

## **A Comparison of Counselling Self-Efficacy across Social Factors among E-Counsellors in Malaysia**

**<sup>1</sup>Alia Sarah Asri, <sup>2</sup>Zaida Nor Zainudin, <sup>3</sup>Wan Norhayati Wan Othman, <sup>4</sup>Yusni Mohamad Yusop, <sup>5</sup>Nor Aniza Ahmad, <sup>6</sup>Siti Aishah Hassan**

<sup>1</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, aliasarahasri95@gmail.com*

<sup>2</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, zaidanor@upm.edu.my*

<sup>3</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, wannorhayati@upm.edu.my*

<sup>4</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, yusni\_my@upm.edu.my*

<sup>5</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, nor\_aniza@upm.edu.my*

<sup>6</sup>*Faculty of Educational Studies, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia, siti\_aishahh@upm.edu.my*

### **Abstract**

The increase in the need for e-counselling is apparent in recent years due to its convenience to provide counselling support from remote locations. Despite the increasing number of e-counsellors, few studies have been conducted especially in the Malaysian context that highlight e-counsellors' self-beliefs when providing e-counselling. Thus, this study was conducted to identify the level of counselling self-efficacy among e-counsellors in Malaysia and identify whether there is a significant difference between social factors, namely age groups, education levels, years of counselling experience, counselling licensure and registration status, on self-efficacy levels. A simple random sampling method was employed to select 159 e-counsellors in Malaysia who have prior experience in e-counselling implementation using any online-based medium. Larson's (1992) Counselling Self-Estimate Inventory was adapted for purpose of data collection in this study. The analyses used were independent sample t-test and one-way analysis of variance. The findings report that e-counsellors have moderate levels of counselling self-efficacy overall, where a high level for one of the sub-construct pertained to application of basic counselling skills. E-counsellors who completed postgraduate studies had higher self-efficacy compared to e-counsellors with a bachelor's degree. Registered and licensed e-counsellors reported higher levels of counselling self-efficacy compared to their counterparts. No significant differences were found for e-counsellors across age groups and years of counselling experience. This study recommends for professional counselling bodies, supervisors and counselling educators to revise and improve the education and training for counsellors at all social levels, especially in highlighting the practices of e-counselling.

**Keywords:** Education, E-counselling, Malaysia, Registered counsellor, Self-efficacy.

## INTRODUCTION

The development of communication technologies has allowed for broader networking and socialisation within and across communities. Along with the emergence of technology, virtual counselling therapeutic sessions have also begun to spread through computer software programs such as ELIZA (originally named after a fictional character) and Programmed Logic for Automatic Teaching Operations (PLATO) (Zainudin & Mohamad Yusop, 2018b). Later in the 1990s, Information and Communications Technology (ICT) was established, and e-counselling began introducing a back and forth communication between counsellors and clients over the virtual settings. This was a remarkable discovery at the time, as cyber-therapy had previously consisted of clients only interacting with computer software which generated automatic responses to the clients' messages. Over the years, the Internet and ICT have offered a more robust delivery of mental health services. E-counselling has become convenient for several reasons in comparison to face-to-face counselling (Lau et al., 2013; Wong et al., 2018); this is especially true as e-counselling provides alternatives for counsellors to meet clients who are reluctant to attend in-person sessions, yet require psychological support and guidance (Glasheen et al. 2016).

E-counselling or online counselling is defined by Cipolletta and Mocellin (2018) as a professional counselling practice which takes place between a licensed counsellor or mental health practitioner with a virtual client; from remote locations, communication takes place via any technological tool either synchronously, asynchronously, or bidirectionally. Counselling using synchronous mode involves both counsellor and client to communicate in real-time and within the same virtual space. On the contrary, asynchronous counselling allows counsellor and client to respond at their own time and convenience (e.g. unscheduled email counselling). As technology and digital applications become more user-friendly (Smith & Gillon, 2021), counselling services at schools, private institutions and government offices are able to expand in-person communication to virtual communication which is more convenient and far-reaching (Adeola, 2012; Sampson & Makela, 2014). The restriction of in-

person interaction due to the coronavirus disease (COVID-19) pandemic has also allowed e-counselling to become the only available and most feasible intervention for many who require professional help (Smith & Gillon, 2021). Individuals experience a range of issues such as mental or emotional distraught, impaired social interactions, financial constraints and various work-related concerns. Janib et al. (2021) reported that academic staffs experience burn-out and depression when they are constantly pressed with excessive workload. Jailani et al. (2020) highlighted a number of concerns and issues faced by pre-university students. Gifted and talented school students in Malaysia under a special education program reported four domains of issue often discussed with counsellors: career, academic, social and psycho-emotional (Abu Bakar, 2015). A foreign study by Glasheen et al. (2016) also noted more than 80% of school students who are highly likely to seek for counselling help for more complex issues such as sexuality, cyber-bullying and psychological distress. With multiple issues faced by individuals at different social levels, guidance and counselling is mandatory. Therefore, considering that face-to-face sessions are restricted in light of the pandemic, counselling via online mode is especially beneficial in order to assist and support affected individuals in dealing with their struggles.

