PREDICTORS OF BURNOUT FOR WOMEN OF COLOR THERAPISTS

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DEDICATION

This dissertation is dedicated to all those who compassionately supported me throughout my education journey. To Tim, Anisha, and AJ, thank you for meeting my every need and taking care of me. To Alexandra, I do not know how I would have done this without you. To Ashlee, thank you for being my grad school partner and Denton accomplice. To Mom, Dad, Meme G, my cousin Andee, my little sister Katy, my brother-in-law Kevin, and Poppy Davis, thank you for all the support during this stretch of our family's lives. And a special dedication is for the memories of Aunt Julie, Meme Davis, and Poppy G.

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ABSTRACT

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The purpose of this study is to address the unique experiences of workplace burnout for women of color who are therapists. There is limited research conducted that addresses the interplay between racial discrimination and the experience of burnout for this population. Historically, women of color have unique cultural backgrounds and intersecting stressors that may contribute to workplace burnout in their careers as therapists distinctively. Despite the domination of women in the field of clinical and counseling psychology, women, and women of color more specifically, still experience barriers to their education and careers. Exploration of unique experiences of burnout for this population may contribute to building a better understanding of how racial discrimination can impact therapists' work with their clients, colleagues, and work environments. This current study recruited 41 participants who were Black, Latinx, or multiracial therapists who identify as women and have held full licensure as a master-level counselor or psychologist for 2 years. Results from this study were examined to explore direct and indirect relationships between racial discrimination and the effects of burnout for this population. The findings of this study uniquely examine past year racial discrimination and workplace burnout for women of color therapists.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

An Overview

Workplace burnout is a phenomenon that impacts individuals working in human services. For therapists, burnout is a process that many experience and is sometimes considered a hazard of working in an emotional job (O'Conner et al., 2018). Therapy work by its nature can be emotionally burdensome, and therapists can experience many variations of distress, such as compassion fatigue, vicarious trauma, secondary trauma, or burnout related to their work with clients (O'Brien & Haaga, 2015; Tarshis & Baird, 2018). There are protective and risk factors that both help and hurt therapists in their experiences of burnout, including factors on the job and personal factors. Some personal factors put individuals at less of a risk for burnout, such as age, gender, level of control one perceives at the job, and other personal and job-related factors (O'Conner et al., 2018). Of those factors, however, racial identity has limited literature coverage with inconsistent findings, and particularly so for women of color (Basma et al., 2021; Hahn, 2010; Lawrence et al., 2021; Lent & Schwartz, 2012; O'Conner et al., 2018; Vasquez, 2017; Velez et al., 2018).

Racial discrimination is likely to impact women of color therapists in multiple ways, including barriers to their education and within their careers (Chavez-Dueñas et al., 2019; Collins, 2000) as well as being at risk for race-based traumatic stress (Carter & Pieterse, 2020). Therefore, women of color therapists are not only at risk for the typical emotional job hazards therapists experience, but they are at increased risk for experiencing racial discrimination and the experience of racial trauma. This study is occurring in a time in which a copious amount of social unrest is occurring, with police and large institutions in the public eye being called to re-

1

evaluate their practices and how they may have contributed to racism. In this public call to evaluate the ways racism's history is still perpetuated, academia is a realm that is not immune to racial discrimination and prejudice. A history of racism leads to a college pipeline issue for racial minority individuals, particularly women of color, to obtain higher education (Davis-Maye et al., 2013). There are also many barriers in place within the workplace that reinforce the wage gap for women, and particularly minority women (Blau & Kahn, 2017). Therefore, one can posit that women of color therapists may have a unique, complex experience with workplace burnout when they are experiencing racial discrimination and living in a context of racial trauma. This leads to a need to explore how different identities that therapists hold, such as the intersection of race and gender, may lead them to experience burnout in different ways than what has been previously studied.

Rationale for the Study

Exploration of racial discrimination's impacts on women of color's experience in the workplace can help us better understand the complexities of the experience of burnout, and is important for a number of reasons. The reasons highlighted in this study include a historic emphasis on White people's experiences of burnout, and a limited body of research that acknowledges intersecting identity variables within the burnout literature. To date, the racial minority burnout literature has produced inconsistent results (Basma et al., 2021; Hahn, 2010; Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017). In addition, there has been limited focus on women of color therapists as the target population (Velez et al., 2018).

The process of burnout has been seen as an interplay between the variables of emotional exhaustion, depersonalization (or disengagement), and personal inefficacy (Demerouti et al., 2001; Maslach, 1982). People of color (Forsyth & Carter, 2014), people who have experienced

trauma (American Psychiatric Association [APA], 2013), and people of color who have experienced racial trauma (Carter & Pieterse, 2020) use avoidance behaviors in order to cope with and distance themselves from stressors related to racial discrimination and/or harm from other individuals. I hypothesize disengagement within the burnout process serves as a behavior to avoid stressors related to racial discrimination and person-environment fit to cope with workplace burnout. While some research has examined how racial discrimination is correlated with increased reports of burnout (Basma et al., 2021), to date, research has not examined how these burnout processes may serve a different purpose for people of color, who may have had to use avoidance strategies to cope with experiences of racial discrimination in the past. Therefore, it was predicted for this study that disengagement may serve a different purpose for people of color than has been previously theorized in burnout literature. While depersonalization/disengagement have been framed in the past as a negative *outcome* of burnout, perhaps depersonalization/disengagement serves a helpful purpose as *an active coping mechanism* for people of color.

Brief Description of Methodology

Women of color who are licensed mental health professionals with at least 2 years' experience at their current jobs were recruited through several avenues to participate in an online survey. Results were analyzed using path analysis to explore direct and indirect relationships between person-environment fit and racial discrimination on burnout. Disengagement and job autonomy are factors that were predicted to mediate these relationships, and age and wealth status were predicted to moderate the proposed relationships.

Definitions of Terms

The following are terms utilized throughout this study. While other uses of these terms may exist, for the purpose of this study they will be defined as the following.

Burnout. Burnout is the outcome of chronic exposure to emotional and interpersonal stressors in the workplace (Maslach, 1982).

Emotional Exhaustion. Emotional exhaustion is the experience of affective overextension as the product of personal depletion on the job (Maslach,1982).

Depersonalization. Depersonalization is the distancing of one's self from work (Maslach, 1982). Depersonalization may include behaviors such as absenteeism or viewing recipients of the work as objects rather than people, in order to deal with the nature of emotionally demanding human service work (Demerouti et al., 2001).

Disengagement. Disengagement is seen as behaviors used to cope or manage with emotionally demanding work (Lee & Ashforth, 1990). Used interchangeably with depersonalization.

Intersectionality. Intersectionality is the attention to multiple marginalized identities and their intersecting forms of oppression (Collins, 2000).

Racism. Racism is the systemic lack of fair access to resources to people of color through an imbalance of power (Jones, 1997). Racism occurs on multiple levels, is culturally embedded and protected to keep dominant groups in power and other groups oppressed (Carter & Pieterse, 2020).

Racial Discrimination. Racial discrimination is unjust and differential treatment which perpetuates oppression of racial minority individuals; it can happen on individual levels or institutional levels (Williams & Williams-Morris, 2000).

Racial Trauma. A term that encompasses the ongoing experiences of racist prejudice, discrimination, and/or abuse that people of color may face. Racial trauma is the outcome of *race-based traumatic stress* (Carter & Pieterse, 2020).

Race-Based Traumatic Stress. A term that means emotional and/or mental injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes (Helms et al., 2010). Race-based traumatic stress is the outcome of racial discrimination in which an individual begins to report trauma-related symptoms (Pieterse et al., 2010).

Therapist. Therapists are defined by the American Psychological Association (2020) as "an individual who has been trained in and practices one or more types of therapy to treat mental or physical disorders or diseases. In the context of mental health, the term is often used synonymously with *psychotherapist*" (American Psychological Association Dictionary of Psychology, 2020, para. 1). These individuals hold licensure as licensed professional counselors, licensed mental health workers, and licensed psychologists, and a master's degree or PhD-level qualifications are required for these roles (American Psychological Association, 2019).

Women of Color. For the purpose of this paper, women of color refer to Black and Latinx cisgender and transgender women. The U.S. Census Bureau (2020) allows for self-identification of multiple races, therefore individuals' race can now encompass multiple previously siloed categories of racial heritage. Black women include individuals who are from racial groups originating in Africa (U.S. Census Bureau, 2020). Latinx individuals include individuals with White descent, which means they may be Americans from Spanish descent, and identify as Mexican, Mexican American, Cuban, Chicano/a, and Puerto Rican (Pew Research Center, 2020) or of other Latin American origins.

CHAPTER II

LITERATURE REVIEW

The Phenomenon of Burnout

This literature review covers the history of burnout research, burnout models, and trends in factors that impact burnout. Following that, facets of racial trauma research, Black feminist thought, and Latina women's experiences with racial trauma are detailed. Next, racism and sexism's impact on workplace burnout and educational barriers to women of color are explored. The chapter concludes with a summary and the rationale for the current study.

The History of Burnout

Burnout is an experience specific to the workplace rather than across all settings of a person's life (Maslach et al., 2001). The term was first created in the literary realm before it was empirically researched in the social sciences. Graham Greene (1960) coined the term "burnt out" in his fictitious book *A Burnt-Out Case* from the perspective of a former architect who is not finding meaning in his job or life and his journey to the African Congo to find life value through work in a Leper colony. Fredenberger (1974) is credited with the first exploration of the term in an empirical sense, describing that it is an experience of mental or physical exhaustion because of one's professional experiences in human services.

While many people can feel emotionally exhausted or under-resourced in their jobs, this term is most frequently paired with workers in human services. Through Maslach's (1982) preliminary definitions, burnout is the product of "people work." Some argue that the definition spans beyond human services, as many lines of work have person-to-person contact as a part of the job (Demerouti et al., 2001). However, Maslach (1982) posited the idea that while many jobs are stressful, burnout is the unique experience involved with the demanding social relations

within human services. Historically, populations researched include healthcare workers, frequently those in palliative or intensive care settings, and individuals in the helping field (O'Conner et al., 2018; Shoji et al., 2015). Often this work is demanding in nature, resulting in emotional overload, which can then become emotional exhaustion (Maslach, 1982). Burnout is an experience that is a chronic process, with increased emotional exhaustion then increased depersonalization, and then diminished personal accomplishment building over time (Maslach, 1982). As expected, there is a negative correlation between job satisfaction and burnout (Maslach et al., 2001). Job dissatisfaction and turnover intention are separate concepts from burnout, but both tend to be affiliated with lack of autonomy and lessened civility on the job (Yanchus et al., 2015). Maslach et al. (2001) argued that job dissatisfaction from burnout may come from a "mismatch" in control, which aligns with present research about job autonomy. A sense of personal autonomy on the job has been seen to help protect against burnout (O'Conner et al., 2018). There are many factors that tend to protect individuals from burnout. First, it is noteworthy to understand models of burnout, how burnout has been measured and some of the other relevant methodological issues in the burnout literature.

Models of Burnout

There are two main models of burnout, Maslach's theory of burnout (Maslach, 1982) and the job demands-resource model (JD-R; Demerouti et al., 2001). Maslach (1982) was the first researcher to begin to explore the nuances of burnout, and Maslach's (1982) theory of burnout is utilized across much of the literature. Maslach's (1982) model captures dimensions of emotional exhaustion, depersonalization (or cynicism), and personal accomplishment. Both models include emotional exhaustion as a foundational construct; then the JDR Model differentiates depersonalization from the concept of disengagement (Maslach et al., 2001; Demerouti, et al.,

2001). The JDR model argues that lack of personal accomplishment is a byproduct of emotional exhaustion and depersonalization or disengagement and is not necessarily a central symptom of burnout (Demerouti et al., 2001).

Maslach Burnout Dimensions

Emotional Exhaustion

Emotional exhaustion tends to be the hallmark symptom of burnout (Maslach et al., 2001). It is characterized by feelings of personal depletion and emotional overextension (Maslach & Leiter, 2008). Emotional exhaustion is the most widely reported symptom of burnout; for example, 40% of participants within a meta-analysis by O'Conner et al. (2018) reported emotional exhaustion, a higher percentage than for any other dimension. It is not only the most widely reported, but the most easily identified aspect of burnout (Maslach et al., 2001). However, emotional exhaustion alone does not fully encompass the experience of burnout. Maslach et al. (2001) conceptualized that once the necessary foundation of emotional exhaustion is experienced, then come the phases of depersonalization and personal inefficacy (Maslach et al., 2001; Maslach & Leiter, 2008). Emotional exhaustion is a significant stressor for many human service workers, and when individuals feel this level of stress on the job it tends to prompt a reaction to alleviate the stress, which leads to distancing behaviors such as depersonalization (Maslach, 1982).

Depersonalization

Depersonalization is defined within this model as an action by which workers to distance themselves from their work (Maslach et al., 2001). Depersonalization is conceptualized as an action to cope with the feeling or experience of emotional exhaustion (Maslach et al., 2001). For workers in human services, this may look like starting to view their clients in less unique ways,

viewing them in a way that takes away their human or individual qualities as an attempt to distance themselves from their overwhelming workplace demands (Maslach et al., 2001). Depersonalization can be a way to see clients or recipients of services as objects, rather than people (Lee & Ashforth, 1990). In other workplace realms, this may look like developing a negative or cynical view towards the recipients of the work. It is therefore sometimes referred to as cynicism within Maslach's (1982) theory as well as other models because of this action of shifting mindset to become more apathetic, indifferent, or negative towards the work (Demeourti et al., 2001; Maslach et al., 2001).

Personal Inefficacy

The third construct in Maslach's model is personal inefficacy (Leiter & Maslach, 1998; Maslach, 1982; Maslach et al., 2001; Maslach & Leiter, 2008). It is characterized by loss of a sense of personal accomplishment compounded by feeling emotionally exhausted and/or detached when helping others (Maslach, 1982). Personal inefficacy is often defined by its relationship to the other two dimensions (Maslach, 1982). When individuals feel less personally effective, they then may have reductions in their sense of achievement (Maslach & Leiter, 2008). Additionally, personal inefficacy tends to worsen if individuals are chronically overwhelmed by emotional exhaustion and depersonalization (Maslach et al., 2001). Employee engagement has been found to help with feelings of personal inefficacy, because it aids the individual's sense of fulfillment on the job (Leiter & Maslach, 1998).

Onset of Maslach Dimensions. Even though emotional exhaustion is conceptualized as the foundation of burnout, this is not to say that the secondary symptoms must happen sequentially. Depersonalization and personal inefficacy can happen simultaneously; however, their origins tend to be different (Maslach, 1982). According to Maslach's (1982) theory,

emotional exhaustion and depersonalization tend to happen as outcomes of heavy workload and relational issues, while lack of personal efficacy tends to be the product of lack of necessary resources to complete the job (Maslach et al., 2001). Therefore, while personal inefficacy can happen concurrently with emotional exhaustion and depersonalization, it makes intuitive sense that people may tend to feel less effective if they are in workspaces where they feel worn out emotionally as well as disconnected from the work they are doing (Maslach et al., 2001).

Jobs Demands-Resource Model

Another helpful framework for viewing burnout is the JD-R model (Demerouti et al., 2001; Taylor & Robina Miller, 2016; van Woerkum et al., 2016). The JD-R model breaks down job components into two major categories, job demands and available resources, and was created to better understand burnout for not only human services jobs but other occupational realms as well (Dermerouti et al., 2001). Within the JD-R model, demands are features of a job that require physical and mental effort, and resources refer to supportive components and supplies necessary for a job. Within this model, resources are seen to be healthy and promote employee well-being to manage demands. When individuals' demands outspan their available resources on the job, then they may feel emotionally exhausted from high demands and engage in disengagement behaviors to manage their personal resources (Demerouti et al., 2001).

As it relates to burnout specifically, the JD-R model posits the main constructs of emotional exhaustion and disengagement (or cynicism), with personal inefficacy viewed more as a byproduct of the aforementioned symptoms (Demerouti et al., 2001). Disengagement, used interchangeably with cynicism, is utilized within this model instead of the Maslach (1982) dimension of depersonalization. The JD-R model rationalizes that disengagement actions or a cynical view helps workers mentally and/or physically distance themselves from the people they

work with due to the nature of the job (Demerouti et al., 2001). Disengagement or depersonalization are seen as ways to cope or survive with the nature of emotionally demanding work (Lee & Ashforth, 1990). Within the JD-R model, Maslach's (1982) symptom of depersonalization is changed to disengagement to account for cognitions and behaviors, rather than only the affective elements of depersonalization (Demerouti et al., 2001). Within the JDR model, job demands are conceptualized to be affiliated with the emotional exhaustion symptom of burnout, and high workloads or demands are connected to absenteeism or turnover (Demerouti et al., 2001; van Woerkum et al., 2016).

The JD-R model has been helpful in promoting studies that examine employee strengths or personal attributes that may help human service workers cope with burnout (Taylor & Robina Miller, 2016; van Woerkum et al., 2016). For example, in a study that examined the JD-R model, mindfulness practices were found to be helpful for combatting emotional exhaustion and disengagement, thus implying that within this model personal attributes may contribute to or protect from burnout symptoms (Taylor & Robina Miller, 2016). Additionally, a study that explored workplace demands found that an employee strengths-based support within the workplace led to lower levels of burnout and absenteeism, utilizing the JD-R model (van Woerkum et al., 2016). In sum, the JD-R model serves as a useful tool to narrow down the scope of burnout symptoms to the factors of emotional exhaustion and disengagement.

How Burnout Is Measured

The Maslach Burnout Inventory (MBI) is considered to be the gold standard for capturing information about burnout symptoms (Maslach, 1982; Maslach et al., 2001; Maslach & Leiter, 2008). Alternatively, the Oldenburg Burnout Inventory (OBI), guided by the JD-R model of burnout (Demerouti et al., 2001), is also used for gathering information about worker burnout. In

keeping with each model's perspective, the MBI (Maslach, 1982) measures the three burnout constructs of emotional exhaustion, depersonalization, and personal inefficacy, while the OBI (Demerouti et al., 2001) measures the two constructs of emotional exhaustion and disengagement. Several other scales have been developed to measure burnout and related constructs, such as the Copenhagen Burnout Inventory (Kristensen, et al., 2005), the Single Item Burnout Measure (Dolan et al., 2015), and the Well-Being Index (Dyrbye et al., 2016), but the MBI (Maslach, 1982) remains the most widely used instrument among them, with variations in forty seven languages including Arabic, Chinese, French, German, Italian, Spanish, and Vietnamese (Maslach et al., 2019).

Populations Historically Researched

The impact of burnout within the helping field has been historically explored within medical workers, non-profit workers and high-stakes volunteers, or volunteers who work long-term in intensive commitments with higher risks (McNamee & Peterson, 2016). Research with medical personnel tends to focus on nurses, often within areas such as palliative care and intensive care, and psychiatric workers. Some of the research on non-profit workers includes social workers and therapists who work with trauma clients, workers who work with the homeless population, and workers who work with potentially violent clients.

While there is a vast amount of research on burnout within other workplace settings independent of the helping field, that is outside the scope of this study. However, trends in identity variables explored can be gleaned from research available within male-dominated fields such a STEM settings regarding women's experiences of burnout. For example, in a study by Pederson and Minnotte (2017), female STEM faculty participants reported higher experiences of burnout than their male counterparts in a university setting. While burnout literature within

human services tends to find insignificant or inconsistent differences in burnout levels reported by gender (O'Conner et al., 2018), studies within other fields are important in terms of understanding trends within gender, which are further discussed later.

Traditionally, burnout literature focused on the medical field (Fenwick, et al., 2017; Gorgulu & Akilli, 2017; Nowakowska et al., 2016; Pereira et al., 2016). While the medical field is outside the scope of this study, it is important to understand this foundational research. Many of the issues medical workers manage involve high emotional demands or environmental factors that overlap with mental health care (Shoji et al., 2015).

