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The Relationship of Burnout to Contextual Work Factors for Rural Community Mental Health Counselors

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THE RELATIONSHIP OF BURNOUT TO CONTEXTUAL WORK FACTORS FOR

RURAL COMMUNITY MENTAL HEALTH COUNSELORS

by

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Submitted in partial fulfillment of

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Doctor of Philosophy

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Abstract

Burnout is a job-related hazard for human service employees including rural community mental health counselors. Historically, burnout was perceived more as a problem with an individual than a problem with an organization. Contemporary burnout research has recommended expanding the theoretical framework of burnout to include organizational sources of burnout. Consequently, burnout is described as an individual syndrome, consisting of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment, mediated within the work context. The purpose of this survey research was to describe the relationship between burnout (emotional exhaustion, depersonalization, personal accomplishment), as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and contextual work factors (workload, control, reward, community, fairness, values), as measured by the Areas of Worklife Survey (AWS) for rural community mental health counselors. Specifically, this research measured the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA). A convenience sample of 81 rural community mental health counselors participated in this study. A descriptive sample profile was analyzed. Degrees of burnout including emotional exhaustion, depersonalization, and personal accomplishment as well as degrees of job-person congruence were calculated. Bivariate correlations measured the relationship between the three burnout components and the six contextual work factors. To examine the accuracy and strength of the contextual work factors in predicting each of the three components of burnout, three linear and simultaneous multiple regressions were

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conducted. Three of the 81 participants met the criteria for the burnout syndrome. More than 70 % of the sample experienced high or moderate degrees of emotional exhaustion. Approximately half of the sample acknowledged high or moderate degrees of depersonalization. More than 80% of the sample indicated low or moderate degrees of feelings of personal accomplishment. A range of 42% to 74% of the sample reported job-person congruence in the six areas of worklife. Overall, the contextual work factors model significantly predicted emotional exhaustion, depersonalization, and personal accomplishment. Future praxis and research recommendations are provided.

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Antoinette Petrazzi Woods
Doctor of Philosophy, August 2005
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Chair: William J. Casile, Ph.D.

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DEDICATION

This dissertation is dedicated to God and my daughter, Alexandra.

CHAPTER I

INTRODUCTION

Metaphorically, burnout is an erosion of the human soul (Maslach & Leiter, 1997). It is a process of spirit breaking rather than spirit building. In contemporary work climates, burnout is thriving as occupational demands exceed human limits (Leiter & Maslach, 2004; Maslach & Leiter, 1997) and economic productivity outranks human values (Maslach & Leiter, 1997). When burnout is flourishing in the workplace, employees feel emotionally, physically, and spiritually drained (Maslach & Leiter, 1997). Employees, who initially felt enthusiastic, full of energy, and dedicated to their profession, gradually begin to feel burned out, exhausted, cynical, and a sense of diminished personal accomplishment (Maslach, 2003). Unfortunately, burnout is an occupational hazard for employees in many types of occupational settings (Maslach & Leiter, 1997). This appears to be especially true for human service employees such as community mental health counselors (Figley, 2002a; Leiter & Maslach, 2001; Maslach, 1993).

Community mental health counselors work with clients who have experienced traumas such as sexual assault, domestic violence, natural disasters, violent crime, and war (O'Halloran & Linton, 2000). Although counselors may not have directly experienced their clients' traumas, counselors are indirectly and empathically exposed to their clients' traumas through the counseling process (Figley, 2002b). The chronic emotional strain of being empathic with consumers who are distressed or traumatized places community mental health counselors at great risk of experiencing burnout (Skovholt, 2001; Figley, 2002a; Maslach, 1993). Burnout is the cost associated with

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caring (Maslach, 1993). The professional literature contains various terms to explain the

consequences that may befall counselors as a result of working with trauma (Collins &

Long, 2003a), and caring for clients (Figley, 2002b). Some of the occupational risks for

counselors include vicarious traumatization, traumatic countertransference, compassion

fatigue, secondary traumatic stress disorder, and burnout (Collins & Long, 2003a; Collins

& Long, 2003b; Figley, 2002b).

Burnout is a multidimensional syndrome of emotional exhaustion,

depersonalization, and a sense of diminished personal accomplishment (Leiter &

Maslach, 2004; Maslach, Schaufeli, & Leiter, 2001). Emotional exhaustion is the most

obvious indication of the burnout syndrome (Maslach, Schaufeli, & Leiter, 2001).

Individuals experiencing emotional exhaustion describe feelings of frustration, tension,

fatigue, lack of energy, as well as feelings of being emotionally overextended, and

emotionally depleted (Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). The

depersonalization component of burnout includes cynicism, negativity, indifference,

emotional detachment, dehumanization, and callousness (Cordes & Dougherty, 1993;

Maslach & Pines, 1977; Maslach, Schaufeli, & Leiter, 2001). A sense of diminished

personal accomplishment is characterized by negative self-evaluation, low professional

self-esteem, lack of self-efficacy, and lack of challenging work as well as feelings of

incompetence regarding work and overall professional progress (Cordes & Dougherty,

1993; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Skovholt, 2001).