Along with the increase in the need for e-counselling services in Malaysia in recent years, there is a need for professional counselling bodies to oversee the quality of the e-counselling sessions delivered. Although most studies have demonstrated positive results from e-counselling (Salleh et al., 2015; Stefan & David, 2013), the e-counsellors' own perspectives regarding their abilities to provide e-counselling is less explored. According to Messina and Loffler-Stastka (2021), as mental health practitioners perceive their counselling performance more positively, the overall quality of services provided may improve. Counsellors' self-beliefs and experience in e-counselling sessions can be observed through their self-efficacy, which Bandura (1977) defined as individuals' expectations of certain knowledge and skills they possess as well as their capabilities to take the required actions in overcoming problems. E-counsellors with higher self-efficacy may be more able to persist and overcome challenges encountered in an e-

counselling setting due to their more positive perceptions of the counselling skills and the knowledge they possess.

### E-counselling

E-counselling has been proven in many previous studies to be beneficial and effective. At a reduced cost and time, online therapists may attempt to address clients' concerns and guide them towards attaining their goals (Banach, & Bernat, 2000). Counselling via virtual settings has also made it feasible for counsellors to reach out to a diverse community who may prefer virtual over in-person meetings due to barriers such as stigma on mental health (Wong et al., 2018). Local studies have reported that e-counselling is able to develop a therapeutic relationship with the client (Salleh et al., 2015) and satisfaction from the services delivered to client (Zainudin & Mohamad Yusop, 2018a). Lau et al. (2013) discussed some ethical considerations in online counselling; this includes the need for e-counsellors to actively seek for knowledge in digital software and issues relating to confidentiality and licensing laws, on top of receiving training specific to online skills and interventions.

Studies have, nonetheless, shown that e-counsellors experience some challenges in e-counselling implementation. This include the lack of visual cues or emotional connectedness (Smith & Gillon, 2021; Mishna et al., 2015), lack of information from clients (Dowling, & Rickwood, 2014; Smith, & Gillon, 2021), issues of security and confidentiality of data transmitted (Banach, & Bernat, 2000; Ahmad Zamani et al., 2010) and training inadequacy (Nagarajan, & Yuvaraj, 2019; Ahmad Zamani et al., 2010). Among these issues, Zainudin et al. (2020) found that most studies reported the lack of ability to interpret nonverbal communication to be a deterrent factor to therapeutic e-counselling delivery. As opposed to face-to-face counselling, e-counselling requires various techniques to overcome the absence of the physical presence between the counsellor and client; hence, e-counsellors may be sceptical in their attempt to develop emotional genuineness and connectedness which are vital for a therapeutic counselling session (Foon et al., 2020). Rummel and Joyce (2010) also noted several studies which demonstrated the lack of licensed and professionally trained counsellors in e-counselling implementation. Although the

studies are outdated, a similar scenario may be possible in the Malaysian context now, especially considering that Malaysia is several years behind other more technologically advanced countries. Therefore, this study uncovers how e-counsellors' self-beliefs may differ across social factors which include e-counsellors' counselling credentials and experience.

### Counselling Self-Efficacy

The concept of counselling self-efficacy in this study is illustrated in Bandura's (1997) social cognitive theory. According to Bandura (1977; 1997), there are four major sources of information which influence individuals' self-efficacy when coping with challenges: (i) performance accomplishments, (ii) vicarious experience, (iii) verbal persuasion, and (iv) emotional arousal. As individuals accomplish more successful attempts, observe others succeeded from tremendous efforts, receive more positive feedbacks, and experience less negative moods, they are more likely to sustain longer in the face of adversities in order to achieve expected outcomes and complete desired tasks. This contributes to a higher level of self-efficacy. Bandura (1994) highlighted that mastery experiences or performance accomplishments include both successes and setbacks, which individuals attempt to endure in order to achieve the desired outcome. Individuals with a diminished sense of self-efficacy tend to take more time to recover from failures, especially as they associate their outcome shortcoming to their personal deficiencies or inabilities. In terms of verbal persuasion, individuals with an unrealistic sense of efficacy are more likely to be heavily affected by disappointing remarks. They tend to avoid challenging tasks and easily give up in the face of adversities. On the other hand, higher self-efficacy means that individuals are more resilient to challenges and failures; they attribute their failures to inadequate efforts, hence they deliver greater efforts to overcome these failures to come out more strongly. Positive moods also contribute to higher self-efficacy as opposed to despondent moods (Bandura, 1994). However, despite experiencing negative emotions (e.g., stress, anxiety), individuals with high self-efficacy perceive them as pushing factors to improve performance; this is in contrast to self-doubting individuals, as they perceive stressful

