FACTORS INFLUENCING ADHERENCE TO COUNSELLING ETHICS AMONG CHURCH BASED COUNSELORS IN UASIN GISHU COUNTY, KENYA

BY

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DECLARATION

Declaration by the Candidate

This thesis is my original work and has not been presented for a degree in any other university. No part of this work should be reproduced without prior written permission of the author and or Moi University.

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DEDICATION

To you Sarah Wanja Ng'ang'a my dear wife for the long period of time you allowed me spent on this work. To our children Shalom Wairimu, Meek Wangaru and Shekinah Wanjiru you sacrificed the family time for me so that I could be away and study. It would not satisfy me if I do not mention my dedicated supervisors Dr. Willice O. Abuya and Prof. Kimani Chege I owe you a lot. To you Almighty God for giving me this privilege to advance my scope of knowledge.

ABSTRACT

Counselors, like other members of the caring professions, are required to practice within an ethical framework, at least in so far as they seek professional accreditation. Thus, the purpose of the study was to assess factors influencing adherence to counseling ethics among church based counselors in Uasin Gishu County, Kenya. The objectives of the study were to: establish the level of awareness of counseling ethics among church based counselors and examine the socio-demographic factors influencing adherence to counseling ethics in Uasin Gishu County, Kenya. The information provided by this research will benefit policymakers, community members and academicians. The study adopted Humanistic Psychology Theory, employed descriptive survey research design and targeted a population of 164 persons comprising of 158 counselors from 99 Churches and 6 Key Informants drawn from Uasin Gishu County who were all involved in the study. Data was collected using questionnaires and interviews guides. The instruments were validated by the supervisors. Reliability of the instruments was determined through a pilot study where Cronbach's alpha coefficients of 0.796 was obtained. This indicated that the instruments were reliable. Quantitative data was analyzed using both descriptive and inferential statistics and presented in tables, while qualitative data from interviews was organized into themes and sub-themes. The study established that there is a significant association (p=.000) between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics. The study also revealed that more males at 69.3% had excellent adherence as compared to female, most (77.2%) of the respondents who had excellent adherence were married, most (90.9%) of the respondents who had excellent adherence were 60+ years old, all (100.0%) respondents who had excellent adherence were those who had post graduate qualification and most (82.1%) of the respondents who had excellent adherence were from Main line churches. It was concluded that there is an association between socio-demographic factors such as marital status, age, level of education and denomination and adherence to counseling ethics. Moreover, there is a significant association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics. The Church, policy makers and the government should come up with a policy that incorporates the socio-demographic factors such as gender, age, marital status, denomination as they are found to have association with the adherence to ethics in counseling.

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ABBREVIATIONS/ACRONYMS

ACA: American Counseling Associations

ACK: Anglican Church of Kenya

AIC: African Inland Church

APA: American Psychological Associations

ASCA: American School Counselor Associations

CITAM: Christ Is the Answer Ministry

CSPDRF: Counselor Skills Personal Development Rating Form

EDMM: Ethical Decision Making Model

KAG: Kenya Assemblies of God

PAG: Pentecostal Assemblies of God

PCEA: Presbyterian Church of East Africa

PERKAMA: Persatiuan Kaunseling Malasia

PPFE: Professional Performance Fitness Evaluations

RCEA: Reformed church of East Africa

CHAPTER ONE

INTRODUCTION TO THE PROBLEM

1.0 Overview

This chapter presents the background, problem statement which is the basis, objective, purpose, hypothesis, assumption and scope of the study.

1.1 Background to the Study

Professional code of ethics in helping professions is designed to serve three major functions. First, ethical guidelines raise awareness about ethical concerns that might arise in different professional roles and practices, so counseling professionals can engage in sound ethical decision-making and conduct. Second, ethical guidelines provide references and standards for professional accountability and inform the public of acceptable and unacceptable professional behaviors. Third, ethical guidelines serve as catalysts for the continual growth of the profession, as codes of practice are working documents that are constantly revised to respond to emerging needs of society (Core, 2005). For example, in the United States, professional organizations such as American Psychological Association (APA), American Counseling Association (ACA), American School Counselor Association (ASCA), and National Association of Social Workers have all developed their respective code of ethics (Makinde, 1999). These ethical guidelines have continued to evolve as the various professional organizations matured over time.

Generally, professional counselors are obligated to their employers. They have the responsibility to serve their employers in a way that demonstrates competence and

ethical sensitivity (Cottone &Tarvydas, 2007). Employers are also considered as the third party where clients' reports are sometimes submitted for evaluation, particularly when the clients are employees of the organization. Counselors can be in difficult situations when the employer requires detailed information about what was being discussed in the counseling session, especially, when the client involved is of interest to the organization.

Professionalism necessitate adherence to professional ethics bounded by believes and moral values of a society (Cottone, 2001). Regardless of any profession, professional ethics guide professionals in conducting their behaviors while in the professional settings. The quality of counseling services rendered to client is affected by many factors such as the professional conduct of the counselor and their socio-demographic factors such as gender, marital status, age, education and denomination. Counselor's behavior can affect the well-being of the clients, as well as change the course of their life for the better. However, the reverse can happen if the counselor who rendered his or her service does not do so with the interest of the client in mind. Although the code of ethics provided by Persatiuan Kaunseling Malasia (PERKAMA) serves as guidelines for the counselor to function effectively in the profession, it does not guarantee that the counselor will provide a professional service. In tandem, Corey (2005) posits that: "A code of ethics cannot guarantee ethical behaviors. Moreover, a code of ethics cannot resolve all ethical issues or disputes, or captures the richness and complexity involved in striving to make responsible choices within a moral community. Rather a code of ethics sets forth values, ethical principles and ethical standards to which professionals aspire and by which their actions can be judged."

The field of ethics, also called moral philosophy, involves systematizing, defending, and recommending concepts of right and wrong behavior (Bradley & Hendricks, 2008). Ethics normally have in common the elements of requiring some form of systematic analysis, distinguishing right from wrong, and determining the nature of what should be valued. The ethical framework for good practice in counseling is the ethical code for counselors, trainers, and supervisors within the counseling field. It is also applicable to counseling research, the use of counseling skills, and the management of counseling services within organizations and agencies. Working within an ethical framework not only protects the client, but also the counselor. It also enhances the interaction between the two by promoting transparency and thus helping create equality between the client and the counselor. The guidance on the essential elements of good practice has been written to take into account the changing circumstances in which counseling and psychotherapy are now being delivered (Miriam, 2012).

Ethics for Counseling and Psychotherapy, unifies and replaces all the earlier codes for counselors. The question as to whether ethics is upheld amongst Church based counseling has gone unanswered. The main concern then would be either counseling ethics is an unfamiliar phenomenon or there is a deliberate move not to adhere to it or there are challenges that counselors face that make them not to adhere to it. The use of counseling skills and the management of these services within organizations vary from one person to another. One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity by considering; Values, Principles and Personal moral qualities (Mason, 2002).

Church based counseling has a long history and has evolved through the ages to be what we see today (Martin, 2006). The traditions and practices of the church have remained the same with counseling being part of the system. During the years when they were persecuted by Roman officials, Christians often sought refuge in the catacombs-burial chambers and passageways that ran beneath the city of Rome. They also held funerals and memorial services in the catacombs, and they decorated the walls and ceilings of these underground areas with paintings of biblical scenes as part of their tradition and practice this then meant and as they went through challenges they constantly engaged their religious leaders in counseling and also receiving guidance and advice (Kraut, 2006).

In discussing counseling ethics one will realize that when the environment is conducive for both the counselor and the client then ethics will fall in its place without much struggle (Ndambuki, 2010). The issues at hand involve the Church based counselors' awareness and their socio-demographic factors such as gender, marital status, age, education and denomination and adherence to counseling ethics with the focus being the main line churches. Church based counselors are the people who profess to the Christian faith and use the bible as their source of guidance in matters of belief and practice. In making reference to main line churches, the classical churches that come about in the pre independence days are , Roman Catholic Church, Reformed church of East Africa , Presbyterian Church of East Africa , The Anglican Church and Africa Inland Church. A Church based Counselor is one who is providing therapy within that context. The growth of churches comes with different individual needs and faith growth and development. Moreover the churches play a big part of societal wellbeing as they help in uniting people, counseling and making sure morals

are followed. But this has not been an easy task to both the believers and the counselors themselves. This is because of the different believes, education training, reservations, traditions and personal character (Author, 2018).

1.2 Statement of the Problem

In Kenya, there have been concerns of adherence to ethics by church based counselors. Failure to perform according to standards is often considered malpractice when a recognized profession is involved. Here is little doubt that there is a great need for a study of pastoral ethics to be undertaken. Since many people experience a fundamental shift in thinking when they face a life-threatening crisis, such as the passing on of a husband or wife, parent or grandparent, manager or leader, they tend to seek help from 'Spiritual fathers', who are of course, pastors (Lee, 2001). Speaking from a Kenyan context, people sometimes tend to obtain their counseling assistance, or any kind of help, from church based counselors. There are many reasons for this, but the two leading reasons are the free service and the fact that pastors are in 'tune' with God who can provide more perfect help through these "men and women of God", through prayer (Dufrene, & Glosoff, 2004).

Ethical principles are well suited to examining the justification for particular decisions and actions. However, reliance on principles alone may detract one from the importance of the practitioner's personal qualities and their ethical significance in the counseling or therapeutic relationship. The provision of culturally sensitive and appropriate services is also a fundamental ethical concern. Cultural factors are often more easily understood and responded to in terms of values. Therefore, professional values are becoming an increasingly significant way of expressing ethical

commitment. This selection of ways of expressing ethical commitments does not seek to invalidate other approaches. The presentation of different ways of conceiving ethics is intended to draw attention to the limitations of relying too heavily on any single ethical approach (Louise & Meeks, 2008). Despite the intended purpose of these codes of ethics being consolidating the integrity of the counseling professions, few studies have been conducted to assess counselors' awareness of, attitude toward, and adherence to ethical guidelines in this practice. It is therefore vital to investigate factors influencing adherence.

1.3 Purpose of the Study

The main purpose of this study was to assess the factors influencing church-based counselors' adherence to counseling ethics in Uasin Gishu County.

1.4 Objectives of the Study

1.4.1 Main Objective

The main objective of the study was to identify factors influencing adherence to counseling ethics among church based counselors in Uasin Gishu County, Kenya.

1.4.2 Specific Objective

i. To establish the level of awareness of counseling ethics among church based counselors in Uasin Gishu County, Kenya.
ii. To examine the socio-demographic factors influencing adherence to counseling ethics in Uasin Gishu County, Kenya.

1.5 Research Questions

i. What is the level of awareness of counseling ethics among church based counselors in Uasin Gishu County?

ii. What is the influence of socio-demographic factors to adherence to counseling ethics among church based counselors in Uasin Gishu County?

1.6 Research Hypothesis

The research hypotheses below were generated from the second objective which was to examine socio-demographic factors influencing adherence to counseling ethics by church based counselors in Uasin Gishu County, Kenya.

***Ho*$_{1}$**: There is no significant association between the level of awareness and adherence to counseling ethics in Uasin Gishu County, Kenya.

***H*$_{O2}$:** There is no association between church based counselor's gender and adherence to counseling ethics in Uasin Gishu County, Kenya.

***H*$_{O3}$:** There is no association between church based counselor's marital status and adherence to counseling ethics in Uasin Gishu County, Kenya.

***H*$_{O4}$:** There is no association between church based counselor's age and adherence to counseling ethics in Uasin Gishu County, Kenya.

***H*$_{O5}$:** There is no association between church based counselor's level of education and adherence to counseling ethics in Uasin Gishu County, Kenya.

***H*$_{O6}$:** There is no association between church based counselor's denomination and adherence to counseling ethics in Uasin Gishu County, Kenya.

1.7 Significance of the Study

This study sought to determine the relationship between training, professional standards and the counseling practice among Church based counselors. In the study

therefore, an attempt to establish whether there exists loopholes in the counseling practice particularly in the area of adherence to ethics amongst Church based counselors were made. It is hoped that the study will be useful in helping the extension of knowledge among the practitioners and also improve on the confidence that people have in this counselors. The policy makers at both national and international level will also find it useful because then they will in cooperate findings from this study when it comes to placement of religious counselors in critical parts of the society where they are needed.

1.8 Scope and Limitations of the Study

The study covered factors influencing adherence to counseling ethics among church based counselors in Uasin Gishu County, Kenya. It was delimited to factors such as level of awareness of counseling ethics among church based counselors and the socio-demographic factors influencing adherence to counseling ethics. The author undertook the study between the period of March 2016 and March 2017. The study was limited to church-based counselors and in a predominately urban setting. The findings are not generalized to counselors offering services in settings that are non-church oriented. The study area was urban whose social-cultural and economic characteristics are different from those counselors working in rural areas.

1.9 Assumption of the study

i. The assumption of the study was that all the questionnaires were filled by the sampled respondents (church-based counselors) and not any other person.

ii. Regardless of the training levels and backgrounds of the respondents, the assumption was that all of them had been exposed to some content on counselling ethics.

1.10. Operational Definition of Terms

Adherence – the act of following the laid down rules and guidelines.

Church based counselors: These are Christians who practice counseling in churches.

Counseling: Counseling is a way of relating and responding to another person's need emotionally hence help them explore their thoughts and feelings therefore reaching a clearer self-understanding and thus using their strengths to cope with life

Culture The ideas customs and social behavior of a particular people or society

Empathy: It is the ability to understanding another person's experience from their perspective and thus communicates with them effectively.

Ethics: It is the moral ability of doing the right thing in relation to religion and societal values. It involves systematizing, defending, and recommending concepts of right and wrong behavior.

Humility: It is the ability to assess accurately and acknowledge one's own strengths and weaknesses and be able to work with individuals' capability.

Integrity: It is the ability of committing oneself to be morally right in dealings with others with honesty and coherence.

Main –line churches- these are churches whose inception was in the early nineteenth century.

Psychotherapy The treatment of mental disorder by psychological rather than medical means

Resilience: It is the capacity to work with the client's concerns without being personally diminished.

Sincerity: It is a personal commitment to be consistent between what is professed and what is done.

Spiritual Fathers These are the mentors or parents who provide spiritual 'coverings' or leadership**.**

CHAPTER TWO

LITERATURE REVIEW

2.0. Overview

This chapter reviews and discusses the literature pertinent to the awareness and adherence to counseling ethics among Church based counselors and what other researchers and professionals have said about the same subject.

2.1. Level of Awareness of Ethics in Counseling

The concept of ethics is a controversial subject in the sense that it is not universally determined. This is because so many variables come into play in determining what is ethically right or wrong. Factors such as religion, culture and the environment play a significant role in determining what is ethically right. Ethics then is strictly a personal-self-imposed discipline sanctioned only by conscience which worries you as to whether you are right or wrong (Rodney, 2011). It is in this light that ethics is viewed as a voluntary concept; unlike law which is binding on individual members to religiously obey. Ethics on the other hand being a voluntary and self-regulating practice has not been evidenced in the church based counselors as a concept well known to them (Kirk, 2001).

Ethics deal with standards set by a profession to regulate members' behavior. The professional has a personal commitment to the individual clients, to the general public; and to the profession and its stature, which many seem to be aware of without necessary understanding the terminologies used (Kfir and Shamai, 2002). It refers to the moral value of human conduct and moral principles that control or influence a person's behavior (Hornby, 2000). The principles that regulate or influence behavior

referred above also protect both the practitioner and his/her clients by insuring against possible malpractice and exploitation, something unknown to most innocent clients as well as religious counselors, thus promoting fairness in the work place between the professional and his/her clients (Botha et al., 2003).

