

EXAMINING THE RELATIONSHIP BETWEEN COUNSELOR PROFESSIONAL
IDENTITY AND BURNOUT

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This dissertation, by Jessica Gaul, has
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ABSTRACT

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This study examines counselor professional identity and burnout for clinical mental health counselors. The population of focus included licensed or license-eligible Clinical Mental Health Counselors, who were post-grad (N=53). Participants then completed the Professional Identity Scale in Counseling - Short Form and the Maslach Burnout Inventory–Human Services Survey. When examining the findings regarding the relationship between Counselor Professional Identity and Burnout for this study, the initial observation revealed the validity and applicability of the MBI-HSS to clinical mental health counselors. Though a relationship between Burnout and Counselor Professional Identity was not identified, relationships between sub-scale items were noteworthy. Implications for counselor education and supervision are presented. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: counselor, professional identity, burnout, education, wellness

Dedication

To the Bee and Z. You are the apples of my eye. One each.

Love, Mom-Moo

A man asked a monk, “What do you do all day in the monastery?”

The monk’s reply, “We fall down and get up; fall down and get up; fall down and get up.”

-the ancients on monastic life

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- My children. Thank you for your sacrifice all these years.
- The Creator of the Universe. All things in spiritual orientation. Thank you for giving me this journey.
- My beautiful, lovely family. Thank you for always supporting me, for laughter, and giving me a place to come from.
- My incredible, brilliant, funny friends. Thank you for always holding my hands.

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CHAPTER I: INTRODUCTION

Statement of the Problem

According to the National Alliance on Mental Illness (NAMI; 2022), one in five adults in the United States experience mental illness per year, or 52.9 million adults. An additional 14.2 million adults experienced serious mental illness in 2020. Furthermore, youth (ages 6–17) experiencing mental illness represent 7.7 million people in the United States. The prevalence of mental illness is higher among female-identified persons than males (cis- or trans- not specified for either gender), and higher for individuals with two or more racial identities. Mental illness impacts young adults (ages 18–25 years) at higher rates than other adult age groups (National Institute of Mental Health [NIMH], 2022).

Additionally, adverse mental health symptoms increased because of the COVID-19 pandemic (Czeisler et al., 2020). The ability to seek mental health treatment makes healing and recovery possible for people experiencing mental illness. On average, 37.9 million adults and youth experiencing mental illness receive treatment per year (NAMI, 2022). As a result, there is a need for available counseling services and professional counselors. In 2019, the Bureau of Labor and Statistics reported 139,820 community-based mental health counselors employed in the United States (Bureau of Labor Statistics [BLS], 2022). While there are more than 577,000 mental health professionals practicing in the United States (including psychologists, substance use disorder specialists, and social workers), in a given year, there is approximately one licensed mental health counselor for every 534 people seeking mental health services. This does not factor in people who have not yet sought services but experience mental illness. As a result, the demands on counseling professionals are extensive and complex.

Mental health counselors spend intensive time with clients in the context of the client's mental health concerns. Due to the ambiguous and often chronic impact of mental health symptomology, patients express a variety of emotions, including anger, guilt, and shame (Maslach et al., 1996; Zarzycka et al., 2022). Clients can also experience recovery ambiguity, which can require maintaining high levels of caregiving from counselors to clients (Lee et al., 2020). Therefore, the nature of the profession creates an intense work environment for the counselor, often leading to professional fatigue and emotional distress (Lee et al., 2020; Zarzycka et al., 2022). Burnout can be an outcome of prolonged professional fatigue.

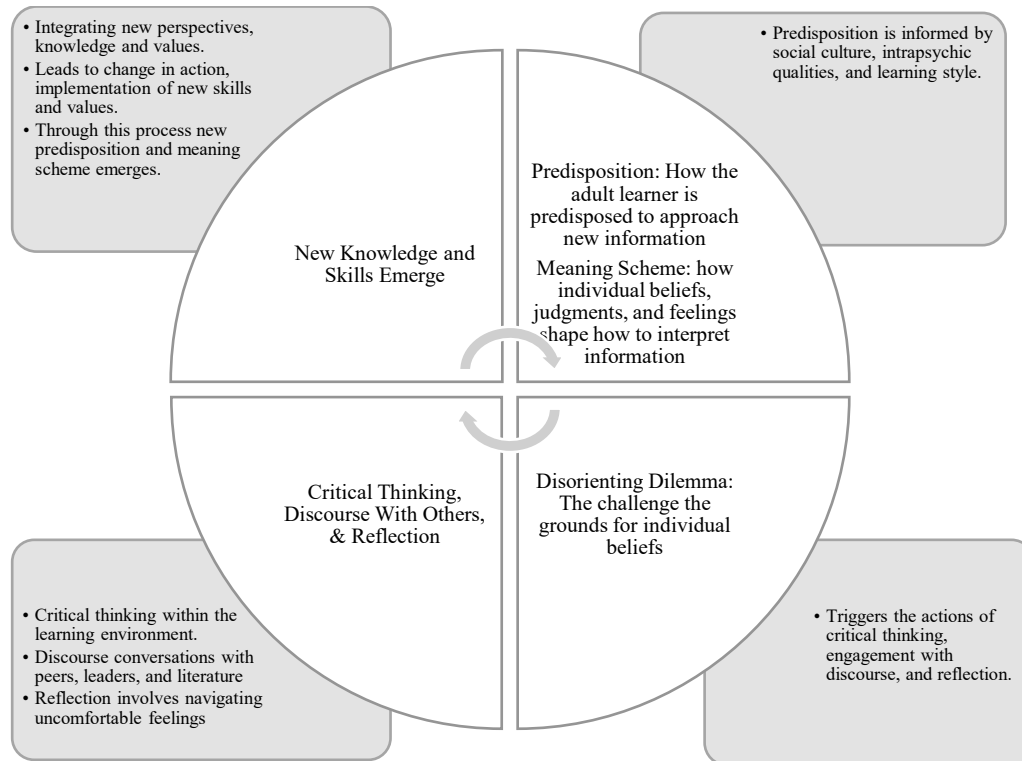
Simionato and Simpson (2018) indicated that over half of counselors experienced moderate to high levels of burnout, creating a negative impact on quality of life, increasing mental health concerns for the helping professionals, and contributing to turnover and disruption in the work environment. Additionally, Finan et al. (2021) found that professional counselors experiencing burnout had a professional identity crisis. This is important because counseling professional identity is a pivotal construct for moving the counseling profession forward. Counseling professional identity was likewise identified as important regarding the impact on client care and retention in the field (Woo et al., 2017). A study to better understand the relationship between counselor professional identity and burnout could be pivotal to the maintenance of mental health services in the United States.

Theoretical or Conceptual Framework

The selected theoretical framework is Jack Mezirow's transformation theory, also known as transformative learning theory (Mezirow, 1994). Transformative learning theory is a constructivist adult learning concept and posits that adult learners engage in iterative sense experiences that contribute to meaning-making. The composite of these cycles is how learning is

defined. Components include critical thinking and discourse informed by the individual's interaction with culture, lived experience, and sensory stimuli. Infusion of new thinking and discourse challenges previous meaning structures. Redefining meaning leads the learner to a new coherent knowledge narrative (Mezirow, 1994).

Two meaning structures are integral to the transformative learning process. First, meaning perspectives, or how the adult learner is *predisposed* to approach new information. Predisposition is informed by the impact of social culture, intrapsychic qualities, and learning style. The second meaning scheme, or how individual beliefs, judgments, and feelings shape how to interpret information (Mezirow, 1994). Transformative learning theory aims to challenge the grounds for individual beliefs. To transform the meaning structures so that old ways of knowing become obsolete. Mezirow defined this as a *disorienting dilemma* (Mezirow, 1994). The disorienting dilemma, or challenge, triggers the actions of critical thinking, engagement with discourse, and reflection. During this, the individual's previous premises for knowing are challenged and may be replaced by new knowledge and skills. The new knowledge attributes are then integrated into the learner's meaning-making structures (Mezirow, 1994). A visual representation of the transformative learning cycle is presented in Figure 1.1.

Figure 1.1*Transformative Learning Theory Visual Representation*

Transformative learning theory is relative to the current study because counselor professional identity development and burnout are experienced by individual counselors in the context of the greater culture and within the counseling community. Transformation theory provides a foundational lens to explore the impact of culture and intersectionality of oppressive forces on individual counselors and the clients they serve (Wichita State University, 2023). This theory can help explain how challenging a counselor's predisposition, as described above, can evolve counselor professional identity development and address predicating burnout issues.

Transformative learning provides counselors the opportunity to apply their historical knowledge and personal experiences to the professional development process (recognition of predisposition and meaning schemas in the development process). Transformative learning

theory provides a lens to help counselors and teachers or supervisors conceptualize how a counselor's professional identity development needs and focus can fluctuate depending on work environment, client population, and cultural location of the counselor. That recognition of such elements can be applied to professional identity development and create the capacity to focus more meaningfully on serving clients, families, and the community, not just managing client symptoms (McLane-Davison, 2017). Both counseling professional identity and burnout can be conceptualized by considering relational variables, disorienting dilemmas, and relying heavily on individual meaning structures. Meaning structures that individual counselors extrapolate to endorse a professional approach.

Statement of Purpose

The purpose of this study was to examine the relationship between counselor professional identity and burnout for clinical mental health counselors within the context of transformation theory.

Overview of the Methodology

The present study utilized a quantitative survey, a non-experimental correlational design, to examine the relationship between two or more variables: counselor professional identity and burnout (Gliner et al., 2017). A correlational design was appropriate for this study because the strength of the relationship between counselor professional identity and burnout was examined for a single group of participants. In this study variables were not manipulated, casual relationships were not determined, and comparison groups were not utilized.

Research Questions

The research is driven by one specific research question: Is there a relationship between professional identity and burnout for clinical mental health counselors? It is hypothesized that lower professional identity scores correlate with higher rates of burnout. The null hypothesis would suggest there is no significant relationship between counselor professional identity and burnout.

Significance of the Study

Counseling professional identity is associated with positive professional qualities, or *advantages* (Woo & Henfield, 2015). These advantages are delineated as increased ethical practice, sense of wellness, and grounded understanding of the counselor's role. Counseling professional identity is a growth process that is developmental, and as individuals engage in professional growth processes, the counseling profession will be strengthened (Healey & Hays, 2012).

Maslach and Jackson (1981) described burnout as *very serious* and negatively consequential to staff, clients, and institutions. Burnout can lead to a decline in the quality of client care, cause counseling professionals to leave the profession or change careers, impact job productivity, and lead to psychological and physical pathologies for professional counselors (Lheureux et al., 2017; Maslach & Jackson, 1981).

Both counselor professional identity and burnout have been identified as imperative topics ultimately related to client care and counseling professional retention, yet there is a dearth of research to examine or understand a potential interaction between the two. That is what makes this study salient, as it serves to unite two important but juxtaposed topics in the counseling field. Thus far in the review of the literature, this gap has been revealed through the grounded theory

proposition of Moss et al. (2014) as the single source to address navigating burnout as a component of counseling professional identity that needs to be addressed.

Definition of Terms and Operationalized Constructs

Many definitions for professional identity and counselor professional identity exist and will be discussed at length. Professional identity in the field of counseling is at the forefront of counseling research, therefore is identified as an imperative topic for the counseling community (Gibson et al., 2010). For the purposes of this study, two aspects of professional identity will be discussed. First to describe, in brief, what professional identity is. Second, that it is an ongoing developmental process experienced individually and collectively, referred to as professional identity development.

Professional identity is the set of values, philosophies, attitudes, and goals explicated by a professional body that gives rise to a collective narrative. The purpose of the collective narrative is to describe what distinguishes one profession from another and provides a platform to propel the professional body forward (Gibson et al., 2010; Healey & Hays, 2012; Woo & Henfield, 2015). Lile (2017) suggested the formation of counselor identity includes engaging with values, attitudes, and actions championed by the profession and striving to integrate such values, attitudes, and actions with one's larger identity system.

Maslach and Jackson (1981) defined burnout as a multifaceted *syndrome* often experienced by people who work in the field of human services. Three key aspects of burnout are increased feelings of emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment (Lheureux et al., 2017; Schaufeli et al., 2009). Burnout is characterized by emotional exhaustion. As emotional resources are depleted, fatigue, strain, and stress impact the

helping professional's capacity to give to their work. Linked to emotional exhaustion is an altered perspective toward the person receiving care, or the client.

Depersonalization is an increase in negative attitudes, thoughts, and feelings toward clients, and occurs to create distance between client and helping professional. Depersonalization serves to make the job demands more *manageable* for the employee (Maslach et al., 1996). A sense of reduced personal accomplishment refers to a set of intrapersonal dynamics that begin to occur for the helping professional and is characterized by negative self-evaluation, a sense of low efficacy in client work, and a decline in perceived professional competence (Lheureux et al., 2017; Maslach et al., 1996).

Assumptions and Limitations

It is assumed that as a quantitative study, a narrative will not be collected to provide further context to support (affirmative or negative) results. Further analysis with mixed method or qualitative design could serve to identify salient contributing factors to participant responses concerning counselor professional identity and burnout and specific factors of how the outcomes relate. Although the quantitative survey was not intended to identify salient contributing factors, transformative learning theory contributed to the study as a descriptive lens to uphold the concept that counselor professional identity and burnout occur within environmental socio-cultural contexts for the study participants. The nature of self-report is a limiting factor as well. However, this quantitative correlational survey research design is a logical first step in carrying literature forward. It is assumed that more will be learned regarding the nature of burnout and counselor identity.

CHAPTER II: LITERATURE REVIEW

Introduction to the Literature Review

The purpose of this study was to examine the relationship between counselor professional identity and burnout for clinical mental health counselors. The literature review explored the theoretical framework of transformative learning theory as the descriptive mechanism through which counselor professional identity evolves and provides a means to acknowledge which social forces may contribute to burnout. Additionally, this review exemplified the importance of counselor professional identity, primarily focusing on counselor professional identity as a developmental process across a counselor's professional lifetime. Next, burnout was examined via the descriptive concepts of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Finally, a gap in the literature concerning the need for more research on the relationship between counselor professional identity and burnout was identified, evoking a salient need for this study.

Theoretical Orientation

Transformative learning theory provides a useful context for this study in addition to studies from the past. For instance, Bailey (2018) prompted master's level counseling and student affairs administration in higher education students to practice empathy-oriented responses to the lived experience of older adults receiving mental health services. A gerontological-focused transformative learning intervention was utilized in counseling education programs to address the mental health needs of the growing older adult population. The applicability of transformative learning theory was highlighted as the theoretical lens to view the participant experience during the game (intervention). The game's purpose is to create a disorienting dilemma (imagining themselves in the lived experience of an older adult) for the

participants to challenge the existing worldview of the participants. As such, while promoting personal and emotional safety for participants, faculty facilitators served as managers and provided prompts for self-reflection. All of which were features of the transformative learning process (Bailey, 2018).

Agvent (2020) inquired about the role of resilience in the professional experiences of post-secondary teachers and what institutional activities either foster or impede resilience. Through the lens of transformative learning theory, critical reflection was highlighted as integral to the process of resilience and identified that critical reflection is necessary for institutions and individuals to implement reliance-based interventions effectively. Participants viewed resilience as a process enacted by adversity that caused a disequilibrium (read, disorienting dilemma) and required navigating uncomfortable feelings and practicing self-reflection (critical reflection). The teachers in this study then practiced perspective-taking and conversed with peers, leaders, and literature-based information (discourse with others) to integrate new knowledge and values. The participants then reported changing approaches in the classroom and developing new skills that supported the transformation of new knowledge and values in the context of work that allowed them to reintegrate with their new perspectives. Transformative learning theory was most applicable when engaging with the participants' reports during early work experience. Teacher participants were less inclined to engage with the discomfort of disorienting dilemmas later in their careers, and the participants did not report resilience as a factor that allowed them to navigate challenges after the initial years as an instructor. Instead, participants endorsed ignoring systemic dilemmas and "waiting for things to change" (Agvent, 2020).

Onello (2015) developed the Feedback Assessment for Clinical Education (FACE) for medical and nursing instructors to utilize while providing clinical feedback. This study also used

transformative learning theory as the orienting approach in developing the FACE tool. It was established that discourse between instructor and student is fundamental to students examining frames of reference that create learning or change. For effective discourse that drives the transformation to occur, feedback in the context of a supportive environment is pivotal to the interaction. Transformative learning theory was integral to the FACE development process due to the view of instructors as facilitators who aid in reflective dialogue and promote examination of internalized narratives. The FACE focuses on providing quality and impactful feedback from instructor to learner, such that the learner would leave the conversation with new insight. The described process allows for learning movement (Onello, 2015). Due to the inherent use of feedback in counseling programs, supervision, and consultation, using a tool to monitor effectiveness of feedback could be helpful in addressing professional identity and burnout.

