors, together with counsellors' personal experiences of fear and helplessness in the face of COVID-19, raised the chance of burnout significantly (Chen et al., 2020).



Burnout is well known as a phenomena of work stress and a kind of mental suffering that may be followed by physical health problems (Baldwin, Barmore, Suprina & Weaver , 2011). As explained by Morse, Salyers, Rollins, Monroe-DeVita, and Pfahler (2012), once burnout has occurred, there is a greater chance that physical, psychological, and emotional health may suffer negatively in that person's life. Burnout leads to employees experience exhaustion and boredom at work, reduced individual accomplishment, and a tendency to depersonalise others (Talachi & Gorji, 2013). Also, long-term high stress and burnout can cause less productivity and effectiveness, less job satisfaction, and less commitment to the job (Bagnall, Jones, Akter & Woodall, 2016). In turn, these issues result in poor service quality, dangers to client's safety, and negative attitudes toward clients. (Klein, Frie, Blum & Knesebeck, 2010).





Due to many job demands, position ambiguity, and high caseloads, counsellors are at a greater risk of feeling burnout than other professions that need a high degree of empathy (Kim & Lambie, 2018). Most interestingly, as compared to non-service sectors, employees in the service sector are more prone to burnout (Balwi, Yee, Thukiman & Haziwah, 2021). Previous study conducted in Malaysia discovered that there was a high level of burnout among the physicians and service sector employees (Boo et al., 2018). Counsellor's need to be aware of the signs of burnout and take measures to avoid it while also taking care of their own psychological well-being (Kim & Lambie, 2018). Counselling enables counsellors to participate in the extraordinary process of human development and healing of their clients, but it also poses a risk to the counsellors' own psychological well-being when they are exposed to clients' trauma and its unpleasant effects (Meyer & Ponton, 2006).



According to Huppert (2009) psychological well-being is concerned with living a happy life and includes both feeling and doing well. Furthermore, long-term well-being does not necessitate that individuals always feel happy; rather, unpleasant emotional experiences such as frustration, failure, or despair are a natural part of life, and individuals must be able to deal with negative or painful emotions in order to maintain long-term well-being. A counsellor job is very different from other professions in this regard, unlike professions in the legal, medical, engineering, political, or accountancy fields (Siron, 2005). Counsellors employ their own personal change as a therapeutic strategy. This implies that the counsellor's personality matters more than their skills and knowledge. As a result, counsellors who have greater degrees of psychological well-being have better work performance, are more cooperative, and





are happier overall (George, 1991). Unpleasant feelings that interfere with a person's daily functioning undermine psychological well-being (Huppert, 2009).

Counsellor is a client's main motivator and contribution to a successful life (Salleh, Mahmood & Amat, 2006). An essential component in the realm of therapy is a counsellor's personality, ideals, and interpersonal style. Another important therapeutic tool in the therapy process is the counsellor (Blocher, 2000). The counsellor's own self is the most crucial component of the counselling process. Counsellors may provide a client with a more effective service if they are in excellent psychological well-being and are not troubled by their own unsolvable problem. Meyer and Ponton (2006) discovered that counsellors who do not have mental health issues are more likely to handle their clients' problems professionally than their counterparts. Clients will receive the greatest assistance from therapists who are in good mental health. Sometimes a client's pain becomes too much for the counsellor to handle. So, it's important for a counsellor to step into the world of the people they're working with without getting too involved. According to NeswaldPotter and Blackburn (2013), if a counsellor does not take care of their own well-being, he or she will fail to instil the well-being to their client. Furthermore, any personal or work-related challenges that a counsellor experiences will expose the counsellor to stress, burnout, and compassion fatigue. (Smith, 2017). Counsellors who are healthy and resilient may undoubtedly put up more effort to assist clients in overcoming their obstacles to the fullest extent (Haslee, 2002).