Ethics should be actively managed, because it brings together people with different values and motives. Actively managing ethics means that common norms and standards need to be set, communicated, known and enforced. The importance of ethics constitutes subjects of social and cultural values and the medium of their historical memory with most of the practitioners being aware of it in an unstructured manner. (Kirk, 2001). On the other hand counseling is a way of relating and responding to another person so that that person is helped to explore his/her thoughts feelings and behaviors to reach a clearer self-understanding and then is helped to find and use his/her strengths so as to cope more effectively with life. The client is helped to make appropriate decisions or by taking relevant action which seem unfamiliar to most counselors practicing within a church set up (Kirk, 2001).

Principles direct attention to important ethical responsibilities. Each principle is described below and is followed by examples of good practice that have been developed in response to that principle. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required (Gichinga, 2003). A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

Different regulating bodies in the field seem to generally agree that there are basically five ethics namely, fidelity, autonomy, beneficence, non-maleficence and justice (Gingrich, 2008). However self-respect is included by other writers to make it six. As to whether all practitioners are aware of this ethics, review of literature makes it bare. Corey, (2005) uses the word trustworthy in reference to fidelity which is also the principle of confidentiality implying that most of the church based counselors practicing in the western world are aware of it, while those in the third world practice it based on their faith in God. Practitioners who adopt this principle though not many ,act in accordance with the trust placed in them by the clients and restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed (Corey, 2005).

This principle of autonomy emphasizes the importance of developing a client's ability to be self-directing within therapy and all aspects of life which has seen many church based counselors both in the developed and the developing world confusing it and replacing it with advice giving (Bingaman, 2012). Practitioners who respect their clients' autonomy, ensure accuracy in any advertising or information given in advance of services offered, seek freely given and adequately informed consent, emphasize the value of voluntary participation in the services being offered (Corey, 2005).This phenomenon is rare among church based counselors. Gingrich (2008) says it generated conflicts of interest especially after such violation of ethics become apparent. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social end with most of the counselors experiencing little knowledge of the whole challenge (Bingaman, 2012).

The principle of beneficence means acting in the best interests of the client based on professional assessment. (Makinde, 1999). It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience. Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to commit to updating practice by continuing professional development (Lee, 2001). An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding especially among religious therapist, which cause extreme distress, serious disturbance or other significant personal constraints (Makinde, 1999).

Non-maleficence is avoiding sexual, financial, and emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication (Martin, 1995). The practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Holding appropriate insurance may assist in restitution. Practitioners have had in the USA ,to personally and professionally take up the challenge as church based counselors, where inappropriate, incompetence or malpractice of others; has been witnessed and to contribute to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon the profession (Martin, 1995).

Justice is the principle requiring the counselor being just and fair to all clients and respecting their human rights and dignity. However, among church based counselors this is practiced due to the conviction of the faith professed with many therapist falling to the temptation of the social economic status of the clients who visit them (Rodney ,2011). It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics. Practitioners have a duty to strive to ensure a fair provision of counseling and psychotherapy services, accessible and appropriate to the needs of potential clients (Makinde, 1999).

The principle of self-respect means that the practitioner appropriately applies all the above principles as entitlements for self. This includes seeking counseling or therapy and other opportunities for personal development as required since most counselors are practicing without adequate knowledge (Miriam et al., 2012). There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development (Kraut, 2006) .Guarding against financial liabilities arising from work undertaken usually requires obtaining appropriate insurance. The principle of self-respect encourages active engagement in life-enhancing activities and relationships

that are independent of relationships in counseling or psychotherapy (Miriam et al., 2012).

The practitioner's personal moral qualities are of the utmost importance to clients. Many of the personal qualities considered important in the provision of services have an ethical or moral component and are therefore considered as virtues or good personal qualities. It is inappropriate to prescribe that all practitioners possess these qualities, since it is fundamental that these personal qualities are deeply rooted in the person concerned and developed out of personal commitment rather than the requirement of an external authority (Kraut, 2006).

Personal qualities to which counselors and psychotherapists are strongly encouraged to aspire include: **Empathy:** The ability to communicate understanding of another person's experience from that person's perspective. **Sincerity:** A personal commitment to consistency between what is professed and what is done **Integrity:** Commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence. **Resilience:** The capacity to work with the client's concerns without being personally diminished. **Respect:** Showing appropriate esteem to others and their understanding of themselves. **Humility:** The ability to assess accurately and acknowledge one's own strengths and weaknesses. **Competence:** The effective deployment of the skills and knowledge needed to do what is required. **Fairness:** The consistent application of appropriate criteria to inform decisions and actions. **Wisdom:** Possession of sound judgment that informs practice. **Courage:** The capacity to act in spite of known fears, risks and uncertainty, a significant number of church-based counselors are unaware of these ethics yet some practice unconsciously (King, & Kitchener, 2002).

The client coming for counseling whether Christian or otherwise has rights that need to be observed by the counselor no matter the context. There are several items in the list of rights of clients as have been discussed by many scholars. Many people have used different terminologies to outline these rights which form the basis of counseling ethics and must be observed or followed by the clinician most of whom are not familiar with (Jacobs, 2002).

It is the right of the client to be educated about their rights and responsibilities because this empowers them and helps them to build a trusting relationship with the counselor (Corey, 2005). It is important that the counselor strikes a balance when providing information so that they do not give too much unnecessary information that does not benefit the client, and that they do not give too little information that may make the client doubt their competence; this is a principle that is not familiar to many church based counselors (Corey, 2005).

The Kenya Code of Ethics defines Informed consent as approval given without any force, fraud or threat and with full knowledge and understanding of the matter to which the assent relates. According to Gachinga (2003), confidentiality and trust means not communicating the thoughts and feelings shared by a client with anybody without the permission of the client. It includes anything that might result to the identification of the client. During the counseling process, the client's values, cultural beliefs and integrity must be respected (Jacobs, 2002). In counseling, the counselor must be cognizant of the client's cultural conditions and changes so that direction is provided within the right context and without violating rights of clients, something that is rarely practiced by many church-based clinicians (Ndambuki, 2011).

It is the right of the client to have an environment that will provide physical and psychological safety (Corey, 2005). It is upon the clinician to ensure that it is not only known to him or her but that it is also practiced. The counselor must at all times strive to offer the best services to the client. being in a powerful and influential position over the client, the counselor must refrain from taking advantage of the client in any way, being emotionally and financially involved or bringing their own personal needs (Ndambuki, 2011). According to Gichinga (2011), each person has their personal and unique culture acquired through socialization with parents, members of the extended family and wider community. Through this interaction one rejects or accepts certain aspects of their culture and develops a personal lifestyle, standards, values, beliefs and morals by which they order their life. Counseling must thus be conducted within this context something which most religious counselors are unaware of (Ndambuki, 2011).

Stoop (2001) insists that church-related counseling centers and therapists whose practices depend on pastoral referrals handle ethical questions sometimes raised within the pastor-therapist relationship. He goes on to say that although maintaining client confidentiality is an issue in an infinite number of problematic situations, the stakes appear to be higher when related to gender issues and sexual diversity. He has cited three examples that offer three different ethical issues for consideration namely therapist's obligation to referral sources, the therapist-pastor relationship, and the client's right to confidentiality. The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct states, "Psychologists arrange for appropriate consultations and referrals best interest of their patients or clients." The explicit message here is that the client's concerns always take precedence over the therapist's loyalty to referral sources (Stoop, 2001). Once the

therapeutic relationship has been established, the client's issues and goals are the focus of concern. This then means that the awareness of ethical issue of confidentiality is of paramount importance hence it should be practiced regardless of the faith or belief of the therapist though not commonly adhered to (Gichinga, 2011).

Close (2009) discusses in his journal issues touching on clergy collaboration. The Association of Spiritual, Ethical and Religious Values in Counseling (2009) identifies 14 competencies for working with spiritual and religious issues in counseling , which are categorized under the headings of culture and Worldview, counselor Self-Awareness, Human and spiritual Development, Communication, Assessment, and Diagnosis and Treatment. This journal by Close (2009) goes deeper into pointing out how important awareness and education on the part of the counselor is and a religious one for this matter. He divides the discussion into various topics and moves further to point out the necessity of knowledge of ethical issues touching on the client-therapist relationship which has been ignored for a long time. Stone (2001) writing under the topic *Scripting in Pastoral Counseling* says, that the first day or month or even year embarking on a new profession is a time of anxiety, uncertainty, and sometimes mistakes are made by religious counselors and others since they are still unaware of the ethics hence not adhering to.

Trainees learning pastoral care and counseling are no different from other professionals, their natural anxiety in the face of new responsibility and being unaware of ethics affect them; this then means it is important for a therapist to know that even as religious counselor supervision is key for efficiency (Jacobs, 2002).

The relationship between Holland, the United States and Indonesia in terms of the implantation of models of Pastoral Care and Counseling cannot be ignored. In his

comparison Martin (2008), comes up with the finding that, a holistic approach should be used to deal with pastoral care and counseling, this then calls for education among care givers in the area of counseling which is evidently ignored. Different contexts present different challenges which then demand that a counselor must be adequately equipped to confront the contemporary challenges involved (Matin, 2008).

In her discussion, Miriam (2012) starts by bringing to the surface the fact that as we move into the 21st century church ministry related counseling struggles to identify the boundaries of good risk management and compassionate care giving due to scarcity of knowledge. Clergy are no longer safe from litigation for failure to adequately care for those they serve. In many ways pastoral and ministry related counseling demand even more awareness of boundaries than secular professional settings (Close, 2009). Common boundary issues involve multiple role relationships, sexuality issues pertaining to gender and age; information and confidentiality demands, and issues of counseling competency (Miriam, 2012).

Contextualization is key in church based counseling, in talking on this subject; Louise (2008) mentioned the contribution that is received from every culture saying there is no culture that is more superior to the other. He has talked about issues in the Philippines and relating them to what is happening in other parts of the world. This then makes the pastor/counselor to equip him or herself with the knowledge that is relevant to the context that confronts one, something that is not taking shape as fast as it should (Louise, 2008).

The financial implication in the profession is one thing that has been addressed and needs to be considered as a compromise to ethical standards. Sathler (2008) in his article states that many of the people in this profession are increasingly becoming

aware of the role of the clergy that needs to be reshaped. Strategies or models of ministry and pedagogical tools must be preceded by an exploration of the fundamental attitude of the clergy towards such a community, what we are, will be reflected in our work ignoring autonomy during counseling by church-based counselors (Sathler-Rosa 2008).

Pastoral counseling which is viewed as a subset of pastoral care has equally high expectations. This is captured by Martin (2008) as he explores pastoral counseling in the Philippines which has up 90% Christian following as a country with the Roman Catholic Church being the dominant religious group. If the profession has a high level of expectation from the clients then it calls for the priest or the clinician to adhere to ethics and go above reproach which in the Philippines is inadequate due to limited information (Gingrich, 2008).

The synthesis of knowledge (development of applicable principles) and self-awareness has been identified as critical in counselor development (Remley & Herlihy, 2010). In counselor education programs, one suggestion in navigating ethical decision-making is to promote counselor-in-training self-exploration, individual responses to conflict, making decisions, and individual moral responses (Mattison, 2000). After all, decisions are made in the context of the individual's perspective and despite the analytical resources of EDMMs an individual interprets and assesses the dilemma using his or her worldview (Crowley & Gottlieb, 2012; Verges, 2010). This manuscript explores the concept of self-awareness in ethical decision-making and application of the concept in counselor- in-training learning environments. Practical recommendations to incorporate self- awareness and ethical decision-making within the confines of a counseling classroom are included. The authors used the term self-

awareness to refer to the capacity for awareness of feelings, thoughts and behaviors in the immediate experience of the counseling relationship where the therapist needs to be aware of (Williams, 2008).

When clients experience a marked decline in the ability to care for themselves and function in day-to-day life, whether at home, school or in the workplace setting; and the possibility of a dual relationship exists or arises; and when the client asks for a referral to another counselor or caregiver this is a clear sign of non-adherence to counseling ethics by Christian clinicians (House, 2003).

Ethical decision-making models (EDMM) were developed to assist counselors who are experiencing difficulties applying the ethical standards in their professional practice (Dufrene & Glosoff, 2004). EDMMs provide an analytical and strategic approach to making decisions when navigating through differing and competing variables (i.e., client needs, societal needs and informed consent practices). Ultimately, the primary objective of EDMMs is to provide "intellectual moral resources," for practitioners to use when confronted with an ethical dilemma to ensure that the decision is grounded in reason since most are unaware and not adhering (Mattison, 2000). EDMMs can be theoretical/philosophical, practice- based, and/or related to special populations and issues and are useful to graduate counseling students, practitioners, supervisors, and counselor educators in understanding the principles of ethics with very little witnessed in church-based counselors (Bradley & Hendricks, 2008).

Factors to consider when conceptualizing self-awareness are the individual's experiences, development as a professional, and the system in which the person exists (i.e., academic environment, agency setting), work responsibilities; and culture,

beliefs and value systems (Mattison, 2001). Irrespective of ethical practice, personal counseling and self-growth experiences developed to increase self-awareness are often recommended in counselor training programs (Remley & Herlihy, 2010). A counselor's sense of self is important in determining how personal values are enacted with clients and their issues (Pender & Halinski, 2008). In the absence of an ethical dilemma, counselors make decisions about how to interact with and what to recommend to clients. Self-awareness can facilitate ethical decision-making and could contribute to the tenets of beneficence. Most of therapists are unaware of the principle of beneficence which has witnessed serious non-adherence (Cottone, 2010).

2.2.0 Socio-demographic Factors

2.2.1 Gender and Adherence

The influence of gender in counseling process and outcome has been vigorously debated among psychologists for more than two decades. This debate was initially stimulated by concerns that all people, irrespective of gender, be provided with high-quality treatment (Broverman, Clarkson, Rosenkrantz, & Vogel, 2010; Nelson, 2003; Par- loff, Waskow, & Wolfe, 2008). Surprisingly, recent reviews of the empirical literature have concluded that gender has little consistent influence on counseling process and outcome. Given the salience of gender in social discourse, why are gender differences so inconsistent, and why are they so small when researchers do find them? Aside from the obvious but unlikely explanation that gender differences affect adherence to ethics which has not been acknowledged (Sexton & Whiston, 2001).

According to (Bem's, Lambert and Ogles, 2010) theory, a traditionally gender-typed person is highly attuned to the cultural definitions of gender-appropriate behavior and uses such definitions as the ideal standard against which his or her own behavior is to be evaluated. Masculinity and femininity are gender roles of the traditional type. Androgyny, in turn, is considered to be a modern gender role. It means that a person is both masculine and feminine; these traits are not mutually exclusive they are but one component, gender therefore has no explicit relationship to adherence (Bem's et. al 2010).

Research on psychotherapy has indicated that therapy effectiveness may be predicted on the basis of gendered factors (Greenfield et al., 2007). In the substance abuse field, there is evidence that therapist's attitudes toward clients vary according to the client's gender. DeJong et al. (2009) demonstrated that therapists were more confrontational and critical with male clients, while female clients received more empathy and support. The male clients were seen by the therapists as threatening, in which case the attitudes became confrontational, while female clients were seen as submissive, which led to empathetic attitudes. These attitudes were due to stereotypical gender roles common in society (De Jong et. al 2009).

