

MEASURING DIMENSIONS OF BURNOUT BUFFERS AMONG  
PSYCHOLOGISTS: AN EXPLORATORY FACTOR ANALYTIC,  
MULTITRAIT - MULTIMETHOD STUDY

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF PSYCHOLOGY  
COLLEGE OF ARTS AND SCIENCES

BY

RONALD J. PAUL, B.S.

DENTON, TEXAS

AUGUST, 2011

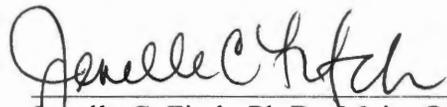
**TEXAS WOMAN'S UNIVERSITY LIBRARY**

TEXAS WOMAN'S UNIVERSITY  
DENTON, TEXAS

May 5, 2011

To the Dean of the Graduate School:

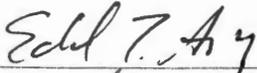
I am submitting herewith a dissertation written by Ronald J. Paul entitled "Measuring Dimensions of Burnout Buffers among Psychologists: An Exploratory Factor Analytic, Multitrait-Multimethod Study." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.



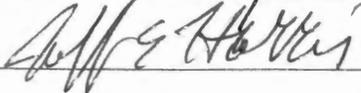
---

Jenelle C. Fitch, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:



---



---



---



---

Department Chair

Accepted:



---

Dean of the Graduate School

## DEDICATION

To my grandparents, who always believed in me.

## ACKNOWLEDGMENTS

I wish to thank many individuals in my life who, in myriad large and small ways, have provided me with support throughout my doctoral training. I want to acknowledge Shane, who provided constant support, unflagging encouragement, and a good sense of humor through the exhilarating, but sometimes thorny pursuit, of my doctoral degree. I also wish to thank Joey, whose perpetual, unconditional love throughout my entire graduate school training has been an invaluable source of joy, love, and fond memories.

I would also like to thank my committee members for their assistance throughout the course of this project. Jenelle Fitch, my dissertation chairperson, has been a pillar of support, guidance, encouragement, and inspiration from the beginning of this project. Jeff Harris, my dissertation co-chair, provided timely feedback, and exercised infinite patience with my numerous questions; his assistance with this project was phenomenal. Trey Asbury, my statistical consultant, was always energetic and motivating; I appreciate so very much his input, support, assistance, and involvement with my study. I also wish to thank Kathy DeOrnellas for her willingness to serve on my committee, and for reminding me about the importance of maintaining a sense of humor throughout graduate school.

Finally, humble thanks to Stephen Chock for his mentorship over the last several years, and for believing in my intellectual stamina and abilities often far more than I did

myself. He has helped me theoretically, practically, and spiritually during the course of my graduate studies; I will forever remain grateful for his insight and friendship.

## ABSTRACT

RONALD J. PAUL

### MEASURING DIMENSIONS OF BURNOUT BUFFERS AMONG PSYCHOLOGISTS: AN EXPLORATORY FACTOR ANALYTIC MULTITRAIT-MULTIMETHOD STUDY

AUGUST 2011

This study describes the development and psychometric evaluation of the Buffers Against Burnout among Psychologists Inventory (BABPI). The initial item pool consisted of 80 items that were developed on the basis of prior literature, revised on the basis of expert feedback, and subjected to psychometric scrutiny. Exploratory factor analysis of data from 137 Counseling Psychologists and Counseling Psychology interns yielded a total of 32 items comprising 3 factors of psychologists' buffers against burnout: (a) Normalization and Prevention, (b) Multicultural Values and Awareness, and (c) Strength Based Perspective, with internal consistency reliability estimates ranging from .93 to .96. Convergent and divergent validity were examined with the BABPI's relationship to well-being, social desirability, and burnout. Overall, the present study suggests the BABPI is a reliable and valid measure of buffers against burnout. Implications for theory, training, clinical practice, and future research are discussed.

## TABLE OF CONTENTS

	Page
DEDICATION.....	iii
ACKNOWLEDGMENTS.....	iv
ABSTRACT.....	vi
LIST OF TABLES.....	xi
LIST OF FIGURES.....	xii
Chapters	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	7
Definitions of Burnout.....	7
Burnout and Professional Impairment.....	9
Historical Conceptualizations of Burnout.....	10
Inception of Quantitative Analysis of Burnout.....	12
Contributing Factors to Burnout.....	20
Situational Contributing Factors to Burnout.....	21
Personal Demographic Characteristics Contributing to Burnout.....	25
Personality Characteristics Contributing to Burnout.....	27
Burnout among Various Professions.....	32
Burnout among Mental Health Counselors.....	37

Burnout among Psychologists .....	41
Differences between Counseling Psychologists and Other Doctoral Level Psychologists .....	46
Tenets of the Positive Psychology Field.....	52
Quantitative Psychometric Instrumentation of General Burnout .....	54
The Maslach Burnout Inventory .....	54
The Tedium Scale .....	55
The Staff Burnout Scale for Health Professionals.....	56
Measures of Burnout Specific to Human Service Providers .....	57
The Copenhagen Burnout Inventory .....	57
The Oldenburg Burnout Inventory .....	58
The Counselor Burnout Inventory .....	60
Measures of Burnout Specific to Psychologists .....	62
Psychologist’s Burnout Inventory-Revised .....	62
Summary .....	63
Rationale for the Investigation.....	64
Relevance to Counseling Psychology.....	65
Research Questions and Hypotheses .....	65
III. METHODS .....	67
Overall Research Design .....	67
Participants .....	67

Procedure .....	71
Instrumentation .....	74
Demographic Form .....	74
The Buffers Against Burnout Among Psychologists Inventory (BABPI) .....	75
Satisfaction with Life Scale .....	77
Marlowe-Crowne Form C .....	78
Psychologist’s Burnout Inventory-Revised .....	79
Research Design and Data Analysis .....	80
Descriptive and Exploratory Statistics .....	80
Factor and Parallel Analysis .....	81
Research Questions and Hypotheses .....	81
IV. RESULTS .....	83
Descriptive Statistics .....	84
Analyses of Hypotheses .....	84
Research Question 1: Factor Structure of the BABPI .....	84
Research Question 2: Relationship of BABPI with Other Instruments .....	94
Exploratory Analyses .....	96
Correlation Analyses .....	97
Multivariate Analyses .....	98

V. DISCUSSION .....	103
Summary of Major Findings.....	103
Factor Structure of the BABPI (Hypothesis 1).....	103
Examination of Convergent and Divergent Validity (Hypotheses 2, 3, and 4) .....	106
Exploratory Analyses.....	110
Limitations and Future Research Directions .....	112
Implications for Clinical Training and Practice.....	118
Implications for Theory .....	119
Conclusion .....	120
REFERENCES .....	122
APPENDICES	
A. Electronic Recruitment Email.....	154
B. Electronic Informational Flyer.....	156
C. Participant Consent Form.....	158
D. Demographic Questionnaire .....	162
E. The Buffers Against Burnout among Psychologists Inventory.....	165
F. The Satisfaction with Life Scale.....	169
G. Marlowe-Crowne Form C.....	171
H. Psychologist’s Burnout Inventory-Revised .....	173

## LIST OF TABLES

Table	Page
1. Characteristics of the Sample .....	69
2. Descriptive Statistics for Scales and Subscales .....	85
3. Final Factor Analysis: Eigenvalues, Percentage of Variance, and Cumulative Percentage of Variance .....	88
4. Final Factor Analysis: Scale Item and Final Rotated Factor Loadings .....	90
5. Pearson's Product Moment Correlations between BABPI, BABPI Subscales, PBI-R, and PBI-R Subscales .....	95
6. Pearson's Product Moment Correlations between BABPI, BABPI Subscales, and SWLS .....	96
7. Post Hoc MANOVA Demographic Differences in BABPI Scores.....	101
8. Demographic Characteristics/Percentages from APA 2010 Census and Current Sample .....	114

## LIST OF FIGURES

Figure	Page
1. Scree plot for final factor analysis .....	93

## CHAPTER I

### INTRODUCTION

People have a wide variety of experiences in their relationship with work. Some people report positive experiences with their work, with little or no stressors impacting their personal lives, health, or well-being; others have less pleasant experiences. When individuals experience significant difficulties in the relationship with their work, they might begin to suffer from burnout. The term *burnout* began surfacing in the scholarly literature in the 1970s; however, its inception is thought to be in early 1960s, when Graham Greene published the novel, *A Burnt-Out Case* (Greene, 1961). Greene's novel explored the life of an internationally renowned architect who became anguished with his professional and personal life, and decided to move to a remote African leprosy colony to escape the aridity and disenchantment of his work experiences. In Africa, he discovered a newfound solace in volunteering with villagers who had leprosy, never returning to the toil and distress of his previous life. What developed in the decades after the novel's publication was a scholarly study of burnout, and how it affects people in different types of professions.

Burnout is now a familiar term in contemporary society. Many researchers (e.g., Demerouti, Bakker, Vardakou, & Kantas, 2003; Jones, 1980; Kristensen, Borritz, Villadsen, & Christensen, 2005; Moreno- Jiménez, 2010; Pines, Aronson, & Kafry, 1981)

have proposed different definitions of burnout, but perhaps the most widely accepted definition was coined by Maslach and Jackson (1981), who indicated that burnout refers to negative reactions to ongoing work-related stresses and emotional demands. The researchers also noted that individuals who experience burnout likely suffer from personal distress, attitude changes, and deteriorating work performance, all of which ultimately negatively impact the quality of services they provide.

The area of burnout has received increased attention in the past two decades, as scholars from a wide variety of fields including psychology, sociology, medicine, business, and social work have come to recognize the importance of understanding its etiology, prevention, and treatment (Koeske & Kelly, 1995; Rupert & Morgan, 2005). Throughout its short history, research on burnout has examined the unique facets experienced by a myriad of professions, including police officers, firefighters, prison correctional officers, teachers, athletes, clergy members, sex workers, psychiatric nurses, and mental health counselors. Researchers have emphasized the importance of empirically studying burnout among different professions because burnout can be manifested in different ways across professions (Maslach, Schaufeli, & Leiter, 2001). Concerns arise when conceptualizations of burnout are haphazardly or arbitrarily transplanted between different professions because definitions of burnout can mean drastically different things to different professionals (Golembiewski & Munzenrider, 1988). For example, emotional exhaustion and depersonalization likely mean very

different things to a prison correctional officer compared to an athlete, hospice care worker, firefighter, or school teacher.

The initial research on burnout primarily centered on qualitative and anecdotal accounts of the phenomenon, and lacked scientific sophistication (Maslach et al., 2001; Perlman & Hartman, 1982). One limiting aspect of this initial research was the lack of theoretical models of burnout. As a result, researchers began positing models and conceptualizations of burnout, in an effort to better understand it. Maslach and Jackson (1981) were the first researchers to theoretically conceptualize burnout. They theorized that burnout consists of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The Maslach and Jackson conceptualization of burnout is still considered the most widely used model of burnout (Halbesleben & Demerouti, 2005). Other models followed, including the Pines and Aronson (1988) model of burnout, which proposed that burnout consists of physical depletion, and also corresponding feelings of helplessness and hopelessness, and also the Phase Model of Burnout (Golembiewski & Munzenrider, 1988), which posited that individuals systematically progress through experiences of depersonalization, feelings of reduced personal accomplishment, and ultimately emotional exhaustion. Additional models have also been developed to capture the complexity of burnout.

While theoretical models served as a springboard for research in the area of burnout, contributing factors to burnout have also been empirically explored. For example, researchers have examined the relationship between situational characteristics

of the workplace (e.g., number of hours worked per week, relationship satisfaction with one's supervisor, one's perceived control of her or his work environment, or number of customers, patients, or clients seen per day), and also personal demographic characteristics (e.g., age, gender, partnership status, education level) and burnout.

Researchers have also examined the role of personality characteristics (e.g., coping style, locus of control, self-esteem, and the Big Five model of personality) and how they are related to experiences of burnout.

Despite the emergence of research on burnout in the 1980s and 1990s, there are professions that still lack specific knowledge about how burnout is manifested within that particular domain. One of these areas is the psychology field, more specifically, Counseling Psychology. A small number of recent studies have examined burnout among psychologists (e.g., Rupert & Kent, 2007; Rupert & Morgan, 2005), and their results have illuminated alarming findings: nearly 1 out of 3 psychologists sampled fell into the high range of at least one facet of burnout. It is important to note, however, that the psychologists sampled in those studies were overwhelmingly Clinical Psychologists, thus casting the generalizability of the findings to Counseling Psychologists into question. Despite Clinical and Counseling Psychologists both being doctoral-level professions, there are unique variables associated with Counseling Psychologist's training, focus, and historical emergence. These unique variables, in turn, likely impact how Counseling Psychologists experience burnout. One possible reason for the dearth of

research specific to burnout among Counseling Psychologists is a complete lack of instrumentation to measure burnout within this population.

Several psychometric instruments, with varying degrees of acceptable reliability and validity properties, currently exist to measure general burnout (i.e., burnout not specific to a particular professional population), including the Maslach Burnout Inventory (Maslach & Jackson, 1981), the Tedium Scale (Pines et al., 1981), and the Staff Burnout Scale for Health Professionals (Jones, 1980). Other measures have been designed to measure burnout among human service providers, such as the Copenhagen Burnout Inventory (Kristensen et al., 2005), the Oldenburg Burnout Inventory (Demerouti et al., 2003), and the Counselor Burnout Inventory (Lee et al., 2007). Only one known instrument, the Psychologist's Burnout Inventory-Revised (PBI-R; Rupert, Morgan, Bryant, & Hunley, 2008) has been designed to measure burnout specifically among psychologists. Unfortunately, the validity and reliability of the PBI-R have not been empirically ascertained, thus limiting its usefulness. While there is only one known measure of burnout among psychologists, to date, there is no known instrument designed to specifically measure burnout among Counseling Psychologists.

The purpose of this investigation, therefore, is to expand the knowledge of burnout as it pertains to Counseling Psychologists, and to utilize this information to develop an assessment instrument that would illuminate variables that buffer Counseling Psychologists against burnout. Many available measures of burnout have overall acceptable levels of validity and reliability, but lack construct validity in that they

measure facets of burnout, such as physical exhaustion and reduced personal accomplishment, rather than variables that act as buffers against it. The instrument to be developed in this investigation is intended to delineate experiences of burnout among human service providers and to explore dimensions of variables that act as buffers against it for Counseling Psychologists. It is anticipated that this delineation will provide insight into the unique buffering variables against burnout among Counseling Psychologists, and will serve as a useful tool for researchers, Counseling Psychologists, and Counseling Psychology trainees, to understand the phenomenon of burnout among this population, particularly with regard to preventative measures.

In contemporary society, stressors seem to be everywhere. Threats of terrorism, a deteriorating economy, high rates of unemployment, and skyrocketing prices are just some of the widespread concerns that people have. As these types of problems permeate the world, individuals' stress levels will only exacerbate. When people seek psychological services from Counseling Psychologists for concerns pertaining to the aforementioned stressors, or for other problems, it is imperative that the Counseling Psychologist be cognizant of her or his personal functioning. Indeed, a Counseling Psychologist who is experiencing burnout to any degree will likely be unable to provide the highest level of professional and ethical care that the Counseling Psychology field mandates. The overall adaptive purpose of Counseling Psychologists to help others largely depends on recognition of, and experiences with, their own prevention of professional burnout, and by being cognizant of what buffers them against it.

## CHAPTER II

### LITERATURE REVIEW

Burnout is a prevalent phenomenon that transcends a wide variety of professions and affects individuals in different ways. Over the past several decades, there has been an increase in the empirical literature to understand not only the underlying causes of burnout, but also its subsequent effects on individuals in the workplace (Halbesleben, 2006; Rupert & Morgan, 2005). Research on burnout has been conducted on many different types of professionals, including police officers, correctional officers, oncology care providers, elementary and high school teachers, general medical practitioners, the clergy, university faculty, dentists, social workers, sex workers, and mental health providers (Dollard, Winefield, & Winefield, 2003; Leiter & Durup, 1994; McCarthy, Lambert, O'Donnell, & Melendres, 2009). However, despite the increased empirical scrutiny of burnout since the 1970s, there is still little known about how burnout is experienced and manifested in certain professions (Maslach & Leiter, 2008). One possible reason that certain workplaces have received relatively scant or no attention to the effects of burnout might be a lack of consensus among researchers on its definition.

#### **Definitions of Burnout**

Researchers have defined burnout in a variety of ways; to date, no single, unifying definition of the term exists (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Maslach

et al., 2001; Vanheule, Rosseel, & Vlerick, 2007). One of the earliest conceptualizations of burnout was made by Freudenberger (1975), who indicated that burnout is a feeling of fatigue and frustration that an individual experiences when her or his life experiences fail to meet expectations. Maslach and Jackson (1981) expanded Freudenberger's conceptualization and defined burnout as a "syndrome of emotional exhaustion and cynicism" (p. 99) that involves three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Yet another definition of burnout was propounded by Meir (1983), who defined burnout as "a state in which individuals expect little reward and considerable punishment from work because of a lack of valued reinforcement, controllable outcomes, or personal competence" (p. 899). A fourth definition was proposed by Pines and Aaronson (1988), who defined burnout as "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations" (p. 9).

While definitions of burnout vary, exhaustion and lack of motivation are consistent themes among all denotations of the term. An inherent concern is that individuals in professions that work directly with people, such as the psychology field, can experience burnout and prompt them to practice in impaired, unethical, or illegal ways. O'Connor (2001) noted that impairment among psychologists includes an inability to practice according to established guidelines of care. Additionally, psychologists are ethically obliged to maintain their psychological well-being by utilizing self-care

methods and adaptive coping strategies (Baker, 2003; Barnett, Johnston, & Hillard, 2006; Smith & Moss, 2009).

### **Burnout and Professional Impairment**

Interestingly, the American Psychological Association has done little about mandating psychology training programs to address impairment and wellness to psychologists in training in comparison to other governing bodies of graduate training programs (Smith & Moss, 2009). For example, the Accreditation Council for Graduate Medical Education (ACGME) requires all medical residency training programs to include specific education on physician well-being and impairment (Smith & Moss). The APA, unfortunately, does not mandate that accredited psychology training programs cover the topics of wellness and impairment; as a result, psychologists might not feel sufficiently comfortable acknowledging and obtaining help when they become distressed and/or professionally impaired. While research has been conducted on burnout among School Psychologists (e.g., Huebner, 1992), masters level therapists (e.g., Linley & Joseph, 2007), and Clinical Psychologists (e.g., Cushway & Tyler, 1994; Rupert & Kent, 2007; Rupert & Morgan, 2005), to date there is very limited research on burnout among Counseling Psychologists.

The lack of psychometric instrumentation related specifically to burnout among Counseling Psychologists has limited researchers in the area of burnout to rely on instruments that were designed and validated on non-Counseling Psychologist samples. The focus of Counseling Psychologists' training and professional practice is often

different than that of other subfields in psychology (Brown & Lent, 2000; McFall, 2006; Stoltenberg et al., 2000). For example, in contrast to Clinical Psychology's reliance on the traditional medical model of diagnosing psychological disorders, Counseling Psychology training emphasizes coping and adjustment to normal developmental concerns throughout the lifespan (McFall, 2006). Additionally, training in Counseling Psychology typically adheres to a strength-based perspective, in which clients' strengths, resources, and assets are an integral aspect of treatment (Gelso & Woodhouse, 2003; Orsulic-Jeras, Shepherd, & Britton, 2003). Another dimension of Counseling Psychologists' training that is different than other subfields in psychology is its focus on multiculturalism; indeed, Counseling Psychology training focuses heavily on the role of understanding and appreciating one's culture within the contextual framework of presenting problems and concerns (Gelso & Woodhouse). A final difference of Counseling Psychologists' training pertains to the focus of attending to preventative, rather than remedial approaches to client problems. Thus, researchers wishing to quantitatively examine burnout specifically among Counseling Psychologists face tremendous challenges regarding measurement, as quantitative measures are nonexistent.

### **Historical Conceptualizations of Burnout**

The impetus for formal research in the area of burnout occurred in the 1970s, when psychiatrist Herbert Freudenberger began to take note of changes in employees and volunteers working in clinical health settings (Freudenberger, 1974; Maslach, 1976; Maslach et al., 2001). Freudenberger noted that after approximately one year, employees

and volunteers with whom he worked began to experience a gradual emotional depletion, as well as an overall loss of motivation and commitment to the workplace and to patients (Freudenberger; Maslach & Schaufeli, 1993). In order to describe the behavioral changes he noticed, Freudenberger coined the term *burnout*, which was often used at the time to describe the effects of habitual drug abuse on human functioning (Maslach & Schaufeli).

Though the term *burnout* was coined in the 1970s to describe individuals' experiences of exhaustion and lack of motivation in the workplace, it is likely that the concept existed for many years before that (Burisch, 1984). Farber (1983) theorized that the emergence of burnout research occurred in the 1970s as the result of two historical trends. First, American workers became increasingly disconnected from their communities and heavily reliant on finding satisfaction, meaning, and gratification from their work; this disconnection from community, and substantial increase in workload, often resulted in overwork and, subsequently, burnout. Second, Farber posited that after World War II, social services work became more regulated by the government, which resulted in more credentialed, bureaucratized, rigid, and stressful workplaces.

At nearly the same time when Freudenberger (1974) coined the term *burnout*, social psychological research began to investigate how medical personnel were able to psychologically detach from patients' presenting problems in order to effectively cope with the demands of medical setting work (Maslach et al., 2001). The initial research on the topic of burnout centered around the human service professions, particularly with regard to the emotional strain that such work had on practitioners (Maslach, 1982). The

initial research, however, was limited to primarily qualitative and anecdotal descriptions of burnout in the workplace. Perlman and Hartman (1982) reviewed 48 articles pertaining to burnout that were published between 1974 and 1981, and found that only five of those articles contained any empirical data. One reason initial research on burnout lacked empirical investigation was because practitioners, rather than scholars, were primarily interested in the topic (Maslach & Jackson, 1984).

### **Inception of Quantitative Analysis of Burnout**

In response to the lack of scientific rigor pertaining to burnout research, researchers in the late 1970s began to scrutinize the concept of burnout more sophisticatedly and empirically. Maslach and Jackson (1981) collected data from hundreds of individuals in a variety of health and social service settings in an attempt to understand psychometrically the phenomenon of burnout. The researchers developed a burnout measure known as the Maslach Burnout Inventory (MBI), which has been widely utilized in psychological, sociological, organizational, medical, and other settings for almost three decades (Maslach & Leiter, 2008).

Maslach and Jackson (1981) postulated that burnout contains three distinct dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The emotional exhaustion dimension pertains to strain, and feeling physically and psychologically depleted of one's resources. Emotional exhaustion is typically considered the most prominent syndrome of burnout; some researchers (e.g., Shirom, 1989) argued that the other two dimensions of burnout are unnecessary. Other

researchers (e.g., Maslach et al., 2001) noted that the concept of exhaustion does not capture the depth and complexity of burnout, and thus cannot stand alone. Additionally, Maslach and Jackson were careful to point out that while the exhaustion component of their burnout model encompasses the stress associated with burnout, it does not describe how individuals who experience burnout view and interact with their work. Exhaustion does not exist as a unitary event; rather, it prompts individuals to distance themselves from their work, often resulting in emotional and cognitive withdrawals in an effort to cope with excessively stressful workloads (Maslach, 2001; Maslach and Jackson). Maslach and Leitner (1997) noted that emotional exhaustion is important to respond to when it arises because individuals who continue working in spite of their emotional exhaustion are highly susceptible to subsequent physical illness. As a result, exhaustion can have particularly deleterious effects in the human services field because exhausted employees can experience impairment and lack of appropriate responsiveness to clients and patients (Maslach et al.).

In addition to exhaustion, Maslach and Jackson's (1981) burnout model also included as a second core dimension the concept of depersonalization. Depersonalization refers to a cognitive and affective shift in how an individual thinks about her or his work and clients. The depersonalization dimension also represents the interpersonal response one has to burnout, such as becoming cynical, inordinately detached, and obdurate toward various aspects of a job. Maslach et al. (2001) indicated that depersonalization occurs when employees actively distance themselves from clients, and begin to overlook

individuals' unique qualities. The researchers went on to explain that it is often easier to cope with excessively high work demands when clients or patients are viewed as impersonal and undemonstrative. Cordes and Dougherty (1993) provided examples of depersonalization, including a caregiver's use of profanity or inappropriate language, withdrawal from the workplace by taking longer and more frequent breaks, and an overall impersonal relationship between caregivers and clients.

The third dimension of Maslach and Jackson's (1981) burnout model was reduced personal accomplishment. The reduced personal accomplishment dimension pertains to a feeling of incompetence in the workplace. Reduced personal accomplishment is generally conceptualized as a function and integration of both emotional exhaustion and depersonalization; indeed, a work environment that fosters exhaustion and depersonalization likely leads an individual to feel a reduced sense of personal accomplishment (Byrne, 1994; Lee & Ashforth, 1996; Maslach et al., 2001). Leiter (1993) noted that exhaustion and indifference toward others makes it difficult for an individual to feel a high level of efficaciousness, and that a lack of personal accomplishment is a natural concomitant to the other two dimensions of burnout. Jackson, Turner, and Brief (1987) explained that a reduced sense of personal accomplishment can evolve from a person feeling that her or his work is undervalued, underappreciated, or ineffective. Additionally, Burke, Shearer, and Deszca (1984) suggested that a reduced sense of personal accomplishment can stem from perceptions of incompetence or lack of confidence in one's skills.

In addition to the Malach and Jackson's (1981) model of burnout, Edelwich and Brodsky (1980) developed a stage model framework of burnout, which consisted of five systematic and progressive stages of burnout: enthusiasm, stagnation, frustration, apathy, and intervention. According to their stage model, individuals initially have enthusiasm toward their work, and naturally progress through a series of stages, ending with intervention. Edelwich and Brodsky noted that burnout is first manifested during the enthusiasm stage when employees can hold unrealistically high expectations for their work, abilities, and accomplishments. The researchers noted that some professions attempt to depict novice employees as heroic and ubiquitously perfect in their work performance; when individuals fall short of this quixotically idealistic expectation, the sequential stages of burnout begin. In terms of its connection to applied psychological training, this model serves as a precursory warning that novice clinicians' initial excitement and enthusiasm toward their work at the inception of entering the profession might dissipate and result in burnout unless preventative coping strategies are taught and implemented.

