



Ethical Counselling Practice amid Legal and Institutional Constraints among Counsellors in Bomet, Kenya

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ABSTRACT

Ethical counseling is a discourse often done through a universal professional codes lens. However, it is deeply rooted in local legal frameworks. In Kenya, the swift authentication of the counseling profession presented much-needed accountability. This process has also generated new, complex ethical tensions for those on the ground. While global and local studies exist, a major gap remains in understanding the daily realities of counselors working in health facilities and schools, particularly in Bomet County. Guided by the complementary theories of principlism and virtue ethics, this study looked into how counselors balance ethical and personal values with the strict requirements of institutional law. Rather than seeing ethical codes as inflexible rules, this research views ethical practice as a lived, negotiated process, reshaped by relationships and specific situations. The study explored how counselors experienced and navigated ethical dilemmas and made ethical decisions amid legal and institutional tensions. It also examined how and where they sought counseling support when overwhelmed. Using a phenomenological design, the study conducted one-on-one encounters with ten counselors purposefully selected from local health facilities and schools through semi-structured interviews and thematic analysis. The study identified several serious challenges: maintaining confidentiality, unclear boundaries in navigating dual relationships, and conflicting roles that come with operating in a close, interwoven community. Additionally, elevated burnout, fueled by a lack of professional supervision at both the institutional and county level, emerged as well. Bomet County's rural landscape requires a tailored approach. This study recommends that health facilities prioritize dedicated counseling spaces and that professional bodies take an active role in policymaking. Most importantly, there is an urgent need to train more supervisors to provide the professional support and mentorship that counselors in the field so desperately need.

Keywords: Ethical practice, professional codes, ethical dilemmas, counselling psychology.

INTRODUCTION

Ethics refers to the values that govern proper behavior; applied ethics is the application of ethical principles in specific professional contexts (Knapp & Fingerhut, 2024). For this reason, professional codes of ethics in counseling serve to protect clients, guide counselors, and outline duties for the general public (McCleary & Dawes, 2023). Internationally, counseling is guided by universal ethical principles. These principles are clearly articulated by the American Psychological Association (APA) in its code for psychologists, which outlines five general principles: beneficence and non-maleficence; fidelity and responsibility; integrity; justice; and respect for people's rights and dignity. They provide both aspirational ethical goals and enforceable principles for professional conduct across different counseling contexts (APA, 2017). Recent research on ethical dilemmas among counselors in different countries (Banks et al., 2020; Ylvisaker & Rugkåsa, 2022) focuses on the implementation of existing policy and the administration of welfare to clients; it has little to say about counselors' practice engagement.



In Kenya, counseling practice functions through associations such as the Kenya Counseling and Psychological Association (KCPA) and within a developing monitoring setting designed by law and institutional guidelines. The Counselors and Psychologists Act (2014) establishes regulatory structures for counseling and psychology

practice in Kenya. The Act provides licensing and registration, standardization of professional behavior, and directs disciplinary action. The Act provides that licensed professionals may provide remunerated counseling services only. It grants regulatory authorities the right to prescribe standards, provide instructions, and impose disciplinary steps thus determining both ethical and legal responsibility (Republic of Kenya, 2014).

The Constitution of Kenya (2010), on human dignity, privacy, and the right to health, also affects counseling practice in Kenya. In Kenya, the Data Protection Act (2019) regulates the gathering, handling, storage, and sharing of personal information. For counseling professionals, the Act strengthens the obligation of confidentiality and privacy. Data controllers must safeguard client information and adhere to clients' rights regarding their personal information. With the growing digitization of records and practices of teletherapy counseling, the Data Protection Act has major implications for the data management and privacy of client information in counseling. The international literature on ethical counselling practice, is found to reveal typical dilemmas of confidentiality, dual relationships, cultural competence, and professional boundaries.

These studies show that professional codes provide direction. However, ethical decision-making in practice is a complex contextual fact, subject to institutional pressures, client expectations, and societal norms (Data Protection Act 2019).

Counselors' legal obligations center on protecting clients while complying with statutory duties and professional standards. In practice, this means obtaining informed consent, maintaining confidentiality (with narrowly defined exceptions), practicing within one's competence, keeping proper records, and reporting certain harms as required by law (APA, 2014; CCPA, 2020).

Legal mandates arising from the Counselors and Psychologists Act (2014), the Constitution of Kenya (2010), and child protection statutes impose formal accountability structures that may conflict with culturally grounded expectations of confidentiality, communal responsibility, and informal problem-solving.

Ethical dilemmas

There is limited clarity on how ethical dilemmas are defined within the cultural settings of the people of Bomet. Existing definitions in philosophy and psychology (Banks, 2021; Chatzifotiou & Papoul, 2022; Viscarret et al., 2022) define an ethical dilemma as a situation in which the counselor has two alternative courses of action, must adopt one, and cannot adopt both. Each alternative represents a moral requirement. A conflict arises when the agent cannot satisfy both requirements and must choose between them. In other words, an ethical dilemma is a case in which the counselor has two alternatives, and each alternative represents a value the counselor is obligated to uphold.

