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The Impact of Work Setting, Demographic Characteristics, and Personality Factors Related to Burnout Among Professional Counselors

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This study investigated the relationship between burnout and clinical work setting, demographic characteristics, and personality factors among a national sample of professional counselors (N = 340) and found significant differences in degree of burnout between work settings. Community mental health outpatient counselors reported significantly greater burnout than either private practice or inpatient counselors. A complex interaction of sex, race, and years of professional experience also differentiated the degree of burnout. With regard to personality factors, counselors with less neuroticism and higher extraversion, agreeableness, and conscientiousness experienced greater personal accomplishment and less depersonalization and emotional exhaustion.

Burnout has been defined in various ways since the construct was introduced in 1974. The first definition of burnout, as a state of physical and emotional depletion at work, was proposed by Freudenberger (as cited in Maslach & Goldberg, 1998). This state has historically been perceived as most prevalent among persons in the helping professions (Maslach & Goldberg, 1998). Burnout thus indicates mental or physical depletion after a period of unrelieved job-related stress that can also culminate in physical illness (Mosby, 2008); it is both job-related and pervasive, affecting an individual in all-encompassing ways (Lloyd, King, & Chenoweth, 2002). It is common among mental health providers in both civilian and military settings (Ballenger-Browning et al., 2011) and in the U.S. and internationally (de Oliveira Santos & Cardoso, 2010). Burnout is also multidimensional in that it is a biopsychosocial syndrome of being overloaded (Leone, Wessely, Huibers, Knottnerus, & Kant, 2011) that interacts with such work-related factors as type of duties and setting, types of clients served, provider gender (Ballenger-Browning et al., 2011), age (de Oliveira Santos & Cardoso, 2010), and other variables.

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Early in the evolution of the theory of burnout, Maslach and Jackson (1984) defined the construct as a prolonged response to chronic emotional and interpersonal stressors on the job that was comprised of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. The main component of burnout is emotional exhaustion, the stress dimension; it involves feelings of being overextended affectively and a belief that one does not have adequate emotional resources to cope with and function in the work environment. Depersonalization, the interpersonal or social dimension, is characterized by a detached response to other people, including a loss of idealism. Reduced personal accomplishment is a decline in an individual's feelings of competence and actual productivity within the work environment. This dimension also relates to the self-evaluation dimension (Maslach, Schaufeli, & Leiter, 2001). Burnout is often experienced as "a state of physical, mental, and emotional exhaustion caused by long-term involvement in an emotionally demanding situation" (Gilliland & James, 2001, p. 610), which is true of counselors, who must cope with complex life problems that are affecting job-related self-efficacy (Jenaro, Flores, & Arias, 2007) while also adjusting to the demands of managed care and related limitations (Acker, 2010). For prevention purposes it is therefore crucial for counselors to fully understand the causes of burnout.

A review of the burnout-related literature in general between 1974 and 2012, completed using PsycInfo, yielded over 4,000 results. However, few publications within this plethora of studies specifically address causes of burnout among mental health professionals. Moreover, there has been little empirical research on professional factors that have been theorized to affect degree of burnout among counselors, such as type of work setting, demographic characteristics, and personality factors. The following section reviews studies, sorted chronologically from older to more recent in each category, that have attempted to address burnout-related factors among mental health professionals.

Regarding work settings, Dupree and Day (1995) reported that therapists in private practice experienced less burnout than those working in the public sector. Similarly, Van Morkhoven (1998) and Vredenburgh, Carlozzi, and Stein (1999) showed that psychologists in private practice reported the lowest levels of burnout, and Prosser et al. (1999) suggested that practitioners in community mental health experience more stress than those working in inpatient settings. However, Sorgaard, Ryan, Hill, and Dawson (2007) found no significant differences in burnout among community and inpatient counselors. These studies suggest that burnout may be influenced by the setting in which counselors are employed, but because the results are inconclusive, more research is needed.