Another model of burnout that was conceptualized after Edelwich and Brodsky was Pines and Aronson's (1988) model of burnout. In their model, Pines and Aronson indicated that burnout consists of physical depletion, as well as feelings of helplessness and hopelessness. The authors indicated that burnout likely happens to individuals who have very high expectations of themselves, and who are involved in emotionally taxing work. This model is similar to Maslach and Jackson's (1981) model of burnout in that

individuals who burn out are theorized to depersonalize others and have a negative outlook toward the workplace and on their lives in general. What differentiates the Pines and Aronson model from other models of burnout are the specific threefold characteristics that are postulated to describe individuals experiencing burnout: a strong desire to give all of themselves to others; high level of achievement and motivation; and the expectation that work will bring a satisfying sense of meaning to their lives. The Pines and Aronson model is relevant to conceptualizing experiences of burnout among psychologists because psychologists have been known to often be altruistic, and thus highly motivated to readily help others, with the expectation that such help will be personally satisfying (Barnett, 2007). More recent researchers (Nakao & Itakura, 2009) noted, however, that altruistic individuals can suffer from empathic distress, that is, unpleasant and painful psychological and physical responses, when they excessively place others' needs ahead of their own. Thus, it is important for psychologists to appreciate altruistic motivations for entering the psychology profession, but to be cognizant of their own limitations in altruistic pursuits.

Another conceptualization of burnout, the Phase Model of Burnout (Golembiewski & Munzenrider, 1988), was theorized to encapsulate experiences and dimensions of burnout among workers both within and outside of human service professions. Similar to Maslach and Jackson (1981), Golembiewski and Munzenrider proposed three components of burnout, but unlike Maslach and Jackson, they did not assert that emotional exhaustion was necessarily the inception of burnout. The authors

theorized that when one begins to experience burnout, depersonalization occurs first, leading to feelings of reduced personal accomplishment and subsequently resulting in emotional exhaustion (Golembiewski & Munzenrider; Golembiewski, Boudreau, Sun & Luo, 1998). The Phase Model of Burnout has been criticized on the grounds that it lacks both empirical support it, and an explicit rationale for the order of the burnout phases (Leiter, 1989).

A model that differs from the Phase Model of Burnout is the Process Model of Burnout (Leiter, 1991). Conceptually, Leiter's model differs from the aforementioned burnout models in terms of the importance of time as a systematic variable; that is, individuals do not suddenly become burned out, but rather move either toward burnout or personal efficacy as a function of their reactions to workplace experiences (Leiter; Leiter, 1993). The Process Model of Burnout operates under two assumptions: (a) components of burnout affect and precipitate the others over time; and (b) the three components of burnout (i.e., exhaustion, depersonalization, and reduced accomplishment) are mediated between characteristics of an individual, and characteristics of a particular workplace setting. The Process Model of Burnout proposed that utilizing particular skills and coping mechanisms can act as buffers between an employee and the three components of burnout. For instance, Leiter (1991) noted that supervisor and coworker support, positive relationships with clients, and employee autonomy can have buffering effects against burnout. The Process Model of Burnout can be applied to the psychology field by encouraging psychologists to be aware of how their own personality and workplace

settings can influence experiences of burnout, and to also understand that burnout does not exist as a singular event, but rather can intensify over time. Unlike the Phase Model of Burnout, the Process Model of Burnout has empirical support (Lee & Ashforth, 1993).

A more recent model of burnout, the Job Demand-Resources Model, was conceptualized by Demerouti et al. (2001). The Job Demand-Resources Model asserts that aspects of the workplace are differentially related to various components of burnout. The model conceptualizes aspects of the workplace in two distinct ways: job demands, and a lack of job resources. The authors noted that job demands, such as physical demands, time pressure, and scheduling conflicts primarily elicit exhaustion, while lack of job resources, such as a deficiency of social support, performance evaluations and feedback, and autonomy prompt disengagement. From a theoretical perspective, the Job Demand-Resources model asserts a dual process to burnout: high and excessive job demands deplete employees' energy and stamina reservoirs; and a lack of sufficient job resources prompt mental withdrawal and disengagement (Demerouti et al.; Hakanen, Schaufeli, & Ahola, 2008; Maslach et al., 2001; Schaufeli & Bakker, 2004).

In addition to the Job Demand-Resources Model, another conceptualization of burnout is fit theory, which proposes the goodness of fit between a person (P) and her or his work environment (E) determines the amount of strain she or he will experience in the workplace (Kristof-Brown, Zimmerman, & Johnson, 2005). Researchers have shown that the interaction between personal predispositions and workplace predispositions toward burnout are more salient processes that underlie one's experience of burnout than

unitary processes that occur in isolation (Ehrhart & Makransky, 2007). Kristof-Brown and colleagues asserted that fit refers to the compatibility that an individual has with her or his workplace depending on personal and individual characteristics (e.g., values, personality) and characteristics of the workplace (e.g., work demands, organizational setting, and expectations). In a recent meta-analysis, Thompson, Brough, and Schmidt (2006) found that greater amounts of mismatch between individuals' characteristics, such as values and personality traits and their workplace environments, such as job demands and type of workplace setting, were associated with higher turnover rates, job dissatisfaction, and strain. Additionally, greater misfit has been found to be positively correlated with the amount of tension one feels, and also negatively associated with overall psychological well-being (Hecht & Allen, 2005). Thus, when an individual works in an environment that is a misfit between her or his values or interests and has competing or difficult demands, it is likely the individual's motivation and satisfaction will diminish (Rubino, Luksyte, Perry, & Volpone, 2009).

There has also been a theoretical connection between fit theory and how it can lead to burnout among all three dimensions of the original Maslach Burnout Model (i.e., exhaustion, cynicism, and reduced personal efficacy). For example, Rubino et al. (2009) explained that a misfit has the potential to propagate exhaustion because an individual working in a job that is a poor match with her or his personal abilities must necessarily expend extra energy and resources in order to complete the work; the expenditure of extra resources of time, effort, or energy can contribute to exhaustion. A misfit can also elicit

cynicism. Naus, van Iterson, and Roe (2007) discussed that when individuals are unhappy working at a particular job, they likely will develop and experience negative affect, including cynicism. Finally, a misfit can also contribute to an individual experiencing a reduction of personal accomplishment. Rubino and colleagues noted that when a lack of fit occurs between an individual and the workplace, the individual likely will be hesitant to develop expertise in that particular area; as a result, the individual may begin to feel incompetent, discredited, or like a failure, all of which can contribute to her or his reduction in personal accomplishment. Meta-analytic findings also substantiate the link between person and occupation misfit and the emergence of burnout. Kristof-Brown et al. (2005), in their meta-analysis of 126 studies on the relationships between personal characteristics and job satisfaction outcomes, found that misfits between one's personal characteristics and job environment (e.g., relationships with supervisors, coworkers, and the job itself) were associated with strain, poor job performance, and turnover.

In summary, a variety of theoretical models have been promulgated over the last several decades pertaining to burnout. While these models offer useful conceptualizations of burnout's phenomenology, they do not explicitly identify the contributing factors that are crucial to an integrated and holistic understanding of experiences of burnout.

### **Contributing Factors to Burnout**

In addition to the conceptual models that have been theorized over the past several decades, a preponderance of research has examined the specific factors that

contribute to burnout (Maslach et al., 2001; Rupert & Kent, 2007; Zapf, Seifert, Schmutte, & Mertini, 2001). Studies centering on contributing factors to burnout have been typically dichotomized between contributing situational factors to burnout (e.g., characteristics of the workplace, occupational characteristics, and organizational characteristics), and individual contributing factors to burnout (e.g., demographic characteristics, personality dimensions, personal attitudes, and personal beliefs) (Bakker, Van Der Zee, Lewig, & Dollard, 2006; Rupert, Stevanovic, & Hunley, 2009). Contemporary researchers typically conceptualize burnout as a byproduct of both situational and individual factors (Bakker, Van Emmerik, & Van Riet, 2008; De Hoogh & Den Hartog, 2009; Rubino et al., 2009).

### **Situational Contributing Factors to Burnout**

Researchers have often examined characteristics of the workplace as contributing factors to burnout. In the field of burnout research, many studies (e.g., Angerer, 2003; Coyle, Edwards, Hannigan, Fothergill, & Burnard, 2005; Huebner, 1994; Maslach et al., 2001) have focused on quantitative variables (e.g., excessive job demands, numbers of weekly hours worked, or number of clients or patients seen) that can lead to employee burnout. Maslach et al. also examined qualitative situational dimensions associated with burnout, such as employees' role conflict in the workplace and perceived role ambiguity. Irrespective of the quantitative or qualitative focus, the work environment is often thought to be a salient variable that contributes to, and perpetuates, burnout (Maslach & Leiter, 1997; Strumpfer, 2003).

One consistent relationship that has been found in the empirical literature is job overload and excessive work demands significantly and positively correlate with burnout (Bakker, Schaufeli, Sixma, Bosveld, & Van Dierendonck, 2000; Cordes & Dougherty, 1993; Maslach & Schaufeli, 1993; Maslach et al., 2001; Salanova, Peiro, & Schaufeli, 2002). In a study of nurses, for example, there was a positive correlation between caseload size and burnout, particularly emotional exhaustion (Coffey & Coleman, 2001). In a different study, Lert, Chastang, and Castano (2001) studied the psychological stress experienced by physicians working with hospital inpatients and found that workload was a significant predictor of burnout. Sweeney and Summers (2002) conducted a study that examined the relationship between workload and burnout among accountants, and found accountants were significantly more likely to experience burnout during busy times of the year (e.g., circa tax day) than other times of the year when workloads were less strenuous.

It is important to note that individuals who are involved in stressful work environments or who have highly demanding jobs are not necessarily predisposed to burnout. While work overload depletes individuals of energy and stamina, Maslach and Leiter (2008) asserted the important criterion to consider is whether individuals operating under those work environments have the ability to sufficiently recover from excessive demands. When work overload is excessive, and not a fleeting or temporary situation, individuals have little or no time to recover from the strain, and opportunities to rest,

regenerate, and rejuvenate are scant or nonexistent (Landsbergis, 1988; Maslach & Leiter).

In addition to workload, another situational contributing factor to burnout is workplace reinforcement. Researchers (e.g., Chappell & Novak, 1992; Maslanka, 1996) have shown that one's propensity to burnout increases dramatically when there are little or no reinforcements in the workplace. Maslach and Leiter (2008) noted that lack of reinforcement from supervisors and colleagues can lead an individual to devalue and under-appreciate her or his work, and prompt a reduction of personal efficacy. Lert, and colleagues (2001) found that physicians who reported receiving little collegial or institutional reinforcement were significantly more likely to experience burnout than physicians who reported receiving at least moderate amounts of such reinforcement.

Another important situational variable to consider when examining factors that contribute to burnout is the availability of supervision in the workplace. In a study on clinical supervision for nurses, Teasdale, Brocklehurst, and Thorn (2001) found that nurses who had access to clinical supervision were less likely than nurses who had little or no access to clinical supervision to experience burnout. The results of this study suggested that nurses who had access to clinical supervision might have felt more competent, supported, and knowledgeable than those who did not. Similarly, Coffey and Coleman (2001) found that nurses who perceived their supervisors as unsupportive and unsympathetic were prone to burnout at a higher rate than nurses who perceived their supervisors more positively.

An additional situational variable that contributes to burnout is employees' perceived fairness in the workplace. Maslach and Leiter (2008) defined fairness as, "the extent to which decisions at work are perceived as being fair and equitable" (p. 500). Leiter and Harvie (1998) found that employees are less susceptible to burnout when they believe their supervisors are fair, and are also more willing to accept organizational changes when they occur.

Yet another variable pertaining to burnout is that of values. Maslach and Leiter (2008) explained that values are "the ideals and motivations that originally attracted people to their jobs, and thus they are the motivating connection between the worker and the workplace, which goes beyond the utilitarian exchange of time for money or advancement" (p. 501). When individuals find their values conflict with those of their workplace, tension can arise, prompting the person to either change her or his values to be in accord with those in the organization, or leave the organization altogether and find a workplace elsewhere with more consistent values. Leiter and Maslach (2005) found that a conflict in values was positively related to all three dimensions (i.e., exhaustion, cynicism, and reduced personal efficacy) of Maslach's (1981) conceptualization of burnout.

A final situational variable associated with burnout is control. When individuals do not have sufficient perceived control over the necessary resources to complete a given job, distress can occur, which can then lead to burnout. In addition, when individuals perceive their authority in a given workplace is insufficient to meet the level of

responsibility that is bestowed on them, burnout can also occur (Glass & McKnight, 1996; Karasek, 1992; Maslach et al., 2001). In a study of perceived job control and burnout among firefighters, Lourel, Abdellaoui, Chevaleyre, Paltrier, and Gana (2008) found rates of burnout to be significantly and negatively correlated with perceived levels of job control.

While situational factors contribute to individuals' experiences of burnout, it is important to note they are not the only factors that can lead to the phenomenon. Individuals do not simply respond to situational workplace factors in isolation; rather, they carry unique and preexisting personal and individual aspects of themselves, such as personality, age, levels of education, and past work experience into the workplace, which can in turn affect their experiences with burnout.

### **Personal Demographic Characteristics Contributing to Burnout**

One of the most consistent findings in the burnout literature pertaining to personal demographics is age. Age has consistently shown to be negatively correlated with burnout; that is, the younger one is, the more likely she or he is to experience higher levels of burnout (Ackerley, Burnell, Holder, & Kurdek, 1988; Huberty & Huebner, 1988; Maslach et al., 2001; Rogers & Dodson, 1987; Rupert & Morgan, 2005). One possible explanation for the negative relationship between age and experienced levels of burnout might be that younger employees have not had sufficient time to develop necessary coping skills to combat stress or other occupational challenges. A second

possible explanation is that older employees have already had a lot of exposure to workplace stressors and have withstood the job over time despite them.

Gender is another demographic variable that has received empirical attention in relation to burnout. Overall, gender has not been a strong predictor of burnout across studies (Maslach et al., 2001). With regard to the Maslach and Jackson's (1981) burnout model, men often score higher on the cynicism domain, and women often score slightly higher on the exhaustion domain. However, Maslach and colleagues warned that one must necessarily be cautious when interpreting these small and inconsistent gender differences because gender is often confounded with occupation (e.g., men are more likely to be firefighters; women are more likely to be elementary school teachers). As such, gender differences in empirical studies of burnout have not been salient (Berg, 1994; Ross, Altmaier, & Russell, 1989; Sheehy Carmel & Friedlander, 2009).

In addition to gender, partnership status has also been empirically explored in relation to burnout. In their original research, Maslach and Jackson (1981) found that single and divorced individuals were more prone to burnout than partnered or married individuals. In a more recent exploration of partnership status and burnout, Maslach et al. (2001) found that unpartnered individuals, especially men, were more prone to burnout than partnered individuals. A possible explanation for the role of partnership in individuals' experiences of burnout is that partners provide support and encouragement that might help a person buffer her or his predisposition to burnout.

With regard to education, researchers have found a consistent positive relationship between level of education and experienced level of burnout (Maslach et al., 2001; Vredenburg, Carlozzi, & Stein, 1999). Again, caution must be exercised when interpreting this relationship because education is confounded with a variety of other variables, including occupation, socioeconomic status, and personal expectations. One explanation of this finding is that individuals with higher levels of education often have jobs with greater demands and stress. Another explanation is that individuals with high levels of education might have high expectations for themselves, and push hard in order to meet those expectations. In addition to demographic variables, personality factors have also been examined in relation to burnout.

### **Personality Characteristics Contributing to Burnout**

One personality variable that has been studied in relationship to burnout is coping style, that is, the strategies one uses when confronted with life problems or stressors. Maslach et al. (2001) reported that individuals who have a passive (i.e., tend to avoid and neglect stressors when they occur), rather than an active or confrontive (i.e., collecting information to reframe and refocus on the stressor) coping style, are more prone to burnout. The authors further indicated that individuals who experience burnout tend to handle stressful life events passively and more defensively than individuals who proactively seek solutions to their stressors.

In addition to coping style, some researchers have found locus of control also plays a role in experiences of burnout. Schmitz, Neumann, and Oppermann (2000), in

their study on the relationship between locus of control and burnout among hospital nursing staff, found that individuals with an external locus of control are more likely to experience burnout than those with an internal locus of control. The researchers concluded that individuals with an internal locus of control believe they have the resources to cope with stressful life events, and their actions and behavior directly elicit the consequences in their lives. In contrast, the researchers proposed that individuals with an external locus of control believe circumstances outside their control, such as fate or luck, dictate the consequences in their lives. When experiencing symptoms of burnout, those with an internal locus of control, who believe they have the ability to overcome such stressors, tend to experience burnout less than those with an external locus of control, who might believe burnout is an inevitable and immutable aspect of the workplace.

In a more recent study on the link between locus of control and response to job stressors, Meir, Semmer, Elfering, and Jacobshagen (2008) conducted a study on 96 service employees. The researchers found employees with an internal locus of control reported significantly less physical and psychological distress in the workplace than employees with an external locus of control. The authors proposed that individuals with an external locus of control, who worked under high job demands with little or no perceived controllability of stressful workplace events, experienced emotional distress, and were at an increased likelihood of subsequently reporting physical problems, such as back and shoulder pain.

In addition to coping style, the role of Type A and Type B personality styles has also been found to impact individuals' experiences of burnout. Type A individuals are characterized as persistent, urgent, aggressive, time-pressured, and hostile; Type B individuals, in contrast, are characterized by a more relaxed approach to work and stressors (Levi, 1983; Mo, 1991). Individuals with a Type A personality are more likely to experience burnout, particularly exhaustion associated with burnout, compared to individuals who do not have a Type A manner of interacting with the world (Maslach et al., 2001). Myrtek (2007) reviewed the empirical literature on associations between Type A personality behaviors and health outcomes and found individuals with Type A personality behaviors were at a significantly higher risk of developing psychophysiological reactions to stress, such as coronary heart disease, than Type B individuals. Indeed, when an individual experiences physical and medical complications, she or he can become increasingly susceptible to exhaustion on otherwise routine tasks.

Other research has also been conducted within the context of personality's influence on, and relationship with, experiences of burnout. The psychological field has identified five factors of personality that can be applied to all individuals, called the Big Five (McCrae & Costa, 1999). Moreover, the *Big Five* model of personality has been shown to be highly stable over time (Durbin & Klein, 2006). Each of the five factors exists along a bipolar continuum, and the labels for each of the factors are: Extraversion versus Introversion, Agreeableness versus Hostility, Conscientiousness versus Lack of Conscientiousness, Neuroticism versus Emotional Stability, and Openness to Experience

versus Closedness to Experience (Bakker et al., 2006; McCrae & Costa, 1997).

Extraversion pertains to the extent to which an individual engages in her or his environment, and corresponding traits include being outgoing, sociable, energetic, and enthusiastic.

Agreeableness pertains to the extent to which one is cooperative with others, and

corresponding traits include selflessness, kindness, and compassion. Conscientiousness

refers to the extent to which an individual is goal-directed and disciplined, and

corresponding traits include deliberateness, responsibility, and organization. Neuroticism

pertains to the extent to which an individual experiences negative emotions and

corresponding traits include emotional, temperamental, and anxious. Lastly, openness to

experience refers to the extent to which one is appreciative and open to new experiences,

and corresponding traits include curiosity and imaginativeness. Collectively, these five

traits are considered by many to be a salient and consistent conceptualization of

personality (John & Srivastava, 1999; Judge & Ilies, 2002).

In terms of the specific connectedness between the Big Five model of personality and burnout, the data up to this point have been limited. Bakker et al. (2006) examined the relationship between the Big Five factors of personality and burnout among volunteer counselors who worked with terminally ill patients. The researchers found that the neuroticism and extraversion factors were the strongest predictors of all three burnout dimensions (i.e., emotional exhaustion, depersonalization, and reduced personal accomplishment). With regard to the significant relationship between neuroticism and burnout, the authors proposed that individuals who often experience anxiety and respond

with strong emotions and self-deprecating statements to life stressors are more prone to burnout than individuals who do not exhibit high neuroticism. In terms of the significant relationship between extraversion and burnout, the authors found a negative relationship between the variables, such that participants who scored higher on extraversion tended to score lower on burnout. The authors concluded that extroverts' tendency to engage in intense personal interactions, and their optimism and self-confidence, helped to counteract the three dimensions of burnout.

The Bakker et al. (2006) findings were consistent with a prior study by Piedmont (1993), who examined the role of personality dispositions, including the Big Five, in occupational therapists' experiences of burnout. Piedmont found positive and significant correlations between levels of neuroticism as predictors of burnout and distress. Piedmont also concluded personality factors can play a large role in how individuals experience, appraise, and respond to stressful situations, which can also influence their predisposition and vulnerability to burnout.

In addition to the Big Five model of personality, self-esteem has also been empirically examined in terms of its connection to burnout. Self-esteem can be generally conceptualized as the amount of competence and self-worth that one perceives her or himself to have (Murray, Holmes, & Griffin, 2000). In a study of burnout among teachers, Byrne (1994) found a significant and negative correlation between self-esteem and the reduced personal accomplishment factor of Maslach and Jackson's (1981) burnout model, in which higher levels of self-esteem associated with lower levels of

reduced personal efficacy. Additionally, Golembiewski and Aldinger (1994) conducted a study on over 1,100 United States Air Force personnel, and found an overall negative relationship between self-esteem and all three factors of Maslach and Jackson's burnout model.

In summary, there is a connection between personality variables and experiences to burnout. One of the most consistent findings in the literature is that the neuroticism dimension of the *Big Five* is a strong predictor of burnout, and that there is a negative relationship between levels of self-esteem and experiences of burnout. While situational and personality contributing factors to burnout are an important domain of knowledge, it is also necessary to take into account specific types of professions, and how individuals within those professions, experience burnout.

### **Burnout among Various Professions**

Researchers have studied burnout in a wide variety of professions since the term's inception in the 1970s, and have come to recognize that various demands and stressors are inherent in certain types of work environments, which can contribute to burnout in different ways (Maslach & Leiter, 1997). While some of the earliest researchers (e.g., Freudenberger, 1974; Maslach & Leiter) on burnout concentrated on individuals in health care settings, others have subsequently expanded the empirical scrutiny of the phenomenon.

Burnout has been studied in police officers' experiences within the law enforcement profession. Bakker and Heuven (2006) conducted a study utilizing police

officers and found their emotionally demanding interactions in the workplace contributed to a significant amount of variance of all three burnout dimensions. The researchers also found emotional dissonance played a large role in contributing to police officers' experience of burnout. When police officers had to exhibit emotions within the demands of the workplace that were inconsistent with their actual emotions, the dissonance and discrepancy appeared to contribute to a sense of detachment from their work, and also to emotional exhaustion. In a different study examining burnout among police officers, Martinussen, Richardsen, and Burke (2007) found personal factors such as work-family pressure, perceived satisfaction with life, and physical health, and also workplace situational factors such as job satisfaction and organizational commitment were significant predictors of burnout. These results were consistent with prior research (e.g., Burke, 1993), which found work-family conflict was significantly related to levels of psychological burnout among police officers.

Researchers have also examined burnout among firefighters. Lourel et al. (2008) studied the relationship between the three factors of the Maslach and Jackson (1981) model of burnout and workplace responsibilities among firefighters. The authors found the depersonalization and reduced personal accomplishment factors were significantly related to firefighters' workplace responsibilities. The authors noted that firefighters' work involves tremendous stress and strain, and can be psychologically difficult to endure. In terms of depersonalization, the authors noted that firefighters experiencing burnout exhibited interpersonal numbness by viewing those in need of their help as just

part of the job, rather than unique individuals. In addition, with regard to reduced personal accomplishment, firefighters who experienced burnout undermined the importance of their work.

Burnout has also been empirically studied among prison case workers and correctional officers. Carlson and Thomas (2006) identified specific workplace characteristics that many prison case workers and correctional officers experience, including close contact with difficult or dangerous individuals, low wages, and working within a state- or federally-funded organization. The researchers found three main reasons were typically reported to explain the high turnover rate among prison personnel: low salaries, lack of support from supervisors, and burnout. In a different study on burnout among correctional officers, Allard, Wortley, and Stewart (2003) found a significant positive relationship between officers who experienced intra-role conflict and inter-role conflict in the workplace and emotional exhaustion. These results were consistent with Maslach et al. (2001) who noted that role ambiguity and role conflict can contribute to burnout.

Burnout in the teaching profession has also received scholarly attention. Stoeber and Rennert (2008), in their study of 118 secondary school teachers, found perceived stress from students and students' parents were significant predictors of burnout. In a different study, Kokkinos (2007) sampled 447 primary school teachers and found neuroticism was a significant predictor of all three dimensions of burnout, and role

ambiguity and perceived appraisal of student satisfaction were also positively and significantly related to burnout.

Burnout among athletes has also gleaned empirical examination in the scientific literature. Raedeke (1997) asserted that burnout among athletes is manifested according to the Maslach and Jackson's model of burnout in the same way as burnout among employees in the workplace: athletes begin to experience depletion in energy, then feel unaccomplished because of their unfulfilled goals, and finally devalue their sport and decrease their interest in it. In their review of the athlete burnout literature, Goodger, Gorely, Lavalley, and Harwood (2007) examined 58 published studies pertaining to burnout among athletes and coaches, and summarized that the notable psychological predictors of athlete burnout included motivational loss, lack of enjoyment, ineffective coping skills, and low social support.

Research has also been conducted on burnout among members of the clergy. For example, Francis, Loudon, and Rutledge (2004) surveyed 1,468 Roman Catholic priests and found 36% of their sample reported feeling "used up" at the end of the day, and 14% explicitly identified themselves as "burned out." Additionally, consistent with prior research findings, neuroticism was significantly and positively correlated with the emotional exhaustion and depersonalization factors of the Maslach and Jackson burnout model. Consistent with other findings on the inverse relationship between age and burnout, Doolittle (2007) studied 358 clergy members and found older clergy were less burned out, and younger clergy had higher levels of burnout. Doolittle surmised that

older clergy likely had survived and adapted to the stressors of their vocation, while younger clergy members had not sufficiently acquired positive and adaptive coping skills for handling the stressors of their work. Interestingly, Doolittle also found higher depersonalization among clergy was significantly related to lower emotional exhaustion. Doolittle suggested that clergy members who make themselves readily and constantly available to their congregation might have higher levels of emotional exhaustion due to the constant interaction with others, while clergy who are more depersonalized might have stronger or more rigid boundaries that have a buffering or preservation effect on their emotional resources.