Counselors play a fundamental role in individuals' healing process. They often work with diverse clientele involved in illegal cases, civil court cases, or a lack of commitment in court proceedings (Barsky, 2024). Sorensen et al. (2025) note that therapists often require guidance to navigate ethical dilemmas, yet many receive inadequate preparation. These ethical dilemmas referred to are, for instance, privacy, compulsory reporting, justice, client-counselor boundaries, strains between workstation and client well-being, and meeting clients' multifaceted needs.

Ethical guidelines provide direction, although ethical challenges are a daily occurrence among counselors practicing in the contemporary world. This is due to either contextual or institutional factors. These principles may often conflict with the state and institutional functioning, for instance, when situations such as self-harm occur or when the law requires reporting of misconduct. There is inadequate understanding of how counselors working in health facilities and learning institutions, in a rural location such as Bomet County, uphold counseling standards amid legal and institutional pressure.



Counseling becomes unethical when practitioners prioritize their own needs over those of clients (Corey et al., (2021). Insofar as Luepker (2022) is concerned, each counselor is required to uphold ethical values and principles as a core aspect that forms part of a way of being and directly affects how they are and act in all sectors of life.

Institutional constraints are the structural, organizational, and policy-related limits that shape how counseling can be delivered (BACP, 2026) in universities, workplaces, schools, and health systems. They often create tension between ethical ideals (e.g., ample time, strong confidentiality, and culturally responsive care) and what the institution can practically support (Tavallali & Cox, 2019). However, individual counselors need both institutional and legal knowledge and support in order to attain that way of being.

In highly regulated environments such as Kenya's evolving counseling sector, professional ethical codes often intersect with statutory obligations, sometimes creating conflicts. Simultaneously, the shared cultural realities make the application of utilitarian logic difficult, especially in situations where the collective good principles oppose the Western individualistic ideas of freedom. Nonetheless, there are still difficulties in implementation such as, the lack of uniformity in enforcement, inconsistent compliance, and a lack of awareness among practitioners.

Professional values in counseling often conflict because the work involves balancing competing ethical principles, legal obligations, and organizational demands. These conflicts, such as Autonomy, maleficence, justice, fidelity, and other ethical principles, do not indicate poor practice; they're inherent to the role and must be managed deliberately (APA, 2014).

This complicates ethical practice in everyday counseling contexts. Consequently, ethical practice and ethical decision-making by counseling professionals in Bomet County is not merely a manual application of professional guidelines but a lived, discussed process. It is shaped by institutional authority, legal duty, cultural context, and counselors' moral decisions. Exploration of counselors' lived experiences in schools and health facilities therefore provided insights. It provides insight into how ethical practice is interpreted and enacted within specific local contexts, revealing the gap between ethical ideals and everyday professional realities.

In an African setting, conflict between counseling ethical practice and communal values is unavoidable. Oppong et al. (2022) clearly highlight the challenges school psychologists in Ghana face. This is a conflict in the application of ethical principles by psychologists based on Western training, and the application of that knowledge to Ghanaian cultural realities is an element of concern. On the other hand, Njonge (2025) points out that counselors practicing in rural areas face distinctive ethical challenges, including dual relationships, resource constraints, absence of supervision, and expertise in dealing with composite problems, as well as separation due to physical location.

These encounters call for counselors' introspection. This means the persistent scan of their values in the effort to bring into balance the professional preparation, beliefs, and the reality on site. This study therefore examined how counselors in Bomet County navigate ethical practice amid legal and institutional constraints within their professional environments.

Statement of the Problem

Legal and ethical frameworks play a critical role in the counseling psychology field. They direct professional practice, minimize harm to clients, and assist in making ethical decisions among counselors. A study in Kenya by Egunjobi et al. (2021) prioritized the importance of ethical codes that compel counselors to be self-aware and authentic. This entails the identification of individual, emotional, physical and mental constraints that can hamper professional judgment. This includes the awareness that counselors are supposed to withhold psychological services when they are overwhelmed and seek individual therapy or professional assistance.

There are a few ethical frameworks that are not completely relevant to the realities that practitioners deal with in professional practice. This is because they can provide restrictions that may hamper the flexibility that counseling psychologists need in real-life situations that are complex. Counseling professionals in contexts like



Bomet County are confronted with the challenge of trying to balance professional ethical requirements, institutional requirements, and contextual requirements. Hence, a comprehensive empirical investigation is required to explore the lived experiences of counsellors in the county of Bomet, and to learn how they cope with ethical, legal, and institutional issues in practice.