In a study that explored palliative care and intensive care professionals in the medical field, experience of conflict on the job tended to make people feel more burned out. Also, intensive care professionals had higher levels of burnout than in palliative care units (Pereira et al., 2016). In this study, conflicts included family/patient conflict as well as within-team conflict, which highlighted the importance of workplace environments with lower levels of conflict in highly emotionally demanding circumstances. Some of the research on medical workers focuses on the negative impacts of burnout on job satisfaction (Gorgulu & Akilli, 2017; Stegen & Wankier, 2018). Another study found that nurses who reported higher dissatisfaction with their work environment tended to feel more burned out, and reported decreased levels of self-efficacy (Nowakowska et al., 2016). Therefore, trends in medical worker burnout show us that environmental factors impact burnout levels, particularly conflict, job dissatisfaction, and self-efficacy levels.

Research from the helping field, or human services outside of medicine involving social workers, counselors, and non-profit volunteers, tends to provide a more nuanced picture of the impact of emotionally demanding work on helping professionals. Secondary traumatic stress

(STS) or vicarious trauma are constructs that are discussed in detail, but it is important to acknowledge that they are symptoms that may impact medical and mental health professionals alike (Shoji et al., 2015). Some of the studies about burnout for helping professionals include workers who work with intimate-partner violence (Tarshis & Baird, 2018), individuals who work with the homeless population (Kosny & Eakin, 2008; Waegemakers Schiff & Lane, 2019), high-stakes volunteers (McNamee & Peterson, 2016), psychiatric workers who work with potentially violent clients (Jacobowitz et al., 2015; Periera et al., 2016), and undergraduate workers who work in mental health settings (Vaughn et al., 2016). Because there are many settings within the mental health field, as well as many settings that potentially offer indirect or direct exposure to trauma, this research helps us understand what the complex components of burnout are for helping professionals.

Therapist's Experiences With Compassion Fatigue and Vicarious Trauma

There are specific kinds of distress that therapists tend to endorse that are particular to their roles, including secondary trauma, compassion fatigue, and vicarious trauma (O'Brien & Haaga, 2015; Tarshis & Baird, 2018). While burnout is a separate concept from these specific experiences, such emotional job hazards are important concepts to understand in terms of their input into the foundation of emotional exhaustion within the burnout models.

Secondary trauma is an emotional and behavioral stress response to hearing another person has experienced a traumatic event (Tarshis & Baird, 2018). Secondary trauma and vicarious trauma differentiate from one another. Secondary trauma is a behavioral and emotional response to trauma exposure, whereas vicarious trauma is a shift in worldview or attitudes due to exposure to trauma (Tarshis & Baird, 2018). Even though both are a response to trauma

exposure, secondary trauma impacts one's behaviors and feelings, while vicarious trauma has a change on one's worldviews.

Compassion fatigue, on the other hand, is an experience that occurs from hearing client's distressing disclosures, which may or may not include traumatic experiences (Tarshis & Baird, 2018). Compassion fatigue and secondary trauma are terms sometimes used interchangeably, despite the idea that trauma exposure is not necessary for the experience of compassion fatigue to occur. Compassion fatigue may lead to apathy, trouble concentrating, and changes in worldview (Tarshis & Baird, 2018). Compassion fatigue and vicarious trauma are similar in the sense that they may lead to changes in worldview, but compassion fatigue does not necessarily include traumatic stress. In terms of onset of symptoms, secondary trauma can be a more rapid response to indirect trauma, whereas experiences like vicarious trauma and burnout are more gradual and occur over time (Maslach et al., 2001; Tarshis & Baird, 2018). Due to the shifts in worldview, including view of oneself and view of others, that tend to take place when individuals experience vicarious trauma and burnout, the complexity in a therapist's experiences with indirect exposure to trauma and burnout is revealed.

Differentiation of Therapist's Experiences From PTSD Symptoms

These emotional job hazard symptoms from secondary trauma, compassion fatigue, and vicarious trauma that therapists experience differ frosm the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) diagnosis of Post-Trauma Stress Disorder (PTSD; APA, 2013). While the current study is not measuring PTSD symptoms or specifically assessing secondary trauma for therapists, it is important to understand the role trauma plays in burnout in the context of therapist's emotional job hazards (i.e., secondary trauma, compassion fatigue, and vicarious trauma). While this study's purpose is to explore burnout symptoms and predictors within a

specific population, it is still imperative to understand therapists' exposure to secondary trauma and risk for compassion fatigue puts them at a risk for emotional exhaustion.

PTSD is a diagnosis separate from burnout or compassion fatigue (APA, 2013; Tarshis & Baird, 2018). PTSD includes the following criteria of symptoms: exposure to traumatic stress, intrusion experiences, avoidance behaviors, negative alterations to mood and cognition, and hyper arousal related to the traumatic event (APA, 2013). These experiences are related to one's direct exposure to a traumatic event. In contrast, therapists' experiences from hearing clients' experiences may provide an indirect exposure to trauma. While not all client disclosures are traumatic, in the nature of therapy work client disclosures tend to be emotionally impactful (Tarshis & Barid, 2018). Therefore, directionally, a therapist's PTSD diagnosis is more likely to predict a therapist's experiences of compassion fatigue or burnout, but burnout or compassion fatigue do not predict PTSD due to the indirect nature of trauma exposure in therapy work (Shoji et al., 2015).

Additionally, vicarious trauma or secondary trauma leads to STS symptoms (Jacobowitz et al., 2015). STS is more likely to occur for human service workers in settings in which where they are at higher risk of direct trauma, such as experiencing or witnessing work-related traumatic events, or verbal or physical assault from patients (Jacobowitz et al., 2015). When workers are victimized by clients who are violent, their experience of vicarious trauma may then lead to an experience that imitates PTSD symptoms, thus leading to an experience of STS or actually developing PTSD (Jacobowitz et al., 2015). Also, Jacobowitz et al. (2015) observed that participants who were older tended to cope more effectively with STS symptoms. Thus, there are unique risks and protective factors for human service workers who experience work-related traumatic events.

In summary, an understanding of emotional job hazards and STS is important because therapists' experiences of burnout can be related to working with clients who are disclosing traumatic events or emotionally burdensome content. If therapists work in settings where they are at risk of verbal or physical threat from patients they are more likely to develop STS or PTSD symptoms (Jacobowitz et al., 2015). PTSD puts individuals at higher risk of compassion fatigue and burnout (Tarshis & Baird, 2018). Therapists' experiences working with clients contribute to a unique experience of emotional exhaustion that can then lead to the next levels of burnout, contributing to alterations not only in view of others through disengagement or depersonalization, but in view of one's self in relation to one's own personal efficacy (Maslach et al., 2001; Tarshis & Baird, 2018). Later, stress and trauma are discussed in terms of personal identity variables; therefore, it is important to understand the complex nature of indirect and direct exposure to trauma for individuals who work as therapists and in human services.

Factors That Influence Burnout

Personal Factors

Several personal factors have been shown to be associated with burnout. A meta-analysis was conducted exploring trends in risk factors for burnout within helping professionals and found trends in impact of age, workload, community support, working setting, and type of work on burnout levels (O'Conner et al., 2018). Age was consistently seen as a predictor of burnout, with a negative correlation between age and depersonalization, as well as age and emotional exhaustion. A positive correlation was consistently found between age and the personal accomplishment factor in burnout. Specifically, when people age, they tend to depersonalize more and feel less emotionally exhausted, while also experiencing increased personal accomplishment (O'Conner et al., 2018). Even though therapists may possess skills to help

17

reduce the internal impact of traumatic disclosures, within the burnout literature it is suggested that age and developmental level of training tend to protect individuals from burnout symptoms (O'Conner et al., 2018). However, with increased age there tends to be higher levels of depersonalization as well, suggesting as individuals age they may utilize this strategy to self-manage burnout symptoms (O'Conner et al., 2018). Additionally, psychologists in later stages of career development tend to have more resources, allowing them to better engage in self-care and promote their own personal well-being (Dorociak et al., 2017).

Age and professional development are used somewhat interchangeably throughout the literature, with rationale that over time and with professional development, later career psychologists tend to have better access to resources and strategies for managing emotional distress and self-care (Dorociak et al., 2017; Jacobowitz et al., 2015). Additionally, there tends to be a negative relationship between age and compassion fatigue symptoms for psychiatric workers; as people age, they tend to endorse fewer symptoms of compassion fatigue as a product of working with trauma clients (Jacobwitz et al., 2015).

Job Factors

Several components of the work experience impact burnout. In terms of workload, higher caseloads tend to lead to higher levels of burnout (O'Conner et al., 2018). The amount of administrative work a worker has tends to negatively impact burnout as well (Dorociak et al., 2017). This makes sense within the JD-R model, that when individuals feel they are unable to complete their tasks, they will start to feel more emotionally strained and less personally effective (Taylor & Robina Miller, 2016; van Woerkum et al., 2016). However, if individuals have higher levels of personal autonomy on the job and feel an increased capacity to make

decisions at work, then this tends to help individuals feel more personally accomplished and helps diminish levels of burnout (O'Conner et al., 2018).

Community support seems to be an important factor for burnout levels (O'Conner et al., 2018). It makes intuitive sense that when people feel more supported, they would tend to feel less burned out, and the literature consistently points to the trends involving role definition, level of emotional strain, and quality of supervision (O'Conner et al., 2018). When individuals experience role conflict or role ambiguity, meaning there is a lack of clarity of what is within their role, they tend to be more burned out, particularly within the level of emotional exhaustion (O'Conner et al., 2018). Additionally, when individuals feel role strain, or they are overburdened with job tasks, they tend to report higher levels of emotional exhaustion (O'Conner et al., 2018). Again, this fits within the JD-R model, in that if someone feels under resourced within their role they tend to be more burned out (O'Conner et al., 2018; Taylor & Robina Miller, 2016; van Woerkum et al., 2016).

Workplace relationships tend to impact emotional exhaustion levels (Chang et al., 2016; O'Conner et al., 2018). In a study that explored perfectionism behaviors and their impact on burnout, team workplace friendship strengthened the relationship between healthy perfectionism and innovative behavior, while weakening relationship with unhealthy perfectionism and burnout (Chang et al., 2016). Supervisory relationships are important for combatting burnout as well (Franco, 2015; Iqbal, 2015; O'Conner et al., 2018; Tarshis & Baird, 2018). Supervisors can serve as an advocate for trainee self-care practices and aid supervisees in their self-awareness of burnout symptoms (Franco, 2015). When supervisees have regular access to supervision, they tend to report less burnout symptoms (O'Conner et al., 2018). Supervisors can aid trainees in detecting if they are experiencing vicarious trauma symptoms when workers are exposed to

indirect trauma (Iqbal, 2015). In a study that explored impacts on trainees working in an intimate-partner violence site, supervisors who implemented a trauma-informed approach to supervision had the ability to build stronger supervisor-supervisee relationships, help trainees advocate for workplace boundaries, and promote self-care (Tarshis & Baird, 2018). Workplace relationships tend to help workers in reduction of burnout not only within supervisor-supervisee dyads, but also amongst teams. Teams that report greater cohesiveness amongst members tend to be less burned out (O'Conner et al., 2018).

The type of work seems to make a difference on individuals' levels of burnout as well (O'Conner et al., 2018). Building on the importance of levels of autonomy, studies found individuals who work in inpatient settings tend to feel less autonomous than individualized special outreach service teams, even when those specialized teams worked with crisis response (O'Conner et al., 2018). While one may guess that working on a crisis team would create more burnout, the fact that higher level of burnout did not occur could be explained by the importance of individuals feeling more autonomous as well as more cohesive with their team (O'Conner et al., 2018). The nature of the work of psychotherapists may explain this, given that therapists are at risk of compassion fatigue and vicarious trauma from working with clients' disclosures of distressing life experiences and stressors (O'Brien & Haaga, 2015; Tarshis & Baird, 2018). Despite the fact that psychologists are at risk for compassion fatigue and vicarious trauma, among helping professionals, psychologists tended to report less depersonalization than nurses or social workers, likely due to the interpersonal nature of psychologists' work (O'Conner et al., 2018).

The level of satisfaction an individual has at their job plays a role in their intention to leave their job, level of engagement, and can contribute to burnout levels (Gorgulu & Akilli,

2017; Stegen & Wankier, 2018; Yanchus et al., 2015). While turnover intention is different than burnout, it can be helpful to understand the relationship between person and environment. Maslach and Leiter (2001) discussed the concept that job-person incongruence may contribute to increased levels of burnout. Turnover intent, or one's desire to leave a job, has a positive relationship with burnout levels (Yanchus et al., 2015).

Agency Factors

Populations that helping professionals serve tend to make a difference in levels of burnout, particularly when clients are violent (Jacobwitz et al., 2015; Pereira et al., 2016). In hospital and clinical settings, workplace traumatic events may be a verbal, physical, or a combination attack from client to employee (Jacobwitz et al., 2015). While individuals may become more burned out within hospital on inpatient settings due to a lack of autonomy or lack of specialized team cohesiveness, on the other hand they may be less burned out than community mental health settings due to the level of demands (O'Conner et al., 2018). Meaning, as discussed in terms of workload, individuals in community mental health roles may have higher caseloads, less clarity in their role or job description, and then if they work with violent clients, these risks can compound (O'Conner et al., 2018; Taylor & Robina Miller, 2016; van Woerkum, et al., 2016).

Overt and covert messaging within the agency plays a role in employees' levels of burnout (Kosny & Eakin, 2008; McNamee & Peterson, 2016; Silard, 2018). For example, in a study exploring workplace mission statements, Kosny and Eakin (2008) found within a shelter setting the agency mission statements often normalized vicarious trauma as an acceptable job hazard. This is consistent with research exploring mission statements with the idea that serving the helping mission is at the cost of employees' well-being (McNamee & Peterson, 2016). While

overt messaging normalizing vicarious trauma or burnout can be one form of agency role, other studies have looked at leadership modeling of emotional expression as a factor in burnout. Silard (2018) explored the trends in leadership emotional expression within non-profits, finding that leadership tended to favor positive emotional expression rather than negative emotional expression. This has the potential to discredit the very real experiences of emotional exhaustion that helping professionals report.

Protective and Risk Factors

With these personal, job, and agency factors in mind, certain factors mitigate burnout while other factors put individuals at a higher risk for burnout. Consistently, current research shows that increased age, workplace support, self-care, and feelings of personal accomplishment or job satisfaction tend to help individuals experience less burnout (Dorociak et al., 2017; Jacobowitz et al., 2015; O'Conner et al., 2018). Workplace support trends include a sense of community or cohesiveness on the job, role clarity, employee autonomy and sense of control on the job, and adequate supervisory support (Chang et al., 2016; Franco, 2015; Iqbal, 2015; O'Conner et al., 2018). Factors that consistently contribute to higher levels of burnout include high work load, early career development, personal trauma history, and workplace factors such as positions with less autonomy, agency mission statements that normalize vicarious trauma, workplaces where clients tend to be violent, and less personal job control (Jacobwitz et al., 2015; O'Conner et al., 2018; Pereira et al., 2016; Taylor & Robina Miller, 2016; van Woerkum et al., 2016).

While these factors have been explored, the exploration of personal identity factors tends to be more focused on age and gender as opposed to other identity variables (O'Conner et al., 2018). As previously mentioned, some research has explored impact of burnout on women in

more male-dominated fields such as science, technology, engineering, and mathematics (STEM) and found that there may be a lack of clarity in roles or access to resources (Pederson & Minnotte, 2017). Research specific to the helping field has mixed or nonsignificant results in terms of gender differences in burnout (Gonzalez et al., 2019; O'Conner et al., 2018). In O'Conner et al.'s (2018) meta-analysis, no consistent differences were found for gender in relation to compassion fatigue and burnout. The finding that gender tends to not have a consistent, significant relationship to burnout within the helping field in literature to date is somewhat surprising, given history of leadership for women in the workplace, with many roles for women as subordinate or assistant to male leaders and decision-makers (Collins, 2000). While gender and age have been explored fairly extensively in the burnout literature, investigation of other identity variables such as race and class remain relatively limited. In order to better understand the complexity of burnout for professionals of color, it is imperative to understand some basics of racism-related stress.

<div align="center">**Acknowledgement of Racism's Impact**</div>

Author's Pertinent Identities and Introduction

I am not a scholar of color, I am a White cisgender woman. I have a duty to acknowledge my White identity and the privilege this identity affords me (Carter & Pieterse, 2020; Moradi & Grzanka, 2017). As a White scholar who does not have the life experiences of a person of color, I believe it is important to recognize the impact this has on my research. I have a vested interest in promoting social justice as is congruent with the values in the field of counseling psychology (Division of Counseling Psychology, Committee on Definition, 1956), but I do not aim to speak on the behalf of people of color nor speak to their unique experiences as if I personally have

lived experiences of racism, race-related stress, racial discrimination, or racial trauma, because I have not.

My goal in presenting this work and exploring further is to promote racial equality by highlighting the limited body of research around the specific experiences women of color have in regard to workplace burnout. Thus, this exploration begins with understanding pertinent definitions within racism. Then, it is important to center the voices of women of color to further understand racism's relationship to the phenomenon of burnout. Utilizing Black feminist thought (Collins, 2000), I strive to provide a relevant, historic foundation to the aims of this study. In addition, I aim to center women of color's voices to better understand these experiences, rather than center my own voice as a White researcher. Ultimately, the intersection of racism and workplace burnout for women of color is explored.

Racism and Racial Discrimination

Understanding the definitions of racism and racial discrimination are important for grasping the nuances of experience in relation to workplace burnout. It is important to understand racism's impact historically and currently for therapists of color, as this knowledge gives a trauma-informed, culturally sensitive lens for better understanding the unique issues therapists of color may experience in the workplace. Current clinical literature conceptualizes racism within the lens of stress and trauma (Carter & Pieterse, 2020). At the most basic level, however, racism is the systemic imbalance of power that creates a lack of access to fair resources and opportunities for racial and ethnic minorities (Cater & Pieterse, 2020; Jones, 1997). In a stratified system based on race, this places some populations as superior and others as inferior (Williams & Williams-Morris, 2000). Jones (1997) characterized racism powerfully and simply, stating "racism is multileveled, historically derived, and culturally embedded" (p. xxiv).

Individuals and systems knowingly and unknowingly contribute to promotion of power of one group and the oppression and inferiority of minority groups (Jones, 1997). Racism can happen on multiple levels stemming from this systemic imbalance, and individuals can then also experience racism on interpersonal and internalized levels (Carter & Pieterse, 2020). In other words, individuals can experience the effects of systemic racism within their relationships with others and in turn, in their beliefs about themselves. Racism is a part of U.S. history and is perpetuated through cultural structures that protect dominant cultures and oppress minorities (Jones, 1997).

Racism is perpetuated through beliefs, attitudes, and stereotypes and enacted through prejudice and discrimination, and these actions negatively impact the physical and mental health (Paradies et al., 2015) of persons of color. We live in a diverse society, with individuals who hold different identity variables including but not limited to race, ethnicity, gender, sexual orientation, social class, religion, and ability status, and when prejudice and discrimination occur, it places barriers on individuals' access to resources and power (Jones et al., 2013). Different racial groups' placements within a diverse society grant them access or promote disenfranchisement in terms of access to economic resources and opportunities (Jones, 1997; Jones et al., 2013). In American society, White people have historically held the role as the dominant group due to the history of slavery and oppression of Black individuals (Jones, 1997). Prejudice and discrimination are actions that maintain the hierarchical relationships between dominant and disenfranchised groups past slavery emancipation (Carter & Pieterse, 2020; Jones, 1997; Jones et al., 2013; Williams & Williams-Morris, 2000). Discrimination is differential treatment due to prejudice (Williams & Williams-Morris, 2000). Discrimination can happen on an individual or an institutional level. Institutional discrimination can result in less opportunity

for individuals in the racial outgroup; for example, restrictive policies in homeownership have led to negative impacts on people of color (Williams & Williams-Morris, 2000).