The role of burnout among sex workers has also been studied. In a study of 96 female sex workers, Vanwesenbeeck (2005) found sex workers' depersonalization dimension was significantly higher than a comparison group that did not consist of sex workers. The results suggested that being paid to perform sexual acts, often presumably by strangers, creates a feeling of depersonalization among sex workers. Additionally, cynicism toward clients might be a coping strategy that sex workers utilize as a way to maintain emotional protection and distance in a job that is heavily stigmatized in contemporary society.

Research on burnout has encapsulated a wide variety of professions in the empirical literature. Recent studies pertaining to the roles of burnout among police officers, firefighters, prison guards and correctional personnel, teachers, athletes, clergy members, and sex workers have been briefly summarized in this section. In the

proceeding section, burnout among mental health professionals will be discussed. Mental health professionals have specific stressors inherent in their work, which might elicit a different manifestation and experienced phenomenology of burnout.

### **Burnout among Mental Health Counselors**

For the purpose of this section, the *terms mental health counselors and therapists* are regarded as master's-level clinicians and are used interchangeably; reviews of studies pertaining to doctoral level psychologists is forthcoming. Mental health counselors, like other professionals previously mentioned, are susceptible to experiences of burnout. McCarthy and Frieze (1999) indicated that counselor burnout can result in counselors having difficulty performing their jobs in an objective and competent manner. As a result, counselors who experience burnout can deliver suboptimal care to their clients, including unethical treatment. Researchers have gained some empirical insight into specific factors that contribute to, and are associated with, burnout among mental health counselors.

A consistent research finding is that the type of job setting a mental health counselor has can play a large role in her or his experiences of burnout. Mental health counselors who work in private practice settings experience lower amounts of burnout than those who work in community or organization settings (Ackerley et al., 1988; Rosenberg & Pace, 2006). Hellman and Morrison (1987) and Rupert and Morgan (2005) discussed some general reasons why counselors choose to enter into the private practice sector, and noted that there are no organizational politics or disputes with which to

contend, and also because they typically see clients with less severe presenting problems. In contrast, Leiter (1991) found therapists working in organizational or community settings often faced different stressors in comparison to therapists in private practice settings, including longer work hours, larger caseloads, and organizational and budget constraints.

Another contributing factor to experiences of burnout among mental health counselors is the role of managed care in their work. Trudeau, Russell, de la Mora, and Schmitz (2001) indicated that having to work with managed care presents a fourfold challenge to mental health counselors: ethical dilemmas, a decrease in services provided, decrease in counselor autonomy and independence, and overall dissatisfaction with their profession. As a result, counselors who work with managed care are at an increased susceptibility rate to burnout compared to those who do not work with managed care on a routine basis.

Consistent with other studies on the positive impact of support among supervisors and colleagues in preventing burnout (e.g., Coffey & Coleman, 2001; Teasdale et al., 2001), perceived supervisory and collegial support has also been studied in relation to burnout among mental health counselors. For example, in a study of 168 substance abuse counselors who work with clients with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), Shoptaw, Stein, and Rawson (2000) found that support from supervisors and colleagues was negatively related to burnout among the three burnout dimensions of the Maslach and Jackson burnout model. The

researchers also found that counselors who had a greater number of clients scored lower on the personal accomplishment subscale.

Researchers have also examined the impact of counselors' own personal therapy in their experiences of burnout. Macran, Stiles, and Smith (1999) found that mental health counselors who reported having been in therapy, or being currently involved in their own personal therapy, were less likely to experience burnout in comparison to mental health counselors who were not involved in their own therapy. Linley and Joseph (2007) found similar results in their study of therapists, and indicated that therapists who were involved in their own therapy reported more positive psychological changes in their work with clients, and also fewer experiences of burnout.

In a study of counselors who specialized in substance abuse treatment in correctional settings, Garland (2004) noted that substance abuse counselors who perceived having low administrative support in the workplace experienced higher levels of burnout in comparison to those who perceived administrative support as moderate or high. Garland also found that counselors who reported having to complete excessive paperwork, ambiguity in their role, conflict in their role, and inadequate resources were significantly more likely to experience burnout than counselors who did not report such occurrences.

Social workers, who often work with mental health issues within the context of their work, are also not immune to burnout. In a study of 404 social workers from Pennsylvania, Koeske and Kelly (1995) investigated the roles of emotional exhaustion,

work involvement, overall job satisfaction, and social support in relationship to social workers' experiences of burnout. The results suggested that work involvement was positively and significantly related to experiences of burnout; that is, social workers who were overly involved in their work experienced higher levels of burnout than social workers who did not report over involvement. The results also showed that over involved social workers experienced less job satisfaction, likely due to the strain of their excessive workload.

In a different study of social workers who work primarily with geriatric populations, Poulin and Walter (1993) found that high burnout was associated with organizational, client, and social worker personality characteristics. The researchers conducted a national survey of 1,196 geriatric social workers, and found burnout was significantly related to job stress, lack of supervisory and organizational support, dissatisfaction with clients, and number of hours worked per week. The authors noted that burnout might be particularly likely to occur among geriatric social workers because of the unique stressors inherent in working with older adults, including confronting loss, declines in health, and issues related to death and dying. With regard to personality characteristics, the authors found that self esteem was negatively related to burnout; that is, social workers with high levels of self-esteem reported lower incidence rates of burnout.

A variety of studies pertaining to burnout among master's-level therapists have been summarized up to this point. In comparison, however, there is a dearth of research

focused on burnout specifically among psychologists. In the next section, the extant empirical research specific to burnout among psychologists will be discussed.

### **Burnout among Psychologists**

In comparison to other professions, little research has been conducted on burnout among psychologists (Rupert & Kent, 2007; Vredenburg et al., 1999) despite the realization that psychologists' work is often extremely personal, and their clients often present with severe psychopathology (Rupert & Morgan, 2005). Unfortunately, the small amount of extant research that has examined burnout specifically among psychologists often contained small sample sizes, lacked statistical sophistication, or lumped psychologists from a wide variety of backgrounds and subfield specialty areas together, thus yielding mixed and fragmentary results (Ross et al., 1989; Rupert & Morgan).

One example of inconsistent and mixed results pertaining to burnout among psychologists was the relationship between their age and burnout. Hellman, Morrison, and Abramowitz (1987) and Hoeksma, Guy, Brown, and Brady (1993) found a negative correlation between psychologist age and burnout, while others, such as Thorton (1992) found no relationship between those variables. Another example of inconsistencies found in research of burnout among psychologists was the relationship between caseload size or direct service hours and burnout. Hellman et al. found a significant positive correlation between caseload size and burnout, though Raquepaw and Miller (1989) failed to find a significant relationship between those variables.

In addition to the inconsistent research findings on burnout among psychologists, it must also be noted that much of the research conducted on psychologists was from the late 1980s and early 1990s; indeed, a lot has changed in the managed care sector in the last twenty years, casting those data into question about their relevancy to the contemporary psychology field. For example, Farber and Heifitz (1981) found that psychologists who work in private practice settings were less prone to burnout than those who worked in psychiatric hospitals or institutions. In the last several decades, however, psychologists have expanded their roles tremendously outside of the private practice/psychiatric hospital dichotomy. Furthermore, Rupert and Morgan (2005) emphasized that psychologists in private practice today might not be as immune to stressors as they once were, as many are now choosing to handle managed care, and many also see clients with severe psychopathology.

In a different study, Fleischer and Wissler (1985) identified three areas in which psychologists are most susceptible and vulnerable to burnout: boundary problems, motivations, and a struggle with patienthood. The authors noted when psychologists do not adhere to appropriate professional boundaries with clients, their role can become blurred, and they might invest a disproportionate amount of emotional exertion with the client than is justifiable. In terms of motivations, the authors noted that psychologists who have unrealistic expectations in the workplace (e.g., believing they can help everyone with any presenting problem), are at an elevated risk for burnout because of their unrelenting desire to overwork in an effort to help everyone. The authors also

discussed a struggle with patienthood, which has to do with the distress psychologists might face when working with clients on topics that are of personal concern for the psychologists themselves, such as issues related to countertransference. Despite the perhaps useful paradigm posited by Fleischer and Wissler, their work lacked scientific backing, thus casting their assertions into empirical question.

Despite the sparse number of empirical studies examining burnout specifically among psychologists, the few extant studies paint a concerning picture on the prevalence rates of self-reported burnout among this population. For example, Ackerley et al. (1988) conducted a study of burnout among 562 licensed psychologists, and found psychologists, compared to other mental health professionals, were significantly more likely to experience burnout. Indeed, in their study, psychologists' average levels of the three burnout dimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment) were each significantly higher than the established norms for mental health workers presented in the MBI manual (Maslach & Jackson, 1986). The authors noted that the norms in the MBI manual were based on a heterogeneous sample of mental health professionals, including psychologists, psychiatrists, social workers, mental hospital staff, psychiatrists, psychotherapists, and counselors. As such, the norms were not representative of the comparatively homogenous group of psychologists. thus enhancing the need to study burnout specifically among this population (Emery, Wade, & McLean, 2009).

A more recent study by Rupert and Morgan (2005) of 571 Clinical and Counseling Psychologists found that psychologists are most at risk for experiencing the emotional exhaustion factor of the Maslach and Jackson burnout model. The authors reasoned that emotional exhaustion might be the most salient and recognizable symptom of burnout, and that a natural consequence of emotional exhaustion is psychologists' depersonalization of clients, and their subsequent reduction of perceived self-accomplishment. Additionally, and quite troubling, is the researchers found that of the 571 psychologists sampled, 44.1% fell into the high burnout range for emotional exhaustion on the basis of established norms in the MBI manual for mental health professionals (Maslach, Jackson, & Leiter, 1996). This high incidence rate suggests burnout among psychologists has not diminished since the prior Ackerley et al. (1988) study.

In the most recent and hitherto largest study of burnout among psychologists, Rupert and Scaletta (2007) measured burnout among 595 Clinical and Counseling Psychologists, and found that 34.1% of the sample fell within the high range for emotional exhaustion on the basis of established MBI norms for mental health professionals (Maslach et al., 1996). Thus, while this study demonstrated a small drop in psychologists' experiences of burnout pertaining to emotional exhaustion in comparison to the aforementioned study (34.1% compared to 44.1%), it is clear that psychologists continue to experience this troubling aspect of burnout at a troubling high incidence rate.

In summary, there is a dearth of research pertaining specifically to burnout among psychologists. The studies that have been published on burnout among psychologists have typically been either outdated (i.e., published in the 1980s or early 1990s), found mixed results, or lacked empirical methods. Two recent studies of burnout among psychologists (Rupert & Scaletta, 2007; Rupert & Morgan, 2005) both found that a large proportion of psychologists (44.1% and 34.1%, respectively) self-reported high levels of burnout, specifically burnout related to emotional exhaustion. These findings should prompt an immediate emergence of continued research in the area of burnout among psychologists, specifically certain subfields of psychology, to more specifically hone in on psychologists' experiences of burnout in the field.

An increased empirical understanding of psychologists' experiences of burnout would have several beneficial undercurrents: first, psychologists could become cognizant of burnout's deleterious effects on their personal lives and well-being, and take steps to either prevent its occurrence or to overcome its consequences. Second, clients who seek services from psychologists would benefit, since clients would likely receive substandard care if their psychologist was experiencing professional burnout. Third, psychology training programs would benefit by incorporating research findings on burnout among psychologists into their training curricula, and help new psychology trainees to be aware of the symptoms and potential consequences of professional burnout.

A related, but more focused concern, however, is that even less is known about the experiences of burnout among Counseling Psychologists. In Rupert and Morgan's

(2005) study of 571 psychologists, 80% of the total participants were Clinical Psychologists. In the most recent known study of burnout among psychologists, Rupert and Scaletta (2007) examined burnout among 595 psychologists and utilized a sample that consisted overwhelmingly of Clinical Psychologists, comprising over 83% of their total sample. While the Clinical and Counseling psychology fields are doctoral level professions, their training, conceptualization of clients, view of psychopathology, historical foci, and a host of other factors are different. As such, it is reasonable to expect that psychologists within each of the two subfields might experience burnout differently. The subsequent section will address the unique aspects of Counseling Psychology and provide insight into how that uniqueness might extend into Counseling Psychologists' experiences of burnout.

### **Differences between Counseling Psychologists and Other Doctoral Level Psychologists**

Counseling and Clinical psychology are different in their perspectives of training and applied practice (Morgan & Cohen, 2008). Perhaps the most salient difference between the two subfields was their historical emergence; Clinical Psychology's inception surrounded diagnosis and treatment of psychopathology, while Counseling Psychology emerged from vocational movements and efforts to understand individual development, lifespan perspectives, and one's potential for growth (Brown & Lent, 2000; Heppner, Casas, Carter, & Stone, 2000; McFall, 2006). Budding from this historical emergence, Counseling Psychology tends to focus on coping and adjustment to

developmental concerns, while Clinical Psychology ascribes to a more traditional medical model of diagnosing and curing psychological disorders (Seligman, 1998; Walsh, 2004).

Another difference between Counseling and Clinical Psychologists was highlighted by Cassin, Singer, Dobson, and Altmaier (2007) who conducted a national survey on Counseling and Clinical Psychologists. The authors found that Clinical Psychology training highly emphasizes biological, behavioral, and cognitive-behavioral models of change, while Counseling Psychologists were much more likely to utilize interpersonal and humanistic/experiential models to prompt client change. Farber (1990) found that theoretical orientation had no impact on experiences of burnout among psychologists; however, to date no known study has replicated this finding.

Whereas psychiatrists and Clinical Psychologists have historically been trained in accord with the medical model, focusing on clients' deficits and diagnosable psychopathology. Counseling Psychologists, in contrast, are trained to emphasize clients' strengths, resources, and assets within the course of treatment (Brown & Lent, 2000; De Jong & Berg, 2002; De Jong & Miller, 1995; Gelso & Woodhouse, 2003; Orsulic-Jeras et al., 2003; Walsh, 2004). A strength based perspective is unique to Counseling Psychologists, and has received empirical praise for its utilization. For example, Fluckiger and Holtforth (2008) indicated that a clinician's strength based perspective has positive outcomes for both the therapeutic alliance, and also the clients' implementation of adaptive coping skills. Additionally, researchers (e.g., Saleeby, 1996; Smith, 2006)

have found that clients demonstrate more motivation to change during therapy when practitioners utilize a strength based perspective, in comparison to those who do not utilize such an approach.

While such findings about the use of strength based perspectives are positive for both clients and clinicians, no research has been conducted on the effects that such a perspective takes on the clinician her or himself (Saleebey, 1996). For instance, focusing entirely on strengths might be stressful or tiring for clinicians, particularly clients with severe forms of psychopathology. The internal cognitive dissonance (Festinger, 1957) experienced by Counseling Psychologists might create a schism between wanting to abide by the strength-based training and tenets of the Counseling Psychology field, but also feeling pulled to utilize a deficit or medical model in order to successfully treat particular clients. Cognitive dissonance might also occur among Counseling Psychologists who work in settings that have traditionally been more clinically focused (e.g., psychiatric hospitals, forensic settings, or correctional institutions). Thus, it is possible when Counseling Psychologists experience such cognitive dissonance, they may become distressed because their therapeutic approaches, strategies, and conceptualizations might be in opposition to their professional training and values, which could result in their becoming vulnerable to experiences of burnout.

In addition to their strength-based perspective on training and practice, contemporary Counseling Psychologists also receive considerable training in understanding the impact of culture on clients' experiences, presenting problems, and

ways of life (Brown & Lent, 2000; Gelso & Woodhouse, 2003; Smith, 2006).

Multicultural awareness is so important that the American Psychological Association (APA) established the APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002a), which provides structured guidelines on the field's expectations of clinicians' multicultural awareness and competency.

Interestingly, while there appears to be a move in the psychology field as a whole to increase multicultural awareness, training, and education, some researchers have found many graduate training programs are deficient in the amount of multicultural education provided to trainees. In a study of School Psychology graduate training programs, Rogers, Ponterotto, Conoley, and Wiese (1992) found that 40% of the programs reviewed did not integrate multicultural education into any of their core courses or coursework. In contrast, Hills and Strozier (1992) conducted a similar study the same year and found 87% of Counseling Psychology graduate programs offered a multicultural course, and 59% mandated that all Counseling Psychology graduate students take the course prior to graduation.

In a different study, the differential conceptualization and knowledge of multiculturalism between Counseling and Clinical Psychology trainees was further expanded. Pope-Davis, Reynolds, Dings, and Nielson (1995) surveyed 344 students from Counseling and Clinical Psychology doctoral programs and administered the Multicultural Counseling Inventory (MCI; Sadowsky, Taffe, Gutkin, & Wise, 1994; as

cited in Pope-Davis, Reynolds, Sings, & Nielson). The MCI contains 40 self-report items examining behaviors and attitudes pertaining to multicultural competence on a 4-point Likert scale, ranging from 1 (*very inaccurate*) to 4 (*very accurate*). The four subscales of the measure included: awareness (i.e., measurement of multicultural sensitivity), knowledge (i.e., multicultural counseling research), skills (specific multicultural counseling skills), and relationship (i.e., counselor's perceived confidence in working with clients from different cultural backgrounds than her or his own). The researchers found that Counseling Psychology students rated themselves nearly twice as multiculturally sensitive and aware in comparison to Clinical Psychology students. Additionally, the researchers found the Counseling Psychology students had a greater or equal amount of multicultural client hours, receiving multicultural supervision, and obtaining multicultural education. Results from this study provide additional evidence that the Counseling Psychology field appears to have a greater focus and dissemination of multicultural issues to its trainees and practicing professionals than the Clinical Psychology field.

One possibility, therefore, is that Counseling Psychologists who do not adequately incorporate multicultural competency and awareness into their work will not be as effective in disseminating services. Smith (2006) noted that all cultures have their own perspectives on how individuals cope and adjust to life problems, and those perspectives can buffer individuals within that culture from experiencing distress. In addition, Miller (1999) emphasized that cultures also provide a context to socialize individuals within that

culture on how to respond to life problems. To that end, Counseling Psychologists who do not systematically integrate clients' cultural backgrounds, contextual milieu, values, and assumptions might be at risk for missing a big piece of clients' conceptual picture. Counseling Psychologists who lack multicultural awareness and its clinical synthesis would likely not be as effective with their clients, which could result in weakening of therapeutic alliances, lack of clinical and therapeutic progress, and recidivism. The impact on Counseling Psychologists themselves of such multicultural deficiencies could arguably be symptoms of burnout, such as emotional exhaustion (e.g., feeling disillusioned by lack of client progress due to not understanding the client's progression within her or his cultural context), depersonalization (e.g., not conceptualizing clients as unique individuals with their own cultural backgrounds and substrata and thus viewing and treating all clients the same), and reduced personal accomplishment (e.g., believing one's work is no longer beneficial).

In summary, the salient differences between Counseling and Clinical Psychologists appear to be threefold: Counseling Psychology's emphasis on normal adult development, its strength-based perspective on human functioning, and its commitment to, and utilization of, multicultural competency when working with clients. Indeed, the differences between Counseling and Clinical Psychologists highlight the need for researchers to critically, empirically, and systematically examine variables and experiences specific to Counseling Psychologists. In addition to these dimensions, there has been over the past decade a paradigmatic emergence of Positive Psychology

stemming from the Counseling Psychology field (Seligman & Csikszentmihalyi, 2000). The tenets of Positive Psychology, coupled with the unique facets of Counseling Psychology identity, might collectively paint an interesting mosaic of Counseling Psychologists' experiences with burnout.

### **Tenets of the Positive Psychology Field**

The subfield of Positive Psychology, in comparison to other subfields within the psychology field, is relatively new (Seligman & Csikszentmihalyi, 2000). Gable and Haidt (2005) defined Positive Psychology as, "the study of conditions and processes that contribute to the flourishing or optimal functioning of people" (p. 104). Positive Psychology emerged as a proponent of focusing on strengths, and future mindedness, rather than deficits, in the scientific study of pathology (Snyder & Lopez, 2002). Indeed, whereas traditional deficit models of psychological treatment have focused on the examination and reparation of what is wrong with individuals, Positive Psychology seeks to not only emphasize what is right, but to also be cognizant of preventative measures in order to improve individuals' functioning and quality of life (Lopez & Snyder, 2003; Seligman & Csikszentmihalyi). For example, Seligman (2002) noted that prevention within a Positive Psychology contextual framework can buffer life stressors, and highlighted the importance of identifying traits among people at risk in order to prevent distress. This paradigm shift differs from traditional deficit-based or medical-based models of therapy in that individuals are encouraged to explore effective preventative measures in order to avoid distress, rather than focusing on how to overcome problems

once they have occurred. Seligman, Steen, Park, and Peterson (2005) noted that positive interventions, such as exploring preventative measures against distress, “can supplement [deficit based] interventions that relieve suffering and may someday be the practical legacy of Positive Psychology” (p. 410).

Consistent with positive psychology’s focus on preventative measures to help ameliorate problems, Counseling Psychologists might benefit to examine the strengths within their training and field’s focal dimensions in order to buffer themselves against the professional hazards of burnout. For example, instead of highlighting the potentially deleterious effects that burnout might have on Counseling Psychologists’ lives and work, Positive Psychology seeks to explore and embrace the safeguards against professional burnout.

Given that Counseling Psychologists often have different focal dimensions in their graduate training and subsequent work experiences, and may experience high prevalence rates of burnout, it is unfortunate that variables with buffering effects on burnout among Counseling Psychologists have not been empirically explored. One reason researchers may not have investigated variables that buffer burnout specifically among Counseling Psychologists is because of the lack of psychometric instrumentation specifically for this population. The dearth of instrumentation to measure burnout among Counseling Psychologists has limited researchers to integrate Counseling Psychologists into groups of other mental health professionals, despite numerous researchers suggesting that Counseling Psychologists experience unique variables associated with their

subdiscipline (e.g., Brown & Lent, 2000; Gelso & Woodhouse, 2003; Heppner et al., 2000; McFall, 2006). The largest and most recent empirical studies of burnout among psychologists (i.e., Rupert & Morgan, 2005; Rupert & Scaletta Kent, 2007) substantially underrepresented Counseling Psychologists, as Clinical Psychologists comprised over 80% of each study's sample. Thus, Counseling Psychologists' experiences of burnout remain largely unknown, particularly with regard to safeguards against the phenomenon. In the proceeding section, quantitative instrumentation designed to measure burnout will be reviewed, including measures of burnout among employees in all work settings, and also measures specifically for mental health professionals and psychologists.

### **Quantitative Psychometric Instrumentation of General Burnout**

#### **The Maslach Burnout Inventory**

The Maslach Burnout Inventory (MBI; Maslach & Jackson, 1986) is the most widely used measure in burnout research (Schaufeli & Enzmann, 1998). The MBI is a self-report measure along 6-point Likert-type scale and contains 22 items with three subscale factors of different aspects of burnout: emotional exhaustion, depersonalization, and reduced personal accomplishment. For all items, respondents indicate how often they experience various thoughts or feelings about their work ranging from 0 (*never*) to 6 (*every day*). The emotional exhaustion subscale of the MBI measures emotional exhaustion from one's work and expressing callousness towards recipients of care. An example emotional exhaustion item is "I feel like I'm at the end of my rope." The depersonalization subscale of the MBI measures feelings of indifference or emotional

distance from all aspects of the workplace. An example depersonalization item is “I feel I treat some recipients as if they were impersonal objects.” The third scale, reduced personal accomplishment, measures expectations about occupational accomplishment and achievement. An example reduced personal accomplishment item is “I feel I’m positively influencing other people’s lives through my work.” Internal consistency is acceptable, with Cronbach’s alpha coefficients of .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment (Maslach & Jackson). Multiple studies (e.g., Maslach & Jackson; Maslach et al., 1996; Rafferty, Lemkau, Purdy, & Rudisill, 1986; Yadama & Drake, 1995) have demonstrated convergent and discriminant validity of the MBI, and construct validity has been demonstrated by the consistent negative correlation between reduced personal accomplishment and both emotional exhaustion and depersonalization.

### **The Tedium Scale**

The Tedium Scale (Pines et al., 1981) is a measure of burnout (mental, physical, and emotional) as a result of chronic stress. Similar in length to the MBI, the Tedium Scale is a 21 item self-report measure in which respondents rate the frequency of various life experiences. Responses are given along a 7-point Likert-type scale, ranging from 1 (*never*) to 7 (*always*). The authors differentiated the terms tedium and burnout; that is., tedium refers to the result of a chronic mental, physical, or emotional pressure, whereas burnout is the result of repeated emotional pressure resulting from significant contact with individuals in the workplace. Sample items from the Tedium Scale include Physical

Exhaustion (e.g., “Feeling tired” and “Feeling rundown”), Mental Exhaustion (e.g., “Feeling worthless” and “Feeling rejected”), and Emotional Exhaustion (e.g., “Feeling burned out” and “Feeling hopeless). The psychometric properties of the Tedium Scale indicated that it is a reliable measure, with Cronbach’s alpha coefficients of .91 to .93, and test-retest reliabilities of .89 at 1-month and .66 at 4-month lag (Pines & Aronson, 1988). Convergent and discriminant validity were established by demonstrating negative correlations between the Tedium Scale and work and life satisfaction measures, and by findings of positive correlations with measures of sleep disturbances and measures of hopelessness (Arthur, 1990). Unlike the MBI, which has three subscales, the Tedium Scale is one-dimensional in its measurement and conceptualization of burnout.

### **The Staff Burnout Scale for Health Professionals**

The Staff Burnout Scale for Health Professionals (SBS-HP; Jones, 1980) is a one-dimensional measure of burnout that examines adverse cognitive, affective, and behavioral reactions associated with burnout. The measure contains 20 items pertaining to burnout, and an additional 10 items form a Lie Scale to detect faking good. Responses are given along a 7-point Likert-type scale, ranging from 1 (*complete agreement*) to 7 (*complete disagreement*). Sample items from the SBS-HP include “I often think of leaving my job” and “I frequently leave work with a headache.” Internal consistency is moderate, with Cronbach’s alpha coefficients above .80 (Jones). Convergent and discriminant validity were established by Jones (1982), who demonstrated that the SBS-HP correlated positively with measures of drug abuse, job dissatisfaction, and physical

illness, and negatively with stress and family problems. Although the SBS-HP was developed for health professionals, it is considered a generic measure of burnout (Jones, 1980; Arthur, 1990).

In summary, the Maslach Burnout Inventory, Tedium Scale, and Staff Burnout Scale for Health Professionals are three general measures of burnout, with the former being the most widely used measure of burnout across research domains. Other measures, however, were designed to assess burnout specifically among individuals in the human service sector.