Predictors of burnout are personal factors such as individual demographic

variables, personality traits, and attitudes toward work as well as contextual work factors

(Maslach & Leiter, 1997; Maslach & Leiter, 2001). Historically, burnout was perceived

more as a problem with the individual than a problem with the organization (Maslach, Schaufeli, & Leiter, 2001; Maslach & Leiter, 1997). In contrast, contemporary burnout research has recommended expanding the theoretical framework of burnout to include organizational sources and predictors of burnout, as well as broadening the theoretical construct of burnout to include the antithesis of burnout (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001). The theoretical framework of burnout is expanded by describing burnout not only as an individual syndrome consisting of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment but also as an individual syndrome mediated within the context of work (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001). The theoretical construct is broadened by identifying the antithesis of burnout as engagement with work characterized by energy rather than exhaustion, involvement rather than depersonalization, and self-efficacy rather than a sense of reduced personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). Citing Maslach & Leiter's (1997) sources of burnout and sources of engagement, Skovholt (2001) developed a burnout creation (i.e. burnout) versus burnout prevention (i.e. engagement) table that consisted of the following: 1) work overload versus sustainable workload, 2) lack of control versus feelings of choice and control, 3) insufficient reward versus recognition and reward, 4) breakdown of community versus sense of community, 5) unfairness versus fairness, respect, and justice, 6) significant value conflicts versus meaningful, valued work. Organizational predictors including workload, control, reward, community, fairness, and values play more of a crucial role in burnout than personal factors (Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach, Schaufeli & Leiter, 2001).

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Burnout research should focus on specific organizational settings (Maslach, 1993). However, there is a dearth of burnout research focusing on the specific organizational setting of rural community mental health, and in turn, rural community mental health counselors. Burnout research about rural community mental health counselors is virtually nonexistent (Kee, Johnson, & Hunt, 2002). While the extant research literature, in particular, supports examination of rural community mental health counselor burnout, the National Institute of Mental Health, Office of Rural Mental Health Research ([NIMH-ORMHR], 2004) in general, supports research and dissemination of information regarding the unique conditions of rural mental health service delivery. Of course, rural community mental health counselors and the relationship of burnout to the rural community mental health work context are essential and distinctive aspects of the rural mental health service delivery system that warrant research consideration (Kee, et al., 2002; Maslach, 1993; Maslach, Schaufeli, & Leiter, 2001; NIMH-ORMHR, 2004).

Rural community mental health counselors encounter unique service delivery conditions (Kee et al., 2002). Frequently, the distinctive conditions of rural mental health are described in the context of three consumer barriers to rural mental health services such as availability, accessibility, and acceptability (Bushy, 1997). Availability refers to the status and existence of necessary personnel to provide a service (Bushy). Accessibility describes whether a consumer has the access and ability to obtain necessary services (Bushy). Acceptability refers to a particular service being offered in a manner congruent with the values of the intended service recipients (Bushy). These unique characteristics associated with rural community mental health centers and hence, the

work context for rural community mental health counselors, contribute to the designation of regions as significantly underserved (Bushy).

Of the three consumer barriers, availability and accessibility are distinctive service delivery circumstances that more than thirty-four federal government programs consider when determining eligibility for funding preferences and allocations (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004). Federal designations relevant to addressing the problems of significantly underserved areas include, but are not limited to, "Mental Health-Health Professional Shortage Area" ([MH-HPSA]; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004), or "Medically Underserved Area" ([MUA]; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004). For example, according to the Overview Section of the Health Professional Shortage Area Guidelines for Mental Health Care Designation (2004), the purpose of the MH-HPSA designation is to "assure that mental health services are available and accessible to underserved populations; assist in the retention and recruitment of mental health providers in designated areas; assist in the determination of unusually high mental health needs." Both rural and urban regions may qualify to be identified as a MH-HPSA or MUA and in turn, may share similar challenges regarding availability, and accessibility. However, each community, including rural, urban or suburban is inimitable, with its own underrepresented groups, economic and

social structures, health care dilemmas, resources, and processes of caring for constituents (Bushy, 1997).

