

Fall 2018

# An Examination of the Relationship Between Personality, Specialty, and Work Setting to Counselor Burnout.

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In the past few decades, burnout has become an increasingly significant topic of discussion within the workplace. It is commonly thought that individuals in the helping professions are more susceptible than others to experience symptoms of burnout due to the intimate nature of the profession. Furthermore, there is currently a lack of research regarding burnout within the mental health counselor population. This correlational design study examines the relationship between internal (personality) and external (work setting, counseling specialty, and demographics) factors that may influence individuals' likelihood of developing burnout symptoms. Results from this study indicate a positive, significant correlation between neuroticism and burnout. Overall, there was a high rate of burnout present within the sample.

AN EXAMINATION OF THE RELATIONSHIP BETWEEN PERSONALITY,  
SPECIALTY, AND WORK SETTING TO COUNSELOR BURNOUT

by

Callie Pruett

A Thesis Submitted to  
The Faculty of the Graduate School at  
The University of North Georgia  
in Partial Fulfillment  
of the Requirements for the Degree  
Masters of Science in  
Clinical Mental Health Counseling

Dahlonega  
2018

Approved by

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TABLE OF CONTENTS

	Page
LIST OF TABLES.....	6
Chapter	
I. INTRODUCTION.....	7
Statement of the Problem.....	14
Need for the Study.....	15
Purpose of the Study.....	15
Research Questions.....	16
Significance of the Study.....	16
Definition of Terms.....	17
Organization of the Study.....	18
II. REVIEW OF RELATED LITERATURE.....	20
Theoretical Orientation.....	20
Three Factor Theory of Burnout.....	20
Five Factor Model of Personality.....	23
Personality and Burnout.....	24
Counselor Burnout.....	26
Counselor Personality as it Relates to Burnout.....	28
External Factors Related to Burnout.....	31
Counseling Specialty.....	31
Work Setting.....	33
Other Demographic Factors.....	35
III. METHODOLOGY.....	39
9	
Research Questions.....	38
Participants.....	40
Instrumentation.....	40
Procedures.....	44
Data Analysis.....	44
IV. RESULTS.....	46
Descriptive Data Results.....	46
Response Rate.....	46

Participant Demographics.....	47
Counselor Burnout.....	48
Personality.....	50
Data Analysis.....	51
Summary of Results.....	55
V. DISCUSSION.....	56
Summary.....	56
Discussion.....	56
Additional Results.....	58
Limitations to the Current Study.....	60
Recommendations for Future Research.....	61
Implications for Counselors.....	62
Implications for Supervisors and Counselor Educators.....	63
Conclusion.....	64
REFERENCES.....	65
APPENDIX A. INFORMED CONSENT.....	73
APPENDIX B. SAMPLE EMAIL TO PARTICIPANTS.....	76
APPENDIX C. INTERNATIONAL PERSONALITY ITEM POOL- FIVE FACTOR MODEL.....	77
APPENDIX D. COPENHAGEN BURNOUT INVENTORY.....	83
APPENDIX E. DEMOGRAPHIC QUESTIONNAIRE.....	85

## LIST OF TABLES

Table		Page
1	Counseling Specialty Percentages.....	48
2	Descriptive Statistics for Participants Burnout Subscales Scores.....	49
3	Descriptive Statistics for IPIP-FFM Subscales.....	51
4	Pearson Correlations for Burnout and Neuroticism.....	53
5	Pearson Correlations for Counseling Specialties and Burnout.....	54

## Chapter I

### INTRODUCTION

In the last three decades, burnout has become a popular topic within the mental health field. Counselors-in-training are oftentimes taught how to recognize burnout symptoms and develop a self-care plan in order to prevent burnout. Lawson, Venart, Hazler, and Kottler (2007) emphasize ‘the person’ of the counselor and how it serves as an instrument in our work. Counselors are trained to enter our clients’ subjective world by connecting to their emotions and suffering. Unfortunately, the burdens associated with being a counselor can produce burnout.

The significance of burnout was officially recognized when the professional organization for counselors, the American Counseling Association (ACA) created the Taskforce on Counselor Wellness and Impairment in 1991 (ACA, 2012). The taskforce found a significant negative impact on a counselor’s professional functioning, which compromises client care or poses the potential for harm to the client. Although not synonymous, impairment and burnout are indeed related. Counselor impairment can lead to burnout, while burnout certainly leads to impairment. Burnout can be thought of as a long-term consequence of impairment (ACA, 2012).

The development of the Taskforce on Counselor Wellness and Impairment allowed the profession to promote their awareness of burnout, assess for burnout, and suggest strategies to prevent burnout. Impairment manifests in one of two ways: either life becomes overwhelming and interferes with work or work becomes overwhelming

and interferes with personal life. Furthermore, burnout is a manifestation of impairment. Other manifestations of impairment include vicarious traumatization, depression, and relationship problems. According to a 2004 survey developed by this taskforce, 63.5% of ACA members have known a counselor they would consider impaired (ACA, 2012). Additionally, 75.7% of counselors believed that impaired counselors present a significant risk to the counseling profession (ACA, 2012).

Several definitions of burnout exist, yet the following definitions mentioned are widely used. Freudenberger (1974) thought of burnout as “failing, wearing out, or becoming exhausted through excessive demands on energy, strength, and resources” (p. 156). According to Maslach and Jackson (1986), burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishments. Regardless of the exact definition of burnout used, the phenomenon has a negative effect on individuals and the workplace.

Researchers view burnout as an “uneasy relationship between people and their work” (Maslach & Leiter, 2005). This “uneasy relationship” may cause individuals to feel exhausted, overwhelmed, anxious, and doubt themselves (Maslach & Leiter, 2005). General symptoms of burnout included feelings of stress, the perception of being undervalued, and feeling alienated in the workplace (Leiter & Maslach, 2001). In other words, burnout can be thought of as being an effect of prolonged stress. This phenomenon is oftentimes intensified by lack of self-care with the interaction of the intimate nature of counseling (Wardle & Mayorga, 2016). Clearly, “burnout is defined as an end-stage” and is progressive (Schaufeli, Leiter, & Maslach, pg. 214).

Burnout can affect individuals both physically and psychologically. The physical symptoms related to burnout include headaches, frequent colds, sleep disturbances and muscle tension (Maslach et al., 2001). The psychological symptoms, on the other hand, include apathy, resentment, sense of failure, and withdrawal. These symptoms can lead to anxiety, depression, and substance abuse. Physical and psychological symptoms of burnout can also influence individuals' job performance, considering the interaction of the symptoms.

Since the 1970's, thousands of research articles have been published related to burnout. In fact, a quick search of the topic, using ProQuest Central Database, resulted in approximately 24,000 results. As mentioned previously, an abundance of research related to burnout emerged in the 1970's. Freudenberger was the first to scientifically study the concept of burnout (Schaufeli, Leiter, & Maslach, 2009). At the time, burnout was often used as a term to describe individuals who were chronically struggling with the effects of drug abuse. Freudenberger, who regularly worked with this clientele, began using the term to describe the volunteers who worked with him at New York's East Village. He noticed that the volunteers were becoming gradually less motivated and unengaged. Freudenberger, a psychologist, was a victim of burnout himself, and thus began to raise awareness about the phenomenon (Schaufeli et al., 2009). Freudenberger often used an analogy involving a flame to describe the concept of burnout. Burnout can be thought of as extinguishing the flame in the candle or the smothering of a fire. In other words, burnout drains energy (Schaufeli, Leiter, & Maslach, 2009). The 'light,' 'flame,' or 'fire' can be thought of as our compassion, energy, and will.

Christina Maslach, a social psychological researcher, is perhaps the most significant individual associated with the study of burnout. Based on the Three Factor Model of Burnout, she developed the Maslach Burnout Inventory (MBI), along with Susan Jackson in 1981. The three factors in Maslach's model are emotional exhaustion, depersonalization, and personal accomplishment (2001). Out of the three factors, emotional exhaustion is the most widely reported. Exhaustion can also be thought of as the stress dimension of burnout. According to Maslach (2001), "within the human services, the emotional demands of work can exhaust a service provider's capacity to be involved with, and responsive to, the needs of service recipients" (p. 403).

Depersonalization is an employee's attempt to distance oneself from the recipients of the service (Maslach, Schaufeli, & Leiter, 2001). The emotional demands of providing the services are lessened when the recipients of the service are thought of as impersonal objects of one's work. Depersonalization may present with an indifferent or cynical attitude. Reduced personal accomplishment or inefficacy can occur as a result of exhaustion and depersonalization. Maslach et al. points out "it is difficult to gain a sense of accomplishment when feeling exhausted or when helping people toward whom one is indifferent" (2001, p. 403). Overall, for burnout to exist for an individual, emotional exhaustion and depersonalization must be high and feelings of personal accomplishment must be low (Maslach et al., 2001).

While some focus on the internal consequences of burnout, the phenomenon also negatively influences the workplace. Burnout greatly influences job retention and turnover (Firth & Britton, 1989). In terms of job performance, burnout has been associated with absenteeism, intention to terminate employment, and lower productivity

and effectiveness while at work. This in turn negatively affects the organization as well. Leiter & Maslach (2001) argue that burnout is a “crucial issue for businesses committed to quality.” Burnout can lead to the “spillover” effect, negatively influencing individual’s social lives (Maslach et al., 2001).

Additionally, research indicates that burnout is a global phenomenon (Schaufeli et al., 2009). Although it is present across the globe, there are cultural differences. For instance, in the Netherlands and Sweden, burnout is considered a medical diagnosis. In Sweden in 1997, the International Classification of Diseases, Tenth Edition (ICD-10) introduced the diagnosis of burnout. Within a few years, it became one of the five most common diagnoses in the public sector (Schaufeli, et al., 2009).

In the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), however, burnout is not listed as a disorder. On the contrary, burnout can be found in the ICD-10 codes in the United States as problems related to life- management difficulty (Z73). Schaufeli et al. (2009) mention that in order to receive this diagnostic code, the symptoms must be work-related, and individuals should receive professional treatment as soon as possible. Some researchers suggest that burnout should be considered a diagnosis and should consequently be included in the DSM-5, although the topic remains controversial among experts (Kakiashvili, Leszek, & Rutkowski, 2013).

Over the past few decades, the significance of burnout and the affects it has on individuals and the workplace has become increasingly relevant. Some researchers suggest that burnout should be considered an illness (Schaufeli et al., 2009). Maslach, Jackson, and Leiter refer to burnout as a syndrome (1996). In another article, Maslach et al. (2001) states that burnout causes mental dysfunction, implicating that burnout can lead

to mental illnesses such as anxiety and depression. Symptoms associated with burnout can resemble symptoms of mental illness (Maslach & Leiter, 2008). This is ironic considering mental health counselors are trained to identify and treat these symptoms, yet often fail to recognize them within themselves.