### **Measures of Burnout Specific to Human Service Providers**

#### **The Copenhagen Burnout Inventory**

The Copenhagen Burnout Inventory (CBI; Kristensen et al., 2005) was a measure designed to be an alternative to the widely used Maslach Burnout Inventory. This measure contains three subscales: Personal Burnout, Work-Related Burnout, and Client-Related Burnout. The Personal Burnout factor was intentionally designed to be vague, and to measure the amount of physical and psychological fatigue experienced by the respondent. An item that measures this factor is “How often do you feel worn out?” The Work-Related Burnout factor was designed to measure the amount of psychological fatigue and exhaustion that the respondent attributed specifically to her or his work. An item that measures this factor is “Does your work frustrate you?” The Client-Related Burnout factor was designed to measure the amount of psychological fatigue and exhaustion that the respondent attributed specifically to her or his work with clients. An

item that measures this factor is “Do you find it hard to work with clients?” The measure contains 19 items, and respondents answer each item with a categorical response (i.e., always, often, sometimes, seldom, never/almost never). The categorical responses correspond to quantitative values for scoring. Internal consistency is acceptable, with Cronbach’s alpha coefficients of .87 for Personal Burnout, .87 for Work-Related Burnout, and .85 for Client-Related Burnout. The measure also has demonstrated discriminant validity, with the instrument demonstrating negative correlations of burnout with measures of well-being, social connectedness, and health and wellness (Milfont, Denny, Ameratunga, Robinson, & Merry, 2008).

### **The Oldenburg Burnout Inventory**

The Oldenburg Burnout Inventory (OBI; Demerouti et al., 2003) was developed as another alternative to the Maslach Burnout Inventory. This measure contains two subscales: Exhaustion and Disengagement, and each item is scored on a Likert-type scale from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores being indicative of higher levels of burnout. An example item from the exhaustion subscale is “After my work, I regularly feel worn out and weary.” An example item from the disengagement subscale is “I frequently talk about my work in a negative way.” The Oldenburg Burnout Inventory demonstrated solid validity properties, including convergent validity with other measures of mental fatigue and irritability. Internal consistency is moderate, with Cronbach’s alpha coefficients of .74 for the Exhaustion subscale, and .76 for the

Disengagement subscale. This measure was designed to measure burnout among individuals in both human service industries, and also in other types of work contexts.

In a different study, McCarthy and Frieze (1999) were interested in examining clients' perceptions of burnout among mental health professionals. The authors did not exclusively examine psychologists in this study, as they included psychiatrists, psychologists, counselors and social workers. A differentiating factor about this study was that it was interested in how clients' perceptions of burnout correlated with other variables, rather than measuring professional burnout directly. The authors recruited 131 undergraduate students who had recently been involved in therapy, and asked them to complete a measure similar to the Maslach Burnout Inventory (Maslach & Jackson, 1986) but that was altered in terms of item wording, and also contained some new items. The three factor structure of the altered measure remained the same: Exhaustion, Depersonalization, and Reduced Personal Efficacy, and the corresponding alpha values for each of three scales were .93, .88, and .85, respectively. Participants were asked to rate each item on a 5-point Likert-type scale ranging from 0 (strongly disagree) to 5 (strongly agree). An example item from the Exhaustion factor is "He/she seems to be working too hard," an example item from the Depersonalization factor is "He/she treats clients as if they were impersonal objects," and an example item from the Reduced Personal Efficacy factor is "He/she seems to feel worthless."

The researchers found that perceived therapist burnout was significantly associated with other variables. For example, perceived burnout was significantly and

negatively associated with clinician effectiveness, and also significantly and negatively associated with client satisfaction of the therapeutic relationship. Additionally, the researchers also found that overall ratings of satisfaction with the therapy experience were significantly and negatively related to perceived clinician burnout. McCarthy and Frieze (1999) highlighted the importance of clinicians being cognizant of how their experiences of burnout can implicitly or explicitly be relayed to clients, and how those experiences can negatively impact clients' perceived satisfaction of services. In summary, the Copenhagen Burnout Inventory and the Oldenburg Burnout Inventory are two measures of burnout among human service providers with reasonable internal consistency. While the Copenhagen Burnout Inventory primarily measures burnout as perceived by workplace contributing factors, the Oldenburg Burnout Inventory is a more general measure of burnout among human service providers and employees in occupations that do not provide human service practice. In addition, McCarthy and Frieze utilized the Maslach Burnout Inventory in their study of clients' perceptions of burnout among various mental health professionals, albeit with word changes.

### **The Counselor Burnout Inventory**

The Counselor Burnout Inventory (CBI; Lee et al., 2007) was developed to specifically examine burnout among various types of counselors, including college counselors, mental health counselors, rehabilitation counselors, vocational counselors, and family counselors. Lee et al. noted that the CBI was developed as an alternative to the MBI-HSS because the MBI-HSS does not take into account the organizational

sources of burnout that often impact counselors, or how burnout affects clients. The CBI is a 20-item self-report measure, and contains five subscale factors: Exhaustion, Negative Work Environment, Devaluing Client, Incompetence, and Deterioration in Personal Life with each item scored on a Likert-type scale from 1 (*never true*) to 5 (*always true*). An example item from the Exhaustion subscale is “Due to my job as a counselor, I am tired all the time.” An example item from the Negative Work Environment subscale is “I am treated unfairly in my workplace,” an example item from the Devaluing Client subscale is “I have become callous toward clients,” an example item from the Incompetence subscale is “I feel I am an incompetent client,” and an example of the Deterioration in Personal Life subscale is “I feel like I do not have enough time to engage in personal interests.”

The CBI demonstrated sound validity properties, including convergent validity with other measures of burnout, and divergent validity with other measures of job satisfaction and self-esteem. Internal consistency of the CBI is moderate, with an overall Cronbach’s alpha coefficient of .88, and a range of coefficients from .73 - .85 for each of the five subscales. Test-retest reliability estimates were also found to be moderate for the CBI, with an overall correlation of .81 between two administrations of the measure to the same participants with a 6-week gap.

The researchers found the Incompetence subscale on the CBI was negatively related to the Emotional Exhaustion and positively related to the Depersonalization subscales of the MBI-HSS. In addition, all subscales of the CBI, except for the Incompetence subscale, were negatively related to overall job satisfaction. Despite its

promising debut as a measure of burnout specifically among counselors, Lee and colleagues were careful to note that additional psychometric analyses based on a more generalizable sample with greater heterogeneity of ethnicity, demographic region, and counselor field, were necessary in order to provide further evidence for the measure's validity. In the proceeding section, a psychometric instrument designed specifically to measure burnout among psychologists will be discussed.

### **Measures of Burnout Specific to Psychologists**

#### **Psychologist's Burnout Inventory-Revised**

The Psychologist's Burnout Inventory-Revised (PBI-R; Rupert et al., 2008) is a 15 item instrument designed specifically to measure burnout among psychologists. Each item is answered on a 7-point Likert-type scale from 0 (never) to 6 (every day), and the instrument contains four subscales: Aspects of Control (i.e., control over scheduling and work activities), Support in the Work Setting (i.e., emotional and instrumental support from colleagues), Types of Negative Clientele (i.e., experiences of aggressive or violent clients), and Client Overinvolvement (i.e., feelings of responsibility for, and spending excessive time thinking about, client problems). Internal consistency is low, with Cronbach's alpha coefficients ranging of .49 for the Overinvolvement subscale, .69 for the Aspects of Control subscale, .77 for the Support in Work Setting subscale, and .70 for Types of Negative Clientele subscale.

Despite its contribution to the empirical literature providing a measure of burnout specific to psychologists, the PBI-R has a significant limitation. To date, the PBI has

only been used in several studies (e.g., Rupert & Kent, 2007; Rupert et al., 2009), and no published study examining the factor structure or validity of the measure has been conducted. Other researchers, therefore, cannot utilize this measure, because its psychometric properties have not been empirically validated, thus casting the instrument's usefulness into question.

### **Summary**

The thorough review of measures of burnout and burnout-related constructs such as exhaustion, disengagement, and reduced feelings of accomplishment in the workplace, revealed that burnout is a common problematic occurrence among a wide variety of professions. While there were some instruments that measured general burnout (i.e., not specific to a particular profession) such as the Tedium Scale (Pines et al., 1981) and the Maslach Burnout Inventory (Maslach & Jackson, 1986), other instruments were designed to measure burnout among human service providers, such as the Oldenburg Burnout Inventory (Demerouti et al., 2003) and the Copenhagen Burnout Inventory (Kristensen et al., 2005). The Psychologist's Burnout Inventory-Revised (Rupert et al., 2008) was the only instrument that captured burnout specifically among psychologists; however, its psychometric properties have not been empirically ascertained, thus limiting its usefulness. Finally, and perhaps the most staggering, is the complete lack of instrumentation to measure burnout among Counseling Psychologists. This absence served as the stimulant for the present study.

## **Rationale for the Investigation**

The purpose of this study was to advance the understanding of burnout based on the current theoretical and applied literature, and to use this information to develop a psychometric instrument that will measure buffering effects of burnout specifically among Counseling Psychologists. While empirical instruments have examined burnout among a myriad of different professions, there is a void in the empirical literature on measurement of burnout among Counseling Psychologists. Indeed, Counseling Psychologists have likely been underrepresented and understudied in the burnout literature because an instrument designed to measure burnout specifically among this population is nonexistent.

It is important to understand the uniqueness of Counseling Psychologists, and how those unique attributes might contribute to, or be predictors of, burnout among these professionals. Like Clinical Psychologists, Counseling Psychologists are mandated to maintain appropriate levels of self-care, so as not to disseminate substandard levels of care to service recipients (Barnett et al., 2006). Furthermore, Counseling Psychologists experiencing high levels of burnout might intentionally or unintentionally be practicing psychology in an impaired state. O'Connor (2001) asserted that professional impairment can prevent psychologists from practicing in accord with ethical and legal guidelines, thus placing recipients of care at substantial risk. Given the high the frequency with which psychologists self-report experiences of burnout, it would be helpful for

Counseling Psychologists to have an instrument specifically designed to measure the buffering effects of the phenomenon among that population.

### **Relevance to Counseling Psychology**

Developing a measure to understand the buffering dimensions of burnout among Counseling Psychologists will assist Counseling Psychologists, researchers, and practitioners by conceptualizing burnout specific to this population in a more strategic, relevant, and preventative manner. The focus on ethical standards of care, as well as strengths, multiculturalism, normal development, and prevention are completely consistent with the defining professional characteristics of Counseling Psychology (APA Division 17, 2010). In addition, Counseling Psychologists, like other doctoral-level psychologists, are mandated to maintain professional competence, and to be cognizant of, and responsive toward, instances in which their personal problems might interfere with their ability to satisfactorily disseminate their work duties (APA, 2002b). An increased and sharpened quantitative understanding of Counseling Psychologists' experiences with burnout will help facilitate and inform applied clinical practice, and will expand the scholarly literature on burnout.

### **Research Questions and Hypotheses**

In this study, two research questions and four hypotheses were examined. The two research questions in this study were: (a) What are the dimensions or factors underlying the buffers against burnout among psychologists construct; and (b) Does the Buffers Against Burnout among Psychologists Inventory (BABPI) demonstrate suspected

relationships (i.e., convergent and divergent validity) with other instruments? Therefore, the specific hypotheses were:

1. The BABPI will demonstrate a clear and systematic factor structure, which will capture relevant facets of buffers against burnout among Counseling Psychologists.
2. The BABPI will demonstrate convergent validity by being significantly and negatively correlated with the PBI-R.
3. The BABPI will demonstrate convergent validity by being significantly and positively correlated with life satisfaction.
4. The BABPI will demonstrate discriminant validity by being unrelated (i.e., not significantly correlated) to social desirability.

## CHAPTER III

### METHODS

#### **Overall Research Design**

Exploratory factor analyses were performed to examine the psychometric properties of the Buffers Against Burnout among Psychologists Inventory (BABPI). A complete and exhaustive examination of convergent and divergent validity was beyond the scope of this study; however, participants received the Satisfaction with Life Scale (SLS; Diener, Emmons, Larsen, & Griffin, 1985), the Marlowe-Crowne Social Desirability Scale – Form C (M - C Form C; Reynolds, 1982), and the Psychologist's Burnout Inventory – Revised (PBI-R; Rupert et al., 2008) to determine the influences of social desirability and other germane conceptualizations of burnout as they relate to buffering Counseling Psychologists and Counseling Psychology interns against burnout.

#### **Participants**

This Internet-based study was comprised of a sample of 137 participants who were either Counseling Psychologists ( $n = 98, 73\%$ ) who completed a doctoral degree from an APA-accredited doctoral training program in Counseling Psychology or Counseling Psychology doctoral interns ( $n = 36, 27\%$ ) who were on internship at an APA-accredited predoctoral internship training site. As shown in Table 1, the sample consisted of 97 women (72.3%), 36 men (26.8%), and one individual who identified as

*other* (< 1%). The average age of participants was 38.3 years ( $SD = 10.12$ ) and ages ranged from 24 to 65 years. The majority of participants identified as Caucasian (70%), with less than 10% in each of the other race/ethnicity categories, including Latino(a) (7%), Asian American (4%), African American (3%), Black (2%), Asian (1%), Pacific Islander (< 1%), Biracial (7%), and Other (4%). Participants' average number of years of experience in Counseling Psychology was 7.14 ( $SD = 7.45$ ), and ranged from 1 to 30 years. With regard to work setting, over half of participants' primary work setting was a university counseling center (55%), approximately 15% worked in an academic or university psychology department, approximately 16% worked at a Veteran's Affairs institution, and less than 5% worked in another setting. Participants' theoretical orientations included Eclectic (29%), Cognitive-Behavioral (19%), Humanistic (18%), Psychodynamic (11%), Cognitive (< 1%), and Other (22%). Annual incomes ranged from less than \$19,999 (7%) to more than \$100,000 (4%), with 25% of the participants reporting annual incomes between \$20,000 and \$39,999, 27% reporting incomes between \$40,000 and \$59,999, 23% reporting incomes between \$60,000 and \$79,999, and 13% reporting incomes between \$80,000 and \$99,999. In terms of relationship status, 53% of participants reported being married, 21% reported being single, 16% indicated they were partnered or in a domestic partnership, 4% were divorced, 2% were separated, and 1% identified as other.

Table 1

*Characteristics of the Sample*

Variable	Frequency	%	Mean	Range	Standard Dev
Age			38.3	24-65	10.12
Gender					
Women	97	72.3			
Men	36	26.8			
Intersex	1	< 1			
Race/Ethnicity					
Caucasian	94	70			
Biracial	10	7			
Hispanic/Latina(o)	9	7			
Asian American	6	4			
African American	4	3			
Black	3	2			
Asian	2	1			
Pacific Islander	1	< 1			
Other	5	4			
Years of Experience			7.14	1-30	7.45
Work Setting					
Univ Counseling Center	74	55			

(continued)

Table 1 cont'd

Variable	Frequency	%	Mean	Range	Standard Dev
Academic/Univ Psy Dept	20	15			
VA	21	16			
Private Practice	2	1			
Hospital	3	2			
Community Mental Health	5	4			
Prison/Correctional Facility	5	4			
Other	4	3			
Theoretical Orientation					
Eclectic	39	29			
Cognitive Behavioral	26	19			
Humanistic	24	18			
Psychodynamic	15	11			
Cognitive	1	< 1			
Other	29	22			
Professional Status					
Counseling Psych Intern	36	27			
Counseling Psychologist	98	73			
Dissertation Defended					
Yes	10	7			
No	23	17			
N/A	97	72			

(continued)

Table 1 cont'd

Variable	Frequency	%	Mean	Range	Standard Dev
<b>Annual Income</b>					
< \$19,999	9	7			
\$20,000- \$ 39,999	33	25			
\$40,000-\$59,999	36	27			
\$60,000-\$79,999	31	23			
\$80,000-\$99,999	18	13			
Over \$100,000	6	4			
Weekly Direct Service Hours			17.94	0-60	9.71
<b>Relationship Status</b>					
Married	71	53			
Single	28	21			
Part/Dom Part	22	16			
Divorced	6	4			
Separated	3	2			
Other	2	1			

*Note:* Frequencies not adding to 134 and percentages not adding to 100 reflect missing data.

### **Procedure**

Obtaining a random sample of Counseling Psychologists and Counseling Psychology interns is difficult because of the dramatically different settings in which

Counseling Psychologists and interns work, and perhaps even particularly challenging for researchers to access those who are not affiliated with an academic (e.g., Counseling Psychology graduate training program within a university) or applied training (e.g., Counseling Psychologists who work within an APA-accredited predoctoral internship training program) setting. As such, a respondent-driven sampling method was used to recruit participants for this study. Heckathorn (2002) recommended that respondent-driven sampling be implemented when a researcher wishes to recruit participants who might be difficult to access. Respondent-driven sampling relies on initial study participants to invite other qualified individuals to also participate in the study. As such, an electronic recruitment email (Appendix A) and electronic informational flyer (Appendix B) with an electronically embedded URL to the study's website was disseminated to all program chairs of APA-accredited doctoral programs in Counseling Psychology, as well as to all training directors of APA-accredited predoctoral internship training sites within the United States. Furthermore, the electronic informational flyer (Appendix B) was disseminated to all counseling center directors who subscribed to the Association of Counseling Center Training Agencies (ACCTA) listserv. Program chairs and training directors were asked to forward the electronic recruitment email (Appendix A) and informational flyer (Appendix B) to other faculty, interns, graduates, colleagues, friends, or staff who were Counseling Psychologists or Counseling Psychology interns.

Prospective participants were informed that the purpose of the investigation was to further the understanding of burnout among Counseling Psychologists. Thus, the two

mandatory criteria for participation in this study were: (a) the participant must be a Counseling Psychologist (i.e., graduated from an APA-accredited doctoral program in Counseling Psychology, or (b) be a current Counseling Psychology doctoral intern), and must not have already participated in the study. Participants were informed that the study would take approximately 20 minutes and that they could discontinue the study at any time, for any reason. As an incentive for their participation, participants could voluntarily enter into a lottery to win one of two Visa gift cards. Participants accessed the URL link within the informational flyer to the study's website (utilized through the data collection website Psych Data) in order to complete the instruments, which included the consent form (Appendix C), demographic questionnaire (Appendix D), and measures (Appendices E, F, G, and H).

The Texas Woman's University Institutional Review Board (IRB) approved this study. Participants were informed that all their responses would remain completely anonymous, and that no personally identifiable data would be collected. In order to maximize participants' anonymity, IP addresses and specific work settings (e.g., the name of particular work location) were not collected.

Information about potential risks was included in the consent form. Participants were informed they could request a referral list of mental health professionals in their area should they have any distressing or grievous reactions and wish to seek services. The consent form contained the contact information of the researcher, the researcher's dissertation chairperson, and the Texas Woman's University Institutional Review Board,

who participants were informed they could contact with questions pertaining to the study. Consent to participate in this study was given by clicking an *I Agree* button at the end of the on-line consent form. All participants received synonymous items for all instruments contained in this study.

### **Instrumentation**

In addition to the consent form, participants completed four measures and a demographic questionnaire. The BABPI was administered first in order to avoid biased or contaminated responses from the other measures. Malhotra (2009) asserted that researchers must be cautious of the order in which they present multiple survey instruments to participants, as responses to measures completed toward the beginning of a study can have unintentional repercussions on participants' subsequent responses. Thus, in an effort to minimize contamination and carry-over effects, the order of the measures were: the demographic form, the Buffers Against Burnout among Psychologists Inventory (BABPI), the Satisfaction with Life Scale (SLS; Diener, Emmons, Larsen, & Griffin, 1985), the Marlowe-Crowne Social Desirability Scale – Form C (M-C Form C; Reynolds, 1982), and the Psychologist Burnout Inventory – Revised (PBI-R; Rupert et al., 2008).

#### **Demographic Form**

A brief demographic form was completed by all participants (Appendix D) in order to obtain descriptive statistical data from the sample. Information on age, sex, race/ethnicity, years of experience in the Counseling Psychology field, type of work

setting, primary theoretical orientation, age, annual income, classification as an intern or Counseling Psychologist, and number of direct service hours worked per week was collected.

### **The Buffers Against Burnout Among Psychologists Inventory (BABPI)**

**Initial development.** The development of the BABPI was the main focus of this study. A review of the relevant empirical literature grounded the item development process for the BABPI (Appendix E). While a plethora of definitions of burnout have been proposed in the scholarly literature, for the purpose of this study, the definition of burnout was adopted from the widely-used original Maslach and Jackson (1981) definition as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people work’ of some kind” (p. 99). A close examination of the Counseling Psychology literature (e.g., Fluckiger & Holtforth, 2008; Gelso & Woodhouse, 2003; Lopez & Snyder, 2003; Smith, 2006; Walsh, 2004) led to the identification of four possible constructs relating to variables that might buffer Counseling Psychologists’ experiences of burnout: (a) a strength-based perspective toward assessment and treatment (e.g., “*When I incorporate clients’ strengths into my work, I feel satisfied;*” (b) multicultural awareness and competency (e.g., “*Integrating multicultural awareness makes my work feel worthwhile;*” (c) conceptualizing client concerns in the context of normal life development (e.g., “*I feel successful when I help clients to understand their concerns in the context of normal life development;*” and (d) the utilization of preventative techniques in practice (e.g., “*I view my work as more*

*positive when I focus on prevention*”). The researcher developed questions that were thought to align into one of the four hypothesized relevant construct areas.

An inductive approach was utilized for the development of the BABPI; that is, the researcher reviewed the existing empirical literature pertaining to burnout, and hypothesized four relevant constructs that were believed to be most strongly associated with buffering against burnout among Counseling Psychologists. Although this study was exploratory, it was anticipated that the four aforementioned constructs would be identified. An inductive approach to this study appeared to be the most logical approach because, to date, no study has examined variables related to buffers against burnout among Counseling Psychologists, and an inductive approach utilizes a systematic, exploratory methodology.

The initial item pool contained 80 items. One doctoral level Counseling Psychologist and three Counseling Psychology doctoral students, with knowledge of variables associated with burnout, assessed content validity. Individuals who assessed content validity were asked to identify awkward, unclear, grammatically incorrect, non-representative, or redundant items (DeVellis, 2003; Gorsuch, 1983). Clark and Watson (1995) recommended keeping measurement items simple, and to oversample the construct of interest. This study followed these recommendations with regard to initial item development. The initial item pool was revised after this close assessment, and 20 items were removed because they were considered awkward, unclear, or unnecessarily redundant.

After deletion of suggested items, the final item pool contained 60 items which were rated on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*) (see Appendix E). All items were worded with higher scores indicating greater buffers against burnout, and lower numbers representing the opposite. Thus, participants with higher overall total scores on the BABPI were expected to have lower levels of burnout than participants with lower total scores. In addition, Furr and Bacharach (2008) recommended that a useful scale should integrate positively keyed items and negatively keyed items in order to maximize the likelihood of obtaining valid, rather than acquiescent, responses. Therefore, in order to avoid acquiescent responders, five items were randomly selected to require reverse scoring prior to final data analyses.

### **Satisfaction with Life Scale**

The SLS (Appendix F) is a brief unidimensional self-report measure designed to assess individuals' overall self-appraisal of life satisfaction (Diener et al., 1985; Pavot & Diener, 2008). The instrument contains 5 items, and each item is rated on a 7-point Likert style response scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An example item from the measure is "*In most ways my life is close to my ideal.*" All items are written in a positive direction, with higher scores indicating greater life satisfaction, and lower scores indicating the opposite. A participant's total score is derived by summing all scores; thus, the possible range of scores is 5 to 35. Diener et al. indicated that a score of 20 is considered neutral, and that scores between 31 and 35 indicate the participant is extremely satisfied with life and those who score between 5 and 9 are

extremely dissatisfied with life. Similarly, scores between 21 and 25 represent being slightly satisfied with life, whereas scores between 15 and 19 represent being slightly dissatisfied with life.

Researchers have examined the psychometric properties of the SLS (Pavot & Diener, 1993; Adler & Fagley, 2005). Internal consistency for this measure has been measured with Cronbach's coefficient alpha, and has been shown to range from .79 to .89, and test-retest reliability after a one-month lapse has been shown to range from .80 to .84. Internal consistency for the SLS, measured with Cronbach's coefficient alpha, was .92 for the current study (see Table 2). The SLS also has demonstrated convergent and discriminant validity. The SLS demonstrated a weak association with social desirability, thus providing evidence for discriminant validity. The SLS also demonstrated significant positive relationships with other measures of subjective well-being, lending support for its convergent validity.

### **Marlowe-Crowne Form C**

The Marlowe-Crowne Social Desirability Scale – Form C (M-C Form C; Reynolds, 1982) (Appendix G) contains 13 items that are answered in a true/false format. The scale is designed to measure an individual's tendencies to engage in socially desirable ways. Example items include "*I sometimes feel resentful when I don't get my way*" and "*No matter who I'm talking to, I'm always a good listener.*" The M-C Form C is a shortened version of the original Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) and has been shown to demonstrate sound reliability, with Cronbach's

alpha of .76, and also concurrent validity with other measures of social desirability (Reynolds). The M-C Form C was also found to significantly and positively correlate ( $r = .93$ ) with the original 33-item Marlowe-Crowne Social Desirability Scale. With regard to scoring, items 1, 2, 3, 4, 6, 8, 11, and 12 are assigned a score of 0 when endorsed as true, and a score of 1 when endorsed as false. Items 5, 7, 9, 10, and 13 are assigned a score of 1 when endorsed as true, and a score of 0 when endorsed as false. Individuals with higher scores of social desirability tend to over-report socially desirable behaviors, whereas those with lower scores tend to underreport and conceal socially undesirable information about them. Internal consistency reliability for the M-C Form C was .75 for the current study (see Table 2).

### **Psychologist's Burnout Inventory – Revised**

The PBI-R (Appendix H) is a 15-item scale designed to assess dimensions of burnout among psychologists (Rupert et al., 2008). Each item is rated on a 7-point Likert scale from 0 (*never*) to 6 (*every day*) and the measure contains four subscale factors: Control, Overinvolvement, Support, and Negative Clientele. The Control factor pertains to one's perceived control over work activities, schedule, and decision-making; the Overinvolvement factor assesses the extent to which a psychologist feels responsible for clients' decisions and clinical or therapeutic outcomes; the Support factor examines the amount of a psychologist's perceived support from colleagues; and the Negative Clientele has to do with the extent to which psychologists work with difficult (e.g., aggressive, suicidal, hostile, or threatening) clients (Rupert et al.). Sample items for each

of the measure's four factors are as follows: Control (e.g., "*I have control over what I do and when I do it during the work day*"), Overinvolvement (e.g., "*I take my work home*"), Support (e.g., "*I share work responsibilities with my coworkers*"), and Negative Clientele (e.g., "*I work with clients who make psychopathic statements*"). Six items required reverse scoring.

