

THE IMPACT OF WORK SETTING, DEMOGRAPHIC FACTORS, AND
PERSONALITY FACTORS ON BURNOUT OF PROFESSIONAL COUNSELORS

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Jonathan Lent

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THE IMPACT OF WORK SETTING, DEMOGRAPHIC FACTORS, AND
PERSONALITY FACTORS ON BURNOUT OF PROFESSIONAL COUNSELORS

Jonathan Lent

Dissertation

Approved:

Accepted:

Advisor
Robert Schwartz

Department Chair
Karin Jordan

Committee Member
Ingrid Weigold

Dean of the College
Mark Shermis

Committee Member
James Austin

Dean of the Graduate School
George Newkome

Committee Member
Sandra Perosa

Date

Committee Member
Xin Liang

ABSTRACT

This dissertation examines factors that contribute to the amount of burnout professional counselors experience. The researcher compared the degree of burnout, using the three subscales of the Maslach Burnout Inventory – Human Services Survey, between professional counselors from different clinical settings (e.g., inpatient, non private practice outpatient, and private practice). Demographic information was also examined in relation to burnout. The relationship between burnout and personality factors, using the International Personality Item Pool – Big Five Measure was also studied. Findings indicated significant differences in degree of burnout between the work settings of inpatient, non private practice outpatient, and private practice. Counselors working in inpatient settings reported less Personal Accomplishment than those in private practice. In terms of Emotional Exhaustion, those working in inpatient settings experienced less Emotional Exhaustion than those working in outpatient settings while counselors in outpatient settings experienced greater Emotional Exhaustion than counselors working in private practice. Those working in outpatient settings experienced greater depersonalization than those working in private practice. In terms of demographic variables, the interaction of the three demographic variables in the study was significant.

Personality factors indicated that the Big Five personality factors contributed to a significant degree of variance in degree of burnout among professional counselors.

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CHAPTER I

INTRODUCTION

The phenomenon of burnout began to emerge in the 1970's. This construct was first explained by Herbert Freudenberger (1974) who described burnout as a state of physical and emotional depletion that results due to work. Freudenberger provided the first definition of burnout; however, in the 1980's burnout quickly became a popular topic and a number of authors wrote about this syndrome (Cherniss, 1980; Forney, Wallace-Schutzman, & Wiggers, 1982; Maslach & Goldberg, 1998; Maslach & Jackson, 1981). During this period several slightly different definitions emerged as burnout became a popular way to describe exhaustion and difficulties with work. Maslach and Jackson's (1984) definition, one of the most often cited in the literature, states that burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity. It is important to note that the experience of burnout has been thought to be most prevalent among those who have a great deal of personal contact with others, such as people working in the helping professions.

A dictionary definition provided by Mosby (2005) stated that burnout was a popular term used to describe the condition of mental or physical energy depletion following a period of chronic unrelieved job-related stress characterized sometimes by

physical illness. A related definition was provided by Hall, Gardner, Perl, Stickney, and Pfefferbuam (1979), who described burnout as “failing, wearing-out, or becoming exhausted by making excessive demands on energy, strength, or resources” (p. 12). Due to how commonly the syndrome of burnout among professionals occurs in service-related fields, particularly helping professionals, and since burnout has the potential to affect both workers and those they serve, the focus of this study was identifying factors that related to burnout in professional counselors. This study addressed burnout and personality factors (e.g., agreeableness, extraversion, conscientiousness, neuroticism, openness to experience), demographic factors (e.g., sex, race, years of experience), and clinical work settings (e.g., inpatient, non private practice outpatient, and private practice).

In previous literature, authors differentiated tedium and stress from the burnout. That is, burnout related to a job or occupation was described as more pervasive, affecting an individual’s life in an all-encompassing fashion (Lloyd, King & Chenoweth, 2002). Burnout has also been discussed as a multidimensional problem (Maslach & Goldberg, 1998). In this study, burnout was defined as a social and psychological syndrome that occurs as a consequence of a variety of factors (e.g., work setting, demographics, and personality) and resulting in physical, emotional, and mental exhaustion; reduced personal accomplishment; depersonalization; and a general lack of interest and enthusiasm for work and life (Maslach & Jackson, 1984; Pines & Aronson, 1981).

Burnout is a syndrome that includes emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is the main component of burnout and involves feelings of being emotionally overextended as well as a belief that one does not have adequate emotional resources to cope and function in the work environment. This is the stress dimension of burnout (Maslach & Jackson, 1984). Depersonalization is characterized by a detached response to other people, including a loss of idealism. This may be a development due to emotional exhaustion. The depersonalization component of burnout is the interpersonal or social dimension of burnout (Maslach & Jackson, 1984). Finally, reduced personal accomplishment is a decline in an individual's feelings of competence and productivity within the work environment. This has been linked to depression and an inability to cope with the demands of the job. This component also relates to the self-evaluation dimension of burnout (Maslach & Jackson, 1984).

Paine (1984) and Freudenberger (1974) discussed several physical, intrapersonal and interpersonal consequences that may occur as a result of burnout. Physical consequences include cardiovascular difficulties, fatigue, sleep disorders, muscular pain, stomach problems, immune system deficiencies, impaired intellectual functioning, and difficulty concentrating. Intrapersonal and interpersonal consequences include loss or transformation of spiritual values, reduced social and interpersonal functioning, social isolation, marital or familial difficulty, absenteeism, dysfunctional work relationships, lower quality and quantity of work, increased risk of accidents, decreased self esteem, job dissatisfaction, and possibly termination or quitting one's job.

The syndrome of burnout has been researched commonly in professions described as “high touch” professions (Naisbitt, 1984, as cited in Skovholt, Grier, & Hanson, 2001). These include medical professionals, mental health professionals, and teachers (Kushnir, Cohen, & Kitai, 2000; Leiter, 1992; Sava, 2002; Vinje & Mittelmark, 2006). Each of the high touch professions has in common the belief that human contact is essential to the health and well-being of individuals throughout their development. Individuals in these high touch professions choose this type of work because they perceive it to be of great value (Skovholt, Grier, & Hanson, 2001).

Maslach and Jackson (1984) suggested that burnout is rooted in people-oriented, helping professions. Since the introduction of the term burnout there have been hundreds of publications written that focused attention on the syndrome. These publications primarily focused on three separate groups of high touch professions: teaching, medical, and mental health professionals.

A search of the literature using the internet database PsycInfo and keywords “burn out,” “burn-out,” and “burnout” yielded over 4042 results from between the years of 1974-2009. To enhance specificity related to the current study, this term was used in conjunction with the keywords including “counseling,” “counselors,” “mental health,” “high touch,” “teacher,” and “medical” while searching within the abstract and content of the articles. The number of articles found using this search method yielded 348 results, which is greatly lower than what was found in the initial search. The following is a summary of the literature pertaining to burnout for each of the three groups described above using these search terms.

Overview of Empirical Research on Burnout

The following subsection describes an overview of the literature on burnout among professionals working in the teaching profession, medical professions, and mental health professions.

Overview of literature on burnout among teaching professionals

Burnout has been studied in the profession of teaching since 1962 when Sarason, Davidson, and Blatt (1971) wrote about the unstudied problems of teaching. Following this article, hundreds of publications related to the topic of teacher burnout have been published. After reviewing the literature pertaining to teacher burnout, there were several themes identified. The first theme was that work environments rated low on supporting innovative teaching were associated with significant increases in level of burnout (Burke & Greenglass, 1995; Friedman, 2000; Goddard, O'Brien, & Goddard, 2006). School culture variables were also significant contributors to the phenomenon of burnout in teachers (Friedman, 1991; Sarason, Davidson, & Blatt, 1962). The significant variables in this regard included: behavior imposed on teachers by school and administrators; lack of trust in teachers professional adequacy; circumscribing school culture; and disagreeable physical environment. The variables mentioned above relate to issues with the environment around the teacher.

The next variables were within the teacher as an individual. One variable relating to teacher burnout was pupil control ideology (Friedman, 1995; Sava, 2002). Other authors have examined the relationship between perceived self-efficacy in classroom management and the three dimensions of burnout identified by Maslach (Brouwers & Tomic, 2000; Brissie, Hoover-Dempsey, & Bassler, 1988). Another often cited demand

of teachers leading to risk of burnout is emotional labor. In service occupations, employees are required to display certain emotions in order to please students. The concept of emotional labor includes behaviors such as surface acting, deep acting, and suppression of emotion. Surface acting is the display of characteristics of an emotion that are regarded as appropriate for a situation, but not actually felt. Deep acting is described as the activity undertaken to actually feel an emotion that is appropriate and required. Suppression of emotions is used to remain neutral, objective, and in control during times when students are disruptive, impatient, noisy, and hostile. Each of these components of emotional labor is related to depersonalization and personal accomplishment, as well as emotional exhaustion (Hochschild, 1983; Naring, Briet, & Brouwers, 2006; Pugliesi, 1999). Low perceived teacher self-efficacy has also been found to be a predictor of job stress and burnout (Skaalvik & Skaalvik, 2007). Low perceived self-efficacy has been identified as a factor that precedes burnout (Schwartz & Hallum, 2008).

Big Five personality structure has also been used to assess burnout in teachers. Teven (2007) found that teacher temperament predicted a significant amount of burnout and caring in teachers. Other authors examining Big Five personality structure have found associations between burnout and high scores in neuroticism (Cano-Garcia, Padilla-Munoz, & Carrasco-Oriz, 2005). Finally, demographic background and demographic variables have been found in a few studies to be related to burnout (Friedman, 1991; Schwab & Iwanicki, 1982). Background variables such as sex, age, education level, and number of years teaching influenced level of burnout.

Overview of literature on burnout among medical professionals

Authors engaged in the medical professions (e.g., nurses, physicians, nursing students) have been writing about burnout since the mid-1980s when Bissell, Feather, and Ryan (1984) wrote about student nurses working with burned out clinicians and how this feeling of burnout could be passed on to other students. Through a review of the literature, it was found that there were themes shared by previous research articles. The first theme that was identified upon examining the literature in the medical field was that a major precipitating factor of burnout was related to external factors, including high stress from the environment (Demir, Ulusoy, & Ulusoy, 2003; Ekstedt & Fagerberg, 2005; Ferrari, Accettella, De Angelis, Innamorati, Soccorsi, & Tatarelli, 1999; Oddie & Ousley, 2007). Many authors focused on features of the external environment in order to examine how people are affected by burnout. Within these studies, there were different aspects that were the focus of interest. These areas of interest included the work environment, status at work, relations with coworkers, working conditions, difficulty in childcare and in doing house chores, difficulty with transportation, stressful life events, incentives at work, perception of others, and other organizational issues. Although stress caused by external factors has been researched a great deal, research also focused on the individual's subjective experience.

One study utilized an internal approach, concentrating on the concept of assertiveness in novice nurses at university hospitals (Suzuki, Kanoya, Katsuki, & Sato, 2006). Another study was concerned with the ability to receive continuing medical education relating to stress and burnout (Kushnir, Cohen, & Kitai, 2000). Personality characteristics were also examined in relation to the burnout syndrome. For example,

Vinje and Mittelmark (2006) completed a qualitative interview study with community health nurses. This study examined attitudes, feelings, and beliefs about work that each nurse exemplified. The nurses also discussed how they perform their own self-care and coping.

Overview of literature on burnout among mental health professionals

The study of burnout among mental health professionals began with the work of Maslach (1976), whose research found that stress was handled in a similar manner among professionals in different settings. Since this initial research was conducted, there has been tremendous interest in the field of burnout among mental health professionals. A review of literature has shown that research on the phenomenon of burnout is focused on specific areas that are either related to internal characteristics of the individual (e.g., gender, personality factors, defensive coping) or to the professional's environment (e.g., work setting, amount of work, expectations).

Personality variables have been examined by researchers studying the phenomenon of burnout in mental health professionals (Capner & Caltabiano, 1993; Leon, Visscher, Sugimura, & Lakin, 2008). For example, research by Lakin, Leon, and Miller (as cited in Leon et al., 2008) found that the Big Five personality traits of neuroticism and extraversion were predictors of burnout among staff working in residential treatment centers.

The organizational structure and climate for workers in mental health has attracted increasing attention as a cause of job stress (Lloyd, King & Chenowith, 2002). This includes lack of funding, personnel shortages, high rates of turnover, role conflict, lack of job clarity, and attitudes of other health professionals (Um & Harrison, 1998).

The organizational climate also may result in stressful job experiences and lack of social support. These factors were studied in relation to burnout with mixed results (Capner & Caltabiano, 1993; Jupp & Shaul, 1991; Russell, Altmaier, & Van Velzen, 1987, in Ross, Almaier, & Russell, 1989). One study found that, among counseling center staff, higher amounts of job stress were associated with higher levels of burnout and social support from supervisors and colleagues was associated with lower levels of burnout (Ross et al., 1989). Jupp and Shaul (1991) reported low, but significant correlations between sources of support and both work stress and burnout. This study also found that length of time spent counseling influenced the level of burnout. This research suggests that burnout is often associated with problematic aspects of work, rather than with difficult life events. In a qualitative research study of psychologists practicing psychotherapy, Austad, Sherman, Morgan and Holstein (1992) implied that psychologists were vulnerable to burnout due to the stresses of heavy caseloads and crisis intervention work. Psychiatrists were studied by Kerr, Dent-Brown, and Parry (2007) with similar findings. The aforementioned studies support the statements of Cherniss (1980) who stated that there are potential sources of burnout including specific stressors, strain components, and defensive coping.

Statement of the Problem

Due to the consequences and symptoms of burnout it is important that counselors, as well as other mental health professionals, have more knowledge about antecedents of burnout. Prior research has studied teachers, medical professionals, and mental health

professionals. However, there have been methodological issues with these previous studies.

Although there has been a wealth of research conducted in the professions of teaching, medicine, and mental health, Lloyd et al. (2002) suggested that further research is necessary to identify potential stress-inducing variables. It has been shown in previous studies that Big Five personality factors, ways of managing stress, organizational structure, work environment, supervisory support, professional ideologies, and demographic variables have an effect on the level of burnout that an individual experiences. However, the literature is lacking in other potentially relevant areas, and in-depth analyses of the areas mentioned above (Demir et al., 2003; Leon et al., 2008; Maslach, 1976; Maslach & Jackson, 1984; Ross et al., 1989; Teven, 2007).

Research focusing on demographic variables has yielded mixed results (Brewer, 1994; Demir et al., 2003; Friedman, 1991; Jupp & Shaul, 1991; Leon et al., 2008). Therefore, it is important to add to this knowledge base in order to clarify whether demographic variables such as sex, race, and years of professional experience contribute to burnout in counselors. Clinical setting has also been studied in previous research (Brewer, 1994). However, the research examining this variable has been scanty, and no research to date has specifically investigated professional counselors.

For example, the most closely related research study to the proposed study was conducted by Brewer (1994). Brewer studied 110 full time family service mental health professionals in a midwestern state using the MBI-HSS in order to examine participants' emotional exhaustion, depersonalization, and personal achievement. The data were analyzed using t-tests and multiple regression. Although Brewer focused on clinical

setting and participant demographic information when assessing links with burnout, there were many limitations to his work. The main focus of the research was the supervisory relationship between counselor and supervisor. Brewer provides a lengthy rationale for examining this particular relationship as the focal point of the research. While Brewer did include in his results information pertaining to participant demographic information, this was not a major focus of the study, nor was it evaluated as thoroughly as the research addressing the supervisory relationship. Brewer studied sex differences relating to burnout, but found no difference between males and females in the study. Brewer also examined years of work experience. No significance was found for work experience and burnout. Perhaps one reason for this result was poor statistical power in the research design. Consistent with several studies of burnout across disciplines, the sample size used is often small (Austad et al., 1992; Capner & Caltabiano, 1993; Goddard et al., 2006; Sava, 2002; Teven, 2007; Vinje et al., 2006). Thus, statistical power may suffer and the research may lack precision to provide reliable answers to the questions being investigated. This limitation was also present in Brewer's study.

Another variable Brewer (1994) examined was how many clients with crises, chronic problems, or severe psychopathology the professional worked with. However, this was assessed using one isolated question on the questionnaire used. Moreover, questionnaires were given to full-time employees of one Family Service agency in the state of Ohio, limiting the external validity of findings. This research also did not focus on different clinical settings. Finally, although the title of the research uses the word "counselors," other mental health professionals were included in the sample population, thus obscuring whether precursors of burnout among professional counselors are different

from other helping professionals. Although some of the same factors studied by Brewer were investigated in the present study, additional constructs were included and limitations of Brewer's study were addressed.

Purpose of the Study

The purpose of this study was to investigate factors that contribute to the amount of burnout professional counselors experience. The researcher compared the degree of burnout, using the three subscales of the Maslach Burnout Inventory, among professional counselors from different clinical settings (e.g., inpatient, non private practice outpatient, and private practice). Primary issues included severe/chronic mental illness, addictions, personal growth (non-mental disorders), career counseling, and combinations of any of the previously mentioned issues. Demographic information was also examined in relation to burnout. Demographics included: years of counseling experience, sex, and race. Finally, the relationship between burnout and personality factors, using the International Personality Item Pool – Big Five Measure (IPIP-B5; Goldberg, 1999), was studied.

Significance of the Study

Burnout is a serious problem affecting those in the field of counseling. The relationships between clinical setting, demographic variables (e.g., years of counseling experience, sex, and race), personality factors, and burnout are important and should be

identified. Knowledge about the experience of burnout may help prevent fatigue, lower quality of work, job dissatisfaction, absenteeism, and fatigue (Paine, 1984).

Through the identification of variables that relate to a higher risk of burnout, counselors may increase their knowledge about burnout and how it can affect their career and life. The identification of a relationship between demographic variables, personality factors, clinical setting, and burnout provides counselors insight and awareness into which characteristics may be antecedents to a higher degree of burnout. This knowledge also allows counselors to become more aware of their own personal characteristics, such as years of experience or age, that place them at risk for a high degree of burnout in order to take necessary precautions to relieve stressors that may combat against burnout preventatively instead of waiting until severe repercussions occur due to the experience of burnout. This could result in a reduction of absenteeism, greater quality of care with clients, less fatigue, and higher job satisfaction.

Knowledge of the effect these variables have on burnout also impacts counselor educators and supervisors. Counselor educators are responsible for educating and training potential counselors. Counselor educators may benefit from the knowledge of which variables significantly influence burnout in counselors. Counselor educators could use this knowledge to inform students of potential at-risk clinical settings, demographic factors, or personality factors that influence burnout. For example, if burnout is significantly higher in counselors working in inpatient facilities counselor educators can inform and prepare counselor trainees for this experience. This could allow for these students to begin a self-care regiment in order to help alleviate burnout they may potentially face in a particular work setting. Finally, clients may benefit from this

knowledge since the counselors serving them will be able to lessen the impact of burnout on themselves. Having a counselor who is not suffering from the syndrome of burnout may allow clients to receive higher quality care.

General Research Questions

This study attempted to answer the following three research questions: (1) Does degree of burnout differ among counselors working at different clinical work settings? (2) Does degree of burnout differ among counselors reporting differences in years of counseling experience, sex, or race? (3) Is degree of burnout among counselors related to personality factors (e.g., agreeableness, extraversion, conscientiousness, neuroticism, openness to experience)?

Definition of Terms

For the purpose of this study, the following terms have been operationally defined in order to assist the reader in having a better understanding of terms used often throughout the present study.

1. Agreeableness - a tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. This includes traits like sympathetic, kind, and affectionate (Thurstone, 1934).
2. Burnout – a social and psychological syndrome that is a consequence of work-related factors (e.g., work setting, client load, and support of

colleagues) and resulting in physical, emotional, and mental exhaustion; reduced accomplishment; depersonalization; and a general lack of interest and enthusiasm for work and life (Maslach & Jackson, 1984; Pines & Aronson, 1981).

3. Conscientiousness - a tendency to show self-discipline, act dutifully, and aim for achievement (Thurstone, 1934).
4. Emotional Exhaustion - the main component of burnout. This involves feelings of being emotionally overextended as well as a belief that one does not have adequate emotional coping resources to function in the work environment (Maslach & Jackson, 1984).
5. Deep Acting - the activity undertaken to actually feel an emotion that is appropriate and required (Hochschild, 1983).
6. Depersonalization - the interpersonal or social dimension of burnout (Maslach & Jackson, 1984).
7. Extraversion - (sometimes called Surgency). The broad dimension of Extraversion encompasses such more specific traits as talkative, energetic, and assertive (Thurstone, 1934).
8. High Touch Professions – Professions that have in common the belief that human contact is essential to the health and well-being of individuals throughout their entire development. These include medical professionals, mental health professionals, and teachers (Kushnir, Cohen, & Kitai, 2000; Leiter, 1992; Sava, 2002; Vinje & Mittelmark, 2006).

9. Neuroticism - the tendency to experience negative emotions, such as anger, anxiety, or depression. It is sometimes called emotional instability (Thurstone, 1934).
10. Openness to Experience - a general appreciation for art, emotion, adventure, unusual ideas, imagination, curiosity, and variety of experience (Thurstone, 1934).
11. Reduced Personal Accomplishment - a decline in the individual's feelings of competence and productivity within the work environment. This has been linked to depression and an inability to cope with the demands of the job (Maslach & Jackson, 1984).
12. Suppression of Emotions - to remain neutral, objective, and in control during times when students are disruptive, impatient, noisy, and hostile (Hochschild, 1983).
13. Surface Acting - the display of characteristics of an emotion that are regarded as appropriate for a situation, but not actually felt (Hochschild, 1983).

Overview of the Remainder of the Study

A review of literature related to burnout and variables influencing burnout is included in Chapter 2. This review of literature examined theoretical and empirical research relating to burnout, work setting, demographic variables, and personality factors. The theoretical rationale for the current study is presented. In Chapter 3, a description of

the methodological framework is presented. This includes the general research design, research questions, hypotheses, participants, data collection procedures, instruments, and methods of data analyses. Chapter 4 includes the results of the statistical data analyses utilized to analyze the research hypotheses stated in Chapter 3. Chapter 5 consists of an overview of this study including a summary and conclusions related to the statistical results, a discussion of the results, contributions, and limitations of this study. Implications for counselor education and supervision, counseling practitioners, and the theory of burnout are included. Finally, recommendations for future research are provided.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Burnout has been increasingly recognized as a serious problem affecting many workers, especially with those employed in professions that require direct human contact (Zastrow, 1984). Prior to the 1970's, burnout was a completely unheard of concept. The construct was first introduced by Freudenberger (1974) who stated that burnout occurred more often in those working in occupations whose members work directly with people such as human services, education, and health care. Since this original discussion of burnout by Freudenberger the main characteristics associated with burnout have not drastically changed. The experience of burnout includes characteristics such as a sense of failure and ineffectiveness, feelings of anger, frustration, cynicism, and overwhelming exhaustion (Maslach & Goldberg, 1998). When burnout was first beginning to be studied, a standard definition for the phenomenon did not exist. Since its inception, many professionals have attempted to further clarify the meaning of burnout by providing definitions of the term.