The percentage of mental health counselors is growing much faster than the average for all occupations. Employment of mental health counselors, as well as marriage and family therapists, is expected to grow 19% from 2014 to 2024 (Bureau of Labor Statistic, 2016). Furthermore, there is a high demand for mental health counselors in our country. According to the Health Resources and Services Administration, 89.3 million Americans live in areas that are considered to be federally- designated Mental Health Professional Shortage Areas.

Additionally, this demand is expected to increase in years to come, considering changes have been implemented that mandate mental health benefits in the Affordable Care Act (Ollove, 2014). Because there is a high demand for mental health counselors, it is vital that burnout is prevented as much as possible. If a counselor is indeed experiencing burnout symptoms, he or she is not able to adequately conduct therapy with clients. With that being said, not only does the counselor suffer, but the counselor's clients will suffer as well. Avoiding burnout, on the other hand, allows counselors to continue therapy with clients so their needs will continue to be met. Burnout awareness allows counselors to take the most appropriate course of action, to participate in burnout prevention techniques.

As mentioned previously, 'the person' of the counselor serves as an instrument in their work (Lawson et al., 2007). For the purposes of this study, 'the person' of the

counselor can be thought of as the counselor's personality. Personality can be defined as individual differences in characteristic patterns of thinking, feeling, and behaving (American Psychological Association, 2017). Perhaps possessing certain personality characteristics make counselors more likely to experience burnout compared to other counselors. Several researchers have studied this interesting relationship (Bakker, Van Der Zee, Lewig, & Dollard, 2006; Lent & Schwartz, 2012; Ruffin, 2014).

Furthermore, some counselors strive for a specialty certification beyond their licensure. This can be a certain population the counselor typically works with or problems or disorders they tend to work with. Some specialty certifications are officially given from the National Board of Certified Counselors (NBCC). Examples of specialty certifications include Certified Clinical Mental Health Counselor (CCMHC), Masters Addictions Counselor (MAC), and National Certified School Counselor (NCSC). Other counselors might informally specialize in a specific population or client problem without an official certification. Examples include grief counselors, geriatric counselors, and counselors who working with eating disorders. Currently, there is a lack of research analyzing the relationship between counseling specialty and burnout. For this reason, this data will be collected for this study in order to better the understanding of this relationship. Also related to counseling specialty is counseling work setting.

There are several types of settings in which counselors may choose to work. Examples include community mental health centers, private practices, and outpatient clinics. The work setting in which a counselor works may be based on their work experience, degree type, or counseling specialty. Overall, the existing literature analyzing the relationship between counseling work setting and burnout has shown that counselors

employed in private practice generally experience less burnout than counselors employed in community mental health centers (Lent, 2010; Lent & Schwartz, 2012). More information regarding this topic is needed in order to have a comprehensive understanding of the relationship.

Additional research is also needed regarding other counselor demographic factors, such as age, gender, ethnicity, years of experience, and degree type. Although a majority of the research conducted on the relationship between counselor personality and burnout collects data on demographic information, oftentimes this data is not statistically analyzed. In terms of the research that does analyze the relationship between these variables, it seems that there is a relationship between age and years of experience and burnout (Craig & Sprang, 2010; Deters, 2008). However, the relationship between burnout and demographics such as gender, degree type, theoretical orientation, and ethnicity remains unclear.

#### Statement of the Problem

Research shows occupational burnout is a global phenomenon (Schaufeli et al., 2009). The negative effects of burnout greatly influence not only individual employees, but also organizations and communities. Burnout can lead to impairment physically, psychologically, and socially. These symptoms can lead to job turnover, social withdrawal, and several other impairments (Schaufeli et al., 2009). Some research indicates there is a relationship between counselor burnout and internal factors, such as personality (Lent & Schwartz, 2012; Ruffin, 2014). Other research has studied the relationship between burnout and external factors, such as work setting and demographic information (Summers, 2010; Craig & Sprang, 2010). However, there is a lack of

research on the relationship between counseling specialty and burnout. Awareness of these relationships encourages counselors to examine their own personality and external factors and how they may affect their likelihood of experiencing burnout symptoms.

#### Need for the Study

Currently, burnout research is primarily conducted within the medical field (Galán, Sanmartín, Polo, & Giner, 2010; Poghosyan, 2008). Although related to the medical field, it is of importance to specifically study the phenomenon of burnout in mental health counselors. Additionally, there is a lack of research on the relationship between counselor burnout and counselor personality, as well as the relationship between counselor burnout and counseling specialty. There is a need to identify counselors who are at a greater risk for burnout, which allows for earlier intervention. Research shows early intervention for burnout symptoms leads to better outcomes (Maslach et al., 2001). These results can possibly promote counselors to examine their own internal and external factors and how they might be influencing their likelihood to succumb to burnout.

#### Purpose of the Study

The primary purpose of this study is to determine the relationship between counselor personality and burnout. Counseling specialty of counselors also will be studied, as it relates to burnout. The results will assist mental health counselors in not only becoming aware of their personality characteristics, but also their vulnerability to experience occupational burnout. Awareness of burnout and other prevention techniques will prevent mental health counselors from experiencing this phenomenon. Additionally, this unique connection can perhaps provide mental health counselors information regarding the interaction between the variables of interest. This study will raise

implications for how burnout may be addressed in the future, based on personality, counseling specialty, work setting, and other demographic information. Overall, this study will determine the relationship between counselor personality and burnout, counseling specialty and burnout, and counseling work setting and burnout.

### Research Questions

This study addressed the following research questions:

R1: What is the relationship between counselor personality and the potential for burnout?

H1.1: There will be a significant, positive relationship between neuroticism and burnout levels.

H1.2: There will be a significant, negative relationship between agreeableness and burnout levels.

R2: What is the relationship between counseling specialty and the potential for burnout?

H2: There will be a significant, positive relationship between high-stress counseling specialties (i.e., trauma, grief, substance abuse, personality disorders) and burnout.

R3: What is the relationship between counselor work setting and the potential for burnout?

H3: Counselors who are employed in public or community clinics or agencies will report higher levels of burnout compared to counselors employed in private practice settings.

R4: What relationships exist among counselor experience, counselor age, and burnout?

H4.1: More experienced counselors will have lower ratings for burnout.

H4.2: Older counselors will have lower ratings for burnout.

### Significance of the Study

Most burnout experts would agree with the importance of early intervention to burnout symptoms in order to produce favorable outcomes (Maslach et al., 2001). This study will allow mental health counselors to manage personal burnout through prevention. Once counselors are aware of their personality traits (and the relationships between the variables of interest and burnout) that could put them “at- risk” for burnout, they can take appropriate, preventative action. Additionally, based on demographic information, this study will provide insight into the relationship between burnout and specific counselor demographics. In conclusion, this study will educate mental health counselors on the relationship between internal (personality) and external (counseling specialty, work setting, and demographic) states and occupational burnout.

### Definition of Terms

*Burnout*: “a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding” (Schaufeli & Greenglass, 2001, pg. 501)

*Personality*: individual differences in characteristic patterns of thinking, feeling, and behaving (American Psychological Association, 2017)

*Personality Trait*: dimensions of individual differences in tendencies to show consistent patterns of thoughts, feelings, and actions (McCrae & Costa, 1990)

*Licensed Professional Counselor (LPC)*: professionals who provide mental health and substance abuse care to millions of Americans. LPCs are mental health service providers who hold a master’s degree and are trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders. LPCs have met all

of the requirements for licensure in the state in which they practice. In some states, these professionals are also called licensed clinical professional counselors or licensed mental health counselors (ACA, 2011)

*Associate Licensed Professional Counselor (LAPC):* the counselor licensure type prior to becoming fully licensed as a LPC. In order to move from LAPC to LPC status, supervised work experience and an exam is required.

*Counseling Specialty:* a narrowly focused area of counseling which requires advanced knowledge and skills in the field founded on the premise that all professional counselors must first meet the requirements for the general practice of professional counseling (ACA, 2004).

*Work Setting:* the primary environment in which the counselor works. Examples include community mental health center, private practice, and outpatient clinic.

### Organization of the Study

This thesis is presented in five chapters. Chapter I is an introduction for the study. This includes the symptoms of burnout and a brief history, statement of the problem, need for the study, purpose of the study, the research questions, significance of the study, and definitions. Chapter II includes a comprehensive literature review. The literature review consists of the theoretical orientation for the study and discusses counselor burnout, personality, counseling specialty, work setting, other demographic variables. Next, chapter III consists of the methodology of the study. This chapter presents the research questions, instrumentation information, participants, procedures, and data analysis. Chapter IV reports the results of the study. Finally, chapter V is the discussion,

which includes implications for counselors, additional results, limitations, and recommendations for future research.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

Thousands of publications have been developed dedicated to studying who is affected by burnout, in what ways, and how to prevent burnout (Schaufeli et al., 2009). The following literature review will act as a foundation for this study. The first section will cover the theoretical basis for this study, the Three Factor Theory of Burnout and the Five Factor Model or 'Big Five' Theory of Personality. Next, an overview of the current literature involving counselor personality and burnout will be reviewed. Lastly, the relationship between external variables (counseling specialty, work setting, and other demographics) and burnout will be discussed.

#### **Three Factor Theory of Burnout**

The following section will be a review of Maslach's Three Factor Theory of Burnout, as it's understanding is vital to thoroughly understanding the results of the study. Maslach's theory was published in 1982, describing the concept of burnout in three factors. The three factors are the following: emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment. All three factors of burnout are used to define, describe, and assess for burnout. Additionally, these three factors are specifically assessed for in the MBI. According to Jackson and Maslach (1982) burnout can occur when individuals work in highly interactive types of work.

Maslach and Leiter (2008) define emotional exhaustion as “feelings of being emotionally overextended and drained by one’s contact with other people” (p. 498). According to Ashforth and Lee (1997), emotional exhaustion is the most significant dimension of burnout. As stated by LePine, LePine, and Jackson (2004), emotional exhaustion develops early on in the burnout process. Within the human services field, the emotional demands of the work has the potential to exhaust a service provider’s capacity to be responsive to the needs of the service recipients (Maslach, Schaufeli, & Leiter 2001).

Depersonalization refers to “an unfeeling and callous response toward the recipients of one’s service or care” (Leiter & Maslach, 1988). This factor can also be thought of as an attempt to put distance between oneself and the client, sometimes unconsciously. Depersonalization can cause service providers to view their clients as an impersonal object of one’s work and can be a result of emotional exhaustion (Maslach et al., 2001).

Lastly, reduced personal accomplishment refers to a decline in one’s feelings of competence and successful achievement in one’s work with people (Leiter & Maslach, 1988). Reduced personal accomplishment and depersonalization can be thought of as the “attitudinal dimensions” of the three-factor theory, meaning negative attitudes regarding job and job performance (Schimpf, 2009). Maslach et al. (2001) point out that reduced personal accomplishment has a somewhat complex relationship with the other two factors. Reduced personal accomplishment can be a product of emotional exhaustion and depersonalization. This factor can also negatively affect an individual’s self-esteem.