Another unique circumstance in the context of rural mental health is regulatory bodies such as managed care, as well as credentialing and licensing organizations advocate specific scope of practice standards that are inconsistent with generalist practice standards necessary for effective rural mental health delivery (Pion, Keller, & McCombs, 1997). For example, managed care plans, incorrectly, apply urban models of mental health service delivery to rural mental health service delivery (Wagenfeld, Murray, Mohatt, & DeBruyn, 1994). Consequently, the rural mental health counselor is confronted with demands for interdisciplinary collaboration that does not recognize the unique cultural context of rural mental health counseling. The distinctive cultural context of rural mental health includes rural counseling practitioners who are confronted with diverse environmental challenges such as geographical distance, weather, cultural diversity, and lack of resources as well as practice realities such as relationship in the community, generalist role, role diffusion, isolation, ethical dilemmas, lack of anonymity, reciprocity, and vulnerability of burnout (Beeson, 1992).

According to Maslach, Jackson, & Leiter (1996), counselor burnout negatively impacts consumers and quality of care. Because the syndrome of burnout harms counselors and consumers, it creates a practical and ethical dilemma for counselors (ACA Code of Ethics, 1995; Maslach, 1993). For instance, the overarching principles of the ACA Code of Ethics (1995) are to promote client welfare and enhance supervisee development (Bernard & Goodyear, 1998). In contrast, burnout impairs client well-being and counselor development (Maslach, Jackson, & Leiter, 1996). In harming client well-

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being and counselor development, counselor burnout is a syndrome that impedes achievement of the overarching ethical principles of promoting client welfare and enhancing supervisee development.

The ACA Code of Ethics (1995) explicitly indicates the need for counselors to participate in continuing education *(Sec. C.2.f.)*, and to refrain from offering services if they experience impairment *(Sec. 2.g.)*. However, if the counselor is not participating in a direct counseling service, then the agency provider is not generating any revenue (Clinical Director of survey site, personal communication, May 11, 2003). Specifically, community mental health providers do not receive reimbursement while counselors are participating in staff development, supervision, consultation, quality assurance, clinical documentation, managed care contacts and documentation, or other responsibilities associated with the profession of counseling (Clinical Director of survey site, personal communication, May 11, 2003). Consequently, rural mental health counselors are provided with fewer opportunities to participate in rejuvenating professional activities such as continuing education, staff development, clinical supervision, and consultation. Bernard & Goodyear (1998) caution mental health practitioners need time to regroup and consult so they may continue to be effective in providing direct contact to consumers. Lack of professional growth opportunities contributes to counselor burnout that may impair the counselor and his or her consumers (Maslach, Jackson, & Leiter, 1996).

<div align="center">Statement of the Problem</div>

Investigating the relationship of burnout to contextual work factors for rural community mental health counselors is not only a practical research problem but also a study-based research problem (Creswell, 2002). First, the practical and applied research

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problems regarding rural community mental health counselor burnout include issues

related to the professional and ethical practice of counselors (ACA, 1995; Maslach,

1993), quality of care for consumers (Maslach, Jackson, & Leiter, 1996), psychological

and physical health of rural counselors (Cordes & Dougherty, 1993; Kahill, 1988;

Maslach, 1993; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Noworol,

Zarczynski, Fafrowicz & Marek, 1993; Skovholt, 2001; Wright & Hobfoll, 2004), as well

as dysfunctional organizational outcomes such as absenteeism, low morale, job turnover,

decreased employee commitment, and job dissatisfaction (Cordes & Dougherty, 1993;

Leiter & Maslach, 1988; Maslach, Schaufeli, & Leiter, 2001; Skovholt, 2001; Wright &

Hobfoll, 2004). Second, the study-based research problems pertaining to rural community

mental health counselor burnout addresses the dearth of scholarly literature about the

degree of burnout, and the relationship of burnout to contextual work factors in a rural

mental health center (Kee et al., 2002; Leiter & Maslach, 2004). Examining the

relationship of burnout to contextual work factors for rural community mental health

counselors emanates from both practical and research concerns that can be reframed as

practical staff or program evaluation and advancement of the existing burnout literature.

Striving for continual improvement and evaluation of client welfare as well as

counselor development, the administrators at a rural community mental health center are

committed to research that examines counselor burnout within their organization.

Specifically, administrators at a rural community mental health center agree describing

not only the incidence and levels of burnout, but also the relationship of work

environment factors to burnout at their agency offers practical program evaluation and

information for the organization (Clinical Director of survey site, personal

communication, May 11, 2003; Chief Executive Officer of survey site, personal communication, May 5, 2003). The administrators are dedicated to evaluating counselor competencies and counselor development as required by state mandates, and as recommended by the ACA Code of Ethics (1995). For instance, being in compliance with state mandates, supervisors complete annual staff performance evaluations of their supervisees (Assistant Clinical Director of survey site, personal communication, July 30, 2003). Also, a local Mental Health Association administers a *Client Satisfaction Survey* to explore consumers' satisfaction ratings of the services provided by the Community Mental Health Center and provides a *Comprehensive Client Satisfaction Survey Report* to the Community Mental Health Center to alert the mental health staff to issues that appear to warrant immediate attention (Assistant Clinical Director of survey site, personal communication, July 30, 2003). Recognizing research about counselor burnout is an essential aspect of staff and program evaluation, the Community Mental Health Center has voluntarily agreed to participate in this survey research, and understands aggregate results, and not individual participant responses will be published (Clinical Director of survey site, personal communication, May 11, 2003; Chief Executive Officer of survey site, personal communication, May 5, 2003). Essentially, the mental health administrators voluntarily consented to allow research to be conducted regarding the degree of counselor burnout as well as the relationship of contextual work factors to burnout at the rural community mental health center.