A small study by Saarnio et al. (2010) showed that the clients of male therapists dropped out of inpatient substance abuse treatment significantly more frequently than did the clients of female therapists (20 versus 10%). Five therapists of each gender and 105 clients took part. Unfortunately, a more detailed examination of the findings was not possible because no in-session data were collected (Saarnio et. al. 2010).

However, one possible explanation is that female therapists were more adept at avoiding alliance ruptures that easily lead to dropping out. This explanation is

supported by a recent Finnish study which found that female therapists in substance abuse treatment were significantly more empathetic and friendly toward clients than were their male colleagues (Saarnio et al. 2010). Moreover, avoidance of excessive directiveness was considered more important by female therapists than by males.

2.2.2 Marital Status and Adherence

Peterson et al. (2001) spent time to look at age but also implied that older people especially those that are married and are at home uphold moral ethical conducts that portray them as key and adhering to it. Dawson (2007) also join hand in pointing out that marriage has a great influence on adherence since it is presumed that married people seem responsible and would adhere to ethics based on the caring virtues they possess. Orenstein(2002) referring to beliefs and Christian foundation that are set in pre-marital counseling would see that married peoples having an ideal of the principles that govern counseling and are likely to follow them unlike the unmarried who supposedly operate freely.

2.2.3 Age and Adherence

The question of age as a factor in ethical decision-making takes two forms. The first form considers age as a factor at the societal, or policy, level, and the second as a factor in determining the capacity of the individual patient to make decisions regarding their own care. Peterson et al. (2001) also found that age was a significant predictor of ethical behavior. They report that older people possess higher ethical beliefs, and are less likely to be influenced by people around them at work and at home. This finding is intuitively appealing, and is in line with a number of moral development models such as that proposed by Kohlberg (1969). Other studies,

however, such as Cortese (1989), found that age was not significant when it came to adherence to counseling ethics among church-based counselors.

Both Dawson (2007) and Peterson et al. (2001) also reported an interaction between age and gender. Their findings suggest that ethical attitudes develop at different rates for each gender, with the differences diminishing as age increases. The literature shows, then, potential associations among conditions of contact, experiences with older people, and ethics adherence. Knowledge of a subject is closely related to positive or negative attitudes, and knowledge of aging is known to be related specifically to attitude. Similarly, individuals with positive attitudes toward aging have attributed those attitudes to positive experiences with older people. Because knowledge alone is insufficient to predict attitudes or bias toward older individuals, experience, ethics, and knowledge was studied in combination to predict age bias with the older ones adhering more than the young ones (Dawson,2007).

2.2.4 Level of Education and Adherence

Counselor education programs strive to promote the personal development and wellness of counselors in addition to cognitive, skill, and professional competencies. Nonetheless, counselor education programs seem to lack systematic ways to evaluate the personal development and wellness of prospective candidates for their programs. Several studies (Market & Monke, 1990) found that most admissions procedures focused on a limited number of criteria such as Graduate Record Examination (GRE) scores, undergraduate GPA, letters of recommendation, and interviews that had low positive correlation with academic success and the attainment of counseling skills.

Bradley & Post (1991) found that while programs had procedures in place to evaluate academic success, few had procedures in place to effectively monitor student professional and personal development in line with adherence to ethics. Since then, Frame and Stevens-Smith (2005) have outlined nine characteristics they believe essential to counselor development which influence adherence to counseling with many people being educated in other fields or disciplines practicing counseling within their church set-ups yet not their field of expertise. Baldo and Softas-Nail (2007) have proposed a student review and retention policy that includes due process, clear expectations regarding student behaviors, and a review committee that involves the entire faculty. Subsequently, Torres-Rivera, Wilbur, Maddux, Smaby, Phan, & Roberts-Wilbur (2002) expanded on these policies developing a student evaluation form, the Professional Performance Fitness Evaluation (PPFE), outlining specific behavioral components for students so as to include key topics that would enhance adherence to ethics.

In addition, Torres-Rivera, et al. (2002) conducted an exploratory factor analysis of counseling student scores on the Counselor Skills Personal Development Rating Form (CSPDRF) developed by Wilbur (1991) and reported four factors--emotional sensitivity; basic listening skills; multicultural skills; and influencing skills--that related to the personal and skill development originally hypothesized by the author. Still, there is a limited amount of current research available on counselor education programs that demonstrate the efficacy of admission and retention policies addressing personal development. Without systematic procedures for evaluating and promoting the personal development and wellness of counselors, counselor educators run the risk

of contributing to a growing work force of impaired counselors hence producing educated people who are practicing counselling without adhering to ethics.

Christian counselor education programs are dedicated to train students as competent practitioners using current theories, techniques, biblical integration and ethical-legal knowledge (Wilbur, 1991). Christian counseling educators ensure that prospective students and trainees are fully informed and able to make responsible decisions about program involvement. Christian counseling educators and supervisors maintain the highest levels of clinical knowledge and experience, professional skill, biblical integration and ethical excellence in all teaching and supervision responsibilities (Remley, & Herlihy, 2010). They are knowledgeable about the latest professional and ministerial developments and responsibly transmit this knowledge to students and supervisees.

2.2.5 Denomination and Adherence

Religion is a universal human pursuit, affecting many different cultural parameters, moral concepts, and ideals, and influencing human thinking and behavior by offering answers on the meaning of human existence (Koenig, 2010). Religion provides a comprehensive and sympathetic insight on the human orientation in the world and is an important element of human culture. The practice of dealing with the sacred sphere through ritual or no ritual cults, the interpretation of everyday and special experiences, the concordance with social norms, the contact with aesthetic and artistic expressions and symbols, as well as many other life domains, are all comparably embedded in this individual and complex system called religion this gives direction on adherence (Bochinger, 2010).

On the other hand, religiosity as a term reflects various aspects of religious beliefs and activities in a person's life which has a relationship to awareness of ethics (Markle, 2010). During previous years, an additional emphasis has been given to spirituality, as an entity different and independent from religiosity. Spirituality is suggested to be a trans-cultural and trans-religious parameter of human experience constituting a complex, idiographic, and multi-dimensional construct, not closely associated to a particular belief system, church, or cult and affects adherence to ethics (Orenstein, 2002).

Confidentiality recognizes that every client has a fundamental, moral and legal right to privacy and to have a wide range of personal thoughts, opinions, beliefs and behaviors that are protected from public knowledge. The therapeutic alliance between counselor and client is enhanced whenever there is an environment that offers an appropriate level of confidentiality, privacy and safety. This dynamic helps promote strong and effective trust relationships and is an essential factor in facilitating self-disclosure and the potential for personal, relational, and spiritual growth and wholeness (Pender &Halinski,2008).

Christian counselors' level of education has seen an integration of many ethical principles from other fields which have seen them adhere to ethics as informed by knowledge attained. Pender &Halinski (2008) In the USA, Australia and Europe people who practice counseling in churches adhere to ethics not because they are aware of them but because of the discipline acquired in the other areas of their training. Christian counseling educators and supervisors maintain the highest levels of clinical knowledge and experience, professional skill, biblical integration and ethical excellence in all teaching and supervision responsibilities (Remley, & Herlihy, 2010).

They are knowledgeable about the latest professional and ministerial developments and responsibly transmit this knowledge to students and supervisees (Lumade & Duffey, 2009).

Christian counselors are aware of the larger role they play in their communities, as well as society in general. Christian counselors further acknowledge that they may live in a post-Christian, post-modern and pluralistic culture that no longer shares a common Judeo-Christian value base and therefore, are mindful to present themselves at all times as "Salt and Light" and as "God's Ambassadors." In doing so, they conduct themselves with the utmost dignity and humility, avoiding any behaviors and practices that may bring dishonor to themselves as caregivers or to the name of Christ (Mattison, 2001).

2.3. Knowledge Gap

Studies have been done on ethics and counseling and on how ethics is supposed to be conducted. Moreover counseling ethical principles and guidelines have also been provided and are clearly stated. In spite of all this progress a number of questions still exist like 'Do Christian counselors adhere to counseling ethics?' This question brings in other issues like the consequences of unethical counseling and the relationship between the counselor and the client. Some of the questions that the researcher intended to look into are the role of training, gender, age, denomination of the counselor as a factor influencing adherence to ethics as well as the effect of education on counselor's adherence. Answers to these questions will help build an ethical counseling and further remind Church-based counselors the importance of observing counseling ethics on clients' wellbeing.

2.4. Theoretical Framework

Humanistic Psychology Theory, with antecedents as far back as the dawn of Western Civilization in ancient Greece (Schneider, Bugental, & Pierson, 2001), the theory emphasizes the search for understanding human potential and achievement. This theory is important to the study in that the moral value of human conduct and moral principles that control or influence a person's behavior are regulated by principles or influenced by behavior that help protect both the practitioner and his/her clients by insuring against possible malpractice and exploitation, thus promoting confidence.

One of the most important assumptions underlying humanist psychology is that of positive growth. Humanistic psychology (humanism) is grounded in the belief that people are innately good. This type of psychology holds that morality, ethical values, and good intentions are the driving forces of behavior, while adverse social or psychological experiences can be attributed to deviations from natural tendencies. Rogers (1951) built his theory around a single concept he referred to as the actualizing tendency. For Rogers, this meant that all human beings possessed an internal motivation to strive to make the very best of their existence; mere survival was not enough. Rogers believed that individuals knew, and would pursue, what was best for them. He referred to this phenomenon as the organismic valuing process. Individuals valued positive regard (love, affection, nurturing, acceptance, etc.) and positive self-regard (self-esteem self-worth, etc.). Rogers saw positive growth as movement toward greater awareness, openness, trust in self, and creativity; and movement away from a self-esteem contingent on social approval and psychological defenses. Rogers believed that a counselor had to possess the qualities of congruence (genuineness and honesty), empathy (ability to feel what another feels), and respect (acceptance and

unconditional positive regard) in order to be effective with clients all of which are qualities that are enhanced by higher levels of personal wellness.

Maslow (1968) proposed a need for self-actualization similar to that expressed by Rogers. Maslow believed that, once a person's basic deficit (physiological, safety, belonging and esteem) needs were met, the individual became motivated to grow and become self-actualized. He studied a number of people whom he believed had achieved self-actualization and identified needs that constituted a happy life, including truth, goodness, beauty, wholeness, uniqueness, justice, simplicity, effortlessness, playfulness, self-sufficiency, and meaningfulness. While humanistic psychology has often been criticized for its lack of quantitative research, the positive psychology movement has sought to bridge the gap between Humanism and more mainstream psychologies (Rogers, 1951), while at the same time, maintaining a focus on what encourages well human beings.

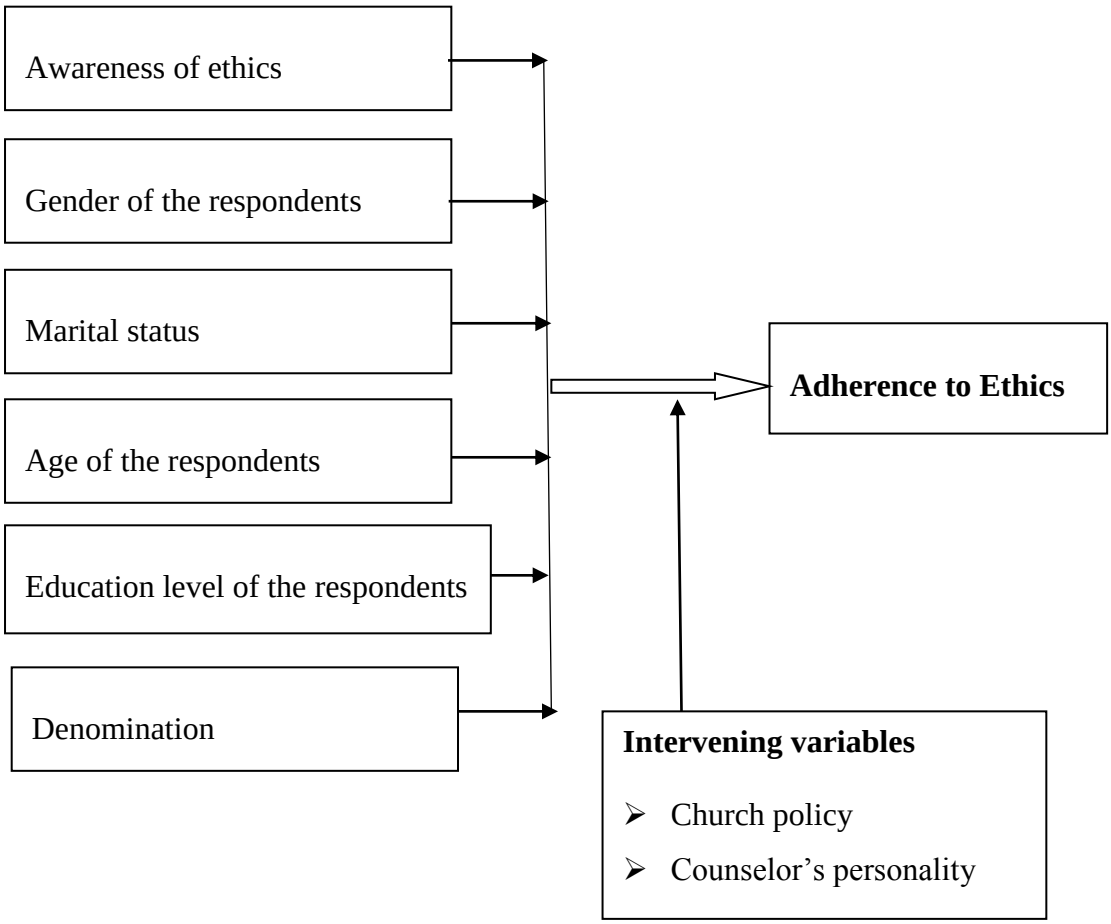
2.5. Conceptual Framework

Much as the above theory formed the basis on which the study was anchored, it was deemed inadequate in the explanation of relationships between the study variables as well as the vivid influence on data analysis. It was for this reason that a conceptual framework was developed as presented in figure 1.1 .Christian counselors consult with and/or refer to competent colleagues, supervisors and other resources when their limits of counseling competence or effectiveness are reached. Confidentiality and trust means not communicating the thoughts and feelings shared by a client with anybody without the permission of the client. It includes anything that might result to the identification of the client. During the counseling process, the client's values,

cultural beliefs and integrity must be respected. In counseling, the counselor must be cognizant of the client's awareness and education level.

Figure 1.1 Conceptual Framework

Independent Variable **Dependent Variable**



Since clergy are no longer safe from litigation for failure to adequately care for those they serve. In many ways pastoral and ministry related counseling demand even more awareness of boundaries than secular professional settings. Common boundary issues involve multiple role relationships, sexuality issues pertaining to gender and age hence information and confidentiality demands and issues of counseling competent be

adhered to (Lee, 2001).Therefore the conceptual framework was developed to augment the theoretical framework in describing the relationship between the study variables. Awareness of counseling ethics was to be tested to see whether a relationship to adherence may be there, the gender of the counselor, the age, the denomination and level of education needed to be tested to see if they would have a relationship with adherence to counseling ethics, the intervening variables that may have an association with adherence to ethics included the church policy, and personality of the counselor. These independent variables were also assessed.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0. Overview

This chapter describes methods and procedures the study adopted in assessing the socio-demographic factors influencing adherence to counseling ethics among church based counselors in Uasin Gishu County, Kenya. The key areas included the location of the study, the target population, the sampling design, information on data collection instruments and the method that was used in the presentation and analysis of the data that was available after collection was done.