Thompson et al. (2016) utilized transformative learning theory to explore attitudinal learning for medical students paired with a person living with a disability on a 5–7 day sea trip. The purpose of the study was to use the theory to view the shift in frames of reference for the students, who, before the trip, may have limited interaction with those living with disability, and to confront the limitations of teaching attitudinal learning in medical school. The study was designed to encompass elements of transformative learning theory by querying students to share frames of reference and engage with disorienting dilemmas, or challenges to the frame of reference (the trip focused on previously un-lived interactions). It also included critical reflection (focused on sharing via audio, written, and artistic diaries), discourse with others (other sailors in the study), and experiencing the trip in conditions that foster transformation (how the faculty set up the conditions). Findings indicated disorienting dilemmas were the most beneficial outcome of the study by substantiating the need to provide appropriate challenges to frames of reference

to promote shifts in attitudes or opportunities beyond learning from reading and classroom material (Thompson et al., 2016). Like medical students, counseling students may experience attitudinal learning when encountering clients with unfamiliar lived experiences, thus creating a disorienting dilemma. Navigating such dilemmas outside the context of the classroom promotes integral growth and identification with lived experience of people. In this way, transformative learning theory provides a helpful perspective in considering the professional identity development of counselors, which is critical for the counseling profession.

Review of Research Literature and Synthesis of the Research Findings

Counseling Professional Identity is a pivotal construct to move the counseling profession forward (Woo et al., 2017). Although the research concerning counselor professional identity only recently emerged in the field of professional counseling, the concept has been robustly attended to in the literature, such that it can be challenging to identify congruent and structural themes. Woo and Henfield (2015) helped synthesize existing counseling literature by providing a schema to describe attributes of counselor professional identity. This articulated professional identity by defining engagement behaviors, knowledge of the counseling profession, attitude, knowledge of counseling professionals' various roles and expertise, knowledge of the counseling profession's philosophy, and professional values.

Healey (2009) contributed to the literature by distilling professional identity in relation to influencing constructs. Central to the process was alignment with counseling philosophy. Then acknowledged how values and beliefs, predicated on individual cultural and social systems, impacted professional identity and how counselors enact values and advocacy-based actions—finally extending into the interaction between roles that counselors inhabit professionally and personally. This supporting research aided in the primary focus of the current study by revealing

professional identity as a developmental process that comprises the elements of counselor professional identity.

Counselor Professional Identity Development

To gain a better understanding of counselor professional identity development, Woo et al. (2017) explored whether there are developmental differences between counseling students, both master's and doctoral students, and counselor educators in terms of their counselor professional identity. The findings revealed that doctoral counseling students and counselor educators appeared to have a stronger professional identity than master's-level counseling students. Rationale suggested professional identity is strengthened over time, due to more experience and increased opportunities to participate in research and professional development opportunities for doctoral students and counselor educators. Suggesting that master's degree programs provide similar opportunities in counseling program curriculum. This study exemplified the need to examine professional identity development and the associated needs for counseling professionals at different phases in their education and careers (Woo et al., 2017).

In recognition of these developmental differences, Gibson et al. (2010) provided a grounded theory of professional identity development for counselors across nodal points during training programs. The study described tasks associated with how counselor trainees evolve their definition of counseling. Moreover, counselor trainees derived meaning through training experiences they later reflected on, which initiated responsibility for professional growth. Further, a transformation from individual professional identity to systemic identity occurs in the final stages of counseling education programs. This shift occurred when, through the course of their education programs, counseling students began to think less of themselves as an individual counselor in training and more of a part and function of a community of counselors and related

tasks. A transformational process, described as moving from external validation (relying on feedback from instructors and peers) to self-validation, occurs through each task. The movement occurs through engagement with coursework, gaining experience, and is powered by the counselor in training's commitment to the process (Gibson et al., 2010).

Similarly, Prosek and Hurt (2014) found a significant difference in professional identity development between novice and advanced counselor trainees. For instance, advanced counselor trainees demonstrated higher levels of professional development in the application of counseling practice and congruence between personal identity and professional identity than novice counselor trainees. It was recommended that counselor educators and supervisors be aware of the role that clinical experience plays in the development of personal and professional identity congruence (Prosek & Hurt, 2014).

Utilizing a grounded theory approach, Dollarhide et al. (2013) identified transformational tasks doctoral education students encountered in professional identity development and contend with while integrating multiple identities. The individual entered a doctoral program with the singular professional identity as a working counselor, then integrated a doctoral student identity, and finally emerged with an incorporated counselor educator professional identity. As with counselor trainees, evolving legitimacy described the doctoral students' experience by internal and external validation shifts across the early, middle, and end stages of doctoral programs. Participants in the dissertation phase of the program developed an individualized concept of autonomy and a sense of being self-directed. Acceptance and responsibility accounted for the transition from doctoral students identifying others as experts to accepting responsibility as emerging experts (Dollarhide et al., 2013).

One study noted limited research concerning counselor identity development at various points across a counselor's professional lifespan (Moss et al., 2014). Therefore, the focus was on counselor professional identity development at nodal points in their career life span as beginning, experienced, and expert counselors. Adjustment to expectations represented the task of moving from idealizing counseling work toward adjustment to the reality of counseling work that includes administrative duties and a higher degree of independence. The theme of confidence and freedom addressed how counselors identified what they needed to progress developmentally in professional identity. Finally, separation versus integration addressed how counselors continually integrated personal and professional dimensions of their lives. Counselors shared that completing tasks was a process reflected in continued learning opportunities, working with clients, and receiving help from an experienced guide (Moss et al., 2014).

Counseling educators and counselors in leadership positions continue to engage with the professional identity development process. By utilizing consensual qualitative research, Woo et al. (2016) examined how counselor educators in leadership roles perceived their professional identity development. Participants reported that mentors played an essential role in counselor professional identity development, which they attributed to growth and associated success as counselor educators. They reported continuing the cycle by then mentoring future generations of counselors. The counselor educators in this study reported how professional identity was characterized by congruence between personal values and the values of the work environment and the counseling profession. They acknowledged the positive impact engaging in professional counseling activities had on professional growth and professional identity development. Participants also strongly supported the concept that professional identity comprised not just the

role of counseling practice but included elements of pedagogy, clinical supervision, research, and acts of service (Woo et al., 2016).

Peters and Vereen (2020) evaluated the experiences and perspectives of counseling leaders regarding leadership and counselor professional identity. The person as a leader encompassed how identity, personal qualities, and leadership concepts and modeling impacted individual leadership style and professional identity. Culture encompassed how cultural affiliation(s) and experiences, professional counseling culture, and the associations interviewees had with power dynamics within the role as a leader impacted participants' leadership style and identity as a leader. Privilege and responsibility encompassed how leaders gained access to leadership roles, a sense of privilege to be in leadership roles, and a sense of service that exemplifies counseling values in leadership roles. Counseling leadership describes leadership qualities that are specific to the counseling profession. Participants highlighted the importance of mentorship, honing leadership skills, and the positive impact of applying personal and professional experience and knowledge of the counseling field to participants' leadership styles and professional identity as a leader. Advocacy and impact, social justice, and multicultural awareness emerged as essential leadership values to continually engage with and implement in leadership roles and as part of continued counseling professional identity development to positively impact the counseling profession (Peters & Vereen, 2020).

Researchers have likewise engaged with how program accreditation contributes to professional identity development. Person et al. (2020) utilized exploratory quantitative analysis to identify whether counselors' professional identity development differed depending on whether they attended a CACREP-accredited or a non-CACREP-accredited program. The findings showed that counselors who previously attended CACREP-accredited programs scored

significantly higher on overall professional identity, reported a higher understanding of the roles that distinguish counselors from other helping professions, and had a stronger understanding and subsequent orientation toward the unified beliefs that underly the counseling profession, or counseling philosophy, than those from non-CACREP accredited programs. A potential explanation for this was that counseling programs create professional identity by promoting opportunities while fulfilling the standards required by CACREP accreditation. Those who attended non-CACREP accredited programs might be indoctrinated into multiple helping profession philosophies, which vary from professional counseling, thereby contributing to role confusion and later difficulty in adopting leadership positions. It was acknowledged that CACREP accreditation is not the only factor influencing post-graduate counselor professional identity. Membership in organizations such as the American Counseling Association and solid supervision are other ways working counselors can explore professional identity (Person et al., 2020).

To that end, professional identity development is supported through engagement with the professional counseling community. Cureton et al. (2019) expanded on previous findings that professional involvement in events can contribute to counselor professional identity development. They wanted to know if involvement in a single-day, professional counseling community event could foster counselor professional identity development in master's students, doctoral students, and counselors. Participants described how attending and contributing to the event fostered a sense of commitment to themselves, others present, and the greater counseling community. They described a sense of pride and accomplishment that enhanced their sense of community with individuals present and within their professional group. Participants noted increased clarity for their role as a leader and how specialties, approaches, and accomplishments

contribute to counselor professional identity. Ambiguity was reported about their counselor professional identity before, during, and after the event. At the same time, the individuals involved described how participation during the event affirmed their counselor identity. Participants identified how taking the risk to be involved in the event and the role they played in the event prompted participants to engage with their counselor professional identity, thereby enhancing professional self-concept (Cureton et al., 2019).

To understand professional identity development in similar but adjacent helping professions, Levin et al. (2022) wanted to learn more about the relationship between social workers' professional identity and the quality of their work in Israel. The study focused on two areas of work quality. First was the workers' perceived job performance, and the other was the workers' sense of personal accomplishment. Workers' perceived job performance related to a measure of workers' belief that role expectations were fulfilled. Workers' sense of personal accomplishment related to the emotions workers experienced on the job and the degree to which work positively impacts feelings of professional competency, as opposed to erosion of a sense of professional competence. Social workers in Israel demonstrated moderate strength in professional identity and a moderately high and high sense of job performance and personal accomplishment, respectively. Further, the study revealed direct links between social workers' professional commitment and the quality of their work (Levin et al., 2022).

Cultural Considerations in Professional Identity Development

From a multicultural and social justice perspective, many factors influence the professional identity process. Healey and Hays (2012) contended that various factors, including cultural gender roles, personal values, and participation in professional activities, influence the professional identity of counselors. Additionally, the level of participation in professional

activities and agreement with professional values were assessed to determine if there are differences between males and females (cis- or trans- not specified for either gender) studied. Findings suggested that gender identity, male or female identity for this study, significantly influenced the factors examined: professional identity development and counseling philosophy. For example, male participants rated higher in self-efficacy. This finding could impact how men engage with counseling-related tasks, resulting in a higher rating in counseling professional development. The findings also revealed that males and females may participate in the profession differently, with different priorities, resulting in different values in their engagement activities. It was noted that female participants attended conferences but presented less often than their male counterparts in part because conference presentations did not add value to work with clients and students (Healey & Hays, 2012).

Nelson and Jackson (2003) explored the professional identity development of Latinx- graduate counseling students. The aim was to identify factors Latinx/e students expressed as salient while developing a professional counseling identity. A phenomenological qualitative research design used semi-structured interviews with eight Latinx/e graduate counselor education students. The analysis resulted in themes that appeared to be consistent with previous professional identity development research conducted with participants who were not identified as members of ethnic minority groups. These themes included knowledge, personal growth, and experiential learning. Themes that seemed to apply to Latinx/e students specifically were relationships (with caring and knowledgeable faculty), accomplishments (individual pride in accomplishing a graduate degree), costs (financial and emotional), and perceptions of the counseling profession (expressed the need to explain what counselors are to others and a positive disposition toward the counseling field). The findings suggested that Latinx/e students may

experience common themes differently or with varying intensity levels than non-ethnically Latinx/e students. Counselor educators may need more information about how Latinx/e students experience and conceptualize a professional identity (Nelson & Jackson, 2003).

Kuo et al. (2021) examined the intersection between the multicultural and professional identities of international counselor education doctoral students. Multicultural background and experiences encompassed participants' descriptions of how race, ethnicity, social position, and religious affiliation contributed to the evolution of their multicultural identity. Navigating general differences encompassed how participants navigated cultural value differences and differences in the educational environment to be able to attend the doctoral program. Participants named the judgment language barriers created as the primary obstacle to navigating counseling programs and working with clients. The influence of cultural values and unique challenges on advocacy and professional identity encompassed how the challenges combined with multicultural values motivated participants to conduct humanitarian and advocacy work locally and internationally. The current study revealed how the described challenges complicate the professional development process. It was suggested that international counselor education students can integrate diverse identity experiences and an increased understanding of the experiences of marginalized populations into professional identity. This process can create awareness and change in the greater counseling field (Kuo et al., 2021).

Another study consisted of a mixed methods assessment of the professional identity development of foreign-born counselors while they navigated master's in counseling and doctoral in counselor education degrees in the United States (Attia, 2021). The study revealed how participants experienced themselves in the context of their foreign-born identity and the impact of their identity on experiences in the counseling field and professional identity

development. Assets described a strong sense of advocacy for the community and other minority groups the participants in the study were motivated to serve. Barriers described experiencing a lack of credibility, as compared to non-immigrant counterparts. That credibility takes longer for foreign-born counselors to gain when compared to others. Counseling profession limitations described how counseling training philosophy focused myopically on Western aspects of identity while neglecting the varied identity experiences of foreign-born counselors. Participants shared that this is apparent in learning content that dis-acknowledges the importance of ethnic identities and the lack of guidance from their counseling program on managing cultural divides. Another area for improvement was a lack of knowledge that the counseling profession is a standalone field, or diminished visibility for the profession (Attia, 2021).

Burnout

Another construct essential to the study at hand is burnout. To increase understanding of burnout among professionals trained in counseling, psychology, or social work, termed psychotherapists, Simionato and Simpson (2018) conducted a systematic literature review to address the level of work-related stress and burnout, measurement tools, and personal risk factors. Forty articles published between 1986 and 2016 were ultimately utilized in the final review. The findings indicated that over half of the psychotherapists experienced moderate to high levels of burnout, negatively impacting their quality of life and mental health concerns contributing to turnover and disruption in their work environment. The review revealed that the most used measurement of burnout was the Maslach Burnout Inventory. Additionally, most studies reviewed focused on single components of burnout. The personal risk factors for burnout included age, personality in the work environment, coping mechanisms and social supports,

gender, and family (Simionato & Simpson, 2018). This study was central in selecting the Maslach Burnout Inventory as part of the methodology.

Leiter and Maslach (2016) identified latent profiles on the burnout-to-engagement continuum. The original two profiles assessing burnout are Burnout and Engagement (high or low on all three subscales), identifying whether burnout is present. This study revealed the potential for three intermediate profiles representing Disengagement, Overextended, and Ineffective. These profiles explain how to interpret results demonstrating a high score in a single category. High scores in Emotional Exhaustion signal an Overextended profile, characterized by excessive workloads or insufficient recovery periods between work intervals. The Overextended profile is the precursor to an actual burnout experience. High scores in Depersonalization signal a Disengaged (cynicism) profile, which, when present, is more indicative of burnout being present than exhaustion alone. The Disengaged profile is characterized by disrupted quality in the work environment. Where poor work relationships exist and resources are not available, leading to impacted performance and satisfaction. Low scores in Personal Accomplishment signal an Ineffective profile, characterized by a lack of engagement and distress, described as a work life that falls short of self-actualization (Leiter & Maslach, 2016). The Ineffective profile reflects a loss of confidence in the counselor or an environment that is not responsive to the counselor's efforts in the workplace (Maslach et al., 2018).

To gain a better understanding of psychotherapists' lived experiences of burnout while working in private practice, defined as members of the Irish Association for Counselling and Psychotherapy, Finan et al. (2021) followed a semi-structured, in-depth interview format utilizing an interpretative phenomenological analysis. According to the results, three themes emerged. First, participants experienced an erosion of their professional identity leading to a

professional identity crisis. Participants experienced this crisis by questioning their competence to do counseling work. Participants expressed feelings of inadequacy and shame during burnout, specifically by internalizing the narrative that they should be continually vulnerable, empathic, and available in their approach to stressful work environments. Moreover, participants struggled to identify value and meaning in their work. Second, an experience of burnout is described as an embodied sense of physical distress that impacts their work as private practitioners. Third, the process of rebalancing. This was about regaining balance by focusing on perspective and a sense of self outside of the work as part of the greater burnout experience. This revealed that participants did not experience burnout in a linear way that could be *recovered from*, but rather *required rebalancing* (Finan et al., 2021).

Consistent with previous studies, Lent and Schwartz (2012) investigated the impact of work setting, demographic characteristics, and personality factors on burnout among counselors in inpatient, community mental health outpatient, and private practice work settings. Findings indicated the degree of burnout reported varied significantly based on the work setting. Counselors working in community mental health outpatient settings reported more burnout of every type, emotional exhaustion, depersonalization, and personal accomplishment, than counselors in the private practice work setting. They reported more burnout in emotional exhaustion than counselors in the inpatient work setting. It was suggested that a more complex relationship between personal and environmental factors impacted how counselors experienced burnout than demographics alone. Traits related to anxiety, anger, self-consciousness, vulnerability, or personality factors defined as neuroticism, were the strongest predictor of burnout. Agreeableness, relating to personality factors oriented toward trusting and an interest in the needs and well-being of others, predicted lower levels of depersonalization. Furthermore,

participants who rated higher in agreeableness were more likely to be invested in their work, relationships with colleagues, and invested in client outcomes. Leading to lower levels of depersonalization and an increased connection to work, which may contribute to a sense of personal accomplishment. This highlighted how the work environment was only one factor contributing to burnout. Personal characteristics and personality traits can also affect the degree to which a counselor experience burnout. The discussion promoted awareness of personal risk factors and implementing restorative strategies to mitigate burnout (Lent & Schwartz, 2012).