events to be their personal vulnerabilities. Hence, as Bandura (1997) posited, individuals with high self-efficacy are able to put greater efforts in their endeavours, persevere longer against setbacks, and more resilient against taxing situations or demands.

Counselling self-efficacy represent counsellors' beliefs towards their abilities to perform counselling tasks and activities (Larson & Daniels, 1998). Wan Jaafar (2011) discussed the importance to oversee that trainee counsellors perform counselling tasks with excellence. Haktanir's (2020) study among counselling students in the US described counselling self-efficacy as indicators to identify the counselling performances and the quality of counselling services provided. Adeyemo and Agokei (2019) supported this, indicating that a high measure of counselling self-efficacy is associated with increased commitment for counselling work. The same study also argued that counselling self-efficacy acts as a primary mechanism between basic counselling knowledge and effective counselling actions. Hence, with high counselling self-efficacy, counsellors are more able and willing to implement their knowledge and skills confidently; this enables them to overcome the challenges that they may encounter while doing so, hence improving their overall counselling performance. In the context of this study, counselling self-efficacy is represented as self-efficacy in manifesting e-counselling related tasks among e-counsellors while coping with unique challenges experienced in an online setting.

Depending on the needs of clients, counsellors may choose to implement video-conference, online chatroom, or e-mail counselling sessions in order to communicate with clients. As opposed to face-to-face counselling, e-counselling demands its own domain of tasks and require an entirely different sets of skill, interventions, issues and challenges. Bandura (1997) posited that a high self-efficacy to execute given tasks in a specific field does not equate to a similar level of efficacy in another; hence, counsellors with high self-efficacy in face-to-face counselling do not necessarily demonstrate similar level of self-efficacy in an e-counselling setting. A study by Messina and Loffler-Stastka (2021) noted the importance of therapists who are specially trained in online therapy in order to ensure that they can better

cope with barriers in an online setting; this will minimise the differences in their perceptions towards challenges present in both online and traditional therapy.

The current industrial revolution has present increasingly challenging tasks for counsellors (Mahomed et al., 2020). Particularly in an e-counselling setting, many incidents which are unpredictable may take place (e.g., technical failures, interception by third parties); this urges e-counsellors to be more knowledgeable and skilful to operate with digital tools, and are aware of issues associated with online communication. Moreover, helping professions such as counselling can be hazardous, hence having stronger sense of self-efficacy can be especially beneficial to assist counsellors to accomplish challenging tasks (Yusof et al., 2017). According to Bandura (1994), individuals with high perceived self-efficacy possess better coping skills, higher aspirations, and are able to tolerate more obstacles in order to complete desired tasks; they demonstrate a more proactive effect to overcome challenges and stressful events (Skaalvik & Skaalvik, 2007). In other words, e-counsellors with high self-efficacy are more likely to commit their time and efforts to undertake e-counselling tasks despite the challenges they encounter. Unfortunately, existing studies have given little attention to prove this claim empirically. Studies related to face-to-face counselling have identified the relationship between counselling self-efficacy and gender (Adeyomo & Agokei, 2019; Alessi et al., 2016), age (Aliyev, & Tunc, 2015) and length of training or seniority (Noor et al., 2018; Ooi et al, 2017). However, not many researchers have highlighted self-efficacy among e-counsellors across social factors. Messina and Loffler-Stastka (2021) noted the lack of studies on counsellors' perceptions on the use of technology-delivered interventions. This gap in research involving e-counsellors' self-efficacy is apparent in the Malaysian context, which does not align with the increase in e-counselling delivery following the pandemic. Therefore, more studies on counselling self-efficacy among e-counsellors are especially needed in order to provide a deeper understanding of its concept among this sample group. With these purposes, the researchers will address the following research objectives through this study:

1. To identify the profile of e-counsellors in Malaysia.
2. To identify the level of counselling self-efficacy among e-counsellors in Malaysia.
3. To identify whether there are significant differences in counselling self-efficacy between education levels, counsellor registration and licensure status among e-counsellors in Malaysia.
4. To identify whether there are significant differences in counselling self-efficacy between age groups and years of counselling experience among e-counsellors in Malaysia.