In regards to this, resilience helps with healing and positively transforming life patterns when counsellors are exposed to the negative effects of clients' trauma (Meyer & Ponton, 2006). This provides psychological stability and has good effects. The





capacity to endure hardship, adjust to a demanding situation, get through it, and recover from it is referred to as resilience. Threatening circumstances are successfully consistent with resilience as a process, capacity, or result (Samani, Jokar & Sahragard, 2007). In other words, resilience is a strong response to challenging circumstances (Waller, 2001). Resistance to issues or dangerous situations is not resilience, neither is a passive acceptance of unsafe situations nor active engagement in the environment. Resilience is the ability to maintain a balance between one's mind and body in dangerous situations (Conner & Davidson, 2003). Counsellors with resilience may respond flexibly to stressful conditions and have the dynamic and adaptable capacity to maintain or enhance their equilibrium in the face of changing situations. Additionally, it diminishes the effect of risk factors, such as stress, on mental health (Kim, 2022). As indicated by Masson (2019), self-care behaviours include the development of resilience. Focusing on resilience can help the professional counsellor navigate the hard and demanding work environment of the mental health care sector, lower the likelihood of ethical errors, and boost the counsellor's sense of purpose and mission (Sadler-Gerhardt & Stevenson, 2012).

In conclusion, this study focused on the relationship between resilience, burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri. Careline counsellors in Talian Kasih and Naluri were prone to burnout especially during crisis situations due to their nature of work, job demands, caseloads and facing clients' trauma and its unpleasant effects. The current study helped the careline counsellors to understand the level of psychological well-being, relationship between resilience and psychological well-being, relationship between burnout and psychological well-being



and the contribution of resilience and burnout towards psychological well-being among careline counsellors in Talian Kasih and Naluri in Malaysia.

1.3 Problem Statement

The Covid-19 epidemic has affected the world in unprecedented ways. Everyone has been badly impacted in one way or another (WHO, 2020). Social isolation and the resulting loss of personal freedom has also contributed to a rise in mental health concerns, particularly among individuals who already suffer from mental disorders. (Hwang, Rabheru, Peisah, Reichman & Ikeda, 2020) The rising number of mental health issues had increased the need for mental health services particularly tele-counselling services. Since the start of Covid 19, crisis carelines around the country are experiencing with different types of cases from the public.

The number of calls concerning mental health received is four times more than it was in 2020. Statistics showed that 210,930 people have called counselling hotlines since the primary mobility control order went into effect in March 2020. The carelines had received 44,061 calls since March, with that figure, it was expected to climb to 166,869 by the end of 2021. Eighty-two percent of the calls were from the public seeking some kind of psychological help (Kaur, 2021). In relation to this, mental health organizations carelines such as Talian Kasih and Naluri have played a vital role in providing 24 hours tele-counselling services during the Covid-19 crisis in Malaysia.

The careline counsellors in Talian Kasih and Naluri deal with a growing population of clients every single day with various types of issues. Job and income loss,



the elimination of a reliance source, family conflicts, death of their loved ones, mental health issues, marital troubles including fights, separation, and divorce, as well as abuse (emotional and physical), (Bernama, 2021) were among the issues received by Talian Kasih and Naluri careline. As crisis hotlines around the country are overwhelmed with calls from a frightened public, those counsellors who handled carelines who answer the phones are also dealing with their worries and frustrations (Chuck, 2020). Aside from the general public, mental health practitioners also experiencing extraordinary difficulties day by day (Kontoangelos, Economou & Papageorgiou 2020).

In regards to this, careline counsellors in Talian Kasih and Naluri are at risk of burnout because of the high volume of calls they receive, their own worries and frustrations due to crisis situations, the volume of cases they must handle, and the acute weariness they experience as a result of giving emotional support to their clients. According to Roxas et al., (2019) due to many cases and calls, careline counsellors like everyone else experience burnout, dissatisfaction, stress and negative emotions. High levels of stress and burnout have been linked to a decline in performance, dissatisfaction with work, and a lack of dedication to the job (Bagnall, Jones, Akter & Woodall, 2016). Counsellors' burnout, in turn, has an effect on overall treatment efficacy (Bearse et al., 2013), not only reducing the quantity of care provided by the counsellor, but also potentially leading to more severe inappropriate behaviours that can be hazardous to clients. When counsellors are exposed to clients' trauma and its unpleasant effect, it puts their own psychological well-being at risk.