In looking further, Choi et al. (2014) conducted a moderated mediation analysis to explore the relationships between job demands, environmental resources, countertransference management ability, and burnout for Korean counselors. The counselor participants worked either with or not with traumatized/bereaved clients. According to the results, of counselors working with traumatized/bereaved clients, countertransference management (internal resources) mediated the relationship between job demands and counselor burnout. Moreover, for counselors who did not work with traumatized/bereaved clients, environmental resources (i.e., external resources), such as job demands were a key component of counselor burnout. Therefore, confirming that, via different pathways, either a lack of internal or external resources can contribute to counselor burnout across varying client types (Choi et al., 2014).

In another study, a meta-analysis was conducted to learn more about the relationship between environmental factors and burnout symptoms (Lee et al., 2020). Therapist-related terms included psychotherapist, counselor, psychologist, and clinical social worker. Results indicated that the perceived difficulty for therapists between themselves and clients is a more critical factor than caseload size. Additionally, therapist burnout was more significantly related to role overload, conflict, or ambiguity versus work hours, caseload, or low compensation for the work.

These findings suggest that professional identity plays an important role in burnout. Among the three burnout dimensions, emotional exhaustion, depersonalization, and lack of personal accomplishment, emotional exhaustion was related more greatly to environmental factors (described above) than client relationships. Depersonalization and reduced sense of accomplishment are more significantly associated with negative client interaction variables. Therapists may utilize distancing behaviors or a weakened response toward clients when approaching negative client interactions, diminishing treatment efficacy. Since therapeutic rapport is one of the most important aspects of counseling, it is congruent that a therapist would feel incompetent when they are struggling with client relationships. Thus, counselor skill development while managing negative client interactions is a significant mitigating factor concerning depersonalization and lack of personal accomplishment (Lee et al., 2020).

Thompson et al. (2014) explored the impact of counselor gender, years of experience, perceived work conditions, and personal resources (mindfulness, use of coping strategies, and compassion satisfaction) on burnout and compassion fatigue for mental health counselors. The results showed that both the perceptions of working conditions and compassion fatigue were significantly associated with burnout. The work environment was more strongly associated with burnout than compassion fatigue, which is more closely associated with the demands related to providing therapeutic services. Therefore, working conditions should be addressed to protect against burnout. The findings supported a significant relationship between workplace environment and compassion fatigue, but this relationship was less potent than the relationship between workplace factors and burnout. There was no identified association between gender or length of time working in the field as significantly associated with either burnout or compassion fatigue. However, personal resources (specifically mindfulness attitudes and the use of specific

coping strategies) were significantly associated with compassion fatigue and burnout. Therefore, conceptualizing the context and specificity for the use of coping strategies could be useful in future research to increase the applicability of findings. The findings support that working conditions and access to personal resources predict counselor burnout and compassion fatigue. Additionally, counselors who reported greater compassion satisfaction reported less burnout and compassion fatigue. Each of these findings is relevant to counselors, supervisors, and educators so they can advocate for improved working conditions and colleague relationships, increase understanding of systemic stressors for counselors, develop effective coping strategies, and revitalization strategies that maintain compassion satisfaction, thereby decreasing counselor burnout and compassion fatigue (Thompson et al., 2014).

Zarzycka et al. (2022) analyzed the association between therapeutic relationships and professional burnout among therapists. More specifically, paths to explain how relational depth between a counselor and client impacts the quality of the relationship predicts well-being and consequently mediates burnout. The findings indicated that the more the therapist experienced relational depth (*described as relational depth and therapeutic relationship quality*) with clients, the higher the quality of therapeutic interactions, and the less professional burnout was experienced (Zarzycka et al., 2022).

In considering other factors, Knudsen et al. (2006) examined the relationship between centralized decision-making, distributive justice, procedural justice, emotional exhaustion, and turnover intention to understand turnover among counselors in substance abuse treatment organizations. There was a positive correlation between centralized decision-making, emotional exhaustion, and intent to quit. When decision-making is less centralized and less hierarchical, counselors report less emotional exhaustion and decreased intentions to quit. Furthermore,

counselors working in substance use treatment organizations that experienced balanced workloads and reward systems, distributive justice, were less likely to report emotional exhaustion. Distributive justice was strongly associated with the intention to quit. When counselors experienced greater distributive justice, they reported decreased intention to quit. Procedural justice, or the sense that workplace procedures are fair, was significantly associated with both emotional exhaustion and turnover intentions for the participants in this study. When counselors experienced higher levels of procedural justice, they were less likely to quit and reported lower levels of emotional exhaustion. Additionally, a significant positive correlation between emotional exhaustion and intent to quit was identified for counselors in substance use treatment organizations (Knudsen et al., 2006).

In another study related to substance abuse counselors, Murphy and Kruis (2023) studied how workplace characteristics impact emotional exhaustion and turnover intentions. The aim of the study was to understand factors related to the intent to quit and emotional exhaustion was the mediating variable assessed. The work environment was measured by evaluating workers' perceptions of job autonomy, coworker support, distributive justice, and management communication. The study revealed that rural counselors experienced moderate levels of emotional exhaustion and moderate intent to quit. The study also revealed that management communication and distributive justice were the primary predictors of emotional exhaustion and intent to quit. Conversely, counselors who perceived pay and workload to be fairly distributed among staff and felt included in significant decisions experienced less burnout and turnover intentions (Murphy & Kruis, 2023).

Burnout Outside the Counseling Field

When identifying burnout and prevention methods, looking toward counseling and other disciplines is useful. Muse et al. (2016) wanted to discover if a weeklong therapist-led outpatient intervention could be empirically assessed to reveal whether symptoms of burnout and depression among the clergy were reduced. Results revealed a significant improvement for the treatment group on factors of emotional exhaustion, depersonalization, and depression. The most significant finding was that the treatment group returned to baseline for burnout and depression measures within six months of treatment. For the control group, burnout and depression levels remained the same as pretest for the control group, indicating no change. It was concluded that the treatment was successful in lowering clergy burnout and depression. These results could suggest that an intervention as brief as a week of intensive intervention to remind clergy of self-worth and reasons for doing pastoral work (Muse et al., 2016) which could potentially be applied to counselors.

Hassmén et al. (2019) distinguished between short-term and long-term burnout recovery and addressed how long-term burnout is rarely studied due to research generally approaching short-term outcomes. Data collection utilized an interpretive phenomenological analysis to understand the lived experiences of elite soccer coaches at three intervals over 10 years. The first interval of three years was previously reported, and two themes were identified. First, coaches faced problems with performance culture and second, the participant coaches faced problems in life holistically. This included work, personal life, and health. The study was extended to gather data over ten years to reveal a longitudinal perspective of coach burnout. Results indicated themes contributing to inflated burnout scores. The area of work-recovery balance such as working too much, role conflict, difficulty managing eternal pressures, perceived lack of control,

and performance culture. The area of debilitating consequences such as health problems due to stress, work/home interference, increased sensitivity to stress, and clinical diagnosis. To contrast burnout experiences, recovery themes were also identified. Work-related changes such as participants stopping coaching, moving from full-time to part-time work, and approaching the job differently. Recovery actions identified were leisure time, exercise, psychotherapy, and insomnia medication. Dimensions of burnout include emotional exhaustion and disengagement from work, which are early indicators of burnout and disengagement from work increasing as burnout develops. After the initial assessment, several coaches changed work circumstances to roles that were lower stress, which could suggest that a change in the role may be necessary to recover (Hassmén et al., 2019). While this is a completely different discipline, it is important to incorporate multiple perspectives to address burnout.

Another profession that has looked at burnout is nursing. For instance, Özkan (2022) aimed to determine the effect size of burnout and identify dimensions of turnover intention. Results indicated the effect size of burnout, emotional exhaustion, and depersonalization on turnover intention is medium in the health industry. This analysis speculated that expectations of stress in the healthcare industry, employees accepting high stress as an anticipated aspect of the work, may impact the relationship between burnout and turnover intention to a lesser degree. For nurses in particular, the effect size is lower than for other employees working in the healthcare industry. Findings provided in this research could be utilized by organizational policies aimed at decreasing turnover intention of nurses (Özkan, 2022). The implications could be examined in other professions as well.

Professional Identity and Burnout Outside the Counseling Field

The lack of research concerning counselor professional identity and burnout was pronounced as the need for this study. While there is a dearth of research concerning this relationship for counselors, some research does exist in non-counseling related fields. Ren et al. (2021) conducted a cross-sectional study to describe the status of job burnout for nurses in China. Additionally, the study explored the mediating role of psychological capital and nurse professional identity on the relationship between organizational justice and job burnout. Three major findings were established. First that the status of job burnout for nurses in China needed to be improved. Second, organizational justice, psychological capital, and nurse professional identity had a negative relationship with the depersonalization and emotional exhaustion dimensions of burnout and a positive correlation with the personal accomplishment dimension of burnout. Third, psychological capital and nurse professional identity have mediating roles in the relationship between organizational justice and job burnout. The perception of organizational justice had both direct and indirect effects on job burnout of nurses, and that these effects were mediated, as proposed, first by higher levels of psychological capital, then by improved professional identity. The study revealed that the nurses who highly perceived organizational justice experienced an increased likelihood of psychological reinforcement, thereby decreasing job burnout levels. The study confirmed professional identity as a mediating variable. Higher levels of sensed justice are related to the potential for higher levels of professional identity, thus allowing for increased engagement in work and decreased job burnout. Moreover, to reduce job burnout, organizations should acknowledge the importance of organizational justice, psychological capital, and the professional identity of nurses in China (Ren et al., 2021).

To contribute to the mitigation and prevention of job burnout, Xu et al. (2022) examined the mediating role of career satisfaction and moderating role of the value of competence and growth in the relationship between teachers' professional identity and job burnout for teachers in China. Results indicated that teachers' professional identity was significantly negatively correlated with burnout. Career satisfaction mediated the relationship between teachers' professional identity and job burnout. They argued that an established professional identity promotes satisfaction and identified values in work, therefore increasing the likelihood that an individual will continue to engage with their occupation. The significant negative correlation conversely described the potential for low professional identity to lead to disengagement with work, therefore increasing the likelihood of burnout. The value of competence and growth was a moderating role between teachers' professional identity and career satisfaction. Further, the value of competence and growth was high, and the positive effect of teachers' professional identity on career satisfaction was strengthened. It was explained how external factors could negatively impact the effect of teachers' professional identity on career satisfaction, how value of competence and growth acts as a protective factor to allow an individual to overcome adverse conditions. This highlighted the need to define schoolteacher roles, to find positive meaning in their work and support teacher career satisfaction in order to reduce burnout (Xu et al., 2022).

More recently, Ding and Xie (2021) conducted a cross-sectional investigation of the relationships between psychological empowerment, professional identity, and burnout among teachers in China's rural provinces. It was recognized that China is a country with a high-power distance culture, therefore, identified psychological empowerment is a vital characteristic to examine in relation to professional identity and burnout. The results showed that teachers with high psychological empowerment had greater professional identity than teachers who reported

low psychological empowerment. High psychological empowerment resulted in a decreased likelihood of teachers experiencing work burnout. One explanation for this was that teachers with higher degrees of psychological empowerment had increased psychological resources related to work, thereby, an increased capacity to navigate job demands, experiencing less burnout at work. The mediating factor of professional identity was described as a sense of identity with work. Higher psychological empowerment positively affects the teachers' identification with their work and increases positive feelings about their occupation. Moreover, individuals with lower psychological empowerment have a weaker sense of professional identity and are more likely to experience burnout. In conclusion, two ways to prevent burnout among China's rural teachers were identified. First, improved psychological empowerment can act as a protective factor against burnout. Second, the authors recommended that China's education departments cultivate teachers' professional identity by improving campus culture and promoting teachers' professional autonomy (Ding & Xie, 2021).

Rationale

Adding to a greater understanding of burnout, as noted by Moss et al. (2014), counselors navigate transformational tasks during professional identity development, which is foundational to professional growth. One task for counselors to accomplish was moving through *burnout toward rejuvenation*. The suggestion that navigating burnout is an identity development task for counselors over a lifetime provoked the current study in two significant ways. First, to further the research, this writer specifically explored the relationship between professional identity and burnout as a contribution to the grounded theory proposition of Moss et al. (2014). Second, professional identity is described as a protective factor for both individual counselors and the counseling profession (Woo et al., 2017), while burnout is associated with numerous factors that

contribute to deterioration among individual counselors and the counseling profession (Özkan, 2022; Simionato & Simpson, 2018). Due to the significance of both professional identity and the topic of burnout, the relationship between these two factors needed to be explored.

CHAPTER III: METHOD

Introduction to the Method

This inquiry sought to expand important research regarding counselor professional identity development by querying whether there is a relationship between professional identity and burnout for mental health counselors. A quantitative study was selected because quantitative research is the apt model for inquiring about the relationship between variables. In quantitative research, a *simple hypothesis* is leveraged to predict the relationship among variables. A simple hypothesis is the type of hypothesis utilized for this study (Barroga & Matanguihan, 2022).

Study Design

Using a quantitative survey, a correlational design which is non-experimental was utilized to examine the relationship between two or more variables (Gliner et al., 2017). A correlational design is appropriate for this study because the strength of the relationship between counselor professional identity and burnout was determined for a single group of participants. A significant reason a correlational design was selected for this study is that variables are not manipulated with this methodology, nor are casual relationships determined (Curtis et al., 2016; Johnson & Christensen, 2017).

Study Context

Interested participants were directed to an informed consent form on SurveyMonkey. If consent was given, participants were directed to the demographic questionnaire and survey. Data was collected via an online survey on SurveyMonkey, which allowed for participant anonymity. No intervention or treatment was conducted.

Participants

The population of focus included licensed or license eligible Clinical Mental Health Counselors, that were post-grad. Utilizing a convenience sample, participants were recruited through a variety of means (i.e., listservs, social media, email). Data was collected until a minimum of 30 participants were identified, as that supported a threshold to detect significant findings (Gliner et al., 2017). The design did not include inducements or identifying information to ensure confidentiality.

Data Sources

Participants were directed to the demographic questionnaire which asked about the following: gender identity, racial identity, age, program accreditation, degree type/highest education level, license type, years in their current mental health setting, work setting (community, hospital, private practice), primary client population, and time in current position. Participants then completed Professional Identity Scale in Counseling – Short Form (PISC-Short) designed to measure professional identity among diverse counseling professionals (Woo & Henfield, 2015). This was originally validated as the Professional Identity Scale in Counseling (PISC), a 62-item Likert scale consisting of six subdomains. Subsequently, Woo et al. (2018) validated the 16-item Likert scale short form, consisting of four domains. The PISC–Short is substantiated for this research in that on reexamining the PISC, with a more stringent approach to analysis and participants are more likely to respond to a shorter measure, therefore using a carefully constructed, more efficient tool that takes less time and energy for participation (Woo et al., 2018).

Next, the Maslach Burnout Inventory–Human Services Survey (MBI-HSS) was presented. The MBI-HSS is a reliable and widely used instrument. Developed to assess burnout,

the measure contains 22 items consisting of three subdomains (Lheureux et al., 2017; Maslach et al., 1996; Maslach et al., 2018). Since this instrument was first developed decades ago several other burnout scales have been created, but no other measure has been as widely researched, critiqued, or disseminated (Lheureux et al., 2017). The core elements of the three subdomains, longevity, and extensive oversight (in both translation for use in other languages and efficacy challenges) since the development of the measure are why it was selected for the current study.

Data Collection

Participants were recruited through various means (social media, email, listservs). After reviewing the recruitment message, participants clicked a link for SurveyMonkey. At this point, participants were able to review the informed consent form. To give consent, participants clicked “next.” Demographic questions followed, along with the Professional Identity Scale in Counseling – Short and the Maslach Burnout Inventory. A debriefing form appeared next with contact information for the researcher if participants had questions. In addition, because participants might have experienced burnout, contact information for the National Alliance on Mental Illness was provided with a 24-7 call line and resources.

Data Analysis

IntellectusStatistics (2023) was utilized for descriptive and inferential statistics. In consultation with a statistician and by using the IntellectusStatistics software, a Pearson product-moment correlation coefficient was utilized to measure the strength and direction between the two variables measured. Data are presented in text and tables in the results section.