Race-Based Traumatic Stress and the Relationship With PTSD

Racial trauma is the experience of trauma symptoms related to experiences of racial discrimination (Williams et al., 2018). When the impact of race is viewed through a culturally sensitive, trauma-informed lens, overlaps between racism and trauma can be observed (Carter & Pieterse, 2020). Stress is a negative biopsychosocial interaction in which a change or adaptation must take place, and trauma is a severe form of stress (Carter & Pieterse, 2020; Clark et al., 1999). A definition for trauma has transformed over time, from Freud's *hysteria* patients, to combat war veteran's *traumatic neuroses*, to a conceptualization such as *complex post-traumatic stress disorder* that better encompasses the complexities of interpersonal trauma such as sexual assault and domestic abuse that may be compounding and chronic (Herman, 1997). Trauma events according to the *DSM-5* include war exposure, threatened or actual physical or sexual assault, or witnessing threatened or serious injury, violence, accident, or natural disaster (APA, 2013).

Carter and Pieterse's (2020) research synthesis on race-based traumatic stress described the differentiating features between racial trauma and a PTSD diagnosis. First, stressful racism experiences are wide-ranging and do not reflect the serious injury qualifier from a PTSD diagnosis. Second, emotional and psychological experiences related specifically to racism may not be captured in PTSD criteria of traumatic events. Lastly, the PTSD checklist does not consider a person's subjective experience of what is perceived as threatening. Research shows that the subjective experience of race-based trauma is likely under-reported as such, and of particular note, women under-report their stressors in comparison to men (Carter & Pieterse,

2020). Therefore, Carter and Pieterse (2020) posited the idea that trauma should be viewed through a racism-related stress lens versus simply a PTSD diagnosis, because race-based traumatic stress encompasses the larger historic experience of oppression of people of color, thus resulting in the concept of racial trauma. Race-based traumatic stress is the stress response to a perceived threat involving racism that triggers a response from the recipient similar to a trauma response from PTSD (Carter & Pieterse, 2020). There are many ways that this idea of race-based traumatic stress overlaps with, and yet is different from, a PTSD diagnosis.

Differentiation of Impacts of Racism and PTSD. This overlap of impact of racism with PTSD symptoms has been researched within the veteran of color population (Carlson et al., 2018; Coleman, 2016). These studies are important as they explore the nuanced experiences people of color have with PTSD within the context of systemic racism and racial trauma. Variables such as lower socioeconomic status, lower rank, multiple deployments, witnessing or being injured in combat, and sexual assault heighten risk of PTSD for veterans, and identity variables, including race, have an impact as well (Carlson et al., 2018). Veterans of color endorse PTSD symptoms at a higher rate than White veterans, suggesting race may play a role in increased trauma symptoms. This may be due to historical oppression of Black individuals as well as the impact of racial discrimination in conjunction with combat trauma. The authors noted in their study the participant pool was mainly male, noting the increased risk Black women may experience of military sexual trauma. Within this study, the veterans of color endorsed intersecting barriers contributing to their PTSD symptomology including lower socioeconomic status, increased educational barriers, higher levels of incarceration, and higher levels of housing insecurity (Carlson et al., 2018).

In a meta-analysis focusing on combat veterans through a minority stress model lens, several important considerations have been found. First, Coleman (2016) pointed out that historically Black American soldiers have served differently in wars than White soldiers. For example, the Vietnam War was the first time Black and White soldiers served in integrated units (Coleman, 2016). Additionally, the author pointed out Black soldiers may have compounding difficulties with PTSD due to intergenerational trauma from systemic racism, and this could put soldiers at higher risk for developing PTSD (Coleman, 2016). Similarly to Carter and Pieterse's (2020) definition of race-based traumatic stress, recent research points out that factors such as discrimination and perceived threat from racism can contribute to a minority individual's trauma history and create a unique experience of PTSD through the lens of racism (Carlson et al., 2018; Coleman, 2016).

However, these studies tend to focus on studies about men of color who are veterans, and these studies acknowledge this gender gap (Carlson et al., 2018; Coleman, 2016). Additionally, historically PTSD has been explored first within combat veteran population and individuals who have experienced physical trauma (car accidents, natural disasters, etc.) and the definition has broadened overtime to include sexual trauma and other forms of trauma (Herman, 1997). Some research has examined Black women's exposure to violence. One-third of Black women participants sampled in a study of community violence by Jenkins (2008) had been victimized by or witnessed violence. With research on racial trauma (Carter & Pieterse, 2020) and the interaction between systemic racism and PTSD (Carlson et al., 2018), this broadening of the definition of trauma can better represent women's experiences, specifically women of color's experiences. This broadening of the understanding of trauma through a race-based traumatic stress lens can help us understand racial trauma within the progressive definition of trauma.

Race-Based Traumatic Stress and Racial Trauma

With the understanding of race-based traumatic stress and its differentiation from PTSD, racial trauma is the outcome of race-based traumatic stress (Carter & Pieterse, 2020). In a study examining Asian and Black students' experiences of racial discrimination on college campuses, Pieterse et al. (2010) found Asian and Black students reported higher levels of racial discrimination than White students, and Black students tended to report the campus climate as less welcoming than Asian students, but Asian and Black students both reported trauma symptoms for differing reasons. When controlling for general life stress, Asian students tended to report the experiences of a climate of racial hostility on campus as emotionally impactful whereas Black students reported more trauma-related symptoms based on racial discrimination. Since students of color in the study reported more trauma-related symptoms, this suggests that racial discrimination is the stressor that contributes to increased levels of racial trauma when stressors are both acute and chronic. This study is just one example among many of the research that explores the concept of racial trauma (Carlson, 2018; Carter & Pieterse, 2020; Coleman, 2016; Pieterse et al., 2010).

Many of the experiences that link racial discrimination and psychological distress, or traumatic stress, are interpersonal. Examples of these interpersonal experiences include being treated unfairly or disrespectfully, or being humiliated in public due to racism. Additionally, microaggressions are another form of racial discrimination in which intentional or unintentional racist verbal insults or treatment are perpetrated towards racial minorities (Sue et al., 2007). These acts of racial discrimination are distressing to the recipient and are often covert or subtle in nature, making discernment of their racist implications difficult, thus adding to their already stressful nature (Sue et al., 2007; Sue et al., 2009).

In a study exploring the impacts of microaggressions towards Black Americans, some particularly distressing themes included: feeling paranoid during or after the incident of microaggression, connecting with other Black friends and colleagues to check their perception of the incident, empowering oneself as a shielding from blaming oneself for the act of racism, and rescuing or taking care of the offender of the incident (Sue et al., 2009). Given Black women's unique stressors with education and workplace advancement, their likelihood to be the racial minority in White workplace, and risk for experiences of race-based traumatic stress, some known unique impacts of microaggressions for Black/African American women include feeling an obligation to be perceived as strong, and extinguishing emotional reactions (Knighten et al., 2020). Many of the microaggressions experienced are based in stereotypes about Black women (Lewis et al., 2016).

Other interpersonal encounters such as verbal and physical threats or assaults are reported as well, and institutional racial discrimination such unfair treatment in the workplace and academic environments has been well documented (Carter & Pieterse, 2020). In Carter and Pieterse's (2020) synthesis of these studies, they found Black men and Black women have higher psychological distress when they have experienced these encounters in the past month, even when controlling for general life stress. Consideration of these studies alongside work with veterans of color helps scholars recognize that the subjective experience of racial discrimination, particularly those that are interpersonal, have an impact on racial minority individuals' psychological distress levels and experience of racial trauma (Carter & Pieterse, 2020; Pieterse et al., 2010)

Avoidance Behaviors

As mentioned previously, the main categories of *DSM-5* PTSD diagnosis symptoms are exposure to traumatic stress, intrusion experiences, avoidance behaviors, negative alterations to mood and cognition, and hyper arousal related to the traumatic event (APA, 2013). Through the lens of understanding experiences of racial discrimination as psychological distress and potentially race-based traumatic stress, there are various ways racial minority individuals cope with racism. These ways of coping with racism tend to overlap with some PTSD symptoms. Previously, findings about coping with racism were inconsistent due to the use of measures for general life stressors rather than instruments specific to race-based traumatic stress or racial discrimination (Carter & Pieterse, 2020). In more recent studies capturing information about coping strategies related to racism, trends include active coping and avoidant coping.

Active coping examples include education, advocacy, and resistance efforts; avoidant coping includes hypervigilance, detachment, and use of substances (Forsyth & Carter, 2014). Jenkins (2008) observed that in order to cope with exposure to violence, Black women tended to *get along* or *get away*, meaning they minimized threat while interacting in the community or leaving a neighborhood or setting of violence, respectively. Avoidance behaviors in PTSD include avoidance of or efforts to avoid distressing internal experiences (thoughts, memories, feelings) or external reminders (people, places, activities, objects) that are reminders of the traumatic experience. In terms of Black women's responses to microaggressions, common responses the literature describes are the tendency to show strength while suppressing emotions, as well as disengagement coping strategies (Knighten et al., 2020; Williams & Lewis, 2019). In a study that explored microaggression coping strategies involving gendered racism, disengagement

served as a mediator between increased experiences of microaggressions and thus higher levels of depression for Black women (Williams & Lewis, 2019).

It should be noted that hypervigilance is also a marker for alterations in arousal with a PTSD diagnosis, which overlaps in racism-related stress and PTSD as well (APA, 2013; Forsyth & Carter, 2014). Additionally, detachment strategies could have some overlap with the dissociative symptom PTSD specifier, with experiences of depersonalization or derealization, both experiences in which individuals internally detach from themselves or their surroundings (APA, 2013; Forsyth & Carter, 2014). Use of substances is also a form of reckless behavior within the alterations in arousal PTSD marker and overlaps with Forsyth and Carter's (2014) avoidance behaviors (APA, 2013). It is clear that individuals often use avoidance strategies when coping with traumatic experiences, which includes race-based traumatic stress. This is important in understanding people of color's specific experiences in the workplace, given that disengagement is one of Demerouti's (2001) subcategories in the criteria of burnout within the JD-R model.

Theory: Black Feminist Thought

To begin to understand the nuances of burnout that effect people of color, a return to the history of racism in this country is critical. With that being said, the aim of this study is to explore how racism and burnout intersect in helping field spaces specific to psychological therapeutic work. There is an abundance of growing research and information about racism's impact on the history of our world, country, region, and workspaces. To most responsibly gather data about the impacts on people of color within the field, it is recommended that researchers use a strong theoretical foundation to guide their investigations in a culturally competent manner (Syed, 2020). In order to better understand the historic impact of racism, scholars can turn to

Black feminist thought (Collins, 2000), which is an epistemology to guide the understanding of the impact of racism and sexism on power imbalances in different settings. This can help scholars to better understand how women of color are impacted in their workspaces for the scope of this study.

Research and helping practices within a multicultural and intersectional feminist viewpoint are deserving of their own books, dissertations, and ongoing commitment to learning more. Black feminist thought (Collins, 2000) provides a lens in which research can focus on the empowerment of Black women and other women of color within families, society as a whole, and in turn, workplaces. Collins (2000) described that historically Black women's voices are subjugated within systems that are White male dominated. This theory aims to not only bring awareness to Black women's voices, but also center their voices, because, "expressing these themes and paradigms have not been easy because Black women have had to struggle against White male interpretations of the world" (p. 251). Within the theory, Collins (2000) laid out four main themes, including understanding intersectionality within oppressed identities, re-defining stereotyped images of Black womanhood, empowerment of Black women's activism within their families and communities, and understanding how sexual politics impact these themes. Each of these are briefly described below. While focused on Black women's experiences, much of Black feminist thought can help us understand the experiences of other women of color in the US.

Intersectionality and empowerment of Black women's images and activism are helpful foundational concepts for understanding how women of color may be disproportionately impacted by workplace burnout in helping spaces. Intersectionality as explained within Collins' (2000) frame means a sensitivity to multiple oppressed identities and their intersecting dynamics. The term intersectionality was first established by critical legal scholar Kimberlé Crenshaw

(1989) in order to bring awareness to the intersecting impacts of racism and sexism and bridge the gap between anti-racist policy and feminist theory for Black women's unique experiences. Crenshaw (1989) also described the issues Collins (2000) detailed about Black women's subjugation and pointed out the importance of centering Black women's voices in anti-racism work. Feminism historically has represented women's oppression within patriarchal systems and adding an intersectional view to feminism provides broader perspective for individuals with multiple marginalized identities, such as women of color.

The concepts of re-defining Black women's stereotyped images and empowerment of Black women's activism within their communities are separate but connected constructs. Collins (2000) asserted that empowerment of Black women includes not only their ability to define their image, but to rearticulate their newly defined view of themselves within a different worldview. Collins (2000) acknowledged the concept that there is not one form fitting Black women's experience, but a common collective experience of oppression on multiple levels. Therefore, Black women theoretically would feel empowered to re-define their image from those placed on them by White slaveowners, and to rather define themselves based on their unique individual experiences within a collective oppression (Collins, 2000). Collins (2000) reiterated the importance of Black women's ability to move from rearticulation of image to Black women's self-determination, and quotes Deborah K. King, stating, "Black feminism asserts self-determination as essential" (p. 36).

The aspects of this theory that are most pertinent to this study include Black women's historic roles in the home as well as in the workspace and community. Collins (2000) encouraged scholars to acknowledge the very real impact of the experiences of individuals who have been forced to leave their native lands through oppressive practices such as slavery, colonialism, and

imperialism. The legacy of this diaspora for Black women includes understanding the unpaid

labor and abuse within not only slavery, but also the continued expectations for Black women's

domestic work in the fields or households of White families post-emancipation. In African

communities prior to enslavement through U.S. colonialization, there was less of a conflict

between work and motherhood and family roles for African women (Collins, 2000; Jones, 1997).

Gender roles were placed upon Black women within colonialism and enslavement, leading to

sexual abuse, oppressive expectations to do domestic work or motherhood labor, while also

expecting Black women to work in the fields and farms to do work that is historically seen as

men's labor (Collins, 2000). This history of enslavement, unpaid labor, abusive and exploitative

practices, and domestic expectations of Black women may still find echoes in the contemporary

workplace. Thus, the current study examined how racism influences burnout for Black women

and other women of color. This epistemology is important to the current study because it

contextualizes a framework for understanding the nuances of Black women's experiences in the

workplace beyond an understanding of racial discrimination and racial trauma and their impact

on therapists' work. This study aims to use Black feminist thought to not only center women of

color's voices, but to also understand their workplace experiences within a historic framework of

systemic oppression and a White male-dominated lens on Black women's experiences in the

workplace (Collins, 2000).

Latina Women and History of Racial Trauma

While many aspects of Black feminist thought (Collins, 2000) are applicable to Latina

women's experiences of racism in the US, Latina women have their own unique histories. Latinx

individuals experience stressors related to immigration status and perception of ethnicity in

particular (Chavez-Dueñas et al., 2019; Vargas et al., 2016). Latinx individuals share some racial discrimination experiences with Black individuals, while experiencing unique challenges as well.

The history of White colonialization and attitudes towards immigration in the United States impacts Latinx individuals (Chavez-Dueñas et al., 2019). While on one hand generations of people have immigrated to the US for opportunity, historic maltreatment of Indigenous people and immigrants impacts Latinx individuals' experiences with racial discrimination to present times (Chavez-Dueñas et al., 2019). In some ways similar to Black individuals' negative experiences with racism stemming from slavery, Latinx individuals have their own unique experience with racial discrimination treatment based on immigration status (Vargas et al., 2016). Existing as an undocumented immigrant in the United States comes with fear of detention, arrest, and/or deportation by Immigration Customs Enforcement (ICE; Chavez-Dueñas et al., 2019). This instillation of fear impacts family structure, potentially separating children from caregivers at a young age, exposing individuals to experiences that are traumatic and racially motivated (Bryant-Davis & Ocampo, 2005; Chavez-Dueñas et al., 2019).

For individuals who have successfully completed the lengthy process to become American citizens, there are still stressors in terms of privilege and oppression related to immigration status. Nativism refers to the preferential treatment of individuals in the United States based on their status as American born (Chavez-Dueñas et al., 2019). This is a unique challenge Latinx individuals face, with trends in cultural stereotypes based on immigration status such as a perception of a "right way" to immigrate to the United States (Chavez-Dueñas et al., 2019, p. 52).

Latinx individuals tend to receive better treatment if they are perceived to be certain ethnicities as well (Vargas et al., 2016). Latinx individuals who have lighter skin and more

European features tend to report less racial discrimination (Chavez-Dueñas et al., 2019). In a study exploring socially ascribed race, or the misclassification of race of an individual by perceivers, individuals who were perceived as Mexican experienced more racial discrimination than individuals who were perceived as White or another Latinx ethnicity (Vargas et al., 2016). Individuals who were perceived as Mexican were more likely to experience discrimination than other Latinx individuals in their communities and were at increased risk of racial discrimination if they were non-Mexican but socially ascribed as such. This aligns with other research that posited individuals who can pass as White receive better benefits in terms of welfare, incarceration, and immigration benefits, suggesting Latinx individuals have unique experiences of racial discrimination based on perceived ethnicity (Vargas et al., 2016).

In a study examining experiences of racial/ethnic discrimination for Latinx people, nearly a third of Latinx individuals in the survey reported experiences of discrimination when seeking housing or workplace discrimination (National Public Radio et al., 2017). In this same study, individuals who identified as lower income were twice as likely to report housing or workplace discrimination. Additional race-based discrimination Latinx individuals reported included police interactions, going to the doctor, applying for college, and political participation. Also, Latina women reported more discrimination when going to the doctor or a health clinic, whereas Latino men reported higher levels of discrimination when interacting with police (National Public Radio et al., 2017). This posits the idea that there are gender differences in racial discrimination for Latina women as well.

Through an intersectional lens, there are unique experiences for Latina women not only for racial discrimination but gender-based discrimination as well (Cahuas, 2019; Chavez-Dueñas et al., 2019). For example, Chicana feminist epistemology (CFE) is a popular theory that

trailblazed the assertion that non-European Latinx women's views should be considered in academia, with emphasis on empowerment for activism of Latinx women and decolonialization of inequities that harm women the Latinx community (Calderón et al., 2012). Chicana feminist epistemology focuses on social justice activism for Latinx voices in academia by encouraging Latinx women scholars to use their personal, cultural backgrounds as sources of knowledge. This theory bears importance on the present study because it opens a way in which to think about not only traumatic incidents of racial discrimination to the Latinx community such as ICE detention or separation or acts of discrimination based on skin color or perceived ethnicity, but also microaggressions or racial discrimination's specific impacts on Latinx women attaining higher education. The application of CFE to the broader world of work for Latina women has not yet been implemented.

Impact of Racism on Mental and Physical Health

It is not only through theories conceptualizing the challenges of women of color that we can understand the common collective challenges women of color face. Research has begun to empirically acknowledge and explore the negative impacts of racism in terms of physical and mental health for people of color (Carter & Pieterse, 2020; Coleman, 2016; Paradies et al., 2015). The available research shows there is a strong relationship between racial discrimination and physical health, and consistently a stronger relationship between racial discrimination and mental health is reported (Carter & Pieterse, 2020).

Of racial groups in the US, Black Americans have the highest infant mortality rates and poorer physical health outcomes (Coleman, 2016). Racism contributes to health disparities and differential treatment within the medical and mental health community (Paradies et al., 2015). Racism may also contribute to negative attitudes about health, acceleration in the aging process,

38

and negative health outcomes from engaging in stress-relieving behaviors that are poor for physical health such as smoking, drinking, and use of other substances (Carter & Pieterse, 2020). In a meta-analysis exploring physical and mental health outcomes related to racism, mental health was negatively impacted twice as much as physical health. Studies within the meta-analysis connected chronic exposure to racism to dysfunction in the HPA (hypothalamic-pituitary-adrenal axis), the brain pathway involved in fight-or-flight, as well as other brain regions that effect cognition and emotion (Paradies et al., 2015). Additionally, while reported long-term and short-term exposure to racism both showed significant results, short-term had a stronger relationship, suggesting that individuals adapt or gain resiliency over time. Racism was found to be connected to poor mental health outcomes such as depression and anxiety (Paradies et al., 2015). These negative impacts in physical and mental health are important to keep in mind when exploring emotional job hazards of therapists of color.