The psychometric properties of the PBI-R have received relatively scant attention compared to other measures utilized in this study. Rupert et al. (2008) indicated that internal consistency reliability utilizing Cronbach's alpha was .69 for Control, .77 for Support, and .70 for Negative Clientele; however, the reliability of the Overinvolvement scale was low (Cronbach's alpha = .49). The present study produced an overall alpha of .73 for the PBI-R (see Table 2). The instrument has also demonstrated convergent validity by its positive relationship with the MBI (Rupert et al.).

## **Research Design and Data Analysis**

### **Descriptive and Exploratory Statistics**

Basic descriptive statistics were computed for all total scale and subscale scores, and also on demographic items (e.g., frequency data and also mean, range, and standard deviation, when applicable). A correlation matrix was utilized to examine relationships between continuous variables in the study (e.g., number of years in practice, age, and all scale and subscale scores). Furthermore, a correlation matrix was also utilized to examine inter-item correlations on the Buffers Against Burnout among Psychologists Inventory. Finally, a series of Multivariate Analysis of Variance (MANOVA) were

computed to examine group differences between categorical demographic variables and total scale and subscale scores of the BABPI, SLS, M-C Form C, and the PBI. This study was purely exploratory in nature, and thus there were no a priori hypotheses between demographic variables and any of the BABPI total or subscale scores. The computer software Statistical Program for the Social Sciences (SPSS) was utilized to perform factor and parallel analyses on the data in order to ascertain the psychometric properties of the BABPI.

### **Factor and Parallel Analyses**

In order to statistically examine the underlying factor structure of the BABPI, the Statistical Package for the Social Sciences (SPSS), a computer-based software program, was utilized for the conduction of exploratory factor and parallel analyses. Exploratory factor analysis provided information on the number of latent factors underlying each item set within the BABPI. In addition, parallel analysis, a simulated statistical technique also conducted with SPSS, provided additional evidence for the number of factors to retain from the exploratory factor analytic procedures.

### **Research Questions and Hypotheses**

This study sought to investigate two research questions and four specific hypotheses. The two research questions were: (a) What are the factors underlying the construct of buffering psychologists against burnout, and (b) Does the BABPI demonstrate suspected relationships with other measures (i.e., convergent and divergent validity)? The first hypothesis was that the BABPI would demonstrate a clear factor

structure that captured the pertinent facets of buffers against burnout among psychologists. The second hypothesis was that the BABPI would demonstrate convergent validity by being significantly and negatively correlated with the PBI-R. The third hypothesis was that the BABPI would demonstrate convergent validity by being significantly and positively correlated with life satisfaction. The fourth hypothesis was that the BABPI would demonstrate discriminate validity by being unrelated (i.e., not significantly correlated) to social desirability.

## CHAPTER IV

### RESULTS

In order to give an overview of the data, descriptive statistics for all scales and subscales are presented first in this section. Subsequently, statistical analyses of each of the hypotheses are described, and exploratory analyses are presented last. Three participants began the study and did not answer any items; therefore, they were excluded from all analyses. The remaining missing data appeared random. In order to address the random missing data in the final dataset, available case analysis (Pigott, 2001; Schlomer, Bauman, & Card, 2010) was utilized. The available case analysis method retains only those cases with complete data in all analyses, thus maximizing the amount of available data for analysis. While missing data is very common in psychological studies (Acock, 2005; Pigott; Streiner, 2002), and the various methods for statistically handling missing data each have their own empirical strengths and drawbacks (Peng, Harwell, Liou, & Ehman, 2006), it was deemed appropriate to implement available case analysis for handling missing data in this study for two reasons: (a) the missing data across participants appeared random, and (b) unlike listwise deletion or complete case analysis procedures, available case analysis does not compromise statistical power or produce biased subsamples (Bennett, 2001; Roth, 1994).

## **Descriptive Statistics**

As shown in Table 2, descriptive statistics were computed for each of the scales and subscales utilized in this study, including means, standard errors of the mean, standard deviation, Cronbach's alpha, and range.

## **Analyses of Hypotheses**

### **Research Question 1: Factor Structure of the BABPI**

**Hypothesis 1.** It was hypothesized that there would be a clear and systematic factor structure substratum to the BABPI. In order to examine this hypothesis, an exploratory factor analysis using Varimax rotation was conducted on the items contributing to the BABPI instrument. Varimax rotation was utilized because it allows for maximum interpretability of the factors, and because it was expected that the dimensions would be orthogonal (i.e., uncorrelated with each other). The pattern matrix for factor loadings was systematically analyzed according to the three recommendations proposed by Grice (2001): (1) for an item to be retained, its factor loading must be .3 or greater; (2) items will be retained on the factor on which they most strongly load; and (3) items cannot load on more than one factor. In addition to these preliminary criteria, eigenvalues and scree plots were analyzed to assist in determining the number of factors to extract. The Kaiser criterion (Kaiser, 1958) was implemented in eigenvalue and screeplot analysis, which asserted that factors with eigenvalues below 1.0 be removed.

For each of the factor solutions, Pearson’s product correlations were computed in order to demonstrate that the items within each factor were highly correlated, and thus yielded comparable patterns of factor loadings across items.

Table 2

*Descriptive Statistics for Scales and Subscales*

Scale	<i>N</i>	Mean	SEM	<i>SD</i>	Alpha	Act Rng	Pos Rng
Sat Life	112	26.56	.65	6.89	.92	5-35	5-35
MCSD	109	3.68	.27	2.86	.75	0-12	0-13
PBI-R	105	57.33	.89	13.68	.73	46-90	0-90
Control	110	6.68	.29	3.08	.69	9-18	0-18
Support	109	7.50	.20	3.11	.60	0-18	0-18
Neg Ct	110	28.05	.61	6.44	.80	19-36	0-36
Overin	111	12.50	.36	3.80	.57	0-18	0-18

*Note:* Sat Life = Satisfaction with Life Scale; MCSD = Marlow-Crowne Form C; PBI-R= Psychologist Burnout Inventory – Revised Scale, Total Score; Control = Control Subscale score; Support = Support Subscale score; Neg Ct = Negative Clientele Subscale score; Overin = Overinvolvement Subscale score; SEM = Standard Error of Mean; SD = Standard Deviation; Alphas are Cronbach Alphas; Act Rng = Actual Range; Pos Rng = Possible Range.

In addition to the aforementioned three criteria that were utilized for factor retention, parallel analysis (PA; Dinno, 2009; Horn, 1965) and reliability analyses utilizing Cronbach’s coefficient alpha were conducted to provide further justification and confidence for the final extracted factor structure of the BABPI. PA is a simulation

technique in which a random dataset is created using the same number of observations and variables in the actual dataset. Correlation matrices are generated from the simulated dataset, and eigenvalues are computed. If the eigenvalues from the random dataset are consistent with the eigenvalues from the actual dataset, there is further evidence that the correct number of factors have been extracted. Cronbach's coefficient alphas, a commonly used measure of internal consistency reliability, were also computed on the total scale and subscales of the BABPI in order to provide additional evidence for its final factor structure.

Prior to conducting factor analyses, descriptive and reliability statistics were calculated in order to obtain an initial estimate of reliability. Overall Cronbach's alpha was .97 for the original item pool. The Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) was .79, which provided evidence that the distribution of variables in the sample was adequate. Bartlett's test of sphericity (approximate  $\chi^2 = 4811.30$ ,  $df = 1770$ ,  $p = .00$ ) revealed the data exhibited multivariate normality. The KMO estimate and Bartlett's test of sphericity both provided statistical evidence for the appropriateness to further pursue the factor analysis (George & Mallery, 2008). Furthermore, the researcher adhered to the Kaiser criterion (Kaiser, 1958), which recommends eigenvalues and screeplots be examined when items are analyzed for further retention in the factor analytic process; additionally, eigenvalues below 1.0 are to be removed. Moreover, items with low communality scores, and those not theoretically or conceptually related to each other, were removed from subsequent analysis.

A series of principal component exploratory factor analyses were conducted on the BABPI. A factor analysis using Varimax rotation with Kaiser normalization was conducted on the 60 original items presented to all participants. Results of the first analysis revealed a 13 factor solution, accounting for 78.87% of the total variance. Items 3, 4, 26, 27, 32, 38, and 43 were removed because they loaded on more than one factor. Item 10 was also removed because it did not load on any of the factors. A second factor analysis using Varimax rotation was conducted on the remaining 52 items, revealing a 9 factor solution, accounting for 75.93% of the total variance. Items 5, 30, 36, 39, and 52 were removed because they double-loaded. A third factor analysis using Varimax rotation was conducted on the remaining 47 items, revealing a 7 factor solution, accounting for 72.62% of the total variance. Items 13 and 21 were removed because they double-loaded. A fourth and final factor analysis using Varimax rotation was conducted on the remaining 45 items, revealing a 7 factor solution accounting for 72.72% of the total variance.

Examination of the screeplot indicated either a three or four final factor solution. In order to further ascertain the number of factors to retain, a parallel analysis (Dinno, 2009; Horn, 1965; O'Connor, 2000) was conducted using 1,000 samples that were random permutations of data from this study's sample; each permutation was identical to this study's sample in sample size and number of variables subjected to factor analysis. The principal axis factoring suggested the retention of 3 factors. As shown in Table 3, the final three factor solution accounted for 61.01% of the total variance. Theoretical

analysis of the items ultimately led to the retention of a three factor model, which appeared to make the most conceptual sense. The eigenvalues for the three factors are displayed in Table 3, the final factor loadings and accompanying items for the three factors are displayed in Table 4, and the scree plot for the final factor analysis is displayed in Figure 1.

**Factor 1: Normalization and Prevention.** Conceptually, the 15 items in factor 1 were related to a perspective of normalizing adult development and integrating prevention into one’s work. These items pertained to personal and professional satisfaction gained from normalizing adult development (e.g., “*Focusing on normal adult development with my clients is gratifying for me*” and “*Focusing on normal life development positively impacts the therapeutic relationship*”). Overall Cronbach’s alpha for factor 1 was .95.

Table 3

*Final Factor Analysis: Eigenvalues, Percentage of Variance, and Cumulative Percentage of Variance*

Factor	Eigenvalue	% of Variance	Cumulative %
1	21.84	48.53	48.53
2	3.38	7.52	56.06
3	2.22	4.94	61.01

**Factor 2: Multicultural Values and Awareness.** Factor two consisted of 10 items that were conceptually related to one's value and awareness of multiculturalism. These items pertained to the positive personal (e.g., "*I find personal satisfaction in exploring cultural aspects of my clients' lives*") and "Having cultural awareness makes my work satisfying") and professional (e.g., "*Discussing culture with clients helps me to connect with them*") and "My relationship with clients becomes stronger when we discuss multiculturalism") results of valuing multicultural awareness. Overall Cronbach's alpha for factor 2 was .96.

**Factor 3: Emphasizing a Strength-Based Perspective.** Factor 3 consisted of 7 items that encapsulated the positive personal (e.g., "*When I incorporate clients' strengths into my work, I feel satisfied*") and professional (e.g., "*Focusing on clients' strengths helps me to build rapport with them*") impact on integrating a strength-based perspective into one's work. Overall Cronbach's alpha for factor 3 was .94.

Table 4

*Final Factor Analysis: Scale Items and Final Rotated Factor Loadings*

Item #	Item Name	Factor Loading	Cronbach's Alpha
Overall Cronbach's Alpha = .97			
Factor 1: Normalization and Prevention			.95
Item			
41	Viewing life problems as normative helps me to see my clients individuals.	.84	
54	I view my work as more positive when I focus on prevention.	.83	
55	I feel a sense of accomplishment when I tailor my interventions based on clients' development.	.82	
17	I believe incorporating prevention into my work helps me to see each client as unique.	.82	
45	Encouraging clients to take preventative measures is a way for me to value my work more.	.81	
42	Focusing on normal life development positively impacts the therapeutic relationship.	.79	
25	Conceptualizing client concerns as normative is part of my identity as a Counseling Psychologist.	.79	
46	I feel successful when I help clients to understand their concerns in the context of normal life development.	.78	
31	I feel my work is more beneficial when I integrate preventative measures into therapy.	.77	
44	I feel my relationship with clients is stronger when we discuss prevention measures.	.73	
53	I enjoy my work more when I help clients to identify buffers against mental illness.	.67	

(continued)

Table 4 cont'd

29	I enjoy my work more when I normalize normal developmental issues.	.66
12	I feel more satisfied with my work when I can help others to avoid experiencing distress.	.57
1	Conceptualizing clients' problems as normative is exhausting. (Reverse scored)	.34
Factor 2: Multicultural Values and Awareness		.96
Item		
40	Having cultural awareness makes my work satisfying.	.88
47	My relationship with clients becomes stronger when we discuss multiculturalism.	.87
57	I believe my work is beneficial when I focus on cultural variables.	.86
9	I feel connected with clients when I understand their culture.	.84
34	Integrating multicultural awareness makes my work feel worthwhile.	.83
48	When I consider clients' culture, my work feels more engaging.	.82
56	Discussing culture with clients helps me to connect with them.	.82
16	I find personal satisfaction in exploring cultural aspects of my clients' lives.	.80
7	Bringing up the topic of cultural identity builds rapport with clients.	.79
50	Affirming my clients' experiences is personally rewarding.	.75

(continued)

Table 4 Cont'd

---

Factor 3: Emphasizing a Strength-Based Perspective .93

Item		
23	Highlighting clients' strengths is professionally rewarding.	.86
35	I believe my work is more valuable when I actively incorporate a strength-based perspective.	.84
24	I feel most effective when I help clients build on their strengths.	.83
49	Focusing on clients' strengths helps me to build rapport with them.	.81
6	When I incorporate clients' strengths into my work, I feel satisfied.	.81
33	Highlighting clients' past successes when working with current problems is empowering to me.	.80
15	Clients' strengths give them a sense of individuality.	.79

---

*Note:* Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

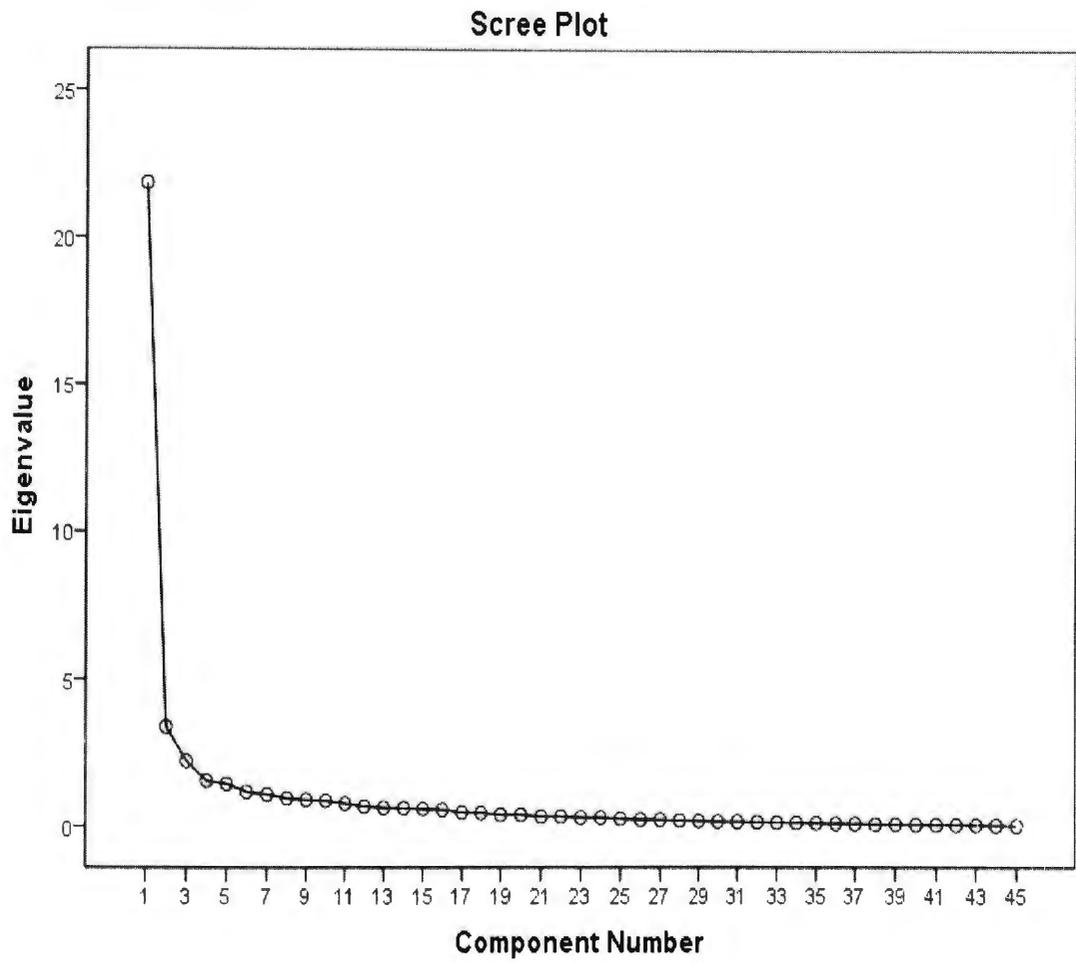


Figure 1: Scree plot for final factor analysis.

## **Research Question 2: Relationship of BABPI with Other Instruments**

**Hypothesis 2.** This hypothesis stated that the BABPI would demonstrate convergent validity by being significantly and negatively correlated with the PBI-R. This hypothesis was supported, as a significant, negative relationship between the two variables was found,  $r = -.36, p < .01$  (See Table 5). This finding suggested that participants with higher buffers against burnout reported experiencing less burnout.

**Hypothesis 3.** This hypothesis stated that the BABPI would demonstrate convergent validity by being significantly and positively correlated with life satisfaction. This hypothesis was supported, as a significant, positive relationship between the two variables was found,  $r = .51, p < .01$  (see Table 6). This finding suggested that the more one is able to buffer her or himself against burnout, the more satisfaction with life she or he has.

**Hypothesis 4.** This hypothesis stated that the BABPI would demonstrate discriminant validity by being unrelated (i.e., not significantly correlated) with the M – C Form C. This hypothesis was not supported, as there was a significant, negative relationship found between the two variables,  $r = -.23, p < .05$  (see Table 6). This finding indicated that the less one is buffered against burnout, the more one is likely to portray her or himself in socially desirable and positive ways.

Table 5

*Pearson's Product Moment Correlations between BABPI, BABPI Subscales, PBI-R, & PBI-R Subscales*

	PBI-R Total	Control	Support	Neg Ct	Overinvolv
BABPI-T	-.36**	-.07	.15	-.33**	-.26*
NP	-.26**	.00	.10	-.26	-.20*
MVA	-.41**	-.18	.16	-.33**	-.33**
SBP	-.39**	-.07	.06	-.32**	-.32**

*Note.* PBI-R Total = Psychologist Burnout Inventory-Revised total score; Neg Ct = Negative Clientele; Overinvolv = Overinvolvement; BABPI-T = Buffers against Burnout among Psychologists Inventory total score; NP = Normalization and Prevention; MVA = Multicultural Values and Awareness; SBP = Strength Based Perspective.

\*  $p < .05$ ; \*\*  $p < .01$

Table 6

*Pearson's Product Moment Correlations between BABPI, BABPI Subscales, and SWLS.*

---

	Social Desirability	Satisfaction with Life
BABPI-T	-.23*	.51*
NP	-.18	.46*
MVA	-.27**	.53*
SBP	-.20*	.48*

---

*Note:* BABPI-T = Buffers against Burnout among Psychologists Inventory total score;

NP = Normalization and Prevention; MVA = Multicultural Values and Awareness;

SBP = Strength Based Perspective.

\*  $p < .05$ ; \*\*  $p < .01$

### **Exploratory Analyses**

Numerous exploratory analyses were conducted to examine relationships between demographic variables and BABPI and BABPI subscales. Specifically, correlation analyses were conducted to examine relationships among continuous demographic variables and the three factors of the BABPI, while MANOVAs were conducted to examine differences among categorical demographic variables and their relationship to the BABPI's factors.

## Correlation Analyses

**Relationship between age and BABPI scores.** In order to examine the effect of age on the BABPI, a Pearson's product moment correlation between age and total BABPI score was examined. The results did not reveal a significant correlation between age and total BABPI score,  $r(92) = -.12, p = .23$ . Age was further examined to see its effect on the BABPI factors. Pearson's product moment correlations failed to reveal a significant relationship between age and Normalization and Prevention,  $r(101) = -.09, p = .35$ , Multicultural Values and Awareness,  $r(103) = -.16, p = .09$ , and Strength-Based Perspective,  $r(106) = -.18, p = .06$ . Results from these analyses indicated that age is unrelated to the extent to which Counseling Psychologists and Counseling Psychology interns are buffered against burnout in the psychology profession.

**Relationship between years in the field and BABPI scores.** In order to examine the potential relationship between the number of years in the field and scores on the BABPI, Pearson's product moment correlations were conducted. Correlations between number of hour per week providing direct service to clients and the three BABPI factors failed to reveal any significant relationships. The results also did not reveal a significant correlation between number of years in the field and total BABPI score,  $r(93) = .05, p = .58$ . Pearson's product moment correlations were also conducted between the number of years in the field and the three BABPI factors, none of which revealed significant correlations between the variables. The relationship between number of hours per week providing direct services to clients and total BABPI score was also examined.

Pearson's product moment correlations revealed a negative, but not significant, relationship between the two variables,  $r(94) = -.07, p > .05$ .

**Relationship between annual income and BABPI scores.** Next, the relationship between annual income and scores on the BABPI was examined. Because there were no gaps between the six categories of incomes, income was treated as a continuous variable. Therefore, Pearson's product moment correlations were conducted to examine the relationship between income and total BABPI scores and subscale scores. The results failed to reveal any significant relationships between annual income, BABPI total scores, or BABPI subscale scores.

### **Multivariate Analyses**

**Gender differences with the BABPI.** In order to examine potential gender differences on the total BABPI score and its three factors, a one-way (gender: female vs. male vs. other) MANOVA was conducted. The results revealed a significant multivariate effect, Hotelling's  $T^2 = 2.27, F(2, 91) = 6.82, p < .01$ , observed power = .68,  $\eta^2 = .08$ . The univariate analyses revealed significant effects for gender on the three BABPI subscales. There was a significant effect for gender on Normalization and Prevention,  $F(2, 91) = 3.78, p < .05$ , Multicultural Values and Awareness,  $F(2, 94) = 7.38, p < .01$ , and Strength Based Perspective,  $F(2, 94) = 8.68, p < .01$ . As shown in Table 7, post hoc comparisons using Tukey's test revealed that men had greater scores on Normalization and Prevention ( $M = 68.5, SD = 11.40$ ) than women ( $M = 67.76, SD = 14.01$ ). Post hoc comparisons using Tukey's test also revealed that women had greater scores on

Multicultural Values and Awareness ( $M = 50.15$ ,  $SD = 8.90$ ) than men ( $M = 49.0$ ,  $SD = 7.63$ ) and also greater values on Strength-Based Perspective ( $M = 35.46$ ,  $SD = 6.14$ ) than men ( $M = 34.95$ ,  $SD = 4.79$ ).

**Race differences with the BABPI.** Analyses were also conducted to examine the data for potential differences due to race. However, because a majority of the sample identified as Caucasian ( $n = 94$ , 70%), the race variable was dummy coded so that Caucasian was set to 1, and all other races were set to 0 for comparison. A one-way (race: Caucasian vs. other) MANOVA was conducted on the three factors using the recoded race variable as a between subjects effect. The overall multivariate effect was not significant, Hotelling's  $T^2 = .04$ ,  $F(1, 93) = .78$ ,  $p > .05$ , observed power = .33,  $\eta^2 = .97$ . Univariate analyses failed to reveal significant effects for race on any of the three factors.

**Theoretical orientation differences with the BABPI.** Analyses were also conducted to examine the data for potential differences due to primary theoretical orientation. A one way (theoretical orientation: eclectic vs. cognitive behavioral vs. humanistic vs. psychodynamic vs. cognitive vs. other) MANOVA was conducted on the three factors. The overall multivariate effect was not significant, Hotelling's  $T^2 = 11.48$ ,  $F(5, 93) = 1.49$ ,  $p = .19$ , observed power = .50,  $\eta^2 = .08$ . The univariate analyses revealed significant effects for theoretical orientation on one of the three factors. There was a significant effect on the Multicultural Values and Awareness factor  $F(1, 94) = 2.31$ ,  $p = .05$ . As shown in Table 7, post hoc analyses using Tukey's test revealed that

participants whose primary theoretical orientation was Humanistic ( $M = 52.06$ ,  $SD = 7.43$ ) scored higher on the Multicultural Values and Awareness factor than participants with other primary theoretical orientations.

**Differences between Counseling Psychologists and Counseling Psychology interns with the BABPI.** Another analysis of the data sought to examine differences on the BABPI due to one's current status as a Counseling Psychologist, or a Counseling Psychology intern. A one way (status: Counseling Psychology intern vs. Counseling Psychologist) MANOVA was conducted on the three factors. The overall multivariate effect was not significant, Hotelling's  $T^2 = 29.72$ ,  $F(1, 94) = .45$ ,  $p > .05$ , observed power = .21,  $\eta^2 = .16$ , suggesting that Counseling Psychologists and Counseling Psychology interns did not differ in their scores on the BABPI.

**Relationship status differences with the BABPI.** Finally, analyses were also conducted to examine the data for potential differences due to relationship status. A one-way (relationship status: partnership/domestic partnership vs. single vs. married vs. separated vs. divorced vs. other) MANOVA was conducted on the three factors. The results revealed a significant multivariate effect, Hotelling's  $T^2 = 14.36$ ,  $F(5, 93) = 5.83$ ,  $p < .01$ , observed power = .99,  $\eta^2 = .16$ . The univariate analyses revealed significant effects for relationship status on all three factors. There was a significant effect for relationship status on Normalization and Prevention,  $F(5, 94) = 5.83$ ,  $p < .01$ , Multicultural Values and Awareness,  $F(1, 94) = 6.69$ ,  $p < .01$ , and Strength Based Perspective,  $F(5, 94) = 9.82$ ,  $p < .01$ . As shown in Table 7, post hoc comparisons using

Tukey's test revealed that divorced participants scored significantly lower on all three subscales compared to participants who were partnered, single, married, separated, or who identified as *other*.

