

University of Memphis

University of Memphis Digital Commons

Electronic Theses and Dissertations

7-21-2023

Exploring Burnout Amongst Mental Health Counselors Within Three Workplace Settings

Courtney Loveless

Follow this and additional works at: <https://digitalcommons.memphis.edu/etd>

Recommended Citation

Loveless, Courtney, "Exploring Burnout Amongst Mental Health Counselors Within Three Workplace Settings" (2023). *Electronic Theses and Dissertations*. 3038.

<https://digitalcommons.memphis.edu/etd/3038>

This Dissertation is brought to you for free and open access by University of Memphis Digital Commons. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of University of Memphis Digital Commons. For more information, please contact khhgerty@memphis.edu.

EXPLORING BURNOUT AMONGST MENTAL HEALTH COUNSELORS WITHIN THREE
WORKPLACE SETTINGS

by

Courtney Loveless

A Dissertation

Submitted in Partial Fulfillment of the
Requirements for the Degree of Doctor of Philosophy

Major: Counselor Education and Supervision

The University of Memphis

August 2023

Dedication

For my parents and grandmothers for loving and supporting me throughout this journey, no matter what it took.

For my partner, Andrew, for your unconditional support, for countless hours of listening and problem-solving, for always showing up, and for always stopping to help me when I needed it.

For my future students, I hope to play a small part in helping you become everything you want to be.

Lastly, but most importantly, I dedicate my work to my Lord and savior, Jesus Christ. Thank you for giving me guidance, strength, endurance, skills, resources, protection, and power of mind. All of these, I offer to you.

Acknowledgements

I want to acknowledge my cohort, Ashley, Franklin, and Paige who were huge supports throughout this journey. Also, to Mary, your comradery throughout this process gave me strength that I wouldn't have had on my own. I hope to continue working with you all throughout my future academic journey.

I want to acknowledge Dr. Li, who became my biggest mentor and supporter from the moment I entered the doctoral program. I am exceptionally grateful that I had the honor of working as your research assistant and for the opportunities to continue learning from you throughout the remainder of the program. Dr. Burgess, thank you for stepping up to support me and for getting me to the end of this process. To the rest of my committee, Dr. West, Dr. Ellmo, and Dr. Dalton, thank you all for your patience, encouragement, and support. Words truly cannot express how grateful I am for each of you.

Lastly, I want to acknowledge my almighty God, and my parents, grandmothers, and brother for instilling in me curiosity, courage, and the value of education. I owe all my academic success to you.

Abstract

Throughout recent years, the work setting of many mental health counselors has changed from the in-person work setting to working from home and hybrid (i.e., a combination of working in-person and working from home). However, limited research has been conducted to explore burnout among these three work settings. Burnout is a condition which develops due to chronic feelings of stress and can cause negative repercussions on one's health and overall wellbeing. Burnout is related to one's experience within the work-setting and is characterized by extreme exhaustion, the inability to regulate emotions and cognitions, and mental distancing. Research regarding burnout has concluded that burnout is an ongoing concern for those working in helping professions, such as counseling. The literature has determined that mental health counselors experience burnout, which results in negative consequences for the counselor, the field of counseling, and for the client. The purpose of this study was to analyze the burnout levels of mental health counselors working within the work settings of working from home, hybrid, and working in-person to determine if work setting had an impact on burnout. This study examined a national sample of 232 counselors who were recruited by email to complete a quantitative survey. The instruments used included a demographic survey and the Burnout Assessment Tool (BAT). To gain an initial understanding regarding possible relationships between the demographic variables and the dependent variable (i.e., level of burnout), the researcher conducted a preliminary analyses using the Pearson bivariate correlation analysis and found that there was a statistically significant correlation between age and BAT average. Though a statistically significant correlation was found, the correlation was weak. Due to the weak correlation, the researcher did not control age in the main analysis. This study used a one-way analysis of variance test to compare burnout averages among the three groups. Results of the

study indicate that there was no statistically significant difference in level of burnout among the three groups based on work setting. This study also found that high to very high ranged levels of burnout were experienced by over 54% of participants, and each group mean fell into the high burnout level range.

Keywords: Burnout, mental health counselor, counselor, Burnout Assessment Tool, BAT, work settings, hybrid, working from home, working in-person, analysis of variance, ANOVA

Table of Contents

Chapter 1	1
Introduction.....	1
Overview.....	1
Background of the Study	2
Problem Statement.....	3
Potential Significance and The Purpose of Current Study.....	5
Research Question and Design	6
Limitations	9
Operational Definitions of Key Constructs.....	11
Chapter 2.....	12
Literature Review.....	12
Definitions of Burnout	12
Early Studies on Burnout.....	12
Impact of Burnout.....	15
Reasons for Burnout	16
Variables That are Related to Burnout.....	17
Burnout Among Mental Health Counselors	18
Working from Home Work-setting and Burnout Among Mental Health Counselors.....	22
Hybrid Work-setting and Burnout Among Mental Health Counselors	26
Summary	27
Chapter 3.....	29
Methodology.....	29
Participants.....	30
Participant Demographics.....	30
Procedures.....	33
Instrumentation	34
Data Analysis Plan.....	40
Chapter 4.....	42
Results.....	42
Data Cleaning and Screening.....	42

Preliminary Analysis.....	44
Table 1	45
Main Analysis	45
Table 2	46
Chapter 5.....	47
Discussion.....	47
Limitations	49
Implications for Counseling Practices and Training.....	50
Implications for Future Research.....	51
References.....	55
Appendix A.....	73
The Demographic Questionnaire	73
Appendix B.....	78
The Burnout Assessment Tool (BAT)	78
Appendix C.....	81
Informed Consent.....	81
Appendix D.....	83
IRB Approval Letter	83

Chapter 1

Introduction

Overview

This study examined the impact of work setting (in-person, hybrid, or working from home) on mental health counselors' burnout levels. Though there have been studies surrounding burnout amongst counselors, as well as burnout risk factors and mitigating factors amongst counselors, there is sparse literature surrounding burnout amongst counselors within different workplace settings post COVID-19. Previous literature was examined to determine that burnout amongst mental health counselors negatively impacts counselor job retention-rates and treatment for the client (Maslach & Jackson, 1982; Rupert & Morgan, 2005). Recently, the need for counselors to provide therapy has increased due to the COVID-19 pandemic and other events (e.g., death, loss) associated (Bridgland, et al., 2021). Brooks-DaSilva (2021) identified that there has been a shift from working in-person (WIP) to working from home (WFH) or hybrid (i.e., a combination of WFH and WIP) since the pandemic. According to SAMHSA (2022), behavioral health providers, including mental health counselors, are recently experiencing higher turnover rates and are at a higher risk of developing burnout. SAMHSA (2022) reports that over 50% of behavioral health providers experience symptoms of burnout, and rates were predicted to increase throughout the years post-pandemic as the growth of the population seeking services continues to grow. Burnout can have long-term, damaging effects on providers such as the development of anxiety disorders, depressive disorders, hypertension, and insomnia. Burnout among providers can also reduce clients' access to care (SAMHSA, 2022), as well negatively impact the client in other ways (Maslach & Leiter, 2016; Mullen et al., 2017; SAMHSA, 2022). Because the workplace setting for numerous counselors has recently changed (Brooks-DaSilva,

2021), it is critical to understand if these workplace settings (e.g., WFH and hybrid) have an impact on counselor burnout rates. It is important for counselors to understand factors that correlate with counselor burnout rates so that counselors may implement mitigating factors (i.e., which have been identified throughout previous studies within the literature) of burnout to reduce risk (Maslach et al., 2001). Therefore, the purpose of the current study was to examine the burnout levels among mental health counselors within the different work settings of WFH, WIP, and hybrid).

Background of the Study

Burnout can be described as “a work-related state of exhaustion among employees, characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing” (Hadžibajramović et al., 2022, p. 3). Burnout can impact the individual employee, the workplace, and the client (Maslach & Leiter, 2016). Burnout can lead to the individual employee experiencing health problems (e.g., cardiovascular issues and diabetes, Yang & Hayes, 2020); emotional and behavioral changes; social and relational problems; and depressive and anxiety disorders (McCormack et al., 2018). Burnout can impact the workplace by increasing job turnover; poor employee performance; and high absenteeism (Kahill, 1988; Lim et al., 2010). Burnout can also affect the client by causing the counselor to experience a shift in attitude towards the client, reduced concern for the client (Mullen et al., 2017), and reduced decision-making abilities surrounding ethical considerations within the counseling-client relationship (Baldwin et al., 2011).

The literature regarding burnout experienced by counselors has been conducted primarily with counselors working within the WIP workplace setting. Johnson et al. (2018) found that mental health workers, such as counselors, experience higher levels of burnout than workers

within other healthcare settings. This can be attributed to the stressful nature of the job, as well as counselors' struggles to use appropriate self-care techniques (Johnson et al., 2018). Studies have also determined that environmental factors (e.g., practice setting such as private practice, community agency, etc., e.g., Dupree & Day, 1995; Lent & Schwartz, 2012), client factors (e.g., type of or acuity of the client's issues, e.g., Barnett et al. 2007; Cieslak et al., 2013; Posluns & Gall, 2020), and personal factors (e.g., personality traits, age, gender, etc., e.g., Dupree & Day, 1995; Green et al., 2014; Naisberg-Fennig et al., 1991) can be associated with higher burnout levels among counselors.

Problem Statement

Although burnout has been studied among employees who work in the WFH and hybrid workplace settings, existing studies primarily focused on general employees or employees working within technology-based roles (e.g., Radonić et al. 2021; Santuzzi & Barber, 2018; Stein, 2022) but not mental health counselors. Some studies identified that the WFH and hybrid work environments possess factors which are associated with lower levels of burnout such as flexibility, increased autonomy, and comforting environments (e.g., Greenhaus & Powell, 2006; Golden, 2006; Masuda et al., 2017). Other studies identify factors within the WFH and hybrid workplace settings that are associated with higher burnout levels such as the lack of community, role ambiguity, and a lack of boundaries between the home and workplace settings (e.g., Alexander et al., 2021; Maor & Hemi, 2021; Stein, 2022). In addition, Santuzzi and Barber (2018) identified the burnout-inducing experience of *telepressure*, which refers to employee's perceptions of pressure to respond rapidly to electronic means of communication and negative feelings associated with technological overload.

During the COVID-19 pandemic, studies were conducted to examine burnout amongst mental health professionals within the WFH and hybrid work settings (e.g., Brooks-DaSilva, 2021; Powell et al., 2017; Wroclawski & Heldwein, 2021). Schlenger et al. (2022) studied social workers within the WFH work setting and found that working from home eliminated essential burnout-reducing resources for social workers (e.g., face-to-face informal support from coworkers) and reported that the lack of those resources can lead to higher levels of burnout. However, this study only identified burnout factors among a small sample of social workers from one organization (Schlenger et al., 2022). Another study conducted by Litam et al. (2021) examined a national sample of counselors providing services during the COVID-19 pandemic and found that professional counselors practicing during the COVID-19 pandemic faced greater risk to high levels of stress, which were associated with increased experiences of burnout. Moreover, Sampaio (2021) conducted a study identifying burnout among counselors during the pandemic and found an increase in use of virtual services (i.e., providing services through telecommunication systems such video calling) provided by counselors within the WFH work setting during the pandemic (i.e., 98% of counselor participants identified as WFH during the time of the study), as well as an increase (i.e., by 37%) in levels of burnout among counselors during this time. However, these studies were all conducted during the COVID-19 pandemic and recognized the limitations regarding the additional stress-inducing factors associated with the pandemic, which may have impacted participants' burnout levels. These studies do not compare burnout levels within mental health counselors solely based on work setting (i.e., WIP, WFH and hybrid) but simply examined mental health workers within each setting separately. There are no studies comparing burnout levels between the different workplace settings within a collective

sample of employees from the sole profession of mental health counseling, and thus, this study contributes to the literature as such.

Since the COVID-19 pandemic, the workplace setting has drastically changed for mental health professionals. Pandemic related issues increased the need for mental health services among the general population (Clay & Parker, 2020). According to APA (2021) there is an increased need among the general population for mental health services, an increased demand for treatment surrounding anxiety, depression and trauma, and increased workloads, longer wait lists, and lower capacities for taking new patients among providers. Clay and Parker (2020) also reported that the need for counselors to provide services while working from home has increased drastically. According to Kahill (1988) and Lim et al. (2010), burnout among helping professions can lead to higher job turnover for providers and lower quality of care for clients. If the workplace setting impacts mental health counselor burnout levels, it is important to inform counselors and organizations so they may implement interventions which can help to mitigate experiences of burnout among counselors working within settings associated with higher burnout levels. This could reduce the possibility of counselor turnover and improve quality of care for clients.

Potential Significance and The Purpose of Current Study

Previous literature was examined to determine that burnout amongst mental health counselors negatively impacts counselor job retention-rates and treatment for the client (Lim et al., 2010). Recently, the need for counselors has increased due to the universal trauma of the pandemic and other traumatic events (e.g., death, loss, etc.) associated with the pandemic (Bridgland et al., 2021). According to SAMHSA (2022), behavioral health providers, including mental health counselors, are experiencing higher turnover rates and are at a higher risk of

developing burnout. SAMHSA (2022) reports that over 50% of behavioral health providers experience symptoms of burnout, and rates are predicted to increase as the growth of the population seeking services continues to grow. Burnout can have long-term and damaging effects on providers such as the development of anxiety and depressive disorders, hypertension, and insomnia (McCormack et al., 2018). Counselor burnout also negatively impacts the client (Maslach & Leiter, 2016; Mullen et al., 2017; SAMHSA, 2022) and can reduce clients' access to care (SAMHSA, 2022). Because the workplace setting for numerous counselors has recently changed (Brooks-DaSilva, 2021), it is critical to understand if these novice workplace settings (i.e., WIP, WFH and hybrid) have an impact on counselor burnout rates. It is important for counselors to understand factors which correlate with counselor burnout rates so that counselors may implement mitigating factors of burnout and reduce risk (Maslach et al., 2001). Therefore, the purpose of the current study was to examine the burnout levels among mental health counselors within the three work settings of WFH, WIP, and hybrid.

Research Question and Design

The research question for this study is the following: Is there a significant difference in level of burnout amongst counselors working primarily within the WIP, WFH, and hybrid workplace settings? The null hypothesis is there is no difference in the level of burnout between counselors within the three work settings. The alternative hypothesis is in at least one of the work settings, counselors may experience significantly different levels of burnout compared to the other work settings.

This study used a quantitative survey research design to examine the relationship between workplace setting and counselor burnout. The data was analyzed by conducting a one-way ANOVA within SPSS. Because this study did not obtain a significant ANOVA result, a post hoc

analysis was not conducted to determine which groups significantly differed from the others. Results have been presented through data tables identifying the comparison of burnout levels amongst counselors within the three settings along with an explanation interpreting the results. Strengths within this quantitative research design included the ease of gathering data through electronic surveys from participants, as opposed to conducting extensive interviews. In addition, the convenience and facility of using SPSS to complete analyses of the data allowed the researcher to analyze and interpret results quickly and accurately. A weakness within this design was the lack of depth and context included within participants' responses due to using data-gathering method of a self-reported, electronic questionnaire.