Besides, counsellor's psychological well-being will be affected due to the burnout. Maintaining a good level of psychological well-being is very crucial for



careline counsellors in Talian Kasih and Naluri. This is because, as a careline counsellor, their main profession role is handling clients. Thus, counsellors may provide a client with a more effective service if they are in excellent psychological well-being and are not troubled by their own unsolvable problem. According to NeswaldPotter and Blackburn (2013) assert that if a counsellor does not care for their own well-being, they will be unable to instil wellness in their client. In the face of difficulties and to maintain a good level of psychological well-being, counsellors must be able to preserve their resilience. Based on the previous studies, most of the studies involving quantitative methods among teachers and counsellors showed high level of psychological well-being (Idat Muqodas, 2019; Razak & Kutty, 2021; Tarmizi & Mahmud, 2022). However, qualitative studies involving healthcare workers showed that the employees are having low level of psychological well-being (Gavin et al., 2022). The current study would like to focus more on the careline counsellor's psychological well-being due to the contradiction of results in the previous studies.

In conjunction with that, pre-pandemic studies found that having appropriate resilience and using good coping strategies regularly decreased stress levels among the counsellors and improved mental and psychological well-being (Li & Hasson, 2020). However, there is little information available about the counsellor providing telephone crisis lines, especially whether or not they are resilient to the unavoidable occupational risks of this service setting. The majority of the studies emphasises the perspective of the callers, the administration side of the telecounseling rather than the counsellor's viewpoint such as their resilient level, burnout and the level of psychological well-being. For example Dadfar and Lester, (2019) focused on the types of problems and interventions for callers, the efficiency of the abuse hotline (Patterson, 2019), feasibility

of tele-counseling services in Malaysia (Bakar, Mejah & Amat, 2020) and Heinz et al., (2019) about depression stigma and management of suicidal callers. This shows the need for more study focusing on resilience especially on careline counsellors.

Past research mainly considered the impact of either resilience or burnout. The findings of a prior study demonstrated that the two variables interact (Vinayak & Judge, 2018; Idris, Khairani & Shamsuddin, 2019; Thanki & Pestonjee, 2021; Afsana & Wani, 2022). In the present study, resilience, burnout, and psychological well-being will all be examined simultaneously. This is because the goal of the present study is to determine how each variable affects the others. On the other hand, the earlier study also included a variety of target populations, including adolescents, university students, nurses, police officers, and call centre employees (Vinayak & Judge, 2018; Idris, Khairani & Shamsuddin, 2019; Thanki & Pestonjee, 2021; Afsana & Wani, 2022; Dale, 2021). This demonstrated that there is a need for more research on careline counsellors, and this study will close the knowledge gap for the target population.

Adding on, previous studies have found a negative correlation between burnout and psychological well-being (Qureshi, Shah, Arzeen & Arzeen, 2021; Pertiwi, Andriany & Pratiwi, 2021; Ambarita, 2020). There is an association between burnout and psychological well-being, according to another section of research that used samples from diverse professions, including nurses and secondary school teachers (Satyajati, Widhianingtanti & Adiwena, 2020; Hong & Zainal, 2022). As results from various groups are inconsistent, the current study would like to further explore the relationship between burnout and psychological well-being among careline counsellors in Malaysia.



Overall, this study is crucial to be given among careline counsellors in Talian Kasih and Naluri. This is because several hotlines had previously been established inside the private practice system, but following the COVID-19 epidemic, the number substantially doubled (Lin et al., 2020). As a result, some counsellors in hotline were at risk for vicarious trauma since they were exposed to the pain of others' traumatised (Chen et al., 2020). On the other hand, this study will be helpful to all the careline counsellors in Talian Kasih and Naluri as most of the research on psychological well-being mainly focuses on school counsellors (Mahomed, Ku-Johari & Mahmud, 2022), employees of the technology industry (Prasada et al., 2020), undergraduate students (Jodie Stevenson et al., 2018) and residential children (Vallejo-Slocker, Fresneda & Vallejo, 2020).



Unfortunately, there is less study focuses on all the three variables in one study which involve the careline counsellors in Talian Kasih and Naluri. On the other hand, this study is necessary to be done because in Malaysia specifically, most researcher only focused on the quality of the hotlines but none focuses on the counsellor's well-being. This is consistent with the viewpoint expressed by Kim and Lambie (2018), who noted that professionals involved in counselling services must maintain their well-being in order to provide good counselling services to their clients. Therefore, this study had filled in the knowledge gap of different target group and the contradictions of results based on the previous studies.