3.1 Research Design

A research design can be defined as a plan for collecting and utilizing data so that desired information can be obtained with sufficient precision or so that the hypothesis can be tested properly (Kothari, 2004). An effective research design in scientific research should be one that links abstract and stylized concepts and questions with the empirical world's complexes and challenges (Cooper and Schinder, 2008). This research aimed at exposing the details of the issue under study by way of outlining facts systematically towards general and specific solutions to the issues at hand from the data collected. The study used a descriptive survey research design. The researcher applied this typical research design because "there are particular independent variables that are not capable of being manipulated, including gender, ethnicity, socio economic level, education level and religious preferences"(Brewer & Kubn, 2010). In this particular research, variables like age and gender are permanent and cannot be altered or changed. The study sought to understand the relationship

between socio-demographic factors and adherence to the ethical principles as well as awareness and adherence.

3.2 Location of the Study

The study was located in Uasin Gishu County, Kenya. Uasin Gishu County is one of the 47 counties of Kenya, located in the former Rift Valley Province. The city of Eldoret is the county's largest population center as well as its administrative and commercial center. Uasin Gishu is located on a plateau and has a cool and temperate climate covering 2,955 km² with a population of 894,179 (KNBS, 2009). Uasin Gishu County has grown in religion and today it hosts more than 99 churches registered under the umbrella body of Uasin Gishu Gospel Ministers fellowship in 2016.

3.3 Target Population

According to Kothari (2004) Target population is a group of people or study subjects who are similar in one or more ways and which forms the subject of the study in a particular study. The study targeted a total population of 164bcomprised of 158 counselors and 6 Key Informants from 99 Churches drawn from Uasin Gishu County, Kenya. This has been presented in table 3.1.

Table 3.1: Target Population

	Number Of Churches	No. Of Counselors
Ainabkoi Constituency	8	10
Kapseret Constituency	9	13
Kesses Constituency	19	31
Moiben Constituency	17	27
Soy Constituency	13	25
Turbo Constituency	33	52
Total	99	158

Source; (Uasin Gishu Gospel Minister Fellowship, 2016)

Note that the 6 Key Informants that comprised of two senior church leaders, two senior professional counselors in the field and two university lecturers in this field of counseling were purposively selected to participate in the study.

3.4 Sampling Method and Sample Size

The population of the study was small hence the author opted to adopt census sampling method. Census is defined as the study of every unit, everyone or everything, in a population. The method is known as a complete enumeration, which means a complete count. A census provides a true measure of the population (no sampling error), benchmark data may be obtained for future studies and detailed information about small sub-groups within the population is more likely to be available. (Kothari, 2004).

3.5 Data Collection Instrument

The data collection instruments are the methods used to collect data from the respondents. A questionnaire and interview schedule developed from the objectives of

the study were developed and used in this study. The methods adopted have been discussed below;

3.5.1 Questionnaires

Questionnaires developed by the researcher were used because they are simple to analyze and interpret hence making the process efficient (McMillan, 2006). This mechanism also enables an author to know exactly what is required and how to measure the variables of interest. Moreover according to Nachmias and Nachmias (2003), the foundation of all questionnaires is the question. The questions must motivate the respondents to provide the information being investigated. This method was used among church based counselors within the sampled churches. One advantage of this technique is that the respondents are guided by the questions and it gives relevant information thus improve the reliability of the data to be generated. Moreover they are low in cost and enable the participants enough time to give well thought answers after discussions among themselves (Mugenda, 2003).

3.5.2 Key Informant Interview

The key informant interview method was able to give more in-depth information which could not have been captured through the questionnaire administered to the other respondents. It also gave instant answers which would be used to verify or clarify what was captured by the questionnaires. The method was used among the key informants who comprised of two senior church leaders, two senior professional counselors in the field and two university lecturers in this field of counseling. Its limitations were that it was costly, could be biased and time consuming. However it served the purpose of the study and especially because of its open-ended questions

which gave varying answers. The document analysis gave already existing information that could not be manipulated and would only be necessary for numbers of the participants involved.

3.6 Validity and Reliability of Research Instruments

3.6.1 Validity of Research Instruments

According to Mason (2002), validity is the extent to which the study actually investigates what it claims to investigate and report what actually occurred in the field. According to Serem, Boit and Wanyama (2013) validity aims at ascertaining the extent to which the research instruments collect the necessary information. This measure aimed at assessing whether or not the relationship is established or whether there is a gap between the information that was sought and the data collected. In this research, the validity of the instruments was guaranteed through pilot testing conducted prior to the study. The feedback was used to revise the tools to ensure the objective of the study was realized. The instruments validity was acceptable because it produced consistent data that could be generalized on the entire population. In addition to validate the questionnaires, the author studied the instruments to ensure they met the objectives of the research, sought the opinion of research experts from Moi University who in this case were the research supervisor. The experts were asked to give their opinion on clarity, ambiguity, level of language used and any other information that made the instruments valid.

3.6.2 Reliability of Research Instruments

Reliability is a measure of the degree to which a research instrument yields same data after repeated trials (Mugenda and Mugenda, 2003). The pilot study was conducted in Nandi County to establish the reliability of the study. This was done through a Test-retest method followed by the determination of the Cronbach's Alpha coefficient. Through the analysis, Cronbach's Alpha coefficient was determined to be .796. According to Gliem & Gliem (2003), as a rule of thumb, acceptable alpha should be 0.70 or above. Since the Cronbach's alpha coefficient (.796) was higher than the minimum acceptable value (0.7), thus, the items were considered reliable.

3.7 Data Collection Procedure

After being cleared by the university authorities on writing, printing and defending the proposal the author was given an authority letter for research. The author used the university authority letter to apply for the research permit from National Commission for Science, Technology and Innovation (NACOSTI) before embarking on the study. On acquisition of the research permit, the author proceeded to the relevant authority for permission to collect data. Moreover, the author recruited three research assistants who assisted in the administration of the questionnaires to collect data from the Church Based Counselors within sampled Churches in Uasin Gishu County. Lastly, apart from coordinating the fieldwork the author undertook key informant interviews to collect data from the Key Informants.

3.8 Scoring of the Questionnaires

The questionnaires distributed for data collection, had three major sections namely A, B and C with each section obtaining scores as follows; section A collected the demographic factors which would be computed against adherence, the demographic factors included, Gender, Marital status, Age, Level of education and Religious Denomination of the church-based counselor. Section B on the other hand, tested the level of awareness by the church-based counselors. The respondents were required to respond to the items with the one having the most responds demonstrating the highest level of awareness. The computing was as below,

6- Excellent awareness.

5-High awareness

4-Aware

3-Fairly aware

2-poorly aware

1-Not aware.

Section C, tested adherence to counseling ethics with the respondents being asked what prompted them to adhere to ethics, anyone with the highest scores demonstrated highest level of adherence with the lowest level of score indicating least adherence to ethics. The principles of ethics were asked in each of the items that required a response, fidelity, autonomy, non-maleficence, beneficence and justice. Question six (i)went specific on the particular code of ethics ever broken by the respondent , any one with the highest number of codes ever broken , demonstrating non-adherence

while the person with the least number of ethics broken demonstrating the highest level of adherence. Six (ii) indicated that anyone responding with the 'very remorseful' as a score on what he or she felt, indicated highest level of adherence while the person who felt nothing after breaking the ethics demonstrating non-adherence to ethics. On the key informant interviews, it was meant to confirm the results from the questionnaires.

3.9 Data Presentation and Analysis

The data from questionnaires was presented in tables. Frequencies and percentages were used to compare results from different variables as is seen in chapter four. Data was put to inferential statistics in which chi-square tests were carried out to test the hypotheses. This was done using the Statistical Package of Social Sciences (SPSS) which is a computer package used in the analysis of research in social scientific studies.

3.10 Data Analysis Methods

According to Zigmund and Sekeran (2000) data analysis is the method involved with the transformation of raw data into a form that would provide information to describe as a set of factors in a situation that made them easy to understand and interpret. To fully develop Descriptive statistics, Statistical Package for Social Sciences (SPSS, Version 20) was adopted. Both inferential and descriptive statistics was adopted. The descriptive statistics included, cross tabulation, percentages and frequency. Descriptive statistics helped to summarize the overall tendencies in data, provide an understanding of how varied scores might be, and provided insight into where one score stands in comparison with others (Creswell, 2005). Inferential statistics was

closely tied to the logic of hypothesis testing, discussed in other chapters. Inferential statistics included in the study was Chi-Square test of association. The data collected was classified in tables. The hypothesis of the study was tested using Chi Square test of association at a level of significance α=0.05. Additionally, according to Maalim (1999) qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning. Therefore, the common themes were identified, qualitative data extracted, organized and then discussed under the main objective areas of the study. This was later presented by use of quotations.

3.11. Ethical Considerations

The study observed all ethical considerations. A research permit was sought by the author from NACOSTI to allow the author to undertake the study. The author made sure that participation was completely voluntary, in order to encourage a high response rate, this was made per potential participant. The major ethical consideration that was upheld included privacy and confidentiality, anonymity and researcher's responsibility (Mugenda and Mugenda, 1999). Moreover an authorization letter from Moi University was produced to verify on the purpose of the study. In addition this study included sensitive questions that could cause embarrassment or uncomfortable feelings.

3.12. Conclusion

The study was a causal comparative research carried on 158 church-based counselors and 6 key informants drawn from Uasin Gishu County, Kenya registered with the Uasin Gishu Gospel Ministers fellowship.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.0. Overview

This chapter presents on, data presentation, data analysis and interpretation. The demographic information comes later in this study since it is used as data that was also analyzed as socio-demographic data for the purpose of the study which included the age ,marital status, denomination, and gender together with the level of education of the respondent.

4.1 Response Rate

A total of 158 questionnaires were sent out to the respondents to fill. Of these questionnaires, 148 were returned for analysis when completely filled. The completely filled returned 148 questionnaires accounted for a response rate of 93.7%. According to Mugenda and Mugenda (1999) a response rate of 70% and above is acceptable and therefore, a response rate of 93.7% was satisfactory for data analysis. Table 4.1 shows the response rate

Table 4.1: Response rate

Category	Frequency	Percentage
Administered	158	100.0
Returned	148	93.7

Source: Author (2017)

The data will be shown in tables, and presented in frequencies and percentages. The demographic information which normally come first will however be discussed later as these will be analyzed and tested as per set hypothesis.

4.2 Level of Awareness of Counseling Ethics among Church Based Counselors and Adherence to Counseling Ethics

The study used frequency and percentage for the descriptive statistics and Chi-square test as the appropriate inferential statistics. This helped to establish the level of awareness of counseling ethics among church based counselors.

The analysis, therefore, opened with the descriptive statistics (frequency and percentage) for the variable level of awareness. The respondents were first asked to indicate how they would describe counseling. This is shown in Table 4.2.

Table 4.2: Description of Counseling

Category	Frequency	Percent
Helping people	22	14.9
Advice giving people	24	16.2
Showing concern	20	13.5
Helping a counselee deal with a challenge	65	43.9
Listening to people's problems	17	11.5
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.2, most 65(43.9%) of the respondents described counseling as helping a counselee deal with a challenge, 24(16.2%) advising people, 22(14.9%)

helping people, 20(13.5%) showing concern and 17(11.5%) listening to people's problems. The level of awareness on the description of counseling was presented on Table 4.3.

Table 4.3: Level of Awareness on Description of Counseling

Category	Frequency	Percent
Not aware	104	70.3
Poorly aware	25	16.9
Fairly aware	4	2.7
Aware	6	4.1
Highly aware	8	5.4
Excellently aware	1	0.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.3, shows that most 104(70.3%) of the respondents were not aware on the description of counseling, 25(16.9%) poorly aware, 8(5.4%) highly aware, 6(4.1%) aware, 4(2.7%) fairly aware and 1(0.7%) excellently aware. This finding was supported by one of the Interviewee who said:

> … Some are aware of what counseling is but are not sure as they confuse it to advice giving. This could be because, despite having other professional qualification, many do not have formal counseling qualification…*Female Participant, 51 years*, Bishop.

This position is in line with Rodney (2011) who said that ethics then is strictly a personal-self-imposed discipline sanctioned only by conscience implying that most therapists may not be aware of the description of ethics as much as they are constantly practicing it. Kirk (2001) on the other hand agrees with the finding as he said ethics

being a voluntary and self-regulating practice has not been evidenced in the church based counselors as a concept well known to them. Therefore the findings of this study indicate that a good number of church based counselors are not able to distinguish between counseling and advise giving.

The study further sought the opinion of the respondents on the meaning of ethics in counseling. This was obtained by employing descriptive statistics as shown in Table 4.4.

Table 4.4: Meaning of Ethics in Counseling

Category	Frequency	Percent
Good practice	17	11.5
Being professional	19	12.8
Upholding morals	38	25.7
Showing integrity	28	18.9
A set of moral principles	43	29.1
Protecting the right and dignity of a counseled	3	2.0
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.4, most 43(29.1%) of the respondents explained the meaning of counseling as a set of moral principles, 38(25.7%) upholding morals, 28(18.9%) showing integrity, 19(12.8%) being professional, 17(11.5%) good practice and 3(2.0%) explained it to be protecting the right and dignity of a counseled as presented in Table 4.5.

Table 4.5: Level of Awareness on the Meaning of Counseling in Ethics

Category	Frequency	Percent
Not aware	104	70.3
Poorly aware	22	14.9
Fairly aware	16	10.8
Aware	4	2.7
Highly aware	2	1.4
Total	**148**	**100.0**

Source: Author (2017)

Table 4.5, shows that most 104(70.3%) of the respondents were not aware on the meaning of counseling ethics, 22(14.9%) poorly aware, 16(10.8%) fairly aware, 4(2.7%) aware, 2(1.4%) highly aware. This finding was supported by one of the Interviewee who said:

> "… Some are aware of what ethics in counseling is but are not sure as they always use their Bible persuasion. This could be because, despite having other professional qualification, many do not have formal training in ethical counseling qualification…" *Male Participant, 47 years,* university lecturer.

Kirk (2001) seem to imply the same as he says ,the client is to be helped make appropriate decisions by the counselor or by taking relevant action a concept which seem unfamiliar to most counselors practicing within a church setup. He tends to indicate that most of the therapist needs to be informed since they are in a profession that might require psycho-education to their clients. The study further sought the opinion of the respondents on importance of ethics in counseling as shown in Table 4.6.

Table 4.6: Opinion on Importance of ethics in Counseling

Category	Frequency	Percent
Ethics stirs counselees confidence	28	18.9
Ethics guides the counseling session	32	21.6
Ethics protects the counselor while on duty	26	17.6
Ethics makes the counseling session successful	36	24.3
Ethics guarantee the protection of the counselee	24	16.2
Ethics help people cure their hearts	2	1.4
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.6, most 36(24.3%) of the respondents revealed that ethics made the counseling session successful, 32(21.6%) ethics guided the counseling session, 28(18.9%) ethics stirred counselees confidence, 26(17.6%) ethics protected the counselor while on duty, 24(16.2%) ethics guaranteed the protection of the counselee and 2(1.4%) that ethics helped people to cure their hearts. This finding was supported by one of the key informant Interviewee who said:

> … Ethics is important for regulation purposes and also standardization. This is because every society must have norms, thus provides confidentiality and protection of ones rights to privacy and confidentiality …*Male Participant, 60 years,* church leader.

This agrees with Kfir and Shamai (2002) who said ethics deal with standards set by professions to regulate members' behavior. The professional has a personal commitment to the individual clients, to the general public; and to the profession and

its stature, which many seem to be aware of without necessary understanding the terminologies used.

Out of the findings then, it was realized that ethics are important and need to be known and appreciated by the church based counselors.