### **Variables of Burnout**

There are six variables that lead to burnout: workload, lack of control, reward, community, fairness, and values. A “mismatch” in any of the six variables can lead to burnout (Maslach & Leiter, 2001). Additionally, Maslach and Leiter (2001) found that burnout can present differently in individuals depending which of the six variables are involved. Maslach and Leiter (2001) place the responsibility of burnout prevention not only on individual employees, but on employers as well. It is a myth that employees are responsible for their own symptoms of burnout. Employers and employees, alike, must be responsible for learning and understanding burnout prevention.

Maslach et al. (2001) suggest that employees have an excessive workload, often intensified by technology. The vast availability of communication technology, such as smart phones, allow employers to contact employees anytime, anywhere. Maslach et al. (2001) pointed out that burnout symptoms are related to a lack of control of work processes in the workplace. If employees are experiencing a lack of control, rewards (monetary and social) may not appear sufficient, based on the efforts required for the position. Social support, or a sense of community, is of vital importance to individuals. Having a sense of community within an organization allows employees to feel as though they are part of something larger than themselves. Social connections are stronger if there is a sense of fairness in the workplace, the fifth variable. Fairness impacts not only individual relationships with other employees, but also relationships with employers or supervisors. Lastly, Maslach et al. (2001) point out there can be serious issues when the values of an employee and the values of an organization are mismatched.

Because of the serious issues that can occur as a result of burnout, Maslach et al. (2001) proposed a five-step method for assessing the current state of workplace engagement to begin the change process: establish an information flow, involve people in the process, communicate constantly, use the community's problem-solving capacity, and track progress. To summarize, they suggested identifying the areas of concern and consequently tailor solutions to improve each area as needed. Maslach et al. (2001) predict that burnout will continue to affect the workplace for years to come.

### **Five Factor Model of Personality**

Personality influences work and how the world is viewed. Most of the research looking at the relationship between personality and burnout has measured personality using Five Factor Model (FFM) of Personality, or the 'Big Five,' as it is commonly referred to (Engphaiboon, 2012). The FFM provides a scientifically grounded basis for the assessment of personality (McCrae, Lockenhoff, & Costa, 2005). This model takes into account biology and environment in the formation of personalities. Supporters of the FFM state it is comprehensive and universal. This model has 5 subscales- extraversion, conscientiousness, neuroticism, openness to experience, and agreeableness. Each of the 5 constructs will be defined.

Extraversion can be thought of as a tendency to be self-confident and dominant, as well as being optimistic, active, and excitement seeking (Engphaiboon, 2012). Introversion is the opposite of extraversion, with a lack of the above mentioned characteristics. Conscientiousness concerns the control of impulses. Conscientious individuals are purposeful and determined. Neuroticism, on the other hand, is the tendency to experience negative emotions, such as sadness, fear, anger, and embarrassment. The

opposite of neuroticism is emotional stability. Openness to experience refers to the following characteristics: attentiveness to inner feelings, intellectual curiosity, and imaginative. Finally, agreeableness signifies interpersonal tendencies. This includes altruism, sympathy, compliance, and straightforwardness (Engphaiboon, 2012).

Furthermore, these 5 personality characteristics are to be thought of as on a continuum. For example, most people are somewhere in between being an extravert and introvert (Engphaiboon, 2012). The FFM does not work under the assumption that certain personality type characteristics are superior to others. For example, it is not necessarily a negative thing to be high in neuroticism or low in extraversion. Instead, it is important to remember that personality is on a spectrum. Examples of standardized personality assessments based on the FFM include the Revised NEO Personality Inventory (Costa & McCrae, 1992) and the International Personality Item Pool- Five Factor Model (IPIP-FFM; Goldberg, 1999).

### **Personality and Burnout**

Much of the literature related to burnout focuses on burnout of health care professionals, such as nurses, medical students, and surgeons (Galán et al., 2011; Poghosyan, 2008), while fewer studies have focused on the occupational burnout of mental health counselors. Because of the lack of research specifically regarding mental health counselor burnout and personality, a brief overview of the topic involving health care professionals will be discussed for reference.

In 2011, Bui, Hodge, Shackelford, and Acsell researched factors contributing to burnout among perfusionists (a healthcare professional who uses the cardiopulmonary bypass machine) in the United States. The participants were 336 members of the

American Society of Extracorporeal Technology. In terms of assessment, the MBI was used to assess for burnout and the Big Factor Inventory was used to determine personality traits. Bui et al., (2011) found that an overwhelming workload can contribute to emotional exhaustion. They also found that employees are less vulnerable to burnout and more accepting of workplace change when they perceive their supervisors as being both supportive and equitable. In regards to personality, neuroticism was positively correlated with emotional exhaustion and depersonalization. Neuroticism was also negatively correlated with personal accomplishment (Bui et al., 2011).

Furthermore, Herlickson (2009) studied the relationship between work setting, personality, burnout, and self- efficacy in 77 doctoral-level psychologists in a correctional setting. In order to assess these variables, the researcher used the IPIP- Five Factor Model, the MBI, and the Minnesota Satisfaction Questionnaire (Weiss, Dawis, & England, 1967). The results from the above assessments revealed that workload was significantly related to emotional exhaustion, the primary factor of burnout. Additionally, psychologists who experienced an increase in work environment conflict also reported an increase in emotional exhaustion and depersonalization. A decrease in feelings of personal accomplishment was also reported for these participants. The trait neuroticism was found to strongly correlate to higher levels of emotional exhaustion and depersonalization. Lastly, Herlickson (2009) found a moderate inverse relationship between neuroticism and personal accomplishment.

Ghorpade, Lackritz, and Singh conducted a study in 2011 researching personality as a moderator of the relationship between role conflict, role ambiguity, and burnout. Their sample included 263 faculty members at a California university. The MBI, as well

as the Role Conflict Scale (Schuler, Aldag, & Brief, 1977) and Mini- Marker's Inventory (Saucier, 1994) were used as assessments. The regression results indicated that role conflict increases emotional exhaustion and depersonalization (Ghorpade et al., 2011). Role ambiguity reduced feelings of personal accomplishments, while agreeableness and emotional stability increased personal accomplishments. Additionally, the trait agreeableness decreased personalization (Ghorpade et al., 2011).

Similarly, Schimpf (2009) conducted a correlational study between the personality traits of licensed clinical psychologists and burnout. Ninety-eight psychologists were chosen at random from the public database of licensed psychologists in the state of New Jersey. The NEO Personality Inventory Revised (NEO-PI- R) and the MBI were utilized as assessment tools. A significant positive correlation was found between neuroticism and agreeableness, while a significant negative correlation was present between agreeableness and emotional exhaustion. Overall, emotional exhaustion was highest in psychologists compared to the other burnout subscales. No other significant correlations were present for the remaining of the Big Five traits (Schimpf, 2009).

### **Counselor Burnout**

The nature of helping professions may make these professionals more likely than others to experience burnout (Shields, 2015). Empathy, compassion, and caring are qualities that make counselors effective; they may also make counselors vulnerable to compassion fatigue, stress, and burnout (Thompson, Amatea, & Thompson, 2014).

Section C.2.g. in the ACA code of ethics states:

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work (American Counseling Association, 2014, pg. 9).

Unfortunately, burnout symptoms can be present as early as the counseling internship, when new counselors first begin to practice in the field. In a study conducted by Wardle and Mayorga (2016), incidence of burnout was researched within the counseling student population. The researchers assessed burnout with the Freudenberger Burnout Scale (Freudenberger, 1974) and also collected demographic information. The sample included 35 counseling students at a Texas University. Their results indicated that 22.85% of participants scored over 65 on the FBS, meaning that the individual ‘sounds burned out’ and the situation may be threatening to the individual’s physical and mental well-being. Furthermore, over 85% of the participants had some degree of indication that burnout is either something they should be aware of and paying attention to, or they are overtly demonstrating indication that they are burned out (Wardle & Mayorga, 2016).

Similarly, Thompson, Frick, and Trice (2011) conducted a qualitative study on burnout and self-care in counselors-in-training. The research team was interested in the counselors-in-training’s perception of supervisor practices related to burnout and self-care. Open-ended semi-structured interviews were used to collect data with 14 counselors-in-training. The data was then examined to find commonalities among responses. Thompson et al., (2011) found that most participants reported at least some

knowledge of or having experiences with burnout. Three stressors leading to burnout were consistent: loss of enthusiasm and compassion; the struggle to balance school, work, and personal responsibilities; and difficulty separating personal and professional boundaries. The researchers also found that faculty supervisors directly promoted counselor resiliency, which is thought of as a protective factor against burnout. On the other hand, participants reported that burnout and self-care were not seen as priority by site supervisors.

Burnout can be thought of as an example of counselor impairment. Other types of impairment include compassion fatigue and vicarious traumatization. Lawson (2007) conducted a quantitative study regarding counselor wellness and impairment. In this study, 501 American Counseling Association members participated by completing the Career Sustaining Behaviors Questionnaire (CSBQ) and the Professional Quality of Life Scale (Pro-QOL-III-R). The results from Lawson's study indicated that 14% of counselors scored below the cutoff score for compassion satisfaction, while 5.2% scored below the cutoff score for burnout and 10.8% scored below the cutoff score for vicarious trauma (2007). He also found that counselors who routinely utilized CSB's scored lower on burnout and higher on compassion satisfaction. Overall, according to Lawson (2007), counselors are "mostly well," yet there are still a few areas of concern.

### **Counselor Personality as It Relates to Burnout**

Prior to reviewing the literature on the relationship between personality and burnout, it is vital to have an understanding of each other the traits included in the five-factor or "Big 5" model. Extraversion is a tendency to be self-confident, active, and excitement seeking. Extraverts have a higher frequency and intensity of personal

interactions (Bakker et al., 2006). Agreeableness is related to altruism, nurturance, and caring for others. Conscientiousness is associated with being detail-oriented, achievement striving, and self-discipline. Neuroticism is associated with a tendency to experience distressing emotions, low self-esteem, and emotional instability. Finally, openness to experience is related to imagination, intellect, and the being open-minded (Bakker et al., 2006).

Bakker et al. (2006) studied the relationship between the five-factor model of personality and burnout. Participants in the study were 80 volunteer counselors who cared for terminally ill patients. The MBI and the Five-Factor Personality Inventory were used to assess the variables. Neuroticism was found to be the sole predictor of the emotional exhaustion dimension of burnout, and individuals who scored high in neuroticism were less emotionally stable than their lower neuroticism counterparts. Consequently, these individuals are more vulnerable to experiencing emotional exhaustion when work stressors are encountered (Bakker et al., 2006).