Purpose of the Study

The purpose of this qualitative study was to explore practicing counselors' experiences in Bomet County, Kenya. Their lived experiences, interpretations, and how they handled ethical difficulties arising from legal and institutional restrictions. It looked into whether or not complexities shaped their ethical decision-making and counseling practice. The study created in-depth understanding of counsellors' lived experiences of ethical dilemmas, the influence of their training, regulation, and supervision, and the strategies employed to maintain ethical integrity.

Research Objectives

1. To explore the ethical challenges encountered by counsellors in institutions in Bomet County, Kenya.
2. To examine the different ways counsellors circumnavigate ethical decision making within institutional constraints in Bomet County, Kenya
3. To establish strategies for enhancing supervisory support available among counsellors in Bomet County, Kenya?

Research Questions

1. What ethical challenges do counsellors encounter in institutions in Bomet County, Kenya?
2. How do counsellors circumnavigate ethical decision making within institutional constraints in Bomet County, Kenya?
3. What supervisory support is available among counsellors in Bomet County, Kenya?

LITERATURE REVIEW

Introduction

This section has a brief introduction of the theories that guided the paper in the research. The literature summary was guided by the objectives of the paper.

Theoretical Framework

The study is anchored on two philosophies, which bring together two perceptions: Principlism and ethics of care theory.

Principlism Theory

Principlism is a leading decision making typical model of helping professions principles, due its established ethical standards used extensively to guide moral conducts (Beauchamp and Childress 2019). Beauchamp and Childress, champions of principlism theory, highlight the use of ethical philosophies in resolving ethical dilemmas (Steinberg, 2020). Therefore, this provides the legal and institutional structure based on the professional counselling principles of autonomy, beneficence, non-maleficence, and justice (Childress & Beauchamp, 2023). In this study, principlism facilitated researcher's work in investigating the professional and ethical responsibilities encountered by counselling professionals in institutional settings.



Virtue Ethics Theory

Counsellor's way of being is often described in terms of the language and concepts of virtue, with counselors described as having positive individual qualities such as cordiality, endurance, empathy, humility and wisdom (Schirmer, 2025). Virtue ethics looks at interpersonal openness of the counsellor towards satisfying the particular needs of the client (Van Nistelrooij & Visse, 2020). It offers an evaluation on the ethical worth of actions in relation to qualities such as compassion, honesty, authenticity integrity and wisdom (Dursun, & Mankolli, 2021). In this study, virtue ethics assisted in understanding how counsellors defined their individual qualities and contextual decision they employed when dealing with conflicting roles, confidentiality strains, dual relationships and institutional constraints.

Complement of the two theories

These theories guided this study since they complement each other rather than opposing. Principlism facilitated the identification counselor's ethical duties and possible harm in their interaction with the client (Principlism) whereas, virtue ethics help interpret how counsellors dealt with case-specific approaches that are typical of the everyday practice, through character, respect for client's autonomy, integrity, concrete wisdom and professional decision in order to avoid harm and remain objective. This assimilation of principlism and virtue ethics offered a possible suitable conceptual basis for examining both expected ethical responsibilities, individual values in ethical judgment in circumnavigating the realities of Bomet.

Reviewed Literature

A collection of literature corresponding to the objectives was gathered and scrutinized to identify the literature gap that the research aims to address.

Ethical Challenges Faced by Counsellors in Practice

Fidelity to fundamental obligations, including confidentiality, truthfulness, and respecting client autonomy, is a deontological commitment in counseling practice (Morgan & Brand, 2023). While deontological theories emphasize sticking to rules and professional responsibility, consequentialist approaches judge ethical action by its implications and impact on society as a whole. Virtue ethics, by contrast, shifts attention from rules and consequences toward the moral character and practical wisdom of the practitioner (Irawan et al., 2025). This wisdom is essential in counselling professional efficiency.

In practice, strict adherence to deontological principles can generate ethical tension when professional duties conflict. Such tensions are widely documented in counselling and psychology practice and require practitioners to carefully consider the hierarchy of duties and the limitations of rigid rule-based ethics (Remley & Herlihy, 2020).

The global study of professional ethics in counseling psychology is emerging, and there is a partial understanding of how ethical principles are deliberated in varied cultural, legal, and religious backgrounds. Ethical guidelines derived from universal ethical principles are often copied and applied to diverse contexts without considering their appropriateness (Akhurst & Leach, 2023).

A study done in China regarding the emergence of psychological counseling and cultural assimilation in the institution envisaged conflicts during counseling practice. The study found that conflicts arise when counselors keep student information confidential while institutions require reporting of a student's mental stability or other issues that must be disclosed under policy (Xing & Zheng, 2025). Similarly, Ethical dilemmas, according to a study done in Taiwan among counseling psychologists, put breaching privacy and compulsory reporting at the top of the list of dilemmas that are often encountered by psychologists (Tu et al., 2023).