Based on a prior power analysis through G-Power, with a power level of .90, effect size of .25, and alpha level of .05, a total sample size of 207 was needed. To be eligible for participating in this study, participants had to meet the following criteria: (1) 18 years or older; (2) self-identified as a mental health counselor (e.g., licensed professional counselor; licensed professional counselor-mental health service provider); (3) currently working within one of the following three settings: WIP (i.e., working within the office or physical workplace setting at least 4 out of 5 days per week), or WFH (i.e., working from home at least 4 out of 5 days per week), or hybrid (i.e., working from home between 2-3 days per week and the remainder in the office).

The researcher gained The University of Memphis Institutional Review Board (IRB) approval prior to conducting this study. This study utilized purposive, non-probability sampling to recruit participants. To recruit participants, the researcher contacted organizations through email (i.e., from the researcher's University of Memphis email address) to complete the survey. To take part in this research study, participants answered the survey through the Qualtrics link

provided by the researcher. Participants completed the survey at any time based on their schedule and in the place of their choosing. The anonymity setting for the Qualtrics survey removed any personally identifying information, as well as the IP addresses from the data responses. The survey was sent to counseling organizations to be distributed to providers within their facility and was sent to private practitioners, universities who hold counseling programs, and listservs such as CESNET and COUNSGRADS. The recruitment email included the informed consent and the link to the Qualtrics survey (Appendix C). The researcher's objective was to collect more data than necessary so that any additional data could be used to omit insufficient or inappropriate data from analysis.

No participants' individually identifiable data was gathered. Participants were informed that the data was stored on a password protected computer, which was solely accessed by the researcher and primary investigator who conducted this study. At the first page of the survey, participants were provided the informed consent information and were required to consent by checking a consent box before accessing the survey. The survey was entirely voluntary, and participants were informed of this throughout the informed consent page. It was also explained to participants that participants were under no obligation to complete the survey after beginning, and participants were able to decline answering any questions at any moment without any penalty. Participants were made aware that all responses were kept completely confidential and anonymous. The investigator's contact information, the University of Memphis IRB contact information, as well as the University of Memphis IRB's approval number were provided to participants. It was explained that by checking the permission box, participants confirmed that they read and understood their rights in relation to the study and acknowledged as much.

Data collection instruments first included a demographic questionnaire to collect descriptive information regarding the participants (e.g., age, gender, years of experience, etc.) and their work settings. The Burnout Assessment Tool (BAT) was then provided, which assessed the three major components that define burnout: exhaustion, impacted cognitive and affective regulation abilities and mental distancing (Hadzibajramović et al., 2020). The researcher analyzed the level of burnout amongst counselors within each setting comparatively using this inventory.

To examine only complete data sets (i.e., within the BAT component) for analysis within this study, the researcher first scanned the data sets for missing responses. The data was directly inputted from Qualtrics into SPSS on the researcher's password protected computer. The type of workplace setting was the independent variable in this study, with the three groups being WFH, WIP, and hybrid. The BAT scores (i.e., indicating the degree of burnout) served as the dependent variable. To ascertain whether counselor burnout outcomes differed significantly in each job environment, the data was analyzed using a one-way ANOVA in SPSS to determine if the mean burnout scores differed across the three settings (i.e., WFH; WIP; and hybrid). The groups were not significantly different, but if the researcher had obtained a significant ANOVA result, a post hoc analysis would have been conducted to determine which groups significantly differed from the others.

Limitations

There are several limitations which may have impacted this study. First, limitations regarding the current circumstances surrounding a time of a global pandemic may have influenced the level of burnout experienced by counselors. For example, APA (2021) reported current circumstances of counselors' experiences of higher caseloads, longer wait lists for

clients, and reduced ability to accept new clients has impacted burnout levels for counselors. These factors could have potentially influenced counselor burnout rates within this study. However, it may benefit the counseling field to receive updated information regarding a comparative study surrounding level of burnout experienced within each workplace setting. Participant willingness may have also impacted the results of this study. For example, counselors who are experiencing high levels of burnout may not have had the time or energy to complete an online survey. Additionally, using a self-reported survey may have yielded untruthful responses. For example, responses may have been exaggerated, respondents may not have fully read the questionnaire, or respondents may have been too embarrassed to answer truthfully.

Other limitations which may have impacted this study could surround testing, sampling bias and the Hawthorne effect. Regarding testing, information gathered throughout the demographic section of the survey may have impacted the way participants answered the BAT component of the survey. For example, if a participant is reminded of their stressors regarding the workplace during the demographic survey, they may have experienced increased feelings of stress, which may have influenced their answers on the BAT section. Though the survey was provided on the user-friendly platform of Qualtrics, sampling bias may have occurred due to the survey's electronic platform, as only participants who were more experienced with technology may have been willing to participate. Finally, the Hawthorne Effect may have occurred, which could have influenced participants answers regarding burnout because participants knew the nature of the study.

Operational Definitions of Key Constructs

Burnout. In this study, burnout was defined as “a work-related state of exhaustion among employees, characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing” (Hadžibajramović et al., 2022, p. 3).

The Work-in-person (WIP) Workplace Setting. Sperandeo et al. (2021) describes this workplace setting with the term “in-person”. For the purposes of this study, this term was used to identify this workplace setting as well. The working in-person setting was defined as working within the office or physical workplace setting at least 4 out of 5 days per week.

The Work-from-home (WFH) Workplace Setting. Beck and Hensher (2021) uses the term “work from home (WFH)” to describe this workplace setting. These terms have also been used to describe this workplace setting within this study. According to a study conducted by Bloom et al. (2015), “working from home” was defined as employees working from home “at least four out of five days per work week” (p. 3). This study also defined “working from home” by these standards.

The Hybrid Workplace Setting. The hybrid workplace setting is a combination of the WFH workplace setting and the WIP workplace setting. A study conducted by Bloom et al. (2022) defines the hybrid workplace as “working 2 to 3 days each week at home and the remainder in the office” (p. 2). This study adopted this definition as the hybrid workplace setting.

Chapter 2

Literature Review

Definitions of Burnout

The term “burnout”, first described as “staff burnout”, was coined by Freudenberger (1974) as he examined feelings of stress amongst volunteers within a healthcare clinic setting. He identified and described the phenomenon as an emotional depletion and a reduction in motivation (Freudenberger, 1974; Maslach et al., 2001; Moracco & McFadden, 1980). As studies continued to uncover additional information regarding experiences of burnout among helping professions, the definition of burnout continued to evolve. Maslach and Jackson (1981) further defined burnout as a chronic response to emotional and interpersonal stressors experienced within the workplace. Their definition can be conceptualized into the three dimensions- emotional exhaustion, cynicism (i.e., also defined as depersonalization), and ineffectiveness (i.e., also defined as lack of personal accomplishment, Maslach & Jackson, 1981). In recent studies, burnout has been described as “a work-related state of exhaustion among employees, characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing” (Hadžibajramović et al., 2022, p. 3).

Early Studies on Burnout

The earliest studies on burnout examined the experiences of employees working within helping professions, such as police officers, healthcare workers, and medical caregivers (Freudenberger, 1974). Christina Maslach, the pioneer researcher for examining emotions within the workplace, has conducted numerous studies to determine the mitigating factors to burnout, such as certain coping tools that assist in reducing burnout symptoms (Maslach et al., 2001). Since then, scholars have proposed models of burnout to conceptualize ways in which burnout

develops. For example, the job-demands resource model states that burnout develops due to an imbalance in the workplace between one's demands and one's resources (Woodhead et al., 2016). This model has also been used to determine factors which mitigate burnout, such as social support and resiliency (Woodhead et al., 2016).

Many of the early studies on burnout were conducted by using qualitative approaches (e.g., interviews and observations), to examine direct accounts from workers who were experiencing this newly identified phenomenon (Freudenberger, 1975; Maslach, 1976). Throughout these studies, several themes emerged from participants working within helping professions (Maslach et al., 2001). For example, one common theme identified among interviewees was the demanding nature of the helping role and the emotional toll it can take on employees (Maslach et al., 2001). Another consistent theme that emerged described an attitude of cynicism developed among helping professionals as they struggled to cope with the stressful nature of their job (Maslach et al., 2001).

Subsequent studies conducted by researchers throughout this time were focused on the clinical (e.g., the impact of burnout on one's health), and social (e.g., the impact burnout has on the ability of the provider to develop and maintain relationships) implications of burnout (Maslach et al., 2001). Using similar qualitative approaches, these studies explored the experiences of providers as they developed work-related stress and attempted to find coping strategies to manage. For example, it was identified that many employees throughout helping professions used an attitude of cynicism or sense of detachment as a defense mechanism to cope with the stress of their job (Freudenberger, 1975; Maslach, 1976). This sense of detachment from their clients negatively impacted their interactions and relationships with their clients (Maslach et al., 2001). As researchers gained further understanding about the situational context surrounding

employees' experiences, they were able to increase their insight regarding the job factors that increase one's risk for developing burnout such as overwhelming caseloads, negative client feedback, and a lack of resources (Maslach et al., 2001). Throughout this initial phase of studies, common symptoms associated with burnout were identified as emotional exhaustion, depersonalization, and detachment (Maslach et al., 2001). As a result, Maslach further defined burnout in 1982 as a psychological syndrome involving emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Jackson & Maslach, 1982; Maslach et al., 2001; Poghosyan et al., 2009;).

As interest in studying burnout increased amongst researchers, the most widely used assessment for burnout, the Maslach Burnout Inventory (MBI), was created (Maslach & Jackson, 1981). This tool was developed based on Maslach's (1981) definition of burnout surrounding emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). Since the development of this instrument, a vast array of quantitative research studies have been conducted to examine burnout amongst helping professionals due to the stressful nature of their jobs (Maslach et al., 2001). Though these studies focused on helping professions, they found that burnout can occur within a numerous array of professional fields (Maslach et al., 2001). Later, longitudinal studies (e.g., Cherniss, 1995; Peiro et al., 2001) focused on identifying factors that cause and alleviate burnout symptoms (Maslach et al., 2001).

Though the Maslach Burnout Inventory has been the most popular tool for measuring burnout throughout history (Poghosyan et al., 2009), the MBI has also received criticisms regarding its empirical and theoretical integrity (Hadzibajramović et al., 2020). For example, Schaufeli et al. (2020) identified several limitations for the MBI, such as its conceptualization of

burnout (e.g., inappropriate item wordings), psychometrics (e.g., construct validity), and practical applicability (e.g., no single total burnout score). Given the above issues, the need for developing additional psychometrically sound instruments seemed to be warranted (Hadzibajramović, et al., 2020). To address this gap, additional burnout inventories have been developed, such as the Burnout Assessment Tool (BAT), the Staff Burnout Scale for Health Professionals, and the Tedium Scale (Arthur, 1990; Hadzibajramović et al., 2020). Schaufeli et al. (2020) identified benefits of using the BAT to measure burnout within future studies, and Hadzibajramović et al. (2020) identified the need for future researchers to use burnout inventories other than the MBI. Thus, this study used the BAT to measure burnout among participants. According to Hadzibajramović et al. (2022), the BAT has presented sound validity and reliability properties, and future studies, such as this, can assist in further validation of this tool. The BAT assesses for the three major components which define burnout, which are exhaustion, impacted cognitive and affective regulation abilities and mental distancing (Hadzibajramović et al., 2020).

Impact of Burnout

Burnout typically begins with feelings of exhaustion that lead to experiences of depersonalization and that end with a decreased sense of personal accomplishment (Kelly & Herald, 2020), as outlined throughout Maslach's theory of burnout (Maslach, 1998). Burnout can result in numerous issues impacting one's physical, mental, emotional, behavioral, and interpersonal well-being and can lead to organizational issues such as job-turnover, incompetent job performance, and high absenteeism (Kahill, 1988; Lim et al., 2010). Biopsychosocial issues that are often associated with burnout include anxiety and depression, poor affective regulation, somatic complaints, fatigue, and social isolation (McCormack et al., 2018). Physical health

problems, such as musculoskeletal pain (White, 2021), type II diabetes, pain-related disabilities, cardiovascular problems, flu-like symptoms (Yang & Hayes, 2020), and even death have been correlated with job burnout as well (Ahola et al., 2010; Grossi et al., 2009; Lubbadeh, 2020; Maslach and Leiter, 2016). The harmful effects of burnout can then lead to further and more severe levels of burnout (Yang & Hayes, 2020). For example, sleep problems experienced due to burnout can lead to a lack of concentration and an inability to appropriately regulate emotions, which can then further exacerbate one's level of burnout (Yang & Hayes, 2020).

Burnout not only affects the provider but can also negatively impact the client. For example, Maslach (1976) examined the extent to which burnout causes healthcare personnel to lose all empathy and concern for clients after spending a lot of time listening to their problems (Ahola & Hakanen, 2007). Additional studies have shown that job burnout can lead to attitudes which de-value the client and to decreased willingness to provide direct client services (Mullen et al., 2017). In some instances, burnout can also result in the provider experiencing ethical dilemmas, legal problems, and reduced decision-making abilities (Baldwin et al., 2011).

Reasons for Burnout

Freudenberger (1977) found that burnout initially occurs when there is an imbalance between an employee's efforts and their productivity (e.g., as the employee works harder, their productivity decreases). Several studies, including a more expansive study conducted by Maslach which studied over 10,000 participants, have identified several reasons for burnout within the workplace (Maslach & Leiter, 2016). They include an excessive workload (Maslach & Leiter, 2008), a lack of control and influence, a lack of reward, a lack of community (i.e., due to isolation or conflict), a lack of fairness (Lubbadeh, 2020), and an imbalance in values between the employee and the workplace (Maslach & Leiter, 2008).

Variables That are Related to Burnout

Studies have been conducted to determine the variables that are related to employee burnout. In a study conducted by Green et al. (2014), it was found that the organizational climate of the workplace impacted the level of burnout experienced among mental health workers. Many of these factors have also been studied to determine which aspect of burnout they are associated with. For example, Bressi et al. (2009) noted that psychiatrists who worked with demanding patients experienced higher levels of depersonalization. Other factors that have been found to be correlated with burnout are role ambiguity, a lack of job resources, a lack of support and feedback from supervisors, certain job demands (e.g., the intensity of or type of client issues, Maslach et al., 2001), and the length of time working at the job (Adam et al., 2018). For example, Oser et al. (2013) identified that counselors working primarily with clients who struggle with substance abuse are more likely to experience burnout than counselors working with other client populations.