## Methodology

### Study Design

A quantitative approach was adopted in order to identify the level of counselling self-efficacy. The respondents were contacted only once throughout the study, therefore, the researcher employed a cross-sectional method (Kumar, 2012) to obtain an overview of their counselling self-efficacy as it stands at the time of the study. Descriptive analysis was applied to summarise and report the distribution of respondents' demographic profile and their respective levels of counselling self-efficacy using mean scores, frequency and percentages. Inferential analysis was conducted using the independent sample t-test and one-way analysis of variance (ANOVA) test to make predictions from the research hypotheses (Fraenkel et al., 2015) and generalise the population of subjects.

### Research Procedures

The research was conducted as approved by the Ethics Committee for Research Involving Human Subjects in Universiti Putra Malaysia (JKEUPM). An online survey form containing the research questionnaire was distributed to all eligible e-counsellors in Malaysia where they were recruited using the simple random sampling method. A list of e-counsellors' contact information was collected prior to the data collection process whereby e-counsellors from different locations in Malaysia were identified; the list contains their contact information such as full name, phone number and e-mail address. The respondents were selected at random, and using their contact

information, the researchers contacted the respondents personally through e-mail messages where they were informed about the research objectives with a link to an online survey form. The respondents were contacted again after two weeks with a reminder to complete the survey. A follow up was done as online questionnaire is more likely to have a lower response rate (Kumar, 2012). More respondents were selected at random due to low responses, in which they were contacted via WhatsApp and Telegram messages. The online survey form was developed using Google Form, a widely used online survey tool. Data collected was analysed using the Statistical Package for Social Sciences (SPSS) v. 25 software. By the end of the data collection, the responses collected were reduced to 159 responses after a series of data cleaning. The percentages of respondents according to their demographic characteristics are discussed in the findings.

### Survey Instrument

The research instruments utilised in this study comprise a total of two sections. Section A consisted of a demography sheet to identify respondents' demographic profile. This section retrieves nominal and ordinal data on respondents' social factors which include gender, ethnic group, age group, educational level, years of counselling experience, counselling registration, and licensure status. Section B adapted Larson et al.'s (1992) Counselling Self-Estimate Inventory (COSE) which contains a total of 37 items comprising 18 positive items and 19 negative items. The original author of this instrument was contacted for permission to adapt the instrument for data collection purpose in this study. The inventory involves five sub-domains: (i) micro skills, (ii) process, (iii) difficult client behaviours, (iv) cultural competence, and (v) awareness of values. The scale ranged from 1 (strongly disagree) to 6 (strongly agree) with a minimum overall score of 37, and a maximum of 222. A higher score indicates higher level of counselling self-efficacy. According to Larson et al. (1992), the sub-construct "micro skills" reflects counsellors' basic counselling skills; the sub-construct "process" reflects counsellors' responses over time in counsellor-client relationships; the sub-construct "difficult client behaviours" reflects specific behaviours among clients which present a significant challenge to

counsellors; the sub-construct “cultural competence” reflects counsellors’ abilities to respond to clients’ diverse ethnic and socioeconomic backgrounds; and the sub-construct “awareness of values” reflects counsellors’ countertransference, or their awareness of how their own biases and values affect their clients.

Larson et al. (1992) reported a very good reliability with alpha coefficient of .930 (N= 213). The alpha coefficient is used to identify the internal consistency and reliability of this scale. The inventory was administered to the respondents using both Malay and English language; back-translation was applied, and the items underwent a successful evaluation and validation process by two panels of experts in the guidance and counselling field. A pilot study reported an alpha coefficient of .918 (N= 33), while the actual data collection reported an alpha coefficient of .945 (N= 159). The instrument is, therefore, highly reliable for use in this study.