1.4 Significant of Study

First and foremost, the study's findings will help careline counsellors as well as all registered and certified counsellors. Counsellors, as mental health professionals, must be educated on the importance of maintaining their psychological well-being. As a result, this will assist them in determining their degree of psychological well-being in order to deliver better service to clients. This is because careline counsellors faced with many types of cases especially during the pandemic time which might lead to burnout and trauma. Knowing about their own psychological well-being and taking on some self-care activities to digest any unwanted feelings could make the counsellors to feel better and provide quality service to the clients. Lee, Hassan and Zaremohzzabieh (2021) stated that counsellors could provide great services to clients while avoiding possible harm if they maintained a high level of functioning through self-care.

This research, on the other hand, will benefit the trainee counsellor. This is due to the fact that trainee counsellors who are experiencing the actual counselling world will be confronted with challenges that may exhaust them in certain respects since they are both a student and a trainee counsellor. Handling burnout will help the trainee to focus more on the responsibilities given. Trainees should start engaging in some self-care practice as tool for good level of psychological well-being. This is being supported by Sharifian (2019) where self-care and professional quality of life should be fundamental competences addressed throughout graduate training to guarantee trainees' optimal functioning. These concepts must be instilled in the ethos of trainings in order to prevent the visible professional risks and to build a foundation that will be maintained throughout professional growth.



Additionally, it provides benefits to agencies/ organizations. In order to ensure job productivity, companies will benefit from understanding the need for a counsellor who delivers a high degree of psychological well-being and resilience. This is because, a counsellor's main profession is to deal with clients. If they have low resilience that might impact their psychological well-being which indirectly bring effect to the clients. The organizations can ensure that the counsellors are having good level of resilient to perform better which gives good impact to the company. As a result, people who have greater degrees of well-being have better work performance, are more cooperative, and are happier overall (George, 1991).

Aside from that, and not to be overlooked, the community will profit from this research. This will enable the community to handle challenging life situations by instilling confidence and trust in the services of careline counsellors. For example, the public may choose their counsellors based on high functioning level. This is because, counsellors who are healthy and resilient may undoubtedly put up more effort to assist clients in overcoming their obstacles to the fullest extent (Haslee, 2002). In that instance, it will aid in the development of a trusting relationship between the therapist and the client throughout the phone sessions.

In addition, the "Lembaga Kaunselor Malaysia" (LKM) will profit from this research. This study will serve as a reminder to LKM to ensure that all counsellors are psychologically well and that they are well-cared for during their renewal process. When counsellors renew their licence, the person in charge should attend a catch-up session to learn more about the counsellors. Knowing on what makes them burnout, and how they are coping with it will help the organization to plan for intervention





programs for the counsellors. Looking into the Continuous Professional Development (CPD) points, all the elements which develop the proficiency was added. However, considering CPD points for finding ways to maintain well-being, avoid burnout might help the counsellor to get even excited in collecting points and at the same time giving benefits to the counsellors through joining wellness programs.

Finally, academicians who teach counselling courses will profit from this research. This is due to the fact that they are simultaneously holding roles as both a counsellor and a lecturer. In some sense, they will have huge responsibilities which might make them burnout. As a result, our research will indirectly provide them with the information and awareness to take care of themselves so that they can work productively and the importance of looking into their burnout level to ensure they maintain good level of psychological well-being.

1.5 Research Objectives

This research consisted of 4 objectives. The objectives were as followed:

1. To identify the level of psychological well-being among careline counsellors in Talian Kasih and Naluri.
2. To measure the significant relationship between resilience and psychological well-being among careline counsellors in Talian Kasih and Naluri.
3. To measure the significant relationship between burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri.



4. To measure the contribution of resilience and burnout towards psychological well-being among careline counsellors in Talian Kasih and Naluri.

1.6 Research Questions

1. What is the level of psychological well-being among careline counsellors in Talian Kasih and Naluri?
2. Is there any significant relationship between resilience and psychological well-being among careline counsellors in Talian Kasih and Naluri?
3. Is there any significant relationship between burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri?
4. Does the combination of resilience and burnout make a significant contribution to psychological well-being among careline counsellors in Talian Kasih dan Naluri?

1.7 Research Hypothesis

Ha1: There is a significant positive relationship between resilience and psychological well-being among careline counsellors in Talian Kasih and Naluri.

Ha2: There is a significant negative relationship between burnout and psychological well-being among careline counsellors in Talian Kasih and Naluri.