Regarding counselor demographic characteristics, McDermott (1984) showed that neither age, sex, marital status, employment status of spouse, num-

ber of dependents, or number of hours worked was correlated with burnout. Naisberg-Fennig, Fennig, Keinan, and Elizur (1991) found that neither sex nor years of experience was associated with burnout among therapists. Later, however, Dupree and Day (1995) and Van Morkhoven (1998) demonstrated that males had more burnout than females. Regarding race, Salyers and Bond (2001) found that African American case managers reported less burnout than Euro-American. Jiang, Yan, and Shuyue (2004) and Garner, Knight, and Simpson (2007) found that younger psychologists had more burnout. Although analysis of the demographic characteristics of professionals is complex and it is difficult to ascertain conclusive correlations between these characteristics and burnout, this is an important area of research because demographic characteristics may relate to level of experience, interaction with colleagues or clients, or personal coping methods that may help or hinder burnout prevention. Because results from previous studies, though promising, seem inconsistent, again further research is warranted.

Regarding personality type and counselor burnout, Capner and Caltabiano (1993) suggested that in general paid and volunteer mental health professionals with a Type A personality had more job stress. Several related studies examined personality and burnout using the Big Five (Thurstone, 1934) personality variables (i.e., the Five Factor Model). Mills and Huebner (1998) reported that among school psychologists greater extraversion and agreeableness, and less neuroticism seemed to reduce emotional exhaustion. More agreeableness and less neuroticism were related to reduced depersonalization. Increased extroversion and less neuroticism were correlated with a heightened sense of personal accomplishment among school psychologists (Costa & McCrae, 1992). These results were reportedly beyond factors related to work incidents and demographic characteristics. Extraversion refers to increased sociability, assertiveness, talkativeness, and preferring to work with other people. Neuroticism refers to such negative traits as decreased emotional stability and impulse control and increased anxiety. Agreeableness relates to being helpful, cooperative, and sympathetic to others. Similarly, Bakker, Van der Zee, Lewig, and Dollard (2007) found that increased emotional exhaustion and depersonalization were predicted by less emotional stability and greater introversion among volunteer helping staff. As Ghorpade, Lackritz, and Singh (2007) explained, more evidence about personality type and burnout is needed, especially because traits like conscientiousness (tendency to show self-discipline, act dutifully, and aim for achievement); agreeableness (tendency to be compassionate and cooperative rather than suspicious and antagonistic toward others); and openness (a general appreciation for art, emotion, adventure, unusual ideas, imagination, curiosity, and variety of experience) may act as buffers against burnout for counselors.

In addition to inconclusive findings, previous studies often had method-

ological limitations. For example, most studies (e.g., Ashtari, Farhady, & Khodaee, 2008; Carney, Donovan, Yurdin, & Starr, 1993; Dupree & Day, 1995; Salyers et al., 2011; Sturgess & Poulsen, 1983; Wachter, Clemens, & Lewis, 2008) employed local or state-wide rather than national samples, which limits the generalizability of results. Some studies (e.g., Van Morkhoven, 1998; Jiang et al., 2004) used unsophisticated data analyses and others used questionable burnout inventories (e.g., Gillespie & Numerof, 1991; McDermott, 1984; Weinberg, Edwards, & Garove, 1983). For example, to compare means of their samples Van Morkhoven (1998) and Jiang et al. (2004) used t-tests, a relatively weak method of statistical analysis that could be corrected in future research. Other studies were limited by small sample sizes (e.g., Bakker et al., 2007; Capner & Caltabiano, 1993; Naisberg-Fennig et al., 1991) typically ranging from 49 to 81 participants. Finally, there was clearly a failure to study burnout among professional counselors. Therefore, it is difficult to know the extent to which previous results apply to the counseling profession.

As Goodyear (2000) explained, unique accreditation and licensure standards are among the many factors differentiating counselors from other mental health professionals. The standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) promote a philosophical, academic, and professional differentiation among counseling programs. For example, the standards require that counseling programs explicitly address self-awareness and self-care strategies. Counselor licensure laws specify both the unique scope of practice and the identity of counselors. In order to advance the counseling profession, however, additional burnout-related empirical research is needed. Such research can have practical implications for both the workplace and for counselors' own understanding of how to cope with burnout symptoms.

The purpose of this study was to empirically investigate in a national sample of professional counselors the impact of work setting, demographic characteristics, and personality factors on burnout. It posed the following questions: (a) Does degree of burnout differ among counselors working in inpatient, community mental health outpatient, and private practice settings? (b) Does degree of burnout differ among counselors based on years of experience, sex, or race? (c) Do personality factors such as agreeableness, extraversion, conscientiousness, neuroticism, and openness to experience predict degree of burnout among counselors?