## Results and Discussion

### Profile of Respondents

A total of 159 respondents successfully participated in this study. Females (75.5%) took up the majority of the respondents compared to male (24.5%). Most of the respondents were of the Malay ethnic group (73.0%), followed by Others, Indian and Chinese which occupied 13.8%, 6.9% and 6.3% of the respondents respectively. The distribution of respondents was almost consistent across all age groups; most were at least 41 years old (29.6%), 27.0% were between 30 to 35 years old, 22.6% were between 23 to 29 years old, and 20.8% were between 36 to 40 years old. The respondents were also observed to have a fair distribution when grouped into their highest education levels. 50.3% of respondents owned a bachelor’s degree, followed closely by 49.7% who have completed either a master or PhD study. When grouped into different years of counselling

experience, most of the respondents had short to moderate years of counselling experience: 39.6% had at most 5 years’ experience in counselling and 39.0% had 6 to 15 years of experience; the rest had at least 16 years of counselling experience (21.4%). Finally, the respondents were asked whether they were registered and licensed counsellors. Registered counsellors refer to counsellors who have successfully registered with the Malaysia Board of Counsellors for completing the mandatory courses and training; on the other hand, licensed counsellors are counsellors who own an active license from the Malaysia Board of Counsellors which qualify them to provide professional counselling services to clients. The majority of the respondents were identified as registered and licensed counsellors, taking up about 64.2% and 57.9% respectively.

### Level of Counselling Self-Efficacy

The result of counselling self-efficacy (CSE) is interpreted using its mean score as adapted from a local study by Mahomed et al. (2020). The mean score ranges from 1.00 to 2.529 for a low level, 2.53 to 4.209 for a moderate level, and 4.21 to 6.00 for a high level of CSE. The mean scores for the overall CSE and its sub-constructs are presented in Table 1. The overall mean score for counselling self-efficacy among the respondents was 3.98, which is a moderate level of CSE. Only one (.6%) e-counsellor reported a low level of CSE and 32.7% reported a high level CSE, while the majority reported scores within the moderate level (66.7%).

The five CSE sub-constructs are: (i) micro skills, (ii) process, (iii) difficult client behaviours, (iv) cultural competence, and (v) awareness of values. Only the first sub-construct, “micro skills”, reported a high CSE level (M = 4.71). Table 1 shows that the majority of the respondents (69.8%) reported high levels of CSE mean scores for this sub-construct, while only 28.9% and 1.3% scored moderate and low levels of CSE respectively. The rest of CSE sub-constructs demonstrated moderate levels of CSE.

Table 1: *Distribution of respondents according to mean score, and standard deviation for overall level of counselling self-efficacy and its sub-constructs.*

Counselling self-efficacy and sub-constructs		n	%	M	SD
Counselling self-efficacy (overall)				3.98	.68
Low	(1.00 – 2.529)	1	.6		
<b>Moderate</b>	<b>(2.53 – 4.209)</b>	106	66.7		
High	(4.21 – 6.00)	52	32.7		
Micro skills				4.71	.76
Low	(1.00 – 2.529)	2	1.3		
Moderate	(2.53 – 4.209)	46	28.9		
<b>High</b>	<b>(4.21 – 6.00)</b>	111	69.8		
Process				3.24	1.18
Low	(1.00 – 2.529)	49	30.8		
<b>Moderate</b>	<b>(2.53 – 4.209)</b>	70	44.0		
High	(4.21 – 6.00)	40	25.2		
Difficult client behaviours				3.78	.74
Low	(1.00 – 2.529)	2	1.3		
<b>Moderate</b>	<b>(2.53 – 4.209)</b>	109	68.6		
High	(4.21 – 6.00)	48	30.2		
Cultural competence				4.02	.73
Low	(1.00 – 2.529)	0	0		
<b>Moderate</b>	<b>(2.53 – 4.209)</b>	101	63.5		
High	(4.21 – 6.00)	58	36.5		
Awareness of values				3.97	1.06
Low	(1.00 – 2.529)	12	7.5		
<b>Moderate</b>	<b>(2.53 – 4.209)</b>	78	49.1		
High	(4.21 – 6.00)	69	43.4		

Furthermore, when examining the scores for individual CSE items, the highest mean score ( $M = 4.91$ ) reported was for item 29 (“I am confident that I will know when to use open or close ended probes, and that these probes will reflect the concerns of the client and not be trivial”). This is followed by item 9 (“I feel confident that I will appear competent and earn the respect of my client”), and item 10 (“When using responses like reflection of

feeling, active listening, clarification, probing, I am confident I will be concise and to the point”) with mean scores of 4.81 and 4.80 respectively. All three items scored high levels of CSE, implying that e-counsellors believe that they are highly competent, especially with regards to their abilities to apply various counselling skills.