Although burnout is often attributed to environmental factors, studies also examined whether personality traits can lead to burnout (Zellars et al, 2000). The cognitive-affective personality system (CAPS) indicates that one's personality determines the way an individual processes information throughout their environment (Mischel & Shoda 1995, 1998; Swider & Zimmerman, 2010). The five-factor model of personality (FFM) has been used as the primary theoretical basis for identifying the causal relationship between major personality traits and burnout (Zellars et al., 2000). The five major personality traits recognized throughout the FFM are neuroticism, extraversion, agreeableness, conscientiousness, and openness (Goldberg, 1990). When examining the literature regarding the personality traits that predict burnout, results seem to be inconsistent among various studies. For example, Zellars et al. (2000) found that all

personality traits were linked to at least one component of burnout, but Kim et al.'s (2007) study found that the trait of agreeableness was not correlated with any component of job burnout.

Burnout Among Mental Health Counselors

Morse et al. (2012) determined that 21-67% of mental health care providers struggle with significant burnout, and Johnson et al. (2018) found that mental health workers reported lower well-being than workers in other healthcare settings. The role of the mental health counselor requires professionals to listen to, empathize with, and help numerous clients with their mental health problems, while appropriately following ethical standards and maintaining professional boundaries with each client (Posluns & Gall, 2020). While aiding clients in working towards increased well-being, practitioners often fail to practice self-care to help themselves maintain their own well-being (Posluns & Gall, 2020). In addition, lack of client improvement, poor client outcomes, client relapse, and high-risk client behaviors (e.g., suicidal ideations and suicide attempts) can further contribute to the stressful nature of the counseling profession (Barnett et al. 2007; Posluns & Gall, 2020). Broiler et al. (1987) found that practitioners working with mental health clients experienced higher levels of depersonalization than general practitioners (Leiter & Harvey, 1996).

Past researchers examined the relationship between different variables and burnout among counselors. For example, some studies suggested that the types of clientele counselors serve has an impact on level of burnout experienced by the counselor. A review of 41 studies, which examined counselors working with trauma survivors identified that secondary exposure to trauma is predictive of higher job burnout levels (Cieslak et al., 2013). However, conflicting results among other studies (e.g., Ben-porat & Itzhakey, 2015; Devilly et al., 2009) have indicated that the level of burnout experienced by trauma counselors is not necessarily

influenced by the clientele or type of treatment being conducted, but instead, is influenced by the overall stressful and demanding nature of the counseling role in general. Conversely, Oser et al. (2013) identified that substance abuse counselors are at a higher risk for developing burnout when compared to counselors working with other client populations, and thus determined that the type of clientele does influence the level of burnout experienced by counselors.

Studies have also found conflicting results surrounding the relationship between counselor characteristics or demographics and burnout (Lent & Schwartz, 2012). Naisberg-Fennig et al. (1991) conducted a study to determine level of burnout among mental health counselors based on personality characteristics. Though findings indicated that level of burnout experienced among participants was associated with different personality traits, when identifying factors related to higher levels burnout within relation to the demographic identifiers, this study did not find that sex or years of experience impacted burnout levels (Naisberg-Fennig et al., 1991). In addition, McDermott (1984) examined burnout scores for 104 participants in relation to demographic identifiers and found no difference in burnout scores based on “age, sex, marital status, employment status of spouse, dependents, number of hours worked, and being on call” (p. 2). Dupree and Day (1995) identified that male counselors experience higher levels of burnout than female counselors. A meta-analysis conducted by Purvanova and Muros (2010) identified that female counselors experience significantly more emotional exhaustion (i.e., one major component of burnout), while male counselors experience increased sense of depersonalization (i.e., one major component of burnout). Green et al. (2014) conducted a study measuring burnout levels within 322 mental health workers and found that age, professional discipline type, and number of years at the agency were all related to burnout among participants, but gender and caseload were not. Regarding the demographic variable of race, some studies have found that

white counselors reported higher levels of burnout when compared to African American counselors (Lent & Schwartz, 2012; Yang & Hayes, 2020). Maslach (2003) attributes this phenomenon to non-white workers' higher level of resilience when confronted with difficulties and workplace stress and to their increased ability to lean on social supports.

However, very few studies specifically looked at the relationship between burnout among mental health counselors within different work settings. Since the COVID-19 pandemic, work settings have changed for many employees, and working from home has become more prominent (Diab-Bahman & Al-Enzi, 2020). Brooks-DaSilva (2021) found that the change from providing face-to-face services to working from home or hybrid led to problems, including higher levels of burnout. Maor and Hemi (2021) also found that the increased implementation of technology within the WFH work setting led to increased work-related stress. Previous studies have found that counselors working within the WIP work setting experience burnout (e.g., Johnson et al., 2018; Morse et. al. 2012; Posluns & Gall, 2020). However, studies conducted surrounding burnout within the WFH and hybrid workplace settings have conflicting results, as some have indicated that the WFH and hybrid work environments may result in factors leading to higher levels of burnout (e.g., Alexander et. al., 2021; Maor & Hemi, 2021 Stein, 2022), while others identified that the flexible nature of the WFH and hybrid settings serves as an additional resource to mitigate burnout for workers (e.g., Golden, 2006; Greenhaus & Powell, 2006; Masuda et. al., 2017). In addition, most studies conducted surrounding burnout and the WFH and hybrid workplace settings have examined general employees, not specifically mental health counselors, and were conducted during the midst of the COVID-19 pandemic. For example, one study conducted by Schlenger et. al. (2022) studied social workers within the WFH work setting but only identified burnout factors among a small sample of social workers from one organization.

There are no studies comparing burnout levels between the different workplace settings within a collective sample of employees from the sole profession of mental health counseling. Therefore, the purpose of the current study was to examine the burnout levels among mental health counselors within the three different work settings of WFH, WIP, and hybrid.

Work-settings and Burnout Among Mental Health Counselors

Working In-Person and Burnout Among Mental Health Counselors

Working in-person refers to working within the office or physical workplace setting at least four out of five days per week. Research surrounding burnout amongst mental health counselors has been largely limited to the WIP work setting, and studies have primarily focused on the different types of WIP work settings and how each might influence burnout. For example, Dupree and Day (1995) studied private practitioners and public sector therapists. Results from this study found that psychotherapists working within the private practice treatment setting experienced lower levels of burnout than those working within public sector treatment settings (Dupree & Day, 1995). Lent and Schwartz (2012) studied burnout levels among 340 professional counselors working within different in-person treatment settings including inpatient settings, community mental health outpatient settings, and private practice outpatient settings. Similar to Dupree and Day's (1995) conclusions, they found that the prevalence of burnout significantly differed based on the treatment setting in which the counselor was working (Lent & Schwartz, 2012). For example, community agency outpatient counselors experienced higher levels of burnout than counselors working within the private practice setting (Lent & Schwartz, 2012). Studies have shown that some counselors working within each WIP work setting (e.g., inpatient, outpatient, etc.) have experienced burnout due to the fast-paced and high demanding environments within each setting (SAMHSA, 2022).

Working from Home Work-setting and Burnout Among Mental Health Counselors

Working from home (WFH) will be defined as “working from home at least four out of five days per work week” (Bloom et al., 2015, p. 3). The WFH setting was first implemented in the workplace within the U.S. following the oil spill within the 1970’s (Allen et al., 2015). To mitigate problems surrounding traffic and to conserve energy emitted through transportation, companies throughout the U.S. sought to bring the job to the employee, rather than vice versa (Allen et al., 2015). The government followed these efforts by assessing the competency of this new work model by funding testing ventures (Avery & Zabel, 2001). Thus, by the late 1990’s, 10,000 employees of the federal government were working from home (Avery & Zabel, 2001).

As technology advancements increased, the WFH setting became more prominent, as it became easier for workers to access the means to work remotely via home computers (Allen et al., 2015). The economical shift from a manufacturing society to an information-seeking society also produced greater WFH employment opportunities (Kizza, 2013). The Clean Air Act, which was implemented in 1970 (with major revisions in 1977 and 1990), forced states throughout the U.S. to develop active planning to reduce air pollutants (Allen et al., 2015). Part of these efforts required major companies throughout the U.S. to identify means of allowing employees to work from home to strive towards the goal of cleaner air (Goluboff, 2001). In addition, the Americans with Disabilities Act (ADA) further promoted the WFH option to allow greater access to job opportunities for individuals with disabilities (Allen et al., 2015).

When the WFH work setting was originally implemented throughout numerous organizations across the U.S., there was little research to identify the impact that the WFH workplace would have on employees (Allen et al., 2015). To address this gap, research has since been conducted to determine the effectiveness of WFH. Golden and Veiga (2005) found that job

satisfaction is highest among employees who work from home for moderate amounts of time, as compared to large sums of time or sparse amounts of time. Golden (2006) identified that WFH yielded a greater commitment to the organization and a lower likelihood to take actions to leave the organization. Best (2021) identifies the benefits of the WFH setting, including increased flexibility, greater control or autonomy surrounding one's job duties, and working within the comforting environment of one's own home. In contrary, the literature identifies that those who work from home excessively experience greater professional isolation, which negatively impacts job performance and increases employees' intentions to leave the organization (Golden & Veiga, 2005). Best (2021) identified that working from home can impact the employees' ability to work together as a team. Several studies have identified that the lack of community within the WFH setting (i.e., caused by feelings of isolation or by conflict) can lead to increased experiences of burnout (Lubbadeh, 2020; Maslach & Leiter, 2008; Maslach & Leiter, 2016).

There have been conflicting findings across studies examining the burnout experience of WFH employees. Golden (2006) conducted a study surrounding internet-solutions employees working within the WFH environment and found that WFH employees experienced less emotional exhaustion and presented higher levels of commitment to their workplace organization. Golden (2006) further identified that the WFH environment can help alleviate one component of burnout, emotional exhaustion, as the WFH setting allows the employee an increased ability to disconnect from the intense social interactions typically experienced within the WIP work environment. This study was conducted with internet solutions employees prior to the global pandemic, and thus it is unknown if these results translate to other professions post-pandemic, such as helping professions like mental health counseling. Bloom et al. (2015) found similar results when studying 16,000 employees within a Chinese travel agency. This study

found that employees who worked from home for four out of five days per work week yielded a higher positive attitude and lower feelings of exhaustion, which is a major component to burnout (Bloom et al., 2015).

In addition, Santuzzi and Barber (2018) identified the condition of *telepressure* in which workers experience perceptions of technological overload when working from home, as well as experience intense pressure to react or respond rapidly when confronted with communications through virtual means (e.g., emails; Mansfield, 2018). Telepressure can be associated with increased exhaustion, struggles with sleep, decreased job satisfaction, and burnout (Mansfield, 2018; Santuzzi & Barber, 2018).

An analysis by Best (2021) surrounding future work settings post pandemic further identified that some participants within the WFH setting over-extended themselves by committing to more than what they could reasonably accomplish to overcompensate for the disadvantages of working from home. These over-extending behaviors often lead to employee burnout (Best, 2021). Powell et al. (2017) also found that workplace cultures which place overbearing expectations on employees to remain constantly engaged with work-life are often facilitated by the growing means of electronic communication and the employee's ability to work anytime and anywhere within the WFH work setting.

Galea et al. (2014) found that workers who possess higher levels of responsibility within their personal lives are often the employees who seek and desire the flexibility that comes with the WFH work setting. However, when these employees who work from home must complete more than their required workload, job satisfaction decreases and can disrupt one's work-life balance, leading to greater personal problems such as marital disputes (Mansfield, 2018) and higher experiences of burnout, as Ogresta et al. (2008) found that low job satisfaction is

associated with higher levels of burnout. Other challenges facing the employee within the WFH work setting are a lack of access to materials (e.g., physical files), greater distractions from work within the at-home environment, and an inability to communicate with supervisors or co-workers face-to-face when desired (Mansfield, 2018). Physical materials (e.g., files) and the ability to communicate face-to-face when needed can be considered resources within the conservation of resources burnout model, and according to this model, the depletion of these resources can lead to greater instances of burnout (Grandey & Cropanzano, 1999; Maslach & Leiter, 2016). However, these studies mainly focused on the WFH work setting in general rather than the WFH work setting and employees within the mental health counseling profession. Thus, it is unclear whether these findings would apply to mental health counselors.

The most relevant study in the literature was a study conducted by Schlenger et al. (2022) which examined burnout among social workers within the WFH workplace setting. They found that a protective factor for social workers who provide counseling is the face-to-face informal engagement with peers experienced within the WIP workplace setting. Working from home (along with the use of electronic communication) poses a threat for these employees to continue receiving this form of support from peers within the workplace environment (Schlenger et al., 2022). In addition, participants within this study identified the value of separating work-life from home-life by working within the WIP setting (Schlenger et al., 2022). Another risk factor for burnout within the WFH setting was identified as feelings of isolation experienced due to the lack of face-to-face engagement (Schlenger et al., 2022). However, Schlenger et al. (2022) identified that working from home may provide stress relief for one employee in some ways, while increasing stress for another employee in other ways. Despite these profound findings, this

study solely examined social workers' experiences of burnout within the WFH work setting and used a small sample of social workers from one organization (Schlenger et al., 2022).

Moreover, a common issue among these studies is that few of them offered a clear definition for the WFH setting. For example, Schlenger et al. (2022) identified the WFH setting as providing services solely through means of distance communication technologies (e.g., telephone, email, or videoconferencing). However, Golden (2006) referred to the WFH setting as “teleworking” and studied participants who worked throughout varying degrees of WFH (e.g., ranging from 5-90% of the time working away from the office). To expand knowledge on this potential relationship between the WFH work setting and burnout among mental health counselors, the current study will adopt Bloom et al.'s (2015) definition of working from home, which is “working from home at least four out of five days per work week” (p. 3).

Hybrid Work-setting and Burnout Among Mental Health Counselors

Bloom et al. (2022) defined the *hybrid workplace* as working “two to three days each week at home and the remainder in the office” (p. 2). The current study will also adopt this definition as the *hybrid* workplace setting. Radonić et al. (2021) conducted a study on the perception of the hybrid workplace model with managers of information technology (IT) companies. They found that the hybrid workplace, along with its flexible characteristics, was associated with decreased levels of burnout amongst employees (Radonić et al., 2021). Other studies have identified risk factors for burnout within the hybrid workplace setting. Stein (2022) identified that the hybrid workplace can increase risk of burnout due to the lack of community and sense of belonging experienced by employees. These findings are consistent with previously identified factors which are associated with employee burnout surrounding a lack of community within the workplace setting (Lubbadeh, 2020; Maslach & Leiter, 2008; Maslach & Leiter,

2016). In addition, the hybrid work setting with a lack of company policy surrounding employee accessibility while working at home can lead to increased risk for burnout, along with potential familial issues regarding the employee's lack of boundaries between the home and workplace setting (Stein, 2022). Moreover, other studies identified that the hybrid model influenced burnout rates among employees based on the number of days spent within the WIP and WFH settings each week (Alexander et al., 2021; Golden, 2006). For example, in a study examining 5,000 full-time employees who worked in government or corporate settings, some employees described the hybrid work setting as draining and fatigue-inducing (Alexander et al., 2021). Within this study, over half of the employees identified a desire to work-from-home three days per week and in the office two days per week (Alexander et al., 2021). Like other studies, this study does not identify whether mental health counselors were surveyed, and thus, it is unknown whether the results of this study would apply to mental health counselors.