A fundamental study-based research concern regarding rural community mental health counselor burnout is the scant scholarly knowledge about the relationship of burnout to contextual work factors (Kee et al., 2002). Although burnout research should

focus on a particular employment environment (Maslach, 1993), burnout research of rural

community mental health counselors is extremely deficient (Kee et al., 2002). For

example, only one previous study investigated rural counselor burnout (Kee et al.). Three

objectives of the Kee et al. research were to describe the relationship of burnout and

social support, predict types of burnout from measures of social support, and examine the

relationship between level of risk for burnout and types of social support (Kee et al.).

Clearly, describing the relationship of burnout to contextual work factors for rural

community mental health could address the existing gap in burnout research and

literature.

Significance and Need of the Study

Justification for this survey research is grounded in the fundamental principles of

the ACA Code of Ethics (Bernard & Goodyear, 1998), as well as the existing literature

regarding counselor burnout (Cordes & Dougherty, 1993; Kee et al., 2002; Leiter &

Maslach, 2004; Maslach & Jackson, 1979; Maslach, Jackson, & Leiter, 1996; Maslach &

Leiter, 1997; Maslach & Leiter, 2001; Maslach, Schaufeli, & Leiter, 2001; Pines, 1993).

First and foremost, the existing burnout literature indicates counseling practitioners and

researchers have an ethical responsibility to learn more about counselor burnout

(Maslach, 1993). Integrated into the ethical duty to increase knowledge and skills

regarding counselor burnout are the fundamental principles of the ACA Code of Ethics

(1995) to promote client welfare and enhance supervisee development (Bernard &

Goodyear, 1998). Maslach, Jackson, & Leiter (1996) caution that counselor burnout

negatively impacts consumers and quality of care. In turn, counselor burnout poses a

serious threat to the promotion of client welfare and the enhancement of supervisee

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development. Counseling professionals, including researchers, have a duty to promote

client welfare and enrich supervisee development (Bernard & Goodyear, 1998). The

study of rural mental health counselor burnout is an important ethical concern that

impacts counselors, consumers of counseling services, employers of counselors, local

legislators, and members of the community.

In addition to the fundamental principles of the ACA code of ethics, validation for

this research proposal is anchored in the existing burnout literature (Leiter & Maslach,

2004; Kee et al., 2002; Maslach, Schaufeli & Leiter, 2001; Maslach & Leiter, 2001;

Maslach & Leiter, 1997; Maslach, Jackson & Leiter, 1996; Cordes & Dougherty, 1993;

Pines, 1993; Maslach & Jackson, 1979). For more than twenty years, a plethora of

burnout research has been conducted with human service employees in diverse

employment settings but only one preceding study has focused on rural mental health

counselors in the context of rural community mental health (Kee et al, 2002).

Furthermore, the relationship between burnout and six specific contextual work factors

such as workload, control, rewards, community, fairness, and values has not been

explicated within the context of rural community mental heath (Leiter & Maslach, 2004).

The burnout literature recommends theory driven research grounded in a contextual

paradigm that views the person-in-context (Leiter & Maslach, 2004; Maslach, Schaufeli,

& Leiter, 2001). A contextual framework conceptualizes burnout as a multidimensional

syndrome of emotional exhaustion, depersonalization, and a sense of diminished personal

accomplishment related to work context conditions (Leiter & Maslach, 2004; Maslach &

Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). Previous research indicates the

strength of the relationship between burnout and work context factors is greater than the

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strength of the relationship between burnout and individual factors (Maslach, Schaufeli, & Leiter, 2001). The relationship of burnout to contextual work factors for rural community mental health counselors is a justified research undertaking that takes into account vital ethical standards and previous research recommendations.