METHOD

Participants

Participants were professional counselors (defined as individuals who held a state license to practice counseling in the United States) who were

members of the American Counseling Association (ACA) or a Midwestern state counseling association. The sample population included counselors who worked in inpatient settings (including partial hospitalization and residential treatment settings); community mental health outpatient settings; and private practice outpatient settings. Responses were collected from 340 professional counselors, of whom 56 percent (n = 192) held a state professional counselor or licensed professional counselor license, and 44% (n = 148) held a state professional clinical counselor or licensed clinical professional counselor license. Of the 340 participants, 77% (n = 261) held a master's degree and 34% (n = 79) a doctoral degree. The sample was 75% (n = 246) female and 25% (n = 86). Eighty-five percent (n = 290) were White/Euro-American, 11% (n = 39) Black/African-American, 2% (n = 5) Native American, and 2% (n = 6) Hispanic/Latin American. Regarding counseling experience, 30% (n = 102) of the study sample indicated 0–4 years of experience, 23% (n = 78) 5–9 years, 16% (n = 54) 10–14 years, and 31% (n = 106) 15 years or more.

Procedures

The study was conducted using a national online survey. An email was sent to about 800 professional counselors using a Midwestern state counseling association listserv and an ACA member list. The response rate is estimated at about 45% based on the number of counselors contacted and the number of surveys completed; however, an exact response rate could not be determined due to changes in state association membership during the survey period. The survey contained information about and a request for participation in the study, an informed consent document, a demographic questionnaire, the Maslach Burnout Inventory–Human Services Survey (Maslach, Jackson, & Leiter, 1996), and the International Personality Item Pool (Goldberg, 1992). Time for completing the entire survey was estimated at 15–20 minutes. The research design was preapproved by a Midwestern university Institutional Review Board.

Instruments

Demographic Questionnaire. The demographic questionnaire included questions related to years of experience, sex, race/ethnicity, type of counseling license held, highest degree held, specialty area for degree, and primary work setting. Work-related options were inpatient settings (residential treatment facilities and total or partial hospitalization facilities); outpatient settings (community mental health or college counseling centers); and private practice outpatient settings (group or independent practices).

International Personality Item Pool Big Five. Personality factors were evaluated using the 50-item International Personality Item Pool Big Five (IPIP; Goldberg, 1999). The IPIP is a public-domain personality measure representing the constructs of the Five Factor Model of the NEO Personality Inventory

(NEO-PI-R): neuroticism, openness to experience, agreeableness, extraversion, and conscientiousness (Costa & McCrae, 1992). (Scale construction as described by Goldberg (1992) can be accessed at http://ipip.ori.org/.) Each item is scored using a five-point Likert scale depending on character fit for the participant (1 = *Very inaccurate*, 2 = *Moderately inaccurate*, 3 = *Neither inaccurate nor accurate*, 4 = *Moderately accurate*, 5 = *Very accurate*). A score is calculated for each of the five subscales. IPIP items use short phrases, which are more contextualized than single-word adjectives: e.g., "Dislike being the center of attention," "Enjoy the beauty of nature," "Get upset easily."

With regard to reliability, Donnellan, Oswald, Baird, and Lucas (2006) found acceptable internal consistencies across five studies and test-retest correlations similar to the parent measure at intervals of a few weeks to several months. With regard to validity, the IPIP contains scales that correlate highly with the corresponding NEO-PI-R domain scores, with correlations ranging from .54 to .92. The IPIP has thus been shown to accurately represent the original NEO-PI-R on which it was based. Lim and Ployhart (2006) found a good fit for the Five Factor Model underlying the IPIP subscales, evidence for convergent and discriminant validity, and interchangeability of the IPIP with the NEO-PI-R. In fact, the IPIP scales outperformed the NEO-PI-R versions as predictors of many constructs (Buchanan, Johnson, & Goldberg, 2005). Also, shorter personality scales like the IPIP have been shown to have good psychometric properties and are more desirable for online use (Buchanan et al., 2005).