Freudenberger's (1974) original definition defined burnout as a state of fatigue or frustration brought about by dedication to a way of life, cause, or relationship that did not produce the expected reward. Mosby's (2005) dictionary stated that burnout is a term

used to describe the condition of mental or physical energy depletion following a period of chronic unrelieved job-related stress that may sometimes be characterized by physical illness. Hall et al. (1979) provide a similar definition, describing burnout as “failing, wearing-out, or becoming exhausted by making excessive demands on energy, strength, or resources” (p. 12). Potter (1980) defined burnout as a loss of will, an inability to mobilize interest and capabilities and the motivation to perform is extinguished. Maslach and Jackson (1984) defined burnout as a physical, emotional, and intellectual exhaustion syndrome manifested by an unpleasant attitude to professional life and other people with the development of negative self-esteem in the individual who experiences fatigue, feelings of helplessness, and hopelessness. Forney et al. (1982) explained burnout as a two-dimensional phenomenon that consists of attitudinal and behavioral components. The attitudinal portion represents a loss of motivation, enthusiasm, and energy. Behavioral manifestations include a marked departure from the behavioral norm of the individual.

The previously discussed definitions reflect certain generally accepted dimensions of burnout. First, burnout occurs as a response to a stressful work environment, but it is not the same as stress or tedium. Burnout exists as a consequence of unrelieved work stress. Next, although burnout may occur in any occupation, it is especially common among health professionals who come into repeated emotional contact with people in need. Naisbitt (1984, as cited in Skovholt, Grier, & Hanson, 2001) defined these professions as high touch professions. Third, burnout manifests itself as a combination of mental, physical, and emotional exhaustion; loss of commitment; disengagement; and a general difficulty in adapting to the demands of one’s relationship with the environment in which he or she is working (Muldary, 1983).

Zastrow (1984) discussed that in order to understand the nature of burnout, it is important to conceptualize burnout as a reaction to high levels of stress. Zastrow defined stress as the emotional and physiological reaction to stressors. A stressor is a demand, situation, or circumstance which disrupts an individual's equilibrium and initiates the stress response. According to Cherniss (1980) potential sources of burnout include stressors, strain, and defensive coping. Stressors may be personal, interpersonal, or organizational. Strain components consist of psychological, somatic, and behavioral. The personal aspects of stressors include expectations, motivation, personal characteristics, and personality. Interpersonal factors are contact with clients, relations, coworkers, supervisors, and managers. Organizational stressors include workload, bureaucracy, feedback, work pressure, and case load. Strain components can be defined as low self-esteem and emotional exhaustion. Somatic complaints could include headaches, fatigue, and stomach problems. Other professionals who studied burnout supported the idea that stress was a primary factor in the occurrence of burnout. Maslach and Jackson (1981) discussed that constant stress can be emotionally draining and put individuals at risk for burnout.

Maslach and Goldberg (1998) identified several key themes which underlie the experience of burnout. The first of these themes includes imbalance. The demands on professionals in human service professions are high and the individual's resources to meet the demands are low. These job demands, or stressors, are present on a continuing basis and contribute to the development of staff burnout. Another theme is conflict, which occur among clients; colleagues or supervisors; role demands; or important values.

These themes form a job setting characterized by constant emotional tension and unrealistic expectations.

The underlying consensus brought about three core dimensions of the burnout experience. However, subsequent research on the topic led to the development of a multidimensional model of burnout (Maslach & Jackson, 1981). According to this model, burnout is a prolonged response to chronic emotional and interpersonal stressors on the job. Burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Goldberg, 1998).

Emotional exhaustion is characterized by a lack of energy and refers to feelings of being overextended emotionally and depleted of one's own emotional resources. This component may also be referred to as compassion fatigue and may coexist with feelings of frustration and tension as people realize they cannot continue to give of themselves or be as responsible for clients as they have been in the past. The major sources of this exhaustion are work overload and personal conflict at work. The emotional exhaustion component is the basic stress dimension of burnout. Emotional exhaustion includes feelings of apathy, dread of returning to work, helplessness, hopelessness, dissatisfaction, and feeling trapped. The individual may also experience a generalized anxiety that accompanies these feelings. A pervasive sense of emptiness and discouragement is also present in burned out individuals. Some even feel that they have nothing left to offer and cannot even handle the everyday tasks of their jobs (Muldary, 1983).

Depersonalization refers to a negative or excessively detached response to other people, which often includes the loss of idealism within the individual. Depersonalization may lead to treating clients as impersonal objects rather than people. Counselors may also

exhibit an emotional insensitivity and be cynical toward co-workers, clients, and the work organization. This develops due to the overload of emotional exhaustion and is used for self-protection in the beginning. However, this feeling of detachment may turn into dehumanization. This may include derogatory language toward clients, strict compartmentalization of professional lives, intellectualization of the situation, withdrawal, or the extensive use of jargon (Maslach & Pines, 1977). Detachment manifests itself through avoidance of clients, physical distancing during actual interactions, absenteeism, tardiness, and an excessive use of humor (Muldary, 1983). The depersonalization component represents the interpersonal dimension of burnout.

Finally, the last component of burnout is reduced personal accomplishment refers to a decline in a worker's feelings of competence and productivity at work. This lowered sense of self-efficacy can be exacerbated by a growing feeling of inadequacy about their ability to help clients. This can result in a belief that one has failed. Reduced personal accomplishment is the individual's tendency to evaluate one's self negatively (Cordes & Dougherty, 1993). The personal accomplishment component represents the self-evaluation dimension of burnout (Maslach & Goldberg, 1998). Maslach (1982) suggested that emotional exhaustion appears first as excessive work demands begin to drain an individual's emotional resources. This leads to limited involvement with others and a psychological distancing. Finally, reduced personal accomplishment can lead individuals to experience a sense of inadequacy in their ability to relate to others and to perform their jobs (Cordes & Dougherty, 1983).

Kahill (1988) categorized symptoms of burnout into five clusters: physical, emotional, behavioral, interpersonal, and attitudinal. However, Savicki (2002) notes that

there is no strict indicator of burnout. Physical symptoms of burnout include: tension, insomnia, irritability, low energy, fatigue, headaches, stomach problems, chest pains, and poor appetite. Emotional symptoms include: apathy, boredom, anxiety, hostility, depression, feelings of helplessness, disillusionment, and feelings of alienation. Behavioral symptoms of burnout include: decreased job performance, increased drug use, discussion about leaving one's job, and possibly leaving the job. Interpersonal symptoms include: withdrawal from clients and coworkers, role rigidity, impatience, moodiness, low tolerance toward others, and less socializing. Attitudinal symptoms include: cynicism, rigidity of thinking, negative attitude toward others, and loss of self esteem.

There are three categories of demands that compose the antecedents of burnout. The first category consists of job and role characteristics. This includes the characteristics of the employee-client relationship. Role characteristics consist of role overload, ambiguity, and conflict. The next category, organizational characteristics, includes job context, rewards, and punishments. The last category addresses the personal characteristics such as personality traits and demographic variables (Cordes & Dougherty, 1993).

Summary of Research on Burnout Among Teachers

The following section provides a summary of previous research conducted using teachers as the primary profession. This summary includes the author of the study, instruments used in the study, and a brief description of the statistical results that were found.

Burnout and Personality Factors

Teven (2007) studied the relation of burnout and personality of teachers using the Big Five personality measure. Teven found that the personality factors of extraversion, conscientiousness, agreeableness, and neuroticism were related to teacher burnout. Teven's findings showed that the most dominant contributors were conscientiousness and extraversion along with agreeableness making a small contribution. High neuroticism predicted higher scores of emotional exhaustion and depersonalization. These findings support the notion that personality is responsible for explaining a sizable portion of burnout.

Cano-Garcia et al. (2005) conducted a study to provide evidence of the association of personality variables to the phenomenon of teacher burnout. Cano-Garcia et al. confirmed the hypothesis that the highest scores in burnout (higher emotional exhaustion, higher depersonalization, and less personal accomplishment) were obtained by teachers with a high score on neuroticism and introversion. These results are similar to those found in other studies (Zellars et al., 2000). Cano-Garcia et al. also identified the relationship between low scores in agreeableness and moderate depersonalization and moderate scores in both conscientiousness and personal accomplishment. Findings suggested that when individuals scored high on agreeableness that degree of burnout was low. In turn, this suggests that agreeableness can serve as a protective factor against burnout. Alternatively, low scores in agreeableness are representative of a distrustful attitude, and this is easily transferred into dehumanizing individuals that is implied in those scoring high on depersonalization. Cano-Garcia et al. also found that high scores on

conscientiousness, which is related to involvement, persistence, fulfillment of roles, and efficacy, lead to greater personal accomplishment and less emotional exhaustion.

Jenson (2008) examined the relationships between the Big Five personality factors and the three subscales of burnout. Findings from Jenson's research showed that there were significant relationships between personality traits and the three burnout subscales. More specifically, Jenson found that high neuroticism was a significant predictor of greater emotional exhaustion. Jenson also identified other correlations among emotional exhaustion, extraversion, depersonalization, agreeableness, and lack of personal accomplishment.

The research of Mohammed (1995) examined the effects of personality on teacher burnout. Mohammed used the Gordon Personality Inventory to identify personality traits and found that teachers who received higher scores in cautiousness, original thinking, personal relations, and vigor were less burned-out than those who received lower scores on such traits. These results differ from other studies that discussed personality traits because Mohammed utilized a different measure of personality traits to assess participants.

Kokkinos (2007) studied the association between burnout, personality characteristics, and job stressors in primary school teachers. Kokkinos found that emotional exhaustion and depersonalization were more related to environmental stressors, whereas personal accomplishment was related to personality variables. The findings of this study supported the hypothesis that personality characteristics play a role in teacher burnout. Neuroticism was a common predictor of each of the three dimensions of burnout. Teachers with higher scores in neuroticism tended to have higher emotional

exhaustion and depersonalization. Watson, Clark, & Harkness (1994) stated that those high in neuroticism tend to express more negative emotions, emotional instability, and stress reactions, and are therefore more vulnerable to burnout. Conscientiousness also appeared to be a key personality trait that was associated with depersonalization and personal accomplishment. More specifically, Kokkinos (2007) found that teachers scoring low on conscientiousness demonstrated higher levels of depersonalization. Those high in conscientiousness were more likely to exhibit higher levels of personal accomplishment. Conscientiousness and extraversion were also associated with low burnout scores. Specifically, those high in conscientiousness and extraversion with low scores in neuroticism were more likely to experience increased personal accomplishment. Teachers high in conscientiousness and extraversion, but low in neuroticism, are highly motivated to achieve and obtain gains in performance (Kokkinos, 2007). These aspects are relevant to personal accomplishment and less emotional exhaustion.

Kokkinos (2007) also studied the dimension of openness. Openness was found to have a small, but significant contribution to burnout. This study found that low scores in openness predicted more feelings of depersonalization. Teachers scoring high on openness reported higher feelings of personal accomplishment.

Each of the previously cited research studies found that personality traits had some effect on the level of burnout experienced by teachers. Most of these studies utilized the Big Five personality factors to identify the personality traits that had an effect on burnout (Cano-Garcia et al., 2005; Jenson, 2008; Kokkinos, 2007; Teven, 2007). The most consistent findings suggested that a high score of neuroticism was linked to higher scores of burnout in teachers. However, agreeableness has shown to have mixed

interactions with burnout in teachers. This mixed interaction of agreeableness and level of burnout included agreeableness having the possibility of being both a protective factor and vulnerability for burnout.

Burnout and Demographic Variables

Bin Batel (1998) examined burnout among special education teachers. Bin Batel found significance among several of the demographic variables studied. Variables that had a significant correlation with at least one component of burnout were highest degree, educational stage, years of experience, number of students, pre-service training, supervisor support, number of children, peer support, choice, and salary. Other differences were also found on at least one dimension of burnout. These were city, sex, marital status, children, citizenship, specialization, availability of materials, in-service training, and hobby.

Comerchero (2008) examined if the combination of teachers' sex, tenure status, efficacy, adaptive perfectionism, and maladaptive perfectionism predicted significant differences in teachers' levels of burnout. Comerchero found that being female was correlated with higher emotional exhaustion scores. Tenure status was found to be negatively correlated with depersonalization, but positively correlated with personal accomplishment. These results suggest that sex and tenure status have an effect on the level of burnout experienced by teachers.

Stevens (2007) studied untenured teachers working in an urban setting. Stevens examined which personal and school-related variables were associated with burnout in this population of teachers. The demographic variables studied included sex, age, educational level of teacher, years of teaching experience, marital/family status, class

size, and school type. Stevens' (2007) research found statistically significant differences in the variables of sex, teaching experience, teacher personality, and school type. The differences in sex, teaching experience, and personality suggest that these are important demographic variables to consider. Kuo (1987) studied the relationship between teacher burnout and teacher demographic variables in Chinese junior high school teachers. The results of this study found that teacher age, length of tenure, and location of school were weakly correlated with teacher burnout.

Antoniou, Polychroni, and Vlachakis (2006) studied sex and age differences in relation to teacher burnout. Antoniou et al. found that female teachers experienced significantly higher levels of occupational stress than male teachers. The findings also report that younger teachers experienced higher levels of burnout. Ogus, Greenglass, and Burke (1990) examined and compared burnout in female and male teachers. In this study, men scored significantly higher than women on depersonalization. These results indicate that both sex and age have a significant impact on burnout among teachers.

Studies focused on teacher burnout and demographic variables have yielded mostly similar results. The first important theme is that certain demographic variables have shown to have an effect on the level of burnout experienced by teachers. The most prominent of these variables include sex, age, and years of experience (Antoniou, Polychroni, & Vlachakis, 2006; Bin Batel, 1998; Comerchero, 2008; Kuo, 1987). This body of literature suggests that these demographic variables are important in the study of burnout.

Summary of Research on Burnout Among Medical Professionals

The following section provides a summary of previous burnout research conducted using medical professionals as the sample population. This summary includes the author of the study, instruments used in the study, and a brief description of the statistical results that were found.

Burnout and Personality Factors

The study of the relationship between professional burnout and personality factors in the medical profession has shown limited use of the Big Five personality factors. However, within the literature on medical professionals and burnout the study of burnout has used measures of other personality factors. A review of the literature conducted by Thomas (2004) found that there is not sufficient data to support the use of personality traits to identify professionals at-risk for burnout. Thomas suggests that it is important to have more rigorous data in order to understand and predict resident burnout.

Eastburg, Williamson, Gorsuch, and Ridley (1994) examined the relationship between personality variables and burnout among nurses. Participants included 76 staff nurses and their supervisors at a private medical hospital. Their findings reported that dimensions of personality identified using the PROSCAN instrument explained a significant amount of burnout. Nurses who scored high on extraversion required more work-related peer support than those identified as introverts did to avoid the emotional exhaustion component of burnout. McCranie and Brandsma (1988) also investigated whether vulnerability to burnout was associated with personality factors. Using the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1940), McCranie and Brandsma found that higher burnout scores were significantly correlated

with MMPI scales measuring low self-esteem, feelings of inadequacy, dysphoria, passivity, social anxiety, and withdrawal from others.

Although these findings were not related to the Big Five personality factors, they suggest that the personality characteristics of individuals working in the medical profession are important factors when studying the phenomenon of burnout.

Burnout and Demographic Variables

Suzuki et al. (2006) studied novice nurses working at university hospitals. This study identified that sex had an effect on the level of burnout experienced by the nurses. Suzuki et al. found that male sex was one variable that affected level of burnout in novice nurses. This differs from the profession of teaching in which previous research has shown that females were more at risk in their work setting than males (Antoniou et al., 2006; Stevens, 2007). Another study by Garrosa, Moreno-Jimenez, Liang, and Gonzalez (2008) found that significant predictors of burnout included age, job status, and job stressors. Begat, Ellefsen, and Severinsson (2005) found a statistically significant correlation between nurses' well-being profile, which included an examination of level of burnout, and the demographic variable of age.

Alipour (1997) studied two groups of nurses that have direct, hands-on patient care. In a comparison of the two groups, Alipour found no significant difference among demographic variables compared in this study. The demographic variables included age, years of experience, hours of work, and hours of patient care provided per week.

Langemo (1990) found that individual demographic variables such as age, education, and years in nursing education were a predictor of work-related stress in nursing educators.

However, these were combined with organizational variables to obtain a significant difference.

Demir et al. (2003) found that other demographic variables contributed to the amount of burnout experienced by nurses. The demographic variables of higher education level, work experience, and higher work status decreased burnout experienced. This study also found that nurses who work night shifts have an increased level of burnout. However, one study found conflicting results with the previously mentioned studies. McCranie and Brandsma (1988) published findings that showed no significant associations with demographic characteristics that were measured.

Overall, most of the studies found in a review of the literature were consistent when examining demographic variables. The majority of the studies found that demographic variables contributed to higher burnout in certain populations. Higher risk individuals for burnout were those who were male, younger in age, less experienced, and less educated. These studies provide a basis for future research concerned with identifying predictors of burnout.

Burnout and Type of Work Setting

Lachterman and Meir (2004) investigated the relationship between occupational congruence and congruence with the physical conditions of the workplace. These scores were compared to scores on the Maslach Burnout Inventory. Work setting congruence and occupational congruence were both correlated with burnout, meaning work setting and occupational congruence are important factors related to the well-being of an individual in an occupational setting.

There have been several studies that examined medical professionals working in different settings. However, upon a review of the literature there have been few found that compare level of burnout and different work settings. These settings include university hospitals, state hospitals, emergency units, surgery departments, HIV care providers, and community health (Demir et al., 2003; Ferrari et al., 1999; Kalichman, Gueritault-Chalvin, & Demi, 2000; Vinje et al., 2006). The results found in each of these studies specifically examined burnout occurring in those settings, rather than comparing the settings to one another. One exception was the study of Ferrari et al. (1999). Ferrari et al. compared burnout in those working in emergency units against those working in a general surgery department. This study examined if one setting would be higher than another in level of burnout. The findings of this study supported the hypothesis that those working in both of the settings would experience burnout and those working in emergency units would experience more burnout. In a study by Cash (1997) it was found that intensive care unit nurses reported higher levels of depersonalization than non intensive care unit nurses. These studies provide evidence that certain work environments may produce higher levels of burnout than other work settings.

Summary of Research on Burnout Among Mental Health Professionals

The following section provides a summary of previous burnout research using mental health professionals as the sample population. This summary includes the author of the study, instruments used in the study, and a brief description of the statistical results that were found.

Burnout and Personality Factors

A limited amount of research has shown that personality factors have an effect on the degree of burnout experienced by mental health professionals. A study by Bakker, Van der Zee, Lewig, and Dollard (2007) researched 80 volunteer helping staff working with terminally ill clients. Bakker et al. examined the relationship between burnout and the Big Five personality factors. The Maslach Burnout Inventory was used to determine level of burnout and Five Factor Personality Measure to the Big Five personality factors. The authors conducted several stepwise multiple regression analyses and findings showed that emotional exhaustion was predicted by emotional stability, depersonalization was predicted by emotional stability, extraversion, and intellect, and personal accomplishment was predicted by extraversion and emotional stability. This research suggested that personality may serve as a protective factor against risks of developing burnout in human service work. These results are similar to those found by Cano-Garcia et al. (2005) who found that the personality factor agreeableness may serve as a protective factor in the experience of burnout of teachers.

Leon et al. (2008) conducted research on personality variables using the Big Five Inventory and staff working in residential treatment centers in Illinois. The 213 participants completed the Maslach Burnout Inventory along with the Big Five Inventory resulting in findings that showed that burnout was moderated by client disorders. Diagnosis of post traumatic stress disorder in clients was shown to have a moderating effect on neuroticism. This research suggested that the most favorable work setting is a function of the interaction between specific personality traits and work environment.

Mills and Huebner (1998) conducted research to identify particular personality characteristics that predicted burnout reactions among school psychologists. Findings suggested that extraversion related significantly to feelings of emotional exhaustion and reduced personal accomplishment. Mills and Huebner also found that agreeableness was significantly related to depersonalization. When relating the dimensions of burnout to the FFM, further information is also relevant. Psychologists in Mills and Huebner's study who reported high emotional exhaustion and reduced personal accomplishment displayed tendencies toward behavior responses (e.g., withdrawn, passive, reserved reactions). Those who reported high depersonalization often displayed disagreeable responses (e.g., uncooperative, irritable, suspicious behaviors). Mills and Huebner also found that feelings of low personal accomplishment were correlated significantly with extraversion and neuroticism. These findings suggest that some aspects of burnout may be more related to variations in personality than the external environment.

Naisberg-Fennig, Fennig, Keinan, and Elizur (1991) studied three personality characteristics that may make psychiatrists more vulnerable to burnout. Naisberg-Fennig et al. identified these characteristics as learned resourcefulness, anxiety state, and repression-sensitization. The sample of the study consisted of 49 psychiatrists ranging in age from 27-65 years old. The psychiatrists were employed in public mental hospitals in Israel. Each psychiatrist was administered a burnout inventory, a repression-sensitization scale, a self-control schedule, and an anxiety scale. Naisberg-Fennig et al. found that burnout was positively correlated with anxiety state and repression-sensitization. Burnout was negatively correlated with learned resourcefulness.

Capner and Caltabiano (1993) studied professional and volunteer counselors on personality type and burnout. Capner and Caltabiano surveyed 81 counselors on personality characteristics and burnout using a modified version of the Maslach Burnout Inventory. Findings of this research suggested that individuals with a Type A personality had a positive relationship with number of job stressors.

A small amount of research on personality and its relationship with burnout in mental health professionals has shown evidence that burnout may be in some ways moderated by personality factors. Prior research appears to agree that high neuroticism is related to a greater experiencing of burnout. The interaction between work environment, personality factors, and burnout has demonstrated that the work environment is just one factor influencing the phenomenon of burnout among mental health professional

Burnout and Demographic Factors

Van Morkhoven (1998) studied the prevalence of burnout among Texas psychologists as well as differences between three categories of practitioners within the group of psychologists. These categories included Licensed Psychology Health Care Providers (LPHCP), Licensed Psychologists/Certified Psychologists (LP/CP), and Psychological Associates (PA). Van Morkhoven used the Maslach Burnout Inventory and a demographic questionnaire in this cross-sectional survey. There were 359 usable responses to the survey. Van Morkhoven obtained statistical results by comparing means of samples, t-tests, and multiple range tests. A series of one-way and two-way analysis of variance procedures were used to compare differences between subgroups on level of burnout. In this study younger practitioners presented with significantly higher levels of burnout. Male sex also contributed to a significantly higher level of burnout among the

sample. Dupree and Day (1995) also reported similar findings. In a study on psychotherapists between the ages of 24-67 years old, males were shown to have higher levels of burnout than females.

Vredenburgh, Carlozzi, and Stein (1999) investigated the relationship between levels of burnout and some demographic variables. Using a sample of 521 members of the American Psychological Association, Vredenburgh et al. found a positive relationship between number of hours of spent counseling clients and sense of personal accomplishment. Age was also examined in this study and it was found that an inverse relationship existed between age and burnout. Sex was also found to affect the level of burnout experienced. Male counseling psychologists were shown to have experienced a greater level of depersonalization than females in the sample.