Ethical Considerations

The American Counseling Association Code of Ethics outlines counselor responsibilities in research ([ACA] 2014; G.1.). Protecting the rights of the participants is honored. This includes

obtaining informed consent from participants. Informed consent will utilize clear and understandable language to explain the purpose of the study, describe limits to confidentiality, describe the format of the questionnaires, and how that information will be used. Only participants who were willing and able to independently provide informed consent were utilized, and patients were informed that they could withdrawal from participating at any time (G.2.a.; G.2.c.; G.2.e.; G.4.d.). Concerning the limits of confidentiality, participants were not asked to disclose identifying information at any time (G.1.b.; G.2.d.). To report conclusions accurately, a statistician was consulted to review and assist in reporting accurate results; including any outcome that may be deemed as unfavorable (G.4.a; G.4.b.).

CHAPTER IV: RESULTS

This chapter focuses on data analysis and results. The statistics used for data analysis included descriptive statistics, distribution representation, and Pearson correlation coefficients. IntellectusStatistics (2023) was the statistical software used to analyze the results of this study. The order of result presentation includes demographic information, summary analysis, then evaluation of the correlational relationship between counselor professional identity and burnout.

Demographic Information

A total of 65 participants responded to the survey. After removing incomplete responses, 53 participants were included in data analyses. Out of 53 participants, 47 (88.68%) identified as female (cisgender or transgender), two (3.77%) nonbinary or genderqueer, and four (7.55%) as male (cisgender or transgender). Next, 44 (83.02%) identified White, four (7.55%) as Asian or Asian American, two (3.77%) as Black or African American, one (1.89%) as Hispanic or Latino, and two (3.77%) as another race. Then six (11.32%) reported age of 18–30 years old, 15 (28.30%) 31–40 years old, 17 (32.08%) 41–50 years old, 10 (18.87%) 51–60 years old, and five (9.43%) 61 years or older. For licensure, 40 (75.47) reported maintaining full professional counselor license and 13 (24.53%) associate license. Next, 32 (60.38%) reported their primary client population as adults, 18 (33.96%) as both adults and adolescents, two (3.77%) adolescents, and one (1.89%) as other client population. Furthermore, 39 (73.58%) reported private practice as their work setting), five (9.43%) community mental health, five (9.43%) other work setting, and four (7.55%) for profit agency. Educationally, 46 (86.79%) reported earning a master's degree and seven (13.21%) a doctoral degree. When asked about accreditation, 35 (66.04%) reported CACREP accreditation in their counseling program, 14 (26.42%) other accreditation, and four (7.55%) APA accreditation. For time in practice, one (1.89%) reported less than a year

in counseling practice, 13 (24.53%) reported 1–3 years, 11 (20.75%) 4–6 years, 11 (20.75%) 7–9 years, and 17 (32.08%) 10 or more years. Frequencies and percentages of demographics are presented in Appendix A.

Summary Analysis

The summary analyses included observations for the PISC-Short overall, 16 items, and for each of the four subscales (*Professional Knowledge* [PK], *Professional Competency* [PC], *Attitude Toward the Profession* [AP], and *Engagement in Counseling Profession* [EP]). The PISC-Short is appropriate for total score observation. It is also appropriate to score each subscale separately. The three scale scores of the MBI-HSS (*Emotional Exhaustion* [EE], *Depersonalization* [DP], and *Personal Accomplishment* [PA]) are not appropriate for a total burnout score but require individual subscale evaluation.

The observations for PISC-Short had an average of 70.15 ($SD = 9.41$, $SE_M = 1.29$, Min = 51.00, Max = 88.00, Skewness = -0.13, Kurtosis = -0.98). The observations for the subscale Professional Knowledge had an average of 26.51 ($SD = 5.57$, $SE_M = 0.76$, Min = 13.00, Max = 36.00, Skewness = -0.34, Kurtosis = -0.65). The observations for the subscale Professional Competency had an average of 11.55 ($SD = 0.67$, $SE_M = 0.09$, Min = 10.00, Max = 12.00, Skewness = -1.16, Kurtosis = 0.10). The observations for the subscale Attitude Toward Profession had an average of 16.17 ($SD = 1.95$, $SE_M = 0.27$, Min = 10.00, Max = 18.00, Skewness = -1.09, Kurtosis = 0.80). The observations for the subscale Engagement in Counseling Profession had an average of 15.92 ($SD = 4.73$, $SE_M = 0.65$, Min = 7.00, Max = 24.00, Skewness = -0.13, Kurtosis = -0.99). The observations for Emotional Exhaustion had an average of 21.06 ($SD = 11.44$, $SE_M = 1.57$, Min = 4.00, Max = 50.00, Skewness = 0.71, Kurtosis = 0.02). The observations for Depersonalization had an average of 4.60 ($SD = 4.80$, SE_M

= 0.66, Min = 0.00, Max = 19.00, Skewness = 1.60, Kurtosis = 1.70). The observations for Personal Accomplishment had an average of 40.04 ($SD = 5.69$, $SE_M = 0.78$, Min = 24.00, Max = 48.00, Skewness = -0.80, Kurtosis = 0.06). When the skewness is greater than 2 in absolute value, the variable is considered asymmetrical about its mean. When the kurtosis is greater than or equal to 3, then the variable's distribution is markedly different than a normal distribution in its tendency to produce outliers (Westfall & Henning, 2013). The summary statistics can be found in Table 4.1.

Table 4.1

Summary Statistics Table for Interval and Ratio Variables

Variable	M	SD	n	SE_M	Min	Max	Skewness	Kurtosis
PISC-Short	70.15	9.41	53	1.29	51.00	88.00	-0.13	-0.98
Professional Knowledge	26.51	5.57	53	0.76	13.00	36.00	-0.34	-0.65
Professional Competency	11.55	0.67	53	0.09	10.00	12.00	-1.16	0.10
Attitude Toward Profession	16.17	1.95	53	0.27	10.00	18.00	-1.09	0.80
Engagement in Counseling Profession	15.92	4.73	53	0.65	7.00	24.00	-0.13	-0.99
Emotional Exhaustion	21.06	11.44	53	1.57	4.00	50.00	0.71	0.02
Depersonalization	4.60	4.80	53	0.66	0.00	19.00	1.60	1.70
Personal Accomplishment	40.04	5.69	53	0.78	24.00	48.00	-0.80	0.06

Note. “-” indicates the statistic is undefined due to constant data or an insufficient sample size.

The most specificity found in the literature regarding how to interpret the PISC-Short and MBI-HSS direct the interpreter to consider that higher scores indicate more professional identity or more burnout, respectively. Maslach et al. (2018) described that higher scores in the subscale of Emotional Exhaustion correspond to *greater experienced* burnout. Higher scores in the subscale of Depersonalization correspond to *greater degrees of experienced* burnout. Lower scores on the MBI-HSS subscale Personal Accomplishment indicate a higher degree of burnout.

Lower scores in the subscale of Personal Accomplishment correspond to *greater experienced* burnout. (Maslach et a., 2018). The total possible score for the PISC-Short is 96. In this study, the total possible was 90, as there was an entry error, and the survey did not include question eight. This error had the potential to impact the subscale of Professional Competency. The total score for Emotional Exhaustion on the MBI-HSS was 54, Depersonalization 30, and Professional Accomplishment 48.

Given the lack of specificity for interpreting scores on both instruments, this study scores from 0–30 on the PISC-Short represented a range of low or minimal professional identity. Scores 31–60 represented a range of moderate professional identity, and 61–90 represented a range of high professional identity. For the PISC-Short subscale of Professional Knowledge, scores 0–12 represented a range of low professional knowledge. Scores 13–24 represented a range of moderate professional knowledge, and scores 25–36 represented a range of high professional knowledge. For the subscale of Professional Competency, in this study, 0–6 represented a range of low-moderate professional competency, and scores 7–12 represented a range of moderate-high professional competency. For the subscale of Attitude Toward the Profession, 0–6 represented a range of negative attitude toward the profession. Scores 7–12 represented a range of moderate attitude toward the profession, and 13–18 represented a range of positive attitude toward the profession. For the subscale Engagement in the Counseling Profession, scores 0–8 represented a range of minimal engagement in the profession. Scores 9–16 represented a range of moderate engagement in the counseling profession, and scores 17–24 represented a range of high engagement in the counseling profession.

For the subscale of Emotional Exhaustion on the MBI-HSS, scores from 0–18 represented a range of low emotional exhaustion. Scores 19–36 represented a range of moderate

emotional exhaustion. Scores 37–54 represented a range of high emotional exhaustion. For the subscale of Depersonalization on the MBI-HSS, scores from 0–10 represented a range of low depersonalization. Scores 11–20 represented a range of moderate depersonalization. Scores 21–30 represented a range of high depersonalization. For the subscale Personal Accomplishment, scores 1–16 represented a range of high personal accomplishment. Scores 17–32 represented a range of moderate personal accomplishment. Scores 33–48 represented a range of low personal accomplishment.

The average score overall concerning the PISC-Short was 70 out of a possible 90 (in this study), indicating that the participants reported more or moderately high professional identity. The total possible score for the subscale Professional Knowledge was 36. The average reported by participants in this study was 26.51, indicating that participants reported moderately high professional knowledge. This study's total possible score for the subscale Professional Competency was 12. The average reported by participants in this study was 11.55, indicating that participants reported high Professional Competency. The total possible score for the subscale Attitude Toward the Profession was 18. The average reported by participants in this study was 16.17, indicating that participants reported a high attitude toward the profession. The total possible score for the subscale Engagement in the Counseling Profession was 24. The average reported by participants in this study was 15.92, indicating that participants reported moderate engagement in the counseling profession.

Regarding the MBI-HSS, the total possible score for Emotional Exhaustion was 54. The average reported by participants in this study was 21.06, indicating that participants reported moderate Emotional Exhaustion. The total possible score for Depersonalization is 30. The average reported by participants in this study was 4.60, indicating that participants reported low

depersonalization. The total possible score for Personal accomplishment is 48. The average reported by participants in this study was 40.04. This average indicates that participants reported high personal accomplishment. Figures 4.1–4.8 present the frequencies from the observation of the averages.

Figure 4.1

Histogram of PISC-Short

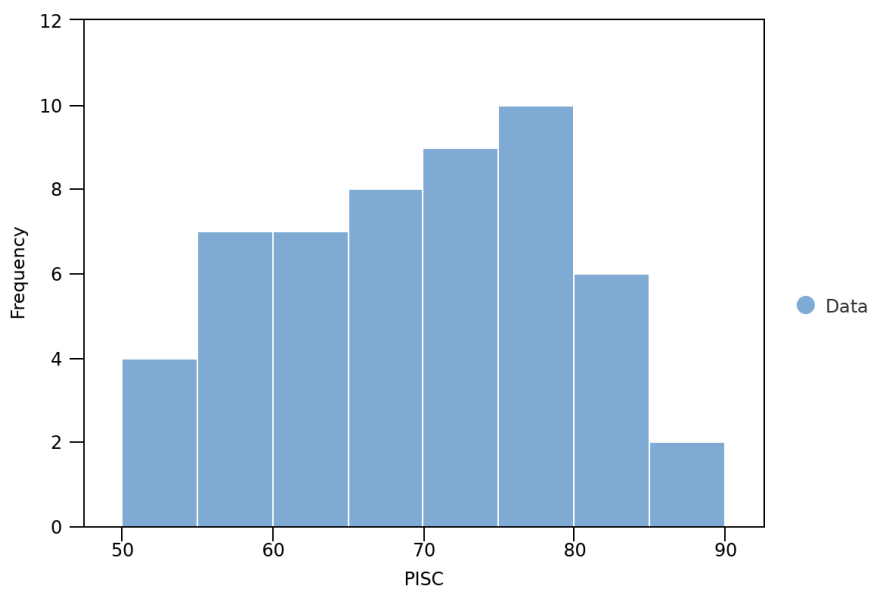
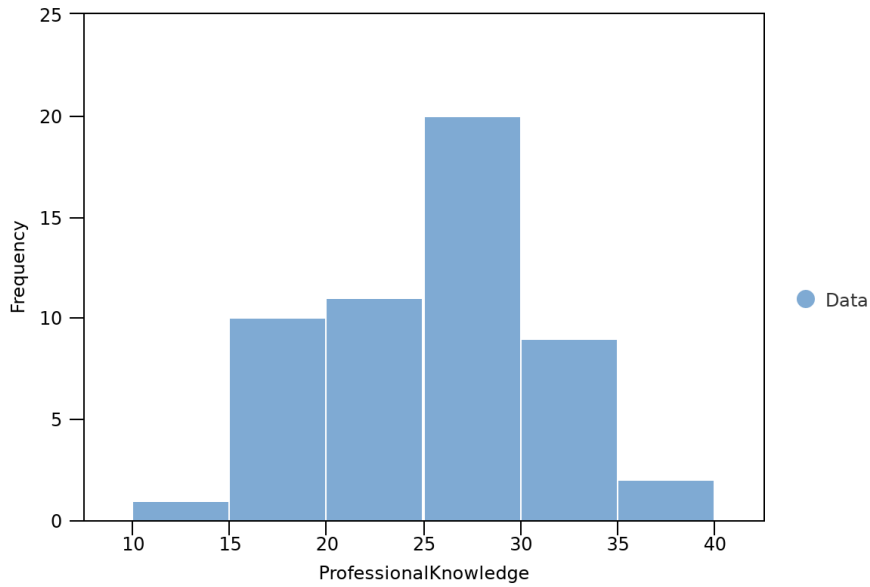


Figure 4.2

Histogram of Professional Knowledge

**Figure 4.3**

Histogram of Professional Competency

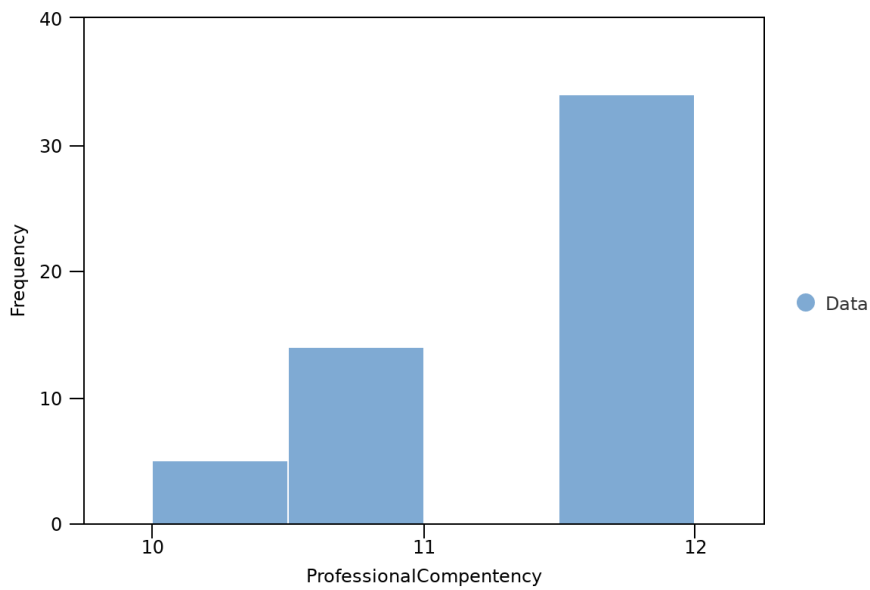
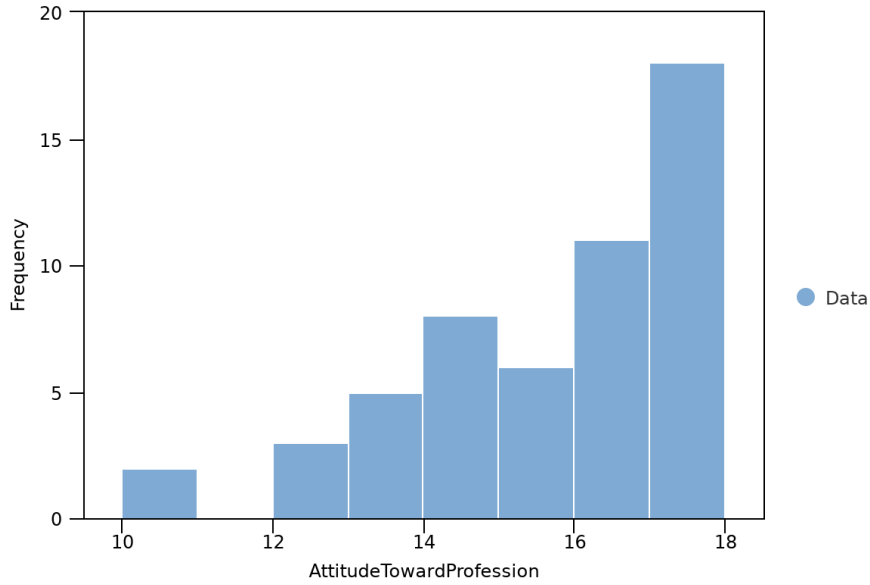