A study by Koçyiğit Özyiğit, (2022) examined supervision involvements among university supervisors in Turkey using an explanatory sequential mixed methods research design. The results underlined confidentiality, multiple relationships, and unethical conduct of the supervisee as key ethical challenges encountered by the



supervisors. This recommends that it is necessary to look into the experiences of the supervisors. This implies that, due to these challenges, the support they offer may be unproductive. Consequently, a study in Germany by Steigerwald et al. (2026) analyzed three AI application methods in counseling practice to counter the emerging counseling practitioner shortage.

The findings pointed out the ethical concerns that come with it, namely confidentiality, autonomy, equality, and professional responsibility. The study underlines that as the world transitions to AI-enhanced counseling ethics, it is important to preserve human values fundamental to counseling support in psychological health.

Counselors in institutions of learning experience ethical dilemmas that need a watchful eye to steer them. The recurrent ethical dilemmas in schools are related to confidentiality, role confusion in school situations, lack of support among sponsors, and suspected child abuse. This particular study points out that counselors go the legal way in unsafe circumstances and insist on practicing within their professional expertise, while giving student confidentiality priority (Şensoy & İkiz, 2023).

This is going to the extreme, a step which demands a lot of courage from the counselor and preparedness to counter the consequences. A study done in Europe by Rutkowska et al. 2025, which carried out a web-based survey on ethical dilemmas connected to one-on-one and online counseling, underlined dilemmas linked to online psychotherapy, namely confidentiality during counseling practice, the efficacy of online therapy, the issue of limitations that may impede the counseling process, and issues related to the wider general and institutional setting.

A study done in South Africa by Wessels & Swart (2024) highlights the multifaceted situation among school psychologists, how they steer ethical concerns and their influence on the kinds of ethical dilemmas they experience. Ranging from legal and ethical conflicts, conflicting roles challenges with keeping privacy. On the other hand, counselors working in a Kenyan rural setting, according to a qualitative study by Njonge (2025), pointed out that counselors struggle with dual relationships, inadequacy in specialized supervision, and unskillfulness in dealing with complex issues, separation due to physical location, and isolation in practice.

The findings suggest a consideration of support and infrastructure for counselors working in the rural setting that encourages the counselors and more studies on the same for policy making and implementation. The following section will delve into how decisions are made basing on the ethical challenges and dilemmas experienced in practice.

Counsellors' Ethical Decision Making Within Institutions of Practice

Virtue ethics is one of the ethical models that guide an individual on how to conduct oneself in response to a moral dilemma. Based on virtue ethics, ethical behavior arises from the development and exercise of virtuous qualities, such as honesty, integrity, compassion, and courage (Dursun & Mankolli, 2021). Care ethics, instead, is apparent in unequal relationships between doctors and patients and counselors and clients; this is where one of the parties is vulnerable and needs care (Doukas et al., 2022). However, counselors working in schools or health facilities experience conflicting roles of acting as a disciplinarian and a counselor, or giving the policy of an institution precedence over client welfare.

A cross-sectional survey was conducted in the USA to establish counselors' opinions on ethical and unethical counselor conduct in the field. The study asserts that unethical conduct of counselors includes sharing clients' information with third parties, cultural incompetence, client referral, and dual relationships (Levitt et al., 2022). Oppong et al. (2022), in an exploratory study among clinical psychologists in Ghana, assert that there are two kinds of ethical dilemmas. One is those dilemmas related to ethical principles, such as keeping clients' information private, and a second is a conflict between professional practice and restrictions originating from the employer or from the organizations counselors work for. This is, for instance, the counselors in hospitals and in situations of higher learning in a given context such as Bomet County, Kenya.

Confidentiality application in counselling practice may conflict with confidentiality obligations in practice. For example, in Kenyan rural settings such as Bomet County, reporting certain disclosures may be influenced by



cultural factors originating from the Ubuntu philosophy on the need to protect the wider community but simultaneously undermine the client-counselor trust relationship. Counselors are individuals who live life and go through difficulties, in addition to the challenges that come as a consequence of their professional work. Counseling professionals, as indicated by this study's literature, point out the need for counselors' introspection regarding inefficiency in practice and what it implies for the client receiving service and for the counselor as well. The following section which looks into what counsellors are expected to do throughout their ethical practice.

Supervisory Support that Shapes Ethical Practice

Care ethics prioritizes relational engagement and compassionate responsiveness as central to ethical counseling practice. This study, conducted among teachers as agents of ethics in schools, emphasizes that individuals attain virtuous lives through frequent commitment to virtues until they become habits. In virtue ethics, socialization is key; it is where individuals learn to flourish within a community (Grande et al., 2024). Şensoy and İkiz (2023), in a study among counselors in a school setting, noted that the most common ethical dilemmas experienced by counselors are limits of confidentiality, misperceptions about counselors' professional roles in school settings, and lack of support among stakeholders. These issues negatively impact the well-being of counseling practitioners working in schools and health facilities.