Gow, Whiteman, Pattie, and Deary (2005) conducted a study to analyze the internal consistency and concurrent validation of the IPIP measure using three different adult samples (N = 906). Students, volunteers, and members of the Lothian Birth Cohort 1921 were studied to determine sampling adequacy. For students, the measure was .074 with the item values within acceptable limits. All 10 extraversion items loaded over 0.3 on the same factor, as did the emotional stability items. Nine of the agreeableness items loaded on the same factor and one item loaded with the extraversion items. The 10 conscientiousness items loaded together. Nine of the intellect items had their highest loading on the same factor. The overall measure of sampling adequacy for the volunteers was .80, and all measures of the sampling adequacy of individual items were above acceptable levels. The 10 emotional stability items loaded highest on the same factor. All the intellect, extraversion, and agreeableness items loaded together. Nine of the conscientiousness items loaded together while one item loaded highest with the emotional stability items. Finally, the Lothian cohort had an overall measure of sample planning of 0.85 with measures for all individual items above acceptable levels. Emotional stability items loaded onto the same factor. For extraversion, conscientiousness, and intellect, nine of the items had their highest loading on the appropriate factor. Six of the agreeableness items loaded together (Gow et al., 2005).

Maslach Burnout Inventory–Human Services Survey. The Maslach Burnout Inventory–Human Services Survey (MBI-HSS; Maslach et al., 1996) was used to assess the degree of burnout reported. The MBI-HSS is a 22-item instrument commonly used for measuring three distinct aspects of burnout in human services professionals: emotional exhaustion, depersonalization, and reduced personal accomplishment. Over 90% of journal articles and dissertations examined by Schaufeli and Buunk (2003) used the three MBI-HSS subscales in assessing burnout. Each separate subscale, rather than one total burnout score, is used in the present study in order to investigate burnout in a more detailed way and to maintain consistency with previous research studies. The emotional exhaustion subscale assesses feelings of being emotionally overextended and exhausted by work. The depersonalization subscale measures an unfeeling and impersonal response to others. The personal accomplishment subscale assesses feelings of successful work achievement. A six-point response format is used to assess degree of burnout (0 = *Never*, 1 = *A few times a year or less*, 2 = *Once a month*, 3 = *A few times a week*, 4 = *Once a week*, 5 = *A few times a week*, 6 = *Every day*). As a measure of burnout, for depersonalization, 13 or above is high, 7–12 moderate, and 0–6 low; for emotional exhaustion, 27 or above is high, 17–26 moderate, and 0–16 low; for personal accomplishment, 39 or above is high, 32–38 moderate, and 0–31 low. In other words, a higher score on the two scales of depersonalization and emotional exhaustion indicates more severe burnout while a higher score on personal accomplishment is positive and implies less burnout.

Internal consistency reliability coefficients for the current study were .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Test-retest reliability has been reported as .82 for emotional exhaustion, .60 for depersonalization, and .80 for personal accomplishment. Longitudinal studies of the MBI-HSS have found a high degree of consistency within each subscale that does not seem to diminish markedly whether measured a month later or a year. Convergent validity has been demonstrated through significant correlations with behavioral ratings made by someone who knew the individual well, the presence of certain job characteristics known to contribute to burnout, and measures of various outcomes hypothesized to relate to burnout (Maslach & Jackson, 1996).

DATA ANALYSES

The first research question addressed whether differences in degree of burnout differed for counselors working in three different types of clinical setting. To test this question, the three MBI-HSS subscale scores served as continuous dependent variables and work setting as the categorical independent

variable. A one-way multivariate analysis of variance (MANOVA) was used to test the first research question.

The second question addressed whether there were differences in degree of burnout among professional counselors with regard to years of experience, sex, or race. The three MBI-HSS subscale scores served as continuous dependent variables and the three demographic variables as categorical independent variables. There were four categories for years of professional experience: 0–4 years, 5–9, 10–14, and 15 or more. For sex there were two categories, male and female. Since few participants reported Hispanic/Latin American (n = 6) or Native American/American Indian (n = 2) heritage, there were two categories for race, Euro-American/Caucasian and African American/Black. A factorial MANOVA was used to test the second question.