Weinberg, Edwards, and Grove (1983) used the Life and Work questionnaire and a facility questionnaire to obtain information from employees in 11 states at 14 heterogeneous residential facilities that served the developmentally disabled. The entire sample (N=724) consisted of 256 administrators, 244 direct care professionals, and 224 direct care workers. Weinber et al. found that significant variables related to burnout were age, sex, and marital status.

McDermott (1984) studied 104 professionals between the ages of 19-68 years old who worked in college student personnel, health and mental health, administration, and miscellaneous other occupations. Using a 74-item questionnaire burnout scores for each of these professionals was obtained. Demographic variables included age, sex, marital status, employment status of spouse, dependents, and number of hours worked. These variables were correlated with burnout, but showed no significant correlations with level

of burnout. These results were contradictory with later findings that examined demographic variables (Van Morkhoven, 1998; Vredenburg et al., 1999; Weinberg et al., 1983).

Oppenheim (1987) studied factors related to burnout among music therapists. Demographic data was collected from 239 randomly selected registered music therapists. The measure used to determine level of burnout was the Maslach Burnout Inventory. Demographic data included years at present occupation, age, sex, type of institution, years of experience, and hours worked per week. This data was correlated with level of burnout. The results of Oppenheim's research indicated no relationship existed between the predictor variables and the scales of the Maslach Burnout Inventory. These findings are consistent with the findings of McDermott (1984). Farber (1985) examined 314 member of the clinical psychology division of a large state psychological association in regards to stress related to their work. Farber utilized a modified version of the Maslach Burnout Inventory to measure stresses of their work. A small amount (2-6%) of clinical psychologists perceived themselves as greatly affected by stress due to work. Farber's findings showed that more clinical experience was associated with a reduction in vulnerability to the stresses of therapeutic work.

Himle, Jayaratne, and Chess (1986) surveyed a national sample of 617 clinical social workers on variables of work-related stress in relation to burnout and psychological strain. Himle et al. used a multiple regression analysis to statistically evaluate sex differences. Females were found to be significantly higher on level of burnout than their male counterparts in the field of social work. Ackerley, Burnell, Holder, and Kurdek (1988) examined demographic variables of 562 licensed, doctoral

level psychologists working in human services and level of burnout. Demographic variables found to be correlated with burnout included age, income, and hours of individual psychotherapy. Clinicians who were younger, had lower incomes, and participated in less individual psychotherapy were those that were highest in level of burnout from this sample.

Maslach and Jackson (1985) conducted two survey studies to assess the relationship of demographic variables with the experience of burnout. The first survey had a relatively large sample of 1,025 workers ranging from 18-70 years of age from several health and service occupations. The second study utilized 845 people. All of the participants in these studies were given the Maslach Burnout Inventory to measure level of burnout. Results showed that women were less vulnerable to burnout than men. The difference was very small, suggesting that the sex of the employee may not be a major factor in occupational burnout. The study also found that those who were married or had children experienced less burnout.

Gillespie and Numerof (1991) studied a sample of 154 health service professionals ranging from 18-71 years old using the Gillespie-Numerof Burnout Inventory. The research was concerned with conditions that were believed to produce burnout in health service professionals. Findings of Gillespie and Numerof state that burnout is related to three demographic variables. The demographic characteristics that were shown to be related to burnout were age, marital status, and years of experience in current position. Those who were younger, not married, and had less years of experience in their current position demonstrated higher levels of burnout than others.

Naisberg-Fennig et al. (1991) studied 49 psychiatrists to determine which demographic variables were correlated with burnout. A burnout inventory was administered to the psychiatrists in order to measure burnout and a demographic questionnaire was given to determine demographic information. Results showed that there was no significant correlation with burnout and demographic variables. Tenure and years in place of employment were found to be correlated, however, this correlation was not found to be significant. Shelby, Stoddart, and Taylor (2001) studied burnout among 86 licensed mental health providers who worked with sex offenders. Burnout was measured using the Maslach Burnout Inventory. The study found no significant differences in burnout by sex or number of years working with sex offenders.

Huebner (1994) examined the relationship between demographic variables and burnout among 114 psychologists employed in school settings. Each participant was given a questionnaire on demographic variables and the Maslach Burnout Inventory. Heubner found that the most powerful demographic predictor of emotional exhaustion and depersonalization was age of the psychologist.

Jiang, Yan, and Shuyue (2004) studied counseling psychologists' burnout in relation to demographic variables. Jiang et al. examined 171 counseling psychologists using the Maslach Burnout Inventory and a demographic questionnaire. Using t-tests to examine demographic variables, Jiang et al. reported that younger counseling psychologists experienced a higher level of emotional exhaustion than older counseling psychologists. Garner, Knight, and Simpson (2007) studied corrections-based drug treatment staff and the level of burnout experienced. Garner et al. also found that younger age is a statistically significant variable that affects burnout. Jiang et al. also found that

counselors with less experience (less than one year) experienced lower personal accomplishment than those who had more experience. Marital status and education did not show a significant effect on burnout in this study.

Research by Salyers and Bond (2001) examined the effects of race on staff burnout. This research studied racial differences in burnout among case managers working with clients with severe mental illness. Using the Maslach Burnout Inventory, this study, compared Caucasians and . Salyers and Bond (2001) found that African Americans reported significantly less emotional exhaustion and depersonalization. There were no differences in feelings of personal accomplishment. This study suggests that it is important to examine race of mental health professionals to understand the phenomenon of burnout.

Previous research has shown that there is a relationship between certain demographic variables and the level of burnout experienced by mental health professionals. This research has examined the relationship between demographic variables and the level of burnout experienced by workers in the mental health professions. Some prior research has found that younger practitioners demonstrated significantly higher levels of burnout than their older counterparts (Ackerley et al., 1988; Garner et al., 2007; Huebner, 1994; Van Morkhoven, 1998). Another variable shown to have an effect on burnout was sex, although there are mixed results from previous studies. Males have been shown to have higher levels of burnout than females in some studies (Dupree & Day, 1995; Van Morkhoven, 1998; Vredenburgh et al., 1999). However, other studies found no relationship between sex and level of burnout experienced (McDermott, 1984; Oppenheim, 1987). Other demographic variables such as

years of experience, hours worked per week, income, and marital status showed some effect on burnout among mental health professionals (Ackerley et al., 1988; Oppenheim, 1987).

Burnout and Type of Work Setting

Savicki and Cooley (1987) examined the relationship of work environment and client contact to burnout. Savicki and Cooley collected responses to the Work Environment Scale and the Maslach Burnout Inventory from 94 mental health professionals aged between 19 and 57 years old. Findings reported that work environments that were associated with lower levels of burnout were those in which workers were strongly committed to their work, relationships with co-workers were encouraged, and there were supportive relationships between supervisor and supervisee. Those environments that were associated with higher levels of burnout were those that restricted freedom and flexibility of workers and had little emphasis on planning and efficiency. Those who had a higher amount of client contact also showed higher levels of depersonalization than those who had less hours of client contact.

Sullivan (1989) administered a questionnaire to 406 direct-care clinical staff persons in varying positions at a psychiatric center to study the impact of the work environment on burnout. Sullivan used the Maslach Burnout Inventory to identify burnout in participants. Findings reported that there were specific features that contributed to burnout. These features included work overload, lack of influence on the job, and inefficiency in the organization.

Van Morkhoven (1998) compared practitioners working in state or government agencies, school systems, administrative jobs, university faculty, and private practice.

Van Morkhoven's findings showed that those practitioners working in state or government agencies, school systems, and administrative occupations had a higher level of burnout than those who worked as university faculty or in private practice.

In a study of counseling psychologists, Vredenburg et al. (1999) investigated the relationship between levels of burnout and different types of practice settings. The sample consisted of 521 30-79 year old members of the American Psychological Association (APA). The Maslach Burnout Inventory and a demographic questionnaire was used to survey the participants. The results of this study showed that counseling psychologists working in private practice reported the lowest levels of burnout. Those working in hospital settings reported the highest levels of burnout. These results found by Vredenburg et al. are consistent with those in a previous study by Van Morkhoven (1998)

Sturges and Poulsen (1983) studied the prevalence of burnout in occupational therapists using 33 Australian occupational therapists who work with chronic or long term psychiatric patients and 73 occupational therapists working in pediatric or physical settings. Level of burnout was measured using the Maslach Burnout Inventory. Sturges and Poulson's results showed that those individuals working in the psychosocial area had a significantly higher level of burnout than those working in pediatric or physical rehabilitation settings. The feelings of burnout were in relation to specific differences in job characteristics.

Matthews (1990) studied 244 full-time employees in people-oriented occupations within health services, banking, social welfare, industry, education, and the postal service. Respondents completed the Maslach Burnout Inventory as well as the State-Trait

Anxiety Inventory and Matthews Burnout Scale for Employees. Findings of Matthews' research state that those working in social welfare tended to experience more burnout than those working in the other fields that were studied.

Carney, Donovan, Yurdin, and Starr (1993) compared intensive case managers from New York City with the national norm for mental health workers in relation to the incidence of burnout each experience. 66 intensive case managers completed the Maslach Burnout Inventory with results showing that the incidence of burnout among city intensive case managers was lower than the incidence of burnout among the national norm for mental health workers.

Jiang et al. (2004) studied 171 Chinese counseling psychologists and the amount of burnout that they experienced. Using the Maslach Burnout Inventory as a measure of burnout, f-tests were computed to determine differences between work settings. Jiang et al. found significant differences between those working in educational settings and clinical settings with those in clinical settings demonstrating a higher level of burnout.

Dupree and Day (1995) examined the effects of managed mental health care on burnout among psychotherapists. The total sample (N=86) included 60 psychotherapists in private practice and 26 public sector therapists ranging in age from 24-67 years old. The Maslach Burnout Inventory was used to determine level of burnout. In this study, psychotherapists working in private practice reported lower levels of burnout than those working in the public sector.

Prosser et al. (1999) studied burnout among mental health staff working in the community and inpatient services. The Maslach Burnout Inventory was given to participants. Results suggested that those who were working in community mental health

may experience more stress than those working in inpatient mental health services. Shelby et al. (2001) found that, in a study of mental health providers who treat sex offenders, those in inpatient or prison facilities reported higher levels of burnout relative to providers in outpatient treatment facilities.

Sorgaard, Ryan, Hill, and Dawson (2007) compared levels of burnout among community and acute ward staff in Europe. The total sample (N=413) included 204 inpatient staff and 209 community mental health professionals. Each participant was given the Maslach Burnout Inventory in order to assess level of burnout. When the data was analyzed, there were no significant differences between inpatient and community mental health professionals degree of burnout.

Research on burnout and clinical setting of various mental health professionals has yielded differing results. Findings have shown that, in some cases, setting showed differences in level of burnout among mental health professionals. For example, differences have been found among community and ward staff, community and inpatient services, and private practice and community settings (Dupree & Day, 1995; Jiang et al., 2004; Prosser et al., 1999; Sorgaard et al., 2007). These studies suggest that level of burnout is influenced by the setting in which mental health professionals are employed. Therefore, work setting is an important factor to be examined when studying burnout.

Theory of Personality Factors

Over the years, there has been wide discussion regarding factors contributing to the phenomenon of burnout (Burke & Greenglass, 1989; Harrington, Bean, Pintello, & Mathews, 2001; MacDougall, 2000; Ghorpade, Lackritz, & Singh, 2007). Most research in the past was based upon work by Maslach and Leiter (1997). Maslach and Leiter

(1997) discussed six major influences on burnout. The influences proposed by Maslach and Leiter (1997) included: workload, control, reward, community, fairness, and values. These authors stated that burnout arises from discrepancies between the individual and their work setting in all or some of the areas previously described.

Each of these influences is external to the individual and assumes that the primary triggers of burnout lie in the work environment outside of the individual. The theoretical level has two different schools of thought. The first theory is that burnout is primarily an intrapsychic phenomenon, which simply needs an external trigger to begin as a process. The other theory is the conceptualization that external experiences are the primary reason that individuals experience burnout (Burisch, 2002). The majority of past research has focused nearly exclusively on external experiences while neglecting personal characteristics (Pines, Aronson, & Kafry, 1981). This line of research, however, does not answer the question as to why one individual working under the same conditions as another experiences burn out and the other does not. This leads to a different viewpoint stated by Savicki and Cooley (1983). They proposed that the causes of burnout are likely found both within the individual as well as within the environment. Burisch (2002) expands this to state that because the division between the theories of burnout is rather simplistic, some form of interactionist position may be most reasonable to understand what factors lead to burnout. This interactionist position proposed would focus on work environment and how this affects burnout. Then, personality will be included. Finally, an examination of how work environment interacts with personality to affect burnout will be conducted. A review of literature conducted by Zellars, Perrewe, & Hockwarter (2000)

found evidence supporting both individual and environmental factors contributing to burnout.

For example, significant findings between burnout and demographic characteristics (e.g., age, sex, race) have been reported (Antoniou et al., 2006; Farber, 1985; Maslach & Jackson, 1981; Stevens, 2007; Suzuki et al., 2006; Vredenburg et al., 1999). The work setting has also been an area in which significant findings have been reported (Savicki & Cooley, 1987; Sullivan, 1989; Van Morkhoven, 1998; Vredenburg et al., 1999). Finally, limited research has been conducted in the area of personality and burnout (Bakker et al., 2007; Capner & Caltabiano, 1993; Naisberg-Fennig et al., 1991. Kahill (1988) reported, after an examination of the empirical evidence, that the influence of individual characteristics on burnout had been largely ignored in comparison with research on external influences. The interaction of personality and burnout is important to consider since previous has not ruled out the role of the environment in burnout. It simply has attempted to bring out factors within the organization that contribute to burnout, without taking into account the factors within the individual that can affect burnout. Ghorpade et al. (2007) suggested that more evidence is necessary to declare that personality is a predictor of burnout in workers. More evidence of the effects of personality on burnout and how personality affects burnout in different work settings is highly relevant to using personality to determine the likelihood of an individual experiencing burn out in a particular position.

Burnout is currently envisioned as a response to stress (Cherniss, 1980). Early research contextualized stress in limited physical and biological terms, where humans responded uniformly to stressors. This viewpoint was challenged by Hobfoll (1989), who

concluded that how people respond to challenges from the environment can be seen as a function of their personality.

Personality has been shown to affect work behavior and therefore can play an important role in burnout. Personality can be considered a coping mechanism, a resource that will allow an individual to acquire or save resources, or a deterrent of deviant behavior. Desirable personality traits include conscientiousness, agreeableness, openness, extraversion, and emotional stability (Ghorpade et al., 2007). Spielberger (1972; in Ghorpade et al., 2007) found that stress is lower among individuals with desirable personality traits because these individuals may fail to see demands from the environment, or they may reinterpret the demands as challenge (Kobasa, 1979; in Ghorpade et al., 2007). In this sense, personality could be seen as a coping mechanism. Not only could personality factors be seen as a coping mechanism, but desirable personality traits are considered to be a resource that may reduce stress (Antonovsky, 1976). Personality variables have a history of influencing stress, coping, and health (Penley & Tomaka, 2002).

Before studying the role personality plays in affecting burnout, it was important to identify how personality was to be defined in this research. Maddi (1989) defined personality as a constant set of intrapsychic or internal characteristics that determine psychological behavior. One way to operationally define the concept of personality is using the Big Five or Five Factor Model (Goldberg, 1992). The Five Factor Model (FFM) has been consolidated as the most investigated and empirically supported model of personality (Goldberg, 1992; Goldberg and Saucier, 1995). The FFM resulted from several decades of factor analytic research focusing on trait psychology (Zhang, 2006).

Extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience are known as the big five personality traits in psychology.

The following describes each of the big five personality traits. Extraversion is the first dimension of the FFM. Extraversion refers to such traits as talkative, people-oriented, socially poised, assertive, skilled in play and humor, talkative, warm, and prefer to work with other people (Costa & McCrae, 1985, 1992). Extraverts are described as cheerful, enthusiastic, energetic, and optimistic. Those scoring low in extraversion have been described as quiet, reserved, shy, silent, and withdrawn. Previous research has shown that extraversion has an affective component (Guitierrez, Jimenez, Hernandez, & Puente, 2005). These authors found that extraversion was closely related with positive affect. Positive affect can be described as an enthusiasm toward life. Costa and McCrae (1980) identified that extraversion predisposes individuals toward positive affect. Extraverts appear to exhibit optimism toward the way things will work out. Research by Chen, Popovich, and Kogan (1999) found that optimists report less strain related to work than do pessimists. This could be explained by the fact that optimists undertake more activities to overcome stressful situations than pessimists. Optimists engaged in greater amounts of communication with supervisors, coworkers, family, and friends, and the content of the communication was typically positive in nature (Ghorpade et al., 2007). Ghorpade et al. (2007) suggest that it is reasonable to expect this increased communication with others may reduce perceived role stressors through social support. This is consistent with the findings of Eastburg, Williamson, Gorsuch, and Ridley (1994), who found that individuals higher in extraversion reported higher personal accomplishment.

Ghorpade et al. (2007) suggested that because individuals higher in extraversion tend to be optimistic regarding the future and to exhibit high levels of enthusiasm and energy, it is reasonable to expect those individuals to report lower levels of emotional exhaustion. Also, because individuals higher in extraversion engage in increased interpersonal communications with people and interact more with the people with whom they work and clients they serve better than an individual lower in extraversion may. This leads to the belief that they will be able to perceive the individuality of people, making it less likely that they will depersonalize them.

Similar to extraversion, agreeableness describes the interpersonal aspects of the individual's personality. People high on the agreeableness scale tend to be tolerant, forgiving, kind, generous, soft hearted, sympathetic, compliant, altruistic, trustworthy, trusting, accepting, and they value and respect other people's beliefs and conventions (McCrae & Costa, 1992). McCrae, Costa, and Busch (1986) found that those who score high in agreeableness tend to be charming and giving. Individuals did not demonstrate much hostility or express hostility in a direct way. These individuals are often trusting and influenced more by feelings than by reason (McCrae & Costa, 1992). On the other hand, individuals low in agreeableness tend to have a confrontational and can be described as hostile, indifferent to others, self-centered, and jealous (Digman, 1990).

Agreeableness appears to involve more humane parts of personality including altruism, nurturance, caring, and emotional support and has been described by Goldberg (1990) as the love and warmth dimension of personality (Digman, 1990). This dimension may allow individuals to better cope with clients who are in need of help and with frustrating conditions accompanying efforts to help them. Individuals high in

agreeableness are expected to report lower levels of emotional exhaustion due to these conditions. Because these individuals have a focus on the needs and well-being of others, it is unlikely that they will see others as impersonal objects and demonstrate less depersonalization (Ghorpade et al., 2007).

Finally, because of the willingness to nurture and provide support, and the reliance on feelings, individuals who score higher in agreeableness may use a more subjective gauge of their personal accomplishments (Ghorpade et al., 2007).

People high on conscientiousness tend to distinguish themselves for their sense of purposefulness, responsibility, organization, efficiency, being reliable, self-disciplined, achievement-oriented, rational, and deliberate. They tend to be strong-willed, task-focused, and achievement-oriented (Costa & McCrae, 1992). Mount, Barrick, and Stewart (1998) found that agreeableness was related to better performance in jobs involving interpersonal interactions.

Those high in this dimension see the heart of the problem (Digman, 1990). Conscientious individuals are efficient, hardworking, ambitious, and dependable (Block, 1961). These individuals are likely to utilize active coping mechanisms such as organizing and planning. This increases the likelihood of handling stressful situations effectively (Lefcourt, Martin, & Ebers, 1981). Therefore, individuals scoring high in this dimension are expected to report lower levels of emotional exhaustion (Ghorpade et al., 2007).

Research findings suggest that conscientiousness includes elements of Rotter's (1966) locus of control variable. Those with an internal locus of control have been found to perceive less role conflict than those with an external locus of control (Spector, 1988).

This could be due to the fact that they are adept at organizing and planning for alternative solutions to difficulties. These findings regarding conscientiousness indicated that those who are high in this dimension are likely to achieve more due to their ambition and perseverance. These qualities drive them to attempt to actively resolve problems encountered while on the job. These efforts are likely to lead to greater personal accomplishment. However, the focus that these individuals have on being efficient may encourage them to spend less time with individuals and to encourage higher depersonalization (Ghorpade et al., 2007).

Neuroticism is the opposite of emotional stability. Measures of neuroticism are primarily focused on psychological distress (Watson & Clark, 1984). Because neuroticism is strongly related to the negative affective trait, individuals high on neuroticism are inclined to experience such negative feelings as emotional instability, anxiety, tension, self-pity, hostility, impulsivity, self-consciousness, irrational thinking, depression, embarrassment, guilt, pessimism, and low self-esteem. They may experience nervous tension, depression, frustration, guilt, and self-consciousness. These traits are often associated with somatic complaints and ineffective coping (Costa & McCrae, 1987). Neuroticism has been measured by how often an individual seeks reassurance, expresses self-defensive statements, or appears essentially anxious (Block, 1961). Those low in neuroticism, otherwise referred to as emotionally stable, are perceived to be calm, even tempered, and relaxed (McCrae & John, 1992). These individuals remain composed during pressure situations and accept difficulties without becoming upset. Given these traits, it was expected that individuals who scored higher on neuroticism would report greater emotional exhaustion.

Individuals high in neuroticism are also more aware of signs of trouble and tend to increase the frequency of severity of physical complaints (Watson & Pennebaker, 1989). The tendency to expect the worse, along with defensive reaction and episodes of frustration make it probable that individuals high in neuroticism will perceive and report fewer personal accomplishments (Ghorpade et al., 2007).

People scoring high in neuroticism have demonstrated higher reactivity to demands of work than those who score lower in this factor (Parkes, 1990). Previous studies by Costa & McCrae (1985) have indicated that individuals higher in this factor have a higher likelihood of experiencing negative consequences such as low self-esteem, insecurity, anxiety, and depression possibly because neuroticism increases one's susceptibility or responsiveness to negative stimuli. This increased susceptibility to one's environment, along with tendencies to present as anxious and insecure, makes it likely that individuals scoring high on neuroticism will blame others for anxiety. This blame is likely to increase the tendency to depersonalize others (Ghorpade et al., 2007).

Individuals who are high on openness to experience are characterized by open-mindedness, curiosity, insight, flexibility, originality, active imagination, preference for variety, and independence of judgment. They can be characterized as having a broad awareness and need to explore experiences for deeper meanings (McCrae & Costa, 1991). Individuals who are open tend to experience both the good and bad more intensely, but they are not biased toward the experience of either positive or negative emotions (McCrae & Costa, 1984). Rather, openness seems to intensify the experience of both kinds of affect and has an influence on overall well-being of individuals (McCrae & Costa, 1991). Because open individuals tend to be very aware of their environment, they

may be more aware of stressors in the complex environment of some jobs (e.g., teaching, medical professions, mental health). Due to the tendency to be willing to try new things, to have more positive attitudes toward learning and experiencing, and to look for deeper meanings of experiences, it is expected that individuals higher in openness are likely to perceive challenges arising from role stressors on the job as opportunities for growth. This would lead to open individuals to report less emotional exhaustion and greater personal accomplishment. The tendency these individuals have to empathize with others makes it less likely that they will depersonalize clients (Ghorpade et al., 2007).