On the other hand, the lowest mean score ( $M = 2.88$ ) reported was for item 26 (“I

may have difficulty dealing with clients who do not verbalize their thoughts during the counselling session”). This is followed by item 16 (“I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviours”) with a mean score of 2.95. Both items reported moderate levels of CSE, indicating that e-counsellors may struggle to interpret non-verbal communications in e-counselling sessions.

#### Significant Difference between Highest Education Level, Counsellor Registration and Licensure Status on Counselling Self-Efficacy

The result for the independent sample t-test that identified the differences between

education levels, counselling registration and licensure status on CSE scores is demonstrated in Table 2. It was found that e-counsellors with a bachelor's degree ( $M = 3.79$ ;  $SD = .61$ ) have significantly lower CSE scores compared to e-counsellors who have completed either a master or PhD degree ( $M = 4.12$ ,  $SD = .71$ ;  $t[152.806] = -3.64$ ,  $p < .05$ ). Registered e-counsellors also reported significantly higher CSE scores ( $M = 4.14$ ,  $SD = .69$ ) compared to non-registered e-counsellors ( $M = 3.97$ ,  $SD = .57$ ;  $t[136.391] = 4.38$ ,  $p < .05$ ). Lastly, licensed e-counsellors scored significantly higher CSE scores ( $M = 4.19$ ,  $SD = .69$ ) than those who reported having no active license ( $M = 3.70$ ;  $SD = .56$ ;  $t[155.351] = 4.96$ ,  $p < .05$ ).

Table 2: *Result of independent sample t-test on counselling self-efficacy scores between education levels, registration and licensure statuses.*

	<b>n</b>	<b>M</b>	<b>SD</b>	<b>t</b>	<b>F</b>	<b>ρ</b>
<b>Highest education level</b>				-3.64	7.068	.000
Bachelor	80	3.79	.61			
Master or PhD	79	4.12	.71			
<b>Registered</b>				4.38	12.009	.000
Yes	102	4.14	.69			
No	57	3.97	.57			
<b>Licensed</b>				4.96	12.036	.000
Yes	92	4.19	.69			
No	67	3.70	.56			

#### Significant Difference between Age Group and Years of Counselling Experience on Counselling Self-Efficacy

One-way ANOVA test was conducted to identify whether there is a significant difference in CSE scores between age groups and years of counselling experience. Table 3

present the result from the one-way ANOVA test, indicating that there was no significant difference in CSE scores between age groups ( $F(3,158) = .508$ ,  $p > .05$ ) and years of counselling experience ( $F(2,158) = .998$ ,  $p > .05$ ).

Table 3: *Result of one-way ANOVA test between age groups and years of counselling experience on counselling self-efficacy scores.*

	<b>n</b>	<b>M</b>	<b>SD</b>	<b>df</b>	<b>F</b>	<b>ρ</b>
<b>Age group</b>				3,158	.508	.68
23 – 29 years old	36	3.88	.77			
30 – 35 years old	43	4.00	.60			



36 – 40 years old	33	3.96	.61		
41 years & above	47	4.06	.74		
<b>Years of counselling experience</b>				2,158	.998 .37
5 years & below	63	3.92	.69		
6 – 15 years	62	4.08	.66		
16 years & above	34	3.92	.73		

## Discussions and Implication

The current study can benefit professional counsellors, counselling students, counsellor educators and professional counselling bodies to improve the quality of practices, training, knowledge and research related to e-counselling. The findings found that e-counsellors in Malaysia have moderate beliefs regarding their abilities to execute e-counselling tasks. This indicates that they feel rather adequate about their capabilities to complete the required tasks. However, finding for one of the sub-constructs implied that the respondents are highly confident with their abilities to perform various e-counselling skills in e-counselling sessions. Considering the time constraints in an online setting, basic counselling skills such as reflecting, active listening and exploration skills are especially useful and prominent throughout the e-counselling sessions. Dowling and Rickwood's (2014) study among mental health clinicians noted that person-centred interventions are more frequently applied in an online setting to provide a safe and therapeutic environment for clients. Consistent with the current finding, e-counsellors have higher self-efficacy with respect to the application of skills in e-counselling. This is especially true as they are able to fulfil clients' needs for psychological support and witness positive changes in clients.