The study then established the level of awareness on the importance of counseling and data was presented on Table 4.7.

Table 4.7: Level of Awareness on the Importance of Counseling

Category	Frequency	Percent
Not aware	99	66.9
Poorly aware	21	14.2
Fairly aware	13	8.8
Aware	5	3.4
Highly aware	9	6.1
Excellent aware	1	0.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.7, shows that most 99(70.3%) of the respondents were not aware on the importance of counseling ethics, 21(14.2%) poorly aware, 13(8.8%) fairly aware, 9(6.1%) highly aware, 5(3.4%) aware and 1(0.7%) excellent aware. This implies that most of the respondents were not aware of the importance of counseling ethics as some of them were from different professional qualifications and not necessarily counselling. The findings agree with Shim,(2002) who imply that cultural landscapes

of pastoral counseling in Asia is a subject that has been a bearing to ethics in pastoral counseling and used a case study of Korea to mention issues that affect the practice globally. This then means many people would treat issues from their cultural beliefs' point of view hence ignorant of the importance of counseling ethics. Howard (2001) writing under the topic scripting in Pastoral counseling says, that the first day or month or even year embarking on a new profession is a time of anxiety, uncertainty, and sometimes mistakes. This is due to lack of knowledge and experience which seems to agree with the findings that show one does not appreciate the importance of ethics.

This data on ethical principles was presented in Table 4.8.

Table 4.8: Ethical Principles of Counseling

Category	Frequency	Percent
Fidelity	54	36.5
Autonomy	32	21.6
Non-maleficence	12	8.1
Beneficence	17	11.5
Justice	31	20.9
Confidentiality	2	1.4
Total	**148**	**100.0**

Source: Author (2017)

In Table 4.8, most 54(36.5%) of the respondents revealed that fidelity is a principle of counseling, 32(21.6%) autonomy, 31(20.9%) justice, 17(11.5%) beneficence,

12(8.1%) non-maleficence and 2(1.4%) indicated confidentiality. The data collected was presented in table 4.9.

Table 4.9: Level of Awareness on the Principles of Counseling

Category	Frequency	Percent
Not aware	100	67.6
Poorly aware	26	17.6
Fairly aware	9	6.1
Aware	7	4.7
Highly aware	5	3.4
Excellent aware	1	0.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.9, shows that most 100(67.6%) of the respondents were not aware on the principles of counseling, 26(17.6%) poorly aware, 9(6.1%) fairly aware, 7(4.7%) aware, 5(3.4%) highly aware and 1(0.7%) excellent aware.

On the terminologies used in counseling ethics, it was clear that most of the respondents were not familiar with the principles, with 100 out of 148 not aware, this agreed with the study by Corey, (2005) who uses the word trustworthy in reference to fidelity which is also the principle of confidentiality implying that most of the church based counselors practicing in the western world are aware of it, while those in the third world practice it based on their faith in God. Most of the therapists would practice some of the ethics because by default, they agree with their faith such as fidelity or confidentiality as others would call it, which finds Makinde (1999) agreeing with it also , where he says the principle of beneficence means acting in the best interests of the client based on professional assessment. , yet many church based

counselors may not be familiar with yet they practice it under their religious obligation. The findings showed that many of the church based counselors were unaware of the ethical principles as much as some practiced them. Martin (1995) says the practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended, this is the ethics referred to as non-malefence which most church based therapists are unaware of.

The study further determined the association between the ethical principles of counseling and level of awareness to counseling ethics. This is shown in Table 4.10.

Table 4.10: Ethical Principles and Level of Awareness

Principle B CrossTabulation

		Level of awareness of counseling ethics				Total
		Aware	Fairly aware	Poorly aware	Not aware	
Fidelity	Count	25	14	12	3	54
	%within Principle	46.3%	25.9%	22.2%	5.6%	
Autonomy	Count	13	8	8	3	32
	%within Principle	40.6%	25.0%	25.0%	9.4%	
Non-maleficence	Count	1	5	5	1	12
	%within Principle	8.3%	41.7%	41.7%	8.3%	
Beneficence	Count	5	4	6	2	17
	%within Principle	29.4%	23.5%	35.3%	11.8%	
Justice	Count	14	11	5	3	33
	%within Principle	42.4%	33.3%	15.2%	9.1%	

Source: Author 2017

Table 4.10 shows that, most (46.3%) of the respondents were aware of fidelity as a principle of ethics in counseling, 25.9% fairly aware, 22.2% poorly aware and 5.6%

not aware. Similarly, most (40.6%) of the respondents were that the respondents were aware of autonomy as a principle of ethics in counseling, 25.0% fairly aware, a similar 25.0% poorly aware and 9.4% not aware. Additionally, most (41.7%) of the respondents were that the respondents were fairly aware of non-maleficence as a principle of ethics in counseling, another 41.7% poorly aware, 8.3% not aware and 8.3% aware. Similarly, most (35.6%) of the respondents were that the respondents were poorly aware of beneficence as a principle of ethics in counseling, 29.4% aware, 23.5% fairly aware and 11.8% not aware. Lastly, most (42.4%) of the respondents were that the respondents were aware of justice as a principle of ethics in counseling, 33.3% fairly aware, 15.2% poorly aware and 9.1% not aware.

4.3 Adherence to Counseling Ethics

The study used frequency and percentage as the appropriate descriptive statistics. This helped to assess the adherence to counseling ethics. The study first determined adherence to counseling ethics and data is presented on Table 4.11.

Table 4.11: Adherence to Counseling Ethics

Category	Frequency	Percent
Excellently adherence	101	68.2
High adherence	37	25.0
Adherence	9	6.1
Fair adherence	1	0.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.11, shows that most 101(68.2%) of the respondents had excellent adherence to counseling ethics, 37(25.0%) high adherence, 9(6.1%) adhered and 1(0.7%) had fair adherence. The respondents were then asked to indicate what prompted a

counselor to breaking the principle of fidelity in counseling. This is shown in Table 4.12.

Table 4.12: Reasons that Prompted a Counselor to Breaking the Principle of Fidelity in Counseling.

Category	Frequency	Percent
When the client's life is in danger	40	27.0
When there is mutual consent	39	26.4
When it makes the client healed	20	13.5
When the counselor intends to help the others through counselee's example	32	21.6
When it is important for the counselee's significant others	13	8.8
When a counselee is about to commit suicide or kill	4	2.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.12 above shows that most 40(27.0%) of the respondents revealed that what prompted a counselor to breaking the principle of fidelity in counseling was when the client's life was in danger, 39(26.4%) when there was mutual consent, 32(21.6%) when the counselor intended to help the others through counselee's example, 20(13.5%) when it made the client healed, 13(8.8%) when it was important for the counselee's significant others and 4(2.7%) when a counselee was about to commit suicide or kill. This finding was supported by one of the Interviewee who said:

> … Over familiarity to a client, mutual consent, when client life is threatened and could lead to judicial process may prompt a counselor to break ethical principle of fidelity. Moreover, lack of patience and opt to advice instead of helping the client deal with his/her issues and low understanding may prompt a counselor to break ethical principle of autonomy. Similarly, when the counselor benefits from the correction he may be prompted to break ethical

> principle of non-maleficence. On what may prompt a counselor to break ethical principle of beneficence, lack of interest on the subject may lead to break…*Female Participant, 42 years,* Lecturer in the university.

King & Kitchener (2002) indicate that the capacity to act in spite of known fears, risks and uncertainty is informed by a significant number who are unaware of these ethics yet practice unconsciously. In light of the findings, it is clear that a significant number of church based counselors are breaking ethics because of the benefits they get in the course of offering services.

The respondents were then asked to indicate what made the counselor not to allow the counselee to exercise autonomy during counseling session. This is shown in Table 4.13.

Table 4.13: Reasons that Made the Counselor not to allow the Counselee to Exercise Autonomy during Counseling Session

Category	Frequency	Percent
Clients are normally unable to explain themselves	29	19.6
Clients come for help	46	31.8
The counselor is a professional	24	16.2
The counselee is not aware of the direction the session is going	34	23.0
Clients are usually weak	11	7.4
Clients are emotional	3	2.0
Total	**148**	**100.0**

Source: Author (2017)

Table 4.13 shows that most 46(31.8%) of the respondents revealed that what made the counselor not to allow the counselee to exercise autonomy during counseling session was that the clients came for help, 34(23.0%) that the counselee was not aware of the

direction the session is going, 29(19.6%) that clients were normally unable to explain themselves, 24(16.2%) that the counselor was a professional, 11(7.4%) that clients were usually weak and 3(2.0%) that clients were emotional. Additionally, the respondents were asked to explain circumstances under which a counselee would be beneficial to the counselor. This is shown in Table 4.14.

Table 4.14: Circumstances under which a Counselee Would be Beneficial to the Counselor

Category	Frequency	Percent
When a counselor is in need of money and the counselee is willing to assist	16	10.8
When a counselee occupies a high office and the counselor requires services from that office	12	8.1
When the counselee has a challenge that can be addressed by the counselor	67	45.3
When the counselor feels that they share the same social status with the counselee	30	20.3
When the counselee is very lenient and empathetic	16	10.8
When the counselor is gaining more knowledge	7	4.7
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.14 most 67(45.3%) of the respondents revealed that when the counselee had a challenge that could be addressed by the counselor was the circumstances under which a counselee would be beneficial to the counselor, 30(20.3%) that when the counselor felt that they shared the same social status with the counselee, 16(10.8%) that when the counselee was very lenient and empathetic, a another 16(10.8%) that when a counselor was in need of money and the counselee was willing to assist, 12(8.1%) that when a counselee occupied a high office and the

counselor required services from that office and 7(4.7%) that when the counselor was gaining more knowledge. The findings above show that most counselors were willing to get help from their clients when they are in need of money. This seem to agree with Sathler-Rosa (2008) who say that, the financial implication in the profession is one thing that has been addressed and needs to be considered as it has become a course for compromise to ethical standards. In circumstances where the frequency is high with regard to getting help from the client instead of the other way round, it is a clear indicator that the therapist is not adhering to ethics especially beneficence which means giving the client what ought to benefit him or her instead of vise vasa.

Similarly, the respondents were asked to indicate what made the counselor not to effectively deal with the counselee's problems during counseling session. This is shown in Table 4.15.

Table 4.15: Reasons for the Counselor not to Effectively Deal with the Counselee's Problems during Counseling Session

Category	Frequency	Percent
A client is able to solve his/her problems	26	17.6
The counselor is a human being and has problem also	56	37.8
The counselee is not the only person undergoing that kind of a challenge	19	12.8
The counselor does not have all the answers to the problem of the counselee	35	23.6
The counselee can also be assisted by other people	6	4.1
The client is too emotional	6	4.1
Total	**148**	**100.0**

Source: Author (2017)

Table 4.15 shows that most 56(37.8%) of the respondents revealed that what made the counselor not to effectively deal with the counselee's problems during counseling session was that the counselor was a human being and had problem also, 35(23.6%) that the counselor did not have all the answers to the problem of the counselee, 26(17.6%) that a client was able to solve his/her problems, 19(12.8%) that the counselee was not the only person undergoing that kind of a challenge, 6(4.1%) that the counselee could also be assisted by other people and another 6(4.1%) that the client was too emotional.

With the frequency on the client being able to solve his/her own problem, the counselor indicates that he/she will only create an environment for the counselor to deal with his problems which shows autonomy on the side of the client, however, with the counselor claiming to be a human being and posting a high frequency of 38% shows non-adherence to the ethics especially beneficence. Moreover, the respondents were asked to explain the reasons that prompted the counselor to treat clients effectively. This is shown in Table 4.16.

Table 4.16: Reasons that Prompted the Counselor to Treat Clients Effectively

Category	Frequency	Percent
Respect for social status	39	26.4
Some clients are problematic	40	27.0
The client come from a different tribe from that of the counselor	22	14.9
The counselor's belief and persuasions	26	17.6
Anticipated benefits from the client	15	10.1
The client is in danger	6	4.0
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.16 most 40(27.0%) of the respondents revealed that some clients being problematic was the reasons that prompted the counselor to treat clients effectively, 39(26.4%) that it was because of the respect for social status, 26(17.6%) because of the counselor's belief and persuasions, 22(14.9%) that the client came from a different tribe from that of the counselor, 15(10.0%) because of the anticipated benefits from the client and 6(4.4%) because the client was in danger. Likewise, the respondents were asked to indicate the code of ethics they had ever broken. This is shown in Table 4.17.

Table 4.17: Code of Ethics Broken

Category	**Frequency**	**Percent**
Fidelity	35	23.6
Autonomy	49	33.1
Beneficence	16	10.8
Non-maleficence	12	8.1
Justice	29	19.6
Dignity	7	4.7
Total	**148**	**100.0**

Source: Author (2017)

Table 4.17 shows that most 49(33.1%) of the respondents revealed that autonomy was the code of ethics they had ever broken, 35(23.6%) indicated fidelity, 29(19.6%) justice, 16(10.8%) beneficence, 12(8.1%) non-maleficence and 7(4.7%) indicated dignity. Lastly, the respondents were asked to indicate how they felt when they broke any of the above code of ethics. This is shown in Table 4.18.

Table 4.18: Feeling when the Code was Broken

Category	Frequency	Percent
Very remorseful	2	1.4
Remorseful	15	10.1
Justified	19	12.8
Normal	49	33.1
Nothing	63	42.6
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.18 most 63(42.6%) of the respondents revealed that they felt nothing when they broke the above code of ethics, 49(33.1%) felt normal, 19(12.8%) felt justified, 15(10.1%) felt remorseful and 2(1.4%) felt very remorseful.

In the event that one breaks a code of ethics and feels very remorseful, it indicates that he or she would not have liked to breaks and normally adheres to ethics, on the other hand if someone practicing counseling would break a code of ethics and felt nothing, then it means that person does not adhere to ethics. In the above findings therefore, 75.7% of the respondents did not feel anything after breaking the code of ethics during their practice, implying that they were not adhering to ethics significantly. On the other hand the findings revealed that 1.4% of the respondents felt remorseful when they broke the ethics of counseling, this is to imply that they adhered to ethics and would feel very remorseful whenever they broke it. This implies that an insignificant percentage (%) adhered to ethics. Gingrich (2008) confirms that adherence is not optional, he states that pastoral counseling which is viewed as a subset of pastoral care has equally high expectations, in exploring pastoral counseling in the Philippines which has up 90% Christian following as a country with the Roman Catholic Church

being the dominant religious group, the profession has a high level of expectation from the clients which then calls for the pastor or the clinician to adhere to ethics and go above reproach.(Gingrich, 2008).

4.4 Level of Awareness of Counseling Ethics and Adherence to Counseling

The study established the association between level of awareness of counseling ethics and adherence to counseling. This data is shown in Table 4.19.