Summary

The most recent studies related to work settings and burnout among mental health counselors are limited to studies conducted during the COVID-19 pandemic, and there are no post-pandemic studies regarding burnout among mental health counselors in relation to workplace setting (i.e., WFH, hybrid, or WIP). Although burnout among mental health counselors has been extensively examined in the literature (e.g., Cieslak et al., 2013; Johnson et al., 2018; Lent & Schwartz, 2012; Naisberg-Fennig et al., 1991; Oser et al., 2013), past studies have not determined whether the prevalence of burnout among mental health counselors will change based on work setting (i.e., WFH, hybrid, WIP). Some studies have identified that WFH increases risk for burnout (e.g., Alexander et. al., 2021; Maor & Hemi, 2021; Stein, 2022;), and other studies propose that the WFH work setting decreases risk for burnout (e.g., Golden, 2006;

Greenhaus & Powell, 2006; Masuda et. al., 2017). Schlenger et. al. (2022) studied social workers within the WFH work setting but identified limitations of studying a small sample of social workers from one organization. There are no studies comparing burnout levels between the different workplace settings within a collective sample of employees from the sole profession of mental health counseling. Given the above rationale for potential relationships between the three work settings and burnout, the purpose of the current study is to examine the burnout levels among mental health counselors within the different work settings of WFH, WIP, and hybrid.

Chapter 3

Methodology

The current study used a quantitative survey research design to explore the burnout levels among counselors who work within the WIP, WFH, and hybrid workplace settings. The research question for this study was is there a difference in level of burnout among counselors working primarily within the WIP, WFH, and hybrid work settings? The null hypothesis was there is no difference in the level of burnout between counselors within the three work settings. The alternative hypothesis was in at least one of the work settings, counselors may experience significantly different levels of burnout compared to the other work settings.

This study was one of the very first to assess the level of burnout among mental health counselors based on work setting (i.e., WFH, WIP and hybrid). According to Fincham (2008), a response rate of 60% or higher should be the standard response rate for participants within a study. Of 277 participants who clicked on the survey, 83.75% ($n = 232$) of the participants completed the survey. Thus, the response rate was higher than standard, and the population sample consisted primarily of licensed practitioners (79.3%).

The results of this study add to previous research findings identified throughout the literature review which have identified that burnout levels are lower among the WFH and hybrid work settings (e.g., Best, 2021; Golden, 2006, Greenhaus and Powell, 2006; Masuda et al., 2017), and contrasting results among studies which determined that burnout levels are higher due to burnout-inducing factors within the work-from-home and hybrid work settings (e.g., Mansfield, 2018; Santuzzi & Barber, 2018; Schlenger et al., 2022).

Participants

The researcher utilized purposive non-probability sampling to recruit participants for this study. To be eligible for participating in this study, participants had to meet the following criteria: (1) 18 years or older; (2) self-identified as a mental health counselor (e.g., licensed professional counselor; licensed professional counselor-mental health service provider); (3) currently working within one of the following three settings: WIP (i.e., working within the office or physical workplace setting at least 4 out of 5 days per week), or WFH (i.e., working from home at least 4 out of 5 days per week), or hybrid (i.e., working from home between 2-3 days per week).

A priori power analysis was conducted through G*Power program to determine the number of participants needed for this study. With an alpha level of .05, a power of .90 and an estimated medium effect size of .25, the power analysis determined a total sample size of 207 participants was needed. The researcher's objective was to collect more data than necessary so that any additional data could be used when omitting any insufficient or inappropriate data from analysis.

Participant Demographics

Two-hundred and thirty-two cases were examined within the study. For gender, 200 participants identified as a woman, 27 participants identified as a man, five participants identified as nonbinary, and no participants chose to self-identify by writing in a response. For race and ethnicity, 164 (70.7%) participants identified as White (i.e., German, Irish, English, Italian, Polish, French) and 49 participants (21.1%) identified as Black or African American (i.e., Jamaican, Haitian, Nigerian, Ethiopian, Somalian). Two participants self-identified as American Indian and White. One participant identified as White and Ukrainian. One participant self-

identified as White and Jewish. Two participants identified as Hispanic. One participant identified as White and Hispanic. Three participants identified as White and Black. One participant identified as Asian. One participant identified as American Indian. One participant identified as Asian and Hispanic. One participant identified as Middle Eastern. One participant identified as American Indian, Middle Eastern, and White. One participant identified as White and Finnish. One participant identified as American Indian, Hispanic, and White. Two participants chose not to answer.

For the workplace or treatment setting, 101 (44%) participants worked in the private practice outpatient setting, with the second largest group being the outpatient treatment setting (e.g., outpatient clinic/organization or community agency) with 52 participants (22%). Twenty-two (9%) participants worked within the K-12 school setting. Sixteen (7%) worked within the general hospital setting. Ten (4%) worked within the university setting. Nine (3.8%) worked within the partial hospitalization, day treatment or intensive outpatient setting. Nine (3.8%) chose “other” as their work setting. Four chose the residential treatment setting. Four chose the acute care treatment setting. One chose religious organization, and one chose the crisis setting. Three participants chose not to answer.

Two-hundred participants (86%) for this study provided services in the southern region (i.e., South—Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia) of the United States. Thirteen participants (5.6%) provided services in the Northeast region (i.e., Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont). Ten participants (4%) provided services in the West region (i.e., Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada,

New Mexico, Oregon, Utah, Washington, Wyoming). Eight participants (3.45%) provided services in the Midwest region (i.e., Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin). No one provided services within the region of Puerto Rico or other U.S. territories, and no one chose to self-specify another region. One participant chose not to answer.

One-hundred and eighty-four (79.3%) participants in this study reported that they are licensed practitioners, with 48 participants being non-licensed (21%). Although all participants acknowledged that they identify themselves as a mental health counselor by clicking the consent box prior to the beginning of the assessment, type of licensure was assessed by asking licensed participants to choose the licensure they currently possess. Of those who were licensed, 49 participants (58%) identified as a Licensed Professional Counselor, 38 (45%) identified as a Licensed Clinical Social Worker, 36 (42.9%) identified as a Licensed Professional Counselor-Mental Health Service Provider, 11 (13%) identified as a Licensed Master Social Worker, ten (11.9%) identified as a Licensed Professional School Counselor, six (7.14%) identified as a Licensed Marriage and Family Therapist, six (7.14%) identified as a Temporary Licensed Counselor, three (3.5%) identified as a licensed clinical psychologist, two (2.4%) identified as a Licensed School Psychologist, and one participant identified as a Licensed Board Analyst.

Participant ages ranged from age 24 to age 75, with a mean age of 40.18. Length of time in the field had a minimum of less than one year and a maximum of 50 years, with a mean of 11.03 years. Regarding the independent variable of work setting (i.e., WFH, hybrid and WIP), 153 (65.94%) participants identified working within the WIP work setting, 49 (21%) identified working within the hybrid work setting, and 30 (12.83%) identified working within the WFH

work setting. Length of time working in current work setting (i.e., WFH, hybrid and WIP) had a minimum of less than one year and a maximum of 40 years, with a mean of 6.25 years.

Procedures

The researcher gained University of Memphis Institutional Review Board (IRB) approval prior to conducting this study (see appendix D). After IRB approval, the researcher distributed the survey recruitment email through online listservs such as CESNET and COUNSGRADS to recruit participants. The researcher also distributed the survey invitation email to counseling organizations and agencies, inviting them to participate in the study. Eligible participants completed the survey electronically via Qualtrics on their own time and at a location of their choice. The Qualtrics survey was set to anonymize responses, so the survey did not store any participant's IP addresses. The survey was sent via email from the researcher's University of Memphis email address. The recruitment email included the informed consent and the Qualtrics survey link (Appendix C).

In the informed consent, participants were asked to consent to understanding the nature of the study by clicking a consent box prior to being directed to the survey. Participants were informed that by clicking the consent box, they acknowledged that they read and understood their rights as participants of the study. Participants were informed that participation in the survey was completely voluntary, and that they could refuse to answer any question or withdraw from the study at any time without penalty. Participants were informed that all responses were anonymous and kept strictly confidential. Participants were informed of the University of Memphis IRB approval number and contact information for the IRB and the primary investigator. This study did not require participants to disclose sensitive information and did not require invasive intervention or treatment of any kind. Due to the nature of this study, there were

no foreseeable risks for participating in this study. After reviewing the informed consent, participants completed a voluntary survey which assessed non-identifying demographic information and symptoms of burnout. Participants were informed that the data was stored on a password protected computer, which was solely accessed by the researcher and primary investigator who conducted this study.

Instrumentation

Demographic Questionnaire (Appendix A). A demographic questionnaire was provided to participants to inform the researcher of descriptive information regarding the participants (e.g., age, gender, years of experience and work setting) prior to the burnout assessment tool. In this questionnaire, gender was assessed according to the California State University San Marcos inclusive language guidelines, by allowing participants to select any that apply from the following options: (1) woman; (2) man; (3) transgender; (4) non-binary; (5) other, please specify; and (6) prefer not to answer. Age was assessed by asking participants to write-in their age in a text box. Based on best practice standards identified by Hughes et al. (2016), race and ethnicity was assessed by allowing participants to select all that described them from the following options: (1) American Indian or Alaska Native (i.e., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community); (2) Asian (i.e., Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese); (3) Black or African American (i.e., Jamaican, Haitian, Nigerian, Ethiopian, Somalian; Hispanic), (4) Latino or Spanish Origin (i.e., Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian); (5) Middle Eastern or North African (i.e., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian); (6) Native Hawaiian or Other Pacific Islander (i.e., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese); (7) White (i.e., German, Irish,

English, Italian, Polish, French); (8) Some other race, ethnicity, or origin, please specify; and (9) I prefer not to answer.

Workplace or level of care was assessed by allowing participants to identify their primary place of work from the options of: (1) residential treatment setting; (2) partial hospitalization; (3) day treatment program, or intensive outpatient program setting; (4) outpatient treatment setting (e.g. outpatient clinic/organization or community agency); (5) private practice outpatient setting (i.e., individually owned and operated); (6) hospital treatment setting (e.g., general medical hospital); (7) school setting; (8) geriatric facility or nursing home; (9) crisis setting (e.g. mobile crisis, crisis hotline, etc.); (10) religious organization setting; (11) acute inpatient treatment setting; (12) University setting; and (13) other. Participants were asked to identify the number of years they have been working in the field by writing-in their responses in a text box. Because this is a national study, each participants' region was assessed by asking participants to identify the geographic region of the United States that they practice counseling in according to the 5 regions of the United States consisting of: (1) Midwest—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin; (2) Northeast—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont; (3) South—Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia; (4) West—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming; (5) Puerto Rico or other U.S. territories; or (6) Other, please specify (Hughes et al., 2016; National Geographic Society). Finally, the participant's licensure status was assessed by asking participants if they are licensed and providing the choices of (1) yes or (2) no. Participants

who were licensed were asked to provide their type of licensure (e.g., licensed professional counselor) by writing-in their response in a text box. Participants were asked to specify which work setting they primarily provide services in with multiple choice options of: WIP (working within the office or physical workplace setting at least four out of five days per week), hybrid (working at home two to three days per week and the remainder in the office) or WFH (working from home at least four out of five days per week). Participants were only able to choose one work setting among the three options and were instructed to choose the setting where they worked the most often.

The Burnout Assessment Tool (BAT) (Appendix B). Developed by Schaufeli et al. (2020), the BAT is a 33-item tool measuring the core dimensions and secondary symptoms of burnout. The BAT defines burnout as a “work-related state of exhaustion among employees, characterized by extreme tiredness, reduced ability to regulate cognitive and emotional processes, and mental distancing” (Hadžibajramović et al., 2022, p. 3). The first 23 items assess the four core dimensions of burnout: exhaustion, mental distancing, impaired emotional control, and impaired cognitive control (Schaufeli et al., 2020). Among the first 23 items are four subscales which include eight questions surrounding exhaustion, five questions surrounding mental distancing, five questions surrounding cognitive impairment, and five questions surrounding emotional impairment. The final ten items assess for secondary symptoms of burnout surrounding psychological complaints and psychosomatic complaints (Schaufeli et al., 2020). The two subscales represented throughout the last ten items consist of five questions regarding psychological complaints and five questions surrounding psychosomatic complaints. Sample items are, “At work, I feel mentally exhausted” and “At the end of my working day, I feel mentally exhausted and drained”. Each item is self-assessed using a five-point Likert scale

ranging from 1 (*never*) to 5 (*always*). Scores on the BAT are based on the average and range from 1-5. Higher averages represent higher experiences of burnout. According to the Burnout Assessment Tool (BAT) Manual, the low range of BAT averages are less than or equal to 1.50, the average range falls between 1.51 and 2.35; the high range falls between 2.36 and 3.17; and the very high range consist of averages equal to or greater than 3.18 (Schaufeli et al., 2020).

According to Schaufeli et al. (2020), the BAT was developed by using deductive and inductive approaches that included interviews with 49 practitioners and by using items from previous burnout assessments to develop the items on this assessment. Chain of reasoning regarding item responses and inferences made based on those responses was identified throughout the study conducted by Schaufeli et al. (2020), as it outlines the development of the testing instrument. The study also examined the psychometric properties of the BAT by using a sample of 1,500 Flemish employees (Schaufeli et al., 2020). Exploratory factor analysis and confirmatory factor analysis were employed to confirm factorial validity of the BAT (Schaufeli et al., 2020). Cronbach's alpha was used as a reliability coefficient to confirm the internal consistency of each subscale of the BAT (Schaufeli et al., 2020). The multi-trait, multi-method model was used to compute convergent and discriminant validity when developing this tool (Schaufeli et al., 2020). A Rasch analysis was conducted to indicate that the fundamental components of burnout can be determined by using one composite score of the BAT (Schaufeli et al., 2020).

Sinval et al. (2022) used a sample of 3,103 employees from Brazil and Portugal to identify validity evidence of the BAT. Confirmatory factor analysis (CFA) on data from 3,103 employees established the BAT's original dimensionality. The Average Variance Extracted was used to confirm convergent validity (Sinval et al., 2022). This study conducted an item response theory

analysis with the use of a multidimensional polytomous Rasch model (Sinval et al., 2022). Distributional properties and psychometric sensitivity were assessed and presented within a table (Sinval et al., 2022). Estimators of internal consistency were used to confirm the reliability of the first-order factors (Sinval et al., 2022). The Lavaan package was used for latent variable modeling to confirm validity of the tool based on interactions with other variables (Sinval et al., 2022). This study further validates the integrity of the BAT and provides a useful outline for its validity (Sinval et al., 2022).