Figure 4.4

Histogram of Attitude Toward Profession

**Figure 4.5**

Histogram of Engagement in Counseling Profession

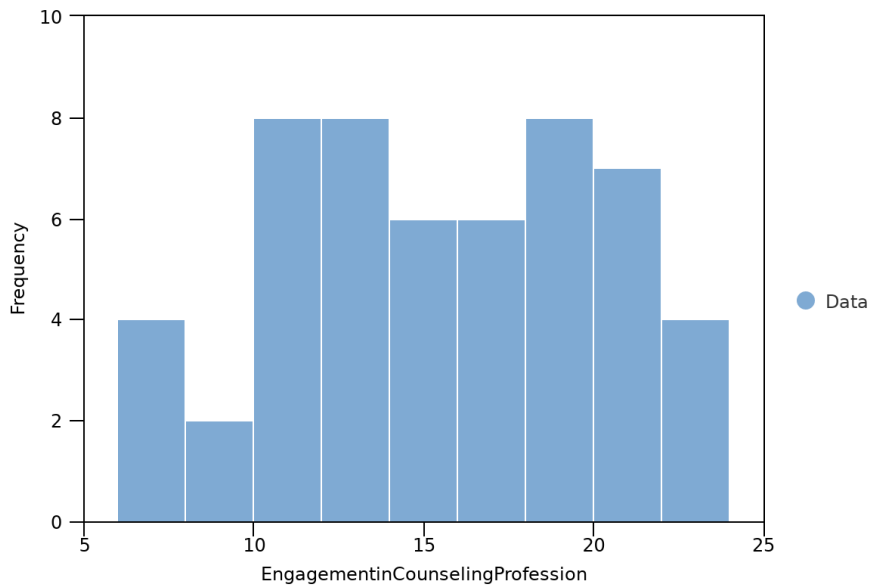


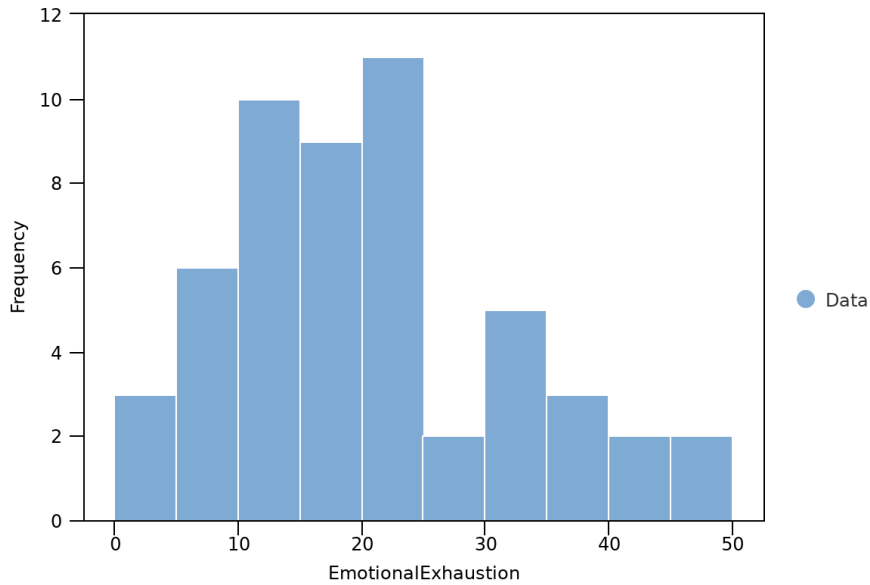
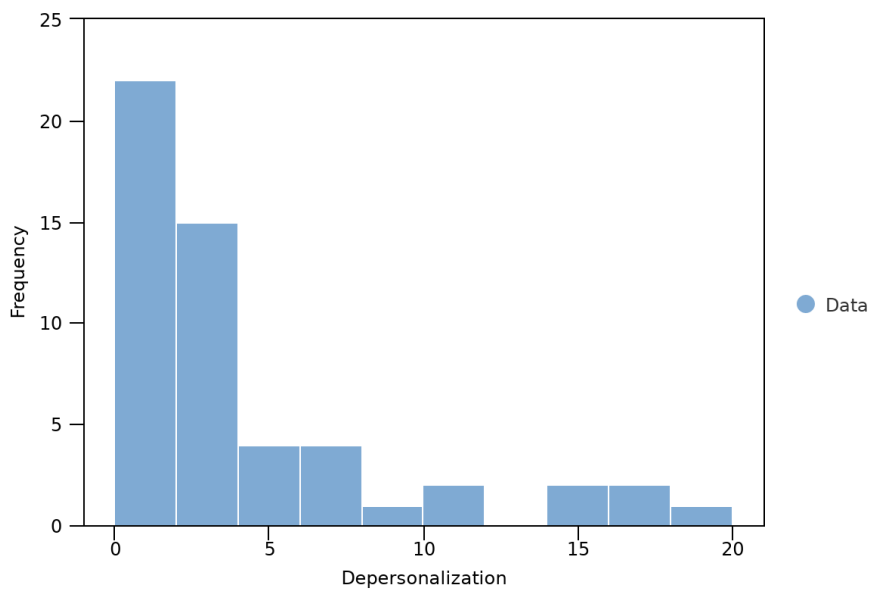
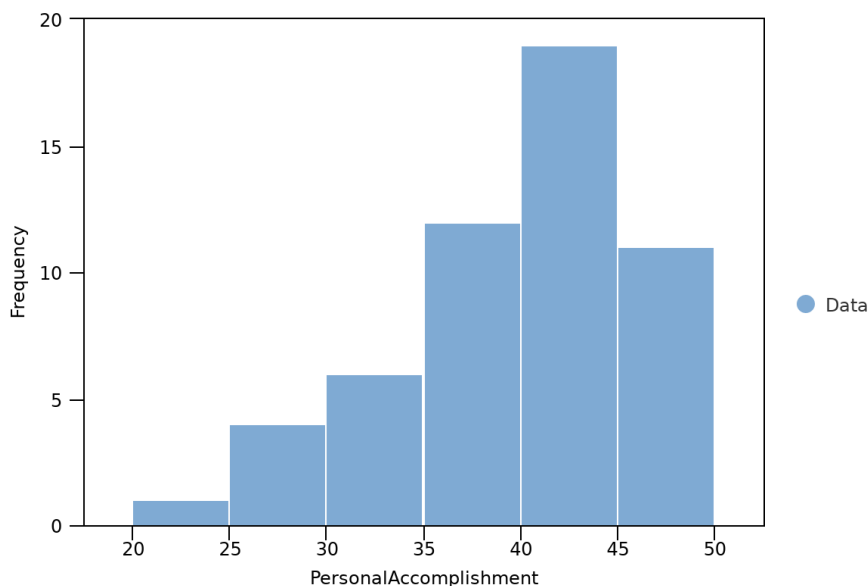
Figure 4.6*Histogram of Emotional Exhaustion***Figure 4.7***Histogram of Depersonalization*

Figure 4.8*Histogram of Personal Accomplishment*

Research Question: Is there a relationship between professional identity and burnout for clinical mental health counselors?

A Pearson correlation analysis was conducted among PISC-Short, Emotional Exhaustion, Depersonalization, and Personal Accomplishment, referred to as the MBI-HSS. Cohen's standard was used to evaluate the strength of the relationships, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above .50 indicate a large effect size (Cohen, 1988). A Pearson correlation requires that the relationship between each pair of variables is linear (Conover & Iman, 1981). This assumption is violated if there is curvature among the points on the scatterplot between any pair of variables. Figure 4.9 and Figure 4.10 present the scatterplots of the correlations. A regression line has been added to assist the interpretation.

Figure 4.9

Scatterplots with the Regression Line Added for PISC-Short and Emotional Exhaustion (left), PISC-Short and Depersonalization (right)

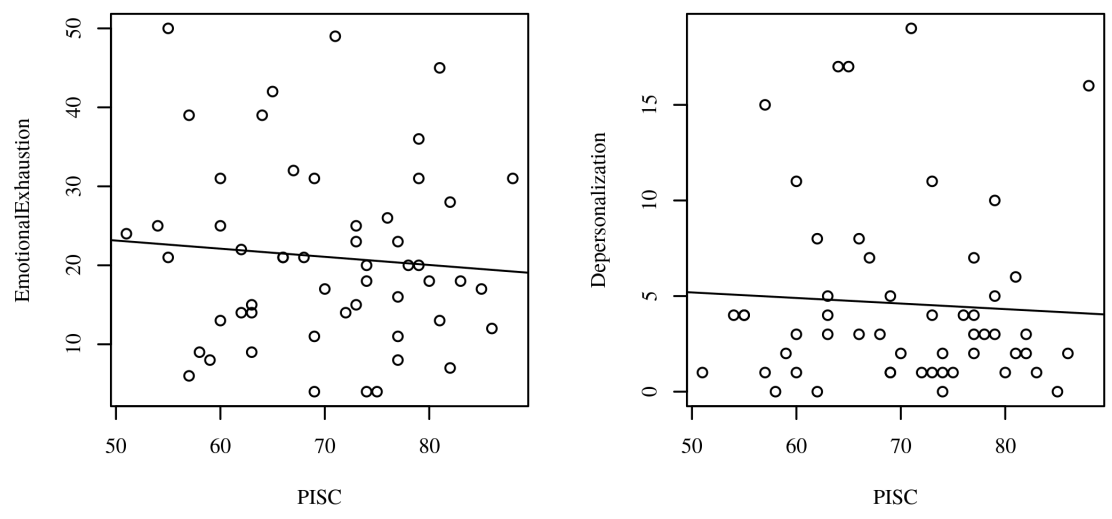
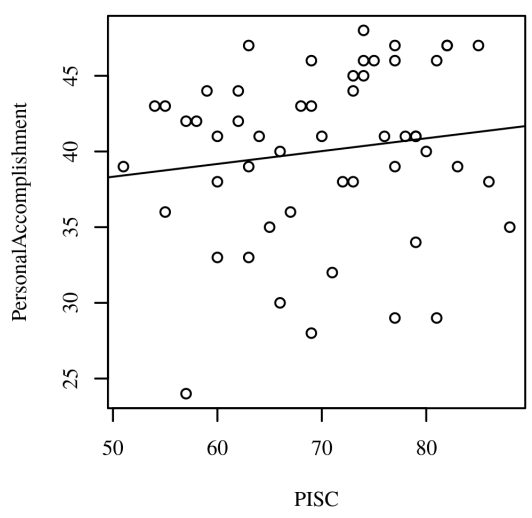


Figure 4.10

Scatterplots with the Regression Line Added for PISC-Short and Personal Accomplishment



The result of the correlations was examined using the Holm correction to adjust for multiple comparisons based on an alpha value of .05. A significant positive correlation was observed between Emotional Exhaustion and Depersonalization, with a correlation of .64, indicating a large effect size ($p < .001$, 95.00% CI = [.45, .78]). This suggests that as Emotional Exhaustion increases, Depersonalization tends to increase. A significant negative correlation was observed between Emotional Exhaustion and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Emotional Exhaustion increases, Personal Accomplishment tends to decrease. A significant negative correlation was observed between Depersonalization and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Depersonalization increases, Personal Accomplishment tends to decrease. This indicated further validation of MBI-HSS and its applicability to mental health counselors. This finding did not apply to the question concerning the relationship between counselor professional identity and burnout. The result indicated that for this study, no significant correlations between the PISC-Short and the MBI-HSS were found, demonstrating that the null hypothesis was retained and there was no significant relationship between professional identity and burnout for clinical mental health counselors. Table 4.2 and Table 4.3 present the results of the correlations.

Table 4.2

Pearson Correlation Matrix Among PISC-Short, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Variable	1	2	3	4
1. PISC-Short	-			
2. Emotional Exhaustion	-.08	-		
3. Depersonalization	-.06	.64*	-	
4. Personal Accomplishment	.14	-.49*	-.49*	-

Note. * $p < .05$.

Table 4.3

Pearson Correlation Results Among PISC-Short, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Combination	<i>r</i>	95.00% CI	<i>n</i>	<i>p</i>
PISC-Emotional Exhaustion	-.08	[-.35, .19]	53	1.000
PISC-Depersonalization	-.06	[-.32, .22]	53	1.000
PISC-Personal Accomplishment	.14	[-.14, .40]	53	.952
Emotional Exhaustion-Depersonalization	.64	[.45, .78]	53	< .001
Emotional Exhaustion-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001
Depersonalization-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001

Note. *p*-values adjusted using the Holm correction.

The relationship between the four subscales of the PISC-short and the MBI-HSS were then examined. A Pearson correlation analysis was conducted among Professional Knowledge, Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Cohen's standard was used to evaluate the strength of the relationships, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above .50 indicate a large effect size (Cohen, 1988). A Pearson correlation requires that the relationship between each pair of variables is linear (Conover & Iman, 1981). This assumption is violated if there is curvature among the points on the scatterplot between any

pair of variables. Figures 4.11–4.13 present the scatterplots of the correlations. A regression line has been added to assist the interpretation.

Figure 4.11

Scatterplots with the Regression Line Added for Professional Knowledge and Emotional Exhaustion (left), Professional Knowledge and Depersonalization (right)

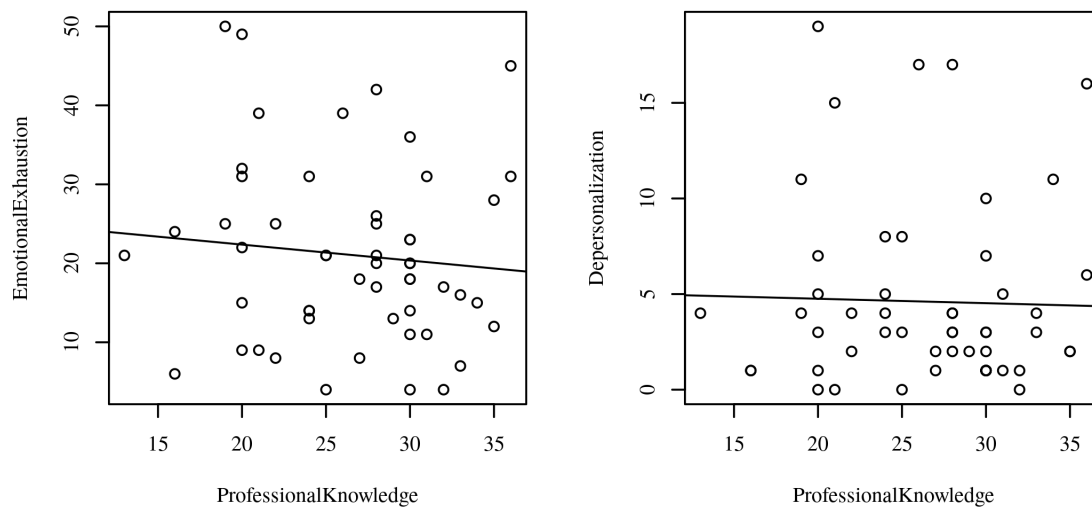


Figure 4.12

Scatterplots with the Regression Line Added for Professional Knowledge and Personal Accomplishment (left), Emotional Exhaustion and Depersonalization (right)

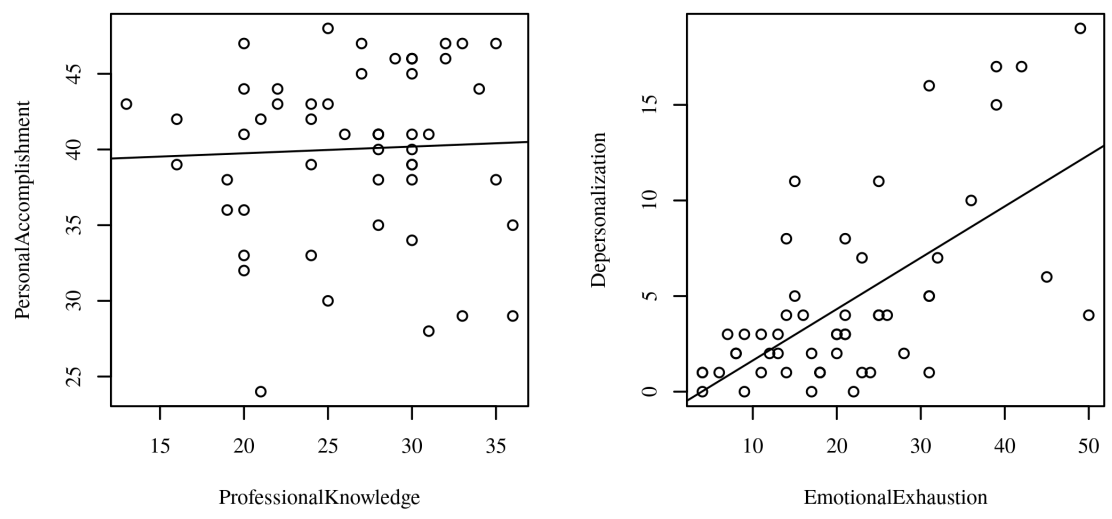
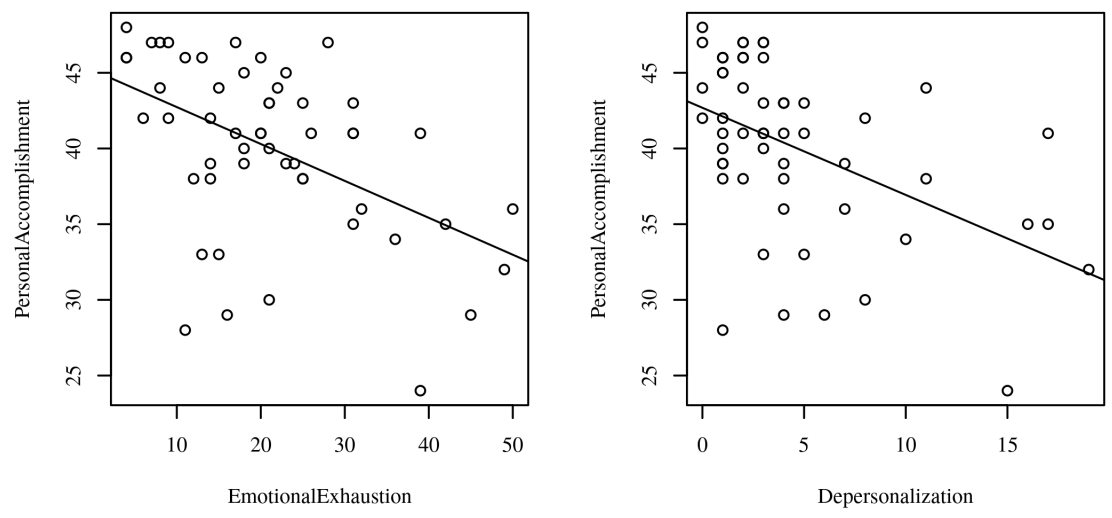


Figure 4.13

Scatterplots with the Regression Line Added for Emotional Exhaustion and Personal Accomplishment (left), Depersonalization and Personal Accomplishment (right)



The result of the correlations was examined using the Holm correction to adjust for multiple comparisons based on an alpha value of .05. A significant positive correlation was observed between Emotional Exhaustion and Depersonalization, with a correlation of .64, indicating a large effect size ($p < .001$, 95.00% CI = [.45, .78]). This suggests that as Emotional Exhaustion increases, Depersonalization tends to increase. A significant negative correlation was observed between Emotional Exhaustion and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Emotional Exhaustion increases, Personal Accomplishment tends to decrease. A significant negative correlation was observed between Depersonalization and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Depersonalization increases, Personal Accomplishment tends to decrease. As with the initial examination of the data, these findings indicated further validation of MBI-HSS and its applicability to mental health counselors. The result indicated that for this study no significant correlations between the Professional Knowledge and the MBI-HSS were found and there was no significant relationship between Professional Knowledge and Burnout for clinical mental health counselors. Table 4.4 and Table 4.5 present the results of the correlations.