Ho1: There is no significant contribution was made by the combination of resilience and burnout towards psychological well-being among careline counsellors in Talian Kasih and Naluri.

1.8 Conceptual Framework

This study has a total of 3 variables which are resilience and burnout as an independent variables and psychological well-being as a dependent variable. As for resilience, there were two subconstructs which were resilience and succumbing. For burnout, there were a total of 3 subconstruct which were emotional exhaustion, depersonalization and personal accomplishment. On the other hand, for dependent variable, psychological well-being has a total of 6 subconstructs which were autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance. Although there were constructs from all the variable, this study only measures the overall variables but not by constructs.

The two straight arrows pointing each other indicated the lines to measure relationship between two variables. For example, resilience and psychological well-being, burnout and psychological well-being. Besides, the dotted arrows were the lines that measured the contribution. For example, the contribution of resilience and psychological well-being and the contribution of burnout and psychological well-being.



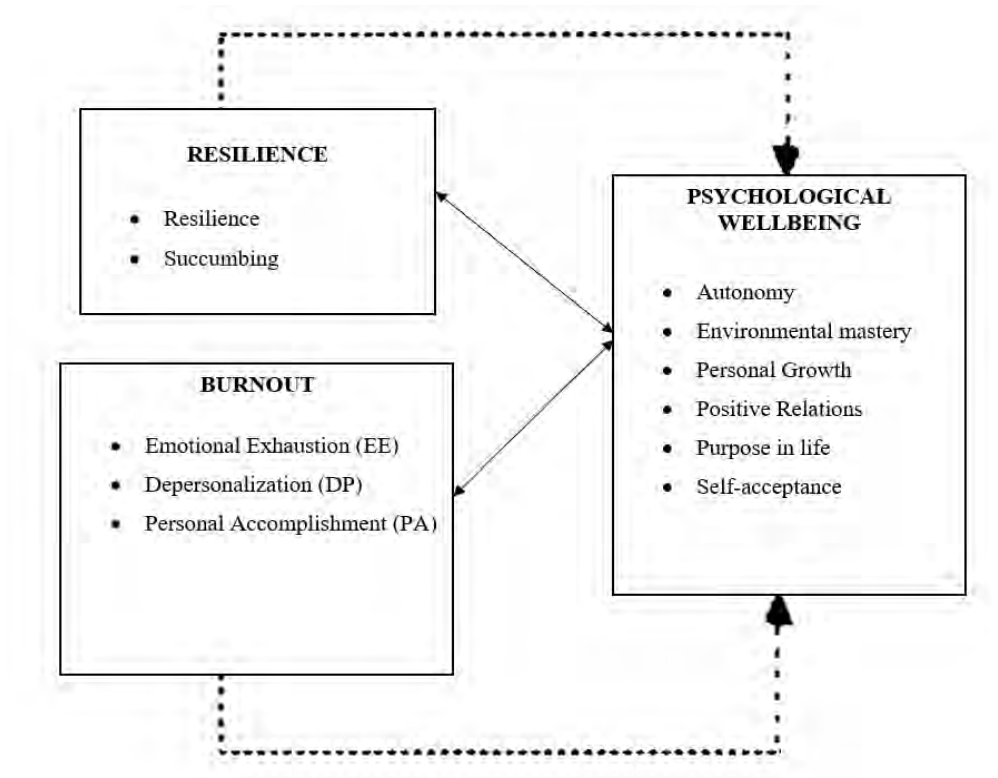


Figure 1.1. Conceptual Framework

1.9 Definition Of Terms

Throughout this study, a series of terms were used such as psychological well-being, burnout, resilience and careline counsellors that could have a variety of definitions. Therefore, the purpose of the following section was to provide the researcher's definition of each concept.

1.9.1 Psychological well-being

According to Burn (2016), positive functioning on both an intra- and inter-individual level is what meant by psychological well-being. This may involve one's interpersonal relationships and self-referential behaviours, such as a sense of personal growth and



mastery. According to Mock et al. (2019), psychological well-being is a factor that affects someone's happiness in the future and is determined by their learning. The psychological well-being model of Ryff (1989) is based on various ideas pioneered by Rogers, Maslow, Jung, Jahoda, Frankl, Erikson, Buhler, Neugarten, and Allporf which consists of six dimensions that characterize psychological well-being, such as self-acceptance, positive relations, autonomy, environmental mastery, purpose in life and personal growth.