Critique of Previous Research

The following section includes a critique of previous research that studied burnout and personality factors, demographic variables, and work settings among various professions.

Critique of burnout research focusing on personality factors

Previous research has studied burnout and personality among teachers, medical professionals, and mental health professionals. However, the focus of this study is to examine personality factors and how they affect burnout specifically among professional counselors. Therefore, the purpose of this critique is to find limitations of previous research that may be remedied in the current study.

There were a limited amount of studies which examined burnout and personality factors among mental health professionals. Several of these studies were limited by a small sample size (Bakker et al., 2007; Capner & Caltabiano, 1993; Naisberg-Fennig et

al., 1991). The sample sizes in these studies ranged from 49 and 81 participants. The instruments used to study examining personality factors and burnout varied as well. The Maslach Burnout Inventory was the primary instrument used in these studies to measure burnout. However, the instruments used to measure personality factors were different for each study. Bakker et al. (2007) utilized the Five Factor Personality Measure to measure the Big Five personality factors. Leon et al. (2008) used the Big Five Inventory with those working in residential treatment to measure personality factors. Naisberg-Fennig et al. (1991) studied personality characteristics, but used a repression-sensitization scale, a self-control schedule, and an anxiety scale. Another limitation included the fact that participants in these studies consisted of a variety of mental health professionals. These studies examined professional and volunteer helping professionals, psychologists, psychiatrists, and those working in residential treatment facilities (Bakker et al., 2007; Capner & Caltabiano, 1993; Leon et al., 2008; Naisberg-Fennig et al., 1991). However, none of these studies specifically examined professional counselors. This lack of research focusing on professional counselors reflects a need to fill a gap in the literature.

This is particularly important because professional counselors' identity, training, specialization, credentials, and professional associations are unique when compared to other helping professions. The American Counseling Association (1997) defines professional counseling as "the application of mental health, psychological, or human development principles through cognitive, affective, behavioral, or systematic intervention strategies that address wellness, personal growth, or career development, as well as pathology." Counselors also focus on a strength-based perspective in the counseling process, emphasizing a client's abilities and assisting a client in using those

abilities to cope with life changes and challenges. Generally speaking, professional counseling is the process whereby specially trained individuals provide academic, career, or vocational guidance, provide problem-solving support and expertise, provide support and/or expertise specific to certain biological threats, or provide support and expertise to individuals, families, and communities as they strive toward optimum wellness. Finally, most importantly, the counseling process is a cooperative and collaborative interaction and uses this relationship to help clients explore themselves and their situations, gain a clearer understanding of both, and then try out appropriate actions (Hansen, Rossberg, & Cramer, 1994).

One differentiating factor between counselors and other mental health professionals is the aspect of training. Goodyear (2000) identified the implementation of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) to accredit counseling programs as a factor in differentiating counselors from psychologists and other mental health professionals. The implementation of CACREP for counseling programs has created specific requirements for graduating students to attain in order to become eligible for counselor licensure.

Counselors' specialization determines their employment settings and the credentials they must hold to practice in those settings. Counselors are licensed by the state in which they practice, and may also seek certification, for example by the National Board for Certified Counselors. Requirements for attaining a license to practice counseling varies from state to state, however, the master's level is the standard educational requirement for qualifying for licensure.

Counselors also differ in which professional organization the majority of practitioners belong to, which is the American Counseling Association. However, those trained as marital, couple, and family counselors often affiliate with the American Association for Marriage and Family Therapy (AAMFT). Prior to the establishment of ACA, many counselors may have belonged to the American Psychological Association (APA). However, since ACA is the main professional organization for the counseling profession, most that identify as professional counselors, rather than counseling psychologists, belong to this organization (Gale & Austin, 2003).

Critique of research on burnout and demographic variables

Previous researchers have examined the relationship between the contribution of demographic variables and level of burnout experienced by mental health professionals. These studies considered demographic variables such as years of professional experience, sex, age, marital status, and race. Previous studies found mixed results when examining sex and burnout (Dupree & Day, 1995; McDermott, 1984; Van Morkhoven, 1998; Oppenheim, 1987; Vredenburg et al., 1999). For example, Comerchero (2008) found that being female was correlated with higher Emotional Exhaustion scores. This differs from the findings of Vredenburg et al. (1999), who found that male sex was related to higher scores on the Maslach Burnout Inventory. The differing findings suggest that it is important to further study some demographic variables to provide evidence that they may or may not be a risk factor for mental health professionals in getting burned out.

Another limitation of some the previous research in this area is the use of unsophisticated statistical analyses. T-tests were used by Van Morkhoven (1998) to compare means of the sample of Texas psychologists that was being studied. Jiang et al.

(2004) also utilized t-tests to examine demographic variables thought to be related to burnout. This is a relatively weak method of statistical analysis and could be corrected in future research.

This research also focused on the professions of social work, psychology, psychiatry, and the general profession termed therapists. Various instruments were also used in these studies. Some of the studies used the Maslach Burnout Inventory to assess level of burnout in the mental health professionals studied. The Maslach Burnout Inventory appears to be the most popular instrument used to measure burnout among mental health professionals, as well as other professionals. There has been some research that has used different measures that are not as widely popular or as reliable as the Maslach Burnout Inventory. Instruments such as the Life and Work questionnaire, a self-designed questionnaire, and the Gillespie-Numerof Burnout Inventory have been used to measure amount of burnout experienced among mental health professionals (Gillespie & Numerof, 1991; McDermott, 1984; Weinberg, Edwards, & Garove, 1983). In many of these studies, demographic variables were not a primary variable to be studied, but rather a secondary analysis. This study utilized the most popular method of measuring burnout, the MBI-HSS (Maslach, 1976).

Critique of research on burnout and work setting

There have been several studies that examined the relationship of work setting to burnout among mental health professionals. Certain studies were concerned with aspects of the organization itself, such as restricted freedom and flexibility, planning, efficiency, and amount of client contact (Savicki & Cooley, 1987; Sullivan, 1989). Savicki & Cooley (1987) examined the relationship of the actual environment of work and found that

burnout was lower in those settings in which workers were strongly committed, relationships with co-workers were encouraged, and there were supportive relationships between supervisor and supervisee. These variables are related to the work environment, but not to different work settings such as inpatient, outpatient, residential treatment facilities, private practice, and day-treatment/partial hospitalization. Some studies have examined the impact of work setting on burnout, but did not utilize counselors as their primary sample in their studies (Sullivan, 1989; Van Morkhoven, 1998; Vredenburgh et al., 1999). These studies examined practitioners in government agencies, school systems, administrative jobs, private practice, and hospital settings. These studies were also conducted utilizing workers in the fields of psychology, health services, social welfare, and general mental health (non-specified). Findings yielded from these studies suggest that work environment does have an impact on level of burnout. For example, Van Morkhoven (1998) compared professionals working in state/government agencies, school systems, university faculty, and private practice. Results found that those working in state/government agencies, and school systems experienced a higher level of burnout than those who worked as university faculty or in private practice.

Another study by Vredenburgh et al. (1999) found that those working in private practice reported lower levels of burnout and practitioners in hospital settings reported the highest levels of burnout. Although there is literature examining work setting and how it affects mental health professionals, there is a lack of literature pertaining to professional counselors and this limits the amount of generalizability of these studies to counseling professionals. This is due to the fact that counselors have different work roles, training, philosophy, and possibly personality or demographic characteristics than other

mental health professionals. Another weakness is that the majority of these studies did not use national samples. The samples used were state or local samples, which limited the generalizability of these studies as well (Carney et al., 1993; Dupree & Day, 1995; Sturges & Poulson, 1983).

Research Questions and Rationale for the Research Approach

The following section includes the three separate research questions examined in the present study as well as the rationale for the research approach taken in order to complete the present study.

1. Does degree of burnout differ among counselors working at different clinical work settings?
2. Does degree of burnout differ among counselors reporting differences in years of experience, sex, or race?
3. Is degree of burnout among counselors related to personality factors (e.g., agreeableness, extraversion, conscientiousness, neuroticism, openness to experience)?

Given the importance of investigating burnout among mental health professionals, and the weaknesses of prior empirical studies, this research project attempted to improve upon previous research designs. As discussed in the previous section, prior research conducted to study burnout has been limited by small sample size, weak statistical analyses, conflicting results, and a lack of emphasis on professional counselors as the

sample population. The current study attempted to address the weaknesses of previous studies.

A descriptive approach was used to examine whether personality variables predict a significant degree of variance in self-reported burnout. This method was appropriate since the purpose of this research was to explore relationships between variables, and when the researcher has no direct control over the variables being studied (Kachigan, 1991; Mertler & Vannatta, 2005). In addition, a between-groups differences approach was used in the examination of differences in burnout among various demographic characteristics and work settings. Because the independent variables (demographic characteristics and work settings) could not be manipulated among different groups being studied, a between-subjects design was indicated (Newman & Newman, 1994). The MBI-HSS, which consists of three subscales, was used to measure burnout in these individuals since it has been the most often used and well-documented measure of burnout found in the literature. Participants included only professional counselors and were measured using an online survey, which collected data about personality variables, demographic variables, and level of burnout on a national level.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine whether the variables of clinical setting (i.e., inpatient, non private practice outpatient, and private practice), demographic characteristics (e.g., years of professional experience, sex, race), and personality factors (e.g., extraversion, neuroticism, openness to experience, agreeableness, conscientiousness) had an effect on burnout, as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS; Maslach, 1996). This was achieved by analyzing data collected from a national online sample of professional counselors. This chapter provides an overview of the research questions, a description of the variables, and an overview of the research design for the study.

Null Hypotheses

The following section includes each of the null hypotheses that were examined in the present study. This section also includes the directional hypotheses of the present study.

Null Hypothesis One

There is no statistically significant group difference in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors working in inpatient, non private practice outpatient, or private practice outpatient settings as primary work setting.

Directional Hypothesis One

Based on the work of Van Morkhoven (1998) and Vredenburgh et al. (1999) it was expected that those primarily working in inpatient settings would experience the highest level of burnout. Additionally, it was expected that those working primarily in private practice would experience the least amount of burnout.

Null Hypothesis Two

There will be no statistically significant group difference in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors reporting differences in years of experience, sex, or race.

Directional Hypothesis Two

Demographic variables will influence burnout. Professional counselors with more years of experience will experience less burnout, as will males, and African American practitioners. Studies by Van Morkhoven (1998), Vredenburgh et al. (1999), and Ackerley (1988) found that less experienced practitioners displayed more burnout than those with more experience. Other research by Maslach and Jackson (1985) found that females experienced significantly less burnout than their male counterparts. Finally, research Salyers and Bond (2001) found that Caucasians experienced significantly higher burnout than African Americans.

Table 1

Hypotheses

Hypotheses	Dependent Variables	Independent Variables
<p>Null Hypothesis One: There is no statistically significant group difference in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors working in inpatient, non private practice outpatient, or private practice outpatient settings.</p>	<p>Subscales of the Maslach Burnout Inventory – Human Services Survey (Quantitative Variables)</p> <ol style="list-style-type: none"> 1. Emotional Exhaustion 2. Depersonalization 3. Personal Accomplishment 	<p>Work Setting</p> <ol style="list-style-type: none"> 1. Inpatient 2. Outpatient 3. Private Practice
<p>Null Hypothesis Two: There will be no statistically significant group difference in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors reporting differences in years of experience, sex, or race.</p>	<p>Subscales of the Maslach Burnout Inventory – Human Services Survey (Quantitative Variables)</p> <ol style="list-style-type: none"> 1. Emotional Exhaustion 2. Depersonalization 3. Personal Accomplishment 	<p>Demographic Variables</p> <ol style="list-style-type: none"> 1. Years of Experience (e.g., 0-4, 5-9, 10-15, 15 or more) 2. Sex (e.g., female, male) 3. Race (e.g., Black/African American, White/European American)
<p>Null Hypothesis Three: Personality factors (as measured by the IPIP-B5) will not account for a statistically significant degree of variance in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors.</p>	<p>Subscales of the Maslach Burnout Inventory – Human Services Survey (Quantitative Variables)</p> <ol style="list-style-type: none"> 1. Emotional Exhaustion 2. Depersonalization 3. Personal Accomplishment 	<p>Personality Factors (FFM)</p> <ol style="list-style-type: none"> 1. Extraversion 2. Agreeableness 3. Openness to Experience 4. Neuroticism 5. Conscientiousness

Null Hypothesis Three

Personality factors (as measured by the International Personality Item Pool – Big Five; IPIP-B5) will not account for a statistically significant degree of variance in degree of burnout (as measured by the Maslach Burnout Inventory) among professional counselors.

Directional Hypothesis Three

Personality factors will account for a significant degree of variance in burnout among professional counselors. Based on previous research, personality factors have shown to serve as a protective factor against burnout (Bakker, Van der Zee, Lewig, & Dollard, 2007). It is expected that the personality factor of agreeableness, when scored high, will relate to lower degrees of burnout in counselors (Cano-Garcia et al., 2005). Research by Jenson (2008) also found that high scores on neuroticism was a significant predictor of emotional exhaustion. However, Thomas (2004) suggested that there is not sufficient data to support the use of personality factors to identify professionals at-risk for burnout. Thomas suggested it is necessary to obtain more rigorous data in order to understand and predict burnout.

Participants and Delimitations

Participants in the present study included a convenience sample of voluntary professional counselors. The participants consisted of counselors who were members of counseling associations across the United States of America. The sample population in this study was delimited to persons who identified as professional counselors. A

professional counselor was considered an individual who required a specific state license to practice counseling in the United States. Examples of licensure categories that were included in this study were Professional Counselor (PC), Licensed Professional Counselor (LPC), Professional Clinical Counselor (PCC), and Licensed Clinical Professional Counselor (LCPC). Only those who held a professional counseling credential were considered as participants. Further, the professional counselors included in this study were delimited to those who worked in one of the following three settings: Inpatient (including partial hospitalization and residential) settings, non private practice outpatient settings, and private practice outpatient settings. For purposes of inclusiveness and in order to generalize the sample population, participants were not delimited based on the type of graduate degree received (e.g., community counseling, marriage and family counseling, rehabilitation counseling, etc.), the level of degree (master's or doctoral degree), age, sex, income, or other demographic characteristics.

A total of 340 professional counselors were recruited for participation in this study. In terms of counseling license held, 56% of the participants held a Professional Counselor (PC) license ($n = 192$), and 44% held a Professional Clinical Counselor (PCC) license ($n = 148$). Seventy-seven percent of counselors sampled held at least a Masters degree ($n = 261$), and 23% held a Doctorate degree ($n = 79$). Counselors also indicated their specialty area for their highest counseling related degree. 64% of this sample indicated the specialty area of Community Counseling as their specialty area ($n = 216$), 16% of the sample indicated Counselor Education and Supervision as their specialty area ($n = 53$), 10% indicated a specialty area of Marriage and Family Counseling ($n = 32$), 7% of the sample indicated Drug and Alcohol Counseling as their specialty area ($n = 22$),

and 3% of those sampled indicated Rehabilitation Counseling as their specialty area ($n = 9$). In terms of sex, 75% of the participants identified as female ($n = 246$), 25% indicated that they were male ($n = 86$). Regarding race, 85% of participants self-identified as White/European American, 11% self-identified as Black/African-American, 2% self-identified as Native American/American Indian/Alaskan Native ($n = 2$), and 2% self-identified as Hispanic/Latin American ($n = 6$). Counselors were also surveyed regarding their years of counseling experience. In terms of years of counseling experience, 30% of counselors indicated 0-4 years of experience, 23% indicated 5-9 years of experience, 16% indicated 10-14 years of experience, and 31% indicated 15 years or more of experience. Finally, counselors were surveyed regarding the percentage of time spent providing direct service each week on average. 40% of counselors indicated that they spent less than 50% of their time providing direct service hours ($n = 131$), and 60% indicated that they spent more than 50% of their time providing direct service hours ($n = 201$).

In order to determine external validity of the sample for the present study, information was obtained from the National Mental Health Information Center (NMHIC, 2002). Information obtained from these sources indicated that there were about 111,930 mental health professionals practicing in the field of counseling in the United States in 2002. Of these counselors, 31,341 were male and 80,590 were female. This distribution of counselors based on sex was similar to the amount of participants of each sex in the present study. The National Mental Health Information Center also provided information regarding self-identified race of counselors. This data was provided by the National Board for Certified Counselors. Caucasian counselors accounted for 85.1% of male counselors included in the National Mental Health Information Center data while

Caucasian counselors accounted for 82.6% of female counselors. Also, only 3.8% of male counselors self-identified as African American and 4.2% of female counselors self-identified as African American. The race of counselors across the United States is similar to the results found in the present study. No information could be found relating to years of counseling experience in order to determine the external validity of the present sample.

Table 2

Frequency Distributions for Demographic Variables and Work Setting

Variables		Frequency	Percent
Sex	Female	246	74.1%
	Male	86	25.9%
Race	Caucasian	294	11.4%
	African	38	88.6%
	American		
Years of Experience	0-4 Years	99	29.8%
	5-9 Years	77	23.2%
	10-14 Years	52	15.7%
	15 + Years	104	31.3%
Work Setting	Inpatient	54	16.3%
	Outpatient	197	59.3%
	Private Practice	81	24.4%

Prior to data collection, a power analysis was conducted to determine the sample size necessary for this study to achieve a desired power of .80 or above, an alpha level set at .05, and a hypothesized medium effect size (Cohen, 1992). Based on Cohen's (1992) statistical power analysis configurations, in order to achieve adequate power to test null

hypotheses one and two (using MANOVA), a minimum of 156 participants were needed. In order to achieve adequate power to test null hypothesis three (using canonical correlation), a minimum of 91 participants were needed. Complete data from 340 participants were gathered for the present study. Table 2 includes frequency distributions for the demographic variables and work settings included in the present study (see Table 2).

Description of Independent and Dependent Variables

In order to test null hypothesis one, the independent variable was professional work setting. Work setting was a categorical variable with three categories: inpatient or partial hospitalization settings, non private practice outpatient settings, and private practice outpatient settings. Inpatient settings included residential treatment facilities, inpatient, or partial hospitalization. Non private practice outpatient included community mental health centers or college counseling centers, among others. Finally, private practice outpatient included private practice or independent practice settings. These categories were chosen after an examination of past research that showed differences in burnout among mental health professionals working in various settings who were not professional counselors (Dupree & Day, 1995; Jiang et al., 2004; Prosser et al., 1999; Van Morkhoven, 1998; Vredenburg et al., 1999). When working in each of these particular settings, counselors may be faced with different client populations and work with different diagnoses. For null hypothesis one, the dependent variable was the degree of burnout experienced as measured by the Maslach Burnout Inventory-Human Services

Survey. The dependent variable consisted of quantitative variables. The MBI-HSS was chosen because of its prominent use in previous research. The MBI-HSS consists of three subscales that measure different aspects of burnout: depersonalization, emotional exhaustion, and personal accomplishment. Dependent variables consisted of the three subscales of the MBI-HSS. Group differences were determined using multivariate analysis of variables (MANOVA).

In order to test null hypotheses two, the independent variables consisted of demographic factors. The independent variables were years of experience, sex, and race. Years of experience, sex, and race were categorical variables. Years of experience was defined as the amount of years the individual has been functioning as a professional counselor. Sex was the sex of the professional counselor. Race was the self-identified race of the professional counselor. For null hypothesis two, the dependent variable was the degree of burnout experienced as measured by the subscales of the MBI-HSS. The dependent variable was a quantitative variable. Group differences were determined using multivariate analysis of variables (MANOVA).

In order to test null hypothesis three, the independent variables consisted of five personality factors as measured by the IPIP-B5, each of which were quantitative variables. The IPIP-B5 is a widely used personality measure that measures personality using the Five Factor Model. These personality factors include extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. Past research has indicated that personality factors account for variance in degree of burnout (Bakker et al., 2007; Cano-Garcia et al, 2005; Jenson, 2008; Leon et al, 2008; Teven, 2007). For null hypothesis three, the three subscales of the Maslach Burnout Inventory were the

dependent variables. These dependent variables were quantitative variables. Group differences were determined using canonical correlation.

Research Design and Procedures

In order to test null hypothesis one, a causal-comparative research method was used. Similar to null hypothesis one, in order to test null hypothesis two, a causal-comparative research design was used. In order to test null hypothesis three, a canonical correlation analysis was employed. Canonical correlation analysis is a multivariate statistical model which facilitates the study of interrelationships among multiple dependent variables and multiple independent variables (Chacko, 1986). In correlational analyses the researcher does not have control over the variables being studied (Kachigan, 1991) because the variables are considered to be random.

The study was conducted utilizing an online survey. The survey was distributed to one local, one state, and one national counseling list serv. The total of subscribers of each of the three list servs is unknown. It is also not known whether the online survey e-mail reached the subscriber's e-mail inbox or spam message folder. Therefore, a survey response rate was not possible to be obtained for the present study. These list servs are intended for those who identify as both professional counselors, as well as students in counseling degree programs. The intended audience of this was licensed professional counselors (excluding students and/or counselor trainees). An email was dispersed on the listserv to solicit participants. This email included information about the study and a request for participation in the study. Included within this email was a link to the site

hosting the survey. The first page included an informed consent document. This informed consent document included the nature of the survey, the relevant risks, benefits, and uncertainties related to the survey, and an acceptance of participation by the individual. The survey itself included a demographic questionnaire seeking information about years of experience, sex, race, license held, specialty area, and work setting. Participants were also completed the IPIP-B5 as well as the MBI-HSS. The estimated completion time of the entire survey was approximately 15-20 minutes. Examples of the survey and instruments may be found in the appendices (see Appendices A, B, C, and D).

Data Analyses

In this study, data was collected and analyzed in order to test the three null hypotheses. The researcher utilized the Statistical Package for Social Sciences (SPSS) software for data entry and statistical analyses. First, descriptive statistics were obtained for all demographic, independent, and dependent variables. Descriptive statistics included means, standard deviations, and ranges for all variables included in the study.

In order to test null hypotheses one and two, multivariate analysis of variance (MANOVA) was utilized. MANOVA is a statistical technique used to determine whether groups differ on more than one dependent variable (Gall, Gall, & Borg, 2003). The advantage of using a multivariate analysis of variance rather than a univariate analysis of variance is the inclusion of multiple dependent variables. Four basic assumptions underlie multivariate analysis of variance. First, observations within each sample must be randomly sampled and independent of one another. Second, the observations on all

dependent variables must follow a multivariate normal distribution in each group. Third, the population covariance matrices for the dependent variables in each group must be equal (assumption of homoscedasticity). Finally, the relationships among all pairs of DVs for each cell in the data matrix must be linear. If any of these basic assumptions are found to be violated, statistical procedures may be employed in order to transform data (Mertler & Vannatta, 2005). Prior to conducting the factorial MANOVA for both null hypotheses one and two, the data was screened for accuracy, missing data, extreme values or outliers, and adherence to the basic assumptions underlying the MANOVA. MANOVA was then conducted to test the significance of group differences in burnout among different work settings (null hypothesis one) and demographic characteristics (null hypothesis two).