Table 7

*Post Hoc MANOVA Demographic Differences in BABPI Scores*

Variable	BABPI Subscale					
	NP ( <i>n</i> = 92)		MVA ( <i>n</i> = 95)		SBP ( <i>n</i> = 95)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Gender						
Women	67.76 <sub>a</sub>	14.01	50.15 <sub>a</sub>	8.90	35.46 <sub>a</sub>	6.14
Men	68.50 <sub>b</sub>	11.40	49.00 <sub>b</sub>	7.63	34.95 <sub>b</sub>	4.79
Race						
Caucasian	66.72	13.14	48.41	9.19	34.68	6.47
Other	69.44	15.26	51.96	8.79	35.96	5.89
Theoretical Orientation						
Eclectic	66.91	14.38	49.17 <sub>a</sub>	9.25	34.82	6.76
Cog Behavioral	62.61	19.06	43.50 <sub>a</sub>	12.63	32.39	8.99
Humanistic	74.17	11.08	52.06 <sub>b</sub>	7.43	36.5	5.01
Psychodynamic	68.75	8.35	51.67 <sub>a</sub>	5.45	33.83	4.22

(continued)

Table 7 cont'd

Cognitive	76.00	0	52.00 <sub>a</sub>	0	39.00	0
Other	65.86	11.43	51.41 <sub>a</sub>	7.08	36.86	4.41
Professional Status						
Counseling Psychologist	66.94	14.64	48.69	9.90	34.51	6.98
CP Intern	69.03	11.67	51.43	6.96	36.40	4.06
Relationship Status						
Partnered/Domes Partner	68.37 <sub>a</sub>	11.81	50.89 <sub>a</sub>	8.48	36.00 <sub>a</sub>	4.59
Single	69.69 <sub>a</sub>	12.33	52.37 <sub>a</sub>	5.58	36.81 <sub>a</sub>	4.43
Married	69.22 <sub>a</sub>	10.88	50.12 <sub>a</sub>	6.51	35.76 <sub>a</sub>	4.64
Separated	51.33 <sub>a</sub>	21.59	38.00 <sub>a</sub>	20.52	25.00 <sub>a</sub>	12.68
Divorced	40.00 <sub>b</sub>	24.12	30.00 <sub>b</sub>	17.56	20.25 <sub>b</sub>	10.04
Other	81.00 <sub>a</sub>	5.65	54.50 <sub>a</sub>	7.78	40.00 <sub>a</sub>	1.41

*Note:* Means having different subscripts differed significantly at  $p < .05$  in the Tukey honestly significant difference comparison. NP = Normalization and Prevention; MVA = Multicultural Values and Awareness; SBP = Strength-Based Perspective; CP Intern = Counseling Psychology Intern; Partnered/Domes Partner = Partnered/Domestic Partnership.

## CHAPTER V

### DISCUSSION

#### **Summary of Major Findings**

This chapter provides a discussion of the results for the present study. First, the findings from each of the four hypotheses are discussed, including possible interpretations for them. Next, summary results from the exploratory analyses are presented. Limitations, directions for future research, and implications for training, clinical practice, and theory are presented subsequently. Finally, a conclusion of the study is provided.

#### **Factor Structure of the BABPI (Hypothesis 1)**

A series of factor analyses, including simulated parallel factor analyses, revealed a final three factor solution was the most viable and psychometrically and conceptually sound model for the items developed for the BABPI. While the final factor solution was highly similar to what was hypothesized at the beginning of this investigation, there were also unexpected noteworthy differences worthy of discussion. While a specific number of factors were not explicitly hypothesized to emerge from the data a priori, it was anticipated that the factor structure of the BABPI would likely center around four domains: (a) normal adult development, (b) strength-based perspectives, (c) multicultural awareness, and (d) emphasizing preventative methods. In general, the first factor,

Normalization and Prevention, appeared to integrate the normal adult development and preventative methods domains. The second factor, Multicultural Values and Awareness, emerged essentially as anticipated. The third factor, Emphasizing Strength-Based Perspective, also emerged as anticipated. Thus, the four domains thought to comprise the BABPI remained highly intact in the final factor solution, though the amalgamation of two of the domains into a single factor was unexpected.

The Normalization and Prevention subscale contained 15 items that centered on how utilizing normalization and prevention in the workplace buffers psychologists in personal and clinical realms. For example, items from the Normalization and Prevention subscale that focused on buffering psychologists against burnout on a personal level included, *“I enjoy my work more when I normalize developmental issues;”* *“Encouraging clients to take preventative measures is a way for me to value my work more;”* and *“I feel successful when I help clients to understand their concerns in the context of normal life development.”* Items from the subscale that focused on buffering psychologists against burnout within a clinical context included, *“Focusing on normal life development positively impacts the therapeutic relationship;”* *“I feel my relationship with clients is stronger when we discuss prevention measures;”* and, *“I believe incorporating prevention into my work helps me to see each client as unique.”* Cronbach’s alpha was .95 for this subscale, indicating a very strong internal consistency for the items. One reason the Normalization items and the Prevention items might have merged through the factor analytic procedure into the single Normalization and Prevention factor might have to do

with contemporary approaches to Counseling Psychology practice. Over the past decade, there has been a paradigmatic shift in Counseling Psychology to focus on preventative measures that might prevent clients' psychological distress (Madson, Loignon, Shutze, & Necaise, 2009; Vera, 2000). Therefore, since Counseling Psychology training often promotes viewing clients' concerns from a perspective of normal adult development (Gelso & Fretz, 2001; Munley, Pate, & Duncan, 2008), integrating preventative measures within that developmental context makes conceptual and clinical sense.

Another possible explanation for the unexpected confluence of the Normalization and Prevention factors into a unitary factor might be explained by their conceptual relationship. For example, when psychologists integrate prevention into their work, their goal is to promote individuals' normal development, and not experience psychopathology. Similarly, psychologists who normalize clients' distressing experiences help prevent the clients from experiencing psychopathology. Thus, the utilization of normalization and prevention both have the parallel goal of helping clients maintain normal functioning, and not experiencing psychopathology. Nonetheless, the interrelatedness and goals of both normalization and prevention are essentially the same, which could inherently explain why the two are more closely related in a unitary factor than previously thought.

The Multicultural Values and Awareness subscale contained 10 items that focused on the personal and professional roles that utilizing multicultural values and awareness play in buffering psychologists against burnout. For example, items from the

Multicultural Values and Awareness subscale that focused on buffering psychologists against burnout on a personal level included, “*I find personal satisfaction in exploring cultural aspects of my clients’ lives;*” “*Having cultural awareness makes my work satisfying;*” and “*When I consider my clients’ culture, my work feels more engaging.*” Sample items from the Multicultural Values and Awareness subscale that centered on buffering psychologists against burnout within a professional context included, “*Bringing up the topic of cultural identity builds rapport with clients*” and “*My relationship with clients becomes stronger when we discuss multiculturalism.*” Cronbach’s alpha was .96 for this subscale, indicating a very strong internal consistency for the items.

The third subscale that emerged was Emphasizing a Strength-Based Perspective, and contained 7 items pertaining to the buffers against burnout that psychologists experience when they emphasize a strength-based perspective in their work. Sample items from this subscale included, “*Highlighting clients’ strengths is professionally rewarding;*” “*I believe my work is more valuable when I actively incorporate a strength-based perspective;*” and “*I feel most effective when I help clients build on their strengths.*” Cronbach’s alpha was .93 for this subscale, indicating a very strong internal consistency for the items.

### **Examination of Convergent and Divergent Validity (Hypotheses 2, 3, and 4)**

In order to examine convergent and divergent validity, correlation statistics were computed to inform the relationship between the BABPI and other theoretically and conceptually similar and dissimilar instruments. In terms of convergent validity, a

significant negative relationship was found between overall scores on the BABPI and the PBI-R. Conceptually, this finding makes sense, as the more one is buffered against burnout, the less likely one is to report experiences of burnout. This relationship also highlights that being buffered against burnout is theoretically, and inversely, related to expected experiences of burnout.

On a subscale level, the relationships between each of the BABPI and PBI-R factors were examined, and several interesting findings emerged. First, there was a significant and negative relationship between Multicultural Values and Awareness on the BABPI and Negative Clientele on the PBI-R. This finding suggests that the more psychologists attend to integrating multicultural values and awareness into their work, the less likely they are to experience negative clientele. Ponterotto (2010) highlighted the benefits that psychologists' attentiveness to cultural diversity have, including the demonstration of a strong interest in a client's life, empowerment of clients' experiences, and the ability for previously marginalized or stigmatized groups to voice their experiences. In light of this research, clients who work with psychologists with a high degree of multicultural values and awareness are likely to be motivated for treatment because they feel genuinely understood (i.e., not frequently show up late or miss appointments, as noted on the Negative Clientele factor of the PBI-R), and they might be less critical of their identities because they have the opportunity to explore who they are within the rich contextual framework of their culture.

The Negative Clientele factor of the PBI-R was also significantly and negatively related to the Strength Based Perspective factor of the BABPI. This finding suggests that the more psychologists adhere to a strength based perspective in their work, the less likely they are to report experiences of negative clientele. An explanation for this finding might emerge from Wong (2006), who noted that psychologists who take a strength-based perspective in their work avoid focusing on human weaknesses, and instead emphasize positive human attributes. Therefore, it is likely that psychologists who highlight strengths in their work do not see challenging or difficult clients negatively; rather, they use the opportunity working with them to use their strengths as springboards toward increasing their functioning.

Correlation analyses also revealed significant, negative relationships between each of the BABPI factors and the Overinvolvement subscale on the PBI-R. These findings provide evidence that the more psychologists adhere to Normalization and Prevention, Multicultural Values and Awareness, and Strength Based Perspectives, the less likely they are to report being overinvolved (i.e., taking work home, feeling responsible for their clients' well-being, and working harder for change than the client) in their professional work. One interpretation of these findings is that psychologists who report high levels of Normalization and Prevention, Multicultural Values and Awareness, and Strength Based perspectives are highly effective with clients in the workplace, and do not find it necessary to take work home or feel overly responsible for their clients' functioning. This interpretation is consistent with Rupert and Morgan (2005), who found

that psychologists' appropriate levels of involvement with their clients was positively associated with their perceived therapeutic effectiveness and sense of self-accomplishment.

As another analysis of convergent validity, the relationship between the BABPI and the SLS was examined. The results revealed a significant and positive relationship between the BABPI and SLS, indicating that the more one is buffered against burnout, the more life satisfaction is experienced. Conceptually, this positive association makes sense, as burnout can have deleterious effects on one's mental and physical functioning, including anxiety, stress, and exhaustion (Halbesleben, 2006; Laschinger & Leiter, 2006; Maslach et al., 2001; Nahrgang, Morgeson, & Hoffman, 2010; Schaufeli, Bakker, & van Rhenen, 2009), and those who experience it often have their general life satisfaction reduced (Demerouti et al., 2001). Thus, the more one is buffered against burnout, the greater the likelihood of her or his life satisfaction remaining intact.

In terms of divergent validity, it was hypothesized that social desirability would be unrelated to the BABPI. Analyses revealed, however, that there were small but significant negative relationships with the total BABPI score, Multicultural Values and Awareness, and Strength Based Perspective subscales and social desirability. One interpretation of these findings is that psychologists who are buffered against burnout do not find it necessary to portray themselves in a socially appropriate or socially desirable light. Perhaps their insulation from burnout's deleterious effects within the profession allows them to maintain authenticity in their personal and professional lives, and they are

not worried about the image they project to the world. An alternative interpretation is that psychologists who experience burnout might find it necessary to portray themselves in socially desirable or convincingly admirable ways. In his review of the literature on the public's perceptions of psychologists, Sleek (1998) found that psychologists are often viewed as warm, caring, and competent. Therefore, psychologists who are experiencing burnout and attempt to portray themselves in socially desirable ways might feel a pull toward outwardly appearing a certain way (i.e., warm and competent, rather than fatigued or resentment of the job) that is consistent with the general public's expectation. Interestingly, the only BABPI subscale that was unrelated to social desirability was the Normalization and Prevention factor, indicating that the construct underlying that factor is not significantly related to behaving in socially desirable or positive ways.

### **Exploratory Analyses**

A variety of exploratory analyses were conducted to examine the impact of demographic variables on the overall BABI score and its factors. Differences in mean scores were observed for men on the Normalization and Prevention factor of the BABPI, with men scoring higher than women. Differences in mean scores were also observed with women on the Multicultural Values and Awareness and Strength Based Perspective factors, with women scoring higher than men. Although gender differences were observed, it is difficult to speculate a rationale for such differences within the context of this study for several reasons. First, many studies on burnout among mental health professionals did not find gender differences in their results (e.g., Ackerley et al., 1988;

Farber, 1985; Raquepaw & Miller, 1989; Thorton, 1992). Second, more contemporary researchers (e.g., Rupert & Kent, 2007; Rupert & Morgan, 2005) on burnout among psychologists have found that gender differences may exist for psychologists in certain settings, but that such differences dissipate when gender is examined across a wide variety of work settings. Third, rather than merely examining gender differences in experiences of burnout, researchers (e.g., Hobfoll & Freedy, 1993; Rupert & Kent; Stevanovic & Rupert, 2004) have advocated for an increased understanding of how the integration of complex personal and situational factors affect experiences of burnout. Fourth, there have been no prior studies examining buffers against experiences of burnout; therefore, it would behoove future researchers in the area of burnout prevention to critically examine the possible link between gender and the many other factors that possibly buffer individuals against burnout.

With regard to theoretical orientation, participants whose primary theoretical orientation was Humanistic scored higher on Multicultural Values and Awareness in comparison to those whose primary theoretical orientation was not Humanistic. Consistent with the tenets of Humanistic psychology, culture plays an integral role in individuals' functioning (Gjerde, 2004), overall adaptation to the environment (Knight, 2007), and their mental well-being (Hwang, Myers, Abe-Kim, & Ting, 2007). In his review of the synthesis of Humanistic psychology and multiculturalism, Jenkins (2001) stated, "The development of one's human agency and personal uniqueness, or one's *humanness*, can occur only within the delimiting and nurturing context of the physical

and sociocultural world in which the individual lives” (p. 43). Thus, psychologists whose primary theoretical orientation is Humanistic likely place particular importance on valuing and awareness of multiculturalism within their work.

Mean differences were also noted based on participants’ relationship status. Divorced individuals scored lower on all three factors of the BABPI in comparison to all other relationship categories. This finding is consistent with the original Maslach and Jackson (1981) research, which found that divorced individuals were more prone to burnout compared to those who were married or partnered. This finding is also consistent with more recent researchers (e.g., Aycan & Eskin, 2005; Saleh et al., 2007) who found that unpartnered individuals experienced higher levels of burnout, and reported lower life-satisfaction and well-being, than partnered ones. It seems that partnered individuals experience, at least to some extent, insulation from experiences of burnout. Conceptually, it makes sense that divorced individuals would not score as high on dimensions of buffers against burnout in comparison to partnered individuals. However, future research is necessary in order to tease apart the specifics of why divorced individuals score lower on dimensions of burnout buffers in comparison to those who are single, separated, or widowed (and who, by definition, are unpartnered).

### **Limitations and Future Research Directions**

While this scale development study was grounded in psychometric theory and principles, there are limitations that need to be noted. First, the respondent-driven sampling method utilized for participant recruitment did not allow for full control over

the recruitment process, and may have limited the variability of those who participated. As indicated earlier, respondent-driven sampling can be an effective means by which to recruit highly specialized populations, such as Counseling Psychology doctoral interns and Counseling Psychologists. However, the Counseling Psychology interns and Counseling Psychologists who participated in this study were overwhelmingly affiliated with university counseling centers ( $n = 74, 55\%$ ). It is possible that Counseling Psychologists who work in other domains, such as private practice, or in less common professional realms, such as sports psychologists, forensic neuropsychologists, or government administration, experience burnout buffers differently than those who work in more traditional settings. Thus, researchers who continue to empirically explore this instrument's psychometric properties would bode well to recruit future participants with more heterogeneous and diverse primary work settings.

A second limitation to this study was the large proportion of Caucasian participants ( $n = 94, 70\%$ ) who comprised the total sample. As shown in Table 8, 64.9% of American Psychological Association (APA) members from demographic data compiled in 2010 identified as White; this proportion is highly similar to the proportion of Caucasian individuals ( $n = 94; 70\%$ ) in the present sample. Despite similar proportions of Caucasian individuals present in the APA and the current study's sample, the experiences of how Caucasian psychologists are buffered against burnout might vary considerably, both quantitatively and qualitatively, from psychologists of other ethnic and racial backgrounds. For example, numerous researchers (e.g., Ancis & Szymanski, 2001;

Bonilla-Silva, 2006; Hardiman, Jackson, & Griffin, 2007; Jensen, 2005; Kendall, 2006; Kivel, 2002; Miller & Fellows, 2007; Poteat, & Spanierman, 2009) have demonstrated that White individuals hold societal privileges, which in turn can affect their affective, cognitive, and behavioral attitudes and views toward the world. While it is expected that doctoral training in Counseling Psychology is at least minimally similar across various Counseling Psychology doctoral programs that are accredited by the American Psychological Association, psychologists all come into the profession with their own baggage and preexisting schemata (e.g., experiences with discrimination, marginalization, homophobia, sexism, and classism), which in turn can shape their clinical practice, including how they adhere to phenomena such as normalization, multicultural awareness, and emphasizing a strength based perspective. Additional research with a larger and more diverse proportion of non-Caucasian psychologists would provide insight into the role race and ethnicity play in buffering psychologists against burnout.

Table 8

*Demographic Characteristics/Percentages from APA 2010 Census and Current Sample*

Variable	APA 2010 Census ( <i>N</i> = 96,651)	Current Sample ( <i>n</i> = 134)
Women	56.6	72.3
Men	43.1	26.8
Intersex/Other	.3	< 1

Continued

Table 8 Cont'd

Race/Ethnicity		
White	64.9	70
Asian	2.5	1
Hispanic	2.3	7
Black	1.9	2
Pacific Islander	< 1	< 1
Multiracial	< 1	7
Not specified	4.7	4
Age		
Mean Age	54.3	38.3

*Note:* Adapted from “2010 American Psychological Association Workforce Publication.”

A third limitation to this study was its lack of a confirmatory factor analysis to provide additional empirical evidence for its stability and factor structure. The results of this study need to be viewed tentatively at this point; additional sophisticated psychometric analyses, including test-retest reliability and predictive validity, would provide valuable insight into how various domains that act as buffers against burnout positively impact factors such as therapeutic alliance, therapeutic efficacy, therapeutic outcome, and the psychologist. In addition, it would be interesting to examine if the confluence of the normalization and prevention factors is stable across different samples. If the confluence seems to be consistent across samples, it might make conceptual sense to change the factor's name, perhaps to *Prevention and Stress Response*, to more accurately capture the factor's synthesis. Moreover, the implementation of sophisticated

statistical techniques, such as structural equation modeling, stochastic Monte Carlo techniques, and other simulation statistical analyses (such as jack-knife analyses) would offer additional evidence on the role of latent factors and their influence on the BABPI subscales.

A fourth limitation to this study was the small number of instruments utilized for convergent and divergent validity. Due to financial constraints, it was not possible to utilize the Maslach Burnout Inventory (MBI) in this study; however, future research utilizing that instrument as a measure of convergent validity would offer additional evidence that the BABPI is measuring a latent, underlying event that is theoretically and conceptually similar, and would offer additional evidence of its psychometric properties. In addition, future research utilizing instruments thought to be theoretically unrelated to the BABPI other than social desirability would provide additional evidence for divergent validity.

A fifth limitation for this study was its reliance on participants' self-report of data. Self-reports are subjected to biases, which is problematic in empirical research (Adams, Soumerai, Lomas, & Ross-Degnan, 1999). While the M-C Form C examined the extent to which participants engaged in socially desirable or favorable ways of behaving, it is likely that most participants, because of their training, were familiar with the M-C Form C, and could easily distort their responses due to their understanding of the role of social desirability in research. In order to circumvent potential biases in self-report, future research could utilize qualitative (i.e., interview) methodology.

A sixth limitation was the sample size of the study. While Bartlett's test of sphericity indicated the strength of the relationship among sample variables was sufficient to proceed with factor analysis, and the KMO measure of sampling adequacy demonstrated sufficiency for satisfactory factor analyses, the overall sample size fell short of the recommended sample size proposed by DeVellis (2003), who determined that 5 to 10 participants were necessary per instrument item in order to generate valid results. Future research with a larger sample size would possibly provide additional evidence for the factor structure of the BABPI.

In addition to its sample size, another perhaps paradoxical limitation to this study was its reliance exclusively on Counseling Psychologists and Counseling Psychology interns. It is important to note that analyses of mean differences did not find significant differences on the total BABPI or any of its factors between Counseling Psychologists and Counseling Psychology interns, providing evidence that the extent to which both groups report and experience buffers against burnout is similar. While this study was conducted to fill an important void in the empirical literature by examining facets of burnout buffers specifically among Counseling Psychologists, its generalizability to other mental health professionals (e.g., psychiatrists, Clinical Psychologists, School Psychologists, social workers, and master's level therapists) cannot be ascertained. Future research exploring the BABPI's factor structure and psychometric properties based on samples of different mental health professionals may allow for broader generalizability of the instrument. It would be interesting for researchers to explore if the

factor structure that emerged in this study was a function of Counseling Psychologists' focal dimensions of training and education, or more a function of how mental health professionals who are not Counseling Psychologists respond to the BABPI's items. Perhaps future studies implementing mixed methods (i.e., combining quantitative and qualitative methodologies) might provide insight into these questions.

### **Implications for Clinical Training and Practice**

The results of this study have important implications for applied clinical training programs, such as doctoral graduate programs in psychology. While many doctoral programs in psychology provide students with general training and education on topics such as ethics, statistical and research methods, clinical best practices, and psychological assessment, few likely highlight the importance of preventing professional burnout. Smith and Moss (2009), for example, noted that the American Psychological Association has no specific criteria requiring graduate training programs in psychology to explicitly address the topics of professional impairment and wellness. The results of this study, coupled with additional research on the topic, will hopefully serve to inform clinical training by providing educators with empirical data on the positive role that various dimensions play in buffering psychologists against burnout. Graduate programs could potentially integrate such findings into their coursework, practicum training, and comprehensive examinations in order to educate psychology trainees on the conditions that facilitate and foster the greatest buffering effects against burnout.

In addition to psychology trainees, findings from this study also have important implications for psychologists in the field. For example, psychologists who provide supervision or consultation could use the BABPI in order to obtain a measure of how buffered one is against burnout, and could supplement their supervisory or consultative feedback with the results of such a measure. Some researchers on the effectiveness of clinical supervision for trainees (e.g., Falender & Shafranske, 2004; Thomas, 2010) recommend that supervisors discuss how trainees' personal lives might be impacting or influencing their therapeutic work. The use of the BABPI might be especially helpful for such a purpose. In addition, psychologists could use the BABPI themselves in order to occasionally assess the extent to which they are buffered against burnout, and potentially make professional changes (i.e., working fewer hours per week; working with fewer clients with particularly challenging diagnoses). Clearly, all the training and clinical implications of the BABPI have not been empirically explored; however, this study might act as a springboard for additional research with the BABPI, which may illuminate additional areas for its use.

### **Implications for Theory**

The development of the BABPI, and the ancillary results from this study can serve integral roles on extant theories of burnout. A plethora of studies over the past several decades have described the negative effects burnout can have on individuals (e.g., Byrne, 1994; Cordes & Dougherty, 1993; De Hoogh & Den Hartog, 2009; Lee & Ashforth, 1996; Maslach & Jackson, 1981; Maslach & Leiter, 2008; Rupert & Kent,

2007). While many researchers have conceptualized burnout along a continuum (e.g., Demerouti et al., 2003; Jones, 1980; Kristensen et al., 2005; Pines et al., 1981, Rupert et al., 2008), the continuum typically exists along a bipolar axis with the absence of burnout on one end, and extremely high levels of burnout on the polar opposite end. Based on the results of this study, the existing dichotomy may be insufficient to capture the depth and complexity of burnout. For example, future researchers might theorize that continua of burnout include being highly buffered against burnout on one pole, and high levels of burnout on the polar opposite end. From a conceptual perspective, this interpretation posits that not only are some people not experiencing burnout, but they actually have buffers against it.

### **Conclusion**

This study sought to develop a psychometrically reliable and valid measure of buffers against burnout among psychologists, the Buffers Against Burnout among Psychologists Inventory (BABPI). The measure was conceptualized on the broad tenets of the Counseling Psychology field, and attempted to contribute to the burnout literature by providing a quantitative means for measuring the extent to which psychologists specifically are buffered against burnout. To date, no known measure exists to measure the extent to which psychologists specifically are buffered against burnout. As expected, a clear, systematic factor structure emerged from the data, with a 3 factor model making the most statistical and conceptual sense. Significant, positive relationships between the BABPI and the SWLQ and PBI-R provided preliminary evidence of convergent validity

of the measure. Future research is necessary to strengthen the BABPI's psychometric dimensions, particularly studies examining its validity. Notwithstanding its limitations, this study made an original contribution to the field of burnout research, as well as to Counseling Psychology, by highlighting the variables thought to be most strongly related to buffering psychologists against the hazardous, deleterious, and dangerous effects of burnout.