An investigation on ethical dilemmas conducted in Indonesia on school counselors points out that the dilemmas that exist are a result of unclear guidelines and support structures, time restrictions, and overwhelming case piles and the fear of legal or professional consequences (Oktadinata et al. 2025). This helps counselors to be informed, especially on what to do and how, when they face difficult situations in their working environment.

Jacob et al. (2022) highlight issues such as conflicting ethical codes, for instance, conflicts between counseling principles and the law, the contradictory interests of many parties, and dilemmas inherent in the dual roles of employees. This shows the complexity of situations and makes it difficult to determine how broad ethical code statements apply to a specific situation. On the other hand, Gachenia and Mwenje (2021) study in Kiambu, Kenya explored issues counselors face in delivering counseling services and underscored role conflicts, such as twofold relationships and counselors' lack of support from the institutions where they work. Counselors face numerous and complex ethical challenges in practice.

This complexity makes it difficult to make ethical decision, hence the need for consultation either with colleagues in practice or with experts. This study points out limited supervision services. This implies that counselors are left to face challenges alone, yet the ethical guidelines recommend self-care for all counselors in practice regardless of the academic level and years of practice.

METHODOLOGY

Introduction

This section presents the procedural approach used to examine the phenomenon in question. It began with the research design, study site, participants and sampling, sampling technique, data collection, and ethical considerations.

Research Design

The study employed a phenomenological design to capture counsellors' lived experiences (Odero & Groenewald, 2025). A phenomenological approach also examines not only lived experiences but how individuals make meaning of those particular experiences (William, 2021). The phenomenological design was appropriate in this study as it focused on the lived experiences of counsellors in Bomet County, Kenya. The researcher conducted a one-on-one exploration of experience with each respondent at their counseling practice.



Study Site

Bomet County, located in the fertile highlands of Kenya's South Rift region, serves as a convincing background for this study because it captures the pull between contemporary professional structures and deep-rooted collective ethnicities. Bomet County has an area of 2,037 km² with a projected population of roughly 900,000. The county is divided into five sub-counties and 25 wards (Kibati, et al. 2025). However, beyond location, counselors working in Bomet County, Kenya, will seldom work anonymously because they are often embedded in the community. They are either neighbors, church members, or even relatives of the person they serve during professional work. This kind of social celebrity creates complications, as Western moral understandings such as strict confidentiality and occupational boundaries are often tested by the honest, though harsh, realities of rural life. Institutionally, Bomet County has a wide array of health care networks that comprise private faith-based health facilities and public health facilities.

The research was conducted in a single public county referral hospital, a faith-based private hospital, and an institution of learning. The health facilities offer considerable welfare support to a population with a number of mental health problems such as HIV/AIDS and the strain of a competitive learning system. This forms an exceptional ethical pressure for counseling professionals expected to uphold professional standards, but lack counseling spaces to offer counseling services. They often offer counseling services to a community that views seeking help from a stranger as an alien concept. The paper was devoted to Bomet County, and the study aimed to investigate the essence of rural counseling experience and find out how the ethics of counseling are never merely drawn on a chart but negotiated on a daily basis.

Participants and Sampling

The study included 10 practicing professional counsellors, 6 of them working in health facilities and 4 working in schools. The 10 participants were purposively chosen from Health Facilities and Learning Institutions. In the area of the Health facilities, were chosen as follows: one Public health facility and two health facilities with Practicing Counselors. These facilities were chosen because they have practicing Counselors, and learning institutions. According to Regmi (2024), this number was adequate for qualitative phenomenological studies, which prioritize complexity over extensiveness. The sample size aligns with qualitative research standards, which value depth over breadth (Braun & Clarke, 2006). However, upon reaching the seventh participant, there was the saturation of the messages gathered since there were repetitions going on, this led to the interviews being stopped. Counselors currently practicing in the selected health facilities and schools are registered with the Kenya Counselors and Psychological Association (KCPA) or a recognized counseling association body. Respondents willingly participated and provided informed consent.

Sampling Technique

Using Purposive sampling technique ensures different experiences from participants that provide rich, relevant, and diverse insights into ethical practice (Odero & Groenewald, 2025). Ten practicing counselors were selected from health facilities and learning institutions; recruitment ensured consent-seeking and voluntary participation. Selecting multiple sites allows for comparative insights and enhances the transferability of findings to similar settings in the county

Data Collection

Data were collected through semi-structured interviews, allowing the study to uncover underlying meanings, patterns, and experiences related to the topic and provide a comprehensive, nuanced understanding of the subject under investigation (Odero & Groenewald, 2025). In each of the facilities, the in-charge was contacted before getting to the interviewees. The in-charges were consulted to know the number of counselors in the facilities. The data were collected during the working hours in the health facilities and learning institutions. A selected place was given which was also not interfering with the other work activities going on. Each respondent took approximately 45 to 50 minutes. Upon meeting the respondent, the researcher sought the consent when the respondent was ready participate. Their availability time was also sought from each one of them. To ensure confidentiality, private rooms were used in each of the facilities. The consent letter in



Appendix 1, followed by Appendix 3, which presented a tentative set of key questions for in-depth interviews and additional probing questions, was used in developing discourse during the in-depth interview (Selvam et al. 2022).

