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## **Burnout Syndrome in Licensed Mental Health Counselors and Registered Mental Health Counselor Interns: A Pilot Study**

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### **Introduction**

*Burnout syndrome*, also referred to as *burnout*, is a job stress phenomenon and a form of mental distress, accompanied by physical health problems (Maslach & Leiter, 2008). Mental distress can include persistent negative attitudes and emotional exhaustion and may be predictive of depressive disorders or other emotional symptoms. Exhaustion is the primary physical health problem associated with burnout and can be accompanied by other symptoms, including chronic headaches, muscle tension, or sleep disturbances (Maslach & Leiter, 2008). Chronic job stress can negatively impact an individual's health over the long-term, resulting in workplace injury or serious health problems, including cardiovascular disease, musculoskeletal disorders and psychological disorders (National Institute for Occupational Safety and Health, 1999).

Research studies have shown that there is a high risk for burnout and job turnover during the first 3 years of work experience for professionals employed in human services or health care professions (Maslach, 2003). Higher risks of burnout have been reported in the counseling profession due to work-related responsibilities (Raquepaw & Miller, 1989). Burnout in mental health professionals has been identified primarily by emotional and physical exhaustion, a lack of personal accomplishment, and a depersonalization of clients (Rupert & Kent, 2007). To this researcher's knowledge, no empirical study on burnout syndrome had been conducted with mental health professionals grouped by their professional identity as Licensed Mental Health Counselors or Registered Mental Health

Counselor Interns. Per the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, a Registered Mental Health Counselor Intern has a master's degree fulfilling state requirements in mental health counseling and must work a minimum of 2 years under a qualified supervisor prior to licensure. Licensed Mental Health Counselors must complete the aforementioned prerequisites, successfully pass a licensure exam, and maintain all state licensure requirements (Florida Department of Health, 2010).

While many counseling programs prepare graduates with strong academic foundations and require counseling-related work experience through practicum and internship requirements, many mental health professionals remain unaware of the occupational hazards of therapeutic practice that can arise due to the stressful nature of the work (Keim, Olguin, Marley, & Thieman, 2008). In 2006, a national survey examined wellness and impairment with practicing counselors who were members of the American Counseling Association (Lawson, 2007). The majority of counselors self-reported that they were satisfied with their work and doing well, and none of the counselors reported themselves as being impaired. However, survey analysis showed that approximately 30% of respondents indicated a high risk of impairment with scores falling below the cutoff score for Compassion Satisfaction or above the cutoff scores for Burnout and Compassion Fatigue. Counselors who rated their own levels of wellness as being high tended to rate their colleagues at significantly lower levels of wellness. Possible implications of this finding may be that counselors were unlikely to recognize signs of stress and impairment in themselves as they did in others (Lawson, 2007).

Emotional exhaustion, identified as a primary symptom of burnout, has been linked to job turnover and has been shown to spread within organizations to other members (Knudsen, Ducharme, & Roman, 2009). Research studies conducted on burnout and mental health professionals are a priority due to projected increases in employment opportunities for counseling professionals and projected decreases in counseling program graduates. Per the *Occupational Outlook Handbook, 2010-2011 Edition*, the employment of counselors in the United States is expected to increase 18% between the years 2008 and 2018, with job openings for counselors projected to exceed the number of graduates from counseling programs. This percentage of job growth is considered faster than the average for all occupations (Bureau of Labor Statistics, 2010a). Job openings for counseling professionals identified as *mental health counselors* are anticipated to grow 24% from 2008 to 2018. This growth is considered much faster than average and higher than any category of counseling professionals (Bureau of Labor Statistics, 2010a).

It is important for mental health professionals to understand the symptoms associated with burnout syndrome as occupational stressors in the counseling profession can place professional counselors at a high risk for burnout and potentially lead to ethical and legal violations. As licensed practitioners, registered interns, or graduate counseling students, counselors adhere to state laws regulating the practice of mental health counseling and follow the ethical codes developed by their professional counseling associations. While not all counselors will have membership in a professional counseling association, the ethical codes and standards of care created by these associations may be utilized in courts of law to determine liability for counselors facing legal complaints (Wheeler & Bertram, 2008). Counselors who are unsuccessful in addressing burnout and its' negative consequences may be at risk of committing ethical and legal violations that

could result in malpractice claims and termination of professional counseling licenses and memberships