The results of this research are relevant to internal and external stakeholders associated with a rural community mental health center located in an area federally identified as a MH-HPSA and MUA. Information about rural mental health counselor burnout in medically underserved areas is an essential consideration for federal agencies responsible for identifying and monitoring medically underserved areas (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004). Examining the relationship of burnout to the rural community mental health context at a particular agency is consistent with the recommendations of National Institute of Mental Health-Office of Rural Mental Health Research (2004) to conduct studies relevant to rural mental health. Additionally, this research is significant because no previous research about counselor burnout has been performed at the rural community mental health center participating in this study (Clinical Director of survey site, personal communication, May 11, 2003), and the data collected may be utilized as part of the normative record for the Centre for Organizational Research & Development ([COR&D], 2004, Acadia University), the publisher of the Area of Worklife Survey, one of the metrics to be administered as part of this research study. Essentially, this research is significant for internal and external stakeholders of the rural community mental health center, regulatory and legislative entities, as well as burnout researchers.

Internal and external stakeholders connected with the rural community mental

health center agreed this research is a desirable requisite for staff and program evaluation

(Clinical Director of survey site, personal communication, May 11, 2003; Chief

Executive Officer of survey site, personal communication, May 5, 2003). Of course, staff

and program evaluation are key aspects of promoting client welfare and enhancing

supervisee development (Bernard & Goodyear, 1998). Staff and program evaluation will

be conducted using research-based methodology to examine counselor burnout at the

rural community mental health agency. For example, the results of this research could

assist the administrators, counseling supervisors, and counselors in identifying the degree

of burnout among the counseling staff as well as the relationship between burnout and

rural community mental health work conditions. Typically, the rural community mental

health center does not have the funding or staff resources to accomplish a research-based

survey that includes scholarly data analysis (Clinical Director of survey site, personal

communication, May 11, 2003; Chief Executive Officer, personal communication, May

5, 2003). Additionally, the results of this study could serve as an impetus for future

research-based inquiry at the rural mental health agency. Overall, this research could

contribute to not only the current knowledge and practices regarding staff and program

evaluation but also promotion of client welfare and enhancement of supervisee

development.

Research about the relationship between counselor burnout and contextual work

conditions for rural community mental health counselors is needed because the research

literature is scant regarding not only rural mental health but also mental health

professional shortage areas (MH-HPSA's) and medically underserved areas (MUA's;

Kee et al., 2002). Even further, the rural mental health center is located in a county with an exceedingly large percentage of residents living in poverty. Specifically, the Pennsylvania state percentage of people living below poverty is 11.0%, and the county percentage of people living below poverty is 18% (U.S. Census, 2000). Rural community mental health counselors to be surveyed for this study are called upon to facilitate a myriad of human and systemic needs for clients who reside in a medically underserved area with a shortage of mental health professionals. Unfortunately, the existing literature is deficient regarding counselor burnout in the context of a rural and medically underserved area with a shortage of mental health professionals (Kee et al., 2002). As a result, this research is needed to address the paucity in the research literature and, simultaneously, will fulfill the necessary ethical responsibility to advance knowledge and skills regarding counselor burnout (Kee et al., 2002; Maslach, 1993).

Purpose of the Study

The purpose of this survey research is to describe the relationship between burnout (emotional exhaustion, depersonalization, personal accomplishment), as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and contextual work factors (workload, control, reward, community, fairness, values), as measured by the Areas of Worklife Survey (AWS) for rural community mental health counselors. Specifically, this research will measure the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA).

Research Questions

1. Are there high or moderate degrees of burnout, as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS), at a rural community mental health center in a medically underserved area (MUA) with a shortage of mental health professionals (MH-HPSA)?

2. Are there high or moderate degrees of emotional exhaustion, as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS), at the rural community mental health center?

3. Are there high or moderate degrees of depersonalization, as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS), at the rural community mental health center?

4. Are there high or moderate degrees of personal accomplishment, as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS), at the rural community mental health center?

5. Are there low degrees of congruence for workload, control, reward, community, fairness, and values as measured by scores on the Areas of Worklife Scale (AWS) at the rural community mental health center?

6. Is there a significant relationship between emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and AWS, respectively?

7. Is there a significant relationship between depersonalization and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and AWS, respectively?

8. Is there a significant relationship between personal accomplishment and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and AWS, respectively?

9. How accurately do the independent variables (workload, control, reward, community, fairness, and values) predict the dependent variable, emotional exhaustion, as measured by scores on the AWS and MBI-HSS, respectively?

10. How accurately do the independent variables (workload, control, reward, community, fairness, and values) predict the dependent variable, depersonalization, as measured by scores on the AWS and MBI-HSS, respectively?

11. How accurately do the independent variables (workload, control, reward, community, fairness, and values) predict the dependent variable, personal accomplishment, as measured by scores on the AWS and MBI-HSS, respectively?

Identification of Variables

Independent Variables:

1: Workload as measured by interval scores on the Areas of Worklife Survey (AWS).

2: Control as measured by interval scores on the Areas of Worklife Survey (AWS).

3: Reward as measured by interval scores on the Areas of Worklife Survey (AWS).

4: Community as measured by interval scores on the Areas of Worklife Survey (AWS).