Table 4.4

Pearson Correlation Matrix Among Professional Knowledge, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Variable	1	2	3	4
1. Professional Knowledge	-			
2. Emotional Exhaustion	-.10	-		
3. Depersonalization	-.03	.64*	-	
4. Personal Accomplishment	.04	-.49*	-.49*	-

Note. * $p < .05$.

Table 4.5

Pearson Correlation Results Among Professional Knowledge, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Combination	<i>r</i>	95.00% CI	<i>n</i>	<i>p</i>
Professional Knowledge-Emotional Exhaustion	-.10	[-.36, .18]	53	1.000
Professional Knowledge-Depersonalization	-.03	[-.29, .25]	53	1.000
Professional Knowledge-Personal Accomplishment	.04	[-.23, .31]	53	1.000
Emotional Exhaustion-Depersonalization	.64	[.45, .78]	53	< .001
Emotional Exhaustion-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001
Depersonalization-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001

Note. *p*-values adjusted using the Holm correction.

A Pearson correlation analysis was conducted among Professional Competency, Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Cohen's standard was used to evaluate the strength of the relationships, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above .50 indicate a large effect size (Cohen, 1988). A Pearson correlation requires that the relationship between each pair of variables is linear (Conover & Iman, 1981). This assumption is violated if there is curvature among the points on the scatterplot between any pair of variables. Figures 4.14–4.16 present the scatterplots of the correlations. A regression line has been added to assist the interpretation.

Figure 4.14

Scatterplots with the Regression Line Added for Professional Competency and Emotional Exhaustion (left), Professional Competency and Depersonalization (right)

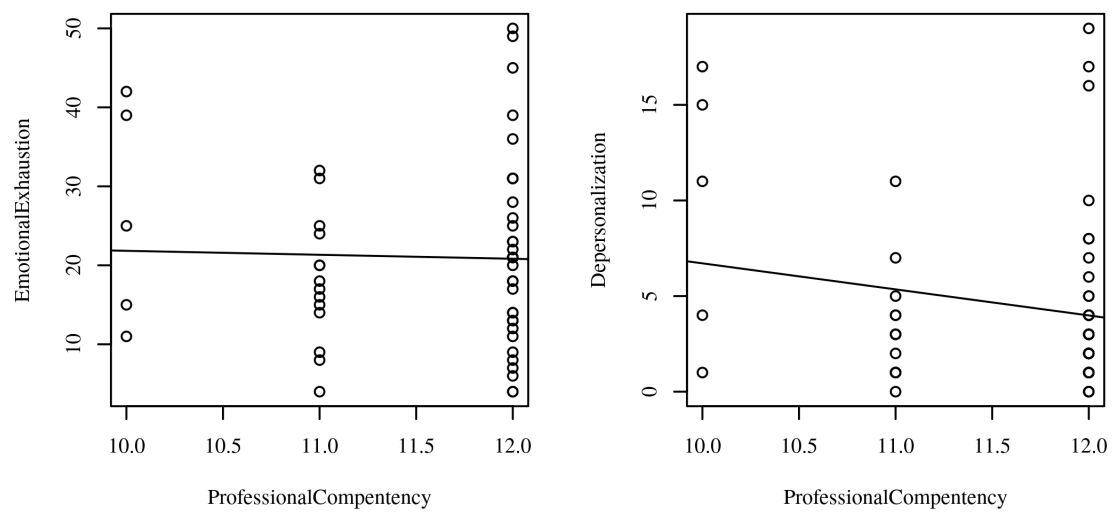


Figure 4.15

Scatterplots with the Regression Line Added for Professional Competency and Personal Accomplishment (left), Emotional Exhaustion and Depersonalization (right)

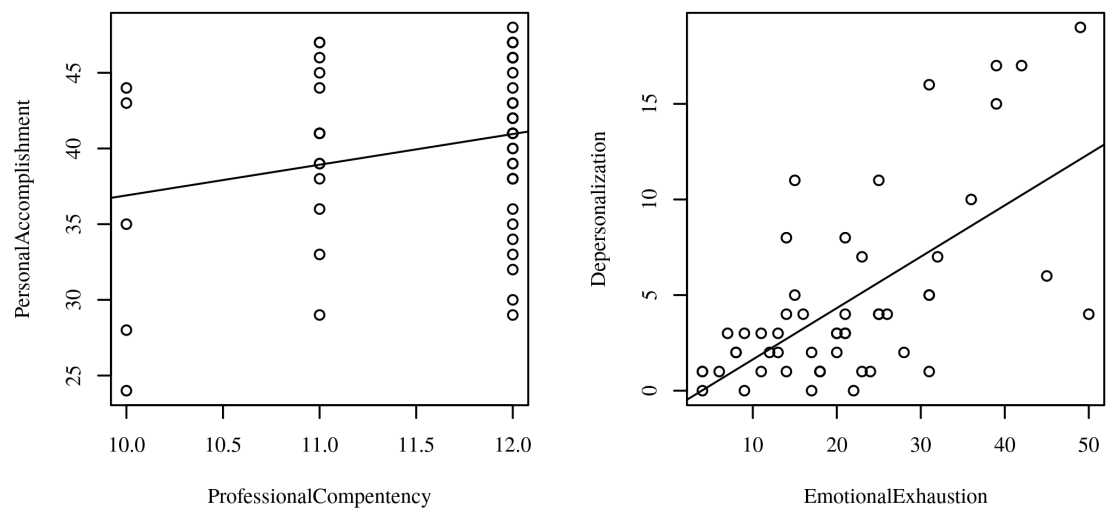
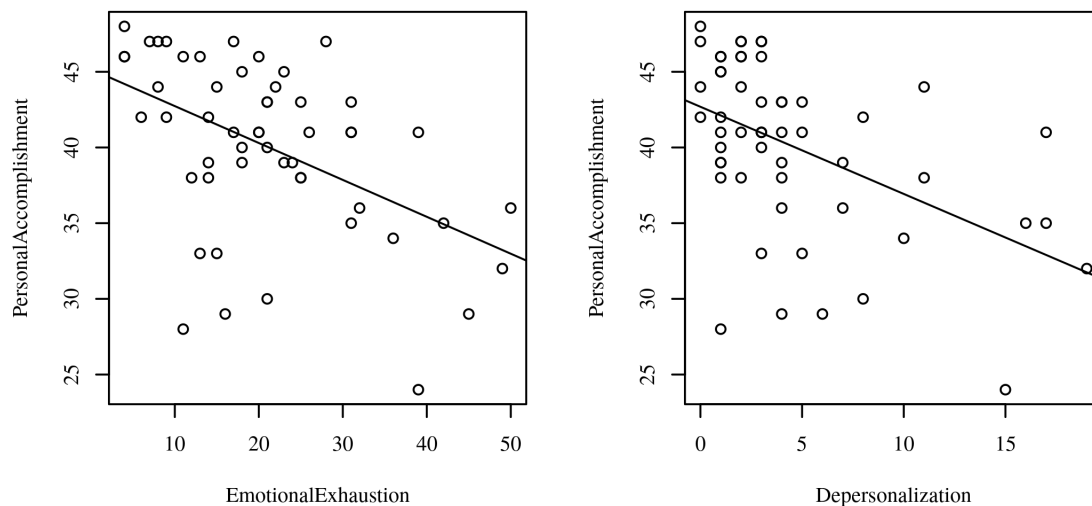


Figure 4.16

Scatterplots with the Regression Line Added for Emotional Exhaustion and Personal Accomplishment (left), Depersonalization and Personal Accomplishment (right)



The result of the correlations was examined using the Holm correction to adjust for multiple comparisons based on an alpha value of .05. A significant positive correlation was observed between Emotional Exhaustion and Depersonalization, with a correlation of .64, indicating a large effect size ($p < .001$, 95.00% CI = [.45, .78]). This suggests that as Emotional Exhaustion increases, Depersonalization tends to increase. A significant negative correlation was observed between Emotional Exhaustion and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Emotional Exhaustion increases, Personal Accomplishment tends to decrease. A significant negative correlation was observed between Depersonalization and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Depersonalization increases, Personal Accomplishment tends to decrease. As with the initial examination of the data, these findings indicated further validation of MBI-HSS and its applicability to mental health counselors. The result indicated that for this study no significant correlations between the Professional Competency and the MBI-HSS were

found and there was no significant relationship between Professional Competency and burnout for clinical mental health counselors. Table 4.6 and Table 4.7 present the results of the correlations.

Table 4.6

Pearson Correlation Matrix Among Professional Competency, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Variable	1	2	3	4
1. Professional Competency	-			
2. Emotional Exhaustion	-.03	-		
3. Depersonalization	-.19	.64*	-	
4. Personal Accomplishment	.24	-.49*	-.49*	-

Note. * $p < .05$.

Table 4.7

Pearson Correlation Results Among Professional Competency, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Combination	r	95.00% CI	n	p
Professional Competency-Emotional Exhaustion	-.03	[-.30, .24]	53	.835
Professional Competency-Depersonalization	-.19	[-.44, .09]	53	.350
Professional Competency-Personal Accomplishment	.24	[-.03, .48]	53	.260
Emotional Exhaustion-Depersonalization	.64	[.45, .78]	53	< .001
Emotional Exhaustion-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001
Depersonalization-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001

Note. p -values adjusted using the Holm correction.

A Pearson correlation analysis was conducted among Attitude Toward Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Cohen's standard was used to evaluate the strength of the relationships, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above .50 indicate a large effect size (Cohen, 1988). A Pearson correlation requires that the relationship between each pair of variables is linear (Conover & Iman, 1981).

This assumption is violated if there is curvature among the points on the scatterplot between any pair of variables. Figures 4.17–4.19 present the scatterplots of the correlations. A regression line has been added to assist the interpretation.

Figure 4.17

Scatterplots with the Regression Line Added for Attitude Toward Profession and Emotional Exhaustion (left), Attitude Toward Profession and Depersonalization (right)

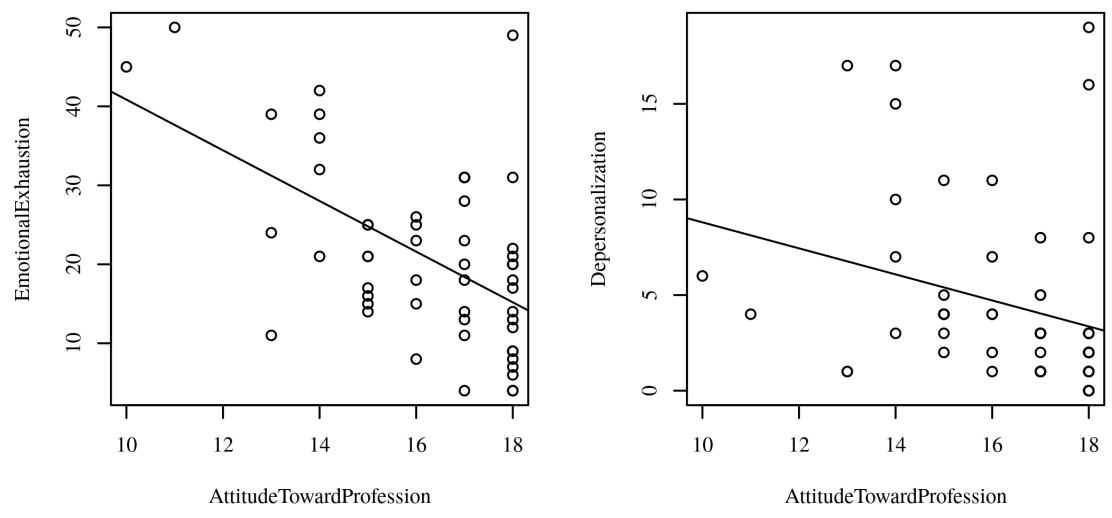


Figure 4.18

Scatterplots with the Regression Line Added for Attitude Toward Profession and Personal Accomplishment (left), Emotional Exhaustion and Depersonalization (right)

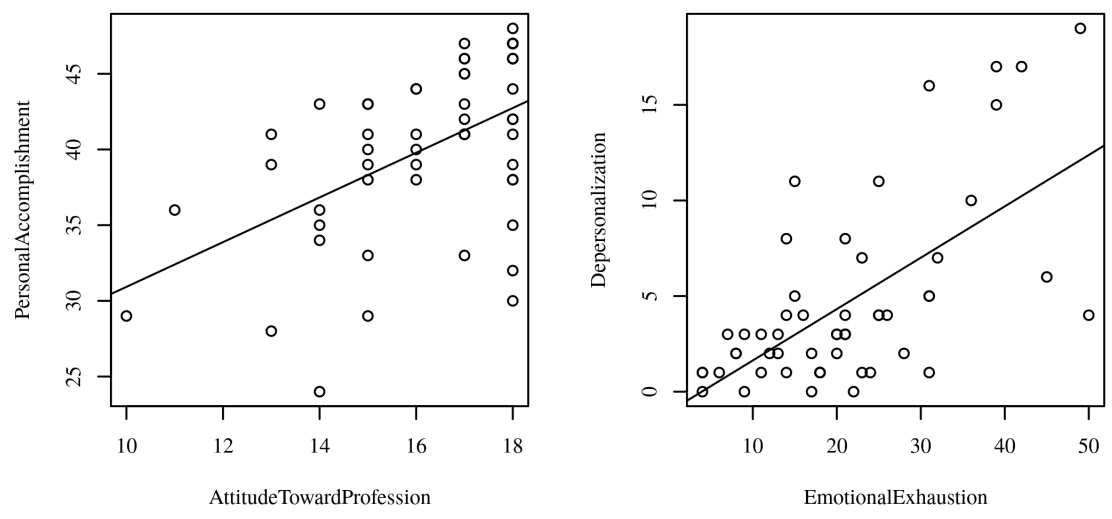
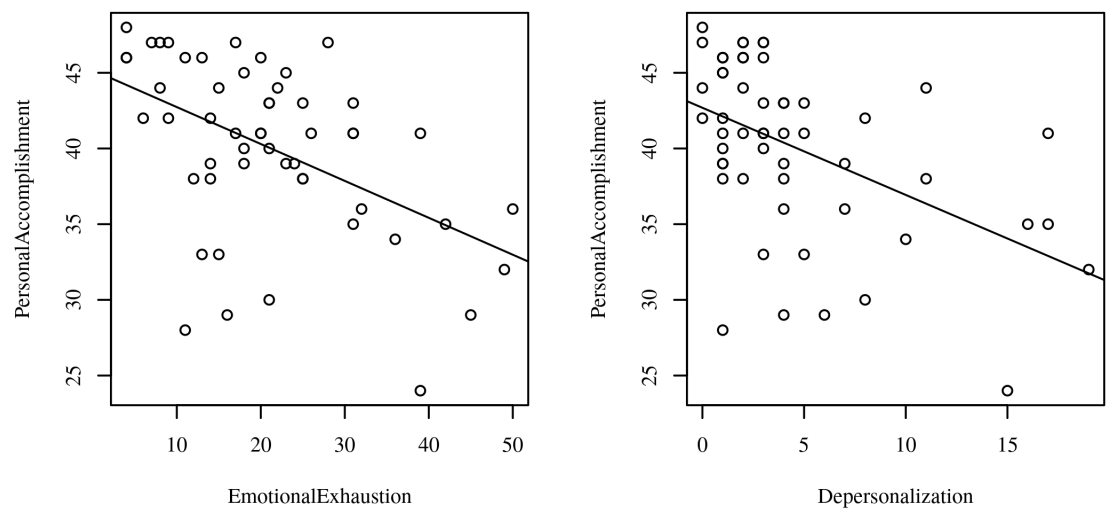