Due to the need for continued burnout research on populations that have not been studied or who have received minimal attention in previous research (Kee, Johnson & Hunt, 2002), a pilot study was conducted with Licensed Mental Health Counselors and Registered Mental Health Counselor Interns in Central Florida. The purpose of the research study was to assess three aspects of burnout syndrome, emotional exhaustion, depersonalization, and lack of personal accomplishment, with a population of mental health practitioners who had not received targeted attention in previous burnout studies, based on their professional identity. It was anticipated that the results of the study would provide data on specific demographic and work-related variables in relationship to the degree of burnout reported among participants, while also providing data on variables that might be associated with the potential risk of burnout. The results of the study might be useful in identifying early predictors or patterns associated with burnout syndrome and utilized in the development of preventative programs in the workplace or in graduate counseling programs.

### **Methodology and Procedures**

The data collected in this study was analyzed by the researcher to determine whether or not results of this study were comparative with a consistent pattern of findings identified by researchers utilizing the Maslach Burnout Inventory–Human Services Survey (MBI–HSS), the leading measure of burnout in empirical research and utilized throughout the world (Maslach, Jackson, & Leiter, 1996).

The Maslach Burnout Inventory—Human Services Survey measures three dimensions of burnout: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). Emotional Exhaustion refers to feelings of being emotionally overextended and psychologically drained by work. Depersonalization measures impersonal or unfeeling responses towards the people who are receiving service, treatment, care, or instruction. Personal Accomplishment refers to job-related feelings of achievement and competence when working with people (Maslach et al., 1996).

The research design for this study consisted of collecting self-reported surveys from two groups of participants identified by their professional identity as Licensed Mental Health Counselors or Registered Mental Health Counselor Interns in the State of Florida, as per the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (Florida Department of Health, 2010). Participants completed the MBI - Human Services Survey, a self-administered instrument that can be completed in 10 to 15 minutes and contains 22 statements on job-related feelings, with only one response given for each question. The burnout instrument is labeled the “MBI – Human Services Survey” so that research participants remain unaware that the instrument is a burnout measurement tool, as any preconceived beliefs regarding burnout might influence their responses to survey questions (Maslach et al., 1996).

All research study materials, which included the Informed Consent form, MBI–HSS, Human Services Demographic Data Sheet, Baldwin Mental Health Professional’s Data Sheet, two prepaid-postage envelopes, and a Procedures Letter, which outlined the research study and provided information on accessing research study results and a

PowerPoint presentation on “Counselor Fatigue Syndromes and Healthy Coping Strategies,” were placed in individual survey packets to be readily available when conducting the study in a group setting or for providing to individuals who wished to complete the materials privately. Quantitative analysis was utilized to analyze the survey instrument and demographic data sheets collected by the researcher.

In order to participate in this study, participants had to meet specific criteria for professional identity and were identified by randomized sampling to minimize bias and ensure that members of the population had an equal chance of being included in the data analysis (Weaver, 2005). This research study involved human subjects and required certification by the Institutional Review Board (Argosy University, 2008). Certification was obtained by the Argosy University Institutional Review Board to administer the research study materials. Participants included in the study were Licensed Mental Health Counselors and Registered Mental Health Counselor Interns in Central Florida recruited through their place of employment (i.e., two mental health counseling agencies, the Rollins College listserv, and through snowball sampling). Institutional Permission Letters were obtained from two mental health counseling agencies and Rollins College to gain access to potential research participants. Participants completed the survey materials at their place of employment or received all survey materials in a survey packet to complete on their own and return via mail to the researcher. All participation in the study was voluntary and confidential. Results would be reported as aggregate summary data only.

A total of 94 individuals received survey packets containing all research materials and represented either one of two groups, Licensed Mental Health Counselors or Registered Mental Health Counselor Interns. Sixty-nine participants completed the survey materials and were included in the final analyses, 83% ( $n = 57$ ) were women and 17% ( $n = 12$ ) were men. The majority of participants were Caucasian (67%), followed by African Americans (16%), Hispanics (12%); one person labeled their ethnicity as “other” and one person did not supply the information. Nearly half (49%) of participants were not living with any dependent children at the time of the study, while 29% were living with one dependent child, 13% had two children in the house, 7% had three, and one participant was living with four dependent children.

The vast majority of participants had master’s degrees (87%) and four had doctor of philosophy (PhD) degrees (6%). Additional degrees reported by the remaining 7% of the participants included doctor of education (EdD), juris doctor (JD), doctor of medicine (MD) and “other” degrees. The majority of participants were licensed only as mental health counselors (84%), while 16% held other licenses. Most participants were members of a professional counseling association (73%).