5: Fairness as measured by interval scores on the Areas of Worklife Survey (AWS).

6: Values as measured by interval scores on the Areas of Worklife Survey (AWS).

Dependent Variables:

1: Emotional Exhaustion (EE) as measured by an interval score on the Maslach Burnout Inventory-Human Services Survey (MBI-HSS).

2: Depersonalization (DP) as measured by an interval score on the Maslach Burnout Inventory-Human Services Survey (MBI-HSS).

3: Personal Accomplishment (PA) as measured by an interval score on the Maslach Burnout Inventory-Human Services Survey (MBI-HSS).

Operational Definitions

Within this study, the following operational definitions are used:

Rural Community Mental Health Center – Rural Community Mental Health Center is the agency participating in this research and located in a medically underserved area with a shortage of mental health professionals.

Rural Community Mental Health Counselors – Rural Community Mental Health Counselors are individuals identified by the Clinical Director and Chief Executive Officer as counselors who are currently employed at a Rural Community Mental Health Center.

Counselor Burnout - Counselor Burnout is defined by interval scores on the Emotional Exhaustion, Depersonalization, and Personal Accomplishment subscales of the Maslach Burnout Inventory Health and Human Services Survey (MBI-HSS).

Emotional Exhaustion. Emotional exhaustion is defined as an interval score on the Emotional Exhaustion subscale of the Maslach Burnout Inventory Health and Human Services Survey (MBI-HSS).

Depersonalization. Depersonalization is defined as an interval score on the Depersonalization subscale of the Maslach Burnout Inventory Health and Human Services Survey (MBI-HSS).

Personal Accomplishment. Personal Accomplishment is defined as an interval score on the Personal Accomplishment subscale of the Maslach Burnout Inventory Health and Human Services Survey (MBI-HSS).

Contextual Work Factors. Contextual Work Factors are defined by interval scores on the Workload, Control, Reward, Community, Fairness and Values subscales of the Areas of Worklife Survey (AWS).

Workload. Workload is defined as an interval score on the Workload subscale of the Areas of Worklife Survey (AWS).

Control. Control is defined as an interval score on the Control subscale of the Areas of Worklife Survey (AWS).

Reward. Reward is defined as an interval score on the Reward subscale of the Areas of Worklife Survey (AWS).

Community. Community is defined as an interval score on the Community subscale of the Areas of Worklife Survey (AWS).

Fairness. Fairness is defined as an interval score on the Fairness subscale of the Areas of Worklife Survey (AWS).

Values. Values is defined as an interval score on the Values subscale of the Areas of Worklife Survey (AWS).

Summary

Although burnout is a work-related risk for community mental health counselors (Figley, 2002a; Maslach, 1993), there is a dearth of research regarding burnout and rural community mental health counselors (Kee et al., 2002). Burnout research should focus on specific work settings (Maslach, 1993). The extant burnout literature has not focused on the specific work context of rural community mental health (Kee et al., 2002). Consequently, no previous research has described the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA; Leiter & Maslach, 2004; Kee et al., 2002). The gap in knowledge regarding the aforementioned is both a practical research problem as well as a study-based research problem that provides an opportunity to reframe the problems into practical staff and program evaluation as well as advancement of the existing literature. Ideally, research should be conducted that offers both practical application and research advancement (Creswell, 2002), and this research is designed in accordance with best practice research recommendations (Creswell, 2002).

The rationale for describing the relationship of burnout to contextual work factors for rural community mental health counselors in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA) is grounded in the fundamental principles of the ACA Code of Ethics (Bernard & Goodyear, 1998) as well as the existing scholarly burnout literature (Cordes & Dougherty, 1993; Kee et al., 2002; Leiter & Maslach, 2004; Maslach & Jackson, 1979; Maslach, Jackson & Leiter, 1996; Maslach & Leiter, 1997; Maslach & Leiter, 2001; Maslach, Schaufeli & Leiter, 2001;

Pines, 1993). Based upon preceding research recommendations, this study is theoretically

anchored in a contextual paradigm that considers the rural mental health counselor in a

rural community mental health context (Leiter & Maslach, 2004; Maslach & Leiter,

1997; Maslach, Schaufeli & Leiter, 2001). Within a contextual paradigm, a mediation

model offers a structured approach for examining sources of burnout including workload,

control, reward, community, fairness and values (Leiter & Maslach, 2004). This research

is significant to internal and external stakeholders of the rural community mental health

center, legislative and regulatory bodies, and burnout researchers. Expanding scholarly

knowledge about rural community mental health counselor burnout is an ethical and

necessary responsibility for counseling professionals and researchers (Maslach, 1993).