The third question addressed whether there was a significant relation between personality factors and counselor burnout. The three MBI-HSS subscale scores served as the continuous dependent variables and five IPIP personality factors as independent variables. Three standard multiple regression analyses were used to test this question, one for each dependent variable. An alpha level of .05 was used for all statistical analyses.

RESULTS

On average, participants reported low depersonalization, moderate emotional exhaustion, and high personal accomplishment. Table 1 summarizes participant scores.

Table 1. Descriptive Statistics for MBI-HSS and IPIP Scales (N = 340)*

Instrument	Mean	SD
MBI-HSS Emotional Exhaustion	18.30	11.22
MBI-HSS Depersonalization	4.72	4.51
MBI-HSS Personal Accomplishment	41.43	4.90
IPIP Neuroticism	21.42	4.50
IPIP Extraversion	36.50	6.79
IPIP Openness	38.37	4.90
IPIP Agreeableness	43.10	3.97
IPIP Conscientiousness	41.16	5.79

*MBI-HSS = Maslach Burnout Inventory, IPIP = International Personality Item Pool – Big Five.

MANOVA results revealed significant differences in burnout by counselor work setting . A conservative Pillai's Trace = .12, F (6, 656) = 7.24, $p <$ .001. Multiviariate partial η^2 = .062, indicating a medium effect size (Cohen, 1992), showed that work settings accounted for 6.2% of the variance in

reported burnout. Analysis of variance (ANOVA) on each dependent variable showed differences in all three types of burnout depending on work setting: emotional exhaustion, F (2, 329) = 18.17, $p < .001$, partial $\eta^2 = .10$; depersonalization, F (2, 329) = 8.13, $p < .001$, partial $\eta^2 = .05$; and personal accomplishment, F (2, 329) = 10.19, $p < .001$, partial $\eta^2 = .06$. Post hoc analyses of individual mean ratings using the LSD method were conducted to determine which work settings accounted for the differences. A Bonferroni correction was used to adjust for Type I error, resulting in an alpha level of .017. It appears that counselors working in community mental health outpatient settings scored significantly lower on personal accomplishment (*Cohen's D* = –.63), higher on emotional exhaustion (*Cohen's D* = .81), and higher on depersonalization (*Cohen's D* = .60) than professionals in private practice. Community outpatient counselors scored significantly higher on emotional exhaustion (*Cohen's D* = .54) than those working in inpatient settings. These are considered large effect sizes (Cohen, 1992).

With regard to demographic characteristics, MANOVA results showed that the main effects on burnout of sex, F (3, 316) = .189, $p = .90$; race, F (3, 316) = .280, $p = .84$; and years of experience, F (9, 954) = 1.889, $p = .05$, were not significant; nor were any of the two-way interactions statistically significant. However, a significant three-way interaction was found between burnout and counselors' sex, race, and years of experience, F (9, 948) = 2.36, $p < .05$. African American female counselors with 10–14 years of experience scored significantly higher on personal accomplishment than African American females with 15 or more years of experience (*Cohen's D* = 1.24). Caucasian female counselors with 0–4 years of experience scored significantly higher on emotional exhaustion than African American females with 15 or more years of experience (*Cohen's D* = .77) and Caucasian males with 0–4 years of experience (*Cohen's D* = 1.0). Similarly, Caucasian female counselors with 0–4 years of experience scored significantly higher on depersonalization than Caucasian males with 15 years or more of experience (*Cohen's D* = .69). These are considered large effect sizes (Cohen, 1992).

With regard to personality traits, standard multiple regression analyses indicated that the models including all five independent variables significantly predicted emotional exhaustion, F (5, 336) = 48.05, $p < .001$; depersonalization, F (5, 336) = 17.15, $p < .001$; and personal accomplishment, F (5, 336) = 20.50, $p < .001$. A large effect size was found for predictors of emotional exhaustion ($R^2 = .41$) and a moderately large effect size for depersonalization ($R^2 = .20$) and personal accomplishment ($R^2 = .23$; Cohen, 1992), indicating that 20–41% of burnout was accounted for by the five personality factors entered into the model. A review of regression coefficients revealed that emotional exhaustion was predicted only by neuroticism ($t = 11.36$, $p < .001$); as neuroticism increases, so does emotional exhaustion. Depersonalization was

predicted by neuroticism ($t = 3.83$, $p < .001$) and agreeableness ($t = -5.06$, $p < .001$): as neuroticism increases and agreeableness decreases, depersonalization increases. Personal accomplishment was predicted by neuroticism ($t = -5.04$, $p < .001$) and agreeableness ($t = 4.04$, $p < .001$); as neuroticism decreases and agreeableness increases, personal accomplishment increases. Table 2 shows coefficients for the regression models.