Also related to neuroticism are feelings of personal accomplishment. Many individuals find meaning in their work when they feel accomplished. Bakker et al., (2006) also found that individuals who scored high in neuroticism reported lower levels of personal accomplishment. According to their research, extraversion and conscientiousness lead to higher levels of job satisfaction, while neuroticism can lead to decreased job satisfaction (Bakker et al., 2006). Overall, several researchers have found significant results correlating personality traits with burnout (Bakker et al., 2006; Ghorpage, Lackritz, & Singh, 2011).

Lent and Schwartz (2012) studied how personality, work setting, and demographics affect counselor burnout with a sample of 340 professional counselors. The sample population included counselors who worked in a variety of settings: inpatient settings, community mental health outpatient settings, and private practice outpatient settings. To measure personality, the researchers used the IPIP-FFM, which can compare to the 'Big Five' or Five Factor Model of personality. The results also indicated that high agreeableness predicted lower depersonalization and a higher sense of accomplishment. Furthermore, "individuals who scored lower on neuroticism and higher on extraversion, agreeableness, and conscientiousness tend to score lower on the depersonalization and emotional exhaustion factors", as measured by the MBI (Lent & Schwartz, 2012).

Engphaiboon (2012) researched the relationship between personality traits and burnout among school psychologists and school counselors. The NEO PI-R and MBI were used to assess personality and burnout among 25 participants. The results indicated that neuroticism was statistically associated with burnout, specifically emotional exhaustion and depersonalization. Angry hostility was significantly correlated with emotional exhaustion and depersonalization. Additionally, high scores on the scales of conscientiousness, trust, and impulse control were associated with higher levels of Personal Accomplishment (Engphaiboon, 2012).

In 2006, Gachutha conducted research using a mixed method involving 29 counselors in Kenya. Questionnaires, focus-group discussions, and in-depth interviews were used in the methodology. The researcher examined whether counselor supervision was an appropriate strategy in the management of counselor burnout. The results from this study indicated that supervision was an appropriate strategy in managing counselor

burnout. The study findings revealed that burnout seriously affected counselor effectiveness and led to malpractice and client harm. Thirty percent of the counselors in the study reported an inability to empathize, while 80% reported a disinterest in their work. Lastly, Gachutha (2006) found that personality style positively correlated with burnout development. Ninety percent of the respondents agreed with the statements that personality type is a key predictor to the development of burnout.

As mentioned previously, in 2010, Lent researched the impact of work setting, demographic factors, and personality factors on burnout. The MBI and IPIP- Big Five Measure was used as assessment tools. In terms of personality, the results indicated counselors with less neuroticism experienced greater personal accomplishment as well as less depersonalization and emotional exhaustion. Counselors with higher extraversion, agreeableness, and conscientious experienced greater personal accomplishment and less depersonalization and emotional exhaustion. Also related to counselor burnout is counseling specialty.

### **The Relationship Between External Factors and Burnout**

#### **Counseling Specialty**

For this study, the external variables of interest are counseling specialty, work setting and other demographics (i.e., number of years of experience, gender, age). As previously mentioned, counselors sometimes will chose a counseling specialty.

Counseling specialty can be defined as a narrowly focused area of counseling which requires advanced knowledge and skills in the field (ACA, 2004). Counselors who have a specialty generally work with this population or clients experiencing this diagnosis or issue most of the time they are practicing therapy. Currently, there is a lack of research on

the relationship between counseling specialty and burnout. Specifically, there is a lack of research comparing the burnout symptoms of one counseling specialty to another.

Therefore, this study will provide data concerning this issue. The following research articles simply assess for burnout in certain counseling specialties without comparing their findings to another sample of counselors. Without this information, the mental health field is unable to determine if certain counseling specialties are more vulnerable to experiencing burnout than others.

In 2008, Davis conducted research involving 477 substance abuse counselors. The purpose of the study was to compare the burnout symptoms of substance abuse counselors who regularly participate in supervision to substance abuse counselors who did not regularly participate in supervision. The Burnout Measure- Short Version (BMS) as well as a demographic questionnaire was utilized. Ultimately, there was not a significant difference between these two groups. However, this study raised implications on the prevalence of burnout in substance abuse counselors. Fifty-four percent of the sample acknowledged feeling tired, disconnected, helpless, hopeless, and worthless (Davis, 2008).

In comparison, Deters (2008) studied burnout symptoms in counselors who specialize in eating disorders. Data was collected from 64 participants by completing the Professional Activities and Experiences Survey, the MBI, the Psychologists Burnout Inventory, the Career Sustaining Behaviors Questionnaire, and a demographic questionnaire. The results from the study indicated that overall, this sample was not experiencing burnout symptoms. The researcher accepted the null hypothesis, meaning participants did not suffer from burnout. Overall, participants in this study reported a

moderate emotional exhaustion, a low depersonalization, and a high personal accomplishment. In order for burnout to be present, emotional exhaustion as well as depersonalization must be high and personal accomplishment must be low (Deters, 2008). Comparing these two studies suggest that certain counseling specialties experience a high rate of burnout, while this is may not be the case for other counseling specialties.

### **Work Setting**

As previously mentioned, the work setting in which a counselor is employed may be related to their specialty. Lent (2010) studied the impact of work setting, demographic factors, and personality factors on the burnout of professional counselors. A national sample of 340 professional counselors participated and completed the MBI, the IPIP-FFM, and a demographic questionnaire. Community mental health outpatient counselors reported significantly greater burnout than counselors in private practice or inpatient counselors. This study also revealed interesting results specifically on counselors working in inpatient settings. Inpatient counselors reported less personal accomplishment than those in private practice, yet experienced less emotional exhaustion than those working in outpatient settings. Furthermore, counselors in outpatient settings reported greater emotional exhaustion and depersonalization than counselors working in private practice (Lent, 2010).

Lent and Schwartz (2012) studied how personality, work setting, and demographics affect counselor burnout. The results indicated a significant difference in degree of burnout between work settings. Community mental health outpatient counselors had significantly higher degrees of burnout compared to counselors working in a private practice setting or inpatient counselors. This may be due to the tendency of

counselors employed at community-based agencies to have large caseloads (Lent & Schwartz, 2012).

In a study involving counselors who specialize in eating disorders, Deters (2008) collected burnout data in 64 participants. Several instruments were utilized: a demographic questionnaire, the Professional Activities and Experiences Survey, the MBI, the Psychologists Burnout Inventory, and the Career Sustaining Behaviors Questionnaire. Approximately eighty-four percent of the participants were employed in private practice settings. Overall, the researcher's results revealed that the sample was not experiencing burnout (Deters, 2008). This may be due to the counselors' work setting (i.e., private practice). Additional results from this study will be discussed in the next section (Deters, 2008).

Another study conducted about the relationship between counselor work setting and burnout was completed by Randolph (2010). This study compared the symptoms of burnout between public sector and private sector counselors. The public sector can be thought of as community mental health agencies. The MBI, the 5-F Wel Inventory, and a demographic questionnaire was taken by 229 participants. Using a between subject survey design, the following results were found. For the entire sample, 3% of counselors' results indicated that they were severely burned out. Twenty-one percent were moderately burned out, while 76% were minimally experiencing these symptoms or had no concerns. Overall, burnout was more common in the public sector. Counselors in the public sector scored higher on emotional exhaustion and depersonalization but scored lower on reduced feelings of personal accomplishment. The results also indicated private sector counselors were significantly older than public sector counselors (Randolph,

2010). These studies provide interesting information regarding the relationship between counselor work setting and burnout, although more data is needed in order to better understand this complex relationship. All other external demographic information will be explored next.

### **Other Demographics Factors**

The literature is somewhat conflicting in terms of the relationship between demographics and burnout, with some studies suggesting demographics are significant factors contributing to burnout, while other studies have found no significant relationship. For that reason, this study will collect demographic information as well. The following demographics will be discussed: gender, age, ethnicity, degree type, and number of years in the field.

Using a non-experimental correlational design, Summers (2010) conducted research on the correlations between financial compensation, burnout, and demographic factors for mental health clinicians. Forty master's level mental health clinicians completed the MBI and a demographic survey. Interestingly enough, all of the participants in the study scored in the moderate to high range for burnout. There was a significant relationship between ethnicity and age. Minorities had a greater sense of personal accomplishment, while older clinicians had a high level of personal accomplishment compared to younger clinicians with similar tenure. Additionally, no significant relationship was found between financial compensation and burnout (Summers, 2010).

In 2014, Thompson, Amatea, and Thompson also revealed interesting findings regarding the relationship between counselor demographics and burnout. They explored

counselor gender, years of experience, perceived working conditions, personal resources of mindfulness, use of coping strategies, and compassion satisfaction to predict compassion fatigue and burnout using multiple regression analyses. A national sample of 213 mental health counselors acted as participants. Approximately sixty-seven percent of the counselor demographics explained for the variance in burnout. Gender did not have a significant difference of burnout. However, there was a significant inverse relationship between length of time employed as a counselor and burnout. Counselors with more years working in the field reported less burnout. Mindfulness attitudes were also a significant predictor of burnout, with higher levels of mindfulness associated with lower levels of burnout (Thompson et al., 2014).

Craig and Sprang (2010) found similar findings in a research study conducted using trauma therapists. They investigated the impact of using evidence-based practices on compassion fatigue, compassion satisfaction, and burnout. Five hundred and thirty two trauma specialists were given the Professional Quality of Life Scale and the Trauma Practices Questionnaire. Age and years of experience were found to be significant in terms of burnout and compassion satisfaction. Younger professionals reported higher levels of burnout, while more experienced providers endorsed higher levels of compassion satisfaction, which is thought to act as a buffer for burnout. Ultimately, the results indicated the utilization of evidence-based practices predicted statistically significant decreases in compassion fatigue and burnout (Craig & Sprang, 2010).

As previously discussed, Lent and Schwartz (2012) investigated the relationship between burnout and counselors demographics, work setting, and counselor personality among a sample of 340 professional counselors. Data was collected by utilizing the MBI,

the IPIP, and a demographic questionnaire. Sex and years of experience were not statistically significant in terms of burnout symptoms. However, there was a significant three-way interaction between burnout, counselors' sex, race, and years of experience; African American female counselors with 10-14 years of experience reported significantly higher personal accomplishment than African American female counselors with 15 or more years of experience. Additionally, female European-American counselors reported significantly higher emotional exhaustion than male European-American counselors with the same amount of experience in the field (Lent & Schwartz, 2012).

Similar to the above study, Deters (2008) found a significant relationship between age of the counselor and burnout and years of experience and burnout in a sample of eating disorder therapists. As mentioned in the previous section, Deters researched client, counselor, and work setting difference in eating disorder counselor's burnout and career sustaining behaviors. Older and more experienced counselors reported lower emotional exhaustion and depersonalization, as well as increased personal accomplishment. Additionally, emotional exhaustion of females was moderate overall, while emotional exhaustion was high for males. In terms of degree type, professionals with their doctorate degree reported low emotional exhaustion and professionals with a master's degree reported moderate emotional exhaustion. Lastly, unmarried participants reported high emotional exhaustion compared to their married counterparts (Deters, 2008).