CHAPTER II

LITERATURE REVIEW

This review of the extant literature provides a framework for the study of burnout and related contextual work factors in rural community mental health. Reviewing the existing literature and demonstrating the gap in knowledge regarding burnout includes a discussion of the historical context of burnout as well as various definitions and descriptions of burnout. The construct of burnout is distinguished from other similar phenomena. Individual and organizational consequences associated with burnout among community mental health counselors, in general, and rural community mental health counselors, in particular, are considered. Contextual work factors as sources of burnout are examined and further explicated with regard to the context of a rural community mental health center in a medically underserved area with a shortage of mental health professionals. Concluding comments provide a synopsis of the existing burnout literature and the need to examine the degree of burnout and the relationship of burnout to contextual work factors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA).

Historical Context of Burnout Construct

The essential features of burnout were described long before the burnout construct was introduced in the 1970's (Maslach & Schaufeli, 1993). *Buddenbrooks* (Mann, 1922) was the first literary reference to ascribe burnout symptoms to a fictional character experiencing acute fatigue, loss of idealism, and loss of passion for his work (Maslach & Schaufeli, 1993). Schwartz & Will (1953) published a case study about a disillusioned psychiatric nurse who is frequently exemplified as suffering from burnout (Maslach &

Schaufeli, 1993). *A Burnt Out Case* (Greene, 1960) contains a character, a spiritually

tormented architect, who resigns from his employment and withdraws into a jungle in

Africa (Maslach & Schaufeli, 1993). Clearly, the phenomenon of burnout was present

before the term "burnout" was used idiomatically or academically (Maslach & Schaufeli,

1993).

Although the word "*burnout*" first emerged as a colloquial term during the l970's,

the word "burnout" began to be utilized in informal discourse to describe an emotionally

exhausted condition experienced by individuals employed in the helping professions

(Cox, Kuk, & Leiter, 1993; Maslach, 1993; Maslach, Schaufeli, & Leiter, 2001).

Freudenberger (1974) was the first scholar to refer to the word "burnout" in scientific

literature (Cox et al., 1993). However, Maslach & Jackson (1981, 1984, 1986) are

credited with the development of burnout as a scientific concept that could be

operationally defined and empirically measured (Cox et al., 1993).

In general, inquiry regarding burnout has consisted of two identifiable phases of

research development (Maslach & Schaufeli, 1993; Maslach, Schaufeli, & Leiter, 2001).

During the mid-1970's, burnout was recognized as a social phenomenon rather than a

scholarly construct (Freudenberger, 1974, 1975; Cox et al., 1993; Maslach, 1976;

Maslach & Schaufeli, 1993), and the interest in burnout within a social context has been

referred to as the pioneer phase of burnout research (Maslach & Schaufeli, 1993).

Throughout the 1980's, researchers expanded the notion of burnout to include not only

the social and pragmatic concerns considered during the 1970's, but also the theoretical

and empirical implications of burnout (Maslach & Schaufeli, 1993). The second stage of

burnout research development is identified as the empirical phase (Maslach & Schaufeli,

1993). However, Buunk and Schaufeli (1993) argue a limitation of the 1980's empirical phase includes a plethora of research designs that were not created from theoretical frameworks and hence, were atheoretical. According to Bunk & Schaufeli (1993), atheoretical and blind empirical research proliferated during the 1980's empirical phase. During the late 1980's and into the 1990's, researchers developed numerous theory driven studies to correct the atheoretical and blind empiricism limitations (Bunk & Schaufeli, 1993).

Current research has continued to focus on theoretical and empirical studies of the construct of burnout (Maslach, Schaufeli, & Leiter, 2001). In general, the historical context of burnout tended toward a dichotomous view that posited the source of burnout as either the individual or the organization (Maslach, Schaufeli, & Leiter). The former view prevailed as indicated by an overabundance of research, and professional development workshops that directed helping professionals how to more effectively cope with work stressors (Leiter & Maslach, 2001a). The implied and inaccurate message was burnout is linked more to the individual's coping mechanisms and lifestyle than to the organizational work context (Barber & Iwai, 1996; Maslach, Schaufeli, & Leiter, 2001; Melchoir, van der Berg, Halfens, & Abu-Saad, 1997). Conceptualizing burnout as a malady of the individual is archaic (James & Gilliland, 2001).

Initially, Maslach and Leiter (1997) described a theoretical paradigm that explicitly integrated individual and organizational factors of burnout. Subsequently, Maslach, Schaufeli, and Leiter (2001) expanded the theoretical framework of burnout by clearly identifying the theoretical paradigm as "the person within context" (p. 413), and describing a burnout model that included individual and organizational factors of

burnout. In recommending the theoretical framework be expanded to conceptualize burnout as the person within context, Maslach, Schaufeli, and Leiter have opted to use a contextual perspective. Other contemporary scholars have agreed burnout should be viewed as an organizational problem and have recommended utilization of a systems' perspective (James & Gilliland, 2001). Recent recommendations to conceptualize and plan interventions using a contextual or systemic approach, undeniably, demonstrates a scholarly movement away from viewing burnout as an individual problem, and in turn, widens the lens to include a focus on organizational sources of burnout.