In order to test null hypothesis three, a canonical correlation analysis was utilized. Canonical correlation analysis is a multivariate statistical model that facilitates the study of interrelationships among sets of multiple dependent variables and multiple independent variables. Canonical correlation analysis is the most general case of the general linear model. Canonical correlation analysis identifies components of one set of variables that are most highly related to the components of the other set of variables. Canonical correlation involves the derivation of a linear combination of variables from the sets of independent and dependent variables so that correlation between the two sets of variables is maximized (Chacko, 1986).

The variables that were examined utilizing each of these statistical methods included the three subscales of the Maslach Burnout Inventory (depersonalization, emotional exhaustion, personal accomplishment), the Big Five Personality Factors as identified by the IPIP-B5 (neuroticism, extraversion, openness to experience,

agreeableness, and conscientiousness), demographic variables (race, sex, years of experience), and three different work settings (inpatient, outpatient, private practice). Depersonalization, emotional exhaustion, and personal accomplishment were the dependent variables for all three research hypotheses and were quantitative in nature. The Big Five Personality Factors were qualitative in nature. Demographic variables were categorical variables. Finally, the three different work settings were also categorical variables.

Instruments

The following section describes the instruments that were utilized in the present study. These instruments included an informed consent form, a measurement of demographic characteristics, a measurement of personality factors, and a measurement of degree of burnout experienced.

Informed Consent Form

An informed consent form was the first instrument provided to the participants (see Appendix A). The purpose of informed consent was to provide the participants with written communication regarding their informed, voluntary choice to participate in this research study. The informed consent described the title of the study, information about the researcher, the purpose of the study, procedures used, risks, discomforts, and benefits of the study, information regarding the right to refuse to participate or withdraw from the study, efforts that were taken to maintain participant confidentiality and confidentiality of

their data, contact information should the participants have any questions, and a statement regarding voluntary agreement to participate in this study.

Measurement of Demographic Characteristics

Demographic information about participants was gathered from the completion of a demographic questionnaire developed by the researcher. There was one demographic questionnaire utilized for all participants (see Appendix B). This demographic questionnaire included questions related to the following variables: years of experience, sex, self-identified race/ethnicity, type of counseling license held, highest degree held, and specialty area for degree.

Measurement of Personality Factors

In order to measure personality factors, the International Personality Item Pool Big Five (IPIP-B5) was utilized. The International Personality Item Pool Big Five is a public-domain personality measure. The IPIP was first introduced during the eighth annual European Conference on Personality in 1996 (Goldberg, 1999). The driving force behind the IPIP was a perception that the science of personality assessment had been progressing incredibly slowly since the initial personality inventories were developed over 75 years ago (Goldberg, 1999). Goldberg (1999) suggested placing a set of personality items in the public domain that would allow researchers to become free from constraints imposed by copyrighted personality inventories. With the IPIP, researchers are free to use the items in the IPIP in any way they see fit. The items can be readily accessed from the IPIP web site at <http://ipip.ori.org/>.

The IPIP has grown from an initial set of 1252 items to over 2,000 items, and each year there are new sets of items added (Goldberg, Johnson, Eber, Hogan, Ashton,

Cloninger, Gough, 2006). Since the inception of the IPIP, portions of the item pool have been translated into 28 different languages. The common format for IPIP items uses a short verbal phrase, which is more contextualized than a single trait adjective. For example, “Dislike being the center of attention; Enjoy the beauty of nature; Get upset easily.”

The scale construction procedure used by Goldberg (1999) is described on the IPIP web site as a process combining empirical, rational-intuitive, and psychometric methods. The following describes the stages.

The first step in the scale construction of the IPIP was for all items to be correlated with each of the original inventory scales, using a sample that had responded to both item pools. When the original scales are part of a multi-scale inventory, each IPIP item is categorized by the scale with which it has its highest correlation. IPIP items were also rank-ordered within each of the resulting categories by the size of the correlations. This ensured that all IPIP items selected for a scale correlate more highly with its criterion scale than with any of the others (Goldberg et al., 2006).

Next, the K highest positively correlating IPIP items and the K highest negatively correlating IPIP items were selected for the preliminary scale. K was $\frac{1}{2}$ the number of items desired for the final scale. If the correlations with the original scale were considerably higher within the set correlating positively than were the correlations within the set correlating negatively, the criterion for equal numbers of positively and negatively keyed items was relaxed. This was achieved by attempting to balance equal keying direction with high strength of association (Goldberg et al., 2006).

In the third stage, the content of the IPIP items was examined. When examining the content of the items, any item pairs that were essentially identical in content, and the lowest correlating item from these pairs was omitted. If any of the items were omitted using the redundancy criterion, then another item from the set of most highly correlating IPIP items was added. At this stage, the content of selected items was examined to determine if they told a coherent story. Any item that did not seem to monitor the major story-line was omitted, and a new item from the set of most highly correlating items was added (Goldberg et al., 2006).

The fourth stage involved a standard reliability analysis of items in the scale. Any item added to the scale that lowers the coefficient alpha reliability of the resulting scale was omitted. In place of this omitted item, another item from the set of most highly correlating items was appraised. This was continued until alpha was as high as is reasonable to be expected, without sacrificing breadth of content. The resulting IPIP scales from this method of creation is always labeled as preliminary. This is due to the fact that the items should be able to be improved by using more sophisticated procedures or by adding new items which prove to be more valid indicators of the constructs being measured (Goldberg et al., 2006).

The 50-item IPIP Big Five representation of the domain constructs of the Five Factor Model, as described by Costa & McCrae's (1992) revised NEO personality inventory (NEO-PI-R) was selected for use in this study. There are a number of reasons why this particular instrument was selected.

First, the NEO-PI-R is a widely used inventory. There is a great deal of literature on the extent to which the constructs related to various behavioral criteria. The scales of

the NEO-PI-R have proven to be useful tools in a number of applied fields. The IPIP contains scales that have been shown to correlate highly with the corresponding NEO-PI-R domain scores, with correlations ranging from .54 to .92 when corrected for unreliability (IPIP, 2001). The IPIP-B5 scales also outperformed the NEO-PI-R versions of the same constructs as predictors of many of the clusters of self-reported behavioral acts (Buchanan, Johnson, & Goldberg, 2005). Second, the IPIP-B5 representation is freely available in the public domain (Goldberg, 1999). Finally, the instrument is relatively brief. Web experiments are subject to high dropout rates, partly due to the fact that it is easier to leave a web experiment than one conducted in a traditional environment (Musch & Reips, 2000). It is likely that longer questionnaires (such as one that includes an extensive personality inventory followed by additional questions addressing other topics of interest) may lead to a larger amount of people abandoning the study (Knapp & Heidingsfelder, 2001). This issue is potentially serious because of the possibility of selective dropout. It is likely that those who drop out early differ from those who complete the survey on the traits of conscientiousness and patience. This may limit generalizability of findings and bias the study results. Due to this, short scales are more desirable for online use (Buchanan et al., 2005).

Studies have compared the IPIP-B5 to the various NEO personality inventories in an effort to establish the instrument. Lim and Ployhart (2006) compared the IPIP-B5 measure to the NEO-Five Factor Inventory using a sample of 353 students. Using structural equation modeling to conduct the analyses, Lim and Ployhart examined the convergent and discriminant validity of the scores on the IPIP-B5 against the NEO-Five Factor Inventory. Lim and Ployhart tested several aspects of the factor structure of the

IPIP-B5 and the NEO-Five Factor Inventory. First, the five-factor structure of the IPIP-B5 scales was tested using confirmatory factor analysis. This was conducted in order to provide further evidence for the construct validity of the scores on each of the scales. Lim and Ployhart also compared the factor structure of the IPIP-B5 scales to the NEO-Five Factor Inventory using multitrait-multimethod analysis. Multitrait-multimethod analysis allows the specification and testing of a hierarchically nested set of model to determine the best fitting model. It also allows the degree of convergent and discriminant validity to be tested. The NEO-Five Factor Inventory was used to determine the construct and discriminant validity of the IPIP-B5 because the NEO-Five Factor Inventory has been widely used in research and practice. Additionally, the NEO-Five Factor Inventory is of comparable length to the IPIP-B5. Confirmatory factor analysis was first used to fit one-factor models for each personality factor of the IPIP-B5 at the item level. For each factor, Lim and Ployhart conducted five sets of confirmatory factor analyses. To allow for comparisons, these confirmatory factor analyses were repeated for the NEO-Five Factor Inventory subscales. Using two sets of confirmatory factor analyses at the parcel level, one for each measure, found that the models demonstrated a good fit to the data and that they had identical fit indices. This allowed Lim and Ployhart to conclude that the latent structures of both measures were acceptable. Multitrait-multimethod analysis yielded sixteen hierarchically nested models that were specified and tested. Based on the multitrait-multimethod analysis conducted by Lim and Ployhart, it was concluded that there was evidence of discriminant validity. Lim and Ployhart were able to find a reasonably good fit for the five-factor model underlying the IPIP-B5 subscales in their

sample as well as provide evidence for the convergent and discriminant validity of the IPIP-B5 scales and interchangeability of it with the NEO-Five Factor Inventory.

In order to further ascertain the construct validity of this study, Pearson correlation was conducted using SPSS to determine how the IPIP-B5 subscales correlated with one another. Results of the correlation analysis showed that neuroticism was significantly correlated with extraversion ($r = -.41, p < .01$), agreeableness ($r = -.38, p < .01$), and conscientiousness ($r = -.45, p < .01$). No significant correlation existed between neuroticism and openness to experience ($r = -.04, p > .05$). Results of the correlation analysis for extraversion showed that extraversion was significantly correlated with neuroticism ($r = -.41, p < .01$), openness to experience ($r = .22, p < .01$), agreeableness ($r = .22, p < .01$), and conscientiousness ($r = .21, p < .01$). Correlation analysis was also performed for openness to experience and results showed that openness to experience was significantly correlated with extraversion ($r = .22, p < .01$) and agreeableness ($r = .19, p < .01$). No significant correlation was found between openness to experience and conscientiousness ($r = .04, p > .01$). Finally, results showed that agreeableness was significantly correlated with conscientiousness ($r = .25, p < .01$). Overall, the subscales of the IPIP-B5 correlated significantly and in the expected directions: however, the correlations were not so high that they suggested the subscales measured the same constructs.

Gow, Whiteman, Pattie, and Deary (2005) conducted a study to analyze the internal consistency and concurrent validation of the IPIP measure. Three different adult samples ($N=906$) were used in the study. Students, volunteers, and members of the Lothian Birth Cohort 1921 were studied to determine the overall measure of sampling

adequacy. For students, this number was .074 with the item values within acceptable limits. All 10 extraversion items loaded over 0.3 on the same factor, as did the emotional stability items. Nine of the agreeableness items loaded on the same factor with one item loading with the extraversion items. The 10 conscientiousness items loaded together. Nine of the intellect items had their highest loading on the same factor. The overall measure of sampling adequacy for the volunteers was .80 and all individual items' measure of sampling adequacy were above acceptable levels. The 10 emotional stability items loaded highest on the same factor. All the intellect, extraversion, and agreeableness items loaded together. Nine of the conscientiousness items loaded together while one item loaded highest with the emotional stability items. Finally, the Lothian Birth Cohort 1921 had an overall measure of sample planning of 0.85 with all individual items' measure of sample planning above acceptable levels. Emotional stability items loaded onto the same factor. For extraversion, conscientiousness, and intellect, nine of the items had their highest loading on the appropriate factor. Six of the agreeableness items loaded together (Gow et al., 2005). In each of the samples in Gow et al.'s (2005) study, the factor structure appears to conform closely to that reported by Goldberg (2001).

Measurement of Degree of Burnout

In order to measure the degree of burnout experienced by participants, the Maslach Burnout Inventory-Human Services Survey (Maslach, 1996) was chosen. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is a 22-item instrument developed for the purpose of measuring three aspects of burnout (Maslach & Jackson, 1996; see Appendix D). The MBI-HSS measures emotional exhaustion, depersonalization, and personal accomplishment in human services professional who

work directly with clients. The emotional exhaustion subscale assesses feelings of being emotionally overextended and exhausted by one's work. The depersonalization subscale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. The personal accomplishment subscale assesses feelings of competence and successful achievement in one's work with people. The frequency with which the respondent experiences feelings related to each subscale are assessed using a six-point, fully anchored response format. Burnout is conceptualized as a continuous variable, ranging from low to moderate to high degrees of experienced feeling. It is not viewed as a dichotomous variable which is either present or absent. Each respondent's test form is scored with a scoring key containing directions for scoring each subscale. If desired, each score can then be coded as low, average, or high through the use of numerical cutoff points present on the scoring key. The MBI-HSS scores for a group of respondents may be treated as aggregate data. Means and standard deviations for each subscale are computed for the entire group and can be compared to the norms provided. The mean is 5.73 for depersonalization, 30.87 for personal accomplishment, and 16.89 for emotional exhaustion. The standard deviation is 4.62 for depersonalization, 6.37 for personal accomplishment, and 8.90 for emotional exhaustion. The MBI-HSS scores can be correlated with other information obtained from respondents, such as demographic data, job characteristics, job performance, personality or attitude measures, and health information. It is strongly recommended that the original numerical scores be used rather than the categorizations of low, average, and high. By using this full range of scores, the power of the statistical analyses is greatly enhanced. Scores range from: 0 – never, 1 – a few times a year or less, 2 – once a month, 3 – a few times a week, 4 – once a week, 5 – a

few times a week, 6 – every day. Each subscale (e.g., emotional exhaustion, depersonalization, and personal accomplishment) is related to eight items on the instrument. There are a total of 22 items in which the participant is to respond using the Likert type scale. The range of scores for each subscale is 48. The scores for each subscale may be rated as low, moderate, or high. The frequency of responses for each subscale is different and is as follows: depersonalization: 13 or above is high, 7-12 is moderate, and 0-6 is low; emotional exhaustion: 27 or above is high, 17-26 is moderate, and 0-16 is low; personal accomplishment: 0-31 is high, 32-38 is moderate, and 39 or over is low. These indicate the level of the burnout subscale that the individual experiences. The original numerical scores of each subscale (emotional exhaustion, personal accomplishment, and depersonalization) were used to determine the level of burnout among professional counselors.

Items from the MBI-HSS were designed to measure hypothetical aspects of the syndrome of burnout. The interview and questionnaire data collected during earlier, exploratory research provided ideas about the attitudes and feelings that characterize human services personnel who are experiencing burnout. A preliminary form of the MBI-HSS with 47 items was derived from the general experience of the researchers. The data from the first sample were subjected to a factor analysis using principle factoring with iteration and a varimax rotation. Ten factors accounted for over three-fourths of the variance. A set of selection criteria was then applied to the items, reducing the number of items from 47 to 25. Items were retained that had a factor loading greater than .40, a large range of subject responses, a relatively low percentage of subjects checking the “never” response, and a high item-total correlation. The items were studied in further research

using factor analytic techniques and reduced in both number and style of response. The factor analysis of the 25 items was administered to a new sample of 420 people (31% male, 69% female) and then combined with the first set to give a total of 1,025 for the factor analyses that is be described next. The factor analysis of the 25 items yielded a four-factor solution. The factors that emerged were similar for both the frequency and intensity ratings. Three of these factors had eigenvalues greater than unity are considered subscales of the MBI-HSS.

Reliability coefficients for the MBI-HSS were based on samples that were not used in the item selections to avoid any inflation of reliability estimates. Internal consistency was estimated by Cronbach's coefficient alpha ($n=1,316$). The reliability coefficients for the subscales were the following: .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Test-retest reliability has been reported in five different samples. The test-retest reliability coefficients of the first sample for the subscales were the following: .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment. Fifty three graduate students in social welfare and administrators in a health agency were administered the instrument two to four weeks apart. These coefficients range from low to moderately high, and all are significant beyond the .01 level. In a sample of 248 teachers, the two test sessions were separated by an interval of one year. The test-retest reliabilities for the three subscales were the following: .60 for emotional exhaustion, .54 for depersonalization, and .57 for personal accomplishment. After an 8 month interval, test-retest correlations were .74, .72, and .65. A three month interval yielded correlations of .75, .64, and .62. Finally, a six month interval yielded results of .59, .50, and .63. Although the values do

not differ greatly, it is noted that the highest test-retest correlation is for emotional exhaustion. Overall, longitudinal studies of the MBI-HSS have found a high degree of consistency within each subscale that does not seem to diminish markedly from a period of one month to a year. This is consistent with the MBI-HSS's purpose of measuring an enduring state (Maslach & Jackson, 1996).

Convergent validity for the MBI-HSS has been demonstrated in several ways. First, an individual's MBI-HSS scores were correlated with behavioral ratings made independently by a person who knew the individual well, such as a spouse or co-worker. Second, MBI-HSS scores were correlated with the presence of certain job characteristics that were expected to contribute to experienced burnout. Third, MBI-HSS scores were correlated with measures of various outcomes that had been hypothesized to be related to burnout. All three sets of correlations provided substantial evidence for the validity of the MBI-HSS (Maslach & Jackson, 1996). Discriminant validity distinguishes the MBI-HSS from measures of other psychological constructs that might be confounded with burnout. Although one would expect burnout to have some relationship with lowered feelings of job satisfaction, it was predicted that they would not be so highly correlated as to suggest that they were the same construct. A comparison of subjects' scores on the MBI-HSS and the JDS measure of "General job satisfaction" provides support of the discriminant validity of the MBI-HSS. Job satisfaction had a moderate negative correlation with both emotional exhaustion ($r = -.23, p < .02$), as well as a slightly positive correlation with personal accomplishment ($r = .17, p < .06$). Relatively low correlations between the burnout subscale scores and other measures of job satisfaction have been reported for samples of lawyers, mental health workers, and public service employees.

The demographic data for the normative samples for the MBI-HSS was based on responses from 11,067 examinees that included 4,163 teachers, 635 postsecondary teachers, 1,538 social service workers, 1,104 medical workers, 730 mental health workers (including psychologists, psychotherapists, counselors, mental hospital staff, and psychiatrists), and 2,897 others. Males represented nearly 40% of the sample, and 82% of the respondents were Caucasian. Cronbach's alphas were .90, .79, and .71 for emotional exhaustion, depersonalization, and personal accomplishment.

Over 90% of journal articles and dissertations examined by Schaufeli, Bakker, Hoogduin, Schaap, and Kladler (2001) utilized the Maslach Burnout Inventory to assess burnout. Previous studies have measured burnout among high touch professionals, including teachers, mental health professionals, and health care professionals. Some examples of these studies include articles examining burnout of teachers relating to personality (Cano-Garcia et al., 2005; Jenson, 2008; Kokkinos, 2007; Mohammed, 1995; Teven, 2007; Zellars et al., 2000).

The MBI-HSS has also been used to study burnout among medical professionals in the areas of personality and demographic variables. For example, several studies of nurses and other medical professionals utilized the MBI-HSS to determine the experience of burnout (Begat, Ellefsen, & Severinsson, 2005; Eastburg et al., 1994; Garrosa et al., 2008; McCranie & Brandsma, 1988; Suzuki et al., 2006). These studies indicate the prevalence of the MBI-HSS as the preferred measure of burnout in the medical professions.

Finally, and most importantly to this study, a majority of previous research studying mental health professionals has utilized the MBI-HSS to measure burnout

among mental health professionals. Burnout of mental health professionals has been studied using the MBI-HSS in a variety of ways. Burnout has been measured among volunteer staff working with terminally ill clients, paid staff in residential treatment centers, school settings, practicing psychiatrists, private practice, and community settings (Carney et al., 1993; Dupree & Day, 1995; Huebner, 1994; Proser et al., 1999; Shelby et al., 2001; Savicki & Cooley, 1987; Sturgess & Poulsen, 1983; Vredenburg et al., 1999).

Summary of Methodology

The purpose of this research study was to examine group differences in degree of burnout among professional counselors working in different settings. The researcher also examined whether there were group differences in degree of burnout among professional counselors who reported differences in years of experience, sex, or race. A final purpose of this research study was to determine if personality factors accounted for a statistically significant degree of variance in degree of burnout among professional counselors. Participants in this study included a national convenience sample of voluntary professional counselors. Participants completed an informed consent document, a demographic questionnaire, the Maslach Burnout Inventory-Human Services Survey (MBI-HSS; Maslach & Jackson, 1996), and the International Personality Item Pool (IPIP; Goldberg, 1999). A multivariate analysis of variance (MANOVA) was conducted in order to statistically examine whether there were significant group differences in degree of burnout among professional counselors working in inpatient, non private practice, outpatient, or private practice outpatient settings. A second MANOVA was conducted to

determine if there were significant group differences in degree of burnout among professional counselors reporting differences in years of experience, sex, or race. In order to determine the interrelationships between the five personality factors and degree of burnout among professional counselors, a canonical correlation analysis was utilized.

CHAPTER IV

RESULTS

The purpose of the present study was to investigate factors that contribute to the experience of burnout of professional counselors. Burnout was examined using the three subscales of the MBI-HSS (emotional exhaustion, depersonalization, and personal accomplishment). The researcher compared the degree of burnout among professional counselors from different clinical settings (i.e., inpatient, outpatient, and private practice). Counselor characteristics (i.e., years of experience, sex, and race) were utilized to determine whether there was a relationship between burnout and counselor demographic variables. Finally, the relationship between burnout and personality variables was studied. This chapter presents the statistical findings of the present study. The first part of this chapter presents the descriptive statistics of the measures used in the present study, and the second part reports the inferential statistical findings as they relate to the study's three hypotheses.

Descriptive Statistics

The following section provides a summary of the descriptive statistics utilized to analyze the data in the present study.

Summary of Descriptive Statistics

The instruments used in the present study included: (a) a measurement of demographic characteristics (described under Participants in Chapter III); (b) the three subscales (i.e., depersonalization, emotional exhaustion, and personal accomplishment) of the MBI-HSS, a measure of burnout; and (c) IPIP-B5, a measurement of the Five Factor Model of personality. Means and standard deviations for the MBI-HSS are described in Table 3 (see Table 3). For the total sample ($N = 332$), participants scores on the MBI-HSS ranged from 0-51 for the emotional exhaustion subscale, 0-24 for the depersonalization subscale, and 16-48 for the personal accomplishment subscale. MBI-HSS scores are interpreted by calculating a total for each of the three subscales and comparing these individual scores to the cut-off scores for each subscale. In general, participants scored in the moderate level in terms of emotional exhaustion, low in terms of depersonalization, and high in personal accomplishment. Looking more closely at the data, the results of the current study suggest that some participants reported low emotional exhaustion, whereas others reported very high emotional exhaustion. In terms of depersonalization, some participants reported no depersonalization, whereas others reported high depersonalization. For personal accomplishment, which is scored in reverse compared to the other two subscales participants ranged from high personal accomplishment to low personal accomplishment. The MBI-HSS manual contains means and standard deviations for the MBI-HSS subscales. When compared to the mean and

standard deviations for mental health professionals discussed in the MBI-HSS manual, there were differences among this set of data and the normative data reported in the MBI manual. In the current study, the mean score for emotional exhaustion was higher than that reported in the manual: $M = 18.30$ $SD = 11.22$ and $M = 16.89$, $SD = 8.90$, respectively), personal accomplishment was higher ($M = 41.43$, $SD = 4.90$ and $M = 30.87$, $SD = 6.37$, respectively), and for depersonalization the scores were lower ($M = 4.72$, $SD = 4.51$ and $M = 5.73$, $SD = 4.62$, respectively). One sample t -tests for means were calculated in order to compare the means obtained from the present study with the means discussed in the MBI-HSS manual. Results of the t -test for emotional exhaustion found that the means were significantly different ($t = 2.1995$, $df = 1060$, $p < .05$). Similarly, results of the t -test for personal accomplishment found that the means were also significantly different ($t = 26.4231$, $df = 1048$, $p < .05$). The results of the third t -test for depersonalization found that the means were significantly different ($t = 3.3271$, $df = 1060$, $p < .05$). The results of these t -tests suggested that there were significant differences between the sample of the present study and the sample utilized in determining normative data for the MBI-HSS.