Racism's Impact on Burnout for Women of Color Therapists

The Intersection of Racism, Sexism, and the Workplace

If burnout is a concern for those who are chronically overworked and under resourced, and emotional exhaustion is the foundational experience of burnout, then it is critical to explore what this means for populations who are systemically and historically disenfranchised. The Equal Employment Opportunity Act (EEOC) of 1972 prohibited employer discrimination based on age, sex, race, religion, disability, political beliefs, or family status (EEOC, 1972). Prior to this legal protection for individuals with minority status, opportunities were not equitably available to women or people of color, and similarly to ways that racism has historic impacts, this lack of equality likely plays a role in today's workplace as well. When considering the

39

intersection of racism and workplace burnout, racial discrimination has had a historic impact on socioeconomic status and workplace opportunities (Williams & Williams-Morris, 2000).

In a study exploring trends in the late 1990s and early 2000s, White household incomes were 1.7 times higher than Black household incomes and Black families were three times more likely to be poor. Black men were 1.5 times more likely to be employed in blue collar work than their White counterparts, and Black women were 1.3 times less likely to work in white collar work and 2 times as likely to work in blue collar positions than White women (Williams & Williams-Morris, 2000). Even the rhetoric of "white" and "blue" collar work could be considered questionable verbiage, with negative implications placed on positions that are not considered "white" collar with lower salaries and lower levels of societal respect.

In a study exploring men's advancement from "blue collar" to "white collar" positions, White men had the highest access to moving across this hierarchy, Latino men had less access, and Black individuals the least access from blue collar to white collar work (Wilson & Maume, 2014). This trend of job access from White to Latinx individuals, then White to Black individuals, has been observed with women as well (Wilson, 2009). In a study utilizing the Panel of Income Dynamics, a follow up study further examined explanations for the current wage gap for women. Shorter hours, lower compensation for high skilled work, and differences in division of labor from gender role influence were seen as the rationale for a continued wage gap (Blau & Kahn, 2017). Additionally, the gender wage gap has a disproportionate impact on women of color, with Latinx women earning the least, then Black women, then White women (Chapman & Benis, 2017). Therefore, despite the EEOC Act (1972), racial identity and gender identity still have been observed to have an impact on an individual's ability to earn equal pay. Job satisfaction and academic performance have been seen to have an impact on higher depressive

symptoms due to racism-related stress in Latinx individuals (Williams et al., 2017). It is important that there is a relationship between job satisfaction, performance, and their relationship with impacts of racism, as is later discussed. These inequities then lead to questions about how these factors impact women of color's experiences of burnout in the workplace.

These experiences of intersecting gender and race-based discrimination in the workplace were explored in a study that measured unfavorable workplace experiences for women of color (Mutambudzi, 2017). The findings indicated that White women and minority women reported negative experiences in the workplace related to workplace harassment and work-family conflict. In this study, the author found that White women and minority women alike both reported these adverse workplace conditions, with Black women reporting the highest (36%), then White women (34%), and Latinx women (30%). The author noted this could be in part due to workplace stressors based on education and job security, as the higher education someone receives the less job insecurity they may experience (Matambudzi, 2017). These findings contribute to the body of research that posit that gender-based discrimination in the workplace is a unique stressor for women, and based on minority status and education level, these concerns may differ.

In addition, a body of research exists on gendered racism, or the intertwining of racism and sexism for women of color (Essed, 1991; Lewis et al., 2016; Lewis et al., 2017; Thomas et al., 2008; Williams & Lewis, 2019). Essed (1991) is credited for the creation of the term *gendered racism*, and posits that the oppression of women of color in American society exists through a racist perception of stereotyped gender roles. Harmful effects of gendered racism for women of color have been well documented, including depression, psychological distress, and negative impacts to physical health (Lewis et al., 2016; Lewis et al., 2017; Thomas et al., 2008;

Williams & Lewis, 2019). There are connections between acts of gendered racism and not only depression and psychological distress, but also avoidant coping strategies for the recipient such as minimizing the event, forgetting the event, or disengaging and distracting (Thomas et al., 2008). Carter and Pieterse (2020) suggested within American society, racism is pervasive and "essentially unchanged at its core" (p. 3). This pervasive nature and history of racism can contribute to a climate of constant racism, which can feel unavoidable and burdensome to people of color (Carter & Pieterse, 2020). Additionally, as previously mentioned, microaggressions and acts of gendered racism are related to avoidant coping strategies by its recipients, which is noteworthy for understanding this population's experiences with racism and sexism in the workplace and typical ways of managing this stressor (Thomas et al, 2008; Williams & Lewis, 2019). The experience as well as the impacts of gendered racism are important to understand in the current study to further understand the unique phenomenon of a combined, hybrid experience of discrimination that women of color endure.

It is noteworthy to acknowledge that Adverse Childhood Experiences (ACEs) have an impact on physical and mental health outcomes as well (Cambron et al., 2014). ACEs include physical and emotional childhood abuse and are an experience that transcends different identity variables, but are increasingly in evidence when factored in with compounding with socioeconomic status (Salinas-Miranda et al., 2015). ACEs are associated with poorer physical and mental health outcomes (Cambron et al., 2014). Lower-income women's children were more likely to experience anxiety, bipolar, PTSD, domestic violence, and negative mental and physical health outcomes (Cambron et al., 2014).

Given that Black and Latinx families have been historically disenfranchised in terms of financial opportunity and disproportionately affected by the gender wage gap, they are often at

42

risk for ACEs (Cambron et al., 2014; Salinas-Miranda et al., 2015; Williams & Williams-Morris, 2000). Additionally, ACEs have been connected to absenteeism from work (Cambron et al., 2014). While examining ACEs is outside the scope of this study, it is logical that the intersection of gender, race, and class, which contributes to ACEs could be a precursor to burnout for women of color.

Educational and Career Barriers for Women of Color in the Mental Health Field

Due to barriers for people of color for employment and wealth opportunities, compounding stressors related to adverse childhood experiences, and the gender wage gap, women of color may have unique experiences with emotional job hazards and workplace burnout. Both the racism and trauma literature have critiques from feminist scholars (Collins, 2000; Herman, 1997). Historically, research about both racism and trauma have focused first on the impact on men (i.e., combat veterans of color), and a call has been made for advocacy and representation of women of color's experiences (Collins, 2000). In a related vein, many studies about burnout and compassion fatigue for therapists note that their participant pool was not very racially diverse or fail to mention diversity variables as potential contributors worth considering (O'Brien & Haaga, 2015; O'Conner et al., 2018). One study did explore vicarious traumatization and its relationship to perceived racism and sexism (Hahn, 2010). While perceived racism was correlated with sense of belongingness at work, the study did not find correlations between racism, sexism, and vicarious traumatization symptoms (Hahn, 2010).

In studies that explore racial identity and racism's impact on burnout, findings are somewhat mixed (Basma et al., 2021; Hahn, 2010; Lawrence et al. 2021; Lent & Schwartz, 2012; Vasquez, 2017). Some studies explore race as a demographic variable (Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017), while others explored racism and racial

discrimination and their intersections with workplace burnout (Basma et al., 2021; Hahn, 2010). Additionally, while some of these studies explore burnout specifically, many included other work-related constructs have been explored as well, including belongingness, well-being, and wellness (Basma et al., 2021; Hahn, 2017; Vasquez, 2017). One study explored the interplay between racial discrimination, burnout, and overall wellness for 105 Black, Indigenous, and people of color (BIPOC) graduate counseling students (Basma et al., 2021). Findings indicated a relationship between wellness and racial discrimination, as well as a relationship between racial discrimination and burnout components emotional exhaustion, cynicism, and personal efficacy (Basma et al., 2021).

Other studies did not produce as clear of results in terms of how burnout and racial minority status are related. For example, the literature is mixed in terms of how BIPOC and White individuals experience burnout comparatively. In one study, race, gender, and years on the job were measured and analyzed, and racial minority individuals in the study (Black, Hispanic, and Native American) were not more burned out than White individuals in the study (Lent & Schwartz, 2012). In another study, racial minority status was related to stronger relationships with burnout levels and well-being than their White counterparts (Vasquez, 2017). Therefore, findings on racial minority status and burnout levels are inconsistent in current literature.

Barriers to Education for Women of Color

In exploration of workplace burnout and careers of women of color therapists, it is important to acknowledge that due to systemic racism there are unique challenges to obtaining higher education for women of color. The American Psychological Association Task Force on Gender Composition found that women are disproportionately impacted by student debt. Older and minority women students tend to take on more debt from graduate programs in psychology

than their male counterparts (American Psychological Association Committee on Women in Psychology, 2017). Additionally, while women in the psychology field are gaining full-time positions, they have historically and fairly consistently held the majority of part-time positions. When part-time work is done predominantly by women, this contributes to the wage gap and a lack of women in leadership (American Psychological Association Committee on Women in Psychology, 2017; Blau & Kahn, 2017). This also aligns with Collins' (2000) conceptualization of pressure to caretake children for women of color. Barriers such as additional debt, more part-time work/shorter hours, childcare, and less leadership positions despite more women in the field of psychology are unique stressors for women in the mental health workforce. These barriers become compounded for women of color in the psychology field. For example, in terms of diversity representation in psychology faculty, while over half of psychology faculty are women (56%) only 17% of psychology faculty are racial/ethnicity minorities (American Psychological Association, 2019).

Career Barriers for Women of Color in Counseling-Related Occupations

For counselors, the field is dominated by women (590,000 women vs. 215,000 men) (U.S. Census Bureau, 2017). Approximately 62% of counselors are White non-Hispanic while only 19.4% are Black, and 2.58% are Hispanic (U.S. Census Bureau, 2017). The remaining portion of counselors are made up of other races, including Asian, multiracial, Native and Pacific Islander individuals, with Asian individuals (5.9%) and multiracial individuals (1.9%) making up the majority. While the counseling field is dominated by women, men still make more on average than women, making an average annual salary of $45,733 vs. $43,730, respectively (U.S. Census Bureau, 2017). For clinical and counseling psychologists, again the field is dominated by women, with 66.5% of clinical and counseling psychologists identifying as

women, yet men make more on average than women, making $81,911 vs. $68,830 annually, respectively (U.S. Census Bureau, 2018). Again, clinical and counseling psychologists are majority White non-Hispanic (79.4%), with Black and Asian individuals following (11.3% and 5.97%, respectively). In summary, despite the fact that the counseling field is occupied predominantly by women, there is still a significant gender wage gap as well as a lack of representation of women of color.

However, in the psychology field, the number of doctoral degrees awarded to women tend to continue to increase, while psychology degrees awarded to men decrease (American Psychological Association Committee on Women in Psychology, 2017). Women of color also have seen an increase in acceptance to doctoral degrees for psychology and degrees awarded as well, but not at the rate White women have (American Psychological Association Committee on Women in Psychology, 2017). While scholars are beginning to see an increase in the field of psychology of minority women's involvement, research on burnout tends to neglect to explore race and its unique experiences with burnout. Additionally, there are unique barriers women of color experience to attain higher education, which is necessary for counselors and psychologists (American Psychological Association, 2019).

Populations of Interest. For this study, I explored the impacts of racism and burnout on women of color who are therapists. Sexism and racism in the workplace in the form of workplace discrimination is connected to higher levels of psychological distress for women of color (Velez et al., 2018). When women experience multiple forms of oppression, such as sexism and racism, alongside trauma symptoms they have unique negative outcomes such as lower self-esteem, higher levels of depression, higher levels of psychological distress, and negative impacts on physical health (Thomas et al., 2008; Watson et al, 2016; Williams & Lewis, 2019).

Additionally, making meaning of female empowerment through womanist values, and higher levels of association with one's ethnic identity tend to be protective for women of color who experience discrimination (Velez et al., 2018; Watson et al., 2016). This provides additional foundation for the importance of understanding how burnout impacts women of color due to their unique experiences with multiple oppressed identities and coping strategies.

The population of interest for this study includes women who are therapists who identify as Black or Latinx/a. While it is not to say that the negative impacts of racism, barriers to education and workplace resources, and adverse childhood experiences do not impact Asian/Pacific Islander (API) women, their experience of systemic barriers in academia and the workplace somewhat differ. In particular, API women tend to have different experiences with barriers to higher education than Black and Latina women. Some studies have explored the impacts of racial discrimination on Asian students on college campuses (Pieterse et al., 2010). Therefore, there are studies that highlight Asian students do struggle with the experience of racial discrimination on campus, however difficulties with the college pipeline from entrance to community college to higher education tend to disproportionally impact Black and Latino students (Davis-Maye et al., 2013). In terms of higher education, such as a master's degree or PhD, the lack of underrepresentation in women of color in psychology faculty speaks to the diversity pipeline issue for higher education (American Psychological Association, 2019). The unique experiences of API women therapists are important for future exploration yet are outside the scope of this study.

Workplace Issues for Black Women Therapists. As mentioned previously, there is an underrepresentation of women of color in psychology faculty (American Psychological Association, 2019). This pipeline issue can be traced back to studies that observe school-aged

children's dynamics in the classroom. In a study examining Black girls' experiences in the classroom, oftentimes boys receive more attention in the classroom, while Black girls tended to assert themselves more but at the cost of being seen as "loud" or disruptive by teachers (Morris, 2007). Black women are stereotyped into adulthood as well, with common images such as "The Welfare Queen" or "The Strong Black Woman" (Collins, 2000; Dow, 2015). These controlling images of Black women have been seen to impact Black women's decisions when it comes to caretaking, careers, and families (Dow, 2015). For example, Dow (2015) observed ways women negotiated or resisted the images of The Welfare Queen or The Strong Black Woman, and found many Black women base their decision-making around managing these stereotypes for women who stay at home and work outside the home. Both women who worked outside the home and women who were stay at home parents tended to respond to The Welfare Queen image, reporting having to manage stigma whether they were working or not. The Welfare Queen image is discussed across the literature, stereotyping Black women as lazy and unmotivated to move away from government financial assistance programs (Collins, 2000; Dow, 2015). In the study, women who were working and women who stayed at home reported a desire to distance themselves from The Welfare Queen image. Black women who stayed at home were more likely to report the need to manage The Strong Black Woman stereotype, with pressure about pulling one's weight in the home and feeling overwhelmed in their responsibilities as a mother (Dow, 2015).

These images have been reported to impact Black therapist-client dyads as well. Kelly and Greene (2010) discussed the stereotypes of the Mammy, Sapphire, and the Jezebel as ways in which Black women therapists might be seen by clients. The authors described the Mammy stereotype as compliant with the system of slavery, Sapphire as an angry Black woman, and Jezebel as the oversexualized Black woman. The authors pointed out that each of these

stereotypes have the potential to contribute to the way the client may view the therapist and has the potential for the client to assume stereotypical information about the therapist based on her appearance and presentation. In this self-report study, Black therapists noted that their skin tone, hair styles and textures, and own racial socialization are unique challenges that Black therapists self-monitor in working with clients (Kelly & Greene, 2010). These images are rooted in Collins' (2000) observation that Black women's gender roles are connected to a history of enslavement, and likely have an impact on Black women who choose to work or obtain a higher education.

In a study exploring the PhD pipeline of Black students, 49% of Black students were observed to start in community college (Davis-Maye et al., 2013). This start in community college can lead to multiple barriers, including difficulties transferring to a 4 year university, and less access to resources to prepare for a 4 year undergraduate degree. Davis-Maye et al. (2013) pointed out that 40% of students who attend community college do not transfer to a 4 year university, despite the fact that earning an associate's degree increases earnings for individuals with bachelor's and master's degrees. Therefore, there are benefits and costs to minority students who attend community college

A master's degree or PhD are qualifications for counselors and psychologists who practice therapy, so barriers to higher education for Black women therapists are pertinent. The current research on challenges for Black women therapists are somewhat limited. Former studies about Black female therapists are focused on unique challenges for Black clients in psychotherapy (Goode-Cross, 2011a; Goode-Cross & Grim, 2016; Kelly & Greene, 2010; Sanders Thompson et al., 2004) and unique experiences for Black therapists in supervision (Goode-Cross, 2011b; Sanders Thompson et al., 2004). These studies tend to focus on the unique challenges Black therapists face when working with clients, trainees, and other therapists within

the collective experience of systemic racism while also acknowledging Black women's pressure to adhere to or resist harmful stereotypes (Kelly & Greene, 2010).

Workplace Issues for Latinx Women Therapists. The community college pipeline impacts Latinx students as well (Davis-Maye et al., 2013). In a study by the Civil Rights Project (2012) it was found that Black and Latino students who attended lower-quality schools tended to be admitted to lower-performing community colleges, and in turn less likely to transfer to a 4 year university as well. Additionally, the gender wage gap most impacts Latina women, followed by Black women, then White non-Hispanic women (Blau & Kahn, 2017). Therefore, there are educational and earning barriers for Latina women in the workforce, particularly in terms of earning potential.

Similar to the quantity of research about issues for Black female therapists, the research for Latina women therapists is somewhat limited as well. When examining challenges specific to Latina women therapists, studies tend to revolve around issues pertinent to bilingual therapists and therapists-in-training (Gonzalez et al., 2015; Teran et al., 2017). These studies highlight the growing demand for bilingual therapists due to a rise in Spanish-speaking clients, despite a lack of best practices guidelines for supervision and training of bilingual therapists (Gonzalez et al., 2015). Supervisees who are bilingual therapists-in-training report unique challenges in supervision such as working to translate words they cannot recall in Spanish in session with clients, lack of resources in Spanish for clients, and setting cohesion issues (Gonzalez et al., 2015). Despite these added stressors, supervisees tended to report openness and support in bilingual supervision (Gonzalez et al., 2015).

In a study exploring bilingual Latino/a therapist's experiences in therapy Teran et al. (2017) observed that bilingual therapists in the study tended to be less burned out than their

English-speaking counterparts. Participants in the study endorsed the burnout symptoms of emotional exhaustion, cynicism, and lack of personal accomplishment; however, cynicism tended to be lower and lack of personal accomplishment tended to be higher. Also, in their study, Teran et al. (2017) observed that young, Latino male therapists tended to be more burned out. This aligns with known age risk factors for burnout; however, it is unique in terms of gender. The authors explained this may be due in part to cultural stigma for Latino males to ask for help, therefore Latino male therapists may have more difficulty reaching out to supervisors for supervision needs. In terms of less cynicism and higher personal accomplishment, the authors explained this may be due to pride and connection to one's cultural background (Teran et al., 2017).

Therefore, Latina therapists may have unique protective factors for burnout. While these factors aided in burnout, challenges bilingual Latinx therapists reported included the burden of explaining cultural variables whilst receiving professional consultation or supervision, advocating for their Latinx clients' needs, increased cognitive effort to switch between languages in a professional setting, and an increase in workload due to a bilingual skillset (Teran et al., 2017). Therefore, Latina therapists may engage in disengagement behaviors similar to Black therapists' avoidant coping strategies, on the other hand they may be more emotionally exhausted due to an increased workload due to working with bilingual clients (Maslach et al., 2001; Teran et al., 2017)

It is also worth noting that while many bilingual therapists are Latinx, some are not; therefore, some of these pertinent issues may be explained by bilingual work and are not specific to ethnic background. Additionally, not all Latinx individuals are bilingual. Therefore, future research could better explore unique challenges for this population outside of bilingual

professional issues. Therefore, there are some challenges Latina female therapists experience that overlap with Black women therapists, such as barriers to access to higher education, unique experiences in training and supervision, and unique experiences with clients who are people of color who share similar identities to them.

Summary of Literature Review

In summary, burnout is a chronic experience for workers in human services, with the most frequently measured symptoms including emotional exhaustion, disengagement, and lack of personal accomplishment (Maslach et al., 2001). Burnout is a unique experience that overlaps with, but is different from, emotional job hazards therapists experience such as compassion fatigue, secondary trauma, or vicarious trauma (O'Brien & Haaga, 2015; Tarshis & Baird, 2018). Experiences of race-based traumatic stress and emotional job hazards of therapists are also both separate from PTSD, secondary trauma, or vicarious trauma (APA, 2013; Carter & Pieterse, 2020; O'Brien & Haaga, 2015; Tarshis & Baird, 2018).