E-counsellors, through this study, demonstrate moderate self-efficacy belief with regards to the sub-construct "process"; this implies that they are indifferent to their abilities to maintain an appropriate feedback loop with the clients, and to accurately assess clients' non-verbal communications. The reported lowest mean score indicated that e-counsellors struggle to capture clients' non-verbal behaviours, which are difficult to detect through e-counselling sessions. In text-based counselling, especially,

non-verbal messages may be conveyed using emoticons, acronyms and text abbreviations; however, this poses challenges for e-counsellors to interpret the genuineness of the emotions which the clients are experiencing at the time. An existing study noted mental health practitioners' concerns with the reduced non-verbal cues in an online setting despite the positive attitude towards e-therapy services (Cipolletta & Mocolin, 2018). Similarly, in the Malaysian context, the majority of school counsellors agree that the absence of body language deters the use of e-counselling services (Foon et al., 2020). The lack of communication through non-verbal gestures may hinder e-counsellors from conducting e-counselling optimally. Nevertheless, e-counsellors with higher levels of self-efficacy are more resilient to challenging tasks; therefore, they quickly identify methods to resolve relevant issues. In contrast, e-counsellors who have not developed a strong sense of self-efficacy in e-counselling may easily give up and dwell on their personal inadequacies (Bandura, 1994). This is also especially true for counsellors who have not acquired sufficient training and knowledge in e-counselling provisions; they may consider the absence of in-person interaction as a huge obstacle for counselling interventions, therefore they feel anxious to provide e-counselling competently. E-counselling services via video calls, nonetheless, may be less challenging as e-counsellors are able to detect more of the clients' body language such as eye contact and facial expressions. Hence, e-counsellors may consider providing e-counselling via the video-conferencing medium, especially if they lack confidence to communicate with clients through text.

Additionally, the finding from this study also reported that e-counsellors who are registered and licensed counsellors demonstrate

significantly higher counselling self-efficacy than their counterparts. Elkonin and Sandison's (2010) study reported high efficacy and positive perception among registered counsellors toward their counselling practices across multiple settings. As opposed to counsellors who practice counselling without officially registering with the Malaysia Board of Counsellors, registered counsellors make effort to fulfil the ethical responsibilities to provide counselling services professionally. Mat Rani et al. (2017) reported that registered counsellors demonstrate significantly higher scores in ethical behaviours compared to non-registered counsellors. Ethical issues in e-counselling environment were reported at the expense of e-counsellors' lack of knowledge over risk management in e-counselling (Smith & Gillon, 2021), which can be especially harmful to both counsellors and clients. Registered and licensed counsellors completed professional training, and comply with the guidelines of professional counselling delivery; therefore, they have higher awareness toward their responsibilities to practice ethical behaviours in any counselling setting. This positively affects their decision-making process when interacting with clients, which lead to more positive self-beliefs as they are more likely to develop an effective, therapeutic relationship. This suggests for counsellors to be more vigilant when complying with the ethical rules and guidelines set forth by professional counselling governing bodies. Despite completing mandatory counselling courses and clinical hours, counsellors who wish to conduct both face-to-face and e-counselling need to be registered as professional counsellors, and own or renew their license, which qualifies them to provide counselling.

This study implicates that completing higher education levels may improve e-counsellors' self-beliefs. E-counsellors with either a master or PhD degree reported significantly higher counselling self-efficacy compared to those with a bachelor's degree. Increased exposure to various issues and modalities in counselling among e-counsellors with higher education levels may explain this pattern. Counsellors who completed postgraduate studies demonstrated higher self-efficacy as they developed a better application of counselling interventions from more clinical hours accumulated and counselling courses enrolled (Haktanir, 2020). With a broader

knowledge of counselling and more clinical experience in e-counselling implementation, they are more resilient to setbacks and challenges in e-counselling sessions; they rebound quickly from failures, therefore they have more positive beliefs to complete relevant e-counselling tasks. Arguably, in several foreign cultures, one is qualified to be a counsellor with at least a master's degree. This is different in Malaysia wherein individuals with a bachelor's degree in a related field of counselling can qualify themselves as registered counsellors (Hew, 2020). Hence, the finding from this study suggest for counsellors in Malaysia to complete studies at least to a master's level to provide more positive beliefs on their abilities to perform various counselling interventions.

Despite the importance of education training, counselling self-efficacy improves through both formal and informal training (Noor et al., 2018). In the Malaysian context, formal training in counselling includes completing studies at bachelor, master or doctoral level in guidance and counselling or related field, such that counsellors successfully complete mandatory courses and minimum hours of counselling internship. Counsellors may also receive formal training by attending conference or workshop sessions. Taking into account the formal educational training received, unique individual experiences and exposure to various counselling activities and issues during counselling sessions also contribute to self-efficacy level. The findings from this study, however, reported no significant differences in counselling self-efficacy between years of counselling experience. Nonetheless, the finding supports Sahin Kiralp's (2015) study which reported no variation in counselling self-efficacy between seniority levels among counselling students. Despite having more experience and exposure to counselling sessions, a more senior counsellor does not have significantly higher self-efficacy compared to a less experienced counsellor and vice versa. This trend may be possible in e-counselling when considering that participants have similar levels of exposure to e-counselling services despite having different lengths of experience in conducting face-to-face counselling.