Unfortunately, there is a lack of research on the relationship between counselor demographic information and burnout. However, the research mentioned here provides some knowledge regarding the topic. Age and years of experience seem to be significant

factors contributing to burnout (Craig & Sprang, 2010; Thompson et al., 2014). The relationship between gender and burnout, as well as the relationship between race and burnout, is not clear at this time. Additionally, most of the research that studies this topic fails to collect demographic information such as degree type and theoretical orientation.

In conclusion, Maslach's Three Factor Theory and the Five Factor Model of Personality will act as the theoretical orientation for the researcher. Much of the current research studying the relationship between personality and burnout involves health care professionals. With that being said, there is a lack of research specifically analyzing the relationship between counselor personality and burnout. Yet, based on the existing literature, it seems as though neuroticism is strongly related to counselor burnout. Additionally, there is also a lack of research involving the relationship between counseling specialty and burnout. In terms of work setting, counselors working in private practice report less burnout symptoms. Based on the current research, age and years of experience are often inversely correlated with burnout.

### CHAPTER III

#### METHODOLOGY

The following chapter discusses the methodology of the study, including the research questions, the study participants, instruments used, procedures, and data analysis. A non-experimental quantitative correlational design was utilized. The main purpose of the study was to examine the relationship between counselor personality characteristics and burnout symptoms. The relationship between counseling specialty and burnout were also examined, as well as the relationship between counseling work setting and burnout. Lastly, counselor demographics were studied as it relates to burnout.

#### **Research Questions and Hypotheses**

This study addressed the following research questions:

R1: What is the relationship between counselor personality and the potential for burnout?

H1.1: There will be a significant, positive relationship between neuroticism and burnout levels.

H1.2: There will be a significant, negative relationship between agreeableness and burnout levels.

R2: What is the relationship between counseling specialty and the potential for burnout?

H2: There will be a significant, positive relationship between high-stress counseling specialties (i.e., trauma, grief, substance abuse, personality disorders) and burnout.

R3: What is the relationship between counselor work setting and the potential for burnout?

H3: Counselors who are employed in public or community clinics or agencies will report higher levels of burnout compared to counselors employed in private practice settings.

R4: What relationships exist among counselor experience, counselor age, and burnout?

H4.1: More experienced counselors will have lower ratings for burnout.

H4.2: Older counselors will have lower ratings for burnout.

### **Participants**

Licensed Professional Counselors (LPCs) and Licensed Associate Professional Counselors (LAPCs) were the target population for this study. The sample was obtained from LPCs and LAPCs using convenience sampling. The researcher posted the survey, which included the Copenhagen Burnout Inventory, International Personality Item Pool-Five Factor Model, and demographic survey onto Qualtrics, a survey website. The survey was sent to participants via email. Based on a power analysis, the minimum ideal sample size would be 128 participants. However, the researcher was only able to collect data from 30 participants due to recruitment issues, which will be discussed later in this chapter.

### **Instrumentation**

Standardized assessments were used to measure burnout and personality. The following demographic information was collected in a questionnaire developed by the researcher: age, gender, ethnicity, race, degree type, years of experience in the counseling field, work setting, and counseling specialty. The following section describes the two

standardized assessments of interest. Each of the assessments will be described as well as the instruments' validity and reliability.

### **The Copenhagen Burnout Inventory (CBI)**

The CBI was developed in 1997 in conjunction with the Project on Burnout, Motivation, and Job Satisfaction (PUMA) (Kristensen, Borritz, Villadsen, & Christensen, 2005). This project was completed by the National Institute of Occupational Health (NIOH), Copenhagen. The developers of this assessment criticize the MBI, arguing that the instrument utilizes a circular argument and unacceptable questions. For these reasons, the CBI was developed in order to complete the project. For these same reasons, as well as the CBI being a public domain instrument, the CBI was chosen to assess for burnout.

The three subscales of the CBI are personal burnout, work-related burnout, and client-related burnout, which are assessed within 19 items with 5 response categories. Personal burnout can be defined as a "state of prolonged physical and psychological exhaustion" (Kristensen et al., 2005*f*). Work-related burnout is a state of prolonged physical and psychological exhaustion, which is related to the individual's work. Lastly, client burnout is a state of prolonged and psychological exhaustion related to individual's work. The items are rated on a Likert-type scale ranging from *never/ almost never or to a very low degree* (0) depending on the item to *always or to a very high degree* (100), depending on the item. For each of the 3 subscales, the items from that section are added together and divided by the number of items in the subscale to obtain a mean for the subscale. The maximum score is 100, while the minimum score is 0. Scores that are 50 or higher indicate higher degree of burnout or individuals who are considered at risk for becoming burned out. The lower the score, the lower the burnout symptoms are present.

According to the NIOH, the core of burnout is fatigue and exhaustion; the CBI measures attributions of fatigue and exhaustion to specific domains in the individual's life. NIOH utilized a longitudinal study involving 1914 participants from 7 different occupations in the human services sector in order to standardize the CBI. Means scores were the following: personal burnout (35.9), work burnout (33.0), and client burnout (30.9). All 3 of the subscales were found to have high internal reliability (.85- .87). In terms of validity, Milfont, Denny, Ameratunga, Robinson, and Merry (2007) found that the CBI has a high construct validity, as well as criterion-related validity. The three subscales were highly correlated; personal burnout correlated 1.01 and .90 with work-related and student-related burnout, while the later factors correlated .94 (Milfont et al., 2007). Additionally, the three subscales were able to predict future sickness absences, sleep problems, and intention to quit the position (Kristensen et al., 2005).

### **International Personality Item Pool Five-Factor Model (IPIP-FFM)**

The IPIP-FFM (Goldberg, 1999) was chosen for the purposes of this study to assess for personality. The IPIP is a public-domain assessment that contains a pool of approximately 3,000 items. These 3,000 items have been combined into over 250 scales. The IPIP can be thought of as an alternative to commercial personality assessments (Goldberg, 1999). The IPIP-FFM, which has 50 items, was created from IPIP items. The IPIP- FFM has five subscales based on the Five Factor Model or 'Big 5,' as it is commonly referred to: extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. Each subscale consists of 10 items. The items are based upon a Likert scale of 1-5, with (1) being *very inaccurate* and (5) being *very accurate* description. Furthermore, some of the items require reverse scoring. The items for each

subscale are added to obtain a score. Scores range from 10 to 50. High scores indicate greater quantities of the trait. Low scores, on the other hand, indicate the absence of the personality traits.

For some, the IPIP is a controversial assessment, considering norms are not available. Furthermore, the IPIP does not contain an interpretive guide in order to explain how to interpret specific scales. Instead, the creators of the assessment encourage test users to interpret individual scores based on local norms, developed within one's own sample. According to Goldberg (1999), people should use caution when utilizing "canned norms." He argues that it is questionable that one could obtain a sample this is truly representative of the population from which it is drawn.

In regard to convergent validity, the IPIP-FFM and the widely used NEO Personality Inventory Revised (NEO PI-R) correlate between .85 to .92 in range (Buchanan, Johnson, & Goldberg, 2005). Goldberg (1999) found the resulting coefficient alphas comparing the IPIP-FFM and NEO PI-R: n (neuroticism)  $\alpha = .86$ , c (conscientiousness)  $\alpha = .79$ , a (agreeableness)  $\alpha = .82$ , e (extraversion)  $\alpha = .87$ , and o (openness to experience)  $\alpha = .84$ .

### **Counselor Demographic Questionnaire**

The demographic questionnaire for this study was created by the researcher (attached in Appendix D). The demographic questionnaire has nine items and collects data in regards to the counselor's age, gender, ethnicity, race, degree type, license type, years of experience practicing therapy, theoretical orientation, work setting, and counseling specialty. This information was utilized to investigate research question 4 and its associated hypothesis.

### **Procedures**

The researcher planned to attend a training event associated with a professional counselor association in order to collect data. The CEO/Executive Director of a professional counselor association agreed to let researcher attend and set up a booth outside of the event and by use of convenience sampling ask attending LPCs and LAPCs to participate in the study. Upon being approved by the University of North Georgia Institutional Review Board, the researcher made several attempts to contact the CEO/Executive Director in order to plan a date to attend a training event. Unfortunately the CEO/Executive Director failed to respond after several attempts. Due to time constraints, the researcher then decided to post the survey on Qualtrics.

In order to give counselors an incentive to participate in the study, the researcher completed a randomized drawing of a \$50 Visa gift card. In order to get their name in the drawing, the participant was asked to send the researcher an email verifying that they completed their survey, their name, and contact information. This information was needed considering the data was confidential and anonymous. The estimated completion time was approximately 10-15 minutes. After collecting the packets, the data was handled by entering it into the Statistical Package for the Social Sciences (SPSS).

### **Data Analysis**

To examine the relationships between these variables, two different analyses were utilized: bivariate correlation and multiple regression. Upon collection of the data, SPSS and an alpha value of .05 were used for all analysis purposes. Separate bivariate correlations were conducted to determine the strength and the direction of the

relationships between: personality and burnout, counseling specialty and burnout, and work setting and burnout. In order to determine the relationship among counselor demographics (i.e., years of experience, age, and gender) and burnout, a multiple regression analysis was utilized.

## CHAPTER IV

### RESULTS

The current study examined the relationships between internal factors (personality) and burnout, and between external factors (work setting, counseling specialty, and demographics) and burnout. By investigating these complex relationships, more knowledge can be obtained regarding burnout and factors that possibly influence burnout. Awareness of burnout and other prevention techniques may prevent mental health counselors from experiencing this phenomenon. These results show the complex relationships between burnout and the independent variables of interest. Data analyses were conducted utilizing the Statistical Package for the Social Sciences (SPSS) Version 23.

#### **Descriptive Data Results**

##### **Response Rate**

The researcher sent the survey via email to 60 potential participants. The researcher's thesis chair and peers also sent the survey to approximately 40 colleagues. It is uncertain the exact number of individuals that were sent the survey from the researcher's peers. For this reason, the response rate may be inaccurate. The total resulted in approximately 100 potential participants. A total of 30 participants responded, resulting in an approximate response rate of 30%. The survey was designed so

participants had to respond to each item in order to submit their final response. Therefore, all 30 survey responses were completed in their entirety.