Table 2. Summary of Multiple Regression Analysis for Variables Predicting Emotional Exhaustion, Depersonalization, and Personal Accomplishment (N = 340)

	B	*β*	*t*	*p*
Emotional Exhaustion				
Neuroticism	2.31	.59	11.36	<.001*
Extraversion	.07	.04	.88	.38
Openness	.18	.08	1.81	.07
Agreeableness	−.15	−.06	−1.18	.24
Conscientiousness	−.15	−.08	−1.76	.08
Depersonalization				
Neuroticism	.15	.24	3.83	<.001*
Extraversion	.01	.02	.33	.74
Openness	.07	.07	1.44	.15
Agreeableness	−.32	−.27	−5.06	<.001*
Conscientiousness	−.06	−.08	−1.41	.16
Personal Accomplishment				
Neuroticism	−.21	−.30	−5.03	<.001*
Extraversion	−.02	−.01	−.01	.99
Openness	−.01	−.01	−.07	.95
Agreeableness	.26	.21	4.04	<.001*
Conscientiousness	.08	.10	1.80	.07

* $p < .05$

DISCUSSION

Although the phenomenon of burnout is a common problem affecting professional counselors, there are various paths to burnout and no single theory can account for all burnout etiology. Therefore, the present study attempted to understand the concept of burnout as a multifaceted construct by looking at variables that were both internal (e.g., demographic and personality factors) and external (e.g., work setting). With regard to the first research question, the degrees of burnout reported differed significantly depending on work setting. Specifically, counselors working in community mental health outpatient settings reported more burnout of every type than those in private practice, and more burnout related to emotional exhaustion than counselors in

inpatient settings. These findings support previous studies showing that community mental health settings may result in more professional burnout (Dupree & Day, 1995; Prosser et al., 1999; Van Morkhoven, 1998; Vredenburgh et al., 1999). It is possible that specific organizational or environmental characteristics either unique to, or heightened in, community settings may have contributed to these findings. For example, Sullivan (1989) showed that work overload, lack of influence on the job, organizational inefficiency, and lack of supervisory support were key factors related to burnout for a range of psychiatric center staff. These factors may be more extreme in fast-paced, overburdened public mental health centers that must comply with a wide range of accreditation and compliance guidelines while simultaneously competing for funding and balancing annual budgets. Although we did not investigate the underlying causes of burnout within each setting, it is important to note that results of the present study show that counselors evidence trends consistent with other mental health professionals.

With regard to the second question, in this study neither race, sex, nor years of professional experience alone had a significant effect on degree of burnout, but a complex interaction between all three was found, though only for certain types of burnout. For example, female Euro-American counselors reported significantly higher emotional exhaustion than male Euro-Americans with the same amount of professional experience, and higher depersonalization than male Euro-Americans with much more professional experience. But female African American counselors with less experience reported higher personal accomplishment than female African Americans with more experience. Given that the burnout-related demographic characteristics studied here had complex interrelationships, and there were no consistent findings in terms of type of burnout, it is difficult to interpret these findings. This difficulty is mirrored in previous research showing that sometimes males reported higher burnout than females (Dupree & Day, 1995; Maslach & Jackson, 1984; Vredenburgh et al., 1999) and sometimes the opposite was true (Himle, Jayaratne, & Chess, 1986). It is therefore likely that more complex personal and environment interactions not related solely to demographic characteristics (e.g., organizational discrimination, such as racism or sexism, or protective factors, such as personal coping, supervision, or community support) are responsible for these results.