## REFERENCES

- Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*, 624-631. doi:10.1037/0735-7028.19.6.624
- Acock, A. C. (2005). Working with missing values. *Journal of Marriage and Family, 67*, 1012-1028.
- Adams, A. S., Soumerai, S. B., Lomas, J., & Ross-Degnan, D. (1999). Evidence of self-report bias in assessing adherence to guidelines. *International Journal for Quality in Health Care, 11*, 187-192. doi: 10.1093/intqhc/11.3.187
- Adler, M. G., & Fagley, N. S. (2005). Appreciation: Individual differences in finding value and meaning as a unique predictor of subjective well-being. *Journal of Personality, 73*, 79-114. doi:10.1111/j.1467-6494.2004.00305.x
- Allard, T. J., Wortley, R. K., & Stewart, A. L. (2003). Role conflict in community corrections. *Psychology, Crime and Law, 9*, 279-289.  
doi: 10.1080/1068316031000093414
- American Psychological Association (2002a). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Retrieved January 24, 2009, from <http://www.apa.org/pi/multiculturalguidelines/homepage.html>

- American Psychological Association (2002b). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073. doi: 10.1037//0003-066X.57.12.1060
- American Psychological Association (2010). *2010 American Psychological Association Workforce Publication*. Retrieved March 10, 2011, from <http://www.apa.org/workforce/publications/10-member/table-01.pdf>
- American Psychological Association (2010). *Society of counseling psychology Division 17: A division of the American Psychological Association*. Retrieved June 8, 2010, from <http://www.div17.org/>
- Ancis, J. R., & Szymanski, D. M. (2001). Awareness of White Privilege among White counseling trainees. *The Counseling Psychologist*, 29, 548-569.
- Angerer, J. M. (2003). Job burnout. *Journal of Employment Counseling*, 40, 98-107.
- APA Division 17 (2010). Defining a counseling psychologist, retrieved Tuesday, March 23, 2010 from [http://www.div17.org/students\\_defining.html](http://www.div17.org/students_defining.html).
- Arthur, N. (1990). The assessment of burnout: A review of three inventories useful for research and counseling. *Journal of Counseling and Development*. 69, 186-189.
- Aycan, Z., & Eskin, M. (2005). Childcare, spousal, and organizational support in predicting work-family conflict for females and males in dual-earner families with preschool children. *Sex Roles*, 53, 453-471.
- Baker, E. K. (2003). *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

- Bakker, A. B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management, 13*, 423-440. doi: 10.1037/1072-5245.13.4.423
- Bakker, A. B., Schaufeli, W. B., Sixma, H. J., Bosveld, W., & Van Dierendonck, D. (2000). Patient demands, lack of reciprocity, and burnout: A five-year longitudinal study among general practitioners. *Journal of Organizational Behavior, 21*, 425-441. doi: 10.1002/(SICI)1099-1379(200006)21:4<425::AID-JOB21>3.0.CO;2-#
- Bakker, A. B., Van Der Zee, K. I., Lewig, K. A., & Dollard, M. F. (2006). The relationship between the big five personality factors and burnout: A study among volunteer counselors. *The Journal of Social Psychology, 146*, 31-50.
- Bakker, A. B., Van Emmerik, H., & Van Riet, P. (2008). How job demands, resources, and burnout predict objective performance: A constructive replication. *Anxiety, Stress, and Coping, 21*, 309-324. doi: 10.1002/job.595
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counselors. *Psychodynamic Practice, 13*, 257-274. doi: 10.1080/14753630701455796

- Barnett, J. E., Johnston, L. C., & Hillard, D. (2006). Psycho-therapist wellness as an ethical imperative. In L. Vandecreek, & J. B. Allen (Eds.), *Innovations in clinical practice: Focus on health and wellness* (pp. 257-271). Sarasota, FL: Professional Resources Press.
- Bennett, D. A. (2001). How can I deal with missing data in my study? *Australian and New Zealand Journal of Public Health, 25*, 464-469.
- Berg, B. D. (1994). Education burnout revisited: Voices from the staff room. *Clearing House, 67*, 185-189.
- Bonilla-Silva, E. (2006). *Racism without racists: Color-blind racism and the persistence of racial inequality in the United States*. Lanham, MD: Rowan & Littlefield.
- Brown, S. D., & Lent, R. W. (2000). *Handbook of counseling psychology*. New York: John Wiley.
- Burisch, M. (1984). Approaches to personality inventory construction. *American Psychologist, 39*, 214-227. doi: 10.1037/0003-066X.39.3.214
- Burke, R. J. (1993). Toward an understanding of psychological burnout among police officers. *Journal of Social Behavior and Personality, 8*, 425-438.
- Burke, R. J., Shearer, J., & Deszca, E. (1984). Correlates of burnout phases among police officers. *Group and Organization Studies, 9*, 451-466. doi: 10.1177/105960118400900403

- Byrne, B. M. (1994). Burnout: Testing for the validity, replication, and invariance of causal structure across elementary, intermediate, and secondary teachers. *American Educational Research Journal*, *31*, 645-673. doi: 10.2307/1163231  
H0046016
- Carlson, J. R., & Thomas, G. (2006). Burnout among prison caseworkers and corrections officers. *Journal of Offender Rehabilitation*, *43*, 19-34. doi: 10.1300/J076v43n03\_02
- Cassin, S. E., Singer, A. R., Dobson, K. S., & Altmaier, E. M. (2007). Professional interests and career aspirations of graduate students in professional psychology: An exploratory survey. *Training and Education in Professional Psychology*, *1*, 26-37. doi: 10.1037/1931-3918.1.1.26
- Chappell, N. L., & Novak, M. (1992). The role of support in alleviating stress among nursing assistants. *Gerontologist*, *32*, 351-359.
- Clark, L., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, *7*, 309-319. doi: 10.1037/1040-3590.7.3.309
- Coffey, M., & Coleman, M. (2001). The relationship between support and stress in forensic community mental health nursing. *Journal of Advanced Nursing*, *34*, 397-408. doi: 10.1046/j.1365-2648.2001.01770.x
- Cordes, C., & Dougherty, T. (1993). A review and integration of research on job burnout. *Academy of Management Review*, *18*, 621-656. doi: 10.2307/258593

- Coyle, D., Edwards, D., Hannigan, B., Fothergill, A., & Burnard, P. (2005). A systematic review of stress among mental health social workers. *International Social Work, 48*, 201-211. doi: 10.1177/0020872805050492
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of Psychopathology. *Journal of Consulting Psychology, 24*, 349-354. doi: 10.1037/h0047358
- Cushway, D., & Tyler, P. (1994). Stress and coping in clinical psychologists. *Stress Medicine, 10*, 35-42. doi:10.1002/smi.2460100107
- De Hoogh, A. H. B., & Den Hartog, D. N. (2009). Neuroticism and locus of control as moderators of relationships of charismatic and autocratic leadership with burnout. *Journal of Applied Psychology, 94*, 1058-1067. doi:10.1037/a0016253
- De Jong, P., & Berg, I. K. (2002). *Interviewing for solutions* (2<sup>nd</sup> ed.). Pacific Grove, CA: Brooks/Cole.
- De Jong, P., & Miller, S. D. (1995). Interviewing for client strengths. *Social Work, 40*, 729-736.
- DeVellis, R. F. (2003). *Scale development: Theory and applications* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*, 499-512. doi:10.1037/0021-9010.86.3.499

- Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2003). The convergent validity of two burnout instruments: A multitrait-multimethod analysis. *European Journal of Psychological Assessment, 19*, 12-23. doi: 10.1027//1015-5759.19.1.12
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75. doi:10.1207/s15327752jpa4901\_13
- Dinno, A. (2009). Exploring the sensitivity of Horn's parallel analysis to the distributional form of random data. *Multivariate Behavioral Research, 44*(3), 362-388. doi:10.1080/00273170902938969
- Dollard, M. F., Winefield, A., & Winefield, H. (2003). *Occupational stress in the service professions*. New York, NY: Taylor & Francis.
- Doolittle, B. R. (2007). Burnout and coping among parish-based clergy. *Mental Health, Religion and Culture, 10*, 31-38. doi:10.1080/13674670600857591
- Durbin, E. C., & Klein, D. N. (2006). Ten-year stability of personality disorders among outpatients with mood disorders. *Journal of Abnormal Psychology, 115*, 75-84. doi:10.1037/0021-843X.115.1.75
- Edelwich, J., & Brodsky, A. (1980). *Burn-out: Stages of disillusionment in the helping Professions*. New York: Human Sciences Press.

- Ehrhart, K. H., & Makransky, G. (2007). Testing vocational interests and personality as predictors of person-vocation and person-job fit. *Journal of Career Assessment, 15*, 206-226. doi: 10.1177/1069072706298105
- Emery, S., Wade, T. D., & McLean, S. (2009). Associations among therapist beliefs, personal resources, and burnout in clinical psychologists. *Behaviour Change, 26*, 83-96. doi:10.1375/behc.26.2.83
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency based approach*. Washington, DC: American Psychological Association.
- Farber, B. (1983). Introduction: A critical perspective on burnout. In B. Farber (Ed.), *Stress and burnout in the human service professions* (pp. 97-118). New York: Pergamon Press.
- Farber, B. (1985). Clinical psychologists' perceptions of psychotherapeutic work. *Clinical Psychologist, 38*, 10-13.
- Farber, B. (1990). Burnout in psychotherapists: Incidence, types, and trends. *Psychotherapy in Private Practice, 8*, 35-44. doi: 10.1300/J294v08n01\_07
- Farber, B., & Heifitz, L. J. (1981). The satisfactions and stresses of psychotherapeutic work: A factor analytic study. *Professional Psychology, 12*, 621-630. doi: 10.1037/0735-7028.12.5.621
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford: Stanford University Press.

- Fleischer, J. A., & Wissler, A. (1985). The therapist as patient: Special problems and considerations. *Psychotherapy, 22*, 587-594. doi: 10.1037/h0085544
- Fluckiger, C., & Holtforth, M. (2008). Focusing the therapist's attention on the patient's strengths: A preliminary study to foster a mechanism of change in outpatient psychotherapy. *Journal of Clinical Psychology, 64*, 876-890. doi:10.1002/jclp.20493
- Francis, L. J., Loudon, S. H., & Rutledge, C. J. F. (2004). Burnout among Roman Catholic parochial clergy in England and Wales: Myth or reality? *Review of Religious Research, 46*, 5-19. doi:10.2307/3512249
- Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues, 30*, 159-165. doi: 10.1111/j.1540-4560.1974.tb00706.x
- Freudenberger, H. J. (1975). The staff burnout syndrome in alternative institutions. *Psychotherapy: Theory, Research, and Practice, 12*, 73-82. doi:10.1016/0190-7409(83)90030-0
- Furr, M. R., & Bacharach, V. R. (2008). *Psychometrics: An introduction*. Thousand Oaks, CA: Sage.
- Gable, S. L. & Haidt, J. (2005). What (and why) is positive psychology? *Review of General Psychology, 9*, 103-110.
- Garland, B. (2004). The impact of administrative support on prison treatment staff burnout: An exploratory study. *The Prison Journal, 84*, 452-471. doi:10.1177/0032885504269343

- Gelso, C. J., & Woodhouse, S. (2003). Toward a positive psychology: Focus on human strength. In W. B. Walsh (Ed.), *Counseling psychology and human strengths* (pp. 344-369). NY: Erlbaum.
- George, D., & Mallery, P. (2008). *SPSS for windows step by step: A simple guide and reference 15.0 update* (8<sup>th</sup> ed.). Boston: Allyn and Bacon.
- Gjerde, P. F. (2004). Culture, power, and experience: Toward a person-centered cultural psychology. *Human Development, 47*, 138-157. doi: 10.1159/000077987
- Glass, D. C., & McKnight, J. D., (1996). Perceived control, depressive symptomatology, and professional burnout: A review of the evidence. *Psychology and Health, 11*, 23-48. doi:10.1080/08870449608401975
- Golembiewski, R. T., & Aldinger, R. T. (1994). Burnout and self-esteem: A replication in a military setting. *Organization Development Journal, 12*, 41-48.
- Golembiewski, R., Boudreau, R., Sun, B., & Luo, H. (1998). Estimates of burnout in public agencies: Worldwide, how many employees have which degrees of burnout, and with what consequences? *Public Administration Review, 58*, 59-66.
- Golembiewski, R. T., & Munzenrider, R. F. (1988). *Phases of burnout: Developments in concepts and applications*. New York: Praeger.
- Goodger, K., Gorely, T., Lavalley, D., & Harwood, C. (2007). Burnout in sport: A systematic review. *The Sport Psychologist, 21*, 127-151.
- Gorsuch, R. L. (1983). *Factor analysis* (2<sup>nd</sup> ed.). Hillsdale, NJ: Erlbaum.
- Greene, G. (1961). *A Burnt-out case*. New York: Viking Press.

- Grice, J. W. (2001). A comparison of factor scores under conditions of factor obliquity. *Psychological Methods, 6*, 67-83. doi: 10.1037/1082-989X.6.1.67
- Hakanen, J. J., Schaufeli, W. B., & Ahola, K. (2008). The job demands-resources model: A three-year cross-lagged study of burnout, depression, commitment, and work engagement. *Work and Stress, 22*, 224-241. doi:10.1080/02678370802379432
- Halbesleben, J. R. B. (2006). Sources of social support and burnout: A meta-analytic test of the conservation of resources model. *Journal of Applied Psychology, 91*, 1134-1145. doi:10.1037/0021-9010.91.5.1134
- Halbesleben, J. R. B., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work and Stress, 19*, 208-220. doi: 10.1080/02678370500340728
- Hardiman, R., Jackson, B., & Griffin, P. (2007). Conceptual foundations for social justice education. In M. Adams, L. Bell, & P. Griffin (Eds.), *Teaching for diversity and social justice* (2<sup>nd</sup> ed., pp. 35-66). New York: Routledge/Taylor & Francis Group.
- Hecht, T. D., & Allen, N. J. (2005). Exploring links between polychronicity and well-being from the perspective of person-job fit: Does it matter if you prefer to do only one thing at a time? *Organizational Behavior and Human Decision Processes, 98*, 155-178. doi: 10.1016/j.obhdp.2005.07.004

- Heckathorn, D. D. (2002). Respondent-driven sampling II: Deriving valid estimates from chain-referral samples of hidden populations. *Social Problems, 49*, 11-34.
- Hellman, I. D., Morrison, T. L., & Abramowitz, S. I. (1987). Therapist experience and the stresses of psychotherapeutic work. *Psychotherapy: Theory, Research, Practice, Training, 24*, 171-177. doi:10.1037/h0085701
- Hellman, I. D., & Morrison, T. L. (1987). Practice setting and type of caseload as factors in psychotherapist stress. *Journal of Applied Psychology, 71*, 630-640. doi:10.1037/h0085735
- Heppner, P. P., Casas, J. M., Carter, J., & Stone, G. L. (2000). The maturation of counseling psychology: Multifaceted perspectives, 1978-1998. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3<sup>rd</sup> ed., pp. 3-49). New York: Wiley.
- Hills, H. I., & Strozier, A. L. (1992). Multicultural training in APA-approved counseling psychology programs: A survey. *Journal of Counseling Psychology, 23*, 43-51. doi:10.1037/0735-7028.23.1.43
- Hobfoll, S. E., & Freedy, J. (1993). Conservation of resources: A general stress theory applied to burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 115-129). Washington, DC: Taylor & Francis.

- Hoeksma, J. H., Guy, J. D., Brown, C. K., & Brady, J. L. (1993). The relationship between psychotherapist burnout and satisfaction with leisure activities. *Psychotherapy in Private Practice, 12*, 51-57.
- Horn, J. L. (1965). A rationale and test for the number of factors in factor analysis. *Psychometrika, 30*, 179-185. doi:10.1007/BF02289447
- Huberty, T. J., & Huebner, E. S. (1988). A national survey of burnout among school psychologists. *Psychology in the Schools, 25*, 54-61. doi:10.1002/1520-6807(198801)25:1<54::AID-PITS2310250109>3.0.CO;2-3
- Huebner, E. S. (1992). Burnout among school psychologists: An exploratory investigation into its nature, extent, and correlates. *School Psychology Quarterly, 7*, 129-136. doi:10.1037/h0088251
- Huebner, E. S. (1994). Relationship among demographics, social support, job satisfaction, and burnout among school psychologists. *School Psychology International, 15*, 181-186. doi: 10.1177/0143034394152007
- Hwang, W., Myers, H. F., Abe-Kim, & Ting, J. Y. (2007). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28*, 211-227. doi: 10.1016/j.cpr.2007.05.001
- Jackson, S., Turner, J., & Brief, A. (1987). Correlates of burnout among public service lawyers. *Journal of Occupational Behavior, 8*, 339-349. doi:10.1002/job.4030080406

- Jenkins, A. H. (2001). Humanistic psychology and multiculturalism: A review and reflection. In Schneider, K. J., Bugental, J. F. T., & Pierson, J. F. (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research, and practice* (pp. 37-45). Thousand Oaks, CA: Sage.
- Jensen, R. (2005). *The heart of whiteness: Confronting race, racism and White privilege*. San Francisco: City Lights.
- John, O. P., & Srivastava, S. (1999). The big five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and Research* (pp. 102-138). New York: Guilford Press.
- Jones, J. W. (1980). *Preliminary manual: The Staff Burnout Scale for health professionals*. Park Ridge, IL: London House Press.
- Jones, J. W. (1982). Measuring staff burnout. *Technical Report*. Park Ridge, IL: London House Press.
- Judge, T. A., & Ilies, R. (2002). Relationship of personality to performance motivation: A meta-analytic review. *Journal of Applied Psychology, 87*, 797-807. doi: 10.1037/0021-9010.87.4.797
- Kaiser, H. F. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika, 23*, 187-200. doi:10.1007/BF02289233
- Karasek, R. (1992). *Healthy work: Stress, productivity, and the restructuring of working life*. New York: Basic Books.

- Kendall, F. E. (2006). *Understanding white privilege: Creating pathways to authentic relationships across race*. New York: Routledge.
- Kivel, P. (2002). *Uprooting racism: How White people can work for racial justice*. Philadelphia: New Society Publishers.
- Knight, T. A. (2007). Showing clients the doors: Active problem-solving in person-centered psychotherapy. *Journal of Psychotherapy Integration, 17*, 111-124.
- Koeske, G. F., & Kelly, T. (1995). The impact of overinvolvement on burnout and job satisfaction. *American Journal of Orthopsychiatry, 65*, 282-292.  
doi:10.1037/h0079622
- Kokkinos, C. M. (2007). Job stressors, personality, and burnout in primary school teachers. *British Journal of Educational Psychology, 77*, 229-243.  
doi:10.1348/000709905X90344
- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work and Stress, 19*, 192-207. doi:10.1080/02678370500297720
- Kristof-Brown, A. L., Zimmerman, R., & Johnson, E. C. (2005). Consequences of individuals' fit at work: A meta-analysis of person-job, person-organization, person-group, and person-supervisor fit. *Personnel Psychology, 58*, 281-342.  
doi:10.1111/j.1744-6570.2005.00672.x

- Landsbergis, P. A. (1988). Occupational stress among health care workers: A test of the job demands-control model. *Journal of Organizational Behavior, 9*, 217-239.  
doi: 10.1002/job.4030090303
- Laschinger, H. S., & Leiter, M. (2006). The impact of nursing work environments on patient safety outcomes: The mediating role of burnout/engagement. *Journal of Nursing Administration, 36*, 259-267. doi: 10.1097/00005110-20060500-00019
- Lee, R. T., & Ashforth, B. E. (1993). A further examination of managerial burnout: Toward an integrated model. *Journal of Organizational Behavior, 14*, 3-20.  
doi:10.1002/job.4030140103
- Lee, R. T., & Ashforth, B. E. (1996). A meta-analytic examination of the correlates of the three dimensions of job burnout. *Journal of Applied Psychology, 81*, 123-133.  
doi:10.1037/0021-9010.81.2.123
- Lee, S. M., Baker, C. R., Cho, S. H., Heckathorn, D. E., Holland, M. W., Newgent, R. A., Ogle, N. T., Powell, M. L., Quinn, J. J., Wallace, S. L., & Yu, K. (2007). Development and initial psychometrics of the Counselor Burnout Inventory. *Measurement and Evaluation in Counseling and Development, 40*, 142-154.
- Leiter, M. P. (1989). Conceptual implications of two models of burnout: A response to Golembiewski. *Group and Organizational Studies, 14*, 15-22.  
doi:10.1177/105960118901400103
- Leiter, M. P. (1991). Coping patterns as predictors of burnout. *Journal of Organizational Behavior, 12*, 123-144. doi:10.1002/job.4030120205

- Leiter, M. P. (1993). Burnout as a developmental process: Consideration of models. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 237-250). Washington, DC: Taylor & Francis.
- Leiter, M. P., & Durup, J. (1994). The discriminant validity of burnout and depression: A confirmatory factor analytic study. *Anxiety, Stress, and Coping*, 7, 357-373.  
doi:10.1080/10615809408249357
- Leiter, M. P., & Harvie, P. (1998). Conditions for staff acceptance of organizational change: Burnout as a mediating construct. *Anxiety, Stress, and Coping*, 11, 1-25.  
doi:10.1080/10615809808249311
- Leiter, M. P., & Maslach, C. (2005). A mediation model of job burnout. In A. S. G. Antoniou & C. L. Cooper (Eds.), *Research companion to organizational health psychology* (pp. 544-564). Cheltenham, United Kingdom: Edward Elgar.
- Lert, F., Chastang, J. F., & Castano, I. (2001). Psychological stress among hospital doctors caring for HIV patients in the late nineties. *AIDS Care*, 13, 763-778.  
doi:10.1080/09540120120076922
- Levi, L. (1983). *Preventing work stress*. Reading, MA: Addison-Wesley.
- Linley, A. P., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology*, 26, 385-403.  
doi:10.1521/jscp.2007.26.3.385

- Lopez, S. J., & Snyder, C. R. (2003). *Positive psychological assessment: A handbook of models of measures*. Washington, DC: American Psychological Association.
- Lourel, M., Abdellaoui, S., Chevaleyre, S., Paltrier, M., & Gana, K. (2008). Relationships between psychological job demands, job control and burnout among firefighters. *North American Journal of Psychology, 10*, 489-496.
- Macran, S., Stiles, W. B., & Smith, J. A. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology, 46*, 419-431.  
doi:10.1037/0022-0167.46.4.419
- Madson, M. B., Loignon, A. C., Shutze, R., & Necaie, H. R. (2009). Examining the fit between motivational interviewing and the counseling philosophy: An emphasis on prevention. *Prevention in Counseling Psychology: Theory, Research, Practice, and Training, 3*, 20-32.
- Malhotra, N. (2009). Order effects in complex and simple tasks. *Public Opinion Quarterly, 73*, 180-198. doi:10.1093/poq/nfp008
- Martinussen, M., Richardsen, A. M., & Burke, R. J. (2007). Job demands, job resources, and burnout among police officers. *Journal of Criminal Justice, 35*, 239-249.  
doi:10.1016/j.jcrimjus.2007.03.001
- Maslach, C. (1976). Burned-out. *Human behavior, 5*, 16-22.
- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C. (2001). What have we learned about burnout and health? *Psychology and Health, 16*, 607-611. doi:10.1080/08870440108405530

- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113. doi:10.1002/job.4030020205
- Maslach, C., & Jackson, S. E. (1984). Burnout in organizational settings. In S. Oskamp (Ed.), *Applied social psychology annual 5* (pp. 133-154). Beverly Hills, CA: Sage.
- Maslach, C., & Jackson, S. E. (1986). *The Maslach Burnout Inventory*. Consulting Psychologists Press: Palo Alto, CA.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual* (3<sup>rd</sup> Ed.). California: Consulting Psychologists Press, Inc.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93, 498-512. doi:10.1037/0021-9010.93.3.498
- Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 1-18). Washington, DC: Taylor & Francis.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Reviews of Psychology*, 52, 397-422. doi: 10.1146/annurev.psych.52.1.397
- Maslanka, H. (1996). Burnout, social support, and AIDS volunteers. *AIDS Care*, 8, 195-206. doi:10.1080/09540129650125876

- McCarthy, W. C., & Frieze, I. R. (1999). Negative aspects of therapy: Client perceptions of therapists' social influence, burnout, and quality of care. *Journal of Social Issues, 55*, 33-50. doi:10.1111/0022-4537.00103
- McCarthy, C., Lambert, R., O'Donnell, M., & Melendres, L. (2009). The relation of elementary teachers' experience, stress, and coping resources to burnout symptoms. *The Elementary School Journal, 109*, 282-300. doi:10.1086/592308
- McCrae, R. R., & Costa, P. T., Jr. (1997). Personality trait structure as a human universal. *American Psychologist, 52*, 509-516. doi:10.1037/0003-066X.52.5.509
- McCrae, R. R., & Costa, P. T., Jr. (1999). A five-factor theory of personality. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (pp. 139-153). New York: Guilford Press.
- McFall, R. M. (2006). Doctoral training in clinical psychology. *Annual Review of Clinical Psychology, 2*, 21-49. doi: 10.1146/annurev.clinpsy.2.022305.095245
- Meir, S. T. (1983). Toward a theory of burnout. *Human Relations, 6*, 899-910. doi: 10.1177/001872678303601003
- Meir, L. L., Semmer, N. K., Elfering, A., & Jacobshagen, N. (2008). The double meaning of control: Three-way interactions between internal resources, job control, and stressors at work. *Journal of Occupational Health Psychology, 3*, 244-258. doi:10.1037/1076-8998.13.3.244

- Milfont, T. L., Denny, S., Ameratunga, S., Robinson, E., & Merry, S. (2008). Burnout and wellbeing: Testing the Copenhagen Burnout Inventory in New Zealand teachers. *Social Indicators Research, 89*, 169-177. doi: 10.1007/s11205-007-9229-9
- Miller, D. B. (1999). Racial socialization and racial identity: Can they promote resiliency for African American adolescents? *Adolescence, 34*, 493-501.
- Miller, A., & Fellows, K. (2007). Negotiating white racial identity in multicultural courses: A model. In L. M. Cooks & J. S. Simpson (Eds.), *Whiteness, pedagogy, performance: Dis/placing race*. (pp. 49-66). Lanham, MD: Lexington Books/Rowman & Littlefield.
- Mo, K. W. (1991). Teacher burnout: Relations with stress, personality, and social support. *Chinese University of Hong Kong Education Journal, 19*, 3-11.
- Moreno-Jiménez, M., & Villodres, M. (2010). Prediction of burnout in volunteers. *Journal of Applied Social Psychology, 40*(7), 1798-1818. doi:10.1111/j.1559-1816.2010.00640.x
- Morgan, R. D., & Cohen, L. M. (2008). Clinical and counseling psychology: Can differences be gleaned from printed recruiting materials? *Training and Education in Professional Psychology, 2*, 156-164. doi:10.1037/1931-3918.2.3.156

- Munley, P. H., Pate, W. E., & Duncan, L. E. (2008). Demographic, educational, employment, and professional characteristics of counseling psychologists. *The Counseling Psychologist, 36*, 250-280.
- Murray, S. L., Holmes, J. G., & Griffin, D. W. (2000). Self-esteem and the quest for felt security: How perceived regard regulates attachment process. *Journal of Personality and Social Psychology, 78*, 478-498. doi:10.1037/0022-3514.78.3.478
- Myrtek, M. (2007). Type A behavior and hostility as independent risk factors for coronary heart disease. In J. Jordan, B. Barde, & A. M. Zeiher (Eds.), *Contributions toward evidence-based psychocardiology: A systematic review of the literature* (pp. 159-183). Washington, DC: American Psychological Association.
- Nahrgang, J. D., Morgeson, F. P., & Hofmann, D. A. (2010). Safety at work: A meta-analytic investigation of the link between job demands, job resources, burnout, engagement, and safety outcomes. *Journal of Applied Psychology, 96*, 71-96. doi: 10.1037/a0021484
- Nakao, H., & Itakura, S. (2009). An integrated view of empathy: Psychology, philosophy, and neuroscience. *Integrative Psychological and Behavioral Science, 43*, 42-52. doi:10.1007/s12124-008-9066-7

- Naus, F., van Iterson, A. D., & Roe, R. A. (2007). Value incongruence, job autonomy, and organization-based self-esteem: A self-based perspective on organizational cynicism. *European Journal of Work and Organizational Psychology, 16*, 195-219. doi:10.1080/13594320601143271
- O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice, 32*, 345-350. doi:10.1037/0735-7028.32.4.345
- Orsulic-Jeras, S., Shepherd, B., & Britton, P. J. (2003). Counseling older adults with HIV/AIDS: A strength-based model of treatment. *Journal of Mental Health Counseling, 25*, 233-244.
- Pavot, W., & Diener, E. (1993). Review of the Satisfaction With Life Scale. *Psychological Assessment, 5*, 164-172. doi: 10.1007/978-90-481-2354-4\_5
- Pavot, W., & Diener, E. (2008). The satisfaction with life scale and the emerging construct of life satisfaction. *The Journal of Positive Psychology, 3*, 137-152.
- Peng, C. Y. J., Harwell, M., Liou, S. M., & Ehman, L. H. (2006). Advances in missing data methods and implications for educational research. In S. Sawilowsky (Ed.), *Real data analysis* (pp. 31-78). Greenwich, CT: Information Age.
- Perlman, B., & Hartman, A. E. (1982). Burnout: Summary and future research. *Human Relations, 35*, 283-305. doi:10.1177/001872678203500402

- Piedmont, R. L. (1993). A longitudinal analysis of burnout in the health care setting: The role of personal dispositions. *Journal of Personality Assessment, 61*, 457-473.  
doi: 10.1207/s15327752jpa6103\_3
- Pigott, T. D. (2001). A review of methods for missing data. *Educational Research and Evaluation, 7*, 353-383.
- Pines, A. M., & Aronson, E. (1988). *Career burnout: Causes and cures*. New York: Free Press.
- Pines, A. M., Aronson, E., & Kafry, D. (1981). *Burnout: From tedium to personal growth*. New York: Free Press.
- Ponterotto, J. G. (2010). Qualitative research in multicultural psychology: Philosophical underpinnings, popular approaches, and ethical considerations. *Cultural Diversity and Ethnic Minority Psychology, 16*, 581-589. doi: 10.1037/a0012051
- Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice, 26*, 322-329.  
doi:10.1037/0735-7028.26.3.322
- Poteat, V. P., & Spanierman, L. B. (2008). Further validation of the Psychosocial Costs of Racism to Whites scale among employed adults. *The Counseling Psychologist, 36*, 871-894.
- Poulin, J. E., & Walter, C. A. (1993). Burnout in gerontological social work. *Social Work, 38*, 305-310.