With consent, some interviews were audio-recorded to ensure accurate capture of participants' narratives.

Some respondents did not consent for audio recording but agreed to be interviewed. The researcher developed an interview guide based on the research questions, including open-ended questions about experiences with ethical dilemmas, decision-making, supervision, and institutional constraints.

Data Analysis

Data were analyzed using thematic analysis. "Thematic analysis is a method of identifying, analyzing, and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Themes go beyond phrases; they illuminate the thought processes (Boyatzis, 1998) of the counselors who participated in this study. This approach strengthens the participants' voices in the study (Selvam et al., 2022). Analysis was conducted manually, and themes were gathered from the respondents.

Ethical Considerations

Ethical compliance was rigorously observed throughout the study in line with established qualitative research ethics and professional counselling standards (Creswell & Poth, 2018). Informed Consent was obtained by providing participants with a clear explanation of the study's purpose, procedures, potential risks and benefits, and their right to withdraw at any stage without penalty.

Ethical approval was sought from relevant institutional review boards, *including the Tangaza University Ethical Review Board. The researcher obtained permission from the learning institution and the participating health facilities before data collection.* Compliance with data protection was carried out in a way that conformed to the Data Protection Act (2019). The Act ensures secure data storage, limited access, and proper disposal of data after completion of the study.

Trustworthiness of the Study

To guarantee the honesty of this study, the credibility, dependability, transferability, and authenticity of the data were deliberated. To ensure thoroughness and data credibility, a validation technique was used. This took time to engage respondents to confirm their responses and validate explanations. Verbatim quotations were also used to reflect respondents' subjective experiences. To ensure dependability, transparency of the study procedures was key. This included processes of collecting and coding of data. This was followed by transferability; this means warranting data transfer in the study. Provision of rich descriptions of respondents and their settings enables readers define the applicability of findings to other similar backgrounds.

RESULTS AND DISCUSSION

Introduction

This qualitative research paper was founded on the ten counsellors employed in health facilities and learning institutions. The thematic analysis of the data was conducted, and the information was discussed in three major themes: (a) ethical problems faced in institutions (difficulties in keeping confidentiality, dual relationships, and ethical dilemmas), (b) ethical decision-making within institutional pressures (institutional policy pressure), and (c) absence of professional guidance and support.



Ethical Challenges encountered in institutions

Challenges in maintaining confidentiality

The results reveal that counsellors encounter a lot of ethical dilemmas, especially concerning confidentiality, dual relationships and ethical dilemmas. The most violated ethical principle is confidentiality. This is primarily because of structural and cultural constraints in both in the health and education sectors. The respondents reported that their settings do not provide enough support for privacy in counseling. They also experienced pressure from family members and institutional staff to disclose client information.

Respondent 3 said, “*Ethical issues are confidentiality* (especially, clients are not comfortable having someone around them). Respondent 4 said, ‘*there is no room or space to do counselling* and another respondent elaborated that, Nurses or clinical staff “*they want a whole story of what has happened*” (Respondent 1).

The results of the research with regard to the ethical issues, particularly the violation of confidentiality, are closely justified by the literature available. The common problem of inappropriate counselling setting fits the findings of Koçyiğit and Özyiğit (2022), who identified it as one of the primary ethical issues in the counselling practice. Moreover, the challenges evidenced in this research, including counselling in common places and family pressure, represent the multidimensional situations outlined by Wessels and Swart (2024). It underscores the importance of practitioner’s negotiation of legal and ethical dilemmas and role ambiguity.

The findings also coincide with the findings of Şensoy and İkiz (2023) who indicated that the constraints on confidentiality as a result of inadequate counselling environment, misconception of counsellor roles, and a lack of stakeholder support. These have a great influence on ethical practice and practitioner well-being. This study suggests role confusion in the context where counsellors are supposed to be informants, advocates or even caregivers out of their clients.

Such scenarios question the notion of principlism theory, it is where non-maleficence (avoiding harm) can be in conflict with beneficence. These are moments where counsellors are pressured to support the client with material help. Virtue ethics comes into play since the counsellors relies on compassion, empathy, and moral judgment to address the needs of the clients. Even when such interactions threaten to cross the border. Emphasis is not on rule-based decisions but on honest and situational decisions.

These ethical issues are based on the socio-economic and cultural realities of Kenya. The degree of poverty, communal living, and the close interaction of the family complicate professional privacy. Confidentiality is further complicated by the fact that counselling settings, particularly in public institutions where there is lack of resources. Ethical practice is therefore not only a professional issue but also a structural and cultural issue which needs context-specific responses.