It is important to consider the fact that the population of the present study scored higher on emotional exhaustion and personal accomplishment and lower on depersonalization than the norm group. There were several considerations when attempting to interpret this information. For example, there is not any information regarding what other variables were studied in relation to burnout in the normative sample. In the present study, it was found that work setting, demographic variables, and personality variables all effect burnout to some degree. However, it is difficult to make

any assumptions about the data because there is simply not enough data to support any hypothesis regarding this discrepancy between the two groups.

Means and standard deviations for the IPIP-B5 are described in Table 3 (see Table 3). For the total sample ($N = 332$), participants scores on the IPIP-B5 ranged from 10 to 33. In terms of the IPIP-B5, norms are intentionally not provided by the publishers of the instrument. In the current study, scores on neuroticism ranged from 10 to 33. Extraversion scores ranged from 18-32. Scores for openness to experience ranged from 23 to 24. Agreeableness scores ranged from 23 to 27. Finally, scores on conscientiousness ranged from 21 to 29.

Table 3

Descriptive Statistics of the Sample Population

Instrument	<i>n</i>	Mean	SD
MBI-HSS (Emotional Exhaustion)	332	18.30	11.22
MBI-HSS (Depersonalization)	332	4.72	4.51
MBI-HSS (Personal Accomplishment)	332	41.43	4.90
IPIP-B5 (Neuroticism)	332	21.42	4.50
IPIP-B5 (Extraversion)	332	36.50	6.79
IPIP-B5 (Openness)	332	38.37	4.90
IPIP-B5 (Agreeableness)	332	43.10	3.97
IPIP-B5 (Conscientiousness)	332	41.16	5.79

Results of Statistical Hypotheses

The following section describes the three hypotheses that were examined, and concludes with an explanation of information that was revealed through additional exploratory analyses.

Results for Research Hypothesis Number One

Prior to conducting MANOVA for null hypothesis one, data were screened for accuracy, missing data, outliers, and adherence to the basic assumptions of MANOVA. Mertler and Vannatta (2005) suggest that testing the assumption of homogeneity of variance-covariance be evaluated first. The results of Box's Test were significant ($p < .01$): since sample sizes are unequal, robustness cannot be assured. Mertler and Vannatta (2005) suggest using a more robust MANOVA test statistic, Pillai's Trace rather than Wilks' Lambda, when Box's Test is significant; therefore Pillai's Trace was utilized when interpreting the results of the MANOVA. The basic assumptions of normality and linearity were not found to be violated; therefore, additional statistical procedures to transform data were not employed. Normality was assessed by examining data for outliers, which were not found and multivariate normality tests showed that the assumption of normality for this set of data was reasonable. Since MANOVA assumes linear relationships among variables within a particular cell, scatterplots were examined for each of the variables. The relationships observed when examining the scatterplots were relatively linear. The final assumption of MANOVA is that each dependent variable would have similar variances for all groups. Levene's test was used to test this assumption. For this data, the homogeneity of variances assumption is met for personal accomplishment ($p > .05$), but not for emotional exhaustion ($p < .01$) or depersonalization

($p < .01$). Mertler and Vannatta (2005) note that failure to meet the homogeneity of variances is not fatal to MANOVA: however, results should be interpreted with caution.

Research hypothesis number one stated that there would be statistically significant group differences in degree of burnout, as measured by the three subscales of the MBI-HSS (Maslach, 1996) between professional counselors working in inpatient, non private practice outpatient, or private practice outpatient work settings. In order to test this hypothesis, a multivariate analysis of variance (MANOVA) was conducted to examine the significance of group differences. MANOVA compared a linear combination of burnout scores on emotional exhaustion, depersonalization, and the personal accomplishment with the three different work settings (i.e., inpatient, outpatient, and private practice). Pillai's Trace was utilized when interpreting the results of MANOVA. Results indicated a linear relationship. Multivariate significance was found, $F(6, 656) = 7.24, p < .01$. Effect sizes when conducting the MANOVA were the partial r^2 . The partial r^2 is slightly different than the traditional r^2 (Murphy & Myers, 2004). The difference in utilizing the partial eta squared values as opposed to the eta squared values is that the formula for partial eta squared measures the proportion of total variance accounted for by that particular independent variable on the dependent variable and does not adjust for variance accounted for by additional independent variables (Murphy & Myers, 2004). Cohen (1988) defined standard effect sizes. A large effect size is equal $r^2 \geq .138$, a medium effect size ranges from .059 to .137, and a small effect size is $r^2 < .059$. In this study, $r^2 = .062$, indicating a medium effect size.

Next, univariate ANOVA results were examined in order to determine which groups differ in regard to the MBI-HSS. Univariate ANOVA results indicated that the

emotional exhaustion, [$F(2, 329) = 18.17, r^2 = .099$], depersonalization [$F(2, 329) = 8.13, r^2 = .047$], and personal accomplishment [$F(2, 329) = 10.19, r^2 = .058$] subscales were significantly different for the three settings ($p < .01$).

The post hoc analysis revealed that those working in outpatient settings scored significantly lower on personal accomplishment than those working in private practice, mean difference = 2.84, $p < .01$. No statistically significant difference was found between inpatient and outpatient, and inpatient and private practice settings. In terms of emotional exhaustion, the post hoc analysis revealed that those working in inpatient settings scored significantly lower than counselors working in outpatient settings, mean difference = 5.54, $p < .05$. Counselors working in outpatient settings scored significantly higher on emotional exhaustion than those working in private practice, mean difference = 8.00, $p < .01$. No statistically significant difference was found between inpatient and private practice, and inpatient and outpatient settings. Finally, the post hoc analysis revealed that those working in outpatient settings scored significantly higher on depersonalization than those working in private practice, mean difference = 2.34, $p < .01$. No statistically significant difference was found between inpatient and outpatient, and inpatient and private practice. In terms of emotional exhaustion, no statistical significance was found between inpatient and private practice, and inpatient and outpatient settings.

The results for hypothesis number one revealed significant differences between the categories of setting on burnout. Work setting differences were significant for personal accomplishment, emotional exhaustion, and depersonalization. The post hoc analysis revealed that counselors working in outpatient settings were significantly different than those working in private practice on personal accomplishment. In addition,

counselors working in inpatient settings were significantly different than those working in outpatient settings on emotional exhaustion. Further, counselors working in outpatient and private practice were significantly different on emotional exhaustion. In terms of depersonalization, counselors working in outpatient and private practice were significantly different.

Results of Research Hypothesis Two

Prior to conducting MANOVA for null hypothesis two, the data were screened for data accuracy, missing data, extreme values or outliers, and adherence to the basic assumptions of MANOVA. The results of Box's Test were significant ($p < .01$): since sample sizes are unequal, robustness cannot be assumed. Pillai's Trace was utilized when interpreting the results of the MANOVA results for hypothesis two. The basic assumptions of normality, linearity, and homoscedasticity were not found to be violated; therefore, additional statistical procedures to transform data were not employed. Normality was assessed by examining data for outliers, which were not found and multivariate normality tests showed that the assumption of normality for this set of data was reasonable. Since MANOVA assumes linear relationships among variables within a particular cell, scatterplots were examined for each of the variables. The relationships observed when examining the scatterplots were relatively linear. The final assumption of MANOVA is that each dependent variable would have similar variances for all groups. Levene's test was used to test this assumption. For hypothesis two, the homogeneity of variances assumption is met for emotional exhaustion ($p > .05$), but not for personal accomplishment ($p < .05$) or depersonalization ($p < .05$). Since homogeneity of variances

cannot be assumed for all groups and there are not at least 20 participants in each cell interaction, it is necessary to interpret the following results with caution.

Hypothesis two stated that there would be a statistically significant difference in scores on the MBI-HSS between individuals who reported differences in the demographic characteristics of years of experience, sex, and race. To test this hypothesis, MANOVA was utilized that compared linear combination of scores on the three scales (i.e., emotional exhaustion, depersonalization, and personal accomplishment) of the MBI-HSS for individuals indicating their years of experience, sex, and race. Prior to conducting MANOVA for null hypothesis two, the data was screened for data accuracy, missing data, extreme values or outliers, and adherence to the basic assumptions of MANOVA. The results of Box's Test were significant ($p < .01$). Therefore, due to sample sizes being unequal, robustness cannot be assumed due to the unequal variances among the groups. Pillai's Trace was utilized when interpreting the results of the MANOVA results for hypothesis two. The basic assumptions of normality and linearity were not found to be violated; therefore, additional statistical procedures to transform data were not employed. The final assumption of MANOVA is that each dependent variable would have similar variances for all groups. Levene's test was used to test this assumption. For this data, the homogeneity of variances assumption is met for emotional exhaustion ($p > .05$), but not for personal accomplishment ($p < .05$) or depersonalization ($p < .05$).

Results showed that there was a significant three-way interaction between sex, race, and years of experience [$F(9, 948) = 2.36, p < .05$]. None of the two-way interactions were found to be significant. The main effects of sex, race, and years of

experience were not significant [$F(3, 316) = .189, p = .90$], [$F(3, 316) = .280, p = .8405$], and [$F(9, 954) = 1.889, p = .05$], respectively. This indicated that there was an interaction between the variables, but does not provide any further information regarding these variables. The tests of between-subjects effects indicated that, for the interaction of sex, race, and years of experience, two of the dependent variables were statistically significant. The two dependent variables that were significant were personal accomplishment and emotional exhaustion ($p < .01$ and $p < .01$, respectively). Post hoc analysis revealed that female African American counselors with 10-14 years of counseling experience were significantly higher than female African American counselors with 15 or more years of counseling experience on personal accomplishment (Cohen's $D = 1.24$). This analysis also revealed that female Caucasian counselors with 0-4 years of counseling experience scored significantly higher than female African American counselors with 15 or more years of counseling experience on emotional exhaustion (Cohen's $D = .77$). Female Caucasian counselors with 0-4 years of counseling experience also scored significantly higher on emotional exhaustion than male Caucasian counselors with 0-4 years of counseling experience (Cohen's $D = 1.0$). Finally, female Caucasians with 0-4 years of counseling experience scored significantly higher on depersonalization than male Caucasians with 15 years or more of counseling experience (Cohen's $D = .69$).

Therefore, findings showed that there was a significant interaction between the variables of sex, race, and years of experience and the dependent variables of personal accomplishment and emotional exhaustion. Although these results showed that there was a significant interaction between the demographic variables, it is important to consider

that many of the cell sizes were small. These small cell sizes indicate that it is important to be aware that although the results are statistically significant, they may not have practical significance and these results should be considered with caution. The results should be considered as exploratory in nature. See table 4 for reference regarding the interaction of demographic variables (see Table 4).

Table 4

Results of Post Hoc Analysis

Groups	MBI-HSS Subscale	Cohen's D	Mean Difference	Significance
Female, African American, 10-14 years X Female, Caucasian, 15 or more years	Personal Accomplishment	1.24	11.13	.014
Female, Caucasian, 15 or more years X Female African American, 15 or more years	Emotional Exhaustion	.77	8.65	.001
Female, Caucasian, 0-4 years X Male, Caucasian, 0-4 years	Emotional Exhaustion	1.0	10.50	.042
Female, Caucasian, 0-4 years X Male, Caucasian, 15 or more	Depersonalization	.69	3.12	.005

Results of Research Hypothesis Three

Research hypothesis three stated that personality factors, as measured by the IPIP-B5, would account for a statistically significant degree of variance in degree of burnout, as measured by the MBI-HSS, among professional counselors. To test this hypothesis, canonical correlation was performed between the subscales of the MBI-HSS and the Big Five personality traits, as measured by the IPIP-B5. The subscales of the MBI-HSS measured depersonalization, emotional exhaustion, and personal accomplishment. The IPIP-B5 measured extraversion, neuroticism, agreeableness, openness to experience, conscientiousness. In order to determine if the assumptions of multicollinearity and singularity were met to utilize canonical correlation, correlations of the IPIP-B5 subscales and the MBI-HSS subscales were conducted using SPSS. When examining the results of the bivariate correlations, results showed that the correlations for all of the subscales of the IPIP-B5 and MBI-HSS were below .70. Next, the tolerance and Variance Inflation Factor (VIF) were examined for multicollinearity. Tolerance levels were greater than .20 for all of the subscales with the lowest tolerance level being .449. VIF scores were all lower than 5, with the highest score being 2.22. Finally, the conditioning index of collinearity diagnostics was examined. The conditioning index was interpreted using Belsley, Kuh, and Welsch's (1980) criteria for multicollinearity. The suggested criteria are a conditioning index > 30 for a given dimension coupled with at least two variance proportions for an individual variable $> .50$. The data did not suggest issues violating the suggested criteria by Belsley et al. Therefore, taking all of this information regarding multicollinearity together, it was determined that canonical correlation could be conducted to analyze the present data.

Wilks' Lambda indicated significance ($p < .01$) on the greatest characteristic root test, demonstrating that the personality variables and burnout variables were significantly associated by canonical correlation. Tests of dimensionality for the canonical correlation analysis (see Table 5) indicated that two of the three canonical dimensions were statistically significant at $p < .01$. The first canonical correlation was .69 (48% overlapping variance); the second was .29 (9% overlapping variance). The remaining one canonical correlation was zero. The first two pairs of canonical variates, therefore, accounted for the significant relationships between the two sets of variables. Total percent of variance and total redundancy indicate that the first pair of canonical variates was highly related while the second pair was only minimally related.

Table 5

Canonical Correlation Results

Roots	Wilks' Lambda	Significance	F
1 to 3	.46	.000	18.87
2 to 3	.90	.000	4.18
3 to 3	.99	.389	1.01

Using a cutoff correlation of .3, the variables of the MBI-HSS correlated with the first canonical variate were positive personal accomplishment, negative depersonalization, and negative emotional exhaustion (Tabachnick & Fidell, 2000). Among the personality variables, negative neuroticism, positive extraversion, positive agreeableness, and positive conscientiousness correlated with the first canonical variate. The first pair of canonical variates indicated that those with lower levels of neuroticism

(.97), higher extraversion (.35), higher agreeableness (.53), and higher conscientiousness (.56) experience higher personal accomplishment (.66), lower depersonalization (.62), and lower emotional exhaustion (.93).

A cutoff correlation of .3 was also used for the second canonical variable. The second canonical variable in the MBI-HSS set was composed of lower personal accomplishment (.43) and higher depersonalization (.58), and the corresponding canonical variate from the personality variable set was lower agreeableness (.84). Taken as a pair, these variates suggest that a combination of positive extraversion, positive agreeableness, and positive conscientiousness, but negative neuroticism is associated with higher personal accomplishment, lower depersonalization, and lower emotional exhaustion. Low agreeableness was associated with greater personal accomplishment and greater depersonalization. When examining the results of the two canonical correlations, results indicate that people with lower neuroticism, higher extraversion, higher agreeableness, and higher conscientiousness also experience higher personal accomplishment, lower depersonalization, and lower emotional exhaustion. Following the canonical correlation, correlation analysis was utilized to determine the correlations between the dependent variables (e.g., emotional exhaustion, personal accomplishment, and depersonalization) and the independent variables (e.g., extraversion, conscientiousness, neuroticism, openness to experience, and agreeableness). The results of the correlation analysis are displayed in Table 6 (see Table 6).

Table 6

Correlation Analysis

	Personal Accomplishment	Emotional Exhaustion	Depersonalization
Extraversion	.196*	.215*	.142*
Conscientiousness	.288*	.349*	.234*
Openness	.405*	.056	.025
Neuroticism	.430*	.642*	.388*
Agreeableness	.350*	.281*	.373*

* indicates that correlation is significant at the .01 level

Summary of Results

Research hypothesis number one stated that there would be statistically significant group differences in degree of burnout between professional counselors working in inpatient, non private practice outpatient, and private practice outpatient settings. Emotional exhaustion, depersonalization, and personal accomplishment were significantly different for the three work settings. Post hoc analysis revealed that counselors working in outpatient settings scored experienced less personal accomplishment than counselors working in private practice. In terms of emotional exhaustion, those working in inpatient settings experienced less emotional exhaustion than counselors working in outpatient settings whereas those working in outpatient settings experienced greater emotional exhaustion than counselors who worked in private

practice. Finally, those working in outpatient settings experienced greater depersonalization than those working in private practice.

Research hypothesis two stated that there would be a statistically significant difference on depersonalization, emotional exhaustion, and personal accomplishment between individuals who reported differences in demographic characteristics (i.e., years of experience, sex, and race). Results found that counselors with 15 years of counseling experience or more experienced more personal accomplishment than less experienced counselors with 0-4 years of counseling experience. Counselors with 0-4 years of counseling experience experienced greater emotional exhaustion and greater depersonalization than counselors with 15 or more years of counseling experience. Further analysis revealed counselors who identified as Caucasian/White and female with 10-14 years of experience in counseling experienced less emotional exhaustion than those who identified as female and African American with 0-4 years of counseling experience. Taken together, these results support the idea that counselors with more years of experience in the field experience less job burnout, on average, than those who have fewer years of experience in the field of counseling.

Research hypothesis three stated that personality factors would account for a statistically significant degree of variance in degree of burnout among professional counselors. Personality factors that were studied included: neuroticism, extraversion, agreeableness, and conscientiousness. Results indicate that people with lower neuroticism, higher extraversion, higher agreeableness, and higher conscientiousness also experience higher personal accomplishment, lower depersonalization, and lower emotional exhaustion.

CHAPTER V

DISCUSSION

The purpose of this study was to investigate factors that contribute to the amount of burnout experienced by professional counselors. Participants in this study completed the Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach & Jackson, 1996) to assess their level of burnout experienced, the International Personality Item Pool – Big Five (IPIP-B5; Goldberg, 1999) to assess personality variables associated with the Five Factor Model of Personality (Goldberg, 1992), and a demographic questionnaire developed by the researcher. First, the researcher compared the degree of burnout, using the three subscales of the MBI-HSS, among professional counselors from different clinical settings (e.g., inpatient, non private practice outpatient, and private practice). Results indicated differences between work settings and burnout. Differences in work setting were significant for all three MBI-HSS subscales. Counselors working in outpatient settings displayed higher personal accomplishment than those working in private practice. Counselors working in inpatient settings scored significantly lower than those in outpatient settings for emotional exhaustion. Those working in outpatient settings scored significantly higher than those in private practice on emotional exhaustion. In terms of depersonalization, counselors working in outpatient settings

scored significantly higher than those in private practice. Next, the researcher examined whether or not a significant relationship existed between counselors' demographic variables (i.e., years of experience, sex, and race) and burnout. Results supported the hypothesis that counselors with more years of experience in the field experience less burnout than those who have less years of experience in the field of counseling. Finally, the relationship between burnout and personality factors, using the International Personality Item Pool – Big Five Measure (IPIP-B5), was studied. When examining the results for hypothesis three, results indicated that counselors with lower neuroticism, higher extraversion, higher agreeableness, and higher conscientiousness also experience higher personal accomplishment, lower depersonalization, and lower emotional exhaustion.

Included in this chapter are the discussion and interpretation of the findings of this research study, a comparison of the results of this study to previous literature and research, limitations and recommendations for future research, implications of the findings, and a summary of the research findings.

Discussion and Interpretation of Results

The following section provides a discussion of the statistical results of the hypotheses examined in the present study. This section also provides an interpretation of the results of the present study.

Burnout and Work Setting

Research hypothesis number one stated that there would be significant group differences in degree of burnout between professional counselors working in inpatient, non private practice outpatient, or private practice outpatient settings. Based on the work of Van Morkhoven (1998) and Vredenburg et al. (1999) it was expected that those working in inpatient settings would experience the highest degree of burnout, and those working in private practice would experience the least amount of burnout.

Findings revealed that there were differences in degree of burnout between work settings. Univariate ANOVAs indicated that scores on the three subscales of burnout were significantly different for the three work settings. Follow-up analysis revealed that counselors working in outpatient settings scored lower on personal accomplishment than those working in private practice. Counselors working in inpatient settings scored lower on emotional exhaustion than those working in outpatient settings while those working in outpatient settings scored higher than those working in private practice on emotional exhaustion. Counselors working in outpatient settings experienced greater depersonalization than counselors working in private practice. This indicated that counselors working in different work settings experienced differences in their degree of burnout experienced.

Several prior studies with a variety of mental health professionals as participants also researched burnout and work setting (Dupree & Day, 1995; Prosser et al., 1999; Sorgaard et al., 2007; Van Morkhoven, 1998; Vredenburg et al., 1999). Each of the previously cited studies differed from the present study on the fact that previous research studied mental health professionals from several discipline (i.e., psychiatry, social work,

psychology, school psychology, and counseling) as well as other work settings not examined in the present study (i.e., school, administrative, and university faculty settings). For example, one closely related study to the current study was conducted by Van Morkhoven (1998). In this study, Texas psychologists holding differing licenses, such as Licensed Psychologists/Certified Psychologists (LP/CP) and Psychological Associates (PA), working in state or government agencies, school systems, administrative jobs, university faculty, and private practice were studied using the Maslach Burnout Inventory. Van Morkhoven (1998) utilized one-way and two-way ANOVA to compare differences between groups on level of burnout. In his study, Van Morkhoven (1998) found that psychologists working in state or government agencies, school systems, and administrative occupations had a higher level of burnout than those who worked as university faculty or in private practice. Therefore, of all of the work settings studied by Van Morkhoven (1998), the work setting in which mental health professionals experienced the least amount of burnout were those working in private practice or university settings. Similar results were found by Vredenburgh et al., (1999), who studied the relationship between type of works setting and degree of burnout. The sample consisted of members of the American Psychological Association (APA). Participants in this study were given the Maslach Burnout Inventory and a demographic questionnaire. Results of Vredenburgh et al.'s (1999) study found that those working in inpatient settings reported the highest levels of burnout while those working in private practice reported lower overall levels of burnout. Another study that studied burnout among mental health staff in different work settings was conducted by Prosser et al. (1999). Prosser et al. (1999) studied mental health staff working in both outpatient and inpatient

services. The Maslach Burnout Inventory was given to participants to assess their degree of burnout and results found that those working in community mental health services experienced more work-related stress than those working in inpatient mental health services.