Literature regarding the impact of racism on systems includes, but is not limited to, understanding the historical implications of enslavement and (un)equal employment opportunities for people of color and women of color, and understanding racial discrimination within the context of trauma (Carter & Pieterse, 2020; Collins, 2000; EEOC, 1972). Women of color experience a unique combination of discrimination with racism and sexism, thus resulting in gendered racism (Crenshaw, 1989; Essed, 1991). When we consider these factors in conjunction with one another, Black women and Latinx women who are therapists experience similar patterns related to barriers to education, unique needs in training and supervision, and unique emotional demands and coping behaviors that may include avoidance or disengagement (Civil Rights Project, 2012; Davis-Maye et al., 2013; Gonzalez et al., 2015; Knighten et al.,

2020; Teran et al., 2017; Thomas et al., 2008; Williams & Lewis, 2019). However, there is a lack of research considering the unique combination of challenges women of color therapists face, and how that may relate to experiencing workplace burnout. While there are studies that explore racial minority status and burnout (Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017) and studies that that explore racial discrimination's role in burnout (Basma et al., 2021), as well as studies that examine racism, sexism, and vicarious traumatization (Hahn, 2010), limited research exists on the specifics of women of color and their unique challenges with workplace burnout.

In fact, I only found one study specific to women of color and burnout (Velez et al., 2018). In a study with 276 employed women of color participants, these researchers found that workplace discrimination was related to higher reports of psychological distress. Additionally, self-esteem, person-environment fit, and organizational support mediated the relationship between the variables, with higher self-esteem and lower person-environment fit and organizational support strengthening the relationship between workplace discrimination and psychological distress. The current study built on this work and makes a unique contribution in its focus on burnout in women of color who are therapists.

Purpose and Rationale

Racial discrimination, whether current or cumulative (as is the case with racial trauma) is important to understand within the context of workplace burnout and has not been sufficiently explored. Racism may contribute to a lessened sense of autonomy or control, or to less relational cohesiveness in the workplace for women of color, both factors which put them at risk for emotional exhaustion and then burnout (Maslach et al., 2001; O'Conner et al., 2018). To date, the racial minority burnout literature has produced inconsistent findings, and has not focused on

53

women of color as the target population. Due to methodological variation and inconclusive findings about burnout and racism, racial discrimination, and racial minority status, the current study helped to ameliorate this gap.

Additionally, avoidant strategies may be a healthy coping mechanism for reducing the negative, distressing effects of racial discrimination (Carter & Pieterse, 2020). Viewing the issues of therapist's emotional job hazards and avoidant behaviors to cope with racism through an intersectional feminist lens may be beneficial for understanding ways avoidant strategies, or disengagement behavior that is traditionally associated with burnout, may actually function in positive ways.

In a related vein, exploration of an individual's fit within their work environment with cultural sensitivity to the impacts of racial discrimination could help glean unique experiences of workplace burnout for people of color. Environment fit tends to protect workers from burnout, and when racial discrimination is taking place therapists of color may be at an increased risk for burnout (Basma et al., 2021; Carter & Pieterse, 2020; O'Conner et al., 2018; Vasquez, 2017).

Also, since trauma history as typically conceptualized (e.g., a PTSD diagnosis) is a risk factor for burnout (O'Conner et al., 2018; Tarshis & Baird, 2018), it seems likely that racial trauma might also be related to burnout for women who hold a marginalized racial identity. To date there is a limited amount of research exploring the associations of racial trauma and burnout for women of color who are therapists. Thus, this posits the research question for this study: What is the relationship between burnout and racial discrimination for Women of Color who are therapists?

CHAPTER III

METHODOLOGY

Participants

Participants were women of color who are psychotherapists. In order to be included in this study, participants must have held full licensure as a master-level counselor or doctoral-level psychologist. Participants must have worked for 2 years in a counseling setting and identify as Black, Latinx, or multiracial, and identify as a woman. A recommendation for path analyses based on the number of parameter estimates in the proposed model indicated that 120-150 participants needed to be recruited (Streiner, 2005). Forty-one participants completed the survey ($N = 41$), and an additional 28 participants started the survey and did not complete.

Instruments

Demographic Information

Participants were asked to fill out a demographic questionnaire (see Appendix A) designed by the researcher. The demographic questionnaire contained identity variables (e.g., age, race, gender), as well as items related to occupation and income, job setting and licensure. Participants answered a single-item regarding their stress level due to COVID-19 pandemic (Cohen et al., 1983).

Oldenburg Burnout Inventory

Participants were asked to complete the OBI (Demerouti et al., 2001, see Appendix B). This inventory measures worker burnout level. The subscales of the OBI are emotional exhaustion and disengagement. The OBI has 16 items total. The items are on a 4-point Likert scale with anchors 1 = *strongly agree* to 4 = *strongly disagree*. A high score on both scales indicates higher levels of burnout, with a low score indicating lower levels of burnout. This

instrument is psychometrically sound, emotional exhaustion and disengagement are both consistently measured (Cronbach's α = .82 and .83, respectively). In their initial work exploring the subscales' discriminant and convergent validity, Demerouti et al. (2001) reported that emotional exhaustion was significantly related to mental fatigue (r = .52, p < .05) and not satiation, or overextension at work, (r = .00) and disengagement was significantly related to satiation (r = .53, p < .05) but not mental fatigue (r = -.10).

General Ethnic Discrimination Scale

Participants were asked to complete the General Ethnic Discrimination Scale (GED; Landrine et al., 2006; see Appendix C). This scale measures perceived discrimination based on race/ethnicity for minority individuals with three subscales: lifetime discrimination, past year discrimination, and current stress level due to discrimination. The GED has 18 items, with 17 items rating the frequency for certain racist events, and the last item rates the individual's perception of how different their life would be had they not been treated in a racist way. The lifetime and past year discrimination items are 6-point Likert scales with anchors 1 = *never* to 6 = *almost all the time*. A high score indicates higher levels of racial discrimination incidents, a low score indicates lower prevalence of racial discrimination events. The stress level subscale is a 6-point Likert scale as well, with anchors 1 = *the same it is now* to 6 = *totally different*. The GED scale has good reliability and validity and is psychometrically sound. Cronbach's alpha for each subscale is α = .94 and split-half reliability for each scale is α = .91. The structural coefficient of confirmatory factor analysis exploring validity structure coefficients fell between .77 to 1.0 for all racial groups (Landrine et al., 2006).

General Environment Fit Scale

Participants were asked to complete the General Environment Fit Scale (GEF; Cable & DeRue, 2002; see Appendix D). This scale measures person-environment fit in a setting as influenced by actions and members of the environment. The subscales are value congruence, needs-supplies, demands-abilities, interpersonal similarity, and unique roles. Value congruence subscale items measure the fit between an individual's values and their fit within the organization. Needs-supplies items measure the fit between a person's values and their reward or return for their contributions to the workplace. Demands-abilities items measure the fit between a person's abilities and what is asked of them on the job. Interpersonal similarly items measures one's interpersonal similarity to other colleagues on the job. Unique roles items measure an individual's perception of the level of uniqueness they bring to their workplace. The GEF Scale has 18 items. The items are on a 4-point Likert scale with anchors 1 = *strongly disagree* to 4 = *strongly agree*. A high score indicates better environment fit, a low score indicates poor environment fit. This instrument is psychometrically sound, with all subscales Cronbach's $\alpha >$ .82 (Cable & DeRue, 2002). Confirmatory factors analyses and construct validity analyses have shown the GEF Scale to be good instrument for measuring person-environment fit (Beasley et al., 2012; Cable & DeRue, 2002).

Job Autonomy Questionnaire

Participants were asked to complete the job autonomy questionnaire (Beehr, 1976; see Appendix E). This four-item questionnaire measures the level of independence or autonomy an individual has at work. The items are on a 4-point Likert scale with anchors 1 = *very true* to 4 = *not at all true*. A high score indicates higher levels of job autonomy, a low score indicates low levels job autonomy. This instrument is psychometrically sound. A limitation to this

questionnaire is that there are few items. However, the reliability of the scale is still adequate despite the questionnaire length (Chronbach's α = .88; Ahuja et al., 2007; Dedahanov et al., 2019).

Procedure

Participants were recruited from several sources. One avenue was social media (i.e., Facebook and LinkedIn). Participants were also recruited from the Association of Black Psychologists, the National Latinx Psychological Association, and the National Association of Black Counselors, or similar professional organizations for therapists of color, with permission from these organizations.

Participants received an email with attached recruitment letter (see Appendix F) explaining the purpose of the study and criteria for participation. All participants were informed their participation in the study was voluntary and they could withdraw at any time. If individuals wished to participate, they clicked on a link that took them to an informed consent document (see Appendix G). At the bottom of the informed consent, participants saw a box indicating that by clicking it, they were consenting to the study. If consent was given, participants then were directed to the demographic questionnaire. After the informed consent and demographic questionnaire, participants filled out the OBI, GED, person-environment fit scale, and job autonomy questionnaire. These instruments were counterbalanced to address potential order effects. A list of resources was provided for if individuals experience emotional distress (see Appendix H). Participants were able to indicate if they would like results of the study.

Data Analysis

Data was cleaned and descriptive statistics were run on study variables. Formal hypotheses and their related analyses are noted in the figure below (see Table 1). Exploratory

analyses regarding demographics and setting variables were performed. Analyses were run on

SPSS software to explore the indirect and direct relationships outlined in Table 1.

Table 1

Hypothesis and Analyses

Hypothesis	Proposed Analysis	Actual Analysis
H1. Racial discrimination and burnout (emotional exhaustion) will have a positive correlation.	Pearson correlation	Pearson correlation and Hierarchical Regression
H2a. Disengagement mediates the relationship between racial discrimination and burnout.	Linear regression	Pearson correlations and linear regressions (Baron & Kenney, 1986)
H2b. This relationship is predicted to be strongest at lifetime level of racial discrimination than past year and stress.	Hierarchical regression	Hierarchical regression
H3. Increased age and wealth attenuate (moderate) the relationship between racial discrimination and burnout.	Linear regression	Multiple regressions (Baron & Kenney, 1986)
H4. Job autonomy mediates the relationship between person-environment fit and burnout.	Linear regression	Pearson correlations and linear regressions (Baron & Kenney, 1986)
H5. Person-environment fit will have a positive correlation with job autonomy.	Pearson correlation	Pearson correlation

Hypothesis	Proposed Analysis	Actual Analysis
H6a. Racial discrimination and person-environment fit will have a negative correlation.	Pearson correlation	Pearson correlation
H6b. Person-environment fit and burnout will have a negative correlation.	Pearson correlation	Pearson correlation
H6c. Person-environment fit and racial discrimination both have indirect and direct effects on burnout.	Path analysis	Examined separate correlations and multiple regressions
H7. Person-environment fit and racial discrimination both have indirect and direct effects on burnout, mediated by disengagement and job autonomy, and moderated by age and wealth.	Path analysis	Examined separate correlations and multiple regressions

Scales Summaries and Reliability Analysis

Cronbach's alpha reliability analysis was conducted for each scale. All reliabilities were in an acceptable range (Cortina, 1993). The scales used in analysis were burnout (emotional exhaustion) and disengagement from the OBI, person-environment fit from the GEF scale, racial discrimination (past year) from the GED scale, and job autonomy. Higher scores indicate higher levels in each category on all scales except for the job autonomy questionnaire, in which higher scores indicate less autonomy. Results for reliability and scale descriptive statistics are displayed in Table 2.

Table 2

Reliability and Descriptive Statistics for Study Scales

Scale	Cronbach's Alpha	Number of Items	Range	Mean	SD
Burnout	.84	8	1-4	2.84	0.48
Disengagement	.73	8	1-4	2.42	0.48
P-E Fit	.89	18	1-4	3.04	0.46
R. Discrimination	.96	18	1-6	2.27	1.04
Job Autonomy	.92	4	1-4	2.40	1.02

Note. Burnout for the purpose of this study is emotional exhaustion OBI subscale. P-E Fit = Person-Environment Fit. R. Discrimination = Racial Discrimination in past year subscale of the GED.

CHAPTER IV

RESULTS

Participants

Seventy-one surveys were completed by participants through Psychdata (see Table 3).

Twenty-eight surveys were incomplete or partially complete and deemed unusable. Of the

participants who started the study, 61.2% completed the survey. Two participants identified as

White or Asian, and therefore, did not meet race criteria and were removed from analysis. Forty-

one surveys were utilized in the final analysis.

Table 3

Participant Demographic Information

Variable	Frequency	Percentage (%)
Age in Years		
25-34	21	51.2
35-44	16	39.0
45-54	4	9.8
Race		
Black	9	22.0
Latina	30	73.2
Multiracial	2	4.9
License Length in Years		
0-3	20	48.8

Variable	Frequency	Percentage (%)
4-6	15	36.6
8-10	6	14.6
License Type		
LPC	20	48.8
LPC-A/LPC-I	3	7.3
LMFT	8	19.5
LMFT-A/LMFT-I	2	4.9
LCSW	5	12.2
Psychological Asst.	1	2.4
Licensed Psychologist	2	4.9
Workplace Setting		
Private Practice	21	51.2
College Counseling	2	4.9
Community MH	11	26.8
VA	1	2.4
Hospital	3	7.3
Other*	3	7.3
Personal Income		
Under $25,000	1	2.4
$25,000-$49,999	5	12.2

Variable	Frequency	Percentage (%)
$50,000-$74,999	16	39.0
$100,000-$124,999	13	31.7
$125,000-$174,999	5	12.2
More than $175,000	1	2.4
Household Income		
$25,000-$49,999	4	9.8
$50,000-$74,999	9	22.0
$75,000-$99,999	6	14.6
$100,000-$124,999	7	17.1
$125,000-$174,999	8	19.5
More than $175,000	7	17.1
Current Debt		
Less than $20,000	14	34.1
$20,000-$49,999	7	17.1
$50,000-$74,999	2	4.9
$75,000-$99,999	3	7.3
More than $100,000	15	36.6
Current Savings		
Less than $20,000	28	68.3
$20,000-$49,999	9	22.0

Variable	Frequency	Percentage (%)
$50,000-$74,999	3	7.3
$75,000-$99,999	1	2.4
Homeownership		
Yes	20	48.8
No	21	51.2
Vehicle Ownership		
Yes	38	92.7
No	3	7.3
Intergenerational Wealth		
Yes	4	9.8
No	37	90.2

Note. ($n = 41$)
**Other workplace settings included* Administration, Both Private Practice and College Counseling, and In-Home Outpatient

Survey Non-Completion

No significant difference was observed between survey completers vs. non-completers. Demographic information was compiled, and independent samples *t*-tests were utilized to examine missing data information. Of the participants who did not complete the survey ($N = 28$), 13 ceased the study after Informed Consent, five ceased after the pandemic stress item, four stopped before the OBI, and four stopped prior to the GED. Two participants were missing more than half of the survey items. Of the participants who dropped out prematurely, 13 did not

disclose their demographic information, eight identified as Latina, five identified as Black, and two identified as multiracial. Of the participants who disclosed their demographic information and did not complete the survey, noteworthy trends include 80% were over the age of 35, and 60% worked in private practice. Imputations were not run due to small sample size and amount of missing data.

An independent samples *t*-test was run to further examine missing data. Due to small sample power size, effect size was examined for each scale. There was a medium effect size for burnout, but there was not enough data to confirm this possible difference between survey completers and non-completers. A moderate to large difference between completers ($M = 2.83$, $SD = .48$) and non-completers ($M = 2.54$, $SD = .28$) is displayed on the burnout scale, with completers displaying higher burnout ($t(45) = -1.44$, $p = .16$, $d = .46$). However, this difference is not significant and due to small sample size, I cannot say with confidence this difference is accurate. Additionally, there were medium to large differences in effect sizes on racial discrimination past year between completers of the study ($M = 2.27$, $SD = 1.04$) vs. non-completers ($M = 1.64$, $SD = .43$) but as in the prior analysis, the difference was not significant ($t(41) = -.84$, $p = .40$, $d = 1.03$). Again, due to small sample size, I cannot say this difference is accurate with confidence.

In summary, there were no significant differences on scales for completers vs. non-completers. Due to power in sample size these results, the differences observed in burnout and past year racial discrimination could exist, but there is not enough evidence due to limited sample size and power to determine this with certainty.

Demographics Summary

All participants identified as women. The sample was predominantly Latina individuals (73.2%) followed by Black (22%) and multiracial individuals (4.9%). Participants tended to have license lengths between 0-6 years ($M = 4.29$, $SD = 2.52$). Most were master-level practitioners working in private practice settings (51.2%) and community mental health (26.8%). The greatest proportion of practitioners were professional counselors, followed by social workers and marriage/family therapists, with the smallest representation from the discipline of psychology.

Information was gathered about participants' wealth status including personal income, household income, vehicle and homeownership, debt, and savings. Participants tended to have personal incomes in the middle of the categories created, with incomes between $50,000-$99,9999 most represented. Household income was more evenly distributed. Debt was somewhat bimodally distributed. Most participants had low savings and most reported they did not inherit intergenerational wealth benefits. Homeowners and non-homeowners were evenly distributed, and participants tended to own their own vehicles.

A single item was used to gauge stress added to the life of the participant during the COVID-19 pandemic. The item utilized a scaling question, where 1 indicated *My life is no less stressful than prior to the pandemic* and 10 indicated *The pandemic has added extreme stress to my life*. On average, scores were above the midrange ($M = 7.07$, $SD = 2.61$).

Results for Analyses of Primary Hypotheses

The current study's seven hypotheses were examined using SPSS software. Hypotheses were analyzed using Pearson correlation, linear regressions, and hierarchical regression. Hypothesis 7 conceptualizes indirect and direct relationships between the variables.

H1: Racial Discrimination and Burnout

The first hypothesis predicted that racial discrimination and burnout (in this this study, emotional exhaustion) would have a positive correlation. A Pearson's correlation was conducted to examine the relationship between racial discrimination (past year, lifetime, and stress) and burnout. Results indicate there was significant positive association between past year racial discrimination and burnout (past year $r = .30$, $p = .05$). Lifetime and stress level racial discrimination did not yield significant correlations with burnout ($r = .11$, $p = .49$; and $r = .19$, $p = .24$, respectively). Results are shown in Table 4.

Table 4

Pearson's Correlations Between Racial Discrimination and Burnout

	Burnout	
Racial Discrimination Level	r	p
Year	.31	.05
Lifetime	.11	.83
Stress	.19	.24

H2: Role of Disengagement

The second hypothesis predicted disengagement plays a unique role for women of color, and mediates the relationship between racial discrimination and burnout. Pearson's correlation and multiple regressions were used to test Hypothesis 2A. In addition, this relationship was predicted to be strongest at lifetime level of racial discrimination than past year and stress, and this relationship strength was tested for Hypothesis 2B using a hierarchical regression. Results

indicated there was a positive relationship between burnout and disengagement scales; however, there was not a significant relationship between disengagement and racial discrimination. Baron and Kenny (1986) suggested when exploring mediation relationships, paths between independent variable, mediator, and dependent variable are to be separately explored. Correlational analyses were used for A and B pathways, and multiple regressions were used to explore C and C_1 pathways (see Figure 1). For the current sample, there is a non-significant relationship between racial discrimination and disengagement. Since Pathway A (racial discrimination and disengagement) was not significant ($r = .213$) this suggests with a larger sample, a small to medium relationship could be found. Further research is needed to better test the mediation between these variables. Since Pathway A is non-significant, a Sobel's test was not necessitated. The pattern needed for mediation effect according to Baron and Kenney (1986) was not displayed. The effect size is small and non-significant ($d = .12$), thus implying disengagement is a small portion of racial discrimination and burnout (see Figure 1).