Dual Relationships

The results also underscore the emergence of dual relationships, which involve a counselor providing material or emotional assistance outside therapy. This is indicative of the structural realities reported by Levitt et al. (2022). Such relationships are usually due to the helplessness of the clients and socio-economic needs, as respondents reported having supplied food, clothes, or finances to clients. Dual relationships make practice harder since the counsellors are often in a position where they go beyond professional boundaries because of the vulnerabilities of clients. Respondent 2 expressed saying, “*because I became a kind of a family member*”, and Respondent 8 stressed, “*It becomes a routine, and is no longer counselling, but pity*”.

Likewise, the disclosure and confidentiality tension that is noted in the current study, is consistent with the evidence by Xing and Zheng (2025) who found out that institutional strategies that demand disclosure may lead to conflict, among the various stakeholders and negatively affect trust in the counselling relationship. The present results also support Levitt et al. (2022) which indicated that unethical behavior such as sharing of information, and being involved in dual relationships was not due to the negligence but systemic and



contextual pressures. The disclosures done by counsellors in this study are not usually an implication of intended exploitations. Instead, they are caused by institutional pressures and responsibility pressures.

Theoretically, these results can be considered in terms of care ethics, as explained by Doukas et al. (2022). Care ethics focuses more on the relations and vulnerability sensitivity, especially unequal relations, such as that of a counsellors and clients. In such a case, the counsellors have to deal with paradoxical duties to clients who require protection, and the institutions demand of accountability. This poses a moral dilemma in which compassion might be in conflict with the institutional expectations.

Ethical Dilemmas

Ethical dilemmas often arise when counsellors are faced with issues of professional boundaries, legal requirements, and culturally-imposed rules of care and consistency. Such dilemmas are seen in situations of dual relationships and ambiguity of roles, and in cases that are sensitive to law. For example, Respondent 4 illustrated the conflict between professional ethical standards and family obligations: *“Sometimes my own family comes to seek counselling help. Being my relatives, I find it difficult to explain to them that I am a counsellor. They don’t even listen, yet I know I should not counsel my own.”* This illustrates the ethical dilemma of dual relationships whereby the counsellors have to maintain professional boundary whilst operating in close-knit social set-ups where relational trust and confidentiality are highly regarded in the family set-ups.

In the same manner, Respondent 2 referred to a relationship issue connected with the role confusion and legal limits: *“When the client presents me with a problem that has been taken to court, he/she expects me to act as an advocate, which is disorienting.* This brings out the difficulty of balancing counselling roles in cases where clients seek legal advocacy roles, and these responsibilities overlap in a manner that they are therapeutic and legal.

These results are consistent with the observations of Akhurst and Leach (2023) who further observed that ethical principles that rely on universal principles are usually implemented in different situations without due regard to their appropriateness. In the latter instance, the rigorous application of universal ethical principles, including the need to avoid dual relationships or to keep roles distinct, might not necessarily apply to the socio-cultural context of Bomet County, where high levels of communal relationships and expectations of support are embedded.

Theoretically, principlism and virtue ethics can be applied to the dilemmas. Principlism is a theory based on such notions as autonomy, beneficence, non-maleficence and justice. They presupposes that the counsellor must avoid dual relationships and maintain clear professional boundaries in order to avoid harm and to be objective. Virtue ethics, however, moves the emphasis to the values and practical knowledge of the counsellor, and requires the decision to be context-dependent. In the case of Respondent 4, a virtue ethic would require an answer that reveals knowledge whilst expressing compassion and cultural awareness in refusing to counsel family. Similarly, the application of virtue ethics in the case of Respondent 2, would prompt the counsellor to think so as to define his role without compromising on trust and without causing harm.

These conflicts illustrate the ethical context within which counsellors in Bomet County work. Having to negotiate between legal and professional standards and community demands. Ethical tensions are compounded by the expectation that counsellors will serve as readily available assistants in their social networks, and little general understanding of the limits of counselling. Hence, ethical practice in this regard must involve both observation of established principles and culturally specific descriptions and implementations of ethical standards.



Institutional Constraints and Ethical Decision-Making

Institutional policy constraints

The study shows that institutional policies and expectations greatly limit counsellors' ethical decision-making. Respondents claimed that they were pressured to disclose confidential client data to institutional authorities, which are detrimental to their professional autonomy. Respondent 8 explained this experience as *"almost being like a spy"* in which all the matters of clientele are supposed to pass to the boss. Furthermore, institutional support of handling complicated cases is lacking, which complicates the decision-making process further. An example is the comment made by Respondent 6 who explained that *"the institution sided with the student after advising the medical assistance due to possible drug use"* and left the counsellor in a dilemma. The research also discovered that institutional demands that tend to counter the professional ethical standards, limit ethical decision-making among counsellors in Bomet County. Counsellors even claimed that they were forced to give confidential client information to administrators and one respondent even compared this to being almost like a spy (Respondent 8).