The current study examined differences in degree of burnout between professional counselors working in inpatient, non private practice outpatient, and private practice outpatient settings. This study differed from prior studies because of a focus on professional counselors as the primary population. Results of the current study found differences in degree of burnout between professional counselors working in inpatient, non private practice outpatient, and private practice outpatient settings. Consistent with previous research those working in private practice were found to exhibit higher personal accomplishment, lower emotional exhaustion, and lower depersonalization than counselors working in outpatient settings (Dupree & Day, 1995; Prosser et al., 1999; Van Morkhoven, 1998; Vredenburgh et al., 1999).

Although prior studies reported differences in burnout among mental health professionals in different work settings, in some studies degree of burnout in each setting differed from findings in the present study (Sorgaard et al., 2007). Prior to the beginning of this study, it was believed that counselors working in inpatient settings would experience the greatest amount of burnout. Results for the present study contradicted those found by Vredenburgh et al. (1999), who indicated that psychologists working in inpatient settings experienced higher Emotional Exhaustion and Depersonalization than psychologists who worked in private practice settings. These differences may be due to the sample population being professional counselors rather than psychologists because in

inpatient settings, counselors may play different roles than psychologists. In the current study, counselors working in outpatient settings experienced greater Depersonalization and Emotional Exhaustion than counselors in private practice and inpatient settings. In a study by Sorgaard et al. (2007) levels of burnout among inpatient and outpatient staff in Europe were compared and no differences were found between these settings on degree of burnout.

Burnout and Demographic Variables

Research hypothesis number two stated that there would be a statistically significant difference in scores on the MBI-HSS between individuals who reported differences in demographic characteristics such as years of experience, sex, and race. Based on a review of the literature, it was expected that professional counselors who self-identified as African American males with more years of counseling experience would experience less burnout (Ackerley, 1988; Salyers & Bond, 2001; Van Morkhoven, 1998; Vredenburg et al., 1999).

Findings of the current research revealed that the demographic variables of sex, race, and years of experience interacted to effect burnout of professional counselors. However, when looked at separately, sex, race, and years of experience showed no significant effect on burnout. The present study only found differences among sex for professional counselors when taking into account the other demographic variables that were studied. When taking into account the interaction of all demographic variables studied, it was found that counselors who self-identified as female African Americans with 10-14 years of counseling experience were significantly higher than female African Americans with 15 or more years of counseling experience on personal accomplishment.

Female Caucasians with 0-4 years of counseling experience were significantly higher than female African Americans with 15 or more years of counseling experience on emotional exhaustion. Female Caucasians with 0-4 years of counseling experience were significantly higher on Emotional Exhaustion than male Caucasians with the same years of experience. Finally, female Caucasians with 0-4 years of counseling experience scored significantly higher on depersonalization than male Caucasians with 15 years or more of counseling experience. However, the main effect of sex was not found to significantly affect burnout of counselors from this sample. Therefore, it is important to consider that assumptions generated from this set of data is limited in terms of identifying if sex alone has a significant effect on burnout of counselors. Therefore, findings showed that there was an interaction between the variables of sex, race, and years of experience and the dependent variables of personal accomplishment and emotional exhaustion.

There has been a great deal of research regarding demographic variables and burnout (Dupree & Day, 1995; Farber, 1985; Gillespie & Numeroff, 1991; Himle et al., 1986; Huebner, 1994; Jiang et al., 2004; Maslach & Jackson, 1985; McDermott, 1984; Naisberg-Fennig et al., 1991; Oppenheim, 1987; Van Morkhoven, 1998; Vredenburg et al., 1999; Weinberg et al., 1983). The participants in each of these studies were a variety of mental health professionals (i.e., psychologists, psychiatrists, social workers, and unidentified mental health professionals). Psychologists and social workers were the most prevalent among these studies, with no studies identified that solely concentrated on professional counselors. The demographic variables of the previous studies included age, sex, years of experience, marital family status, employment of spouse, number of

dependents, and number of hours worked per week. Findings of these studies varied depending on the demographic variables included.

Many of the previous studies examining sex focused on finding out whether sex, among other demographic variables, was related to the experience of burnout among mental health professionals being studied. In a study of Texas psychologists, Van Morkhoven (1998) examined how sex contributed to the experience of burnout. Van Morkhoven (1998) obtained results from 359 survey responses by comparing means of samples and t-tests. In this study, it was found that male sex contributed to a higher level of burnout among the sample of psychologists. Other studies that examined burnout and sex also found that male sex contributed to a higher level of burnout (Dupree and Day, 1995; Maslach & Jackson, 1985; Vredenburg et al., 1999).

One study by Himle et al. (1986) found results that were opposite previous studies. Himle et al. (1986) surveyed a national sample of 617 clinical social workers on sex and its relation to burnout. In Himle et al. (1986), it was found that female social workers demonstrated significantly higher burnout than their male counterparts. Other previous studies displayed similar results when taking into account the demographic variable of sex (McDermott, 1984; Gillespie & Numeroff, 1991; Oppenheim, 1987). These studies examined sex in relation to burnout and results showed no significant difference between sex and level of burnout experienced. The results of the presents study indicated that sex, along with other demographic variables, may have some effect on burnout. However, it is not possible to determine how much of an effect sex has due to the only significant results being found when examining burnout and all of the demographic variables studied combined.

Previous studies, although fewer than those which examined sex, also focused on burnout and race of helping professionals (Himle et al., 1986; Oppenheim, 1987; Salyers & Bond, 2001; Van Morkhoven, 1998; Weinberg et al., 1983). Limited research has identified race as a variable that affects burnout. However, research conducted by Salyers and Bond (2001) focused on case managers working with individuals with severe mental illness. Using the Maslach Burnout Inventory, Salyers and Bond (2001) examined racial differences in burnout. In this study, compared to Caucasians, African American case managers reported less emotional exhaustion and depersonalization. In terms of personal accomplishment, there were no differences found between races. Salyers and Bond's (2001) study indicated that further research may help to indicate whether race is a factor affecting burnout or if it is not. The remaining studies found determined that there were no differences between races on the level of burnout experienced by mental health professionals (Himle et al., 1986; Oppenheim, 1987; Van Morkhoven, 1998; Weinberg et al., 1983).

The current study was concerned with the possibility that race had an effect on burnout among professional counselors. The results of the current study indicated that race alone had no significant effect on the experience of burnout for professional counselors. These results support the idea of prior studies that race alone does not have an effect on the level of burnout experienced by professional counselors. However, the interaction between race, sex, and years of counseling experience yielded differences between the groups. Results of the present study indicated that female African Americans with 10-14 years of counseling experience were higher than female, African Americans with 15 or more years of counseling experience on personal accomplishment. Female

Caucasians with 0-4 years of counseling experience scored higher than female African American counselors with 15 or more years of counseling experience on emotional exhaustion. Also, female Caucasians with 0-4 years of counseling experience scored higher on emotional exhaustion than male Caucasians with the same years of counseling experience. Finally, female Caucasians with 0-4 years of counseling experience scored significantly higher on depersonalization than male Caucasians with 15 years or more of counseling experience. These results suggest that the interaction of demographic variables sex, race, and years of experience have an effect on the level of burnout experienced by counselors. This study adds to the literature, however, it provides little further knowledge regarding the role race plays in the experience of burnout for professional counselors since none of the demographic variables (sex, race, years of counseling experience) alone do not explain a significant amount of burnout for this population.

When discussing the results regarding burnout and demographic variables, it is necessary to consider that although the interaction of sex, race, and years of experience was significant, these results should be interpreted cautiously since. The reasoning for this is due to the small amount of participants in each category of the demographic factors when taking into consideration the interaction of the three demographic variables. These small cell sizes limit the ability to generalize the results. Conclusions also cannot be drawn from the information provided by the demographic variables being significant.

Burnout and Personality Variables

Research hypothesis number three stated that the personality factors would account for a statistically significant degree of variance in degree of burnout among

professional counselors. Based on a review of the literature on burnout and personality factors it was expected that personality factors would account for a significant degree of variance in burnout among professional counselors. Previous research has determined that personality factors have shown to serve as a protective factor against burnout (Bakker et al, 2007). It was expected that the personality factor of agreeableness, when scored high, would relate to lower degrees of burnout in counselors (Cano-Garcia et al., 2005). Alternatively, those demonstrating high neuroticism were expected to exhibit greater emotional exhaustion (Jenson, 2008). Research by Thomas (2004) suggested that, although a few studies have indicated that personality factors have an influence on burnout, it was necessary to obtain more data regarding this to understand and better predict burnout.

Findings of the current research revealed that personality factors do, in fact, account for a significant degree of variance in degree of burnout among professional counselors. Results indicated that individuals who scored lower on neuroticism and higher on extraversion, agreeableness, and conscientiousness exhibit higher personal accomplishment and lower depersonalization and emotional exhaustion. The second canonical correlation found that counselors who scored lower on agreeableness exhibited lower personal accomplishment and higher depersonalization. These findings are consistent with previous literature examining personality characteristics and degree of burnout experienced by other mental health professionals.

Although there is a limited amount of research on the effect personality factors have on the degree of burnout experienced by mental health professionals, some research has shown that personality factors have an effect on the level of burnout experienced. For

example, Bakker et al. (2007) studied 80 volunteer helping staff working with terminally ill clients. Bakker et al. (2007) examined the relationship between burnout and the Big Five personality factors. Using the Maslach Burnout inventory to determine the level of burnout and the Five Factor Personality Measure to determine personality factors, the authors conducted multiple regression analyses. The results of this research suggested that a combination of personality factors may serve as a protective factor against developing burnout in human service work. Cano-Garcia et al. (2005) also found similar results when studying individuals working in high touch professions. In research conducted by Mills and Huebner (1998) studying school psychologists, results also suggested that personality factors relate significantly to the experience of burnout. Findings suggested that the personality factor extraversion related significantly to emotional exhaustion and reduced personal accomplishment. Mills and Huebner (1998) also found that high agreeableness was significantly related to lower depersonalization.

Results of the present study, which studied the population of professional counselors exclusively, are similar to the previous studies that studied other mental health professionals. The present study utilized canonical correlation to determine how personality factors accounted for the degree of variance in burnout among professional counselors. Findings suggested that, much like previous studies, personality factors could serve a protective factor, or the opposite. The present study suggests an interaction of several personality factors account for variance in burnout. These findings indicated that professional counselors who scored lower on neuroticism and higher on extraversion, agreeableness, and conscientiousness also experience higher personal accomplishment, lower depersonalization, and lower emotional exhaustion. In other words, when the

previously stated pattern of personality factors is identified within the professional counselor, the less likely that counselor is to experience high burnout since the combination of higher personal accomplishment, lower depersonalization, and lower emotional exhaustion is an indication of less burnout for the individual. Also worthy of note is the effect high neuroticism had in both the present study and the study by Mills and Huebner (1998). Both found that feelings of low personal accomplishment were significantly correlated with high scores on neuroticism. This suggests that some aspects of burnout may be more related to variations in personality than the external environment or demographic characteristics of individuals.

The results of the present study support the previous research conducted with other mental health professionals and indicate that counselors' personality factors interact similarly than other mental health professionals regarding the experience of burnout. The present study indicates the importance of studying personality factors when researching the experience of burnout of professional counselors.

Implications of the Findings

The following section describes the implications of the findings of the present study. Implications are presented for theory and practice.

Implications for Theory

Initial burnout research emerged from the occupational sectors of human services and education. The most prominent concern in these occupations, otherwise known as high touch professions, was the emotional challenges of working intensively with other

people. Early research found little evidence to support the hypothesis that the emotional stressors of high touch work was something uniquely related to burnout. Current research has focused almost explicitly on emotion-work variables (e.g., requirement to convey emotional empathy). This research has found that emotion-work variables do, in fact, account for additional variance in burnout scores over and above simple job stressors (Zapf et al., 2001). There also exists another approach in previous literature that has looked at the prevalence of burnout for different occupations. This research has compared the professions of teaching, social services, medicine, mental health, and law enforcement (Maslach & Leiter, 2001). This research focused on differences between different occupations and burnout suggesting that there are important characteristics of specific professions that affect workers' experience of burnout. Maslach and Leiter (1997) suggest that findings of such studies need to be viewed with caution as there are other variables that can affect burnout of individuals working in high touch professions.

Maslach and Leiter (1997) suggested that the phenomenon of burnout is an individual experience specific to the work context. Provided with this statement, the research of burnout over the past 25 years has been primarily focused on the environmental and situational factors that are correlates of burnout. Results of this research provide information about the impact of the work environment on individual burnout. Research on the factors that contribute to burnout has suggested that external variables are more strongly predictive of burnout than are personal ones. In terms of antecedents of burnout, both job demands and a lack of key resources are of importance (Cooper, 2000). Much of the past research has focused on quantitative job demands, with

the findings suggesting that the experience of burnout is a response to work stress and overload (Maslach & Leiter, 2001).

Schaufeli (2003, pp. 12) stated that “A grand unifying theory of burnout will always remain a dream, simply because the phenomenon is too complex and multifaceted.” He suggests that although there are various theoretical perspectives on burnout, no singular theory stands above the others. Schaufeli contends that theoretical explanations at the individual level and the organizational level that can draw on systematic empirical support are nearly nonexistent. This suggests that further research is necessary to expand theories of burnout outside of just the work environment. Following the recommendations of Schaufeli, this research has attempted to understand the concept of burnout on multiple levels. The present study focused on variables that were both internal to the counselor (e.g., personality factors) and external (e.g., work setting) with the intent of developing a specific theory of burnout for counselors.

Individuals do not burn out simply because of their work environment. Each individual brings unique qualities that may affect burnout. These factors include demographic variables and, possibly more importantly, personality factors. Schaufeli and Buunk (2003, p. 394) suggested that one area in which most studies are lacking is the investigation of demographic differences on burnout. Maslach et al. (1996) described that burnout in the United States seems to occur most frequently among employees who have less work experience. One explanation for this has been proposed by Karasek and Theorell (1990). This explanation is known as the healthy worker effect and has been observed in studies on job stress. This theory explains that findings of studies examining years of experience and its effect on burnout should be interpreted with caution due to the

possibility that employees who burn out have left their jobs, leaving the remaining group of older and more experienced employees who are relatively healthy. It has been suggested that age is confounded with years of experience, and previous research has shown that burnout appears to be more of a risk for workers earlier in one's career (Maslach & Leiter, 2001). This notion is important to consider because previous studies support the belief that burnout tends to happen across professions when workers are early in their careers (Ackerley et al., 1988; Farber, 1985; Garner et al., 2007; Gillespie & Numeroff, 1991; Jiang et al., 2004; Vredenburg et al., 1999). These results support the results of prior literature, as well as the theoretical belief that burnout is affected by factors at the individual level. However, it is necessary to keep in mind when interpreting these results the healthy worker effect proposed by Karasek and Theorell (1990). Even if the healthy worker effect is disrupting the results of current and previous conducted studies, an important concern is how to keep people from burning out since years of experience cannot be changed except by time.

In the profession of counseling, balancing self-care and other-care can be a struggle for the beginning practitioner. This process of caring consists of a series of empathic attachments, active involvements, and felt separations. Being able to constantly engage in the caring cycle is important for success and longevity. However, the constant pressure to re-create this cycle can lead to counselor stress and burnout (Skovholt et al., 2001). This struggle of balancing and constantly being engaged in the caring cycle may take its toll very hard on new, less experienced practitioners. Managing these demands could possibly be overwhelming and exhausting to the new professional counselor. It is also important to take into account the fact that beginning counselors may also have fears

about making mistakes, damaging clients, completing paperwork accurately, and starting a new career (Sommers-Flanagan & Sommers-Flanagan, 2009). These factors combined create a highly stressful environment for practitioners early in their career. The present study's results suggest that although counselors early in their career may burn out easier than those who have more experience that it is important to determine how to protect counselors against this. In terms of developing a theory of burnout, it appears as though past research along with the present study agree that years of experience is an important factor in the experiencing of burnout among professional counselors. Further examination of these implications is provided for specific populations (e.g., counseling practitioners, counselor educators, and counseling supervisors) later in this study.

Sex is another demographic variable that some studies have examined in previous research. Some previous research has indicated that sex is related to burnout although the relationship was shown to be small (McDermott, 1984; Van Morkhoven, 1998; Vredenburg et al., 1999; Weinberg et al., 1983). Initial burnout research suggested that women reported higher burnout than men. However, when taking into account confounding variables such as barriers to high income, social status, and autonomy no significant sex differences in burnout are observed except for on the subscale of depersonalization (Schaufeli & Buunk, 2003, p. 395). This suggests that sex of professionals does not have much relation to the concept of burnout.

The majority of studies focusing on mental health professionals that examined sex differences found that no differences between sexes for mental health professionals (Garner et al., 2007; Jiang et al., 2004; McDermott, 1984; Oppenheim, 1987). The present study found that, for the demographic variable of sex, there were no significant

differences among male and female professional counselors on degree of burnout experienced. This is similar to the recent research in the field of mental health. The current research is one of few studies to examine demographic variables specifically for professional counselors. This finding adds to the literature in agreement with the notion that sex of the counselor has little to do with the experience of burnout among professional counselors. Although the present study adds to the literature on this particular demographic variable, it is important to interpret the results with caution much like the prior studies examining sex.

As previously stated, most studies on burnout among mental health professionals do not investigate demographic differences (Schaufeli & Buunk, 2003). This appears to be particularly true for race. Largely research on mental health professionals has shown that race is not associated with the experience of burnout (Ackerley et al., 1988; Himle et al., 1986; Naisberg-Fennig et al., 1991; Raquepaw & Miller, 1989; Van Morkhoven, 1998; Vredenburg et al., 1999). However, there has been some evidence from other professions (e.g., teaching) that suggests race may have an effect on the degree of burnout among the high touch professions (Salysers & Bond, 2001). Maslach and Leiter (1997) discussed the most important demographic characteristic in relation to burnout and make no mention of race being a significant predictor of burnout. Within this study race alone was not significantly related to burnout. However, a small difference was found in the interaction of sex, race, and years of experience. When examining the interaction of sex, race, and years of counseling experience, it was found that female African American counselors with 10-14 years of counseling experience were significantly higher than female African American counselors with 15 or more years of

counseling experience. Analysis also showed female Caucasian counselors with 0-4 years of counseling experience scored significantly higher than female African American counselors with 15 or more years of counseling experience on emotional exhaustion. Female Caucasian counselors with 0-4 years of counseling experience also scored higher on emotional exhaustion than male Caucasian counselors with 0-4 years of counseling experience. Finally, female Caucasians with 0-4 years of counseling experience scored higher on depersonalization than male Caucasians with 15 years or more of counseling experience.

Theoretical explanations of burnout at the individual level that are able to draw upon systematic empirical evidence have been nearly absent (Schaufeli, 2003). When constructing a specific theory on burnout, it is necessary to examine not only demographic variables but also personality and work-related variables. Freudenberger (1974) originally described burnout using a clinical approach and considered the burnout syndrome a mental disorder caused mainly by personal characteristics and poor coping patterns. However, since Freudenberger's initial writings, Maslach (1976) described burnout using a scientific approach that considered interpersonal, social, and organizational factors as the main causes of burnout. These two differing viewpoints each left out integral contributions to the burnout experience. Historically, previous research has focused nearly exclusively on external experiences while neglecting personal characteristics (Pines, Aronson, & Kafry, 1981). The current theory being proposed incorporates personal characteristics, personality traits, and work settings to determine the effects of each on the experience of burnout. This does not mean that burnout is not

also related to work environment variables, but rather is meant to add to the current knowledge additional variables that are shown to be related with burnout.

Burisch (2002) stated that due to the division between theories of burnout being rather simplistic, an interactionist position may be most reasonable to understand what factors lead to burnout. His research suggests that the interactionist position would not focus only on work environment and how work environment affects burnout. This position would also take into account personal variables as well. Burnout has been considered a response to stress (Cherniss, 1980). Much of the research on burnout and personality characteristics is taken from the general stress literature (Schaufeli & Buunk, 2003). Early research on burnout contextualized stress in physical and biological terms in which humans responded uniformly to stressors. Hobfoll (1989) challenged this limiting definition and concluded that the way people respond to challenges from the environment can be seen as a function of their personality. Personality has been shown to affect work behavior and therefore can play an important role in understanding burnout (Bakker et al., 2007; Capner & Caltabiano, 1993; Leon et al., 2008). Ghorpade et al. (2007) found that certain personality factors can be considered a coping mechanism or a deterrent of unusual behavior (e.g., agreeableness and extraversion). Other personality factors such as neuroticism has been shown to place individuals more at risk for experiencing burnout. Ghorpade et al. (2007) suggested that additional evidence is necessary to assert personality as a predictor of burnout in workers. Additional evidence on the effect of personality on burnout and how personality affects burnout in different work environments is highly relevant to using personality to determine the likelihood of an

individual experiencing burn out in a particular setting. The present study was primarily focused on identifying which personality factors were correlated with burnout.

Limited research has been conducted studying the Big Five personality dimensions. Findings from previous research studying Big Five personality dimensions show a particular pattern of burnout. This research has demonstrated that burnout is often linked to high scores on neuroticism (Bakker et al., 2007; Leon et al., 2008; Maslach et al., 2001; Mills & Huebner, 1998). This research found those who scored high on neuroticism tended to exhibit characteristics of hostility, depression, self-consciousness, and vulnerability. Also, individuals high on neuroticism tended to be emotionally unstable and prone to psychological distress compared to those low on neuroticism. The present study found that personality factors accounted for variance in degree of burnout among professional counselors. Findings showed that high neuroticism was related to lower personal accomplishment, higher depersonalization, and higher emotional exhaustion. These results support findings from previous studies examining other mental health professionals that high neuroticism is linked to burnout in mental health professionals, and the present study's results suggest that counselors experience similar effects from high neuroticism. Alternatively, results showed that counselors low on neuroticism along with high extraversion, agreeableness, and conscientiousness experienced significantly less burnout. This demonstrates that personality may serve a protective factor as suggested by Cano-Garcia et al. (2005). These results support the notion that desirable personality traits to reduce burnout include conscientiousness, agreeableness, extraversion, and the emotional stability (Ghorpade et al., 2007). An explanation of how each of these factors may influence burnout follows.

Individuals high on extraversion are typically cheerful, talkative, enthusiastic, energetic, and optimistic. Additionally, previous research has found that extraversion was closely related to positive affect. Therefore, in terms of burnout, when an individual is predisposed toward positive affect and is engaged in greater amounts of communication with others in their environment, the individual may reduce perceived stressors by using social support. Ghorpade et al. (2007) also suggested that individuals higher in extraversion tend to be optimistic regarding the future and exhibit high levels of enthusiasm and energy, it is reasonable to expect those individuals to report lower levels of emotional exhaustion. Also, because individuals higher in extraversion engage in increased interpersonal communications with people and interact more with the people with whom they work and clients they serve better than an individual lower in extraversion may. This leads to the belief that they will be able to perceive the individuality of people, making it less likely that they will depersonalize them.