With regard to personality factors, neuroticism was the strongest predictor of burnout. Increased neuroticism predicted more emotional exhaustion and depersonalization, and less sense of personal accomplishment. According to the IPIP, neuroticism refers to traits like anxiety, anger, self-consciousness, and vulnerability. In general, increased neuroticism leads to negative feelings. Those who score higher on neuroticism may experience one particular negative feeling, such as anxiety, anger, or depression, but are likely to experience

several such feelings together for an extended period because they are emotionally reactive. It is therefore logical that the present results support previous research showing that neuroticism is a personality factor that contributes to burnout among helping professionals generally (Jenson, 2008). Our results also showed that more agreeableness predicted lower depersonalization and a higher sense of personal accomplishment. Based on IPIP ratings, agreeableness indicates a strong interest in others' needs and well-being. It relates to being pleasant, sympathetic, and cooperative. Agreeableness also involves trusting others and a devotion to altruism. It is likely, therefore, that through involvement with colleagues, investment in their clientele, and a positive attitude, professional counselors who are more agreeable are more invested in their work (less depersonalized) and find their work more rewarding (as personal accomplishment). Again, these results mirror previous findings (Cano-Garcia, Padilla-Munoz, & Carrasco-Ortiz, 2005).

Implications for Counseling Practice

The primary intention of most burnout-related studies has been to enhance the ability of professionals to cope with workplace burnout-related stressors (Maslach et al., 2001). The findings of this study support the need for interventions that positively impact the work setting because certain work environments seem to put professional counselors at greater risk for burnout. Those who are most at risk may be counselors working in community mental health outpatient settings. Recognizing the effects of work settings, counselors can advocate for a work environment that is more conducive to both productivity and their own mental health. Skovholt, Grier, and Hanson (2001) suggested several strategies for creating this kind of environment. First, cultivating organizational leadership willing to promote a healthy other-care/self-care balance is important. While recognizing that all counseling settings are businesses with overhead costs and revenue expectations, counselors should advocate for more concern for professional effectiveness and client welfare than for organizational profit. Citing ethical codes and counselor laws as part of advocacy efforts (Wheeler & Bertram, 2008) may be helpful with administrators.

Second, receiving support from colleagues and mentors can aid with both catharsis and normalization of burnout-related experiences. If counselors attempt to repress or ignore burnout symptoms, it is likely that additional symptoms could manifest (e.g., depersonalization). Although admitting to experiences of burnout can seem embarrassing, counselors can be assured that these experiences are common enough to be accepted by colleagues.

Finally, mentoring others can bring renewed enthusiasm for one's own work. Mentoring often leads the mentor to rise above workplace dilemmas in order to model effective behaviors for others. Similarly, mentoring usually results in introspection because of the need to consider different aspects of the

mentee and one's own professional life (Schwartz & Kaelber, 2007). Ultimately, it is important for counselors to take an active role in creating a desirable environment rather than waiting for the organization to meet all of their needs.

However, results of this study also showed that workplace factors are only one contributor to burnout. Personal characteristics such as race, gender, experience as a counselor, and personality characteristics can also affect the degree of burnout. Although demographic variables are not easily changed, awareness of being at higher risk could lead to preventive strategies that could benefit both counselors themselves and the work environment (Skovholt et al., 2001). By becoming more self-aware, counseling professionals can help to prevent professional stagnation and burnout. Introspection allows counselors to become more self-aware, increase personal maturity, and enhance professional effectiveness (Skovholt et al., 2001). For example, self-awareness of IPIP-related traits, such as a combination of increased neuroticism and less agreeableness, could lead a counselor to recognize vulnerability to burnout. Items from the IPIP refer to the following behaviors, which can be markers of personality traits linked with burnout in the present study: "dislike for oneself," "feeling down in the dumps often," and "being easily panicked" (Costa & McCrae, 1992).

It is important for counselors to balance other-care and self-care, but it can be a real struggle (Skovholt et al., 2001). It may require professional help as well as personal self-care. Balancing four personal dimensions of wellness—physical, spiritual, emotional, and social—is important (Schwartz & Kaelber, 2008). This can be done by nurturing and challenging connections with family, friends, and others. Many counselors find that professional counseling enhances their focus on wellness. Finally, restorative activities, such as exercise, meditation, sharing feelings with a friend, spending time in leisure activities, or drawing upon spiritual resources, can be vital self-care strategies. It is hoped that taking precautions to relieve stressors contributing to burnout could result in reduced absenteeism, greater quality of care with clients, less sense of fatigue, and higher job satisfaction.