Table 4.19: Level of Awareness if Counseling Ethics and Adherence to Counseling Ethics

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Awareness	Aware	Count	5	1	0	0	6
		%within awareness	83.3%	16.7%	0.0%	0.0%	100.0%
	Fairly aware	Count	11	8	1	0	20
		%within awareness	55.0%	40.0%	5.0%	0.0%	100.0%
	Poorly aware	Count	10	23	5	0	38
		%within awareness	26.3%	60.5%	13.2%	0.0%	100.0%
	Not aware	Count	0	70	14	0	84
		%within awareness	0.0%	83.3%	16.7%	0.0%	100.0%
Total		Count	26	102	20	0	148
		%within awareness	17.6%	68.9%	13.5%	0.0%	100.0%

Source: Author (2017)

Table 4.19 shows that, most (83.3%) of the respondents who were aware of counseling ethics had excellent adherence and 16.7% had high adherence. Additionally, most (55.0%) of the respondents who were fairly aware of counseling ethics had excellent adherence, 40.0% high adherence and 5.0% had adherence. Of the respondents who were poorly aware of counseling ethics, most (60.5%) had high adherence, 26.3% excellent adherence and 13.2% had adherence. Lastly, most (83.3%) of the respondents who were not aware of counseling ethics had high adherence and 16.7% had adherence. Generally, most (83.3%) of the respondents who had excellent adherence were aware of counseling ethics followed by those who were fairly aware and poorly aware at 55.0% and 26.3% respectively, while those who were not aware had no excellent adherence but had high adherence at 83.3%. This implies that level of awareness on counseling ethics has an association with the adherence as those who are aware are more likely to adhere to counseling ethics. This implies that self-awareness is critical in counselor development, thus, adherence to ethics. This is in line with the findings of Remley and Herlihy (2010) that in counselor education programs that create awareness, one suggestion in navigating ethical decision-making is to promote counselor-in-training self-exploration, individual responses to conflict, making decisions, and individual moral responses. Therefore, self-awareness can facilitate ethical decision-making and could contribute to the tenets of beneficence.

Additionally, the descriptive statistics on level of awareness was followed by Chi-square to test the association between the level of awareness of counselling ethics among church based counselors and adherence to counseling ethics. The Chi-square test at α =0.05 significance level illustrating statistically significant association

between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics are as summarized in Table 4.20. To achieve this, the hypothesis was tested;

H_{O1}: There is no association between levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics

Table 4.20: Chi-square Test for Association Between Levels of Awareness of Counseling Ethics and Adherence to Counseling Ethics

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	56.938[a]	9	.000
Likelihood Ratio	61.217	9	.000
Linear-by-Linear Association	36.851	1	.000
N of Valid Cases	148		

a. 10 cells (62.5%) have expected count less than 5. The minimum expected count is .04.

Source: Author (2017)

As shown in Table 4.20, the P-value for the Chi-Square test for the association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics is 0.000. Therefore the null hypothesis that, "there is no association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics", was rejected ($p<0.05$). This implies that there is a significant association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics.

4.5 Socio-Demographic Factors Influencing Adherence to Counseling Ethics

The study used frequency and percentage for the descriptive statistics and logistic regression as the appropriate inferential statistics. This helped to examine the association between socio-demographic factors and adherence to counseling ethics. The analysis, therefore, opened with the descriptive statistics (frequency and percentage) for the variable socio-demographic factors.

4.5.1 Descriptive Statistics for the Socio-Demographic Factors Influencing Adherence to Counseling Ethics

The analysis, therefore, opened with the descriptive statistics (frequency and percentage) for the variable socio-demographic factors.

4.5.1.1 Gender and Adherence

The respondents were first asked to indicate their gender. This is shown in Table 4.21.

Table 4. 21: Gender of the Respondents

Category	Frequency	Percent
Male	127	85.8
Female	21	14.2
Total	**148**	**100.0**

Source: Author (2017)

Table 4.21 above shows that majority 127(85.8%) of the respondents were male while minority 21(14.2%) were female. Additionally, the study determined the association between gender and adherence to counseling ethics. This is shown in Table 4.22.

Table 4.22: Gender of the respondents and adherence to counseling ethics

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Gender	**Male**	Count	88	32	6	1	127
		% within Gender	69.3%	25.2%	4.7%	0.8%	100.0%
	Female	Count	13	5	3	0	21
		% within Gender	61.9%	23.8%	14.3%	0.0%	100.0%
Total		Count	101	37	9	1	148
		% within Gender	68.2%	25.0%	6.1%	0.7%	100.0%

Source (Author, 2017)

As shown in Table 4.22, most (69.3%) of the male had excellent adherence to counseling ethics, 25.2% had high adherence, 4.7% adherence and 0.8% had fair adherence. Similarly, most (61.9%) of the female respondents had excellent adherence to counseling ethics, 23.8%, revealed high adherence, 14.3% adherence and none had fair adherence. Generally, more males at 69.3% had excellent adherence as compared to female with excellent adherence at 61.9%. This implies that gender has an association with the adherence as the males are more likely to adhere to counseling ethics compared to female. This supports the findings of Saarnio et al. (2010) who showed that the clients of male therapists dropped out of inpatient

substance abuse treatment significantly more frequently than did the clients of female therapists (20% versus 10%). However, it contradicts the findings of Sexton and Whiston (2001) who have concluded that gender has little consistent influence on counseling process and outcome. Given the salience of gender in social discourse, why are gender differences so inconsistent, and why are they so small when researchers do find them? Aside from the obvious but unlikely explanation that gender differences simply do not exist; two other explanations seem plausible according to Sexton and Whiston (2001).

The descriptive statistics on gender was followed by Chi-square to test the association between church based counselor's gender and adherence to counseling ethics. The Chi-square test at $p \leq 0.05$ significance level illustrating statistically significant association between church based counselor's gender and adherence to counseling ethics are as summarized in Table 4.23. To achieve this, the hypothesis was tested;

HO_2: There is no association between church based counselor's gender and adherence to counseling ethics

Table 4.23: Chi-square Test for Association Between Church-based Counselor's Gender and Adherence to Counseling Ethics

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.032[a]	3	.387
Likelihood Ratio	2.563	3	.464
Linear-by-Linear Association	1.056	1	.304
N of Valid Cases	148		

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is .14.

Source: Author (2017)

As shown in Table 4.23, the P-value for the Chi-Square test for the association between church based counselor's gender and adherence to counseling ethics is 0.304. Therefore, the null hypothesis that, "there is no association between church based counselor's gender and adherence to counseling ethics", the hypothesis was accepted ($p>0.05$). This implies that, even though, an association between church based counselor's gender and adherence to counseling ethics exist, it is not significant.

4.5.1 Marital Status and Adherence

Additionally, the respondents were asked to indicate their marital status. This is shown in Table 4.24.

Table 4.24: Marital status of the respondents

Category	Frequency	Percent
Married	136	91.9
Single	9	6.1
Widowed	3	2.0
Total	**148**	**100.0**

Source: Author (2017)

Table 4.24 above shows that majority 136(91.9%) of the respondents were married, 9(6.1%) single and 3(2.0%) widowed. Moreover, the study determined the association between marital status and adherence to counseling ethics. This is shown in Table 4.25.

Table 4.25: Marital Status of the Respondents and Adherence to Counseling Ethics

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Marital status	Widowed	Count	2	1	0	0	3
		% within Marital status	66.7%	33.3%	0.0%	0.0%	100.0%
	Married	Count	105	31	0	0	136
		% within Marital status	77.2%	22.8%	0.0%	0.0%	100.0%
	Single	Count	5	4	0	0	9
		% within Marital status	55.6%	44.4%	0.0%	0.0%	100.0%
Total		Count	112	36	0	0	148
		% within Marital status	75.7%	24.3%	0.0%	0.0%	100.0%

Source: Author (2017)

As shown in Table 4.25, most (66.7%) of the widowed respondents had excellent adherence to counseling ethics, 33.3% had high adherence and none had adherence and fair adherence. Similarly, most (77.2%) of the married respondents had excellent adherence to counseling ethics, 22.8%, revealed high adherence and none had adherence and fair adherence. Lastly, most (55.6%) of the single respondents had excellent adherence to counseling ethics, 44.4%, revealed high adherence and none had adherence and fair adherence. Generally, most (77.2%) of the respondents who had excellent adherence were married followed by widowed and single at 66.7% and 55.6% respectively. This implies that marital status has an association with the adherence as the married are more likely to adhere to counseling ethics compared to widow and singles.

The descriptive statistics on marital status was followed by Chi-square to test the association between church based counselor's marital status and adherence to counseling ethics. The Chi-square test at $\alpha=0.05$ significance level illustrating statistically significant association between church based counselor's marital status and adherence to counseling ethics are as summarized in Table 4.26. To achieve this, the hypothesis was tested;

H_{O3}: There is no association between church based counselor's marital status and adherence to counseling ethics

Table 4.26: Chi-square Test for Association Between Church-based Counselor's Marital Status and Adherence to Counseling Ethics

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.122[a]	6	.981
Likelihood Ratio	1.918	6	.927
Linear-by-Linear Association	.228	1	.633
N of Valid Cases	148		

a. 8 cells (66.7%) have expected count less than 5. The minimum expected count is .02.

Source: Author (2017)

As shown in Table 4.26, the P-value for the Chi-Square test for the association between church based counselor's marital status and adherence to counseling ethics is 0.633. and since P>0.05, we accept the null hypothesis that, "there is no association between church based counselor's marital status and adherence to counseling ethics", the null hypothesis was accepted (p>0.05). This implies that, even though, an association between church based counselor's marital status and adherence to counseling ethics exist, it is not significant

4.5.2 Age and Adherence

Additionally, the respondents were asked to indicate their ages. This is shown in Table 4.27.

Table 4.27: Age of the Respondents

Category	Frequency	Percent
20-24	1	0.7
25-29	8	5.4
30-34	18	12.2
35-39	29	19.6
40-44	35	23.6
45-49	24	16.2
50-54	11	7.4
55-59	11	7.4
60+	11	7.4
Total	**148**	**100.0**

Source: Author (2017

Table 4.27 shows that majority 35(23.6%) of the respondents were 40-44 years old, 29(19.6%) 35-39, 24(16.2%) 45-49, 18(12.2%) 30-34, 11(7.4%) each, 50-54, 55-59 and 60+ years old, 8(5.4%), 25-29 and 1(0.7%) 20-24 years old. Besides, the study determined the association between age and adherence to counseling ethics. This is shown in Table 4.28.

Table 4.28: Age of the Respondents and Adherence to Counseling Ethics

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Age	20-24	Count	0	1	0	0	1
		% within Age	0.0%	100.0%	0.0%	0.0%	100.0%
	25-29	Count	7	1	0	0	8
		% within Age	87.5%	12.5%	0.0%	0.0%	100.0%
	30-34	Count	8	7	3	0	18
		% within Age	44.4%	38.9%	16.7%	0.0%	100.0%
	35-39	Count	22	7	0	0	29
		% within Age	75.9%	24.1%	0.0%	0.0%	100.0%
	40-44	Count	22	9	3	1	35
		% within Age	62.9%	25.7%	8.6%	2.9%	100.0%
	45-49	Count	17	6	1	0	24
		% within Age	70.8%	25.0%	4.2%	0.0%	100.0%
	50-54	Count	7	2	2	0	11
		% within Age	63.6%	18.2%	18.2%	0.0%	100.0%
	55-59	Count	8	3	0	0	11
		% within Age	72.7%	27.3%	0.0%	0.0%	100.0%
	60+	Count	10	1	0	0	11
		% within Age	90.9%	9.1%	0.0%	0.0%	100.0%
Total		Count	101	37	9	1	148
		% within Age	68.2%	25.0%	6.1%	0.7%	100.0%

Source: Author (2017)

Table 4.28 shows that, all (100.0%) of the respondents who were 20-24 years old had high adherence to counseling ethics. Additionally, most (85.7%) of the respondents who were 25-29 years old had excellent adherence to counseling ethics and 12.5%

had high adherence. Of the respondents who were 30-34 years old, most (44.4%) had excellent adherence to counseling ethics, 38.9% high adherence and 16.7% had adherence. Likewise, most (75.9%) of the respondents who were 35-39 years old had excellent adherence to counseling ethics and 24.1% had high adherence. Moreover, most (62.9%) of the respondents who were 40-44 years old had excellent adherence to counseling ethics, 25.7%, high adherence, 8.6% adherence, and 2.9% had fair adherence. Similarly, most (70.8%) of the respondents who were 45-49 years old had excellent adherence to counseling ethics, 25.0%, high adherence, 4.2% adherence, and none had fair adherence.

Of the respondents who were 50-54 years old, most (63.6%) had excellent adherence to counseling ethics, 18.2% high adherence and 18.2% had adherence. Furthermore, most (72.7%) of the respondents who were 55-59 years old had excellent adherence to counseling ethics and 27.3% had high adherence. Lastly, most (90.9%) of the respondents who were 60+ years old had excellent adherence to counseling ethics and 9.1% had high adherence. Generally, most (90.9%) of the respondents who had excellent adherence were 60+ years old followed by 25-29, 35-39, 45-49, 55-59, 50-54, 40-44 and 30-34 years old at 87.5%, 75.9%, 72.7%, 70.8%, 63.6%, 62.9% and 44.4% respectively. This implies that age has an association with the adherence as those who are 60+ are more likely to adhere to counseling ethics compared to ages below 60. This is in line with Peterson et al. (2001) who found that age was a significant predictor of ethical behavior. However, it contradicts the findings of Cortese (1989), who found that age was not significant. The descriptive statistics on age was followed by Chi-square to test the association between church based counselor's age and adherence to counseling ethics.

The Chi-square test at α=0.05 significance level illustrating statistically significant association between church based counselor's age and adherence to counseling ethics are as summarized in Table 4.29. To achieve this, the hypothesis was tested;

H_{O4}: There is no association between church based counselor's age and adherence to counseling ethics

Table 4.29: Chi-square Test for Association Between Church-based Counselor's Age and Adherence to Counseling Ethics

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.765[a]	24	.534
Likelihood Ratio	24.130	24	.454
Linear-by-Linear Association	1.659	1	.198
N of Valid Cases	148		

a. 25 cells (69.4%) have expected count less than 5. The minimum expected count is .01.

Source: Author (2017)

As shown in Table 4.29, the P-value for the Chi-Square test for the association between church based counselor's age and adherence to counseling ethics is 0.198 and since p>0.05 the null hypothesis was accepted that, "there is no association between church based counselor's age and adherence to counseling ethics", failed to be rejected (p>0.05). This implies that, even though, an association between church based counselor's age and adherence to counseling ethics exist, it is not significant. Peterson et al. (2001) seem to disagree with this finding citing that question of age is a factor in ethical decision-making, owing to the capacity of the individual in the

society. This finding is in line with a number of moral development models such as that proposed by Kohlberg (1969) which report that older people possess higher ethical beliefs, and are less likely to be influenced by people around them. This then imply that as much as age has some relationship with adherence it is not significant since counseling is a profession that is pegged on training and ethics apply regardless of age.

4.5.3 Level of Education and Adherence

Additionally, the respondents were asked to indicate their level of education. This is shown in Table 4.30.

Table 4.30: level of Education of the Respondents

Category	Frequency	Percent
Primary	15	10.1
Secondary	16	10.8
Post-secondary	30	20.3
Graduate	70	47.3
Post graduate	17	11.5
Total	**148**	**100.0**

Source: Author (2017)

Table 4.30 shows that majority 70(47.3%) of the respondents were graduates, 30(20.3%) post –secondary, 17(11.5%) post graduate, 16(10.8%) secondary and 15(10.1%) primary. Moreover, the study determined the association between level of education and adherence to counseling ethics. This is shown in Table 4.31.