Another personality factor that influences less burnout is agreeableness. Agreeableness involves more humane parts of the personality such as altruism, nurturance, caring, and emotional support. Given the characteristics of agreeableness and its relation to burnout agreeableness may allow counselors to better cope with clients who are in need of help and with the frustrating conditions that accompany efforts to help clients. Due to these conditions, counselors high in agreeableness report lower levels of Emotional Exhaustion. Because individuals high on agreeableness focus on the needs and well-being of others, it is less likely that they will see others as objects to be dealt with and demonstrate less depersonalization due to this (Ghorpade et al., 2007). These results suggest that high agreeableness could likely serve a protective factor against burnout,

specifically against emotional exhaustion and depersonalization whereas counselors with low agreeableness would be much more vulnerable to emotional exhaustion and depersonalization.

Conscientiousness was also found in this study to have an inverse relationship to burnout. As conscientiousness was higher, burnout was lower. This relationship can be explained because of the way that people high on conscientiousness distinguish themselves. Those high on conscientiousness are typically purposeful, responsible, organized, efficient, reliable, self-disciplined, achievement-oriented, rational, and deliberate. Conscientious individuals are efficient, hardworking, ambitious, and dependable (Block, 1961). These individuals are likely to utilize active coping mechanisms such as organizing and planning. This increases the likelihood of handling stressful situations effectively (Lefcourt, Martin, & Ebers, 1981). Therefore, individuals scoring high in this dimension are expected to report lower levels of exhaustion (Ghorpade et al., 2007). Prior research conducted by Digman (1990), Mount et al. (1998), and Capner and Caltabiano (1993) and the present study reinforce the notion that conscientious counselors are likely to achieve more because of their ambition and perseverance. These qualities move them to actively resolve problems, which can lead to higher personal accomplishment. These results support the idea of conscientiousness being a desirable personality trait for counselors to avoid experiencing burnout, specifically low personal accomplishment.

Finally, neuroticism is the opposite of emotional stability. Those low in neuroticism are referred to as emotionally stable, calm, even tempered, and relaxed (McCrae & John, 1992). Individuals high on neuroticism are inclined to experience

negative feelings such as emotional instability, anxiety, tension, self-pity, hostility, impulsivity, self-consciousness, depression, and low self-esteem. People scoring high on neuroticism have demonstrated higher reactivity to the demands of work than individuals who score lower on this factor (Parkes, 1990). This increased susceptibility to one's environment, along with tendencies to present as anxious and insecure makes it likely that they will blame others for their anxiety. This increases the likelihood that individuals high on neuroticism will experience greater depersonalization and emotional exhaustion (Ghorpade et al., 2007).

The findings of the present study support previous research indicating that personality characteristics impact burnout a great deal. These findings contribute to the theory that burnout is not limited to only work-related factors, but also personality factors. This has implications for the theory of burnout that are important to consider. Through this study it has been shown that burnout can be affected by demographic variables, work setting, and personality factors. This study provides evidence that when constructing a specific theory on burnout, it is necessary to examine not only work-related variables, but also variables specific to the individual counselor. Specifically important to consider when conceptualizing burnout are years of experience, neuroticism, agreeableness, conscientiousness, and extraversion. This helps to provide support for a more comprehensive theory of burnout. These findings also suggest that, in regard to burnout, professional counselors are similar to other mental health professionals. Similarities exist in the variables that affect burnout among the mental health professions, including professional counselors. This literature supports the idea that the experience of burnout may not only be due to work-related factors, but also internal characteristics.

Implications for Counseling Practitioners and Counselor Educators and Supervisors

Despite some limitations, the findings of this study have added valuable information to the body of knowledge on research related to burnout of professional counselors. The results of this study revealed that work setting and personality factors, as well as demographic characteristics to a degree, contribute and account for the degree of burnout experienced by professional counselors. Results found that counselors working in private practice settings experienced the least amount of burnout when compared with counselors working in inpatient and outpatient work settings. Results also revealed that counselors who exhibited higher agreeableness, extraversion, and conscientiousness, with lower neuroticism experienced less burnout. Finally, although results for the demographic characteristics of counselors are to be interpreted with caution, findings revealed that counselors with more experience experienced less burnout than those with less experience. These results have several implications for counseling practitioners, counselor educators, counseling supervisors, and counseling research.

This research is important for practitioners, counselor educators, counseling supervisors, and counseling research. The results of this research study reinforce the view that burnout is a complex, multidimensional construct that has many variables influencing the experience of this phenomenon by mental health professionals, particularly counseling professionals. Previous research has shown that studies regarding burnout focused on specific areas that are related to either internal characteristics of the individual (e.g., sex, personality factors, defensive coping) or to the professional's environment (e.g., work setting, number of hours worked, work expectations). The present study's findings supported results from studies concerned with both internal and

external factors affecting the experience of burnout. This area of research on the factors related to burnout is still being developed in the literature and, therefore, further research is necessary to gain a better understanding of factors that influence and protect against the burnout phenomenon.

Through the identification of variables that relate to a higher occurrence of burnout, practitioners may increase their knowledge about burnout and how it affects both their career and life. The relationship between demographic variables personality factors, work setting, and burnout may provide counselors insight and awareness into which characteristics may lead to a higher degree of burnout. This knowledge will allow counselors to become more aware of their own personal characteristics that place them at risk for a higher degree of burnout.

Implications for Counseling Practitioners

Burnout is a serious problem affecting professional counselors, as well as other mental health professionals. Since burnout is a multi-dimensional concept, it was important to examine the relationships between clinical setting, demographic variables, and personality factors and burnout. There are many implications of this research for professional counselors.

First, since the present study has identified variables that relate to a greater risk of burnout, counselors will have more knowledge about what factors impact burnout. The primary focus of studies of burnout reduction has been interventions to enhance the capacity of individuals to cope with the workplace (Maslach et al., 2001). However, given the results of the present study, the workplace is only one factor that may increase the likelihood of a counselor to experience burnout. Counselors can now make

themselves aware of personal characteristics such as their race, gender, level of experience, and personality characteristics that affect the experience of burnout. Demographic variables may be something that counselors cannot change; however, the awareness of being in a higher risk group by having a combination of demographic factors could lead counselors to increase self-awareness. Increasing professional self-understanding is suggested by Skovholt et al (2001). By heightening self-awareness counseling professionals can help to prevent professional stagnation and burnout. Having the knowledge that burnout is more likely to occur for new professionals, these professionals can heighten their own self-awareness through introspection. Using introspection will allow counselors to develop greater self-awareness, increase personal maturity, and enhance professional effectiveness (Skovholt et al., 2001).

The second implication for beginning practitioners is the balance of self-care and other-care. This has been shown to be a difficult struggle for beginning counselors (Skovholt et al., 2001). The findings of this research imply that beginning professional counselors need to be aware of the effects that the caring cycle has. The effects that have been found include stress, anxiety, and burnout. Due to the importance of the caring cycle as a source of potential stress it is important for counselors to be knowledgeable of how to achieve balance in their life. This may involve professional, as well as personal self-care. Balancing the four personal dimensions of wellness (i.e., physical, spiritual, emotional, and social) is incredibly important for beginning counselors. Counselors must be assertive in their struggle to find a balance of wellness. This may include recognizing the danger in and minimizing the number of one-way caring relationships in their own personal life. This may be achieved by nurturing and challenging connections with

family, friends, and others. Many find personal therapy a means to enhance the process of focusing on wellness. Finally, restorative activities are important to personal self-care. These activities could include exercise, meditation, sharing feelings with a friend, seeking regular supervision, spending time in leisure activities, or drawing upon spiritual resources. By engaging in restorative activities as well as personal counseling, beginning professional counselors can combat burnout in an active way. Taking the necessary precautions to relieve stressors that may contribute to burnout may result in a reduction of absenteeism, greater quality of care with clients, fewer feelings of fatigue, and higher job and life satisfaction. This may also combat against early termination or quitting.

The findings of this research also indicate that work setting of the professional counselor places certain individuals at greater risk for burnout than others. Practitioners should become aware of how working in a certain setting may increase their risk for burnout. The present study suggests that those who are most at risk for burnout are those working in outpatient settings. However, this does not mean that the other work settings are not at risk for burnout. With the knowledge that professionals in each type of work setting can experience burnout, counselors may focus on creating a work environment, regardless of setting, that is ideal for growth. Skovholt et al. (2001) suggest four elements to create this environment: leadership promoting a healthy other-care/self-care balance; receiving support from peers and mentors; mentoring others; and having fun. Similar to the process of introspection, it is important for counselors to take an active role in creating this desired environment, rather than waiting for the organization to meet their needs.

Implications for Counselor Educators and Supervisors

Knowledge gained from the present study has an impact on both counselor educators and counselor supervisors. Counselor educators are responsible for educating and training potential counselors and can benefit from this research in several ways. Burnout research implies specific suggestions for counselor preparation and supervision. These approaches aimed at reducing or managing burnout include both general coping and specific training directed at the causes of burnout.

The first implication for counselor educators is that a high level of stress may be unavoidable in any of the work settings in the present study. It is important that counselor educators are providing counselors with the skills of stress reduction techniques in order to avoid the long-term negative effects of stress and burnout. Counseling students often learn how to use stress reduction techniques with clients, however, knowledge of these methods is not enough to guarantee application to the self. Training in these skills would best be facilitated by opportunities to actively practice the skills. For example, counselor training programs have within them stressful experiences such as examinations, practicum, and internship. Each of these provides an opportunity to coach counselor trainees in awareness of their reactions to stress and suggest methods of stress reduction that works best for each individual (Savicki & Cooley, 1982).

Next, if factors that cause burnout are to be moderated, the counselor must become aware of them. The present study provides a wealth of information about factors that contribute to the experience of burnout in counselors. Counselor educators could use this knowledge to inform students of potential high-risk clinical settings (e.g., outpatient settings), demographic factors (e.g., interaction of demographic variables), and

personality factors (e.g., high neuroticism, low agreeableness, low conscientiousness, and low extraversion). This awareness may be reflected in attempts to change organizational structure or to use the work setting in the most productive manner. Social support and time outs have been identified as a significant factor in reducing burnout. Use of social support and time outs is a skill that many counseling students must learn.

Acknowledgement of the value of abilities to use and provide social support may help with this goal of training. Counselor educators could also develop appropriate skills by using supervision (Savicki & Cooley, 1982).

Currently, 568 counselor education programs in the United States adhere to the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) standards for their curriculum. At this time, the standards set forth by CACREP (2009) include only one reference to self-care strategies and no mention of burnout. The findings of the present study suggest that burnout is a serious issue that may cause negative consequences for counselors. Therefore, it is suggested that in future CACREP standards the concepts of self-care and burnout should be more thoroughly addressed. This could include further exploration of self-awareness and helping students to develop self-care strategies that may help to defend against the experience of burnout. The American Counseling Association (ACA) provides self-care assessments and self-care strategy worksheets that could be used with students in classes such as their introductory counseling course. ACA also provides information about developing a self-care program for the whole self. Following these recommendations would help to reduce burnout regardless of what internal or work characteristics are causing it. Introducing awareness of burnout and burnout prevention strategies could allow counselor educators to include

burnout as a portion of curriculum, therefore increasing the awareness of burnout among counselor trainees.

Another implication for counselor educators is relevant to ethical practice. The ACA Code of Ethics (2005) states that counselors should be alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing services when this impairment is likely to harm a client or others. Counselor educators' responsibility to their students includes making them aware of ethical issues, and as such burnout would fall within the category of impairment if the experience is severe enough. In order to help counselor trainees avoid this ethical pitfall, it is important that counselor educators provide knowledge about the definition of burnout, symptoms of burnout, consequences of burnout, and how burnout can affect counseling performance. Symptoms of burnout can be categorized into five clusters: physical, emotional, behavioral, interpersonal, and attitudinal (Kahill, 1988). These symptoms can impair professionals. Having this knowledge would allow counselor educators to inform counselor trainees about symptoms of burnout so that they can be more aware of how burnout can impair them.

Finally, counselor trainees typically bring with them enthusiasm that provides courage and energy to overcome some of the rigors of the transition to a new career in professional counseling. The present study has indicated that those entering into the profession may be the most at risk for burnout. Counselors may be entering into the profession with idealistic thinking. However, it is the counselor educator's responsibility to encourage a realistic perspective of entering into the work environment. This can be fostered by providing information regarding the beliefs of trainees that are expressed. For

example, beginning counselors often express a belief that they are present to make the client get better after only a short time. However, this is not always the case and providing counselors with the knowledge that the effects of counseling are not always immediately visible may make them better prepared to handle feelings of overextending and exhaustion. Counselor educators may also teach counselor trainees how to seek assistance for burnout when it reaches the level of professional impairment so that counselors' impairment does not harm clients or others.

Limitations and Recommendations for Future Research

There were several limitations of this study. First, the sample of participants of professional counselors was a sample of convenience. Future research should include replications of this study in other geographical areas more reflective of the general population of the area in terms of race. Future researchers should also use a random sampling method of professional counselors in order to gather a more representative sample of participants.

The next limitation was the inability to interpret the differences between the MBI-HSS norms and the present sample's scores on the MBI-HSS. The results of these t-tests suggested that there were significant differences between the sample of the present study and the sample utilized in determining normative data for the MBI-HSS. With limited data regarding why these differences exist, it can be difficult to interpret the data in a meaningful way. However, several hypothesized factors may have contributed to the significant differences found. The difference in the present study and the norm sample for

the MBI-HSS may have differed in terms of some demographic characteristics. The norm data for the MBI-HSS does not report what other, if any, demographic factors were taken into account when examining mental health professionals' degree of burnout experienced. Thus, the differences found in the analysis may be accounted for by the demographic factors studied in the present study. Also in terms of the norm data, the population consisted of mental health professionals working in a variety of professions (e.g., psychiatry, psychology, social work, and counseling). Those studied in the present study were only those who identified as professional counselors. Thus, it could be considered that there is a possibility of professional counselors exhibiting different levels of burnout than other mental health professionals. Another factor that could potentially contribute to the difference between the two groups of MBI-HSS scores is that of geographic location. Information regarding where the surveyed mental health professionals for the normative data is not provided. However, it cannot be considered certain that any of the previous factors influenced the differences in the scores because of limited information available. Further studies may want to more closely examine this difference in order to determine what factors account for the differences observed in the present study. Finally, it is important to interpret these results with caution because the discrepancy between the two sets of scores may impact the external validity of the results and limit generalizability to only professional counselors.

Generalizability is also important to extend to other populations with caution due to the following. The professional counselors in this sample were taken from counseling associations across the United States. However, this limits the participants to only members of these counseling associations. Therefore, counselors who are not members of these counseling associations were not taken into account with this sample. It is recommended that an alternative sampling method, perhaps by obtaining a list of licensed counselors from state boards and random sampling. This would provide a more accurate representation of all counselors.

Previous research has also found differences in burnout between residents of different countries (Schaufeli & Buunk, 2003). It is recommended that future burnout researchers who want to investigate differences between professional counselors in different countries such as the United States and England seek population samples from other regions or countries.

Generalizability may also be limited due to the exclusion of certain types of counseling professionals and certain types of counseling setting. The present study studied only professional counselors working in inpatient, non private practice outpatient, and private practice. These results may not be generalizable to other counseling professionals such as school counselors who work in a role that is different from clinical counselors and a different type of work environment. Generalizability may be limited when attempting to generalize to counselors working in other settings that were not included in this study. Results may not apply to counselors working in settings such as day treatment centers, crisis hotlines, or other counseling settings outside of the three

specific settings studied. Therefore, generalizability of this study is limited to the settings that were included.

A third limitation is related to demographic variables. In the present study, race was limited to only two racial groups: White/European American and Black/African American. There existed a large difference between the two groups of White/European American and Black/African American in the present study, as well. 85% of participants self-identified as White/European American while only 11% self-identified as Black/African American. Thus, results may not be as generalizable to the Black/African American population due to the limited amount of responses from this population. This research did not study other cultures such as: Asian Americans, Hispanic Americans, or Native Americans. It is recommended that future researchers who would like to investigate other racial groups strategically sample these specific populations.

Other demographic limitations are present regarding sex. Participants in the present study included 75% female and 25% male counselors. This large difference may actually be representative of the counseling profession; however, the large discrepancy in sample size for sex may cause results to be less generalizable to males. Future research should focus on obtaining a sample that is more equal as far as the demographic variable of sex. In terms of years of experience, a potential limitation is the fact that years of experience was transformed into categorical variables rather than leaving it as a continuous variable. This could limit the results of the current study because it does not allow correlations to be drawn from the research, but only group differences.

Another potential limitation of this study was the instruments used to measure burnout and personality factors. The two instruments used for this study were the

Maslach Burnout Inventory – Human Services Survey (Maslach, 1996) and the International Personality Item Pool – Big Five (Goldberg, 1999). The Maslach Burnout Inventory is the most widely used measure in research on burnout and is generally regarded as the measure of choice for self-report assessment of burnout (Zalauett & Wood, 1997). This, however, does not mean that the instrument is devoid of limitations. Disadvantages of self-report measurement may be exacerbated in the context of Internet data collection. Due to the Maslach Burnout Inventory being a self-report measure, one disadvantage is that the instrument is vulnerable to intentional and unintentional distortions by the participant (Heppner, Wampold, & Kivlighan, 2008). This may be especially true for the Maslach Burnout Inventory’s scale of depersonalization. In this sample, depersonalization was the lowest subscale of burnout. Given this limitation this does not necessarily mean that the professional counselors in all of the groups are actually low on depersonalization. Since counselors are humanistic in nature, they may approach a question such as “I treat my recipients as objects” to be overly negative when describing their treatment of clients and this may cause the participants to distort their answer to this type of question. It is possible that participants in this study responded to the self-report measure items in a socially desirable manner, attempting to respond in some anticipated way of placing themselves in the best possible light, rather than responding genuinely. Future researchers should incorporate a social desirability scale into the research design; as a covariate when analyzing group differences, or as a control variable when examining relationships among variables.

There are also limitations of the International Personality Item Pool – Big Five. The developers of the International Personality Item Pool provide no norms for the

instrument due to the belief that most norms are misleading and should not be used. This causes an issue when comparing current results to the norms of the instrument. One way future research can remedy this is by using commercially produced instruments such as the NEO-PI-R (Costa & McCrae, 1992). Such instruments would provide norm scores for the instrument in order to help interpret results of future studies.

Potential limitations with the procedures of this study were also present. Data was collected utilizing a national online survey. A potential limitation of online data collection is access. The sample was collected by contacting individuals of counseling associations, which is not representative of all counselors, but only those who are members of such associations. Future research may consider utilizing state board lists of licensed practitioners in order to gather their sample to obtain a more accurate view of the profession as a whole, not simply those who had access as members of counseling organizations. Access was also limited due to respondents needing a computer that is connected to the internet. Another concern about online implementation is often the possibility of fraudulent responses. However, internet provider checking through the software used to deliver the survey helped to minimize this risk due to only allowing one response per internet provider number. One final potential limitation was that potential participants may have been unable to access the survey due to technical problems that can arise when using online implementation of surveys (Lefever, Dal, & Matthiasdottir, 2007). Future research may want to take into consideration the limitations of using internet data collection as a procedure when deciding whether or not it is the best avenue to collect the data necessary. There are other methods of data collection that could be

utilized in place of the online survey including interviews and physical mailing of surveys to recipients (Heppner et al., 2008).

Other suggestions for future research include the use of qualitative or mixed-methods research to study the phenomenon of burnout. In future studies examining burnout, by utilizing qualitative research strategies, an in-depth examination of the phenomenon of burnout, as well as factors that contribute to burnout could be examined. This type of research could examine complex questions that were not possible to answer with the quantitative research conducted in the present study (Gall et al., 2007). For example, interviewing could be used to determine more descriptive information about personality characteristics of the individual or the precise demands of the specific work environment. This would also help to reinforce the theory of burnout proposed in the present study as well as build potential new theories.

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APPENDICES

APPENDIX A
INFORMED CONSENT DOCUMENT

You are invited to participate in a research project being conducted by Jonathan Lent, a doctoral student in the Department of Counseling at The University of Akron, in Akron, Ohio. This study will examine burnout among professional counselors. If you agree to participate, you will be asked to give general demographic information that describes you and then you will be asked to complete two questionnaires related to personality factors and burnout. The survey should take approximately 15-20 minutes to complete. As a participant, you will not receive direct benefits or compensation from this study, but your participation may add to the body of knowledge and understanding regarding the factors that affect burnout among professional counselors.

Your participation in this study is voluntary. You are free to refuse to participate or to withdraw at any time, without negative consequences. No known risks or discomforts to research participants are expected. All information will remain anonymous. No identifying data will be collected, and your anonymity is further protected by not asking you to sign and return an informed consent document. Confidentiality will be maintained using a number code system that will be assigned to the online responses. Clicking “I agree” on the online cover page and continuing begin

the study will serve as your acceptance of the information provided in this informed consent document and your consent to participate in this study. Data for this study will be entered into a password protected computer and aggregated answers of participants completing the questionnaires will be stored on secure website. You will be able to print a copy of this informed consent document to keep for future reference.

If you have any questions about this study, please contact Jonathan Lent by emailing him at jl66@uakron.edu or calling him at 724-322-4113. You can also contact Dr. Robert Schwartz, Ph.D., Dissertation Chair, at The University of Akron, in Akron, Ohio, at rsc@uakron.edu, or by calling him at 330-972-8155.

APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE

Please read each statement or question carefully. Please fill in the blank or click the circle next to the choice that provides the answer that fits for you. Thank you for your participation.

1. Your sex (please select one):
 - a. Female
 - b. Male

2. Your race (please select one):
 - a. Asian / Asian American / Pacific Islander
 - b. Native American / American Indian / Alaskan Native
 - c. Black / African American
 - d. Hispanic / Latin American
 - e. Middle Eastern / Arabic American
 - f. White / European American
 - g. Multi-Racial (please explain): _____

3. Current counseling license held (please select one):
 - a. Professional counselor
 - b. Professional clinical counselor
 - c. Other (please explain): _____

4. Highest degree held (please select one):
 - a. Master's
 - b. Ph.D.

5. Specialty area for your highest degree (please select one):
 - a. Community Counseling
 - b. Rehabilitation Counseling
 - c. Marriage and Family Counseling
 - d. Drug and Alcohol Counseling
 - e. Counselor Education and Supervision

- f. Other (please explain): _____
6. Current mental health employment setting - your primary work setting in which counseling is practiced (please select one):
- a. Inpatient (includes those working in residential treatment facilities, inpatient, or partial hospitalization)
 - b. Non private practice outpatient (includes those who work in community mental health centers, college counseling centers, other types of community health centers)
 - c. Private practice outpatient (those working in private practice settings)
 - d. Other (please explain): _____
7. Years of counseling experience:
- a. 0-4
 - b. 5-9
 - c. 10-14
 - d. 15 or more
8. Amount of time spent doing administrative duties:
- a. More than 50%
 - b. Less than 50%
9. Amount of time spent working directly with clients:
- a. More than 50%
 - b. Less than 50%