Similarly, those supervising counselors may benefit from these findings by becoming more aware of the necessity of providing counselors with stress reduction techniques so as to avoid the long-term effects of burnout. Counselors often acknowledge use of stress reduction techniques with clients, but professional knowledge may not translate into personal use. Supervisors can help by providing opportunities for supervisees to actively practice stress-reduction techniques. The present study provides information about factors that contribute to counselor burnout; supervisors could use this knowledge to inform supervisees about the risk of working in certain clinical settings and how personality factors can affect burnout. Awareness might be reflected in attempts to change organizational structure or to encourage supervisees to

better utilize aspects of the work setting that support mental health (e.g., accessing break rooms, closing the door to meditate, or eating lunch outside the office rather than having working lunches). For example, the ACA Code of Ethics (ACA, 2005) states that counselors should be alert to signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing services when this impairment impacts their work. Supervisors have vicarious responsibility for ensuring that supervisees follow such ethical practices and can therefore significantly aid individual counselors and the profession generally in understanding and reducing burnout.

Limitations and Suggestions for Future Research

Several limitations of this study are addressed here to help advance research on counselor burnout. First, although a national sample (ACA members) was used, it is likely that the Midwest region was overrepresented due to additional use of a Midwestern state counseling association listserv. Therefore, we recommend that future research attempt to solicit equal numbers of participants from various regions throughout the United States in order to rule out locale as a factor related to burnout. Also, participants in this study were professional counselors who were members of national or state counseling associations, which perhaps limits the generalizability of results to professionals who are not members. It is possible that counseling association members may be privy to different or additional burnout-related information, or comprise a different type of professional than nonmembers. Relatedly, we did not employ a social desirability scale to check for positive response bias that could be true of counselors who chose to complete the online survey versus those who did not. Future researchers are encouraged to incorporate into their research design a comparison of burnout rates for different types of professional counselors using a social desirability scale.

The present study investigated professional work settings generally; however, it has yet to be determined which aspects within each setting lead to more or less burnout. For example, why specifically do community mental health outpatient practitioners fare worse than clinicians in private practice or inpatient units? Here use of MANOVA to examine group differences in burnout by work setting and demographic characteristics has statistical limitations. We recommend consideration of alternative quantitative methods (e.g., discriminant analysis), and follow-up studies using qualitative or mixed methods designs so as to better determine which aspects of burnout are caused by which independent variables. In particular, a more integrated approach to studying the complex interrelations between work settings, demographic factors, and personality variables would be helpful because the present study investigated each of these variables independently. It may also be beneficial to broaden the types of work settings and professional specialties so other facilities (e.g., hospitals) and types

of counselors (e.g., school counselors) are surveyed.

Although the present study's sample population seems consistent with information on demographic groups traditionally overrepresented within the counseling profession, it is recommended that future researchers strategically sample counselors of color and males in order to further investigate the interaction between demographic characteristics and burnout. Including nationality as a demographic variable might also prove helpful, given that some previous research found differences in burnout depending on clinician nationality (Schaufeli & Buunk, 2003). Ultimately, results for the second hypothesis should be interpreted with caution. Although minimum cell sizes were achieved to meet statistical power requirements, the small cell sizes for more underrepresented groups (e.g., ethnic minorities and males) limit our ability to generalize results to all professional counselors.

Given the professional significance of the present findings, and a need to broaden the research design employed, we encourage researchers to probe more deeply into counselor burnout. For instance, we encourage investigators to consider additional instruments to measure constructs assessed here (personality factors and burnout) from different theoretical perspectives. We also encourage researchers when possible to verify the validity and reliability of instruments for their own sample population. For example, although the instruments used in the present study have been shown over time to demonstrate adequate reliability, we were unable to test internal consistency reliability because data were entered for total subscale scores rather than at the item level. Because burnout is a common phenomenon affecting clinicians and secondarily clientele and the work environment, more in-depth research seems warranted. The present findings suggested that both internal and external factors influence burnout among mental health professionals; further investigations of this phenomenon can help predict and possibly reduce burnout through increasing the awareness, knowledge, and skills of clinicians, supervisors, and educators.

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