Figure 4.19

Scatterplots with the Regression Line Added for Emotional Exhaustion and Personal Accomplishment (left), Depersonalization and Personal Accomplishment (right)



The result of the correlations was examined using the Holm correction to adjust for multiple comparisons based on an alpha value of .05. A significant negative correlation was observed between Attitude Toward Profession and Emotional Exhaustion, with a correlation of $-.55$, indicating a large effect size ($p < .001$, 95.00% CI = $[-.71, -.32]$). This suggests that as Attitude Toward Profession increases, Emotional Exhaustion tends to decrease. A significant negative correlation was observed between Attitude Toward Profession and Depersonalization, with a correlation of $-.28$, indicating a small effect size ($p = .045$, 95.00% CI = $[-.51, -.01]$). This suggests that as Attitude Toward Profession increases, Depersonalization tends to decrease. A significant positive correlation was observed between Attitude Toward Profession and Personal Accomplishment, with a correlation of $.51$, indicating a large effect size ($p < .001$, 95.00% CI = $[.27, .68]$). This suggests that as Attitude Toward Profession increases, Personal Accomplishment tends to increase. The result indicated that for this study a significant correlation between the Attitude Toward Profession and the MBI-HSS were found and there was a relationship between Attitude Toward Profession and burnout for clinical mental health counselors. A significant positive correlation was observed between Emotional Exhaustion and Depersonalization, with a correlation of $.64$, indicating a large effect size ($p < .001$, 95.00% CI = $[.45, .78]$). This suggests that as Emotional Exhaustion increases, Depersonalization tends to increase. A significant negative correlation was observed between Emotional Exhaustion and Personal Accomplishment, with a correlation of $-.49$, indicating a moderate effect size ($p < .001$, 95.00% CI = $[-.67, -.25]$). This suggests that as Emotional Exhaustion increases, Personal Accomplishment tends to decrease. A significant negative correlation was observed between Depersonalization and Personal Accomplishment, with a correlation of $-.49$, indicating a moderate effect size ($p < .001$, 95.00% CI = $[-.67, -.25]$). This suggests that as Depersonalization increases, Personal Accomplishment tends to decrease. As with the initial examination of the data, these findings indicated further validation of MBI-HSS and its applicability to mental health counselors. Table 4.8 and Table 4.9 present the results of the correlations.

Table 4.8

Pearson Correlation Matrix Among Attitude Toward Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Variable	1	2	3	4
1. Attitude Toward Profession	-			
2. Emotional Exhaustion	-.55*	-		
3. Depersonalization	-.28*	.64*	-	
4. Personal Accomplishment	.51*	-.49*	-.49*	-

Note. * $p < .05$.

Table 4.9

Pearson Correlation Results Among Attitude Toward Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Combination	<i>r</i>	95.00% CI	<i>n</i>	<i>p</i>
Attitude Toward Profession-Emotional Exhaustion	-.55	[-.71, -.32]	53	< .001
Attitude Toward Profession-Depersonalization	-.28	[-.51, -.01]	53	.045
Attitude Toward Profession-Personal Accomplishment	.51	[.27, .68]	53	< .001
Emotional Exhaustion-Depersonalization	.64	[.45, .78]	53	< .001
Emotional Exhaustion-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001
Depersonalization-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001

Note. *p*-values adjusted using the Holm correction.

A Pearson correlation analysis was conducted among Engagement in Counseling Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Cohen's standard was used to evaluate the strength of the relationships, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above .50 indicate a large effect size (Cohen, 1988). A Pearson correlation requires that the relationship between each pair of variables is linear (Conover & Iman, 1981). This assumption is violated if curvature exists among the points on the scatterplot between any pair of variables. Figures 4.20–4.22 present the scatterplots of the correlations. A regression line has been added to assist the interpretation.

Figure 4.20

Scatterplots with the Regression Line Added for Engagement in Counseling Profession and Emotional Exhaustion (left), Engagement in Counseling Profession and Depersonalization (right)

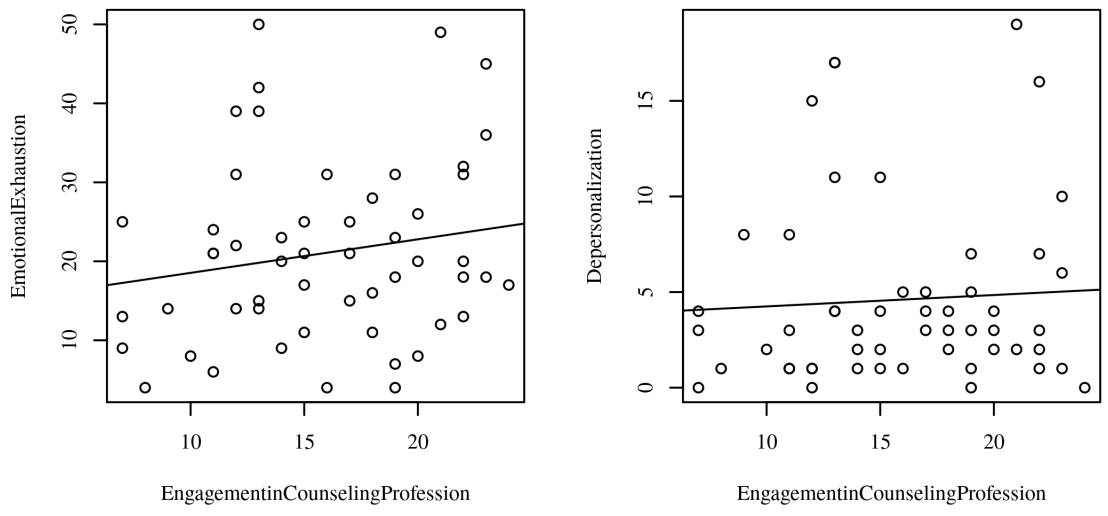


Figure 4.21

Scatterplots with the Regression Line Added for Engagement in Counseling Profession and Personal Accomplishment (left), Emotional Exhaustion and Depersonalization (right)

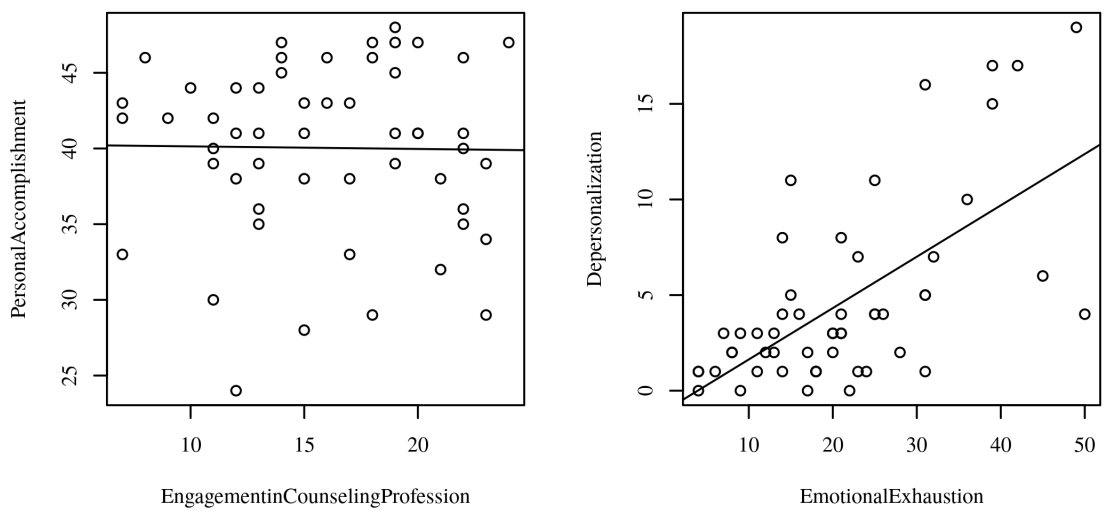
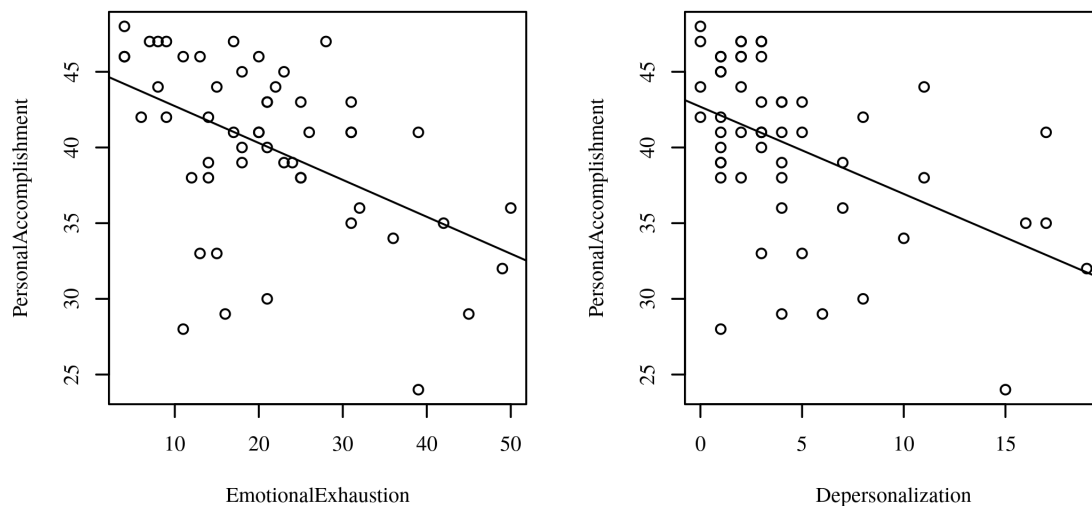


Figure 4.22

Scatterplots with the Regression Line Added for Emotional Exhaustion and Personal Accomplishment (left), Depersonalization and Personal Accomplishment (right)



The result of the correlations was examined using the Holm correction to adjust for multiple comparisons based on an alpha value of .05. A significant positive correlation was observed between Emotional Exhaustion and Depersonalization, with a correlation of .64, indicating a large effect size ($p < .001$, 95.00% CI = [.45, .78]). This suggests that as Emotional Exhaustion increases, Depersonalization tends to increase. A significant negative correlation was observed between Emotional Exhaustion and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Emotional Exhaustion increases, Personal Accomplishment tends to decrease. A significant negative correlation was observed between Depersonalization and Personal Accomplishment, with a correlation of -.49, indicating a moderate effect size ($p < .001$, 95.00% CI = [-.67, -.25]). This suggests that as Depersonalization increases, Personal Accomplishment tends to decrease. As with the initial examination of the data, these findings indicated further validation of MBI-HSS and its applicability to mental health counselors. The result indicated that for this study no significant correlations between the Engagement in Counseling Profession and the

MBI-HSS were found and there was no significant relationship between Engagement in Counseling Profession and Burnout for clinical mental health counselors. Table 4.10 and Table 4.11 present the results of the correlations.

Table 4.10

Pearson Correlation Matrix Among Engagement in Counseling Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Variable	1	2	3	4
1. Engagement in Counseling Profession	-			
2. Emotional Exhaustion	.18	-		
3. Depersonalization	.06	.64*	-	
4. Personal Accomplishment	-.01	-.49*	-.49*	-

Note. * $p < .05$.

Table 4.11

Pearson Correlation Results Among Engagement in Counseling Profession, Emotional Exhaustion, Depersonalization, and Personal Accomplishment

Combination	<i>r</i>	95.00% CI	<i>n</i>	<i>p</i>
Engagement in Counseling Profession-Emotional Exhaustion	.18	[-.10, .43]	53	.624
Engagement in Counseling Profession-Depersonalization	.06	[-.21, .32]	53	1.000
Engagement in Counseling Profession-Personal Accomplishment	-.01	[-.28, .26]	53	1.000
Emotional Exhaustion-Depersonalization	.64	[.45, .78]	53	< .001
Emotional Exhaustion-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001
Depersonalization-Personal Accomplishment	-.49	[-.67, -.25]	53	< .001

Note. *p*-values adjusted using the Holm correction.

CHAPTER V: CONCLUSIONS

Interpretation of Data

The present study sought to examine counselor professional identity and burnout. This chapter discusses the results of the study and how these findings add to counseling literature and professional knowledge. Limitations of the current study and implications for future research will be addressed. Finally, an exploration of how this study can be applicable to the professional community will be discussed.

Summary Analysis

When examining the results from the PISC-Short, the participants reported moderately high Professional Identity overall and moderately high in the subscale of Professional Knowledge. Participants reported a high level of Professional Competency and Attitude Toward the Profession. When looking at Engagement in Counseling Profession, participants showed moderate Engagement in the Profession. When examining the results from the MBI-HSS, the participants reported moderate Emotional Exhaustion. In the subscale of Depersonalization, participants reported Low Depersonalization. The final frequency observation revealed that participants reported high Personal Accomplishment.

When examining the findings regarding the relationship between Counselor Professional Identity and Burnout for this study, the initial observation revealed the validity and applicability of the MBI-HSS to clinical mental health counselors. While this finding did not apply to the hypothesis concerning the relationship between Counselor Professional Identity and Burnout, the validity of the MBI-HSS results remained consistent with previous research (Maslach et al., 2018). The observations between the MBI-HSS subscales were as follows: as Emotional Exhaustion increased, Depersonalization tended to increase. As Emotional Exhaustion increased,

Personal Accomplishment tended to decrease. As Depersonalization increased, Personal Accomplishment tended to decrease. For this study, results indicated no significant correlations between the PISC-Short and the MBI-HSS. The null hypothesis was retained, and there was no significant relationship identified between Professional Identity and Burnout for this sample of clinical mental health counselors.

When evaluating the relationship between the four subscales of the PISC-Short and the MBI-HSS, for this study, each category demonstrated similar findings as above for the MBI-HSS—confirming the validity and applicability for mental health counselors was shown. Each subscale observation demonstrated that as Emotional Exhaustion increased, Depersonalization tended to increase. As Emotional Exhaustion increased, Personal Accomplishment tended to decrease. As Depersonalization increased, Personal Accomplishment tended to decrease. The correlations between three of the PISC-Short subscales, Professional Knowledge, Professional Competency, and Engagement in Counseling Profession, and the MBI-HSS revealed no significant relationships between the three named PISC-Short subscales and the MBI-HSS.

The correlation between the subscale Attitude Toward Profession and the MBI-HSS offered a significant finding of the study. The result suggested that as Attitude Toward Profession increased, Emotional Exhaustion tended to decrease and that as Attitude Toward Profession increased, Depersonalization tended to decrease. Concerning Attitude Toward Profession and Personal Accomplishment, the findings suggested that as Attitude Toward Profession increased, Personal Accomplishment tended to increase.

Theory and Research

This study intentionally included summary analysis as part of data observation. Research demonstrates that counselor professional identity is a developmental process whereby mental

health counselors maintain engagement with the tasks associated with professional identity development over time. Professional identity development gives rise to and fosters the collection of counselor professional identity attributes (Dollarhide et al., 2013; Healey, 2009; Healey & Hays, 2012; Lile, 2017; Moss et al., 2014; Woo et al., 2016; Woo et al., 2017).

Generally, burnout is not described as a developmental process. However, it is a set of attitudes and behaviors influenced by numerous organizational and personal factors experienced by the individual mental health counselor in the context of their relationship with clients. This cluster of attitudes and behaviors is changeable and can be understood, articulated, and evaluated on a spectrum (Finan et al., 2021). Inherent to both of those processes are the sociopolitical factors, cultural narratives, gender norms, professional roles, and so on.

Transformative learning theory was apropos to this study as a conceptual framework to describe how mental health counselors experience professional identity development and navigate the burnout spectrum. That is, navigating disorienting dilemmas (a challenge to a predisposed worldview), which prompt components of reflection, resulting in the mental health counselor acquiring new skills and integrating new meaning-making schemas (altered worldview), resulting in the development of professional identity and impacting issues of burnout. This study utilized the tradition of quantitative inquiry, data-driven testing primarily focused on examining a correlational relationship (Heppner & Heppner, 2004). However, due to the nature of the examined variables, it was essential to start the analyses by acknowledging the participants' current state of professional identity and burnout. In this study, participants reported high professional identity overall and low burnout scores, which may have impacted presence of a correlation.