Consiglio et al. (2021) used a sample of 738 Italian employees to confirm psychometric properties of the BAT. Exploratory and confirmatory factor analysis were used to confirm the structure of the four core dimensions of the BAT (Consiglio et al., 2021). Cronbach's alpha was used as a reliability coefficient to confirm the scale reliability (Consiglio et al., 2021). Four multi-trait, multi-method (MTMM) models were used to confirm convergent and discriminant validity (Consiglio et al., 2021). Two hierarchical regression analyses were conducted to confirm the BAT's predictive and incremental validity when controlling for the Maslach Burnout Inventory General Survey (MBI-GS, Consiglio et al., 2021). The comparison of descriptive results from seven nationally representative samples with the sample from this study was also explored (Consiglio et al., 2021). This study provides a thorough composite of the psychometric properties of the BAT, as it confirmed the BAT's core and secondary dimensions and presented evidence of the instrument's predictive validity.

Confirmatory factor analysis and exploratory structural equation modeling were conducted by De Beer et al. (2022) on data from a sample of 1,048 employees over 18 years of age in the Republic of South Africa. Confirmatory factor analysis and exploratory structural equation modelling methods were used to test construct-relevant multidimensionality of the BAT's core

dimensions by testing the first 23 items of the BAT (De Beer et al., 2022). The results indicated that the bifactor model of burnout was suitable for the data (De Beer et al., 2022). In addition, this study further corroborates the literature designating the BAT's appropriate use of a singular inclusive score indicating level of burnout (De Beer et al., 2022). The omega reliability value of 0.95 was obtained, which confirmed the BAT's unidimensionality (De Beer et al., 2022).

Adequate convergent validity to the MBI was demonstrated using the bifactor ESEM model (De Beer et al., 2022). A bifactor ESEM measurement invariance analysis was used to test measurement invariance between gender and ethnicity among participants (De Beer et al., 2022). Gender showed strong and strict measurement invariance, and ethnicity showed strong invariance (De Beer et al., 2022). This article confirms the bifactor model, unidimensionality, convergent validity and measurement invariance of the BAT (De Beer et al., 2022).

According to Hadžibajramović et al. (2022), the BAT has presented high validity and reliability properties. Schaufeli, et al., (2020) confirmed factorial validity by using an exploratory and confirmatory factor analysis. Reliability was determined by assessing the internal consistency of the composite score, as well as each subscale (Schaufeli, et al., 2020). Internal consistency coefficients for the total scale and primary subscales ranged from .90 and .95 (i.e., exhaustion: 0.92, mental distance: 0.91, cognitive impairment: 0.92, emotional impairment: 0.90, and 0.95 for the total scale) (Schaufeli, et al., 2020). For the secondary symptom subscales of psychological complaints and psychosomatic complaints, internal consistency coefficients were 0.81 and 0.85, respectively (Schaufeli, et al., 2020). Convergent and discriminant validity were confirmed by using Campbell and Fiske's multi-trait, multi-method model (Schaufeli, et al., 2020). In addition, for respondents of differing ages, genders, and nationalities, as well as for younger and older respondents, the overall BAT-score functioned consistently (Schaufeli, et al.,

2020). A Rasch analysis determined that a single composite score of the BAT can be used to indicate a person's level of burnout (Schaufeli, et al., 2020).

This tool assesses the three major components which define burnout, which are exhaustion, impacted cognitive and affective regulation abilities, and mental distancing (Hadzibajramović et al., 2020). This inventory was used to assess a sample of counselors working within the WFH, WIP and hybrid work settings. The researcher analyzed the level of burnout amongst counselors within each setting comparatively according to the inventory. The average score of the BAT for each participant was used to determine their level of burnout. In the current study, Cronbach's alpha (α) for the 33 BAT items was 0.942. This indicates that the internal consistency for this scale was high, based on the criterion that higher Cronbach's alpha values are better and should be equal to or greater than 0.7 (Bandalos, 2018).

Data Analysis Plan

The researcher initially screened the data sets (i.e., examine properties that may impact interpretation of results or lead to updating plan of analysis) and then cleaned the data sets (i.e., check for missing data, incorrect formatting, or corrupted data). Within this process, the researcher ran a preliminary analysis using the Pearson bivariate correlation analysis to determine if there was a statistically significant linear relationship between the scale demographic variables and burnout.

A one-way ANOVA is a technique to assess variances amongst two groups or more and was the best analysis to use to determine if there were statistically significant differences between the means of the three work-setting groups (Bewick et al., 2004). The primary assumptions for the ANOVA test (i.e., independence of observations, normality, and homogeneity of variance) were met (Laerd Statistics, 2017). The independent variable within this

study was the type of workplace setting (e.g., WFH, WIP, and hybrid work settings). The dependent variable was the level of burnout experienced, as evidenced by the BAT averages. The data was analyzed by conducting a one-way ANOVA in SPSS to determine whether burnout results were significantly different ($\alpha < .05$) among counselors within each workplace setting. If the researcher had obtained a significant ANOVA result, a post hoc analysis would have been conducted to determine which groups significantly differed from the others.

Chapter 4

Results

Data Cleaning and Screening

After the data collection process was completed, I exported the raw dataset from Qualtrics to prepare for analyses. I began by cleaning unnecessary information (e.g., duration seconds, start date, user language). Participants completed the BAT portion of the survey by reading each statement and choosing the frequency that the statement applied to them on a scale from 1 (*never*) to 5 (*always*). I then assigned case numbers to the data and coded some of the demographic data. I ensured the category of “age”, which was written-in by participants in terms of years, was changed to numerical values. I also added new categories of race and ethnicity for participants who chose more than one category and for those who chose to write-in their response. For the category of “type of licensure”, which was written-in by respondents, I coded each type of licensure listed by participants. For the categories of “years in the field” and “years working in current setting”, participants answered in terms of years or months. When coding the data for these two categories, I ensured each value was numerical in terms of years and that months were divided into a decimal to analyze the data. The BAT was the dependent variable, and the mean score was used. The independent variable of workplace setting was coded based on workplace setting group (i.e., hybrid, WFH, and WIP). Specifically, I coded the WIP setting as “1”, the WFH setting as “2”, and the hybrid setting as “3”.

I then screened the data for missing values. Out of 277 respondents, one respondent did not answer the question pertaining to the independent variable of workplace setting and thus was removed. Thirty-one cases were deleted because the participant began the demographic portion of the survey but did not complete the BAT portion of the survey, and eleven cases were deleted

because they contained missing data throughout the BAT component of the survey. Thus, I continued the process with 232 cases.

I then checked the assumptions for the ANOVA. Assumption one states that the study must include one continuous dependent variable, and this study met this assumption, as the BAT average was the dependent and continuous variable. The assumption of independence was met as this study contains one independent variable consisting of three categorical independent groups (i.e., work settings of WFH, hybrid, and WIP). The assumption of independence of groups was met as there was no relationship between individual participants or groups being analyzed (Laerd Statistics, 2017). The assumption of normality was met as well. Based on recommendations by Laerd Statistics (2017), the Shapiro-Wilks test for normality is the most appropriate test to use when the data sample is 50 or less. Thus, for the hybrid and WFH groups, this test was used. BAT average scores were normally distributed for both hybrid ($p = .928$) and WFH ($p = .316$) groups, as assessed by the Shapiro-Wilk's test ($p > .05$). The WIP group did not pass the Shapiro-Wilks test for normality ($p = .038$), however, for larger sample sizes ($n > 50$), the Kolmogorov–Smirnov test for normality is recommended (Laerd Statistics, 2017; Mishra et. al., 2019) and was used to assess normality within the WIP group. BAT average scores were normally distributed for the WIP group ($p = .20$), as assessed by the Kolmogorov–Smirnov test for normality ($p > .05$). I also checked outliers through a boxplot observation, and there were no values higher than 1.5 box lengths away from the edge of the box (Laerd Statistics, 2017). The assumption of homogeneity of variance was met as evidenced by the Levene's test for equality of variances as p was greater than .05 ($p = .242$). Therefore, all assumptions for a one-way ANOVA were met. Regarding the independent variable of work setting (i.e., WFH, hybrid and WIP), 153 participants identified as working within the WIP work setting, 49 identified as working within

the hybrid work setting, and 30 chose the WFH work setting. The overall BAT average based on individual scores was 2.43 ($SD = .55$). The maximum score was 3.94, and the minimum was 1.27. There were no outliers.

Preliminary Analysis

According to the Burnout Assessment Tool (BAT) Manual, the low range of BAT averages fall at or below 1.50; the average range falls between 1.51 – 2.35; the high range falls between 2.36– 3.17; and the very high range consist of averages of 3.18 or higher (Schaufeli et al., 2020). The BAT average scores for three groups within this study were as follows: WFH ($M = 2.40$, $SD = .55$), WIP ($M = 2.41$, $SD = .57$), and hybrid ($M = 2.50$, $SD = .48$). The WFH group range was from 1.42 to 3.58. The WIP group range was from 1.27 to 3.94. The hybrid group range was between 2.30 and 3.76. There were no significant outliers found within any of the groups. The overall percentage of participants who fell into the low range of burnout according to the BAT (< 1.5) was 2.2%. The overall percentage of participants who fell into the average range (1.51-2.35) was 43.5%. The overall percentage of participants who fell into the high range (2.36-3.17) was 45.3%. The overall percentage of participants who fell into the very high range (> 3.18) was 9.1%.

To gain an initial understanding regarding possible relationships between the demographic variables and the dependent variable (i.e., level of burnout), I conducted a preliminary analysis using the Pearson bivariate correlation analysis. To meet assumptions of this analysis, I identified the scale variables of age, length of time in the field, and length of time working in the current work setting (i.e., WFH, hybrid and WIP). Table 1 represents the Pearson bivariate correlation analysis results.

Table 1*Pearson Bivariate Correlations Between Demographic Variables and BAT Average*

Variables		1	2	3	4
1. Age	Pearson Correlation	1	.444**	.703**	-.145*
2. Years working within current work setting	Pearson Correlation	.444**	1	.610**	-.082
3. Years working in the field of counseling	Pearson Correlation	.703**	.610**	1	-.128
4. BAT_Average	Pearson Correlation	-.145*	-.082	-.128	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

The bivariate Pearson's correlation established that there was a statistically significant correlation between age and BAT average ($r = -.145, p < .05$). However, due to the low correlation, I did not control age in the following ANOVA analysis.

Main Analysis

A one-way ANOVA was conducted to determine if burnout level was different for groups within different work settings. Participants were classified into three groups as WIP ($n = 153$), hybrid ($n = 49$), and WFH ($n = 30$). There were no outliers, as assessed by examining boxplots. BAT average scores were normally distributed for both hybrid ($p = .928$) and WFH ($p = .316$) groups, as assessed by the Shapiro-Wilk's test ($p > .05$). The WIP group did not pass the Shapiro-Wilks test for normality ($p = .038$), however, for larger sample sizes ($n > 50$), the Kolmogorov–Smirnov test for normality is recommended (Laerd Statistics, 2017, Mishra et. al., 2019), and thus was used to assess normality within the WIP group. BAT average scores were

normally distributed for the WIP group ($p = .20$), as assessed by the Kolmogorov–Smirnov test for normality ($p > .05$). There was homogeneity of variance, as assessed by Levene's test of equality of variances as p was greater than $.05$ ($p = .242$). BAT average scores increased from the WFH group ($M = 2.40, SD = .55$), to the WIP group ($M = 2.41, SD = .57$), to the hybrid group ($M = 2.50, SD = .48$), in that order, but the differences between these work setting groups was not statistically significant, $F(2, 229) = .482, p = .618$ (see table 2).

Table 2

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.292	2	.146	.482	.618
Within Groups	69.269	229	.302		
Total	69.560	231			

Chapter 5

Discussion

Results of this study found that there are no significant differences in level of burnout among counselors working within the three settings of WFH, WIP, and hybrid. Reasons for the lack of variance in burnout among the three groups may be due to common factors which influence burnout that were not assessed within this study. One factor that influences counselor burnout is workload, as Lin et al. (2023) reports that a high workload can predict higher instances of burnout. According to Knudsen et al. (2008), salary is also a predicting factor of burnout, as counselors who receive a lower salary experience higher risk for burnout. Another factor influencing burnout among counselors is unsupportive peers and overbearing supervisors (Maslach, 2003). The lack of feeling appreciated can also predict higher burnout levels (Patel et al. 2019). It is possible that participants in this study experienced one or more of these factors (e.g., high workload, low salary, unsupportive peers) which impacted their level of burnout, regardless of workplace setting.

Lin et al. (2023) found that the impact of the pandemic has resulted in higher experiences of burnout. Recently, SAMHSA (2022) concluded that mental health counselors are at a high risk of developing burnout and reported that burnout rates were predicted to increase after the pandemic as the population seeking services continues to grow. Therefore, the recent increased need for counselors due to the universal trauma of the pandemic and other traumatic events (e.g., death, loss, etc.) associated with the pandemic, may also explain the lack of variation among levels of burnout experienced among each groups of counselors within this study, regardless of workplace setting (Bridgland et al., 2021).

Past studies have been conducted explaining the reasons for burnout among the counseling profession. Posluns and Gall (2020) reported that the nature of the counseling profession leads to lower instances of mental health clinicians implementing self-care techniques, which mitigate burnout. Wardle and Mayorga (2016) reports that the counselors' job and their expectations may be mentally and emotionally challenging for the counselor and found that the nature of the counseling role makes counselors more vulnerable to experiencing burnout. Other characteristics of the counseling profession, such as poor client improvement or outcomes, client relapse, and high-risk client behaviors (e.g., suicidal ideations and suicide attempts) further contribute to counselors' experiences of high burnout levels and were not examined within this study (Barnett et al. 2007; Posluns & Gall, 2020). Thus, these characteristics of the counseling profession may further explain the lack of difference in burnout among the three groups.

This study also found that there was a statistically significant correlation between age and BAT average, which is consistent with Green et al.'s (2014) findings. The older the mental health counselor is, the lower the level of burnout that they experience. According to Marchand et al., (2018), age can be considered a way to measure one's level of experience and proficiency throughout professional and personal settings. When an employee is in the beginning of their career, they may still be working to develop the skills needed to thrive in their field, as well as finding the resources and skills necessary to meet workplace demands and expectations (Marchand et al., 2018). The younger the counselor, the more they may also struggle with managing work-family conflicts, (Marchand et al., 2018), which, if not managed well, can be a contributor to burnout (Ahola et al., 2006). As the counselor gets older, they may become more adaptive to their work environment, along with its expectations and demands (Marchand et al., 2018). Work-family conflicts may also decrease as children get older and familial expectations

become less intense (Marchand et al., 2018). Additionally, Johnson et al. (2017) found that the older the worker is, the better emotional control they have, and Lawrence et al. (2011) reported that development of emotional regulation abilities and skills used within the workplace increases with age. As emotional control and regulation abilities are associated with lower levels of burnout, these could also be contributing factors to the decrease in levels of burnout among older participants (Jackson-Koku & Grime, 2019).