According to this study, psychological well-being relates to humans' primary aim of feeling better about themselves, which is directly related to how people feel about their daily activities and how they communicate their own sentiments. In this study, Ryff's Psychological Well-Being Scales (PWB) with 29 items which includes self-acceptance, positive relations, autonomy, environmental mastery, purpose in life and personal growth will be used to describe psychological well-being in this research.

1.9.2 Resilience

According to the American Psychological Association (2014), resilience is the ability to respond effectively to adversity, trauma, tragedy, danger, or major causes of stress, such as family and relationship issues, serious health issues, or employment and financial difficulties. It means "bouncing back" from difficult experiences. Furthermore Gooding, Littlewood, Owen, Johnson, and Tarrier (2017), stated that resilience is a dynamic, multidimensional concept that helps people deal with stress. It includes both psychological abilities and the capacity to include family, friends, and other support systems. Simply said, resilience is the capacity and tendency to "bounce back". Lopez-



Pina et al (2016), stated that the Brief Resilient Coping Scale might be utilised by therapists to determine the level of resilience of each individual, enabling the identification of those with low resilience.

According to this study, resilience refers to the intangible trait that enables certain individuals to be struck down by life and rise again even stronger than before. Instead of letting failure defeat them and drain their spirit, they find a way to emerge from the ashes. In this study, the level of resilience will be measured using Brief Resilient Coping Scale by Smith et.al (2008) as a whole. This instrument consists of 6 items with 2 factor subscale which are resilience which measures positive items and succumbing which measures negative items.

1.9.3 Burnout

Freudenberger (1974) created the term "burnout," describing it as a state of mental and emotional exhaustion, fatigue, detachment, and self-doubt that individuals who work in caring and supporting positions might go through. On the other hand, Maslach's definition of burnout emphasises the pervasiveness of this form of stress, which includes depersonalization, emotional exhaustion, and a reduced feeling of personal accomplishment (Maslach, 1982). Besides, Lee et al. (2007) described burnout as the inability to execute therapeutic responsibilities successfully due to personal disappointment, apathy toward stress, and emotional or physical tiredness.

In this study The Maslach Burnout Inventory (MBI) was used to measure 22 items, which are divided into three subscales: depersonalization (5 items), personal

accomplishment (8 items), and emotional weariness (9 items). The emotional exhaustion subscale evaluates experiences of emotional fatigue caused by work, whereas the personal accomplishment subscale assesses sentiments of task completion. Depersonalization was a mental and physical condition that made us feel disconnected from another person's direction or care.

1.10 Limitation of Research

This research has a number of shortcomings, all of which may be uncovered and made use of in some way. The participants in this study's sample were careline counsellors from just two different organisations; these organisations were Talian Kasih and Naluri. This restricts the number of counsellors from different organisations that can participate in the careline. As a consequence of this, it is possible that the findings cannot be generalized to the entire group of careline counsellors.

In addition, a quantitative approach has been employed in the conduct of this research. A survey method was utilised in order to assess level, correlations, and regression. The use of a self-managed questionnaire will result in limitations, such as the respondents not being completely honest. This indicates that it is possible for us to be unable to determine whether the respondents attempted to conceal their weaknesses by providing dishonest answers to the questionnaire or whether they answered the questions in an honest manner.

On the other hand, there were certain limitations in the process of gathering the articles linked to careline counsellors due to the fact that little research had been done

in the past in Malaysia as well as in other nations. Because of this, there is a limitation on the amount of in-depth information on the careline counsellor that may be used to assist the discussion phase. This also results in fewer references to careline counsellor, which may need to be replaced by social service populations to support the data of the current study.

The instrument is the next constraint. This research only employed one instrument for each variable. For example, the Ryff Psychological Well-being Scale measures counsellors' psychological well-being, the Brief Resilience Scale measures resilience, and the Maslach Burnout Inventory measures burnout. The researcher did not investigate alternative instruments that may be utilised in addition to the present ones.

1.11 Chapter Summary

In conclusion, this chapter explained the importance of this research. In this chapter, problem statement, significant of research, definition of term, and limitation of research were discussed. This research provided the need to predict the relationship between resilience, burnout and psychological well-being among careline counsellors that may create the awareness and to provide quality services.