### **Participant Demographics**

The following two paragraphs describe demographic information for the 30 participants from the study. The majority of participants ( $n = 17$ , 56.67%) were 24-35 years old, while 6.67% ( $n = 2$ ) were 36-45 years old, 26.67% ( $n = 8$ ) were 46-55 years old, and 10% ( $n = 3$ ) were 56 years old or older. Women comprised the majority of the participants (86.67%,  $n = 26$ ) compared to men ( $n = 4$ , 13.33%). The majority of the participants were non-Hispanic or Latino ( $n = 27$ , 90%), while 10% ( $n = 3$ ) were Hispanic or Latino. In terms of race, 87.50% ( $n = 28$ ) of participants were Caucasian, 9.38% ( $n = 3$ ) marked “other or unknown”, and 3.13% ( $n = 1$ ) identified as Asian.

In terms of education, 90% ( $n = 27$ ) of participants had a master’s degree, while 10% ( $n = 3$ ) had a PhD. LPCs comprised of ( $n = 16$ , 53.33%), while LAPCs comprised of 46.67% ( $n = 17$ ). A majority of participants ( $n = 20$ , 66.67%) had 0-5 years of experience in the counseling field, 10% ( $n = 3$ ) had between 6 and 10 years of experience.

Additionally, ( $n = 7$ , 23.33%) had 16 or more years of experience. Data regarding theoretical orientation was also collected. The following percentages were collected: Behavioral ( $n = 1$ , 3.33%), Cognitive ( $n = 12$ , 40%), Eclectic ( $n = 9$ , 30%), Humanistic ( $n = 2$ , 6.67%), Psychodynamic ( $n = 2$ , 6.67%), and Other ( $n = 4$ , 13.33%). There was a high variability in terms of work setting, including ( $n = 8$ , 26.67%) working in community mental health centers, ( $n = 10$ , 33.33%) working in private practice, ( $n = 5$ , 16.67%) working in outpatient clinic, ( $n = 2$ , 6.67%) working in a university setting, and ( $n = 16$ , 16.67%) working in other settings. The demographic data regarding counseling

specialty is below (Table 4.1). Participants were able to check all of the specialties that applied to their current practice.

Table 4.1

*Counseling Specialty Percentages*

	Percentage
Trauma	11.57
Grief	6.61
Veterans	.83
Children/Adolescent	13.22
Substance Use/Addiction	9.09
Psychotic Disorders	0.83
Marriage & Family	9.92
Mood Disorders	3.31
Anxiety Disorders	14.88
Depressive Disorders	11.57
Personality Disorders	1.65
Other	4.96
None/Variety of Clients	4.13

### **Counselor Burnout**

The Counselor Burnout Inventory (CBI; Project on Burnout, Motivation, and Job Satisfaction, 1997) was utilized to assess counselor burnout. The three subscales of the CBI are personal burnout, work-related burnout, and client-related burnout, which are

assessed within 19 items in five response categories. The items are rated on a Likert-type scale ranging from *never/almost never or to a very low degree* (0) to *always or to a very high degree* (100), depending on the item. For each of the three subscales, the items are summed and divided by the number of items in the subscale to obtain a mean for the subscale. The CBI does not give a total score. The maximum score is 100, while the minimum score is 0. The subscales have a cutoff score of 50, meaning that those individuals have a higher degree of burnout, or are at risk for becoming burned out. The lower the score, the fewer burnout symptoms are present. For participant subscale score ranges, means, and standard deviations, see Table 4.2 below.

Table 4.2

*Descriptive Statistics for Participant Burnout Subscales Scores*

	Burnout Subscales		
	Personal	Work-Related	Client-Related
<i>M</i>	62.92	61.69	70.83
<i>SD</i>	17.07	15.74	18.01
Range	29.17-100	17.86-92.86	16.67-91.67

NIOH utilized a longitudinal study involving 1,914 participants from seven different occupations in the human services sector in order to standardize the CBI. Means scores were the following: personal burnout (35.9), work burnout (33.0), and client burnout (30.9). All three of the subscales were found to have high internal reliability (.85-.87). In the current study, the Cronbach's  $\alpha$  assessing internal consistency of the CBI was .93, indicating strong internal consistency of the scale. In terms of validity, Milfont,

Denny, Ameratunga, Robinson, and Merry (2007) found that the CBI has high construct validity ( $r = .90$ ). The three subscales also have high criterion validity: personal burnout correlated 1.00 and .90 with work-related and client-related burnout, respectively.

(Milfont et al., 2007).

### **Personality**

The International Personality Item Pool- Five Factor Model (Goldberg, 1999) was chosen for the purposes of this study to assess for personality traits. The IPIP-FFM has 50 questions. The IPIP- FFM has five subscales based on the Five Factor Model or ‘Big 5,’ as it is commonly referred to: (a) extraversion, (b) agreeableness, (c) conscientiousness, (d) neuroticism, and (e) openness to experience. Each subscale consists of 10 items that ask respondents to rate how accurately they feel items describe them. The items are based upon a Likert scale of 1-5, with (1) being *very inaccurate* and (5) being *very accurate*. Furthermore, some of the items require reverse scoring. The items for each subscale are summed to obtain a total score, resulting in five separate scores. Scores range from 10 to 50, with higher scores indicating greater association with the corresponding personality trait and lower scores indicating the absence of the corresponding personality trait. Information regarding participants’ subscale scores from the current study can be found in Table 4.3.

Table 4.3

*Descriptive Statistics for IPIP-FFM Subscales*

	<i>M</i>	<i>SD</i>	Range
Extraversion	31.33	7.84	19-46
Agreeableness	40.27	3.68	30-46
Conscientiousness	35.40	5.35	22-43
Neuroticism	36.03	6.72	24-48
Openness to Experience	39.00	3.94	32-45

In regards to convergent validity, the IPIP-FFM and the widely used NEO Personality Inventory Revised (NEO PI-R) correlate between .85 to .92 (Buchanan, Johnson, & Goldberg, 2005). Goldberg (1999) found the following coefficient alphas comparing the IPIP-FFM and NEO PI-R: (a) neuroticism,  $\alpha = .86$ , (b) conscientiousness,  $\alpha = .79$ , (c) agreeableness,  $\alpha = .82$ , (d) extraversion,  $\alpha = .87$ , and (e) openness to experience,  $\alpha = .84$ . In the current study, the Cronbach's  $\alpha$  assessing internal consistency of the IPIP-FFM was .84.

### **Data Analysis**

The following section reviews the results obtained from the data. Each research question is presented once more, as well as their accompanying hypotheses. Scatterplots and normal probability plots tested for assumptions of normality, linearity, and outliers. No assumptions were violated for the two types of analyses used in this study: bivariate correlations and a standard multiple regression.

**Research Question 1**

The first research question asks: What is the relationship between counselor personality and the potential for burnout? H1.1 postulates there will be a significant, positive relationship between neuroticism and burnout levels. H1.2 states that there will be a significant, negative relationship between agreeableness and burnout levels.

A bivariate correlation was utilized, with burnout serving as the dependent variable and personality serving as the independent variable.

Each of the three burnout subscales (personal, work, and client) demonstrated a significant correlation with the personality trait neuroticism. The table below (Table 4.4) presents Pearson correlations for burnout subscales and neuroticism. A moderate, positive relationship was found between neuroticism and personal burnout,  $r = .50, n = 30, p < .05$ . In other words, high neuroticism was associated with high personal burnout. The results also indicated a moderate, positive relationship between neuroticism and work-related burnout,  $r = .41, n = 30, p < .01$ . Lastly, there was a moderate, positive relationship between neuroticism and client-related burnout,  $r = .43, n = 30, p < .05$ . The relationship between agreeableness and burnout was not significant: (client-related burnout)  $r = .20, n = 30, p < .29$ , (work-related burnout)  $r = .06, n = 30, p < .75$ , and (personal burnout)  $r = .36, n = 30, p < .05$ . Therefore, the hypothesis was partially supported.

Table 4.4

*Pearson Correlations for Burnout and Neuroticism*

Type of Burnout	
Personal	.50*
Work-Related	.41**
Client-Related	.44*

*Note.* \* denotes significance at the .05 level;  
 \*\* denotes significance at the .01 level

**Research Question 2**

The second research question asks about the relationship between counseling specialty and the potential for burnout. It was hypothesized that there would be a significant, positive relationship between high-stress counseling specialties (i.e., trauma, grief, substance abuse, personality disorders) and burnout. A bivariate correlation was utilized to analyze the data regarding this question. There were no significant results between these variables (see Table 4.5 below). Therefore, this hypothesis was not supported. Percentages regarding counseling specialty are presented in the demographic section above.

Table 4.5

*Pearson Correlation for Counseling Specialties and Burnout*

	Type of Burnout		
	Personal	Work-Related	Client-Related
Trauma	-.40	-.12	-.05
Grief	-.02	-.04	.07
Substance Use/Addiction	.07	.13	-.05
Personality Disorders	-.21	-.14	-.03
None/Variety of Clients	.26	.26	.21

**Research Question 3**

Research question three asks: What is the relationship between counseling work setting and the potential for burnout? The hypothesis for this question posited that counselors who are employed in public or community clinics or agencies will report higher levels of burnout compared to counselors employed in private practice settings. A bivariate correlation was utilized. No significant correlations were found between (a) personal burnout and work setting ( $r = .05, n = 30, p = .79$ ); (b) work-related burnout and work setting ( $r = .05, n = 30, p = .80$ ); or (c) client-related burnout and work setting ( $r = .00, n = 30, p < .80$ ). Therefore, hypothesis three was not supported.

**Research Question #4**

The final research question asks: What relationships exist among counselor experience, counselor age, and burnout? The researcher hypothesized that more

experienced counselors would have lower ratings for burnout and older counselors would have lower ratings for burnout. A multiple regression analysis was utilized. There was no significant relationship between any demographics and personal burnout, ( $R^2 = .33$ ,  $F(10, 19) = .92$ ,  $p = .54$ ). Additionally, there was no significant relationship between demographics and work-related burnout ( $R^2 = .34$ ,  $F(10,19) = .99$ ,  $p = .49$ ). Lastly, there was not a significant relationship found between demographics and client-related burnout, ( $R^2 = .25$ ,  $F(10, 19) = .619$ ,  $p < .770$ ). Therefore, hypothesis 4 was not supported.

### **Summary of Results**

Results of this study provide interesting findings related to counselor burnout. Bivariate correlation and multiple regression were used to analyze data from the 30 participants. Results partially supported 1 out of the 4 hypotheses. There was a positive, significant relationship between burnout and the personality trait neuroticism, indicating high neuroticism scores were correlated with high burnout scores. These data were significant for all three burnout subscales: personal burnout, work-related burnout, and client-related burnout. Additionally, there was not a significant relationship found between agreeableness and burnout, as the researcher hypothesized. Therefore, this hypothesis was partially supported. There were no significant results between counseling specialty and burnout, work setting and burnout, and demographics and burnout. Thus, these three hypotheses were not supported.

## CHAPTER V

### DISCUSSION

The following chapter will include a summary of the study, conclusions based on the results, limitations, implications, and recommendations for future research. The literature review in Chapter II discussed the context of the research questions and provided data resulting from previous studies. Results of the current study's data analyses will be further interpreted and discussed.