Limitations

There are several limitations that must be noted. First, selection bias could have occurred, as Dijkhoorn et al. (2021) identified that professionals working in the healthcare industry who are presently experiencing burnout symptoms are absent from their job more often and are less likely to respond to survey invitation emails or participate in surveys. This may have resulted in some selection bias, as counselors experiencing higher levels of burnout may have been less inclined to participate in the study. Self-reported data can also be susceptible to bias, as participant responses may be exaggerated, or participants may be unwilling to answer questions honestly due to embarrassment or due to the desire to increase social desirability (Bandalos, 2018). In addition, the generalizability of the study to other regions throughout the United States is limited, as most participants (86.2%), within this study practiced within the Southern region of the U.S. This study used the BAT to measure burnout among participants. However, the BAT was not developed to measure burnout specifically among employees working in the profession of counseling. Thus, an assessment designed specifically to measure counselor burnout may have provided a more accurate assessment.

Implications for Counseling Practices and Training

Results of this study suggest the need for a heightened awareness regarding the high level of burnout experienced among counselors, regardless of workplace setting. Kowalska et al. (2010) emphasizes the importance of cultivating and implementing programs, policies, and workplace structures at counseling agencies or practices that assist in preventative measures to reduce the risk and frequency of burnout and assist in reducing burnout experiences for those currently struggling. Thus, developing programming for mandatory continuing education trainings which educate counselors on burnout-reducing techniques, such as self-care, to provide to current employees struggling with burnout could assist counseling organizations in reducing burnout amongst counselors.

Wardle and Mayorga (2016) reported that the nature of the counseling role leads to burnout and stated that counselor educators must teach students about the possibility of developing burnout before they enter the field of counseling. Thus, providing education about burnout possibilities, symptoms and mitigating factors (e.g., self-care) to students before they enter the field will be beneficial. For example, Sommer (2008) found that mindfulness is one of the most beneficial techniques to use when practicing self-care to prevent instances of burnout. It may be helpful for counselor educators to teach students these self-care techniques and assist them in planning for regular implementation as they begin practicing counseling.

Supervisors may also assist counselors in reducing risk for burnout by teaching novice counselors about burnout vulnerability and mitigating factors. Supervisors can also assist by learning best practices for reducing burnout risk amongst supervisees. For instance, Mueller (2018) found that pre-licensed counselors benefit from receiving weekly supervision and implementing use of self-care and boundary-setting techniques to decrease risk of developing

burnout among supervisees. In addition, during weekly supervision, it is important for the supervisee to discuss any symptoms of burnout with their supervisor (Mueller, 2018).

This study also suggests the need for counselors to begin implementing mitigating factors to burnout to reduce their current experiences of burnout. Studies have shown that counselors can lower their burnout levels by implementing regular practices of self-care such as mindfulness and exercise (Kim & Lambie, 2018). Identifying the self-care strategies that work best for each counselor can also allow counselors to reduce their burnout levels and develop insight into their own personal needs. In addition, practicing task-oriented coping skills (e.g., list-making, time-management calendar, etc., Kim & Lambie, 2018) and identifying the coping resources (e.g., social support, positive peer relationships, etc.) at their disposal can assist in reducing risk for developing burnout. Attending trainings regarding burnout and burnout-reducing techniques can also assist. When counselors are successful in reducing their experiences of burnout and their risk of developing burnout, their mental health may improve, and they can provide better quality services to their clients.

Implications for Future Research

According to Maslach et al. (2001), it is important for counselors, as well as the field of counseling, to understand factors which predict counselor burnout rates so that counselors may implement mitigating factors of burnout to those who are more susceptible to reduce risk. Future researchers may consider examining additional factors which influence burnout within these three settings and investigate the potential mediation relationship among each factor and work setting. For example, workload, salary, and peer and supervisor relationships influence burnout (Knudsen et al., 2008; Lin et al., 2023; Maslach, 2003) but were not examined within this study.

In this study, burnout was high among participant groups, regardless of work setting, so it would benefit the field to identify more recent information regarding factors within each setting that cause burnout (i.e., post- pandemic) so that mitigating factors may be placed within each setting to decrease burnout levels among counselors.

Because the WFH and hybrid workplace settings are new for a multitude of counselors (Brooks-DaSilva, 2021), it is important for researchers to identify the factors within these new settings that are associated with higher counselor burnout rates so that mitigating factors of burnout may be implemented (Maslach et al., 2001). For example, counselors working within the WFH setting may report that poor relationships with peers and supervisors due to lack of face-to-face interactions is a factor causing burnout. Supervisors could then begin implementing face-to-face meetings with supervisees and their peers to assist.

This study did not use randomly assigned groups for the independent variable of work setting. For many employees, the work setting is chosen for them by their company (Telford, 2023). However, counselors (i.e., especially counselors working within the private practice setting) within this study may have chosen their work setting. Counselor burnout averages for each group fell into the high range, so future researchers may consider examining whether counselors are choosing the work setting that best supports them and their mental health. In addition, it may be helpful to determine whether counselors have the insight to know what setting is best for them and for their mental health.

Researchers may also consider examining counselor burnout within these work settings throughout a longitudinal study to determine if burnout levels change among participants during the years after the pandemic. As factors associated with the aftermath of the pandemic (i.e., longer wait lists, higher caseloads, etc., APA, 2021) decrease, counselors may begin to

experience lower levels of burnout. In addition, as counselors work in the new work settings (i.e., hybrid and WFH) for longer periods of time, it is possible that they may experience lower levels of burnout as they become more adept to their new environment and as they develop the resources and skills needed to meet the expectations and demands of these new environments. A longitudinal study could also assess for the effectiveness of mitigating factors if certain factors were implemented for a specific group of participants throughout a period determined by the researcher. Future studies measuring burnout among counselors may also consider using an assessment tool that was designed specifically for measuring burnout for those solely working within the counseling profession.

A limitation to this study was the lack of generalizability to other regions, as 86.2% of participants within this study were counselors practicing within the Southern region of the United States. As it is known that counselors who are experiencing higher levels of burnout are less likely to participate in surveys (Dijxhoorn, et al., 2021), this study may suggest that counselors practicing within the Southern region of the United States were experiencing lower levels of burnout than counselors practicing within other regions. Future researchers may consider examining the impact of region on burnout regarding each work setting, especially post-pandemic. According to Bailey, et al., 2020, the pandemic impacted each region of the United States differently (i.e., economically, death rates, etc.). Thus, examining counselor burnout within each setting while investigating the mediation relationship of region may be beneficial.

Since the pandemic, many employees working for major companies throughout the United States have continued working from home, but companies are beginning to require workers to return to the WIP setting. According to Telford (2023), major companies are now enforcing regulations for remote workers to return to the office or to begin at least working

within the hybrid work setting (i.e., spending several days at the office per week and the remainder in the home). This study found that there is no difference in burnout levels based on work setting, and thus companies could conclude that employees should work in the setting of the companies' choosing. In contrast, this study could serve to prove that because there is no difference in burnout levels, the employee should be able to choose the workplace setting that best fits their lifestyle. This study could also serve as a steppingstone for future studies to determine the personality traits and other factors that are associated with assisting people in becoming more adept to each workplace setting.

References

- Adam, S., Mohos, A., Kalabay, L., & Torzsa, P. (2018). Potential correlates of burnout among general practitioners and residents in Hungary: the significant role of gender, age, dependant care and experience. *BMC family practice*, *19*(1), 1-10.
<https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-018-0886-3>
- Adams, T., Reinert, M., Fritze, D., & Nguyen, T. (2021). Mind the Workplace: Work Health Survey 2021. <https://archive.hshsl.umaryland.edu/handle/10713/14853>
- Ahola, K., Honkonen, T., Isometsä, E., Kalimo, R., Nykyri, E., Koskinen, S., ... & Lönnqvist, J. (2006). Burnout in the general population: Results from the Finnish Health 2000 Study. *Social psychiatry and psychiatric epidemiology*, *41*, 11-17.
<https://link.springer.com/article/10.1007/s00127-005-0011-5>
- Ahola, K., & Hakanen, J. (2007). Job strain, burnout, and depressive symptoms: a prospective study among dentists. *Journal of affective disorders*, *104*(1-3), 103–110.
<https://doi.org/10.1016/j.jad.2007.03.004>
- Ahola, K., Väänänen, A., Koskinen, A., Kouvonen, A., & Shirom, A. (2010). Burnout as a predictor of all- cause mortality among industrial employees: a 10-year prospective register-linkage study. *Journal of psychosomatic research*, *69*(1), 51-57.
<https://pubmed.ncbi.nlm.nih.gov/20630263/>
- Alexander, A., De Smet, A., Langstaff, M., & Ravid, D. (2021). What employees are saying about the future of remote work. *McKinsey & Company*.
<https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/what-employees-are-saying-about-the-future-of-remote-work>
- Allenu, T. D., Golden, T. D., & Shockley, K. M. (2015). How effective is telecommuting?

- assessing the status of our scientific findings. *Psychological Science in the Public Interest*, 16(2), 40–68. <https://doi.org/10.1177/1529100615593273>
- American Psychological Association. (2021). Worsening mental health crisis pressures psychologist workforce: 2021 COVID-19 practitioner survey. *American Psychological Association*. <https://www.apa.org/pubs/reports/practitioner/covid-19-2021>
- Arthur, N. M. (1990). The assessment of burnout: a review of three inventories useful for research and counseling. *Journal of Counseling & Development*, 69(2), 186-189. <https://psycnet.apa.org/record/1991-11478-001>
- Avery, C., & Zabel, D. (2001). *The flexible workplace: A sourcebook of information and research*. Greenwood Publishing Group.
- Bailey, D., Clark, J., Colombelli, A., Corradini, C., De Propriis, L., Derudder, B., ... & Usai, S. (2020). Regions in a time of pandemic. *Regional Studies*, 54(9), 1163-1174. <https://www.tandfonline.com/doi/full/10.1080/00343404.2020.1798611>
- Baldwin, K. D., Barmore, C., Suprina, J. S., & Weaver, A. (2011). Burnout syndrome in licensed mental health counselors and registered mental health counselor interns: A pilot study. In *2011 American Counseling Association Conference, March* (26). https://www.counseling.org/docs/default-source/vistas/vistas_2012_article_79.pdf?sfvrsn=7fb39eec_11
- Bandalos, D. L. (2018). *Measurement theory and applications for the social sciences*. Guilford Publications.
- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: the self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603–612. <https://psycnet.apa.org/record/2007-18831-009>

- Beck, M. J., & Hensher, D. A. (2021). What might the changing incidence of Working from Home (WFH) tell us about future transport and land use agendas. *Transport Reviews*, 41(3), 257-261.
<https://www.tandfonline.com/doi/full/10.1080/01441647.2020.1848141>
- Ben-Porat, A., & Itzhaky, H. (2015). Burnout among trauma social workers: The contribution of personal and environmental resources. *Journal of Social Work*, 15(6), 606–620.
<https://doi.org/10.1177/1468017314552158>
- Best, S. J. (2021). The future of work: remote work in the emerging new normal. *The Business & Management Review*, 12(1), 285-292.
https://cberuk.com/cdn/conference_proceedings/2021-08-22-16-33-07-PM.pdf
- Bewick, V., Cheek, L., & Ball, J. (2004). Statistics review 9: one-way analysis of variance. *Critical care*, 8(2), 1-7. <https://pubmed.ncbi.nlm.nih.gov/15025774/>
- Bloom, N., Liang, J., Roberts, J., & Ying, Z. J. (2015). Does working from home work? Evidence from a Chinese experiment. *The Quarterly Journal of Economics*, 130(1), 165-218. <https://academic.oup.com/qje/article-abstract/130/1/165/2337855>
- Bloom, N., Han, R., & Liang, J. (2022). How hybrid working from home works out. (No. w30292). National Bureau of Economic Research. <https://www.nber.org/papers/w30292>
- Bressi, C., Porcellana, M., Gambini, O., Madia, L., Muffatti, R., Peirone, A., ... & Altamura, A. C. (2009). Burnout among psychiatrists in Milan: a multicenter survey. *Psychiatric services*, 60(7), 985-988. <https://pubmed.ncbi.nlm.nih.gov/19564233/>
- Bridgland, V. M., Moeck E. K., Green D. M., Swain T. L., Nayda D.M., Matson L. S., Hutchison, N. P., & Takarangi, M. K. (2021). Why the COVID-19 pandemic is a traumatic stressor. *Plos One*, 16(1), <https://doi.org/10.1371/journal.pone.0240146>

Brooks-DaSilva, C., Jiang, A., Modi, P., Patel, K., & Raphael, L. (2021). Addressing workplace mental health during COVID-19 (Global MINDS Collective).

https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1005&context=schulichcel_medsci4300

A

California State University San Marcos. Institutional Planning & Analysis. *Inclusive language guidelines: Gender Identity*. <https://www.csusm.edu/ipa/surveys/inclusive-language-guidelines.html>

Cherniss, C. (1995). *Beyond Burnout: Helping Teachers, Nurses, Therapists & Lawyers Recover from Stress & Disillusionment*. New York, NY: Routledge.