Figure 1

Mediation Pathways for Disengagement
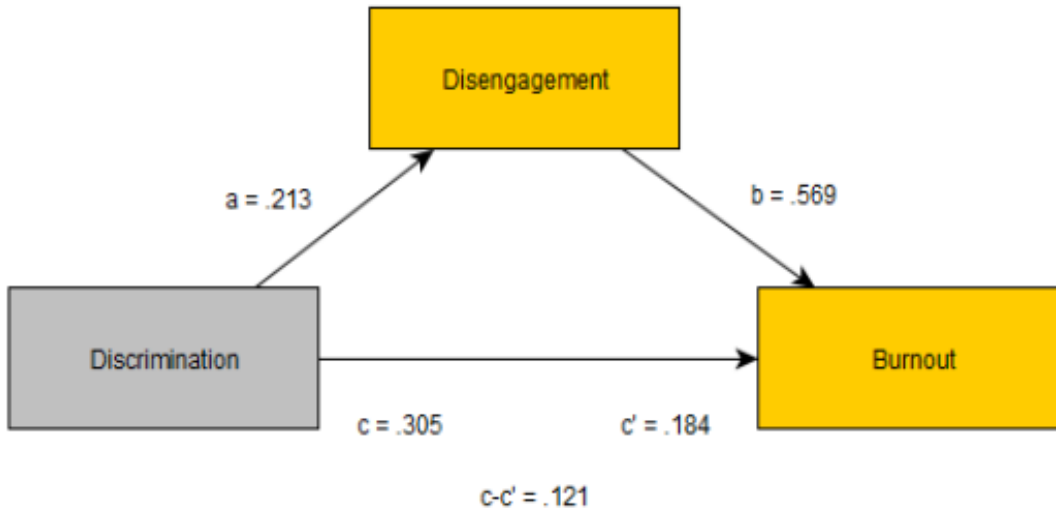
For Hypothesis 2B, results from hierarchical regressions run in Hypothesis 1 for past year, lifetime, and stress level racial discrimination, indicated the strongest relationship between burnout and racial discrimination level was at the year level ($r = .30$, $p = .05$) as opposed to lifetime level as predicted.

H3: Age and Wealth

The third hypothesis predicted increased age and wealth would moderate the relationship between racial discrimination and burnout. Multiple regressions were used to test this hypothesis (Baron & Kenney, 1986; see Table 5). Results indicated although there is not a main effect relationship between past year racial discrimination and burnout when considering age as a mediator, the interaction effect between age and past year racial discrimination is significant ($F(1, 37) = 6.73$, $p = .01$, and accounted for 14% of the variance in burnout beyond what the

main effect explains ($\Delta R^2 = .14$). Based on the positive regression coefficient, as participant age increases, the stronger the relationship between racial discrimination and burnout levels, $\beta = 2.50$, $p = .01$. Figure 2 depicts the direction of this relationship.

Results indicated although there is not a main effect relationship between past year racial discrimination and burnout when considering wealth as a moderator, the interaction effect between household income and past year racial discrimination is significant. Household income moderates the relationship between past year racial discrimination and burnout ($F(1, 37) = 4.86$, $p = .03$. The interaction effect added significantly to the model, explaining 10% of the burnout beyond what the main effect can explain ($\Delta R^2 = .10$). In terms of means centering, variables were not centered, which does not impact moderation effect or multicollinearity for this analysis (Iacobucci et al., 2016). Based on the positive regression coefficient, as participant household wealth increases, the stronger the relationship between racial discrimination and burnout levels, $\beta = 1.09$, $p = .03$. Figure 3 depicts the direction of this relationship.

Table 5

Summary of Multiple Regression Analysis for Racial Discrimination Moderators

Predictor	Unstandardized		Standardized		
	b	*SE*	B	*t*	*p*
Age	-.07	.03	-.98	-2.46	.03
Racial Discrimination	-.93	.41	-2.03	-2.23	.02
Age X RD	.03	.01	2.50	2.60	.01

|	Unstandardized		Standardized		
Predictor	b	SE	B	t	p
Wealth (Household Income)	-.30	.12	-1.04	-2.46	.02
Racial Discrimination	-.25	-.18	-.54	-1.37	.18
Wealth X RD	.11	.05	1.09	2.21	.03

Note. Age X RD $F(1, 37) = 6.73$, $p = .014$, $R^2 = .23$, adjusted $R^2 = .14$.
Wealth X RD $F(1, 37) = 4.86$, $p = .034$, $R^2 = ..22$, adjusted $R^2 = .10$.

Figure 2

Age Scatterplot
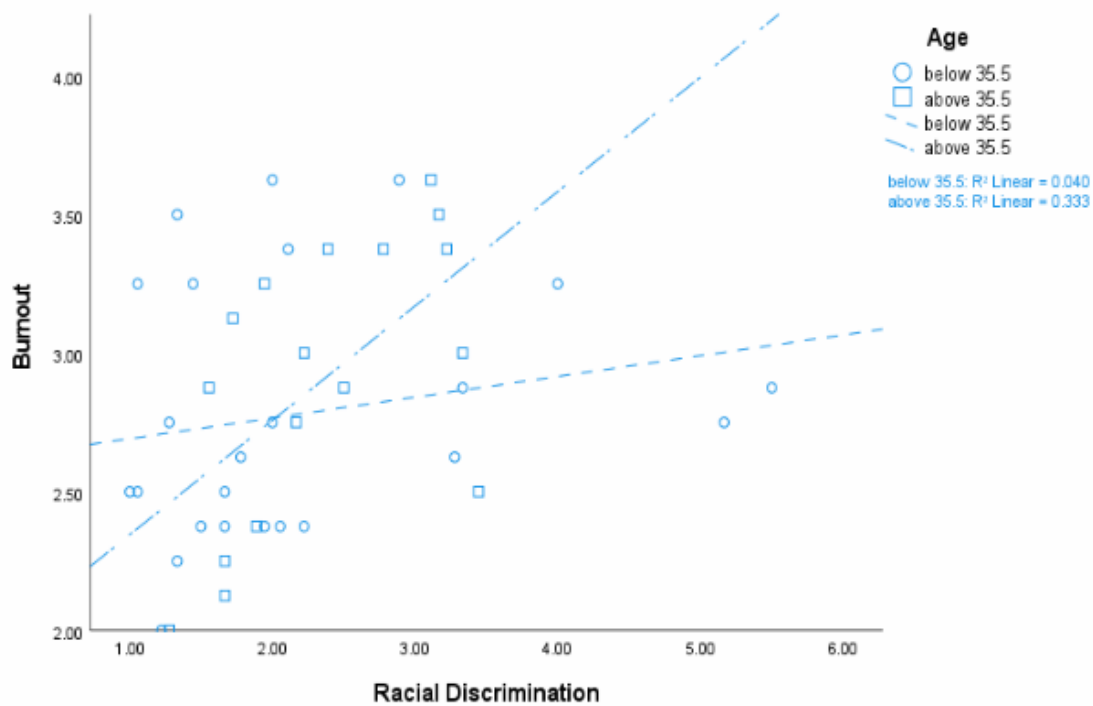
Figure 3

Wealth Scatterplot
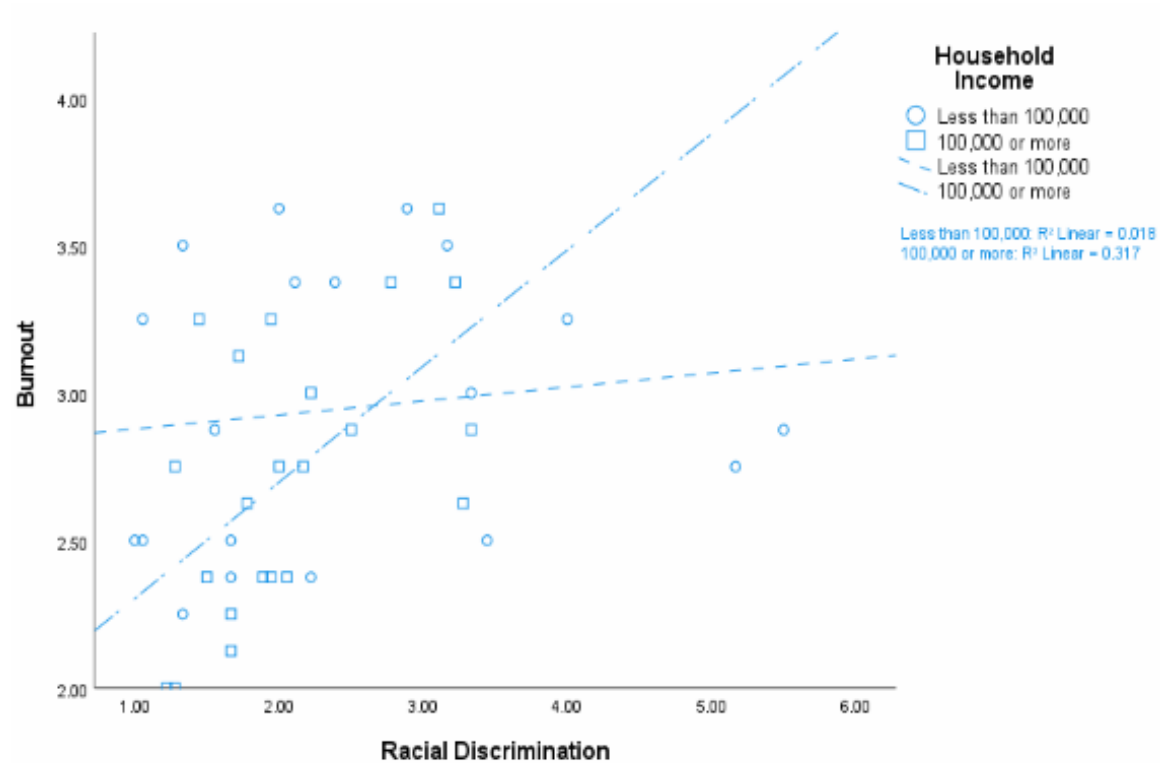
H4, H5: Job Autonomy and Person-Environment Fit

The fourth and fifth hypotheses made predictions for the relationship between job autonomy and person-environment fit. Hypothesis 4 predicted job autonomy mediates the relationship between person-environment fit and burnout, and Hypothesis 5 predicted person-environment fit would have a positive correlation with job autonomy. These hypotheses were tested using a multiple regression and Pearson correlation, respectively.

In the exploration of job autonomy as a mediator between person-environment fit and burnout, multiple pathways were explored (Baron & Kenny, 1986). Correlational analyses and multiple regressions were run using Baron and Kenney's (1986) steps (see Figure 4). For the current sample there is a non-significant relationship between racial discrimination and

disengagement. Pathway A (person-environment fit and job autonomy) was significant ($\beta = .41$)

and Pathway C (person-environment fit and burnout) was significant ($\beta = .46$). However,

Pathway B (job autonomy and burnout) was non-significant ($\beta = .127$). Therefore, the pattern

needed for mediation effect according to Baron and Kenney (1986) was not displayed. Thus, job

autonomy does not play a significant role between person-environment fit and burnout. Since

Pathway B is non-significant, a Sobel's test was not necessitated.

A Pearson's correlation was conducted to examine the relationship between person-

environment fit and job autonomy (H5). Results indicate there was significant negative

association between person-environment fit and job autonomy ($r = -.41$, $p = .007$; see Table 6).

Figure 4

Mediation Pathways for Job Autonomy
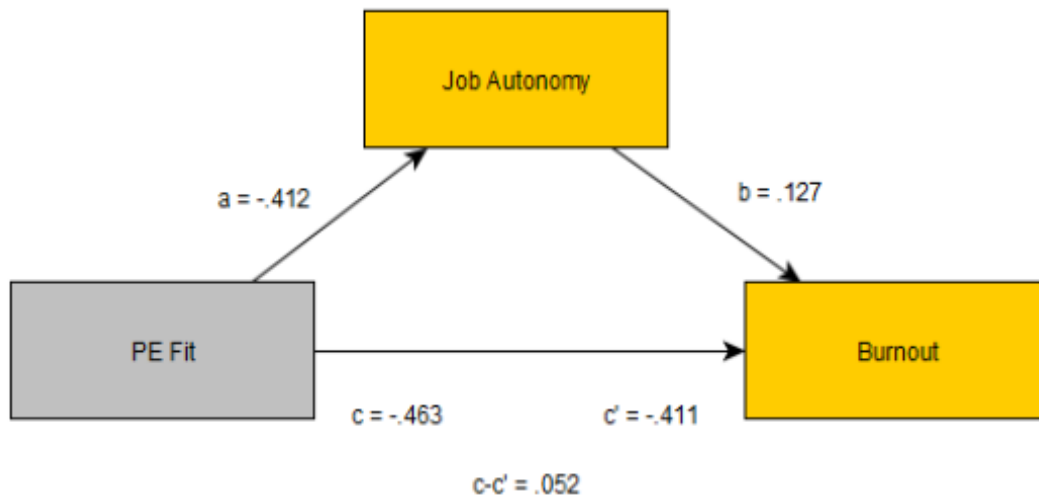
H6: Effects of Racial Discrimination and Person-Environment Fit on Burnout

The sixth and seventh hypotheses were predictions for the overall model between racial discrimination, person-environment fit, and their effects on burnout. Hypothesis 6 utilized the following predictions: Racial discrimination and person-environment fit will have a negative correlation (H6a); Person-environment fit and burnout will have a negative correlation (H6b); Person-environment fit and racial discrimination both have indirect and direct effects on burnout (H6c). Indirect effects include proposed mediation and moderations with the following variables: disengagement, age, wealth, and job autonomy. These relationships were proposed to be tested using Pearson correlations and a path analysis. Due to small sample size that did not meet the power criteria for path analysis (Streiner, 2005), these direct and indirect relationships between variables were theorized using correlations and regressions from Hypotheses 1-6.

Results indicated racial discrimination and person-environment fit have a significant negative correlation ($r = -.44$, $p = .004$). Person-environment fit and burnout have a significant negative correlation ($r = -.46$, $p = .002$; see Table 6). However, since disengagement was not a significant mediator between racial discrimination and burnout (H2a), and job autonomy was not a significant mediator between person-environment fit and burnout (H4), Hypothesis 6c cannot be satisfied for both indirect and direct relationships between variables racial discrimination, person-environment fit, and burnout.

Table 6

Pearson's Correlations Between P-E Fit, Racial Discrimination, and Burnout

	P-E Fit	
Variables	*r*	*p*
Job Autonomy	-.41	.007
Racial Discrimination	-.44	.002
Burnout	-.46	.004

Note. Racial Discrimination is for past year.

## H7: Theoretical Model of Racial Discrimination, Person-Environment Fit, and Burnout

Hypothesis 7 predicted person-environment fit and racial discrimination both have indirect and direct effects on burnout. Indirect relationships proposed included: the relationship between racial discrimination and burnout mediated by disengagement, the relationship between person-environment fit and burnout job autonomy, and the relationship between racial discrimination and burnout moderated by age and wealth. It was predicted in the original proposed path analysis (see Figure 5) that disengagement and job autonomy would serve as mediating variables between racial discrimination and burnout, and person-environment fit and burnout, respectively. Findings indicated these predicted mediations were not significant. Due to small sample size and limitation of the power of the proposed path analysis, individual Pearson's correlations and multiple regression were run on Hypotheses 1-6 as opposed to full path analysis. With a larger sample size, these relationships could be further explored through path analyses.

Results from Hypotheses 1-6 explored the nature of each individual direct and indirect relationship, and are illustrated in Figure 6. Findings indicated past year racial discrimination and burnout have a positive relationship, with age and household income strengthening the relationship between these two variables. Past year racial discrimination had a negative

relationship with person-environment fit. In addition, person-environment fit had a negative

relationship with burnout as well as job autonomy. These results should be interpreted with

caution due to small sample size.

Figure 5

Proposed Pathway Analysis
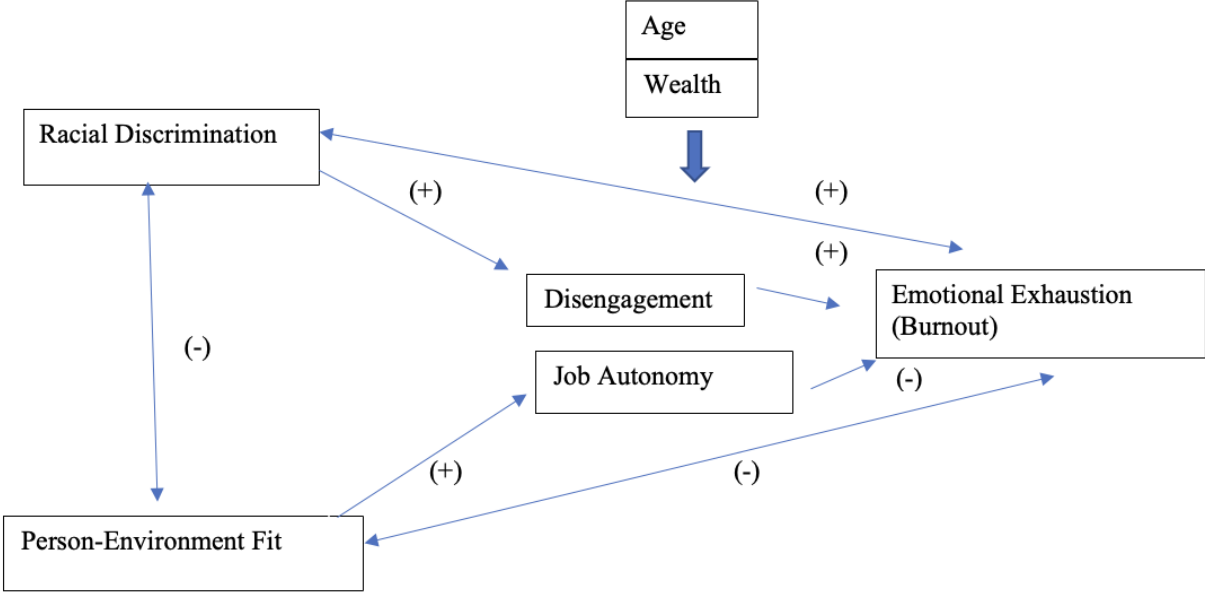
Figure 6

Flowchart of Analyses Conducted
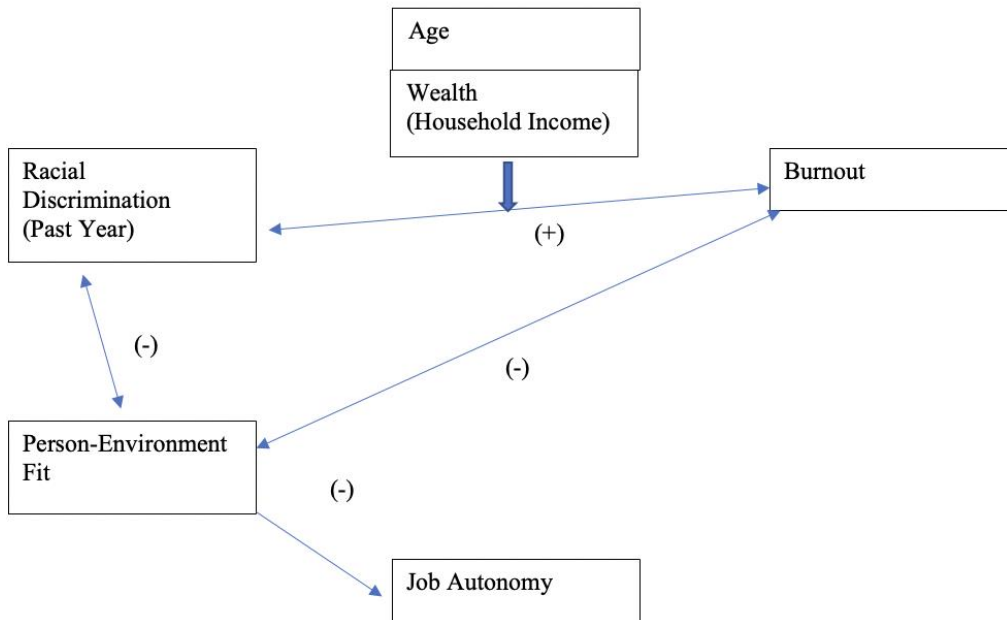
CHAPTER V

DISCUSSION

Integration With Prior Theory and Scholarship

The purpose of this study was to explore the interplay between racial discrimination and workplace burnout for women of color therapists. The variables age and wealth were examined as moderators, while both direct and indirect effects of disengagement, job autonomy, and person-environment fit were analyzed. Results from this study highlighted the following important findings.