#### **Summary**

In this study, 30 LPCs or LAPCs were used as participants to assess the internal and external factors related to burnout. Participants were asked questions regarding burnout, personality factors, counseling specialty, work setting, and demographic information in order to gather data. Three bivariate correlations and one multiple regression analysis was utilized for the purposes of the study.

#### **Discussion**

The first research question asked: What is the relationship between counselor personality and the potential for burnout? It was hypothesized that there would be a significant, positive relationship between neuroticism and burnout levels. It was also hypothesized that there would be a significant, negative relationship between agreeableness and burnout levels.

There was a significant, positive relationship found between neuroticism and all three of the burnout subscales. There was not a significant relationship between agreeableness and burnout. However, the sample mean for the trait agreeableness was high compared to the other personality subscales: 40.6, with 50 being the highest possible score.

Past research studies have also found a positive, significant relationship between neuroticism and burnout (Bui, Hodge, Shackelford, & Acsell, 2011; Herlickson, 2009), further supporting this theory. It is logical that counselors would have high agreeableness scores, considering these subscale measure compassion, friendliness, and willingness to help others. These are traits that mental health counselors tend to exhibit (Lawson et al., 2007).

The second question inquired about the relationship between counseling specialty and the potential for burnout. It was hypothesized that counseling specialties such as trauma, grief, substance abuse, and personality disorders will be significant in terms of burnout. There were no significant results found.

The data regarding counseling specialty was diverse, which indicates there is a wide range of options to specialize in within the counseling field. The highest percentages of counseling specialty were in the anxiety disorders (14.88%) and children/adolescents category (13.22%). Although not significant, the strongest relationship was found between psychotic disorders and personal burnout,  $r = -.37$ ,  $n = 30$ ,  $p < .08$ . It is possible that these results were not significant considering the small sample size. Also, there may not be a relationship between these two variables considering

counselors tend to specialize in a counseling area that they enjoy and are very knowledgeable about.

The third research question asked: what is the relationship between counseling work setting and the potential for burnout? The following hypothesis was reported: counselors who are employed in public or community clinics or agencies will report higher levels of burnout compared to counselors employed in private practice settings. There were no significant results found between these variables. Surprisingly, counselors employed in private practice scored higher on burnout compared to their counterparts: (69.17) for personal burnout, (68.57) for work-related burnout, and (80.4) for client-related burnout. Although not considered significant, these results are interesting considering a majority of research indicates that counselors who are employed in public or community clinics have higher levels of burnout (Lent, 2010; Lent & Schwartz, 2012; Randolph, 2010). These results may be due to chance considering the low number of counselors in the sample. Perhaps more research is needed on this topic.

The final research question stated: What relationships exist among counselor experience, counselor age, and burnout? It was hypothesized that more experienced counselors will have lower ratings for burnout. Additionally, older counselors will have lower ratings for burnout. However, there were no significant results found between any demographic information and burnout. Again, this may be due to the small sample size in the study. More research is needed to analyze this relationship as well.

### **Additional Results**

This section reports additional results regarding the dependent variable for the study. The following mean scores for burnout were found: (62.9) personal burnout, (61.7)

work-related burnout, and (70.8) client-related burnout. CBI subscale scores over 50 indicate high degree of burnout or individuals who are considered at risk for experiencing burnout in the future. Overall, these mean scores were much higher than the mean scores found in the PUMA study (the creation and standardization process of the CBI). Individuals employed in the human services professions (social workers, hospital staff, prisons, etc.) had the following mean scores: (35.9) personal burnout, (33.0) work-related burnout, and (30.9) client-related burnout. These results might be lower considering the participants were from a different culture. The individuals in the study were in the helping profession, yet were not actually counselors. Furthermore, the sample size was much larger for this study.

In the PUMA study, 19.3% of participants had scores 50 or higher, indicating a high degree of burnout or are considered at risk for burnout. In the current study, 76.67% of participants had scores 50 or higher. This may be because a majority of the counselors in the current study (66.67%) had 0-5 years of experience in the counseling field, although there were not significant results found between years of experience and burnout. Other studies have found that counselors with low years of experience tend to report higher burnout (Thompson, Amatea, & Thompson, 2014). These results may have been obtained because of the small sample size.

Most of the participants in the present study are employed in rural areas. A study by Oser, Biebel, Pullen, and Harp (2014) argued that rural mental health counselors face more workplace stress than urban mental health counselors. This may be due to fewer resources to assist in coping with this stress. Furthermore, counselors working in rural areas might be overworked due to the lack of counselors employed in the area. Further

research is needed to clarify the relationship between counselors working in rural areas and burnout.

Additionally, in the current study there were significant correlations found between each of the burnout subscales in the present study. A strong, positive relationship was found between personal burnout and work-related burnout,  $r = .86, n=30, p < .01$ . There was also a strong, positive relationship between personal burnout and client-related burnout,  $r = .74, n=30, p < .01$ . Lastly, a strong, positive relationship was present between client-related burnout and work-related burnout,  $r = .85, n=30, p < .01$ . These results are logical considering it is likely that a counselor with a high score on one subscale will likely have the high scores on the other two subscales. This shows the relationship between the three subscales.

### **Limitations of the Current Study**

A number of limitations were present in the current study. Based on a power analysis, the minimum ideal sample size would have been 128 participants. However, there was a low number of participants in the study ( $n = 30$ ). This decreases the generalizability of these results to the population (Banerjee & Chaudhury, 2010). As mentioned previously, the response rate for the study was 30%. Yielding a higher response rate would have increased the number of participants, which in turn would have increases the generalizability of the results (Banerjee & Chaudhury, 2010).

Additionally, the survey was sent primarily to counselors in the southeastern United States. Therefore, there is a lack of diversity in the sample in terms of geographic location. In terms of demographics, there was also a lack of diversity within the participants; a majority of participants were Caucasian, female, between 24-35 years old,

and held a master's degree. Perhaps the study's results would have been different if these limitations were not present.

The instrumentation used could also be considered a limitation. Although the IPIP-FFM has a high internal consistency, it is considered controversial by some considering norms are not available. The researcher would have preferred to utilize a more established instrument to measure personality traits. However, because of lack of funding as well as time constraints to become certified to administer more established instruments, the IPIP-FFM was chosen for the purposes of this study.

Overall, there was a relatively small number of past research studies available in order to compare results to the present study. The age of the past research studies mentioned is also a possible limitation; many of the past research studies were written at least 10 years ago. Additional, recently developed research is needed on this topic. Another limitation present is a possible confounding variable: outside work-related stressors, such as relationship problems, childcare-related issues, and financial struggles. It is possible that factors such as these influenced the participants' responses.

### **Recommendations for Future Research**

The limitations discussed above provide the main basis for the recommendations for future research. It is important for future researchers to obtain an appropriate sample size. This way, results will be generalizable to the population (Banerjee & Chaudhury, 2010). The researcher recommends to obtain a diverse sample, based on gender, age, race, geographic location, and degree type. Perhaps using stratified sampling would be beneficial to ensure a diverse sample. Stratified sampling procedure divides the population into strata. A simple random sample is drawn from each group (Rossi, Wright,

& Anderson, 2013). Perhaps a more diverse sample, obtained by stratified sampling, would yield different results than the current study.

As mentioned in chapter III, the original methodology utilized had to be altered due to unforeseen circumstances. The researcher recommends having additional methodology and data collection procedures in place in case of mishaps. Other procedures that could have been utilized include: attending a counseling training elsewhere in order to recruit participants or posting the online survey on a counseling-related website or social media page. Due to time constraints, the researcher had to quickly utilize another data collection approach to ensure completion.

In the current study, neuroticism was the only personality trait found to have a significant relationship with burnout. Considering this relationship was established in the current study, as well as past studies (Bui, Hodge, Shackelford, & Acsell, 2011; Herlickson, 2009), perhaps it would be worthwhile to simply focus on that particular personality trait. Furthermore, it is worth mentioning that burnout can be difficult to predict and seems to be dependent on the unique relationship between the internal and external factors. Future research could also focus on relieving and treating burnout symptoms.

### **Implications for Counselors**

This study presents several implications for counselors. Due to the high number of participants who scored a high degree of burnout or at risk for burnout, it is vital for counselors to have self-awareness regarding burnout symptoms (Davis, 2008). It is hoped that self-awareness of an individual's relationship to burnout will promote self-care and implementation of work-related boundaries. Self-care can be utilized in a variety of ways

(e.g., exercise, quality time with loved ones and friends, adequate sleeping habits, and communication with other counselors). Furthermore, it would be beneficial for counselor educators and counseling organizations to promote awareness of burnout. Education on burnout symptoms and ways to combat burnout could reduce the risk and lower the severity of burnout in counselors (Davis, 2008). Counselors should also be aware of their own personality traits. Considering the positive relationship between neuroticism and burnout, counselors who score high in neuroticism on personality assessments should perhaps take extra caution regarding this issue.

### **Implications for Supervisors and Counselor Educators**

This study is also relevant to supervisors and counselor educators. In a study by Thompson, Frick, and Trice-Black, many counselors-in-training reported a lack of instruction regarding prevention of counselor burnout (2011). The participants in this study reported the importance of supervision in promoting resilience as a protective factor against burnout. They also reported a continual struggle to balance personal as well as professional responsibilities. The results of this study indicate the importance of regular “check-ins” and promotion of self-care with counselors by supervisors and counselor educators (Thompson et al., 2011).

Franco (2015) stated the importance of utilizing team-building exercises with counseling staff in order to prevent burnout. Program managers and clinical supervisors of clinicians need to provide the resources necessary to enable their supervisees to address or prevent symptoms of burnout. Additionally, a pleasant work environment is important. Perhaps instead of writing low-performing counselors up, supervisors can

work together with the therapist in order to provide support and assist them in achieving their productivity goals (Franco, 2015).

### **Conclusion**

Burnout is an important phenomenon that is present within the counseling profession. This is thought to be because of the intimate nature of counseling (Wardle & Mayorga, 2016). It is vital for counselors to be aware and have knowledge of burnout in order to participate in regular self-care. As supported in this study and others (Bui, Hodge, Shackelford, & Acsell, 2011; Herlickson, 2009), there appears to be a relationship between neuroticism and burnout. Counselors who score high on neuroticism may need to provide extra caution when it comes to burnout based on these results. Overall, further research is needed to provide more information on how burnout affects counselors. Perhaps burnout research will prevent counselors from experiencing burnout in the future.