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C. (2013). A meta-analysis of the relationship between job burnout and secondary traumatic stress among workers with indirect exposure to trauma. *Psychological Services, 11*(1), 75–86. <https://doi.org/10.1037/a0033798>

Clay, J. M., & Parker, M. O. (2020). Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis?. *The Lancet. Public Health, 5*(5), e259.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195126/>

Consiglio, C., Mazzetti, G., & Schaufeli, W. B. (2021). Psychometric properties of the Italian version of the burnout assessment tool (BAT). *International Journal of Environmental Research and Public Health, 18*(18), 9469. <https://www.mdpi.com/1660-4601/18/18/9469>

De Beer, L. T., Schaufeli, W. B., & De Witte, H. (2022). The psychometric properties and

- measurement invariance of the Burnout Assessment Tool (BAT-23) in South Africa. *BMC Public Health*, 22(1), 1-10.
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13978-0>
- Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals. *Australian & New Zealand Journal of Psychiatry*, 43(4), 373-385.
<https://doi.org/10.1080/00048670902721079>
- Diab-Bahman, R., & Al-Enzi, A. (2020). The impact of COVID-19 pandemic on conventional work settings. *International Journal of Sociology and Social Policy*, 40(9), 909-927.
<https://www.emerald.com/insight/content/doi/10.1108/IJSSP-07-2020-0262/full/html>
- Dijxhoorn, A. Q., Brom, L., van der Linden, Y. M., Leget, C., & Raijmakers, N. J. (2021). Healthcare Professionals' Work-Related Stress in Palliative Care: A Cross-Sectional Survey. *Journal of pain and symptom management*, 62(3), e38–e45.
<https://doi.org/10.1016/j.jpainsymman.2021.04.004>
- Dupree, P., & Day, H. D. (1995). Psychotherapists' job satisfaction and job burnout as a function of work setting and percentage of managed care clients. *Psychotherapy in Private Practice*, 14(2), 77-93.
https://www.tandfonline.com/doi/abs/10.1300/J294v14n02_11?journalCode=wzpp20
- Elman N.S., Forrest L. From trainee impairment to professional competence problems: seeking new terminology that facilitates effective action. *Professional Psychology: Research Practice*, 38(5), 501–509. <https://psycnet.apa.org/record/2007-14485-007>
- Fan, W., & Moen, P. (2023). Ongoing Remote Work, Returning to Working at Work, or in between during COVID-19: What Promotes Subjective Well-being?. *Journal of health*

- and social behavior*, 64(1), 152-171.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9902780/>
- Fincham J. E. (2008). Response rates and responsiveness for surveys, standards, and the Journal. *American journal of pharmaceutical education*, 72(2), 43.
<https://doi.org/10.5688/aj720243>
- Freudenberger, H.J. (1974). Staff Burn-Out. *Journal of Social Issues*, 30(1), 159-165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, 12(1), 73.
<https://psycnet.apa.org/record/1976-10574-001>
- Freudenberger, H. J. (1977). Burn-out: the organizational menace. *Training & Development Journal*, 31, 26-27. <https://psycnet.apa.org/record/1978-24226-001>
- Galea, C., Houkes, I., & De Rijk, A. (2014). An insider's point of view: how a system of flexible working hours helps employees to strike a proper balance between work and personal life. *The International Journal of Human Resource Management*, 25(8), 1090-1111.
<https://psycnet.apa.org/record/2014-02467-002>
- Golden, T. D., & Veiga, J. F. (2005). The impact of extent of telecommuting on job satisfaction: resolving inconsistent findings. *Journal of management*, 31(2), 301-318.
<https://psycnet.apa.org/record/2005-02634-009>
- Golden, T. D. (2006). Avoiding depletion in virtual work: Telework and the intervening impact of work exhaustion on commitment and turnover intentions. *Journal of vocational behavior*, 69(1), 176-187. <https://psycnet.apa.org/record/2006-09967-013>
- Goluboff, N. B. (2001). *The law of telecommuting*. Ali-aba.

- Grandey, A. A., & Cropanzano, R. (1999). The conservation of resources model applied to work–family conflict and strain. *Journal of vocational behavior, 54*(2), 350-370.
<https://psycnet.apa.org/record/1999-13139-008>
- Green, A. E., Albanese, B. J., Shapiro, N. M., & Aarons, G. A. (2014). The roles of individual and organizational factors in burnout among community-based mental health service providers. *Psychological services, 11*(1), 41. <https://pubmed.ncbi.nlm.nih.gov/24564442/>
- Greenhaus, J.H. and Powell, G.N. (2006), “When work and family are allies: a theory of work-family enrichment”, *Academy of Management Review, 31*(1), 72-92.
<https://psycnet.apa.org/record/2006-00663-006>
- Grossi, G., Thomtén, J., Fandiño-Losada, A., Soares, J.J.F., Sundin, Ö. (2009), Does burnout predict changes in pain experiences among women living in Sweden? A longitudinal study. *Stress and Health, 25*(4), 297-311.
- Goldberg, L. R. (1990). An alternative" description of personality": the Big-Five factor structure. *Journal of personality and social psychology, 59*(6), 1216.
<https://psycnet.apa.org/record/1991-09869-001>
- Hadžibajramović, E., Schaufeli W., & De Witte H. (2020). A Rasch analysis of the Burnout Assessment Tool (BAT). *PLoS ONE, 15*(11), Article e0242241 .
<https://doi.org/10.1371/journal.pone.0242241>
- Hadžibajramović, E., Hansson, M., Akerstrom, M., Dencker, A., & Hensing, G. (2022). Burnout among midwives—the factorial structure of the burnout assessment tool and an assessment of burnout levels in a Swedish national sample. *BMC health services research, 22*(1), 1-12.
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08552-8>

- Hughes, J. L., Camden, A. A., & Yangchen, T. (2016). Rethinking and updating demographic questions: guidance to improve descriptions of research samples. *Psi Chi Journal of Psychological Research*, 21(3), 138-151. <https://psycnet.apa.org/record/2016-45623-001>
- Jackson, S. E., & Maslach, C. (1982). After-effects of job-related stress: families as victims. *Journal of organizational behavior*, 3(1), 63-77.
<https://onlinelibrary.wiley.com/doi/abs/10.1002/job.4030030106>
- Jackson-Koku, G., & Grime, P. (2019). Emotion regulation and burnout in doctors: a systematic review. *Occupational Medicine*, 69(1), 9-21.
<https://academic.oup.com/occmed/article/69/1/9/5308664>
- Johnson, S. J., Machowski, S., Holdsworth, L., Kern, M., & Zapf, D. (2017). Age, emotion regulation strategies, burnout, and engagement in the service sector: Advantages of older workers. *Revista de Psicología del Trabajo y de las Organizaciones*, 33(3), 205-216.
<https://www.sciencedirect.com/science/article/pii/S1576596217300403>
- Johnson, J., Hall, L., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018). Mental healthcare staff well-being and burnout: a narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, 27(1), 20-32. <https://doi.org/10.1111/inm.12416>
- Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Asian journal of psychiatry*, 54, 102300.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7341036/>
- Kahill, S. (1988). Symptoms of professional burnout: a review of the empirical evidence. *Canadian Psychology/Psychologie canadienne*, 29(3), 284.
<https://psycnet.apa.org/record/1989-13352-001>

- Kelly, R. J., & Hearld, L. R. (2020). Burnout and leadership style in behavioral health care: a literature review. *The Journal of Behavioral Health Services & Research*, 47(4), 581–600. <https://doi.org/10.1007/s11414-019-09679-z>
- Kim, H. J., Shin, K. H., & Umbreit, W. T. (2007). Hotel job burnout: the role of personality characteristics. *International Journal of Hospitality Management*, 26(2), 421-434. <https://psycnet.apa.org/record/2007-02776-012>
- Kim, N., & Lambie, G. W. (2018). Burnout and implications for professional school counselors. *Professional Counselor*, 8(3), 277-294. <https://files.eric.ed.gov/fulltext/EJ1198902.pdf>
- Kizza, J. M. (2013). New Frontiers for Computer Ethics: Cyberspace. *Ethical and Social Issues in the Information Age*, 231-253. Springer, London.
- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the Clinical Trials Network of the National Institute on Drug Abuse. *Journal of substance abuse treatment*, 35(4), 387-395. <https://www.sciencedirect.com/science/article/pii/S0740547208000378>
- Kossek, E. E., Lautsch, B. A., & Eaton, S. C. (2006). Telecommuting, control, and boundary management: Correlates of policy use and practice, job control, and work–family effectiveness. *Journal of vocational behavior*, 68(2), 347-367. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=001e2e4a0a5e359db32b8054c518b5a2326b8149>
- Kowalska, M., Bugajska, J., & Zołnierczyk-Zreda, D. (2010). Częstość Występowania Zespołu wypalenia zawodowego wśród pracowników biurowych [Frequency of burnout

- syndrome in office worker]. *Medycyna pracy*, 61(6), 615–623.
- Laerd Statistics (2017). One-way ANOVA using SPSS Statistics. *Statistical tutorials and software guides*. <https://statistics.laerd.com/>
- Lawrence, S. A., Troth, A. C., Jordan, P. J., & Collins, A. L. (2011). A review of emotion regulation and development of a framework for emotion regulation in the workplace. *The role of individual differences in occupational stress and well being*, 9(1), 197-263. <https://www.emerald.com/insight/content/doi/10.1108/S1479-3555%282011%290000009010/full/html>
- Leiter, M. P., & Harvie, P. L. (1996). Burnout among mental health workers: a review and a research agenda. *International Journal of Social Psychiatry*, 42(2), 90-101. <https://doi.org/10.1177/002076409604200203>
- Lent, J., & Schwartz, R. (2012). The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counselors. *Journal of Mental Health Counseling*, 34(4), 355-372. <https://psycnet.apa.org/record/2012-27758-006>
- Lim, N., Kim, E.K., Kim, H., Yang, E. & Lee, S.M. (2010). Individual and work-related factors influencing burnout of mental health professionals: a meta-analysis. *Journal of Employment Counseling*, 47(2), 86-96. <https://doi-org.ezproxy.memphis.edu/10.1002/j.2161-1920.2010.tb00093.x>
- Lin, L., Meron, A., & Stamm, K. (2023). Practitioners are overworked and burned out, and they need our support. *Monitor on Psychology*, 54(3). <https://www.apa.org/monitor/2023/04/psychologists-covid-burnout>
- Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. (2021). Stress and resilience among

- professional counselors during the COVID-19 pandemic. *Journal of Counseling & Development*, 99(4), 384-395. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9088614/>
- Lubbadeh, Tareq. (2020). Job burnout: a general literature review. *International Review of Management and Marketing*, 10(1), 7-15.
https://www.researchgate.net/publication/341112394_Job_Burnout_A_General_Literature_Review
- Mansfield, R. K. (2018). *Employee job satisfaction and attitudes in virtual workplaces* (Doctoral dissertation, Walden University).
- Maor, R., & Hemi, A. (2021). Relationships between role stress, professional identity, and burnout among contemporary school counselors. *Psychology in the Schools*, 58(8), 1597-1610. <https://onlinelibrary.wiley.com/doi/10.1002/pits.22518>
- Marchand, A., Blanc, M. E., & Beaugard, N. (2018). Do age and gender contribute to workers' burnout symptoms?. *Occupational Medicine*, 68(6), 405-411.
<https://academic.oup.com/occmed/article/68/6/405/5038477>
- Maslach, C. (1976). Burned-out. *Human Behavior*, 5(9), 16-22. https://www.emdr.org.il/wp-content/uploads/2021/08/BurnedOut_CM_HumanBehavior1976.pdf
- Maslach, C., & Jackson, S. E. (1982). The measurement of experienced burnout. *Journal of organizational behavior*, 2(2), 99-113.
<https://onlinelibrary.wiley.com/doi/10.1002/job.4030020205>
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory: Third edition.
- Maslach, C. (1998). A multidimensional theory of burnout. *Theories of organizational stress*, 68(85), 16.

https://www.researchgate.net/publication/280939428_A_Multidimensional_Theory_of_Burnout

urnout

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(1), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>

Maslach, C. (2003). *Burnout: The Cost of Caring*. Ishk.

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of applied psychology*, 93(3), 498. <https://pubmed.ncbi.nlm.nih.gov/18457483/>

Maslach, C., & Leiter, M. (2016). Stress: concepts, cognition, emotion, and behavior. *Elsevier Academic Press*, 351-357. <https://doi.org/10.1016/B978-0-12-800951-2.00044-3>.

Masuda, A. D., Holtschlag, C., & Nicklin, J. M. (2017). Why the availability of telecommuting matters: the effects of telecommuting on engagement via goal pursuit. *Career Development International*, 22(2), 200-219. <https://psycnet.apa.org/record/2017-41091-006>

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause(s) of burnout among applied psychologists: a systematic review. *Frontiers in psychology*, 9(1), 1897. <https://doi.org/10.3389/fpsyg.2018.01897>

McDermott, D. (1984). Professional burnout and its relation to job characteristics, satisfaction, and control. *Journal of Human Stress*, 10(2), 79-85.

<https://pubmed.ncbi.nlm.nih.gov/6491265/>

Mischel, W., & Shoda, Y. (1998). Reconciling processing dynamics and personality dispositions.

Mishra, P., Pandey, C. M., Singh, U., Gupta, A., Sahu, C., & Keshri, A. (2019). Descriptive

- statistics and normality tests for statistical data. *Annals of cardiac anaesthesia*, 22(1), 67–72. https://doi.org/10.4103/aca.ACA_157_18
- Moracco, J., & McFadden, H. (1980). Burnout in human service organizations: prevention and remediation. *The Humanist Educator*, 19(2), 59-66.
<https://doi-org.ezproxy.memphis.edu/10.1002/j.2164-6163.1980.tb00123.x>
- Mueller, Alexis Y., (2018). "Burnout in Pre-licensed Counselors Compared to Licensed Counselors" University of New Orleans Theses and Dissertations. 2478.
<https://scholarworks.uno.edu/td/2478>
- Mullen, P. R., Blount, A. J., Lambie, G. W., & Chae, N. (2017). School counselors' perceived stress, burnout, and job satisfaction. *Professional School Counseling*, 21(1), 1–10.
<https://www.jstor.org/stable/90023539>
- Naisberg-Fennig, S., Fennig, S., Keinan, G., & Elizur, A. (1991). Personality characteristics and proneness to burnout: a study among psychiatrists. *Stress Medicine*, 7, 201-205.
<https://psycnet.apa.org/record/1992-17673-001>
- National Geographic Society. Resource Library. (2022). *United States Regions*.
<https://education.nationalgeographic.org/resource/united-states-regions>
- Ogresta, J., Rusac, S., & Zorec, L. (2008). Relation between burnout syndrome and job satisfaction among mental health workers. *Croatian medical journal*, 49(3), 364-374.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2443621/>
- Oser, C., Biebel, E., Pullen, E., & Harp, K. (2013). Causes, consequences, and prevention of burnout among substance abuse treatment counselors: a rural versus urban comparison. *Journal of Psychoactive Drugs*, 45(1), 17-21.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652635/>

- Patel, R. S., Sekhri, S., Bhimanadham, N. N., Imran, S., & Hossain, S. (2019). A review on strategies to manage physician burnout. *Cureus, 11*(6). <https://www.cureus.com/articles/19784-a-review-on-strategies-to-manage-physician-burnout#!/>
- Peeters, M. C., Montgomery, A. J., Bakker, A. B., & Schaufeli, W. B. (2005). Balancing work and home: how job and home demands are related to burnout. *International Journal of Stress Management, 12*(1), 43.
https://www.researchgate.net/publication/263920017_Balancing_Work_and_Home_How_Job_and_Home_Demands_Are_Related_to_Burnout
- Peiró, J. M., González-Romá, V., Tordera, N., & Mañas, M. A. (2001). Does role stress predict burnout over time among health care professionals?. *Psychology & Health, 16*(5), 511-525.
<https://pubmed.ncbi.nlm.nih.gov/22804496/>
- Poghosyan, L., Aiken, L. H., & Sloane, D. M. (2009). Factor structure of the Maslach Burnout Inventory: an analysis of data from large scale cross-sectional surveys of nurses from eight countries. *International journal of nursing studies, 46*(7), 894–902.
<https://pubmed.ncbi.nlm.nih.gov/19362309/>
- Posluns, K., & Gall, T.L. (2020). Dear mental health practitioners, take care of yourselves: a literature review on self-care. *International Journal for the Advancement of Counselling, 42*, 1–20. <https://doi.org/10.1007/s10447-019-09382-w>
- Powell, G. N., Greenhaus, J. H., Allen, T. D., & Johnson, R. E. (2019). Introduction to special topic forum: advancing and expanding work-life theory from multiple perspectives. *Academy of management review, 44*(1), 54-71.
<https://psycnet.apa.org/record/2019-19408-003>
- Purvanova, R. K., & Muros, J. P. (2010). Gender differences in burnout: a meta-