The findings in this study that validated the use of the MBI-HSS for clinical mental health counselors were not the primary focus of this study. However, there were noteworthy findings acknowledged in the analyses. The observations were in keeping with the literature (Maslach et al., 2018). For instance, the MBI-HSS is the original version of the MBI and was developed to assess symptoms of burnout for people working in human services, specifically staff whose job roles focused on the psychological problems of their clients. Since its initial publication in 1981, the validity of the MBI remains illustrated through numerous studies (Maslach et al., 2018).

The current study did not demonstrate a significant relationship between counselor professional identity and burnout. Although that was the outcome of this study, similar studies among nurses and teachers (Ding & Xie, 2021; Ren et al., 2021; Xu et al., 2022) have demonstrated a significant relationship between professional identity and burnout. Future studies are warranted to substantiate or challenge the current findings. The lack of a significant relationship between counselor professional identity and burnout could be partly due to the current sample reporting less burnout.

One significant finding of this study revealed that the participants reported moderate Emotional Exhaustion. As previously discussed, Leiter and Maslach (2016) identified how profiles scoring high in Emotional Exhaustion but low in Depersonalization and high in Personal Accomplishment represent an Overextended profile. The Overextended profile can represent a mental health counselor who derives significant meaning from their work, is engaged in work with clients, but feels exhausted due to their workload or lack of recovery time between personal and work-life tasks. The Overextended profile is vital to note because an emotionally exhausted/overextended counselor is at risk of transitioning into

depersonalization/disengagement if the context of life or the work environment shifts, which leads to an increased risk of burnout (Leiter & Maslach 2016; Maslach et al., 2018).

Another significant finding in this study concerned the correlation between the subscale Attitude Toward Profession and the subscales of the MBI-HSS. The findings suggested that as Attitude Toward Profession increases Burnout decreases, or the converse can be true, that as Attitude Toward Profession decreases, Burnout increases. Factors that impact a mental health counselor's attitude toward the self, clients, work environments, and the profession are well articulated in burnout literature (Choi et al., 2014; Finan et al., 2021; Knudsen et al., 2006; Lee et al., 2020; Lent & Schwartz, 2012; Murphy & Kruis, 2023; Thompson et al., 2014; Zarzycka et al., 2022). How similar factors impact a mental health counselor's professional identity, professional identity development, and attitude toward profession is less well articulated in the literature. The significant result from this study, combined with the previous statements, exemplifies the need for studies like this one.

Burnout literature elucidates how rarely the work with clients is a significant predictor of burnout compared to the predictive value of numerous detrimental work-related factors (Choi et al., 2014; Knudsen et al., 2006; Lee et al., 2020; Lent & Schwartz, 2012; Thompson et al., 2014; Zarzycka et al., 2022). Because professional external and environmental factors, not client work, is the primary impact on mental health counselor wellbeing, the findings of this study support how a counselor would, in turn, be less likely to *value the advancement and future* of the profession, be *satisfied* with their work and professional roles. Significantly the counseling professional would be less likely to share *positive feelings when working with people in other fields* (Woo et al., 2018).

Ultimately, this research aimed at contributing to counseling education programs and supervisory settings to deepen the conversation regarding counselor professional identity and burnout. Moss et al. (2014) named navigating *burnout to rejuvenation* as a developmental task in counselor professional identity development, which creates a *when, not if*, professional burnout experience for mental health counselors. Counselor educators and supervisors should be encouraged to address both topic areas of counselor professional identity and burnout formally and informally. Formally by providing direct education to counselors in training and supervisees about what counselor professional identity is, using vocabulary to describe content areas concerning specific components of professional identity (PK, PC, AP, and EP), and informing students and supervisees that assessment tools are available and should be utilized throughout a counselor's professional lifespan. Supervisors and universities can model the use of assessment by offering assessment in the context of the learning and supervision environment. The encouragement is to promote autonomy and self-efficacy within counselors to self-identify through the context of professional identity development and to feel knowledgeable about how to self-advocate throughout development. Additionally, to acknowledge and help counselors in training and counselors in practice to identify how systemic social, political, and cultural justice impact their experience in the greater context of the counseling community and throughout professional identity development.

Similarly, concerning burnout, the counselor self-care conversation is greater than the question, "what are you doing for self-care?" The literature demonstrates that a major component that contributes to counselor burnout is a perceived sense of justice, or lack thereof, in the workplace (Knudsen et al., 2006; Murphy & Kruis, 2023). Counselor education programs and supervision should focus on describing the key elements of burnout (EE, DP, and PA) and

informing students and supervisees that assessment tools are available and should be utilized throughout a counselor's professional lifespan. As with counselor professional identity, supervisors and universities can model assessment by offering assessment in the context of the learning and supervision environment, early and regularly. Importantly counselor educators and supervisors can normalize the experience of burnout, that counselors may burnout more than once, and that burnout experience can be recovered from. While normalizing the experience of burnout, it is important to do so without normalizing the problematic external factors that contribute to burnout.

Limitations and Recommendations

Limitations persist in research, as was the case with this study. Although the author attempted to recruit participants from across the United States, across various work settings, and from a diverse group of clinicians, most respondents were in private practice, identified as racially White, and female (cisgender or transgender). The demographic makeup of the study diminished the representation of variety in counselor work settings and counselor racial and gender identities. Combining cisgender and transgender identities in the same gender group could have minimized the representation of transgender mental health counselors, counselors who would otherwise have explicitly benefitted from being represented in counseling research. Although the sample size was adequate for this study, a larger sample size may have provided more opportunity for a diverse group of counselors to be represented.

After data collection, it was discovered that while manually transferring the PISC-Short items to the survey software, item number 8 did not transfer to the PISC-Short measure provided to participants. As previously discussed, this impacted the PISC-Short subscale of Professional Competency. The impact of this error appeared insignificant in this study, but potential impact

cannot be accurately assessed. Future research would benefit from attention to detail when transcribing measures into survey software.

The average level of professional identity for participants was high, which could reflect a participant population that was more likely to participate in research than populations of mental health counselors with diminished professional identity. As a result, the observations from the PISC-Short could be positively skewed, similar to the results from the MBI-HSS. Respondents reported relatively low burnout symptomology. Mental health counselors with high degrees of burnout may decline to engage in research studies. Professional counselors who participate in research may identify as experiencing less burnout. Therefore, their participation in research could skew a burnout inventory. Counselors with higher degrees of professional identity, and less burnout, may self-select into professional activities like research. Purposeful sampling was attempted for this study, but due to the sample size, the impact of the attempt of purposeful sampling is inestimable. Future studies may seek participants who report low professional identity or high burnout or may benefit from attaining a sample size large enough to conduct statistically significant analysis of symptom-based subgroups.

The use of self-report measures presents limitations in research. When validating the original PISC, the authors found that participants were not responding in a socially desirable manner. Validating the original PISC exhibited no significant correlations with the Marlowe-Crowne (Woo & Henfield, 2015). During the literature review for this study, the present author did not discover whether, when validating the MBI-HSS, social desirability was a factor in participant responses. The accuracy of self-report on the MBI-HSS was validated in an observer study where there were significant correlations between a *knowledgeable observer's* assessment of an individual's burnout symptomology and that individual's self-report (Maslach

et al., 2018). There were similarities between how the participating individual perceived and reported their burnout symptoms and how the knowledgeable observer perceived and reported burnout symptoms about the same individual. However, whether participants replied in a socially desirable way to the self-report measures in this study cannot be known.

Due to the beliefs and potential expectations people can experience concerning the topic of burnout, Maslach et al. (2018) discouraged revealing to participants that the MBI-HSS is a burnout inventory before the assessment. The authors suggested not disclosing that the MBI-HSS is a burnout inventory to *avoid sensitization to burnout*, directing an explanation about burnout and the use of the MBI-HSS occur after the participants complete an assessment is completed. The informed consent process briefly informed participants of the topic areas for this study: professional identity and burnout (See Appendix B). As a result, whether participants were sensitized to the issue of burnout before participating in this study cannot be known.

Another limitation of this study concerned how the study design did not permit more in-depth exploration of the developmental task of *navigating burnout to rejuvenation* (Moss et al., 2014). Although the study added to the literature and served to deepen understanding of this task associated with Moss et al. (2014) grounded theory approach, future research would continue to address attitudinal disposition in the context of counselor professional identity development. This study emphasizes the dearth of literature addressing the impact burnout on counselor professional identity and professional identity development and the great need consider this topic area more widely in the literature.

Areas for Future Research

This study highlighted areas for additional research concerning the relationship between counselor professional identity and burnout. One recommendation is replicating this study with

more effective purposeful sampling and increasing participant numbers. Increased participant numbers may aid in identifying participants who are experiencing burnout and by attaining a sample size large enough to conduct statistically significant analysis of symptom-based subgroups. Identifying an organizational setting could contribute to the diversity of counselor professional identity status and burnout experience. Taking steps to identify diverse participants would increase the representation of counselors from marginalized communities and increase representation of diverse perspectives within counseling research.

Considering the impact of external factors and how they influence a counselor's experience of burnout, when replicating this study, it may be more effective to understand quantitative results using a different burnout measure. The Counselor Burnout Inventory (CBI) developed by Lee et al. (2007) is related specifically to counselors and assesses the impact of the work environment on perceived experience of burnout. Additionally, subscales of the CBI address personal life and incompetence dimensions, contributing to a more holistic understanding of counselor burnout symptomatology. Unlike the MBI-HSS the CBI is offered as an open-access tool, whereas the MBI-HSS has costs associated with each use.

By examining the relationship between two crucial and extensively researched topics in mental health counseling, new and salient recommendations for counseling research can emerge. The relationship between counselor professional identity and burnout should be explored through a qualitative or mixed-method study design. Qualitative research is apt for chronicling participant voices and contextualizing the environment of their experience (Creswell & Garrett, 2008). As previously established, both counselor professional identity and professional identity development and the topic of burnout are specific to the individual experience within various institutional settings, making this area of concern highly appropriate for qualitative design. A

mixed-method approach would be beneficial to counseling research concerning this topic area because mixed methodology intends to combine data from both qualitative and quantitative approaches to *provide a unified understanding of a research problem* (Creswell & Garrett, 2008). A repeat of the quantitative portions of this study combined with a qualitative component could add specificity to which lived experience factors influence data-driven outcomes.

The current study demonstrated that the negative impact of burnout symptoms on the attitude toward the profession has significant implications for the field of counseling. The subscale of Attitude Toward Profession on the PISC-Short offers a brief assessment of how a counselor values the profession, experiences satisfaction with their role, and whether the counselor is apt to speak well of the counseling profession to others (Woo et al., 2018). Counselor professional identity is established as a critical feature to move the counseling profession forward. Future studies should extrapolate these professional identity characteristics to ensure each counselor's longevity and positive affiliation toward the counseling profession. Future studies attending to the grounded theory work of Moss et al. (2014) would contribute to counseling literature by explicitly addressing the burnout process as a function of professional identity development.

Conclusions

To improve the working lives of mental health counselors, it is pivotal to address provisions for justice in the work environment. Counselors in training and counselors in practice should understand the three main types of justice experienced in the workplace: centralized decision-making, distributive justice, and procedural justice. Additionally, to acknowledge and help counselors in training and counselors in practice to identify how systemic social, political, and cultural justice to their experience as a mental health counselor in the workplace.

Key to educational and supervisory support is to recognize that counselors in training and counselors in practice are predisposed to a worldview. This is a lens through which they will encounter many disorienting dilemmas that will challenge the previous schemas, prompt reflection, integration and ultimately the counselor in training or counselor in practice will acquire new skills and professional narratives (Mezirow, 1994). As a result, it is crucial that educational and supervisory interactions provide a supportive structure for resilience while confronting and integrating these major topic areas into professional growth. Ward (2023) described resilience as a process of self-healing that is made manifest in the presence of others (educators and supervisors). *Connection, culture, community, and capacity* are the healing features that comprise resilience. The attributes that are present between two people (counselor and educator/supervisor) and offer structure to support engagement with self-healing features are *social justice, wonderment, strengthening, and meaningful service*.

Lastly counselor educators and supervisors comprise counseling leadership and are ultimately responsible for creating and fostering the environment counselors in training and counselors in practice engagement in meaningful work with clients. Creating environments that actively acknowledge and address justice needs (fair policies and procedures, centralized decision making, providing for counselor's voice and expertise to be heard, distributive justice, when applicable offering compensation that is commensurate with the work effort, and the greater context of sociopolitical justice) is essential to preserve counselors and the profession.

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APPENDIX A: FREQUENCIES AND PERCENTAGES OF DEMOGRAPHICS

Frequency Table for Nominal Variables

Variable	<i>n</i>	<i>%</i>
Gender		
Female (cisgender or transgender)	47	88.68
Nonbinary or genderqueer	2	3.77
Male (cisgender or transgender)	4	7.55
Racial Identity		
White	44	83.02
Asian or Asian American	4	7.55
Another race	2	3.77
Black or African American	2	3.77
Hispanic or Latino	1	1.89
Age		
41-50	17	32.08
31-40	15	28.30
18-30	6	11.32
51-60	10	18.87
61+	5	9.43
License		
Full License	40	75.47
Associate License	13	24.53
Client Population		
Adults	32	60.38
Both	18	33.96
Other	1	1.89
Adolescents	2	3.77
Work Setting		
Community mental health	5	9.43
Private practice	39	73.58
For profit agency	4	7.55
Other	5	9.43
Education		
Masters	46	86.79
Doctoral	7	13.21

Accreditation

CACREP	35	66.04
Other	14	26.42
APA	4	7.55

Years in Practice

4-6 years	11	20.75
7-9 years	11	20.75
1-3 years	13	24.53
10+ years	17	32.08
Less than a year	1	1.89

Note. Due to rounding errors, percentages may not equal 100%.

APPENDIX B: RECRUITMENT LETTER

Date

Re: Research Study at Antioch University Seattle

Dear Participant,

My name is Jessica Gaul, and I am a researcher from Antioch University Seattle (AUS) in the School of Applied Psychology, Counseling and Family Therapy. The faculty advisor for this project is Dr. Stephanie Thorson-Olesen. I am writing to see if you would like to participate in a new research study being conducted here at AUS. Research plays an important role in advancing our understanding of mental health care and helps lead to improvements in mental health systems.

This project, titled Examining the Relationship Between Counselor Professional Identity and Burnout, aims to expand important research regarding counselor professional identity development by querying whether there is a relationship between professional identity and burnout for mental health counselors.

You are invited to complete the Professional Identity Scale in Counseling- Short Form, a 16-item questionnaire on a 6-point Likert scale designed to measure professional identity among diverse counseling professionals. Then complete the Maslach Burnout Inventory – Human Services Survey (MBI-HSS). The MBI-HSS is a 22-item questionnaire on a 6-point Likert scale designed to measure the nature of burnout, the deteriorating effects of burnout, and to evaluate the potential level of burnout.

Participation will take approximately 5-10 minutes. Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty.

As a participant your identity will be protected in a few ways. Any inquiries will go to a password protected e-mail address that only the researcher has access to. You may opt in or out of the study after reviewing the informed consent form. Your name as a participant will not be connected to data in any way; in addition, demographic data will be presented as aggregate data. That means it will be stripped of its association with any individual's survey when presented to researcher.

While there are no direct benefits to you, we hope to gain more knowledge on aspects of counselor professional identity and burnout. No study is completely risk-free; however, we do not anticipate that you will be harmed or distressed during this study. You could experience some emotional discomfort or a disclosure of sensitive information. Participants are welcome to contact Jessica Gaul at any time, or you can opt out of the study and be provided with a debriefing form with information on a free mental health resource.

If you are interested in participating in this study or learning more about it, you can learn more at [survey monkey link]. For questions about this study, contact Jessica Gaul at.

Sincerely,
Jessica Gaul

APPENDIX C: CITI TRAINING CERTIFICATES



Completion Date 07-Aug-2022
 Expiration Date 06-Aug-2025
 Record ID 40285886

This is to certify that:

Jessica Gaul

Has completed the following CITI Program course:

Human Participants in Research
 (Curriculum Group)
AU Seattle - Human Participants in Research
 (Course Learner Group)
2 - Refresher Course
 (Stage)

Not valid for renewal of
 certification through CME.

Under requirements set by:

Antioch University

CITI

Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
 Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w8bb500b9-2e93-4003-90ee-298ea4b84ffd-40285886



Completion Date 10-Apr-2018
Expiration Date 09-Apr-2021
Record ID 26739036

This is to certify that:

Jessica Gaul

Has completed the following CITI Program course:

Not valid for renewal of
certification through CME.

Human Participants in Research
(Curriculum Group)
AU Seattle - Human Participants in Research
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Antioch University

CITI
Collaborative Institutional Training Initiative

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Verify at www.citiprogram.org/verify/?wf3c42ed3-d4ab-4d59-b555-5aa6e9583caf-26739036