The data collected in this study was screened for normality and the appropriate parametric or non-parametric analysis selected. The  $t$ -test for independent samples was utilized for studying two different groups and measuring the same behavior. Significance was set at  $P = .05$  (Weaver, 2005). The research data collected for this study was analyzed by using SPSS predictive analytics software to analyze data collected from the MBI-HSS instrument and demographic data sheets (Pallant, 2005). The sampling strategy utilized for this study was a random sampling method.

## **Research Questions**

The following research questions were investigated in this study:

- Are there differences in the degree of burnout reported by Registered Mental Health Counselor Interns as compared to Licensed Mental Health Counselors?
- Are there differences in the degree of burnout reported by Licensed Mental Health Counselors with 3 years or less experience post-licensure as compared to Licensed Mental Health Counselors with 3 or more years of experience?
- Is there an association between work setting and degree of burnout?
- Is there an association between gender and degree of burnout?
- Is there an association between specific demographic and work-related variables, identified on the two demographic data sheets utilized in this study, and risk of burnout? Variables included: number of children living at home, number of years married, months of professional status, client populations serviced, hours of direct client contact, hours of administration duties, hours of travel for work-related responsibilities, current membership in professional association, marital status, presenting problems in treatment, ethnicity, and religiosity.

## **Assumptions**

Assumptions made during this study:

- All participants had licensure as a Mental Health Counselor or Registered Mental Health Counselor Intern in the State of Florida as attested to on the signed Informed Consent Form.
- Participants responded truthfully to the questions on the MBI–HSS and demographic data sheets.
- Surveys included in the study were based on a random sampling method.
- Participation in the study was voluntary.
- Maslach Burnout Inventory – Human Services Survey results were sound and based on a large body of empirical research that had demonstrated the reliability and validity of the instrument.

## **Limitations**

Limitations of the study included:

- While the Maslach Burnout Inventory – Human Services Survey had demonstrated test-retest validity in previous research studies, this study would be conducted with each participant only one time; thus, there would be no test-retest validity measures.
- Study was based on the assumption that participants responded truthfully to questions.
- Participants might be unable to recognize symptoms or signs of impairment in themselves.
- There would be no convergent validity measures for the MBI–HSS results reported by this study, as outside behavioral ratings would not be done on participants.

- Participation was limited to participating agencies and practitioners in Central Florida.
- Participation was limited to clinicians currently licensed or with registered intern status. Study did not take into account clinicians who had left the profession.
- Participation was limited to individuals who agreed to participate in the study.
- Participation was limited by sample size. Cost of research instrumentation limited number of participants utilized in random sampling method.
- Licensed Mental Health Counselors might have had dual-licensure, i.e., psychologists or marriage and family therapists.
- Registered Mental Health Counselor Interns might have more than 3 years of professional counseling experience if they have not sought licensure. Data sheets would be beneficial in capturing this data.

### **Findings**

The results from the research questions addressed in this study indicated:

- Licensed Mental Health Counselors did not differ from Registered Mental Health Counselor Interns in degree of burnout reported on the subscales of Emotional Exhaustion, Depersonalization, or Personal Accomplishment.
- Licensed Mental Health Counselors with 3 years or less experience did not differ in degree of burnout reported on the subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment from Licensed Mental Health Counselors with 3 or more years of experience.
- Work setting was not significantly associated with degree of burnout.
- Gender was not significantly associated with degree of burnout.
- Hours of administration and age of participant were found to have a significant effect on risk of burnout with more hours of administrative work associated with higher risk of burnout. Younger participants were associated with higher risk of burnout than older participants. The subscale Emotional Exhaustion showed significance in risk of burnout with the variables professional status, gender, and religiosity. Licensed counselors with less than 3 years of experience reported higher levels of exhaustion than licensed counselors with more than 3 years of experience. Males who were licensed and had less than 3 years of experience reported more emotional exhaustion than all other participants. Licensed counselors who reported higher levels of religiosity had significantly less emotional exhaustion than Registered Interns. Emotional Exhaustion was greatest for licensed counselors who reported no religious leanings.