- analysis. *Journal of vocational behavior*, 77(2), 168-185.
<https://psycnet.apa.org/record/2010-19056-002>
- Radonić, M., Vukmirović, V., & Milosavljević, M. (2021). The impact of hybrid workplace models on intangible assets: the case of an emerging country. *Amfiteatru economic*, 23(58), 770-786. <http://ebooks.iien.bg.ac.rs/1629/>
- Redondo-Flórez, L., Tornero-Aguilera, J. F., Ramos-Campo, D. J., & Clemente-Suárez, V. J. (2020). Gender differences in stress-and burnout-related factors of university professors. *BioMed Research International*, 2020.
- Rinne, S. T., Mohr, D. C., Swamy, L., Blok, A. C., Wong, E. S., & Charns, M. P. (2020). National burnout trends among physicians working in the Department of Veterans Affairs. *Journal of general internal medicine*, 35, 1382-1388.
- Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 36(5), 544.
<https://psycnet.apa.org/record/2005-13212-014>
- Sampaio, M., Navarro Haro, M. V., De Sousa, B., Vieira Melo, W., & Hoffman, H. G. (2021). Therapists make the switch to telepsychology to safely continue treating their patients during the COVID-19 pandemic. virtual reality telepsychology may be next. *Frontiers in virtual reality*, 1, 576421.
<https://www.frontiersin.org/articles/10.3389/frvir.2020.576421/full>
- Santuzzi, A. M., & Barber, L. K. (2018). Workplace telepressure and worker well-being: the intervening role of psychological detachment. *Occupational Health Science*, 2(4), 337-363. <https://www.semanticscholar.org/paper/Workplace-Telepressure-and-Worker-Well-Being%3A-The-Santuzzi-Barber/6bdf426c3a0c78afcce347c2dcb9570632e61172>

- Schaufeli, W.B., Bakker, A.B., Hoogduin, K., Schaap, C., & Kladler, A. (2001) On the clinical validity of the Maslach Burnout Inventory and the Burnout Measure. *Psychology & Health, 16*(5), 565-582. <https://pubmed.ncbi.nlm.nih.gov/22804499/>
- Schaufeli, W.B., De Witte, H. & Desart, S. (2020). Manual Burnout Assessment Tool (BAT) – Version 2.0. KU Leuven, Belgium: Unpublished internal report.
- Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT)—development, validity, and reliability. *International journal of environmental research and public health, 17*(24), 9495. <https://pubmed.ncbi.nlm.nih.gov/33352940/>
- Schlenger, W., Jöllenbeck, M., Stamer, T., Grosse, A., & Ochsmann, E. (2022). Digitizing social counseling—insights for workplace health management. *International Journal of Environmental Research and Public Health, 19*(2), 917. <https://pubmed.ncbi.nlm.nih.gov/35055750/>
- Sinval, J., Vazquez, A. C. S., Hutz, C. S., Schaufeli, W. B., & Silva, S. (2022). Burnout Assessment Tool (BAT): Validity Evidence from Brazil and Portugal. *International Journal of Environmental Research and Public Health, 19*(3), 1344. <https://www.mdpi.com/1660-4601/19/3/1344>
- Sommer, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor education and supervision, 48*(1), 61-71. <https://doi.org/10.1002/j.1556-6978.2008.tb00062.x>
- Sperandeo, R., Cioffi, V., Mosca, L., Longobardi, T., Moretto, E., Alfano, Y. M., ... & Maldonato, N. M. (2021). Exploring the question: “does empathy work in the same way in online and in-person therapeutic settings?”. *Frontiers in psychology, 12*. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.671790/full>

Stein, S. (2022). *Hybrid Workplace Hacks: Strategies to Set Up and Lead Successful In-person and Remote Teams*. John Wiley & Sons.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2022). Addressing burnout in the behavioral health workforce through organizational strategies. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep22-06-02-005.pdf

Swider, B.W., & Zimmerman, R.D., (2010). Born to burnout: A meta-analytic path model of personality, job burnout, and work outcomes. *Journal of Vocational Behavior*, 76(3). 487-506. <https://doi.org/10.1016/j.jvb.2010.01.003>

Telford, T. (2023). AT&T is the latest big firm mandating that workers come to the office. *The Washington Post*, https://go.gale.com/ps/i.do?id=GALE%7CA749594895&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=01908286&p=AONE&sw=w&userGroupName=tel_oweb&aty=i
P

Trombello, J. M., David, N. S., Robbins, M. A., & Ruchinkas, R. A. (2021). Burnout during the COVID-19 pandemic: descriptive and predictive data from a survey of psychologists at a single academic medical center. *Academic Psychiatry*, 46. 1-5.

<https://link.springer.com/article/10.1007/s40596-021-01562-4>

University of Florida. Institutional Planning and Research. *Race and Ethnicity Survey*.

<https://ir.ua.ufl.edu/surveys/race-and-ethnicity-survey/>

Wardle, E. A., & Mayorga, M. G. (2016). Burnout among the counseling profession: A survey of future professional counselors. *Journal on Educational Psychology*, 10(1), 9-15.

<https://files.eric.ed.gov/fulltext/EJ1131850.pdf>

- White, G. (2021). Burnout: helping employees avoid & weather the challenges of working from home. *Professional Safety*, 66(5), 16-19.
<https://www.ohsu.edu/sites/default/files/2021-05/Burnout%20Working%20From%20Home.pdf>
- Woodhead, E.L., Northrop, L., & Edelstein, B. (2016). Stress, social support and burnout among long-term care nursing staff. *Journal of Applied Gerontology*, 35(1), 84-105.
<https://doi.org/10.1177/0733464814542465>
- World Health Organization. (2020). Rolling updates on coronavirus disease (COVID-19).[accessed 2020 May 14]. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
- Wroclawski, M., & Heldwein, F. L. (2021). Editorial comment: digital physician burnout in the “new normal” workplace. *Journal of Endourology*, 35(6), 885-887.
<https://www.liebertpub.com/doi/10.1089/end.2020.0631>
- Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, 57(3), 426. <https://pubmed.ncbi.nlm.nih.gov/32463274/>
- Zellars, K.L., Perrewé, P.L. & Hochwarter, W.A. (2000). Burnout in health care: the role of the Five Factors of Personality. *Journal of Applied Social Psychology*, 30(8). 1570-1598. <https://doi.org/10.1111/j.1559-1816.2000.tb02456.x>

Appendix A

The Demographic Questionnaire

Thank you for your willingness to participate in this study. Please answer the following questions for descriptive purposes.

Q1 How do you currently describe your gender identity? Select all that apply.

- Woman (1)
 - Man (2)
 - Transgender (3)
 - Nonbinary (4)
 - Other, please specify: (5)
-
- I prefer not to answer. (6)

Q2 What is your age?

Q3 Which categories describe you? Select all that apply to you:

- American Indian or Alaska Native (i.e., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community) (1)
 - Asian (i.e., Filipino, Asian Indian, Vietnamese, Korean, Japanese) (2)
 - Black or African American (i.e., Jamaican, Haitian, Nigerian, Ethiopian, Somalian) (3)
 - Hispanic, Latino or Spanish Origin (i.e., Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian) (4)
 - Middle Eastern or North African (i.e., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian) (5)
 - Native Hawaiian or Other Pacific Islander (i.e., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese) (6)
 - White (i.e., German, Irish, English, Italian, Polish, French) (7)
 - Some other race, ethnicity, or origin, please specify: (8)
-
- I prefer not to answer. (9)

Q4 Which best describes your current primary place of work?

- Residential treatment setting (1)
- Partial hospitalization; day treatment program; or intensive outpatient setting (2)
- Outpatient treatment setting (e.g., outpatient clinic/organization or community agency) (3)

- Private practice outpatient setting (i.e., individually owned and operated) (4)
- Hospital treatment setting (i.e., general medical hospital) (5)
- School setting (e.g., K-12) (6)
- Geriatric facility or nursing home (7)
- Crisis setting (e.g. mobile crisis, crisis hotline) (8)
- Religious organization setting (9)
- University setting (10)
- Acute inpatient treatment setting (11)
- Other (12)

Q5 How many years have you been working in the field of counseling?

Q6 In what region of the U.S. to you primarily provide counseling?

- Midwest—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin (1)
- Northeast—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont (2)
- South—Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia (3)
- West—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming (4)
- Puerto Rico or other U.S. territories (5)
- Other, please specify: (6) _____

Q7 Are you a licensed practitioner? If so, please specify what license with the full name (e.g., licensed professional counselor)

I am licensed. (1) _____

I am not licensed and/or I am working towards licensure. (2)

Q8 In which setting do you primarily provide services (i.e., which setting do you work in most often)?

In-person workplace setting (i.e., working within the office or physical workplace setting at least 4 out of 5 days per week)

(1)

Working from home workplace setting (i.e., working from home at least 4 out of 5 days per week) (2)

Hybrid workplace setting (i.e., working from home at least 2-3 days per week) (3)

None of these describe my work setting (4)

Q9 How long have you been working within this work setting (i.e., working from home, working in-person, or hybrid)?

Appendix B

The Burnout Assessment Tool (BAT)

Q1 Work-related version of the Burnout Assessment Inventory

Instruction: The following statements are related to your work situation and how you experience this situation.

Please state how often each statement applies to you [i.e., never (1), rarely (2), sometimes (3), often (4), always (5)]

Core Symptoms, Exhaustion:

1. At work, I feel mentally exhausted
2. Everything I do at work requires a great deal of effort.
3. After a day at work, I find it hard to recover my energy.
4. At work, I feel physically exhausted.
5. When I get up in the morning, I lack the energy to start a new day at work.
6. I want to be active at work, but somehow I am unable to manage.
7. When I exert myself at work, I quickly get tired.
8. At the end of my working day, I feel mentally exhausted and drained.

Q2 Mental Distance

1. I struggle to find any enthusiasm for my work.
2. At work, I do not think much about what I am doing and I function on autopilot.
3. I feel a strong aversion towards my job.
4. I feel indifferent about my job.
5. I'm cynical about what my work means to others.

Q3 Cognitive Impairment

At work, I have trouble staying focused.

1. At work, I struggle to think clearly.
2. I'm forgetful and distracted at work.
3. When I'm working, I have trouble concentrating.
4. I make mistakes in my work because I have my mind on other things.

Q4 Emotional Impairment

5. At work, I feel unable to control my emotions.
6. I do not recognize myself in the way I react emotionally at work.
7. During my work, I become irritable when things don't go my way.
8. I get upset or sad at work without knowing why.
9. At work, I may overreact unintentionally.

Q5 Secondary Symptoms

Psychological Complaints

10. I have trouble falling or staying asleep.
11. I tend to worry.
12. I feel tense and stressed.
13. I feel anxious and/or suffer from panic attacks.
14. Noise and crowds disturb me.

Q6 Psychosomatic Complaints

15. I suffer from palpitations or chest pain.
16. I suffer from stomach and/or intestinal complaints.
17. I suffer from headaches.
18. I suffer from muscle pain, for example in the neck, shoulder or back.

19. I often get sick.

Appendix C

Informed Consent

Dear Participants,

My name is Courtney Loveless, and I am a doctoral student from The University of Memphis. I am working with my advisor on a research study to examine the relationship between workplace setting and counselor burnout. I am inviting you to participate in this research study, which includes a survey that will take approximately 10 minutes to complete.

To be eligible for participating in this study, participants need to meet the following criteria:

- (1) 18 years or older;
- (2) self-identified as a mental health counselor self-identified as a mental health counselor (e.g., licensed professional counselor; licensed professional counselor-mental health service provider);
- (3) currently working within one of the following three settings: in-person (i.e., working within the office or physical workplace setting at least 4 out of 5 days per week) or WFH (i.e., working from home at least 4 out of 5 days per week), or hybrid (i.e., working from home between 2-3 days per week).

Participation in this study is completely voluntary, and you can choose to stop participation in this study at any time with no penalty. There are no foreseeable risks for you to participate in this study. However, the survey questionnaire you will respond to may lead to increased awareness of your experiences of burnout. Your answers will be anonymous, and you will not be asked to provide any identifying information in the survey. Your anonymous responses will be kept confidential and the electronic copies of the data will be stored on a password-protected computer. Only the researchers involved in this study will have access to these protected documents. The results of the study may be published, which will not show any identifying information of the participants. If you have any questions or concerns regarding this study, please contact Courtney Loveless at crlvless@memphis.edu or Dr. Chi Li at chi.li@memphis.edu. If you have any questions about your rights as a participant in this study, you may contact the University of Memphis IRB by phone at 1.901.678.2705 or by email at irb@memphis.edu.

Voluntary Consent by Participant:

By clicking "I agree to participate" below, you acknowledge that you have read and understand your rights as a potential participant in this research study.

If you do not wish to participate, you may simply close the window to exit.

I agree to participate in this study

Appendix D

IRB Approval Letter

From: do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Date: Monday, March 20, 2023 at 1:06 PM

To: Chi Li (cli7) <Chi.Li@memphis.edu>, Courtney Rene' Loveless (crlvless)
<crlvless@memphis.edu>

Subject: PRO-FY2023-300 - Initial: Approval - Exempt



Institutional Review Board

Division of Research and Innovation

Office of Research Compliance

University of Memphis

315 Admin Bldg

Memphis, TN 38152-3370

March 20, 2023

PI Name: Chi Li

Co-Investigators:

Advisor and/or Co-PI: Courtney Loveless

Submission Type: Initial

Title: EXPLORING BURNOUT AMONGST MENTAL HEALTH COUNSELORS WITHIN
THREE WORKPLACE SETTINGS

IRB ID: #PRO-FY2023-300

Exempt Approval: March 18, 2023

The University of Memphis Institutional Review Board, FWA00006815, has reviewed your submission in accordance with all applicable statuses and regulations as well as ethical principles.

Approval of this project is given with the following obligations:

1. When the project is finished a completion submission is required
2. Any changes to the approved protocol requires board approval prior to implementation
3. When necessary submit an incident/adverse events for board review
4. Human subjects training is required every 2 years and is to be kept current at citiprogram.org.

For any additional questions or concerns please contact us at irb@memphis.edu or 901.678.2705

Thank you,

James P. Whelan, Ph.D.

Institutional Review Board Chair

The University of Memphis