This result is consistent with the study by Oppong et al. (2022), which found that the conflict between ethical requirements and organizational restrictions imposed by employers is consistent. The conflict between disclosure and confidentiality in this study also aligned with the study conducted by Xing and Zheng (2025) that found that institutional disclosure requirements frequently result in a conflict of interests among interested parties and the lack of trust in the counselling relationship.

In theory, care ethics can be applied to these findings, as Doukas et al. (2022) explain. Care ethics underlines the relevance of relational dynamics and vulnerability considerations particularly in asymmetric relationships between counsellors and clients. Here, counsellors find themselves torn between conflicting duties to their clients who need protection and their institutions which need them answerable. Meanwhile, principlism, with its concern on autonomy, through which confidentiality is the main tool is undermined by the institutional control, and beneficence is restricted by the absence of institutional support. Virtue ethics also elucidates this dilemma as it is based on the moral character of the counsellor and the practitioners must apply practical wisdom.

This leaves counsellors in difficult ethical dilemmas where they have to juggle between being loyal to their employer and observing professional codes. The results highlight the importance of considering ethical decision-making, as a situational process that has to be flexible and not necessarily tied to ethical prescriptions.

Lack of Professional Supervision and Institutional Support

One of the key themes of the data is that there is no formal system of professional supervision and institutional support of counselors. The majority of respondents indicated that they barely had or no access to formal supervision. Others reported that they last had a supervision session years ago. As an illustration, one of the respondents said, *"the last time we had one-on-one supervision session was in 2024"* Respondent 1, and another respondent said, *"we are not supervised. None here in this county none"* Respondent 3. The emotional strain has been an outcome of this lack of supervision with respondents relating it to burnout: *"No supervision at all, we get burned out"* (Respondent 9), and *"we struggle with our own problems we are on our own"* Respondent 7.

The given absence of professional supervision is supported by other researchers, such as Şensoy and İkiz (2023), who observed that a lack of support by stakeholders contributes to the development of ethical concerns and negatively affects the wellbeing of the counselors. Likewise, Oktadinata et al. (2025) associate ethical issues with inadequate rules, work-intensive nature, and fear of legal or professional repercussions, which become apparent in this research. The lack of supervision does not only lower the possibility of ethical consultation, but contributes to burnout, respondent statements such as: *'we are left to our own, we can hardly make ends meet. We are grappling with our own issues'* Respondent 7.



This unsupportive aspect questions the applicability of both principlism and virtue ethics. The reflective spaces are lost by counselors, and they fail to develop their moral reasoning and ethical skills. Supervision plays a crucial role in meeting professional expectations and addressing complicated ethical dilemmas, otherwise, counselors experience loneliness and burnout. When related to the literature and theories, these findings reveal that, ethical counseling practice in the Bomet County is influenced by a combination of the institutional constraints, social forces, and low level of professional support.

Principlism is a simplistic ethical principle, although it does not have much application in practice. Virtue ethics and care ethics offer more flexible, case-specific methods that are more representative of the daily practice of counselors. This observation shows that there is still a lack of attention to professional development and well-being of counselors in the region. It also implies that individual failures may not be the only causes of ethical errors but institutional failures in the provision of the required support systems. Hence, the enhancement of supervision forms is essential to enhance moral competencies, responsibility, and counselor health.

SUMMARY

This paper finds that the practice of ethical counselling in the Bomet County is not a stagnant conformity to instructions. It is dynamic and quite a challenging process of negotiation. Counsellors are not acting in a vacuum in the rural setting of Bomet, but in a highly complex environment between professional requirements, inflexible institutional imperatives, and the strong draw of local sociocultural demands. The results elicit a clear gap between theory and practice.

The rate of dual relationship and the weakness of privacy are not always indications of professional laxity, but to some extent the natural results of working in a small community. In addition, there is no organized supervision. This is why most of the counsellors are left to navigate these ethical hurdles on their own, leading to high burnout rates of counsellors. Ultimately, the study concludes that where strict institutional policies cannot explain these rural realities, there is a tendency to trade ethics to the survival of the system.

Institutions ought to go beyond the ideals of ethical counselling to the reality faced by the counsellors in rural areas, and establish environments fit for counselling settings. This guarantees that confidentiality, the basis of any therapeutic relationship is protected by physical set-up not just professional promises.

It is urgently needed to take a step way out of any generalized ethical codes. Local counsellors should be consulted with professional bodies to formulate contextualized ethical codes that specifically consider rural issues like dealing with inevitable dual multiple relations and balancing cultural subtleties without crossing professional boundaries. Finally, to invest in preparing supervisors to counter the scarcity of professional supervision support.

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