This investigation suggests racial discrimination has a heightened influence on women of color's experiences of burnout. Specifically, reported experiences of more racial discrimination in the last year were associated with higher levels of burnout. This relationship did not hold when looking at lifetime experiences of racial discrimination or racial discrimination-related stress levels for this sample. Increased age and household income strengthen the relationship between past year racial discrimination and burnout levels. In addition, when participants reported higher levels of racial discrimination they experienced lower levels of person-environment fit at work. Interestingly, women of color therapists in the study who reported lower levels of person-environment fit tended to report higher levels of job autonomy, which was contrary to expectations. This study may serve as a model to further explore the intersections of racial discrimination, workplace burnout, person-environment fit, and the role of identity factors such as age and wealth for racial minority therapists. It is noteworthy to consider the small sample size and high participant drop out in this study when interpreting results. These are preliminary findings from which no definite conclusions may be drawn. However, the results of this study and suggestions for future research may still serve to help workplaces and supervisors

79

attend to factors that may be contributing to therapist's burnout with cultural sensitivity and thoughtfulness as to how current events may influence therapists of color on the job.

Racial Discrimination and Burnout

A primary goal of this study was to explore the unique relationship between racial discrimination and burnout for women of color therapists. Historically, previous research on the topic of burnout included little information on the intersection of racial discrimination or racial minority status and levels of burnout (O'Conner et al., 2018). While there is some information available on the intersection of race and workplace burnout, findings are inconsistent (Basma et al., 2021; Hahn, 2010; Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017). Research utilizing the JD-R model suggests individual features or coping strategies may be helpful for alleviating or contributing to burnout symptoms (Taylor & Robina Miller, 2016). In addition, burnout models historically view emotional exhaustion as the hallmark symptom of burnout for helping field workers (Demerouti et al., 2001; Maslach, 1982).

One previous study that explored interactions between racial discrimination and burnout for women of color showed self-esteem, person-environment fit, and organizational support mediated the relationship between racial discrimination and workplace burnout (Velez et al., 2018). Other studies exploring these factors provided inconsistent results with more of an emphasis on racial minority status and less attention to gender as a variable (Basma et al., 2021; Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017). The present study yields a unique contribution to the field by expanding the limited exploration of the relationship between racial discrimination and burnout, specifically for women of color therapists.

The results of this study suggest there is a relationship between last year racial discrimination and burnout. While burnout is historically understood as a chronic process

(Maslach, 1982), the present study suggests current events may have an influence on burnout symptoms. Carter and Pieterse (2020) posited through their race-based traumatic stress lens that due to systemic racism's pervasive nature in American society, the presence of racial discrimination for people of color can feel burdensome and unavoidable. Therefore, theoretically it makes sense that women of color within the helping field would be not only impacted by systemic racism, but also that women of color would be at a heightened risk for burnout due to the intensified nature of current events regarding racism in the news and the COVID-19 pandemic, in addition to the typical emotional job hazards therapists experience (Tarshis & Baird, 2018). This study makes a novel contribution to the limited burnout literature focusing on women of color, given current events were not historically taken into consideration at the time of others' investigations (Basma et al., 2021; Hahn, 2010; Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017; Velez et al., 2018) and that racial discrimination were measured in this study in terms of past year, lifetime, and current stress levels (Landrine et al., 2006).

Age and Household Income as Factors

Prior research indicated age tends to serve a protective factor for burnout (Dorociak et al., 2017; Jacobowitz et al., 2015; O'Conner et al., 2018). Additionally, prior research trends described how psychologists later in their careers had a tendency to depersonalize more but feel less emotionally exhausted, and report higher levels of personal accomplishment (O'Conner et al., 2018). In contrast, the current study's findings show that age strengthened the relationship between last year racial discrimination and burnout symptoms. There is presently limited research on the intersection of racial discrimination and burnout and personal factors that are related to these variables (Giordano et al., 2021; Hahn, 2010; Lent & Schwartz, 2012).

One study explored the role of age and other personal factors for people of color for compassion fatigue (Giordano et al., 2021). The study found that age was not associated with compassion fatigue levels in terms of client's reports of discrimination, but the therapist's age was related to secondary traumatic stress levels (Giordano et al., 2021). Another study examined vicarious traumatization levels in relation to gender and race, and results were inconclusive in regard to these variables (Hahn, 2010). Additional research is needed to explore the relationship between these personal factors and variables such as age for women of color therapists in their burnout, compassion fatigue, and secondary traumatic stress symptoms. Perhaps women are weary of the struggle as they accumulate more years of discriminatory experiences, or that this year's struggle has been particularly difficult for older therapists of color. Research supports associations between age, reports of discrimination, and hopelessness/depression in other samples of Blacks (Davis Jr., 2020; Mitchell et al., 2020) and Latinx women (Mata-Greve & Torres, 2021).

In addition, prior research suggested wealth and access to resources helps individuals cope with burnout (Dorociak et al., 2017). However, for Black and Latina individuals, historic disenfranchisement due to systemic racism places barriers on access to workplace opportunities and wealth acquisition (Williams & Williams-Morris, 2000). This history dates to enslavement and post-emancipation (Collins, 2000). This unique history with access to wealth acquisition and workplace opportunities for women of color was evidenced by the current study in that most individuals did not receive intergenerational wealth benefits. Prior research indicated that access to resources such as wealth are protective to therapists experiencing burnout so they are better able to engage in and utilize self-care (Dorociak et al., 2017). Jones' (1997) discussion of systemic racism describes how societal imbalances of power lead to lack of resources for people

of color. For master- and PhD-level therapists of color, these unique barriers for Black and Latina women can be exemplified through lack of financial resources to pay tuition and further education past community college or likelihood to be admitted to lower performing schools for example (Civil Rights Project, 2012; Davis-Maye et al., 2013; Morris, 2007).

Unexpectedly, this study indicated that increasing household income strengthens the relationship between endorsement of last year racial discrimination and burnout symptoms. This finding refutes previous burnout literature that suggests access to resources helps alleviate burnout symptoms. The present study's finding that household income strengthens the relationship between racial discrimination and burnout may be due to several reasons. One may be that women of color are still disproportionately affected by the gender wage gap (Chapman & Benis, 2017). Again, women of color have unique experiences with unpaid labor and exploitation historically, which should be noted (Collins, 2000). Therefore, even if their household income earnings are higher, they may still be personally affected by the negative consequences of wage discrepancy. Therefore, they may feel under resourced at their job. The JD-R model suggests emotional exhaustion worsens when individuals' workload outspans their available resources (Demerouti et al., 2001). This might explain why in the current study the relationship between household income was significant and personal income was not.

Also, if families of color are earning more, perhaps there is the chance for heightened racial discrimination in historically White workplaces, leadership positions, neighborhoods, and schools, which could contribute to higher levels of race-based stress and in turn, higher levels of emotional exhaustion on the job. For example, Roberts (2019) suggested that Black individuals in leadership positions may have unique challenges related to feeling authentic in the workplace, including a pressure to conform, less on the job engagement, and less motivation to stay with

their employer compared to their nonblack colleagues. In a longitudinal study that explored race and its relation to income and education increases over a 10 year period, authors found an increase in education was related to an increase in income for White individuals in the study but not for Black people. In addition, increases in income were related to higher positive affect for White individuals but not Black individuals in the study (Assari et al., 2018). Latinx individuals have distinctive experiences with household income gain in the US as well. In a study by Pew Research, findings indicated that the longer Latino immigrants were in the US, the higher their earnings tended to be, though they are disproportionately impacted by changes in the economic landscape (Kochhar, 2019). Thus, while I did not find previous scholarship specifically linking wealth increases and burnout, it appears that increases in leadership positions and in household income may lead to unique challenges for people of color. While other wealth status variables such as savings, debt, personal income, and homeowner/vehicle ownership were inconclusive in this study's model, additional research is indicated to explore the nuances in the relationship between wealth status, racial discrimination, and burnout for women of color therapists.

Racial Discrimination, Person-Environment Fit, and Job Autonomy

Person-environment fit and racial discrimination were inversely related. This finding is a unique contribution because while previous research has identified that workplace support tends to attenuate in burnout symptoms (van Woerkum et al., 2016), there is a limited amount of research about how racial discrimination and workplace fit interact with one another. One study found a positive correlation between workplace belongingness and perceived racism (Hahn, 2010). However, this study did not specifically examine person-environment fit. It makes logical sense that if racial discrimination was to be high that person-environment fit ratings might go down. It should be noted that discrimination in the workplace was not evaluated in this study.

It was predicted that person-environment fit and job autonomy would relate positively, and the results of this study showed as job autonomy went up, person-environment fit went down. It appears to be a somewhat unusual finding that person-environment fit and job autonomy are inversely related. This may be due to a unique role job autonomy plays in coping with racial discrimination and person-environment fit. Perhaps women of color therapists strive for more control on the job as a means of coping with racial discrimination or other aspects of poor person-environment fit. Some theorists suggest there is a cap on how beneficial job autonomy can be in its relationship between person-environment fit and well-being (Stiglbauer & Kovacs, 2018). These researchers found support for a curvilinear relationship between job autonomy and well-being. In addition, those trends were stronger when person-environment fit was poor (Stigbauler & Kovacs, 2018). While their study did not take race or discrimination into consideration, these scholars do note that previous research points to increased demands on attentional resources, responsibilities, and decision-making as downsides to job autonomy. Perhaps such demands are racialized for people of color and/or felt more keenly when already coping with racism. Black individuals tend to report lower levels of engagement and less satisfaction on the job than their White counterparts (Roberts, 2019) and have unique histories in terms of paid and unpaid labor exploitation and enslavement (Collins, 2000). Therefore, the present study contributes to a gap in research exploring the intersection of racial discrimination and person-environment fit.

Maslach's (1982) theory suggested depersonalization was a way individuals attempt to manage their emotional exhaustion symptoms, by distancing themselves from their work or clients. This may result in seeing clients as objects rather than people, or developing a negative or cynical worldview (Maslach et al., 2001). The JD-R model builds on this theory, suggesting

disengagement behavior is a way to cope, noting it still may result in distancing behaviors (Demerouti et al., 2001). In the present study, it was predicted that disengagement would serve as a mediator between racial discrimination and burnout levels for this sample, due to the historic role of disengagement and avoidance behaviors by women of color to cope with marginalization (Carter & Pieterse, 2020; Knighten et al., 2020; Williams & Lewis, 2019). While findings were inconclusive for these variables, it is possible that job autonomy may be a coping strategy for women of color who are experiencing lack of person-environment fit and/or heightened experiences of racial discrimination.

Influence of Current Events

This research was conducted during the COVID-19 pandemic. Historically, Black individuals disproportionately experience negative impacts from natural disasters including higher mortality rates and heightened PTSD responses (Novecek et al., 2020). People of color experienced unique disadvantages during the COVID-19 pandemic including inequitable access to healthcare and distrust of healthcare systems and negative physical health consequences of racism (Laurecin & Walker, 2020). With only 5% of physicians identifying as Black and 5.8% as Hispanic/Latinx, there is an underrepresentation of health care providers of color, which researchers predict further perpetuates distrust towards the medical field by people of color (Essein & Venkataramani, 2020). There are unique challenges for Latinx individuals as well, with Spanish-speaking clients underserviced by health care professionals leading to lower health literacy and access to care (Essein & Venkataramani, 2020). These historic and current relationships between people of color and the medical field were likely exacerbated during the COVID-19 pandemic (Essein & Venkataramani, 2020; Laurecin & Walker, 2020; Novecek et al., 2020).

It is important to note that the present study was conducted during a period of historic, heightened attention on police brutality towards Black citizens in the United States, epitomized by the murder of George Floyd. Seeing these events in the news that highlight racial disparity within systemic disenfranchisement as well as repeated disturbing images and descriptions of murders of Black individuals by police are stressful and traumatizing (Alang et al., 2017). Research on police brutality and current events' influence on the Black community highlight physical and psychological stress, economic strain, and distrust towards systems (Alang et al., 2017; Laurencin & Walker, 2020). The Latinx population has unique experiences of oppression from law enforcement as well, with higher reported levels of racial discrimination from police towards Latino men than their female counterparts, as well as fear of mistreatment from ICE (Chavez-Dueñas et al., 2019; National Public Radio et al., 2017). Given the current events of a double pandemic of racism and COVID-19, it would make sense in the current study that last year racial discrimination tended to have the strongest relationship with workplace burnout.

Some research conducted during the pandemic implies that distrust towards systems such as law enforcement for the Black community can lead into distrust of other systems, such as health care systems (Alang et al., 2017; Novecek et al., 2020). Distrust towards systems and systemic disenfranchisement could explain in part why it was difficult to obtain data from this population. Additionally, the emotional fatigue of viewing events in the news such as the Black community's disproportionately high impact of COVID-19 as well as heightened focus on police brutality could add to the emotional exhaustion that may understandably make it difficult for women of color therapists to want to participate in studies regarding sensitive topics such as racial discrimination and burnout.

Implications for Psychotherapy

Understanding the unique predictors of burnout for women of color therapists and the role of racial discrimination in workplace burnout are important in the field of counseling psychology for many reasons. For one, women of color are underrepresented as therapists, with White women holding the majority as counselors and psychologists (U.S. Census Bureau, 2017). Women of color receive fewer doctoral degrees, and still experience a significant wage gap in comparison their White female counterparts (American Psychological Association Committee on Women in Psychology, 2017). Results from this study and attention to variables that impact this population specifically may assist therapists in several ways.

Naming and defining ways racism influences professional therapeutic work would be important for therapists, who as a profession already experience emotional job hazards (Tarshis & Baird, 2018). If workspaces are predominantly White, there is a high chance the influence of racism is not being named or acknowledged in workspaces (Jones, 1997). In addition, due to systemic policing of people of color's behaviors in terms of calling out oppression, women of color may not feel inclined to vocalize their experiences with racism or feel they can express themselves authentically in the workplace (Collins, 2000; Roberts, 2019). While women of color may be well aware of ways to exercise self-care in terms of emotional burden, during periods of heightened racial trauma in the news they may still be disproportionately experiencing vicarious trauma and compassion fatigue (Miu & Moore, 2021). Within the past year during the COVID-19 pandemic, research has increased to address the gap between burnout symptoms and race for health care providers (Lawrence et al., 2021). For example, there has been a call to integrate self-care into CACREP training programs for counselors with the heightened attention to mental health care worker burnout within the COVID-19 pandemic (Harrichand, Litman, & Ausloos,

2021; Harrichand, Thomas et al., 2021). Some suggestions for counselor reduction of burnout during the pandemic include their own individual therapy, and increased supervision and consultation (Harrichand, Litman, & Ausloos, 2021). The authors also point out therapists of color may especially benefit from within community support as they may be disproportionately affected by the current events of social unrest and COVID-19.

Increasingly, it seems that researchers are becoming attuned to the gap in scholarship about racial discrimination/racial trauma and workplace burnout for health care and mental health care providers (Lawrence et al., 2021; Miu & Moore, 2021; Yang & Hayes, 2020). In addition, if autonomy is viewed as a coping strategy for person-environment fit issues on the job that may be impacted by racial discrimination, perhaps workers can begin to understand how gaining control on the job through autonomy does not have to be mutually exclusive from receiving workplace support. Since workplace support tends to help with burnout (Chang et al., 2016; Franco, 2015; O'Conner et al., 2018), some unique ways people of color may be able to seek support on the job includes receiving supervisory and peer support, and self-advocacy for work-life balance (Yang & Hayes, 2020). For within-community support apart from the workplace, several researchers suggest faith-based or culturally sensitive support systems may be helpful for counselors of color seeking support (Harrichand, Litman, & Ausloos, 2021; Lipscomb & Ashley, 2020; Litam & Hipolito-Delgado, 2021).

The present study combined with current recommendations for therapists of color, gives practitioners considerations for their work with clients moving forward with attention to burnout. Authors suggested that assessment of clients' social positioning, or how the client's intersecting identities impact their ability to receive resources within society, may be helpful in terms of understanding how to meet clients' needs during and following the COVID-19 pandemic (Litam

& Hipolito-Delgado, 2021). Conceptualization of clients through a culturally sensitive lens that considers intersecting identities can help the therapist understand their unique needs during the COVID-19 pandemic (Litam & Hipolito-Delgado, 2021). In addition, when the heightened attention to systemic racism is considered, not only can therapists consider the way they are affected by current events, but also how their clients may be affected, and how that impacts their therapeutic work together. Lipscomb and Ashley (2020) encouraged Black clinicians to collaboratively create space to validate, name, and believe the unique experiences of clients of color during this time in history. In turn, it may be important for clinicians of color to self-monitor their emotional well-being and capacity if they are noticing heightened parallel experiences with their clients of color, and take time off as needed, consult with workplace support as well as within community support, and seek their own therapy as needed.

<div align="center">**Implications for Workplaces and Policy**</div>

While there are coping strategies individuals may use to manage their burnout symptoms (O'Conner et al., 2018), much could also be done to alleviate burnout on the part of employers. For example, a caseload that does not feel overwhelming to the individual, and sensitivity to world events largely falls on the employer. From a systemic perspective, it is important for supervisors and managers to understand how their employees of color are impacted by current events, racial discrimination, and burnout, so that they may implement workplace structures and policies that aid in management and prevention of burnout. Based on the results of this study, future employers may benefit from implementing the following measures through a culturally sensitive lens, including but not limited to: attention to current events' effect on staff of color, and safe spaces to discuss racial discrimination both on and off the job, and behaviors to elevate and support women of color on staff (Harrichand, Litman, & Ausloos, 2021; Harrichand,

Thomas et al., 2021; Lipscomb & Ashley, 2020; Litam & Hipolito-Delgado, 2021). Of course managers and supervisors of color are likely to be negotiating parallel processes on top of caring for their employees of color.

Since burnout research consistently regards workplace support as an important combatant to burnout symptoms, it is important for employers to consider how to support the women of color therapists on their staff (Demerouti et al., 2001; O'Conner et al., 2018). Workplace support suggestions include, but are not limited to, sensitivity to caseload, attention to equal pay, and trainings for staff members. Employers should pay their workers appropriately for their work with attention to not only the gender pay gap, but the race pay gap as well (Blau & Kahn, 2017; U.S. Census Bureau, 2020). Diversity trainings and trainings for bias awareness for co-workers on the job would be beneficial to address how to support women of color staff members. Past support, Black feminist theory (Collins, 2000) and Chicana feminist epistemology (Calderón et al., 2012) both posit that taking the step to center women of color's voices is important for empowerment, identity development, and recognition of Black women and Latina women, respectively.

It was predicted disengagement would serve a unique role for this population given that such strategies have been previously cited to help women of color cope with racism, racial discrimination, and race-based traumatic stress (Forsyth & Carter, 2014; Knighten et al., 2020; Williams & Lewis, 2019). While it was predicted disengagement may be a coping skill for this population for heightened racial discrimination and burnout, in this study, disengagement did not serve as a significant mediator between these variables. It may be that participants who are more burned out dropped out of the survey prematurely, disengaging even within the study itself. Due to small sample size and participant drop out, assumptions about disengagement from this study

should be interpreted with caution. In addition, it would make sense if disengagement patterns are heightened during the pandemic, a period of time in which many therapists adapted to working from home. Given the unique challenges women of color face historically in terms of gender role assumptions for domestic work and a historic of oppression in workplaces (Collins, 2000), the transition to telehealth services from home may have posed unique challenges for this population, thus impacting disengagement results. Recent research reviews clearly highlight the uneven impact of the pandemic on women (Yavorsky et al., 2021) and particularly so for women of color (Laster Pirtle & Wright, 2021). Loss of childcare, push to leave the workforce, and negative impacts on levels of productivity were work place issues noted to impact women of color disproportionately compared to their male peers (Yavorsky et al., 2021). Regardless of association with burnout, signs of disengagement such as lack of attendance/absenteeism or working on projects alone could be viewed through a culturally sensitive lens rather than a punitive one by employers.