- Raedeke, T. D. (1997). Is athlete burnout more than just stress? A sport commitment perspective. *Journal of Sports and Exercise Psychology, 19*, 396-417.
- Rafferty, J. P., Lemkau, J. P., Purdy, R. R., & Rudisill, J. R. (1986). Validity of the Maslach Burnout Inventory for family practice physicians. *Journal of Clinical Psychology, 42*, 488-492. doi:10.1002/1097-4679(198605)42:3<488::AID-JCLP2270420315>3.0.CO;2-S
- Raquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice, 20*, 32-36. doi:10.1037/0735-7028.20.1.32
- Reynolds, W. M. (1982). Development of reliable and short forms of the Marlowe – Crowne social desirability scale. *Journal of Clinical Psychology, 38*, 119-125. doi:10.1002/1097-4679(198201)38:1<119::AID-JCLP2270380118>3.0.CO;2-I
- Rogers, J. C., & Dodson, S. C. (1987). Burnout in occupational therapists. *American Journal of Occupational Therapy, 42*, 787-792.
- Rogers, M. R., Ponterotto, J. G., Conoley, J. C., & Wiese, M. J. (1992). Multicultural training in school psychology: A national survey. *School Psychology Review, 21*, 603-616.
- Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special considerations for the marriage and family therapist. *Journal of Marital and Family Therapy, 32*, 87-99. doi:10.1111/j.1752-0606.2006.tb01590.x

- Ross, R., Altmaier, E., & Russell, D. (1989). Job stress, social support and burnout among counseling center staff. *Journal of Counseling Psychology, 36*, 464-470. doi:10.1037/0022-0167.36.4.464
- Roth, P. L. (1994). Missing data: A conceptual review for applied psychologists. *Personnel Psychology, 47*, 537-570.
- Rubino, C., Luksyte, A., Perry, S. J., & Volpone, S. D. (2009). How do stressors lead to burnout? The mediating role of motivation. *Journal of Occupational Health Psychology, 14*, 289-304. doi: 10.1037/a0015284
- Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice, 38*, 88-96. doi:10.1037/0735-7028.38.1.88
- Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36*, 544-550. doi: 10.1037/0735-7028.36.5.544
- Rupert, P. A., Morgan, D. J., Bryant, F. B., & Hunley, H. A. (2008). *Measuring correlates of burnout: A structural analysis*. Unpublished manuscript.
- Rupert, P. A., & Scaletta Kent, J. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice, 38*, 88-96. doi: 10.1037/0735-7028.38.1.88

- Rupert, P. A., Stevanovic, P., & Hunley, H. A. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice, 40*, 54-61. doi: 10.1037/a0012538
- Salanova, M., Peiro, J. M., & Schaufeli, W. B. (2002). Self-efficacy specificity and burnout among technology workers: An extension of the job demand-control model. *European Journal of Work and Organizational Psychology, 9*, 185-211. doi:10.1080/13594320143000735
- Saleeby, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*, 296-305.
- Saleh, J. K. J., Quick, J. C., Conaway, M., Sime, W. E., Martin, W., Hurwitz, S., & Einhorn, T. A. (2007). The prevalence and severity of burnout among academic orthopedic departmental leaders. *Journal of Bone and Joint Surgery, 89*, 896-903.
- Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behavior, 25*, 293-315. doi: 10.1002/job.248
- Schaufeli, W. B., & Bakker, A. B., & van Rhenen, W. (2009). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior, 30*, 893-917. doi: 10.1002/job.595

- Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. Philadelphia, PA: Taylor & Francis.
- Schlomer, G. L., Bauman, S., & Card, N. A. (2010). Best practices for missing data management in counseling psychology. *Journal of Counseling Psychology, 57*, 1-10. doi: 10.1037/a0018082
- Schmitz, N., Neumann, W., & Oppermann, R. (2000). Stress, burnout, and locus of control in German nurses. *International Journal of Nursing Studies, 37*, 95-99. doi:10.1016/S0020-7489(99)00069-3
- Seligman, M. E. P. (1998). The president's address. *American Psychologist, 54*, 559-562. doi: 10.1037/0003-066X.54.8.537
- Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14. doi: 10.1037//0003-066X.55.1.5
- Seligman, M. E. P., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410-425. doi: 10.1037/0003-066X.60.5.410
- Sheehy Carmel, M. J., & Friedlander, M. L. (2009). The relation of secondary traumatization to therapists' perceptions of the working alliance with clients who commit sexual abuse. *Journal of Counseling Psychology, 56*, 461-467. doi: 10.1037/a0015422

- Shirom, A. (1989). Burnout in work organizations. In C. L. Cooper & I. Robertson (Eds.), *International Review of Industrial and Organizational Psychology* (pp. 25-48). New York: Wiley.
- Shoptaw, S., Stein, J. A., and Rawson, R. A. (2000). Burnout in substance abuse counselors: Impact of environment, attitudes, and clients with HIV. *Journal of Substance Abuse Treatment, 19*, 117-126. doi:10.1016/S0740-5472(99)00106-3
- Sleek, S. (1998). How are psychologists portrayed on screen? An APA committee hopes to help Hollywood more accurately depict therapists. *Monitor on Psychology, 29*, 1-4.
- Smith, E. J. (2006). The strength-based counseling model. *Counseling Psychologist, 34*, 13-79. doi: 10.1177/0011000005277018
- Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice, 16*, 1-15. doi:10.1111/j.1468-2850.2009.01137.x
- Snyder, C. R., & Lopez, S. J. (2002). The future of positive psychology: A declaration of independence. In C. R. Snyder, & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 751-768). New York: Oxford University Press.
- Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994). Development of the multicultural counseling inventory: A self-report measure of multicultural competencies. *Journal of Counseling Psychology, 41*, 137-148. doi:10.1037/0022-0167.41.2.137

- Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, and Training, 41*, 301-309. doi: 10.1037/0033-3204.41.3.301
- Stoeber, J., & Rennert, D. (2008). Perfectionism in school teachers: Relations with stress appraisals, coping styles, and burnout. *Stress and Coping: An International Journal, 21*, 37-53. doi:10.1080/10615800701742461
- Stoltenberg, C. D., Pace, T. M., Kashubeck, S., Biever, J. L., Patterson, T., & Welch, I. D. (2000). Training models in counseling psychology: Scientist-practitioner versus practitioner-scholar. *The Counseling Psychologist, 28*, 622-640. doi: 10.1177/0011000000285002
- Streiner, D. L. (2002). The case of the missing data: Methods for dealing with dropouts and other research vagaries. *Canadian Journal of Psychiatry, 47*, 68-74.
- Strumpfer, D. J. W. (2003). Resilience and burnout: A stitch that could save nine. *South African Journal of Psychology, 33*, 69-79.
- Sweeney, J. T., & Summers, S. L. (2002). The effect of the busy season workload on public accountants' job burnout. *Behavioral Research in Accounting, 14*, 129-153. doi:10.2308/bria.2002.14.1.223
- Teasdale, K., Brocklehurst, N., & Thorn, N. (2001). Clinical supervision and support for nurses: An evaluation study. *Journal of Advanced Nursing, 33*, 216-225. doi:10.1046/j.1365-2648.2001.01656.x

- Thomas, J. T. (2010). *The ethics of supervision and consultation: Practical guidance for mental health professionals*. Washington, DC: American Psychological Association.
- Thompson, B. M., Brough, P. A., & Schmidt, H. (2006). Supervisor and subordinate work-family values: Does similarity make a difference? *International Journal of Stress Management, 13*, 45-63. doi: 10.1037/1072-5245.13.1.45
- Thorton, P. I. (1992). The relation of coping, appraisal, and burnout in mental health workers. *Journal of Psychology, 126*, 261-271.
- Trudeau, L. S., Russell, D. W., de la Mora, A., & Schmitz, M. F. (2001). Comparison of marriage and family therapists, psychologists, psychiatrists, and social workers on job related measures and reactions to managed care in Iowa. *Journal of Marital and Family Therapy, 27*, 501-507. doi:10.1111/j.1752-0606.2001.tb00343.x
- Vanheule, S., Rosseel, Y., & Vlerick, P. (2007). The factorial validity and measurement invariance of the Maslach Burnout Inventory for human services. *Stress and Health, 23*, 87-91. doi:10.1002/smi.1124
- Vanwesenbeeck, I. (2005). Burnout among female indoor sex workers. *Archives of Sexual Behavior, 34*, 627-639. doi:10.1007/s10508-005-7912-y
- Vera, E. M. (2000). A recommitment to prevention work in counseling psychology. *The Counseling Psychologist, 28*, 829-837.

- Vredenburgh, L. D., Carlozzi, A. F., & Stein, L. B. (1999). Burnout in counseling psychologists: Type of practice setting and pertinent demographics. *Counseling Psychology Quarterly, 12*, 293-302. doi:10.1080/09515079908254099
- Walsh, W. B. (2004). *Counseling psychology and optimal human functioning*. New York: Lawrence Erlbaum.
- Wong, J. Y. (2006). Strength-centered therapy: A social constructionist, virtues-based psychotherapy. *Psychotherapy: Theory, Research, Practice, and Training, 43*, 133-146. doi: 10.1037/0033-3204.2.133
- Yadama, G. N., & Drake, B. (1995). Confirmatory factor analysis of the Maslach Burnout Inventory. *Social Work Research, 19*, 184-192.
- Zapf, D., Seifert, C., Schmutte, B., & Mertini, H. (2001). Emotion work and job stressors and their effects on burnout. *Psychology and Health, 16*, 527-545. doi:10.1080/08870440108405525

APPENDIX A

Electronic Recruitment Email

Subject: Counseling Psychologists and Counseling Psychology Doctoral Interns – *Participants Needed, Chance for a \$100.00 Gift Card*

Dear Counseling Psychologist or Counseling Psychology Doctoral Intern:

I am recruiting Counseling Psychologists and Counseling Psychology Doctoral Interns for my web-based dissertation designed to develop a measure of Counseling Psychologists' and Doctoral Counseling Interns' experiences of burnout. Texas Woman's University IRB has approved this exempt study, and I would appreciate your forwarding this email to colleagues who are Counseling Psychologists, as well as to any doctoral Counseling Psychology interns you may know.

Your participation in this study is optional and completely anonymous; no identifying information (including IP addresses) will be collected, and you may discontinue at any time. The information provided will contribute to an increased understanding of the unique variables associated with Counseling Psychologists' and Counseling Interns' experiences with burnout. This measure will be useful for training, consultation, supervision, and research purposes.

In addition, all participants may elect to voluntarily be entered into a drawing for one of two American Express \$100.00 gift cards. If you choose to enter into the drawing, there will be no connection whatsoever between your name and the information you provide.

Please go to (insert PsychData URL here) for more information and/or to participate.

If you have any questions about this research, or if you would like a summary of the results sent to you at the completion of the study, please contact either Ronald Paul (rpaul@mail.twu.edu) or Dr. Jenelle Fitch (jfitch@mail.twu.edu).

Many thanks for your time and consideration; they are much appreciated.

Sincerely,

Ronald J. Paul  
Doctoral Candidate Counseling  
Psychology  
Texas Woman's University  
Department of Psychology &  
Philosophy  
P.O. Box 425470  
Denton, TX 76204-5470

Jenelle Fitch, Ph.D.  
Assistant Professor  
Texas Woman's University  
Department of Psychology &  
Philosophy  
P.O. Box 425470  
Denton, TX 76204-5470  
(940) 898-2312

APPENDIX B

Electronic Informational Flyer

Dear Counseling Psychologist or Counseling Psychology Intern:

I know many of you are extraordinarily busy, and I appreciate your seeking information about my study. I am inviting you to participate in my dissertation research. For my dissertation, I am developing a measure of burnout among Counseling Psychologists and Counseling Psychology Interns. This measure will shed light on the unique variables associated with how professionals in our field experience burnout, and will be useful for training, supervision, consultation, and research purposes.

Eligibility for participation: You must be a Counseling Psychologist (i.e., graduated from a Counseling Psychology doctoral training program) or a doctoral Counseling Psychology intern. Counseling Psychologists do NOT need to be licensed for participation in this study, and can be currently working in ANY type of setting (e.g., academic, applied, etc.). If you choose to participate, the measures will take approximately 20-30 minutes to complete. The materials include questions about your experiences with workplace burnout, stress, and fatigue, as well as a brief demographics form.

At the end of the survey, you may voluntarily choose to be entered into a drawing for one of two \$100.00 American Express gift cards. All responses are completely confidential, and no personally identifying information (including IP addresses) will be collected whatsoever. If you choose to enter into the optional drawing, your name will not in any way be connected to your data.

If you have any questions about this research study, please feel free to contact either myself, or my dissertation chair. This study has been approved by the Texas Woman's University Institutional Review Board (IRB). Thank you so much for your assistance; I appreciate it a lot.

Kind regards,

Ronald J. Paul  
Doctoral Candidate Counseling  
Psychology  
Texas Woman's University  
Department of Psychology &  
Philosophy  
P.O. Box 425470  
Denton, TX 76204-5470

Jenelle Fitch, Ph.D.  
Assistant Professor  
Texas Woman's University  
Department of Psychology &  
Philosophy  
P.O. Box 425470  
Denton, TX 76204-5470  
(940) 898-2312

To participate in this study, please click the link below. Thank you.

APPENDIX C

Participant Consent Form

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: Measuring Dimensions of Burnout Buffers Among Counseling Psychologists: An Exploratory Factor Analytic, Multitrait-Multimethod Study

Investigator: Ronald J. Paul.....940-898-2303

Advisor: Jenelle C. Fitch, Ph.D..... 940-898-2312

### Explanation and Purpose of the Research

You are being asked to participate in a research study for Ronald Paul's doctoral dissertation at Texas Woman's University. The purpose of this research is to develop an instrument designed to assess variables associated with burnout among Counseling Psychologists. In particular, the development of the instrument will be useful in future research on the Counseling Psychology profession.

### Research Procedures

For this study, you will be asked to complete a series of questionnaires about your experiences as a Counseling Psychologist. You will be asked to indicate the corresponding number to each question, depending on the extent to which you agree or disagree with the statement. The completion of this questionnaire may occur anywhere you feel sufficiently comfortable and secure to disclose answers to the questions therein.

### Potential Risks

Potential risks related to your participation in the study include fatigue and/or emotional discomfort during your completion of the questionnaires. To avoid fatigue, you may take a break (or breaks) during the completion of the questionnaires. If you experience physical or emotional discomfort during the completion of the questionnaires, you may stop answering any of the questions at any time. The following website, developed and maintained by the American Psychological Association (APA) provides a comprehensive listing of psychologists across the United States. In case of emotional discomfort, you may utilize this website to find a psychologist in your area. The website is <http://locator.apahelpcenter.org/>. If you do not have Internet access, you may call 1-800-964-2000 and an operator will assist you in finding a psychologist in your area. All calls are confidential.

Another possible risk to you as a result of your participation in this study is the release of confidential information. There is a potential risk of loss of confidentiality in all email,

downloading, and Internet transactions. Confidentiality will be protected to the extent that the law allows it. Confidentiality will be protected in several ways. First, there will be no identifying information connecting you to your questionnaires; all questionnaires will be given a code number, and data gathered from the questionnaires will in no way be able to be connected to your name. Second, all data gathered for this study will be kept secure in a locked filing cabinet in Mr. Paul's office, which is also constantly locked when he is not present. Only Mr. Paul, his dissertation chair, Dr. Jenelle Fitch, and his statistics consult, Dr. Edward Asbury, will have access to the data collected for this study. It is possible that the results of this study will be published in research publications other than the dissertation. However, no names or identifying information will be included in any publication.

The researchers will try to prevent any problems that may occur as a result of your participation in this research. However, TWU does not offer medical services or financial assistance for injuries that might happen because you are participating in this research.

### Participation and Benefits

Your involvement in this research is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The direct benefit of this study to you is that, upon completion of the study, a summary of the results will be provided to you via email or regular mail, upon your request. Requesting a summary of results does not in any way connect your identity to your responses. Another benefit is that an increased understanding of the variables associated with burnout among Counseling Psychologists will result from this project. Moreover, all participants may choose to be entered into a lottery to win one of two American Express \$100.00 gift cards. Entering into the lottery does not in any way connect your identity to your responses. Winners will be notified via regular mail at the study's completion. Any questions about the lottery should be directed to the principal investigator, Ronald Paul.

### Questions Regarding the Study

If you have any questions about this research study, you may ask the researchers; their contact information is at the top of page 1 of this form. If you have any questions about your rights as a participant in this research, or the way in which this research has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at (940) 898-3378, or via email at IRB@twu.edu. You may print a copy of this letter for your records.

By clicking "Yes" below, you affirm that you are at least 18 years old, and that you consent to participate in this study.

Yes

No

APPENDIX D  
Demographic Questionnaire

1. Age: \_\_\_\_\_
2. Sex:
  - \_\_\_ Woman
  - \_\_\_ Man
  - \_\_\_ Intersex
  - \_\_\_ Other
3. Race/Ethnicity:
  - \_\_\_ African American
  - \_\_\_ Black
  - \_\_\_ Asian
  - \_\_\_ Pacific Islander
  - \_\_\_ Asian American
  - \_\_\_ Caucasian
  - \_\_\_ Hispanic/Latina(o)
  - \_\_\_ Biracial
  - \_\_\_ Triracial
  - \_\_\_ Other (please specify)
4. Years of experience in the Psychology field (for current interns, insert "1" and for Counseling Psychologists, please indicate number of years in the field after having earned your doctoral degree). \_\_\_\_\_
5. What is your primary work setting?
  - \_\_\_ University counseling center
  - \_\_\_ Academic/university psychology department
  - \_\_\_ Veterans Affairs Medical Center (VA)
  - \_\_\_ Private practice or private group practice
  - \_\_\_ Hospital
  - \_\_\_ Community mental health center
  - \_\_\_ Prison or other correctional facility
  - \_\_\_ School district
  - \_\_\_ Armed forces medical center
  - \_\_\_ Other (please specify)
6. What is your primary theoretical orientation?
  - \_\_\_ Cognitive
  - \_\_\_ Cognitive behavioral
  - \_\_\_ Behavioral
  - \_\_\_ Humanistic

- Psychodynamic
- Eclectic
- Other (please specify)

7. Which of the following describes your current status?

- I am a doctoral counseling psychology intern
- I am a counseling psychologist (i.e., I have a Ph.D. in counseling psychology)

8. If you are currently on internship, have you defended your dissertation? NOTE: If you are not an intern, please indicate N/A

- yes
- no
- N/A

9. What is your annual income?

- \$0 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,000
- \$80,000 - \$99,999
- \$100,000 or above

10. How many hours per week do you provide direct service to clients/patients?

\_\_\_\_\_

APPENDIX E

The Buffers Against Burnout among Psychologists Inventory



27. Valuing multicultural differences helps me to see clients as unique individuals.
28. Being a culturally sensitive professional is emotionally draining.
29. I enjoy my work more when I normalize developmental issues.
30. Talking with clients about prevention is less stressful for me than working on problems that have already happened.
31. I feel my work is more beneficial when I integrate preventative measures into therapy.
32. When I emphasize a developmental approach with clients, my work feels more satisfying.
33. Highlighting clients' past successes when working with current problems is empowering to me.
34. Integrating multicultural awareness makes my work feel worthwhile.
35. I believe my work is more valuable when I actively incorporate a strength-based perspective.
36. When I emphasize clients' strengths, I enjoy my work more.
37. The more I incorporate prevention into my work, the less beneficial I feel as a professional.
38. Encouraging clients to focus on their optimal development is personally satisfying.
39. Tailoring my interventions based on clients' development makes my job easier.
40. Having cultural awareness makes my work satisfying.
41. Viewing life problems as normative helps me to see my clients as individuals.
42. Focusing on normal life development positively impacts the therapeutic relationship.
43. Helping clients to avoid problems before they arise is personally satisfying.
44. I feel my relationship with clients is stronger when we discuss prevention measures.
45. Encouraging clients to take preventative measures is a way for me to value my work more.
46. I feel successful when I help clients to understand their concerns in the context of normal life development.
47. My relationship with clients becomes stronger when we discuss multiculturalism.
48. When I consider clients' culture, my work feels more engaging.
49. Focusing on clients' strengths helps me to build rapport with them.
50. Affirming my clients' experiences is personally rewarding.
51. When I focus on clients' deficits, my work feels less satisfying.
52. My work is more effective when I actively integrate cultural awareness.
53. I enjoy my work more when I help clients to identify buffers against mental illness.
54. I view my work as more positive when I focus on prevention.

55. I feel a sense of accomplishment when I tailor my interventions based on clients' development.
56. Discussing culture with clients helps me to connect with them.
57. I believe my work is beneficial when I focus on cultural variables.
58. Pathologizing clients is stressful for me.
59. Understanding cultural differences makes my job less stressful.
60. I act more callous toward clients when I focus on their weaknesses.

APPENDIX F

The Satisfaction with Life Scale

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neither agree nor disagree
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

\_\_\_ 1. In most ways my life is close to my ideal.

\_\_\_ 2. The conditions of my life are excellent.

\_\_\_ 3. I am satisfied with my life.

\_\_\_ 4. So far I have gotten the important things I want in life.

\_\_\_ 5. If I could live my life over, I would change almost nothing.

APPENDIX G

Marlowe-Crowne Form C

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* (T) or *false* (F) as it pertains to you personally.

1. \_\_\_\_ It is sometimes hard for me to go on with my work if I am not encouraged.
2. \_\_\_\_ I sometimes feel resentful when I don't get my way.
3. \_\_\_\_ On a few occasions, I have given up doing something because I thought too little of my ability.
4. \_\_\_\_ There have been times when I felt like rebelling against people in authority even though I knew they were right.
5. \_\_\_\_ No matter who I'm talking to, I'm always a good listener.
6. \_\_\_\_ There have been occasions when I took advantage of someone.
7. \_\_\_\_ I'm always willing to admit it when I make a mistake.
8. \_\_\_\_ I sometimes try to get even rather than forgive and forget.
9. \_\_\_\_ I am always courteous, even to people who are disagreeable.
10. \_\_\_\_ I have never been irked when people expressed ideas very different from my own.
11. \_\_\_\_ There have been times when I was quite jealous of the good fortune of others.
12. \_\_\_\_ I am sometimes irritated by people who ask favors of me.
13. \_\_\_\_ I have never deliberately said something that hurt someone's feelings.

## APPENDIX H

### Psychologist's Burnout Inventory-Revised

The following questions pertain to your experiences in the workplace as a psychologist. Using the scale below, please indicate how often you experience each item.

HOW OFTEN:

- 0 = Never
- 1 = A few times a year or less
- 2 = Once a month or less
- 3 = A few times a month
- 4 = Once a week
- 5 = A few times a week
- 6 = Every day

- \_\_\_ 1. I work with clients who make suicidal statements or gestures.
- \_\_\_ 2. I receive constructive feedback from coworkers or supervisors.
- \_\_\_ 3. I take work home.
- \_\_\_ 4. I find myself feeling responsible for my client's well-being.
- \_\_\_ 5. I work with clients who are frequently late or miss appointments.
- \_\_\_ 6. I have the opportunity to use my own initiative at work.
- \_\_\_ 7. I work with clients who are self-critical and/or unsure of their identities.
- \_\_\_ 8. I have control over what I do and when I do it during the work day.
- \_\_\_ 9. I work with clients who defensively withdraw and withhold.
- \_\_\_ 10. I can confer with someone about a problem with a case.
- \_\_\_ 11. I am meeting my own work expectations.
- \_\_\_ 12. I work with clients who have compulsive behaviors.
- \_\_\_ 13. I share work responsibilities with my coworkers.
- \_\_\_ 14. I work with clients who make psychopathic statements.
- \_\_\_ 15. I feel that at times I'm working harder for change than the client.