### **Discussion**

Burnout syndrome is a serious job stress phenomenon for mental health professionals and identified by emotional and physical exhaustion, a decrease in personal accomplishment, and an increase in client depersonalization (Rupert & Kent, 2007). The

Maslach Burnout Inventory–Human Services Survey was completed by 69 participants and 26 participants met the requirements for a low degree of burnout, with low scores in Emotional Exhaustion and Depersonalization and high scores in Personal Accomplishment, indicating a positive association with work (Maslach et al., 1996). There were no scores reported in all 3 subscales that would classify participants as meeting all the requirements for an average or high degree of burnout as per the Maslach Burnout Inventory Scoring Key. The interpretation of this result might be that all participants in this study, overall, were coping successfully with any job-related stressors they were experiencing. This result could be interpreted differently if other factors were considered when looking at the results pertaining to degree of burnout reported.

It may be surmised that the small sample size of this study ( $N = 69$ ) decreased the odds of finding professionals with average or high degrees of burnout or that any individuals who were truly experiencing burnout would not participate in a voluntary study on job-related attitudes. Additionally, mental health professionals with high degrees of burnout may not be currently employed as counselors, and thus, would have been ineligible to participate in the study. Results from this study also revealed that participants rated themselves significantly lower in Depersonalization and significantly higher in Personal Accomplishment than Maslach's national study with mental health professionals (Maslach et al., 1996). These significant differences in both subscales of Depersonalization and Personal Accomplishment may have had an effect on the results found in this study. Another perspective to be considered regarding the lack of scores reflecting an average or high degree of burnout might be that participants answered the survey questions based on their mood that day versus a long-term perspective, did not answer all questions truthfully, or were unable to recognize symptoms of burnout in themselves (Kottler, 2003).

Due to the fact that this research study was conducted in Central Florida where the researcher resides, several participants knew the researcher from various work settings, graduate counseling programs in Central Florida, or local counseling associations. While participants in this study were told that their results were confidential, some participants who were experiencing symptoms associated with burnout may not have wanted this researcher to know they were having any sort of difficulties with their clients or employer.

Fifteen participants did report high scores in the subscales Emotional Exhaustion ( $n = 14$ ) and Depersonalization ( $n = 1$ ). These high scores may be predictors in the development of burnout (Maslach et al., 1996). These participants may be at risk of burnout in the future, with negative consequences to their emotional and physical well-being and professional competency, if they are unable to successfully cope with the occupational stressors they are experiencing.

## **Conclusions**

This pilot research study did not show any significant differences in the degree of burnout reported by Licensed Mental Health Counselors and Registered Mental Health Counselor Interns or any significant associations between work setting or gender and degree of burnout. This study did identify several variables that were associated with a higher risk of developing burnout and a higher level of emotional exhaustion for mental

health professionals. These variables included hours of administrative tasks, age, gender, religiosity, and years of work experience, and could be seen as early predictors in the possible development of burnout syndrome. These early predictors could be considered when creating burnout prevention interventions or workshops.

As a whole, Licensed Mental Health Counselors reported significantly less emotional exhaustion than Registered Mental Health Counselor Interns. A higher risk of burnout was associated with participants who spent 15 – 22 hours or more weekly on administrative responsibilities. This finding was similar to studies conducted on job demands, which have shown that job overload, on a consistent basis, can lead to exhaustion, one of the primary symptoms of burnout (Maslach & Leiter, 2008). Previous research studies have reported an association between higher degrees of burnout and administrative tasks and paperwork, with agency settings reporting more time spent on administrative tasks and paperwork than private or group practice settings (Rupert & Morgan, 2005).

The results of the data analysis for the variables age and years of work experience were similar to other burnout studies which reported that older and more experienced mental health professionals showed more job resiliency (Clark, 2009). In this study, younger participants (39 years of age and younger) were associated with a higher risk of burnout and Licensed Mental Health Counselors with more than 3 years of experience reported lower degrees of emotional exhaustion than their licensed peers with less than 3 years of experience.

Gender showed a significant effect in this study with male licensed professionals reporting higher scores in emotional exhaustion than males and females who were licensed or registered interns. While there was no significant effect shown between the variables gender and work setting in this research study, previous studies with psychologists have shown that men have reported a higher risk for emotional exhaustion working in group, independent practice settings (Rupert & Morgan, 2005). Religiosity showed a significant effect on emotional exhaustion with Licensed Mental Health Counselors with no religious leanings reporting higher levels of emotional exhaustion. Licensed Mental Health Counselors as a group reported significantly less emotional exhaustion based on religiosity than the Registered Mental Health Counselor Interns in this study.

Potential effects on the risk of burnout were associated with more hours of direct client contact weekly (25 hours or more), more years in the profession (11 years or more), and the lower number of months spent in current position (45 months or less). Future burnout studies with a larger sample size may be beneficial in determining whether or not these variables have any significance in the development of burnout syndrome.