Table 4.31: Level of Education and Adherence to Counseling Ethics

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Level of education	Post graduate	Count	17	0	0	0	17
		% within Level of education	100.0%	0.0%	0.0%	0.0%	100.0%
	Graduate	Count	52	18	0	0	70
		% within Level of education	74.3%	25.7%	0.0%	0.0%	100.0%
	Post-secondary	Count	22	7	1	0	30
		% within Level of education	73.3%	23.3%	3.3%	0.0%	100.0%
	Secondary	Count	10	4	2	0	16
		% within Level of education	62.5%	25.0%	12.5%	0.0%	100.0%
	Primary	Count	8	4	2	1	15
		% within Level of education	53.3%	26.7%	13.3%	6.7%	100.0%
Total		Count	109	33	5	1	148
		% within Level of education	73.6%	22.3%	3.4%	0.7%	100.0%

Source: Author (2017)

Table 4.31 shows that, all (100.0%) of the respondents who had post graduate holders had excellent adherence to counseling ethics. Additionally, most (74.3%) of the respondents who were graduate holders had excellent adherence to counseling ethics and 25.7% had high adherence. Of the respondents who had post-secondary level of education, most (73.3%) had excellent adherence to counseling ethics, 23.3% high adherence and 3.3% had adherence. Likewise, most (62.5%) of the respondents who

had secondary level of education had excellent adherence to counseling ethics, 25.0% had high adherence and 11.8% had adherence. Lastly, most (53.3%) of the respondents who were primary level of education had excellent adherence to counseling ethics, 26.7%, high adherence, 13.3% adherence, and 6.7% had fair adherence. Generally, most (100.0%) of the respondents who had excellent adherence were those who had post graduate qualification followed by graduate, post-secondary, secondary and primary at 74.3%, 73.3%, 62.5% and 53.3% respectively. This implies that level of education has an association with the adherence as the higher the level of education the more likely a person adhere to counseling ethics. This is in line with the findings of Remley and Herlihy (2010) that Christian counseling educators and supervisors maintain the highest levels of clinical knowledge and experience, professional skill, biblical integration and ethical excellence in all teaching, supervision responsibilities and ethical-legal knowledge. However, this contradicts the findings of Market and Monke (2010) that most admissions procedures focused on a limited number of criteria such as Graduate Record Examination (GRE) scores, undergraduate GPA, letters of recommendation, and interviews that had low positive correlation with academic success and the attainment of counseling skills.

The descriptive statistics on level of education was followed by Chi-square to test the association between church based counselor's level of education and adherence to counseling ethics. The Chi-square test at $\alpha=0.05$ significance level illustrating statistically significant association between church based counselor's level of education and adherence to counseling ethics are as summarized in Table 4.32. To achieve this, the hypothesis was tested;

H_{O5}: There is no association between church based counselor's level of education and adherence to counseling ethics

Table 4.32: Chi-square Test for Association Between Church-based Counselor's Level of Education and Adherence to Counseling Ethics

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.891[a]	12	.069
Likelihood Ratio	21.612	12	.042
Linear-by-Linear Association	11.109	1	.001
N of Valid Cases	148		

a. 13 cells (65.0%) have expected count less than 5. The minimum expected count is .10.

Source: Author (2017)

As shown in Table 4.32, the P-value for the Chi-Square test for the association between church-based counselor's level of education and adherence to counseling ethics is 0.001. Therefore, the null hypothesis that, "there is no association between church based counselor's level of education and adherence to counseling ethics", was rejected ($p<0.05$). This implies that, there is a significant association between church based counselor's level of education and adherence to counseling ethics. It is in agreement with Bradley & Post (1991) who found that while programs had procedures in place to evaluate academic success, few had procedures in place to effectively monitor student professional and personal development. Since then, Frame and Stevens-Smith (2005) have outlined nine characteristics they believe essential to counselor development, and Baldo and Softas-Nail (2007) have proposed a student review and retention policy that includes due process, clear expectations regarding student behaviors, and a review committee that involves the entire faculty, which point to the fact that education has a relationship with adherence. Subsequently,

Lumadue and Duffey (2009) expanded on these policies developing a student evaluation form, the Professional Performance Fitness Evaluation (PPFE), outlining specific behavioral components for students, all of which aim at equipping the counselor since education is essential when it comes to adherence. In this study it was discovered that those with higher level of education adhered most.

4.5.4 Denomination and Adherence

Additionally, the respondents were asked to indicate their denomination. This is shown in Table 4.33.

Table 4.33: Denomination of the Respondents

Category	Frequency	Percent
Roman Catholic Church	4	2.7
Main-line Churches	70	47.3
Pentecostal Churches	37	25.0
Independent Churches	16	10.8
African indigenous Churches	21	14.2
Total	**148**	**100.0**

Source: Author (2017)

As shown in Table 4.33 majority 70(47.3%) of the respondents were from Main-line Churches, 37(25.0%) Pentecostal Churches, 21(14.2%) African indigenous Churches, 16(10.8%) Independent Churches and 4(2.7%) were from Roman Catholic Church. Additionally, the study determined the association between denomination and adherence to counseling ethics. This is shown in Table 4.34.

Table 4.34: Denomination and Adherence to Counseling Ethics

Denomination of the Respondents Adherence to Counseling Ethics Cross Tabulation

			Adherence to counseling ethics				Total
			Excellent adherence	High adherence	Adherence	Fair adherence	
Denomination	Independent churches	Count	4	8	4	0	16
		%within Denomination	25.0%	50.0%	25.0%	0.0%	100.0%
	Roman Catholic Church	Count	3	1	0	0	4
		%within Denomination	75.0%	25.0%	0.0%	0.0%	100.0%
	African Indigenous churches	Count	14	5	2	0	21
		%within Denomination	66.7%	23.8%	9.5%	0.0%	100.0%
	Pentecostal churches	Count	21	12	4	0	37
		%within Denomination	56.8%	32.4%	10.8%	0.0%	100.0%
	Main-line churches	Count	58	12	0	0	70
		%within Denomination	82.9%	17.1%	0.0%	0.0%	100.0%
Total		Count	100	38	10	0	148
		%within Denomination	67.6%	25.7%	6.7%	0.0%	100.0%

Source: Author (2017)

Table 4.34 shows that, most (50.0%) of the respondents who were from Independent churches had high adherence to counseling ethics, 25.0% excellent adherence and a

similar 25.0% had adherence. Additionally, most (75.0%) of the respondents who were from Roman Catholic Church had excellent adherence to counseling ethics and 25.0% high adherence. Of the respondents who were from African Indigenous churches, most (66.7%) had excellent adherence to counseling ethics, 23.8% high adherence and 9.5% had adherence. Likewise, most (56.8%) of the respondents who were from Pentecostal churches had excellent adherence to counseling ethics, 32.4% high adherence and 10.8% had adherence. Lastly, most (82.9%) of the respondents who were from Main-line churches had excellent adherence to counseling ethics and 17.1% had high adherence. Generally, most (82.1%) of the respondents who had excellent adherence were from Main line churches followed by Roman Catholic Church, African Indigenous, Pentecostal churches and Independent churches at 75.0%, 66.7%, 56.8% and 25.0% respectively. This implies that denomination has an association with the adherence as those who are from Main line churches are more likely to adhere to counseling ethics. This supports the findings of Markle (2010) that intrinsic religiosity implies the internalization of the religions' teachings and the finding of personal master motives in religion, whereas extrinsic religiosity reflects more instrumental and utilitarian aspects of religion, providing security and solace, sociability and distraction, status, and self-justification. Additionally, the descriptive statistics in objective two was followed by logistic regression to test for the relationship between the socio-cultural factors and adherence to counseling ethics.

The descriptive statistics on denomination was followed by Chi-square to test the association between church based counselor's denomination and adherence to counseling ethics. The Chi-square test at $\alpha=0.05$ significance level illustrating statistically significant association between church based counselor's denomination

and adherence to counseling ethics are as summarized in Table 4.35. To achieve this, the hypothesis was tested;

H_{O6}: There is no association between church based counselor's denomination and adherence to counseling ethics

Table 4.35: Chi-square Test for Association Between Church-based Counselor's Denomination and Adherence to Counseling Ethics

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.032[a]	12	.443
Likelihood Ratio	11.941	12	.450
Linear-by-Linear Association	.694	1	.405
N of Valid Cases	148		

a. 13 cells (65.0%) have expected count less than 5. The minimum expected count is .03.

Source: Author (2017)

As shown in Table 4.35, the P-value for the Chi-Square test for the association between church based counselor's denomination and adherence to counseling ethics is 0.405 which is greater than a and therefore, the null hypothesis that, "there is no association between church based counselor's denomination and adherence to counseling ethics", was accepted ($p>0.05$). This implies that, even though, there is an association between church based counselor's denomination and adherence to counseling ethics, it is not significant. The findings indicated that most of the counselors who adhered to ethics were from the mainline churches followed by the Pentecostal churches then the Roman Catholic Church and then indigenous churches.

Koenig, (2010) seems to point out the influence of religion when he says that religion is a universal human pursuit, affecting many different cultural parameters, moral concepts, and ideals, and influencing human thinking and behavior by offering answers on the meaning of human existence, this then seem to agree to the relationship between religion and adherence because it actually influences. Nolen-Hoeksema (2011) gives a general view on the influence of religion on adherence by pointing out that this dynamic referred to as religion, helps promote strong and effective trust relationships and is an essential factor in facilitating self-disclosure and the potential for personal, relational, and spiritual growth and wholeness.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0. Overview

This chapter presents on the summary of the findings, conclusion and recommendations.

5.1. Summary of the Findings

5.1.1 Level of Awareness of Counseling Ethics among Church Based Counselors and Adherence to Counseling Ethics

The study revealed that most of the respondents described counseling as: helping a counselee deal with a challenge; showing concern and listening to people's problems respectively. Additionally, the results on the description of counseling shows that most of the respondents were not aware of the description of counseling, poorly aware, highly aware, aware, fairly aware and excellently aware respectively. Similarly, most of the respondents explained the meaning of counseling as: a set of moral principles; upholding morals, showing integrity, being professional, good practice and protecting the right and dignity of a counseled, correspondingly. Additionally, the results on the explanation of counseling shows that most of the respondents were not aware on the explanation of counseling ethics, poorly aware, fairly aware, aware, highly aware respectively.

On the importance of ethics in counseling, most of the respondents revealed that: ethics made the counseling session successful; guided the counseling session; stirred counselees' confidence; protected the counselor while on duty; guaranteed the protection of the counselee and helped people to cure their hearts. Additionally, the

results on the importance of ethics on counseling shows that most of the respondents were not aware on the importance of counseling, poorly aware, fairly aware, highly aware, aware and excellent aware correspondingly. Likewise, most of the respondents revealed fidelity as a principle of counseling. Other respondents stated autonomy, justice, beneficence, non-maleficence and confidentiality respectively. Additionally, the results on the principles of ethics shows that most of the respondents were not aware on the principles of counseling, poorly aware, fairly aware, aware, highly aware and excellent aware.

Generally, most of the respondents who had excellent adherence were aware of counseling ethics followed by those who were fairly aware and poorly aware respectively, while those who were not aware had no excellent adherence but had high adherence. The Chi-square test of association revealed that there is a significant association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics.

5.1.2 Socio-Demographic Factors Influencing Adherence to Counseling Ethics

The study revealed that majority of the respondents were male while minority were female. Moreover, more males had excellent adherence as compared to female with excellent adherence. Likewise, majority of the respondents were married, single and widowed respectively. Additionally, generally, most of the respondents who had excellent adherence were married followed by widowed and single. On the age of the respondents, majority were 40-44 years old, 35-39, 45-49, 30-34, 50-54, 55-59 and 60+ years old, 25-29 and 20-24 years old correspondingly. Additionally, most of the respondents who had excellent adherence were 60+ years old followed by 25-29, 35-39, 45-49, 55-59, 50-54, 40-44 and 30-34 years old.

Similarly, majority of the respondents were graduate, post –secondary, post graduate, secondary and primary respectively. Moreover, most of the respondents who had excellent adherence were those who had post graduate qualification followed by graduate, post-secondary, secondary and primary. On the denomination of the respondents, majority were from Main-line Churches, Pentecostal Churches, African indigenous Churches, Independent Churches and Roman Catholic Church correspondingly. Additionally, most of the respondents who had excellent adherence were from Main line churches followed by Roman Catholic Church, African Indigenous, Pentecostal churches and Independent churches.

5.1.3 Adherence to Counseling Ethics

The study revealed that most of the respondents revealed that what prompted a counselor to breaking the principle of fidelity in counseling was when: the client's life was in danger; there was mutual consent; the counselor intended to help the others through counselee's example; it made the client healed; it was important for the counselee's significant others and when a counselee was about to commit suicide or kill correspondingly. Likewise, most of the respondents revealed that what made the counselor not to allow the counselee to exercise autonomy during counseling session were that: the clients came for help; the counselee was not aware of the direction the session is going; clients were normally unable to explain themselves; the counselor was a professional; clients were usually weak and clients were emotional, respectively.

Additionally, most of the respondents revealed that the circumstances under which a counselee would be beneficial to the counselor was when: when the counselee had a challenge that could be addressed by the counselor; the counselor felt that they shared

the same social status with the counselee; the counselee was very lenient and empathetic; a counselor was in need of money and the counselee was willing to assist; a counselee occupied a high office and the counselor required services from that office and the counselor was gaining more knowledge respectively. The study revealed that most of the respondents revealed that what made the counselor not to effectively deal with the counselee's problems during counseling session was that: the counselor was a human being and had problem also; the counselor did not have all the answers to the problem of the counselee; a client was able to solve his/her problems; the counselee was not the only person undergoing that kind of a challenge; the counselee could also be assisted by other people and the client was too emotional.

Additionally, most of the respondents revealed that some clients being problematic were the reasons that prompted the counselor to treat clients effectively. Others indicate that it was because of: the respect for social status; the counselor's belief and persuasions; the client came from a different tribe from that of the counselor; the anticipated benefits from the client and the client were in danger correspondingly. On the code of ethics respondents had ever broken, most of the respondents revealed that autonomy, fidelity, justice, beneficence, non-maleficence and dignity, respectively. Lastly, most of the respondents revealed that they nothing when they broke the above code of ethics, they felt normal, justified, remorseful and 2 very remorseful correspondingly.

5.2. Discussion of the Findings

The British Association for counseling (1991) describes counseling as the skills and principles use of relationships when developing self-knowledge and personal resources. This is in line with acquisition of knowledge as far as ethics is concerned and further applying the same in the course of practice. The discussion focused on the areas that influence adherence to counseling ethics among church based counselors.

The conceptual framework had six independent variables derived from the research objectives namely, awareness, Gender, Marital status, Age, Level of education, and denomination of the counselor. These were considered against a dependent variable Adherence to counseling Ethics with two intervening variables namely, policy of the organization and personality of the counselor. The humanist Psychology Theory which according to Schneider, Bugental &Pierson (2001) emphasizes the search for understanding human potential and achievement was employed for the study. It further states that moral value of human conduct and moral principles control or influence a person's behavior which protects both the practitioner and the clients by insuring against possible malpractice and exploitation.

From the findings and discussion, it was concluded that the level of awareness on the counseling ethics among church based counselors and the socio-demographic factors have an association with the adherence to counseling ethics.

On the level of awareness of counseling ethics among church based counselors and adherence to counseling ethics, it is concluded that there is a significant association between the levels of awareness of counseling ethics among church based counselors and adherence to counseling ethics as most of the respondents who have excellent

adherence are aware of counseling ethics compared to those who are unaware. On the description of counseling, it is concluded counseling is described as helping a counselee deal with a challenge, advice giving people showing concern and listening to people's problems. However, the awareness on the description is still poor among church based counselors.

Counseling is explained as a set of moral principles, upholding morals, showing integrity, being professional, good practice and protecting the right and dignity of a counseled. Nevertheless, the awareness on the explanation of counseling in ethics is still poor among church based counselors. On the importance of ethics in counseling it is concluded that ethics make the counseling session successful, guides the counseling session, stirs counselees' confidence, protects the counselor while on duty, guarantees the protection of the counselee and help people to cure their hearts. However, the awareness on the importance of ethics in counseling is still poor among church based counselors. Likewise, fidelity, autonomy, justice, beneficence, non-maleficence and confidentiality are the principles of counseling.