The lack of inherited wealth across participants is a noteworthy demographic trend in this study. This, along with the historic wealth disenfranchisement of people of color (Carter & Pieterse, 2020; Jones, 1997), should be considered in the advocacy for fair wages for women of color and affirmative action would help alleviate this risk factor for burnout. This may mean leadership in workplaces that employ therapists research the racial as well as gender wage gap within the field of psychology and adjust salaries and promotion schedules accordingly since women of color therapists have a two-fold disadvantage by the pay gap (U.S. Census Bureau, 2017). Additional support in this area could include a focus on women of color in leadership, representation in committees, and open conversations/policies about salary on staff.

Strengths and Limitations

Strengths

This study yielded several new contributions to the body of research on workplace burnout, with special consideration for the population of women of color therapists. The strengths of this study are as follows. This study explored the connections between racial discrimination and workplace burnout, an understudied topic. Specifically, this study measured racial discrimination experiences from multiple time frames (lifetime, past year, current level), a unique contribution to the pre-existing body of literature on this topic. This study made the unique contribution of not only bridging this gap in the research, but also by highlighting the intersectional issues for women of color therapists. In addition, this researcher examined how age and wealth moderate the relationship between racial discrimination and burnout as well as the role job autonomy may play for women of color in coping with person-environment fit issues and racial discrimination. Finally, the findings that past year racial discrimination served as the strongest relationship to burnout during the double pandemic of COVID-19 and social unrest due to systemic racism, brings forth unique considerations for how current events may influence burnout levels for women of color therapists.

Limitations

There are several limitations to this study, which are noted below. Many of these limitations have logical implications for future research, which are discussed in a section to follow. A limitation of this study was small sample size ($N = 41$) and participant drop out. Another limitation of this study is that only Black and Latina female-identifying participants were surveyed. There was rationale for this chosen population, and research suggests to not use White individuals as the control group (Syed, 2020). While some studies have compared White

versus racial minority individuals' experiences with burnout, the results have been inconclusive (Basma et al., 2021; Lawrence et al., 2021; Lent & Schwartz, 2012; Vasquez, 2017). In addition, while Asian individuals have different experiences with the college pipeline issues than Black and Latinx folx, during the time of this study there was an uptick in Asian hate crimes due to anti-Asian and xenophobic attitudes during the COVID-19 pandemic (Chen et al., 2020). This increase in Asian hate crimes was not only in the United States but also globally (Wang et al., 2020). Psychology would benefit from grasping a deeper understanding not only of burnout and racial discrimination, but the impact of current events on these populations as it relates to the workplace.

Additionally, most participants were Latina as opposed to Black or multiracial. While there are unique underrepresentation issues for women of color in the field of psychology, it is worth noting that similar issues exist for Black and Latina women in terms of access to higher education and college pipeline issues (American Psychological Association, 2019; Davis-Maye et al., 2013) and yet more Latina women were reached for this study. Snowball sampling was one of the methods used to gather data for this study, which may have influenced who was accessed for survey dissemination. This may have impacted the results of the study given Latina women may use different coping skills for burnout than Black or multiracial women. In addition, lack of successful outreach to Black therapists for studies may be in part due to Black fatigue, as members of this community negotiated heightened national focus on police brutality towards the Black community during the duration of this study (*State of Minnesota v. Derek Michael Chauvin*, 2021). I made a conscious decision to cease data collection in order to attend to this concern.

Data Collection Cessation

By attempting to understand the compounding stressors for people of color during the COVID-19 pandemic, the decision was made to cease data collection due to potential heightened emotional distress by participants considering the study. This potential heightened emotional stress was evidenced by survey cessation after burnout and racial discrimination scales, receipt of email messages from potential participants who indicated that due to world events they felt unable to complete study, and a disproportionate survey completion from Latina participants vs. Black participants. While there is an informed consent given to each participant, and I understand that inclusion in research is highly important for people of color; on the other hand, given that 61.2% of participants ceased survey completion early, I believe it was appropriate to halt data collection during this time of intensified distress in the dual pandemics.

In reference to theories and epistemologies, Black feminist thought (Collins, 2000) calls for the centering and empowerment of Black women's voices, and Chicana feminist epistemology calls for Latina women to use their experiences to contribute to knowledge (Calderón et al., 2012). I attempted to balance this call for centered voices with attention to race-based traumatic stress, which Carter and Pieterse (2020) argued can feel chronically taxing and unavoidable. Race-based traumatic stress exists in non-pandemic times, but has been intensified during this historic period, multiple potentially compounding, emotionally distressing experiences that contribute further to burnout (Lipscomb & Ashley, 2020; Miu & Moore, 2021). In summary, because data collection was ceased, the power of the results in this study are substantially limited by its small sample size ($N = 41$).

In addition, upon examination of missing data analyses, it appears that there were non-significant differences between completers vs. non-completers of the study who answered some

of the scales. It is a limitation of the study imputations were not run for missing data. However, of the participants who did not complete any survey items after the informed consent and pandemic stress item ($N = 13$), perhaps non-random participation is taking place and participants who are more burned out or using disengagement strategies have self-selected to drop from the study prematurely. Future research could benefit from re-ordering of survey items with attention to burnout, from qualitative research, and from pre-screening interviews. Additionally, more resources for participants' emotional distress in order to obtain a sample size large enough to draw conclusions about the mechanisms of burnout and intersection with racial discrimination for women of color would be desirable.

Implications for Future Research

Future studies would benefit from examining ways to collect data about racism in a culturally sensitive fashion that considers the impact of current events on people of color. In addition, future studies may benefit from exploring ways to reach Black therapists in burnout studies in a way that sensitively takes into context the historic and current impacts of systemic racism, as well as utilizes scales that consider the participant's emotional status with intersecting experiences of racial discrimination as well as burnout (Carter & Pieterse, 2020). In addition, when surveying women of color, scales that capture information specifically about gendered racism (Essed, 1991) may better attune to the needs of this population and could possibly help with participant drop out and emotional fatigue.

While the role of disengagement in the relationship between racial discrimination and burnout was inconclusive in this study, future studies with a larger sample size may benefit from exploring this relationship further as well as further exploring the role of job autonomy. It is possible Latina women cope and Black women cope differently with disengagement behaviors,

and with a larger sample size perhaps this could be differentiated. It was predicted person-environment fit and job autonomy would have a positive relationship rather than negative, given if an individual fits in their environment more theoretically they would feel more empowered to carry on autonomous tasks and have more control at their job. However, in this study the inverse occurred. Future studies may benefit from exploring the unique role job autonomy plays for racial minority therapists in terms of burnout.

Participant drop out could be addressed in future research through scale production and dissemination that consider the emotional impact the combination of racial discrimination surveys and burnout surveys. Researchers would benefit from finding a way to collect this information in a way that is sensitive to the participants' emotional capacity due to the sensitive nature of the topics. This may involve within community involvement on development of scales, pre-screening questionnaires, or in-person interviews for greater access to resources for emotional distress.

Future studies may benefit from exploring these impacts on not only Asian individuals as well but also men of color. Black men experience heightened risk for police brutality, a current event that was particularly salient during the time of the study (Alang et al., 2017). Also, research suggests Latino men may have unique challenges in asking for help when experiencing workplace burnout (Teran et al., 2017). In addition, Latino men report higher levels of discrimination in police interactions than their female counterparts (National Public Radio et al., 2017). Broadening the population to men and non-binary individuals of color may be beneficial in gaining a deeper understanding of the intersections of gender, racial discrimination, and burnout. Further exploration on differentiating the unique impacts of racial discrimination and burnout for Latina women and Black women may be beneficial.

Conclusions

Given the historic role of racism and racial discrimination on society's systems, and more specifically its impact on people of color in the college pipeline, examination of the unique experiences of burnout for women of color is an important exploration for the field of counseling psychology. The findings of this study tentatively contribute to the field through a unique examination of the intersection of past year racial discrimination and workplace burnout for women of color therapists. By examining the role of current events in the process of burnout for women of color, workers, employers, and workplaces could implement measures to help workers manage and prevent workplace burnout with cultural sensitivity. Future studies could benefit from scale use and development with sensitivity to these population's unique needs with historic racism and disenfranchisement to broaden research outreach to these understudied and underrepresented communities within therapy.

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APPENDIX A

DEMOGRAPHIC INFORMATION

Demographic Questions:

1. What is your race?

2. Please indicate how you identify your gender.

3. What professional license do you hold?

4. How long have you held the aforementioned licensure?

5. Which of the following best describes your workplace environment setting? (Private practice, college counseling center, community mental health, VA, hospital, prison system, other)

6. How old are you?

7. I own my own home (Y/N)

8. I own my own vehicle (Y/N)

9. I have acquired intergenerational wealth benefits (Y/N)

10. Which of the following describes your household income? (Under 25,000, $25,000-$49,999, $50,000-$74,999, $75,000-$99,999, $100,00-$124,999, $125,000-$174,999, More than $175,000)

11. Which of the following describes your personal income? (Under 25,000, $25,000-$49,999, $50,000-$74,999, $75,000-$99,999, $100,00-$124,999, $125,000-$174,999, More than $175,000)

12. Which of the following describes how much debt you have at this time? (Less than $20,000, $20,000-$49,999, $50,000-$74,999, $75,000-$99,999, More than $100,000)

13. Which of the following describes how much you hold in savings accounts? (Less than $20,000, $20,000-$49,999, $50,000-$74,999, $75,000-$99,999, More than $100,000)

14. How much additional stress, if any, has been added to your life due to the COVID-19 pandemic? Some examples of stress include: difficulty coping with tasks you've been given, feeling unable to control important things in your life, or feeling nervous, irritated, or angered by things outside of your control. (Use the following scale to answer: 1 = My life is no more stressful than prior to the pandemic. 10 = The pandemic has added extreme stress to my life.)

APPENDIX B

OLDENBURG BURNOUT INVENTORY (OBI)

Instructions: Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree).

1. I always find new and interesting aspects in my work. (D)
2. There are days where I feel tired before I arrive at work. (E-R)
3. It happens more and more often that I talk about my work in a negative way. (D-R)
4. After work, I tend to need more time than in the past in order to relax and feel better. (E)
5. I can tolerate the pressure of my work very well. (E)
6. Lately, I tend to think less about the work and do my job almost mechanically. (D-R)
7. I find my work to be a positive challenge. (D)
8. During my work, I often feel emotionally drained. (E-R)
9. Over time, one can become disconnected from this kind of work. (D-R)
10. After working, I have enough energy for leisure activities. (E)
11. Sometimes I feel sickened by my work tasks. (D-R)
12. After my work, I normally feel worn out and weary. (E-R)
13. This is the only type of work I can imagine myself doing. (D)
14. Usually, I can manage the amount of work well. (E)
15. I feel more and more engaged in my work. (D)
16. When I work, I usually feel energized. (E)

Note:
Disengagement items are 1, 3(R), 6(R), 7, 9(R), 11(R), 13,15.
Exhaustion items are 2(R), 4(R), 5, 8(R), 10, 12(R), 14, 16.
(R) indicates a reverse score when higher score = higher levels of burnout.

Delgadillo et al (2018) reported "Therapists are identified as having low, medium or high OLBI-D scores, based on scores above or below 1 standard deviation of the mean (M = 2.15, SD = 0.52; ≤1.62 = low, 1.63 to 2.67 = medium, ≥2.68 = high)."

APPENDIX C

GENERAL ETHNIC DISCRIMINATION (GED) SCALE

Instructions: We interested in your experiences with racism. As you answer the questions below, think about your ENTIRE LIFE, from when you were a child to present. For each question, please circle the number that best captures the things that have happened to you.

For questions 1-17 participants answers the following prompts:
How often in the past year?
How often in your entire life?
(1 = Never, 2 = Once in a while, 3 = Sometimes, 4 = a lot, 5 = Most of the time, 6 = Almost all the time)

How stressful was this for you?
(1 = Not stressful at all, 6 = Extremely stressful)

1. How often have you been treated unfairly by **teachers and professors** because of your race/ethnic group?
2. How often have you been treated unfairly by your **employers, bosses, and supervisors,** because of your race/ethnic group?
3. How often have you been treated unfairly by your **coworkers, fellow students, and colleagues** because of your race/ethnic group?
4. How often have you been treated unfairly by **people in service jobs** (by **store clerks, waiters, bartenders, bank tellers, and others**) because of your race/ethnic group?
5. How often have you been treated unfairly by **strangers** because of your race/ethnic group?
6. How often have you been treated unfairly by **people in helping jobs** (by **doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others**) because of your race/ethnic group?
7. How often have you been treated unfairly by **neighbors** because of your race/ethnic group?
8. How often have you been treated unfairly by **institutions** (by **schools, universities, law firms, the police, the courts, Department of Social Services, the Unemployment Office and others**) because of your race/ethnic group?
9. How often have you been treated unfairly by **people you thought were your friends** because of your race/ethnic group?
10. How often have you been **accused or suspected of doing something wrong** (such as **stealing, cheating, not doing your share of the work breaking the law**) because of your race/ethnic group?
11. How often have people **misunderstood your intentions or motives** because of your race/ethnic group?
12. How often do you **want to tell someone off for being racist towards you but didn't say anything**?
13. How often have you been **really angry about something racist that was done to you**?

14. How often have you been **forced to take drastic steps** (such as **filing a grievance, filing a lawsuit, quitting a job, moving away, and other actions**) to deal with something racist that was done to you?
15. How often have you been **called a racist name**?
16. How often have you **gotten into an argument or fight about something racist that was done to you or done to another member of your race/ethnic group**?
17. How often have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your race/ethnic group?

For question 18 participant answers the following prompts:
In the past year?
In your entire life?
(1 = The same as it is now, 2 = A little different, 3 = Different in a few ways, 4 = Different in a lot of ways, 5 = Different in most ways, 6 = Totally different)

18. How *different* would your life be now if you *HAD NOT BEEN* treated in a racist and unfair way?

APPENDIX D

THE GENERAL ENVIRONMENT FIT (GEF) SCALE

Instructions: The items below ask about how well the **workplace** you currently **work** in matches your values, needs, abilities, and characteristics. Please circle the number to indicate how much you agree or disagree with each statement (1= strongly disagree, 2 = agree, 3 = disagree, 4 = strongly agree).

1. My personal abilities and education are a good match for the demands that my **setting** places on me. (DA)

2. The other **colleagues** of my **workplace** are similar to me. (MS)

3. I do not add anything unique to my **workplace**. (UR*)

4. My values prevent me from fitting in with my **workplace**. (VC*)

5. I have the ability to meet the demands of my **workplace**. (DA)

6. The other **colleagues** of my **workplace** are different from me. (MS*)

7. My **workplace** fulfills my needs. (NS)

8. There is a poor fit between what my **workplace** offers me and what I need in a **workplace**. (NS*)

9. The values of my **workplace** do not reflect my own values. (VC *)

10. My unique differences add to the success of my **workplace**. (UR)

11. The **workplace** that I **work** in does not have the attributes that I need in a **setting**. (NS*)

12. I am different than the other residents of my **workplace**. (MS*)

13. The match is very good between the demands of my **workplace** and my personal skills. (DA)

14. I am not able to meet the demands of my **workplace**. (DA*)

15. Nothing unique about me adds to the success of my **workplace**. (UR*)

16. I am similar to other residents of my **workplace**. (MS)

17. I make unique contributions to my **workplace**. (UR)

18. My personal values are similar to those of my **workplace**. (VC)

Reverse scored items*

Note: The **setting** placeholders are replaced with the name or type of setting (setting = workplace), the **action** placeholders are replaced with the action associated with the setting (action = work), the **members** placeholder is replaced with the term used for members in the setting (members = colleagues).

PE Fit Subscales:
VC indicates Value Congruence subscale items
NS indicates Needs-Supplies subscale items
DA indicates Demands-Abilities subscale items
MS indicates Interpersonal Similarity subscale items
UR indicates Unique Role subscale items

APPENDIX E

JOB AUTONOMY QUESTIONNAIRE

Instructions: How true is this of your current job? (1 = very true, 2 = somewhat true, 3 = a little true, 4 = not at all true)

1. I control the content of my job.
2. I have a lot of freedom to decide how I perform assigned tasks.
3. I set my own schedule for completing assigned tasks.
4. I have the authority to initiate projects at my job.

No reverse scored items.

APPENDIX F

RECRUITMENT LETTER

Hello,

My name is Chrissy Davis. I am a doctoral candidate in the Counseling Psychology Doctoral Program at Texas Woman's University in Denton, TX. Please consider participating in my study of women of color therapists' experiences with workplace burnout and racial discrimination. Little information currently exists on this topic, so your voice and experiences are important.

This research is being conducted for my dissertation and is approved by Texas Woman's University (IRB# pending).

If you'd like to participate, please click on the link below, which will take you to an Informed Consent statement and the surveys' items. It will take about 15-20 minutes to complete.

[Insert link here]

Warmly,
Christine (Chrissy) Davis
Email and/or phone contact #

INFORMED CONSENT

TEXAS WOMAN'S UNIVERSITY (TWU)
CONSENT TO PARTICIPATE IN RESEARCH

Title: Predictors of Burnout for Women of Color Therapists

Principal Investigator: Ms. Christine (Chrissy) Davis .... cdavis36@twu.edu 903/343-5330
Faculty Advisor: Dr. Sally Stabb, PhD .... sstabb@twu.edu   940/898-2149

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Ms. Christine (Chrissy) Davis, a student at Texas Woman's University, as a part of her dissertation. The purpose of this research is to determine how racial discrimination impacts workplace burnout for women of color therapists. You have been invited to participate in this study because you have identified yourself as a woman and are currently a licensed mental health professional. As a participant you will be asked to take part in an online survey about the experiences of workplace burnout and racial discrimination for women of color therapists. This data will be collected separately for your email address and contact information to ensure your confidentiality. The total time commitment for this study will be about 15-20 minutes. Following the completion of the study your email address will be entered in a drawing for a $20 gift card for your participation. The greatest risks of this study include potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study you will be asked to spend time answering an online survey. The study will take approximately 15-20 minutes. The survey will ask questions about your experiences with racial discrimination and your experiences in the workplace as a therapist, as well as some demographic questions and information about your work setting. In order to be a participant in this study, you must be at least 18 years of age or older and have held full licensure as a therapist for 2+ years.

Potential Risks

The survey will ask you some questions about racial discrimination. A possible risk in this study is discomfort with these questions you are asked. If you become tired or upset you may take breaks as needed. You may withdraw from the study at any time. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources. This list can be printed or saved via Screenshot if you wish to retain this information.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Demographic information will be collected but will not be associated with your name.

Only the researcher, and her advisor will access the results to the study. The results of the study may be reported in scientific magazines or journals but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will be entered in a drawing for a $20 gift card for your participation. If you would like to know the results of this study and be entered into the drawing, we will email or mail them to you.*

Questions Regarding the Study

You will be able to print a copy of this consent form to keep, or you may take a screenshot of it if you wish. If you have any questions about the research study you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Address: _____

APPENDIX H

RESOURCE LIST

The following are resources available should you become emotionally distressed from the study.

American Psychological Association – Psychologist Locator
https://locator.apa.org

National Register of Health Service Providers in Psychology
http://www.nationalregister.org/

Psychology Today Find a Therapist
http://therapists.psychologytoday.com/rms/

Therapy for Latinx
https://www.therapyforlatinx.com/

Association of Black Psychologists
https://www.abpsi.org/

The National Latinx Psychological Association
https://www.nlpa.ws/

Black Therapist Network
https://blacktherapistnetwork.com/

Black Female Therapists
https://www.blackfemaletherapists.com/

National Association of Black Counselors
https://www.nabcounselors.org/