### **Recommendations**

Future studies on burnout syndrome may benefit from expanding the database of participants utilized in the study ( $N = 69$ ) to include Licensed Mental Health Counselors and Registered Mental Health Counselor Interns throughout the State of Florida or the United States. The results from a larger sample would be more representative of the sample size ( $N = 730$ ) utilized to compute the Maslach Burnout Inventory – Human



Services Survey scores (Maslach et al., 1996). A larger database would also decrease the risk of having a small number of data points to utilize in statistical analysis, such as tests of association. A larger sample size would allow for more anonymity in the study, limiting the number of participants the researcher may be professionally associated with or knowledgeable of and, thus, may potentially eliminate concerns or fears participants may have in answering questions that indicate job-related problems.

By increasing the number of participants in the study, significant differences might be seen in the degree of burnout reported by participants associated with specific variables. An example of this is the variable “work setting” which showed no significant difference in this study in degree of burnout reported by all participants. This result differs from other burnout studies conducted with mental health professionals where significant differences in degree of burnout have been shown, such as, counselors working in agency settings reporting higher degrees of burnout than counselors in private practice settings (Raquepaw & Miller, 1989; Rupert & Kent, 2007).

Recommendations for future studies include having a similar number of participants to examine the variables “professional status” and “gender” as this may influence research outcomes. This study had a total of 47 Licensed Mental Health Counselors and 22 Registered Mental Health Counselor Interns. An equal or relatively equal representation from each group may have offered significant differences when comparing degrees of burnout within or between groups. Gender-wise, this study had a total of 57 women and 12 men. The low number of male participants in this study may have influenced results, which found higher levels of emotional exhaustion in males who were Licensed Mental Health Counselors with less than 3 years of experience. It may be beneficial in future studies to have the number of male participants comparable to female participants to see if this has any effect on outcomes; however, this may be difficult as it is common in the counseling profession to have fewer male counselors than female counselors. As per the Bureau of Labor Statistics for the United States Department of Labor (2010b), there were 697,000 counselors employed in 2009, with 71% of that number identified as female.

A significant number of variables were analyzed in this study; however, future studies may wish to include the variable “income” in their demographic data collection. It may be of interest to determine whether there is any relationship between degree of burnout and the income reported by the participant. Income could also be correlated with other variables, such as age, gender, race, professional status, or hours of administrative duties, in relationship to degree of burnout reported.

Future burnout studies may benefit from including a qualitative component to the study. Several participants approached this researcher after completing the survey and stated that they were glad they had participated in the study as it validated and normalized some of the problems they were experiencing in the profession and that they would be more open to discussing their concerns with supervisors or colleagues in the future.

Quantitative and qualitative research studies conducted with participants who report scores with a low degree of burnout are recommended as this may indicate a positive engagement with work, referred to as *job engagement* (Maslach et al, 1996; Maslach & Leiter, 2008). More research studies are needed on interventions for burnout syndrome, as limited research has been conducted in this area (Maslach et al., 1996).

Results from this type of research may be useful in identifying demographic and work-related variables, coping styles, and targeted interventions that could be useful in developing burnout prevention materials, workshops, or specialized trainings for mental health agencies, graduate counseling programs, and mental health professionals at risk of burnout syndrome. Burnout interventions and prevention programs may be helpful in preventing future job turnover in the counseling profession and protect counselors, and clients, from unethical or illegal practices that may occur as a result of burnout symptoms.

The findings of this study add to a body of burnout research that, to this researcher's knowledge, has not focused solely on Licensed Mental Health Counselors and Registered Mental Health Counselor Interns. Variables identified in this study that showed significant effects on the risk of burnout, and significant effects of the subscale Emotional Exhaustion, may be examined in future research studies with this population or other mental health professionals. Results of the data analyzed in this study may be useful to consider when creating burnout prevention programs or wellness programs for mental health professionals. The creation of these types of programs is important for the counseling profession, as the consequences of burnout negatively impact job performance, as well as an individual's psychological and physical well-being. Mental health professionals who experience symptoms associated with average and high degrees of burnout syndrome, such as emotional exhaustion and cynicism, accompanied by low self-esteem and lack of personal accomplishment, may decide to abandon a career they were once passionate about. This loss would be unfortunate, not only for the counselor, who spent many years preparing for a career in counseling and working in the profession, but for the people who need and require the services of mental health professionals.

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