On the socio-demographic factors and adherence to counseling ethics, it is concluded that there is an association between the socio-demographic and adherence to counseling ethics.

On the marital status, it is concluded that there is an association between marital status and adherence to counseling ethics as most of those who have excellent adherence are married compared to widowed and single.

Likewise, it is concluded that there is an association between age and adherence to counseling ethics as most of those who have excellent adherence are 60+ years old compared to below 60 years old.

Additionally, it is concluded that there is an association between level of education and adherence to counseling ethics as most of those who have excellent adherence have higher academic qualification.

Lastly, it is concluded that there is an association between denomination and adherence to counseling ethics as most of those who have excellent adherence are from Main line churches followed by Roman Catholic Church, African Indigenous, Pentecostal churches and Independent churches.

5.3. Recommendations

From the conclusion, because the level of awareness on ethics in counseling is low, the author recommends that

1. Christian counselors need to upgrade their skills every now and then through training and education. This will help one have different ideas and give solution to problems with an ease.
2. The Church, policy makers and the government should come up with a policy that incorporates the socio-demographic factors such as gender, age, marital status, denomination as they are found to have association with the adherence to ethics in counseling.
3. Upon hiring of church based counselors, the church or any religious organization need to consider someone who is trained in counseling in order to boost the

confidence of the client as well as some assurance that the professional will adhere to counseling ethics.

5.4. Suggestions for Further Studies

This study was carried out with a clear focus on church based counselors in Uasin Gishu County, Kenya. However, there are also other counselors in firms and even institutions that are not necessarily church based. Thus, there is need to carry out further research to compared how counseling ethics are adhered to from church-based and non-church based counselors in order to not only identify existing gaps and challenges but also to find ways of mitigating such.

Furthermore, it emerged that issues that were related to counseling ethics were critical to the adherence of counseling ethics. Thus, there is need to carry out further research that is solely based on factors that are related to policy such as government framework and how this is connected to the adherence to counseling ethics.

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PPENDICES

APPENDIX I: Questionnaire

Dear Respondent,

My name is David Ng'ang'a, a student at Moi University, pursuing a Masters course in counselling Psychology. As part of the partial fulfillment for the course, I am undertaking a research on the awareness and adherence to counselling ethics among church based counsellors. I hereby invite you to participate in this research by responding to the items in this questionnaire as honestly as possible. Thank you in advance.

SECTION A: DEMOGRAPHIC DATA

INSTRUCTIONS: Tick appropriately in the brackets ( ) or boxes in the choice that best suits your answer.

1. Gender:

Male ☐ female ☐

2. Marital status:

Married ☐ Single ☐ separated ☐ divorced ☐
widowed ☐

3. Age in years

20-24 ☐

25-29 ☐

30-34 ☐

35-39 ☐

40-44 ☐

45-49 ☐

50-54 ☐

55-59 ☐

60+ ☐

4. Level of education.

Primary ☐

Secondary ☐

Post-secondary ☐

Graduate ☐

Post graduate ☐

5. Denomination

Roman Catholic Church ☐

Main-line churches ☐

Pentecostal churches ☐

Independent churches ☐

African indigeneous churhces ☐

SECTION B: COUNSELING AND ETHICS AWARENESS.

1. How would you describe counselling?

A. Helping people.

B. Advice giving.

C. Showing concern.

D. Helping a counselee deal with a challenge.

E. listening to people's problems.

F. Others specify …….

2. Explain the meaning of ethics in counseling.

A. Good practice.

B. Being professional.

C. Upholding morals.

D. Showing integrity.

E. A set of moral principles.

F. Others specify ……

3. What is your opinion on importance of ethics in counseling?

A. Ethics stirs counselee's confidence.

B. Ethics guides the counseling sessions.

C. Ethics protect the counselor while on duty.

D. Ethics makes the counseling session successful.

E. ethics guarantees the protection of the counselee.

F. Others specify …….

4. Identify some of the ethical principles of counseling you know.

A. Fidelity.

B. Autonomy.

C. Non-maleficence.

D. Beneficence.

E. Justice.

F. Others specify……

SECTION C: ETHICAL PRINCIPLES AND ADHERENCE.

1. FIDELITY/ CONFIDENTIALITY.

What prompts a counselor to breaking the principle of fidelity in counseling?

A. When the client‘s life is in danger.
B. When there is mutual consent.
C. When it makes the client healed.
D. When the counselor intends to help the others through counselee’s example.
E. When it is important for the counselee’s significant others.
F. Elaborate briefly…….

2. AUTONOMY.

What makes the counselor not to allow the counselee to exercise autonomy during a counseling session?

A. Clients are normally unable to explain themselves.
B. Clients come for help.
C. The counselor is a professional.
D. The counselee is not aware of the direction the session is going.
E. Clients are usually weak.
F. Elaborate briefly……

3. NON-MALEFICENCE.

Explain circumstances under which a counselee would be beneficial to the counselor.

A. When a counselor is in need of money and the counselee is willing to assist.
B. When a counselee occupies a high office and the counselor requires services from that office.
C. When the counselee has a challenge that can be addressed by the counselor.
D. When the counselor feels that they share the same social status with the counselee.

E. When the counselee is very lenient and empathetic.
F. Elaborate briefly……..

4. BENEFICENCE.

What makes the counselor not to effectively deal with the counselee's problems during a counseling session?

A. A client is able to solve his/her problems.
B. The counselor is a human being and has problems also.
C. The counselee is not the only person undergoing that kind of a challenge.
D. The counselor does not have all the answers to the problem of the counselee.
E. The counselee can also be assisted by other people.
F. Elaborate briefly……...

5. JUSTICE.

Explain the reasons that prompt the counselor to treat clients differently.

A. Respect for social status.
B. Some clients are problematic.
C. The client comes from a different tribe from that of the counselor.
D. The counselor's belief and persuasions.
E. Anticipated benefits from the clients.
F. Elaborate briefly……

6. (I.) Which of the following code of ethics have you ever broken?

A. Fidelity

B. Autonomy.

C. Beneficence.

D. Non-maleficence.

E. Justice.

F. other specify……..

(II.) How did you feel when you broke any of the above code of ethics?

A. Very remorseful.

B. Remorseful.

C. Justified.

D. Normal

E. Nothing.

APPENDIX II KEY INFORMANT INTERVIEW

SECTION A: COUNSELING AND ETHICS AWARENESS.

1. Are many church-based counselors aware of what counseling is? .....
.....

2. Are church-based counselors aware of ethics in counselling?

……
……..

3. What is your opinion on importance of ethics in church-based counselling?.....
.....

SECTION B: ETHICAL PRINCIPLES AND ADHERENCE.

1. FIDELITY/ CONFIDENTIALITY.

What prompts a counselor to breaking the principle of fidelity in counselling?.....
.....

2. AUTONOMY.

What makes the counselor not to allow the counselee to exercise autonomy during a counseling
session?.....
.....

3. NON-MALEFICENCE.

Under what circumstances would a counselee be beneficial to the counsellor?.....
.....
.....

4. BENEFICENCE.

Do counselors effectively deal with the counselee's problems during a counseling session?.....
.....

5. JUSTICE.

As an expert tell me some of the causes that prompt counselors to treat clients differently……
…….

SCORING OF THE QUESTIONNAIRES.

Under section A (Testing socio- demographic factors)

Under SECTION B (Testing the level awareness of ethics)

Anyone who answers most of the questions demonstrates a higher level of awareness.

6– Excellently aware.

5- Highly aware.

4- Aware.

3-Fairly aware

2-Poorly aware

1-Not aware

Under SECTION C (Testing adherence to the five ethical principles)

Anyone who answers most of the questions demonstrates non-adherence.

1- Excellent adherence.

2- High adherence.

3-Adherence

4-fair adherence

5-Non adherence

RATING FOR Qn. 7

A. Very remorseful.

B. Remorseful. (AB n C means they adhere)

C. Justified.

D. Normal (D n E means non-adherence)

E. Nothing.

Appendix II: Research Permit Authorization

Tel. Eldoret (053) 43620
Fax No. (0321) 43047
MOIVARSITY 35047

MOI UNIVERSITY

SCHOOL OF ARTS & SOCIAL SCIENCES

P.O. Box 1900
Eldoret/Nairobi
KENYA

DEPARTMENT OF SOCIOLOGY&PSYCHOLOGY

18th July, 2016

THE SECRETARY/CEO
NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION
P.O. BOX 30623 – 00100,
NAIROBI,
KENYA

Dear Sir/Madam,

RE: RESEARCH PERMIT- DAVID NG'ANG'A WANGARU – SASS/MCP/07/12

This is to confirm that the above mentioned is a bonafide postgraduate student currently pursuing Master of Science (Counseling Psychology) in the Department of Sociology and Psychology, School of Arts and Social Science, Moi University. He is currently scheduled to conduct research on the area outlined below in the next three months. His research topic is *"Factors Influencing Adherence to Counseling Ethics Among Church Based Counselors in Eldoret Town."*

This is to request you to issue him with research permit to enable him collect data for the respective research.

Thank you.

HEAD
SOCIOLOGY & PSYCHOLOGY DEPARTMENT
MOI UNIVERSITY

PROF. JAMIN R.M. MASINDE
HEAD, SOCIOLOGY & PSYCHOLOGY DEPARTMENT

NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. NACOSTI/P/16/20272/13031

Date: 12th August, 2016

David Nganga Wangaru
Moi University
P.O. Box 3900-30100
ELDORET.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors influencing adherence to counseling ethics among church based counselors in Eldoret Town,"*** I am pleased to inform you that you have been authorized to undertake research in **Uasin Gishu County** for the period ending **11th August, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Uasin Gishu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Received
26/5/2017

COUNTY COMMISSIONER
UASIN GISHU COUNTY

Copy to:

The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.

REPUBLIC OF KENYA

MINISTRY OF EDUCATION

State Department for Early Learning and Basic Education

Telegrams: "**EDUCATION**", Eldoret
Telephone: **053-2063342** or **2031421/2**
Mobile : **0719 12 72 12/0732 260 280**
Email: cdeuasingishucounty@yahoo.com
: cdeuasingishucounty@gmail.com
When replying please quote:

Office of The County Director of Education,
Uasin Gishu County,
P.O. Box 9843-30100,
ELDORET.

Ref: No. MOE/UGC/TRN/9/VOL III/83

3rd OCTOBER , 2016

DAVID NGANGA WANGARU
MOI UNIVERSITY
P.O BOX 3900-30100
ELDORET

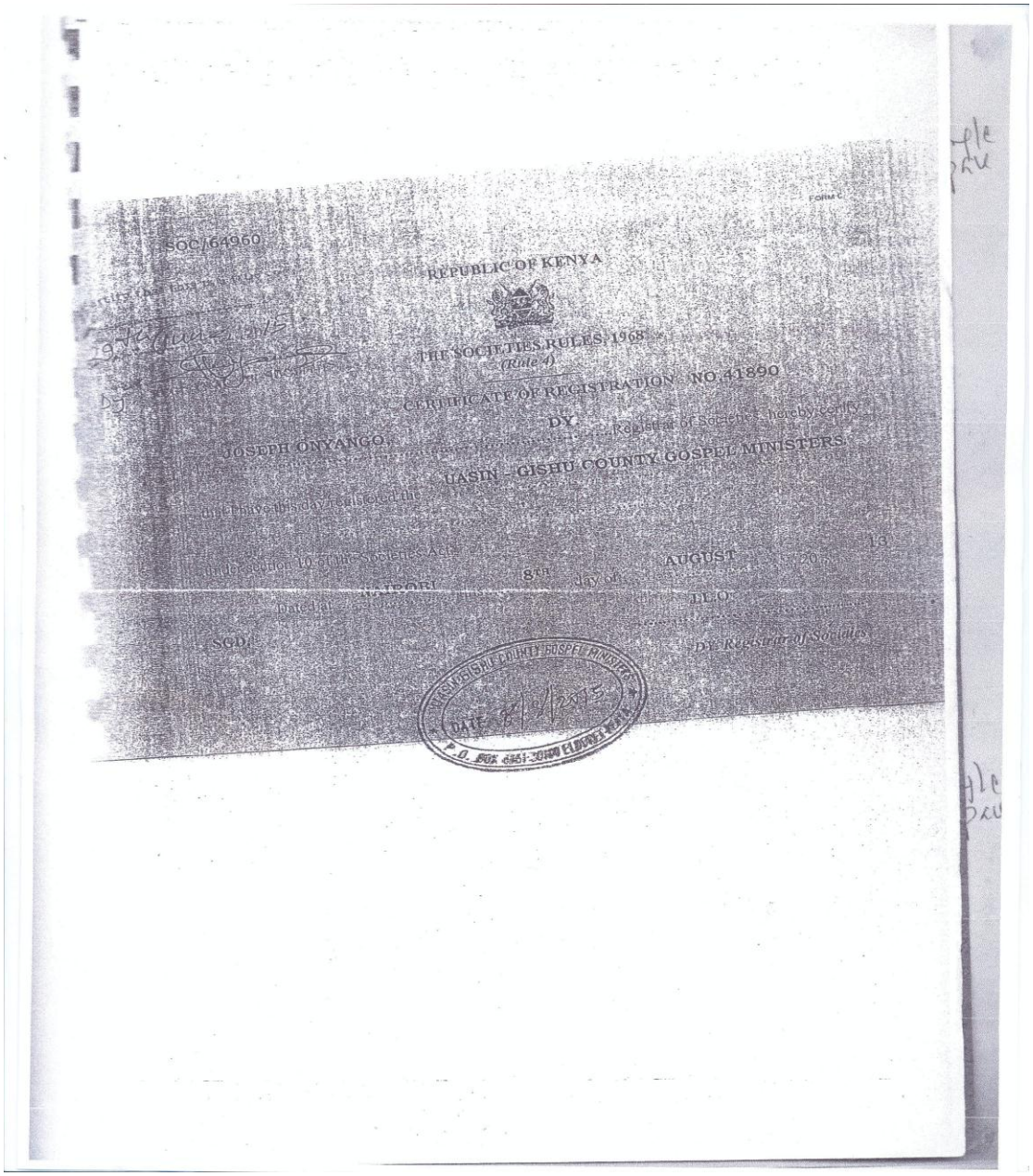
RE: RESEARCH AUTHORIZATION

This office has received a request from your college to authorize you to carry out research on "***Factors influencing adherence to counseling ethics among church based counselors in Eldoret Town,***" Within Uasin Gishu County.

We wish to inform you that the request has been granted until **11th August, 2018**. The authorities concerned are therefore requested to give you maximum support.

We take this opportunity to wish you well during this data collection.

Samuel .K. Kimaiyo
For: **COUNTY DIRECTOR OF EDUCATION**
UASIN GISHU



FORM C

SOC 64960

REPUBLIC OF KENYA

THE SOCIETIES RULES 1968
(Rule 4)

CERTIFICATE OF REGISTRATION NO 41890

I DY Registrar of Societies hereby certify

that JOSEPH ONYANGO

has this day registered the UASIN GISHU COUNTY GOSPEL MINISTERS

under section 10 of the Societies Act

Dated at ELDORET this 8th day of AUGUST 2013

SGD

DY Registrar of Societies

PRESBYTERIAN CHURCH GOSPEL MINISTRIES
DATE 8/8/2013
P.O. BOX 651-30100 ELDORET