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## Appendix A

**IRB Form 3.1**  
Informed Consent Form

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**Title of the Study:** An Examination of the Relationship Between Personality, Specialty, and Work Setting to Counselor Burnout

**Researcher:** Primary Investigator: Callie Pruett, University of North Georgia Clinical Mental Health Counseling Department; [ceprue5011@ung.edu](mailto:ceprue5011@ung.edu) (706) 974-0981

Advisor: Dr. Susan Hurley, Assistant Professor, University of North Georgia Clinical Mental Health Counseling Department; [susan.hurley@ung.edu](mailto:susan.hurley@ung.edu) (706) 867-2587

**Introduction:**

You are being asked to take part in a research study being conducted by Callie Pruett for a thesis under the supervision of Dr. Susan Hurley in the Department of Clinical Mental Health Counseling at the University of North Georgia.

You have been approached as a Licensed Professional Counselor (LPC) or a Licensed Associate Professional Counselor (LAPC), which is the target population for the study. Participants must be 18 years or older to participate.

**Purpose:**

The primary purpose of this study is to determine the relationship between counselor personality and burnout. Counseling specialty of counselors also will be studied, as it relates to burnout. The results will assist mental health counselors in not only becoming aware of their personality characteristics, but also their vulnerability to experience occupational burnout. Awareness of burnout and other prevention techniques will prevent mental health counselors from experiencing this phenomenon. Additionally, this unique connection can perhaps provide mental health counselors information regarding the interaction between the variables of interest. This study will raise implications for how burnout may be addressed in the future, based on personality, counseling specialty, work setting, and other demographic information.

**Procedures:**

The study will take approximately 20 to 30 minutes to complete. It comprises of three survey questionnaires: a short demographic questionnaire, a short burnout inventory, and a personality questionnaire.

**Risks/Benefits:**

Participation in this study can possibly benefit individuals by becoming more aware of their personality characteristics and potential burnout symptoms. Becoming aware of burnout symptoms may cause participants to spend more time with self-care related activities or perhaps seek out professional assistance as needed. The results of this study will educate mental health counselors on the relationship between internal (personality) and external (counseling specialty, work setting, and demographic) states and occupational burnout. The risks associated with participation in this study are minimal.

**Confidentiality:**

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. To minimize the risks to confidentiality, the surveys will be stored in a locked filing cabinet. Only the researcher will have access to the filing cabinet. Upon entering the data from the paper records into SPSS, the paper records will be shredded. No identifiable information such as names or phone numbers will be recorded for data purposes.

An incentive will be offered in order to encourage individuals to participate in the study. Five \$20 Starbucks gift cards will be given away to participating counselors. The five winners will be selected at random. After returning the survey to the researcher, the researcher will ask participants if they would like their name to be included in the drawing for a Starbucks gift card. If the participant would like to enter their name in the drawing, they will be given a small card-sized piece of paper to write their name and phone number or email address (whichever way the participant prefers to be contacted). The small card-sized pieces of paper will be kept in a lock box for safe keeping. The names and phone numbers or email addresses will be kept separately from the research data. Therefore, the data will not be identifiable by name, phone number, or email address. Upon leaving the research site, the researcher will lock the lock box until time to drawing the names. At the completion of data collection, the researcher will draw 5 participants to receive the gift cards. Once the winners have been notified, all of the small card-sized pieces of paper from the drawing will be shredded for confidentiality purposes.

If you are an employee of the University of North Georgia, the compensation you receive for participation will be treated as taxable income and therefore taxes will be taken from the total amount. If you are not employed by the University of North Georgia, total payments within one calendar year that exceed \$600 will require the University to annually report these payments to the IRS. This may require you to claim the compensation that you receive for participation in this study as taxable income.

**Sensitive/Reportable research information:**

We will keep your study data as confidential as possible, with the exception of certain information that we must report for legal or ethical reasons, such as child abuse, elder abuse, or into to hurt yourself or others.

**Voluntary Participation:**

Your participation in this study is voluntary. Even if you decide to participate, you may withdraw from the study without any penalty at any time during or after the study. You may have the results of your participation, to the extent that the can be identified, returned to you, removed from the research records or destroyed.

**Contacts and Questions:**

If you have any questions about this research project, feel free to contact Callie Pruett at (706) 974-0981 or [ceprue5011@ung.edu](mailto:ceprue5011@ung.edu). To contact the faculty advisor, contact Dr. Susan Hurley at [susan.hurley@ung.edu](mailto:susan.hurley@ung.edu) or (706) 867-2587.

**Statement of Consent:**

I agree to participate in this study, and to the use of this study as described above. The signature below indicates that you have read the information in this document and have had a chance to ask any questions you have about the study.

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Participant's Signature

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Date

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Researcher's Signature

---

Date

Questions or problems regarding your rights as a participant should be addressed to Dr. Lisa Jones-Moore, Chair of the Institutional Review Board, University of North Georgia, Middle Grade Education, 82 College Circle, Dahlonega, GA, (706) 864-1444, [IRBchair@ung.edu](mailto:IRBchair@ung.edu). This project has been reviewed and approved by the IRB under tracking number 2018-010.

## Appendix B

## Sample Email to Participants

Hi,

My name is Callie Pruett and I am a third-year Clinical Mental Health Counseling Student at the University of North Georgia. I am currently conducting research on counselor burnout for my thesis. Below is the link to my survey. In order to participate, you must be an LPC or LAPC. I am also offering an incentive to participate, a \$50 gift card that will be raffled off after the completion of data collection. The survey takes approximately 10 minutes to complete. All survey responses are anonymous and confidential. After completing the survey, please send me an email with your name to be entered into the raffle. Thank you for your time and feel free to send me an email with any questions or concerns.

[https://ung.co1.qualtrics.com/jfe/preview/SV\\_e3XrcXMzoCi6fQx?Q\\_CHL=preview](https://ung.co1.qualtrics.com/jfe/preview/SV_e3XrcXMzoCi6fQx?Q_CHL=preview)

Callie Pruett

## Appendix C

## International Personality Item Pool- Five Factor Model

Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Indicate for each statement whether it is 1. Very Inaccurate, 2. Moderately Inaccurate, 3. Neither Accurate Nor Inaccurate, 4. Moderately Accurate, or 5. Very Accurate as a description of you.

1. Am the life of the party	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
2. Feel little concern for others	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
3. Am always prepared	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
4. Get stressed out easily	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
5. Have a rich vocabulary	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
6. Don't talk a lot	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
7. Am interested in people	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate

8. Leave my belongings around.	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
9. Am relaxed most of the time	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
10. Have difficulty understanding abstract ideas	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
11. Feel comfortable around people	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
12. Insult people	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
13. Pay attention to details	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
14. Worry about things	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
15. Have a vivid imagination	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
16. Keep in the background	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
17. Sympathize with others' feelings	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
18. Make a mess of things	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate

19. Seldom feel blue	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
20. Am not interested in abstract ideas	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
21. Start conversations	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
22. Am not interested in other people's problems	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
23. Get chores done right away	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
24. Am easily disturbed	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
25. Have excellent ideas	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
26. Have little to say	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
27. Have a soft heart	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
28. Often forget to put things back in their proper place	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
29. Get upset easily	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate

30. Do not have a good imagination	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
31. Talk to a lot of different people at parties	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
32. Am not really interested in others	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
33. Like order	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
34. Change my mood a lot	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
35. Am quick to understand things	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
36. Don't like to draw attention to myself	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
37. Take time out for others	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
38. Shirk my duties	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
39. Have frequent mood swings	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate

40. Use difficult words	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
41. Don't mind being the center of attention	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
42. Feel others' emotions	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
43. Follow a schedule	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
44. Get irritated easily	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
45. Spend time reflecting on things	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
46. Am quiet around strangers	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
47. Make people feel at ease	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
48. Am exacting in my work.	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
49. Often feel blue	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate

50. Am full of ideas	Very Inaccurate	Moderately Inaccurate	Neither Accurate Nor Inaccurate	Moderately Accurate	Very Accurate
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## Appendix D

## Copenhagen Burnout Inventory

Instructions: circle one answer for each of the following items.

1. How often do you feel tired?	Always	Often	Sometimes	Seldom	Never/ Almost Never
2. Do you feel that every working hour is tiring to you?	Always	Often	Sometimes	Seldom	Never/ Almost Never
3. How often are you emotionally exhausted?	Always	Often	Sometimes	Seldom	Never/ Almost Never
4. Do you feel worn out at the end of the working day?	Always	Often	Sometimes	Seldom	Never/ Almost Never
5. Do you have enough energy for family and friends during leisure time?	Always	Often	Sometimes	Seldom	Never/ Almost Never
6. How often are you physically exhausted?	Always	Often	Sometimes	Seldom	Never/ Almost Never
7. Do you find it hard to work with clients?	To a Very High Degree	To a High Degree	Somewhat	Seldom	Never/ Almost Never
8. Is your work emotionally exhausting?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree
9. Do you feel that you give more than you get back when you work with clients?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree

10. Are you tired of working with clients?	Always	Often	Sometimes	Seldom	Never/ Almost Never
11. How often do you feel worn out?	Always	Often	Sometimes	Seldom	Never/ Almost Never
12. Does it drain your energy to work with clients?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree
13. Does your work frustrate you?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree
14. Do you sometimes wonder how long you will be able to continue working with clients?	Always	Often	Sometimes	Seldom	Never/ Almost Never
15. How often do you think: "I can't take it anymore?"	Always	Often	Sometimes	Seldom	Never/ Almost Never
16. Do you find it frustrating to work with clients?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree
17. Do you feel burned out because of your work?	To a Very High Degree	To a High Degree	Somewhat	To a Low Degree	To a Very Low Degree
18. Are you exhausted in the morning at the thought of another day at work?	Always	Often	Somewhat	To a Low Degree	To a Very Low Degree
19. How often do you feel weak and susceptible to illness?	Always	Often	Sometimes	Seldom	Never/ Almost Never

Appendix E

Demographic Questionnaire

**Age: (circle one)**

24-35 years

36-45 years

46-55 years

56+ years

**Gender: (circle one)**

Female

Male

Other

**Race: (circle all that apply)**

African American

American Indian or Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

White

Other or Unknown

**Degree Type: (circle one)**

Masters

PhD

Other

**License Type: (circle one)**

LPC

LAPC

**Years of Experience Practicing Therapy: (circle one)**

0-5 years

6-10 years

11-15 years

16+ years

**Theoretical Orientation: (circle the one that most applies)**

Behavioral

Cognitive

Family Systems

Feminist  
Person-centered  
Psychodynamic  
Reality  
Other

**Work Setting: (circle the one that most applies)**

Community Mental Health Center  
Private Practice  
Outpatient Clinic  
Psychiatric Hospital  
General Hospital  
University  
Other

**Counseling Specialty: (circle the one that most applies)**

Trauma  
Grief  
Veterans  
Children/ Adolescent  
Substance abuse/ Addiction  
Psychotic Disorders  
Marriage & Family  
Mood Disorders  
Personality Disorders  
Anxiety Disorders  
Depressive Disorders  
Domestic Violence  
Other Counseling Specialty  
None (sees a variety of clients)