Furthermore, this study also found no significant difference in e-counsellors' self-efficacy between age groups. This contradicted

Cwikel and Friedman's (2019) study which noted a higher mean score in perceptions toward e-therapy for social workers aged between 45 to 55 years old compared to social workers of a younger age. No existing studies were found which highlighted self-efficacy among e-counsellors. This study, nonetheless, presents that age group does not differentiate e-counsellors' self-efficacy levels. More research needs to be done to support this finding and further discuss the implication of different age groups and years of counselling experience on e-counsellors' self-efficacy.

The findings from this study may benefit the Malaysia Board of Counsellors to oversee the profile of e-counsellors in Malaysia, most particularly due to the rapid increase in the delivery of online mental health services and therapy (Ifdil et al., 2020). Despite no significant difference found between years of counselling experiences, e-counsellors who lack confidence to carry out e-counselling tasks may seek help and guidance from fellow counselling colleagues, supervisor or a more experienced counsellor in the practice of e-counselling. That being said, counsellors require more exposure to e-counselling practices over the course of their training period, and consistently throughout their counselling career. Hence, counselling training programs should focus more on gearing counsellors for e-counselling implementation (Smith & Gillon, 2021). At an early stage as counselling trainees, more exposure to practices of e-counselling services may be possible through more experiential and hands-on e-counselling activities such as supervised e-counselling sessions and case study presentations; this will assist counsellors to acquire relevant knowledge and skills related to the e-counselling. Adequate training in e-counselling provision may improve counsellors' self-efficacy as it provides initial exposure to e-counselling and allows better understanding over various ethical issues present in e-counselling. Hence, it is crucial for counselling educators and supervisors to educate trainee counsellors and provide more proactive learning in order to produce more counselling graduates who are competent in the implementation of both face-to-face and e-counselling.

## **Limitations of Study and Recommendation**

The targeted sample in the current study was limited to e-counsellors in Malaysia. Therefore, the findings may not be generalised to counsellors from a different population. The study also covers a small portion of e-counsellors in Malaysia without differentiating the type of e-counselling services they provide (e.g., live chatroom, e-mail, video-conference calls). Hence, future studies may replicate this study with a larger sample size and identify the counsellors according to their respective e-counselling modalities. E-counsellors' institutional affiliations were not identified through this study, hence, future studies may identify how these are linked to their self-efficacy levels. The level of counselling self-efficacy may vary over different social factors, which future researchers need to take into consideration when conducting research pertaining to e-counselling. Finally, the current finding indicated no significant difference in self-efficacy levels between e-counsellors from different age groups and years of counselling experience. This warrants more qualitative study to investigate in more depth how self-efficacy can vary according to these factors.

## **Conclusion**

This study identified the level of counselling self-efficacy among e-counsellors in Malaysia across different social groups. The findings reported that e-counsellors have a moderate level of overall counselling self-efficacy, and a high level of self-efficacy with regards to the micro skills sub-construct in e-counselling. The current study also found that registered and licensed e-counsellors scored higher levels of counselling self-efficacy than their counterparts. A similar trend was reported for e-counsellors who completed postgraduate studies as opposed to e-counsellors with a bachelor's degree. No significant differences were reported for e-counsellors with different years of counselling experiences and age groups. This study suggests that e-counsellors who comply with the counselling ethical regulations and completed higher education levels perform e-counselling with more positive self-beliefs and confidence in their abilities to do so. Despite no significant differences found in self-efficacy

between length of counselling experience and age, e-counsellors need to work together to improve e-counselling implementation. Counselling educators, supervisors and professional counselling bodies need to strategize a plan to provide a better quality and comprehensive training program for counsellors in Malaysia, which highlight the practice of e-counselling delivery and the relevant knowledge specific to e-counselling features.

### Co-author Contribution

The authors affirmed that there is no conflict of interest in this article. The first author carried out the fieldwork, data analysis, and authored the paper. The second author designed the research protocol, performed the fieldwork, reviewed and confirmed the final draft of the paper. The third author reviewed and provided suggestion for revision for the research methodology and data analysis. The fourth author reviewed the literature review and interpretation of the results. Finally, the fifth and the sixth author approved the final draft of the paper.

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