Reviewing a plethora of research studies regarding burnout and job stress (see Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997) provided six key domains of organizational correlates to burnout. Using the six domains of organizational correlates to burnout, Maslach, Schaufeli, and Leiter (2001) described a burnout model. Recently, they identified the proposed burnout model as the "*Mediation Model*" (Leiter & Maslach, 2004; p. 115). Based within a contextual paradigm, the mediation model provides a structured and systematic approach to the broad range of organizational correlates by collapsing them into six specific areas including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). Organizational correlates are referred to using various descriptors such as situational factors, situational correlates, work context conditions, job stressors, and sources of burnout, as well as predictors of burnout, prime correlates of burnout, mediators of burnout, antecedents of burnout, and six areas of worklife (Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001).

The primary hypothesis of the mediation model is "the greater the misfit between the person and the job in the six areas of worklife, the greater the likelihood of burnout; conversely, the greater the fit or match, the greater the likelihood with engagement" (Leiter & Maslach, 2001a, p.117). Essentially, the mediation model offers a promising and comprehensive approach for research and applied interventions that focus upon the relationship of burnout to contextual work sources of burnout (Leiter & Maslach, 2004).

In addition to expanding the theoretical framework of burnout as well as describing and later, identifying the mediation model, Maslach, Schaufeli, and Leiter (2001) recommended the construct of burnout be expanded to include not only the negative state of burnout but also the positive and opposite state of burnout. They identified the positive antithesis of burnout as engagement (Maslach, Schaufeli, & Leiter). Although Maslach, Schaufeli, and Leiter do not identify their recent research development as salutogenic (Antonovsky, 1979, 1987, 1993), their recommendation to expand the burnout construct by conceptualizing a burnout-engagement continuum is consistent with Antonovsky's salutogenic perspective. A salutogenic perspective considers health and disease as continuous rather than dichotomous (Antonovsky, 1979, 1987, 1993). Applying the salutogenic process, albeit not identifying their description as salutogenic, Maslach, Schaufeli, and Leiter (2001) expanded the burnout construct by considering engagement as the positive and opposite end of the continuum of burnout.

The last decade of the 20th century and the early part of the 21st century demonstrates burnout research developments and recent shifts to expand the theoretical framework of burnout as well as the theoretical construct of burnout. Admittedly, both research advancements are still in their infancy (Leiter & Maslach, 2001a; Leiter &

Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). Yet, more

research has been conducted to expand the theoretical framework than to explicate the

antithetical construct of burnout (see Leiter & Maslach, 2004). Specifically, within the

context of burnout research, more is known about organizational correlates to burnout

than the opposite end of the continuum of burnout (see Leiter & Maslach, 2004).

However, although more is known about organizational correlates, not enough is known

about organizational correlates such as workload, control, reward, community, fairness,

and values, in general, or in the context of rural community mental health, in particular

(see Kee et al., 2002; Leiter & Maslach, 2004). There is a gap in the burnout research

regarding the relationship between burnout and six rural community mental health work

conditions such as workload, control, rewards, community, fairness, and values (Kee et

al., 2002; Leiter & Maslach, 2004).

<center>Defining Burnout</center>

Defining burnout requires an examination that extends beyond the scholarly and

contemporary references of burnout. That is, scholarly references to "burnout" emerged

from vernacular used to describe a chronic drug user during the 1970's (Maslach &

Schaufeli, 1993;

http://www.etymonline.com/index.php?search=burnout&searchmode=none). Therefore,

the word "burnout" was not created within an academic framework but rather was

adopted from the slang context of the 1970's (Maslach, 1993; Maslach & Schaufeli,

1993). Taking into account etymological influences upon the word "burnout" provides

another lens to view the denotation and connotation of burnout. Language plays a

fundamental role in defining and constructing people and events (Shalif & Leibler, 2002).

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In turn, deconstructing a word is essential to the process of understanding a particular word and its implications (Shalif & Leibler).

Because burnout is a compound word that combines the words "burn" and "out," an etymological exploration of both words is necessary. An etymological origin of "burn" includes brenna "to burn, light," as well as bærnan "to kindle," and beornan "to be on fire" (http://www.etymonline.com/index.php?search=burnout&searchmode=none). An etymological derivation of "out" includes utian "expel" (http://www.etymonline.com/index.php?search=out&searchmode=none). Integrating the etymological definitions of "burn" and "out" could be aptly expressed as expelling light, inspiration, and fire. In essence, there is an indication that a brightness, a flame, or a fire has been extinguished.

According to Freudenberger and Richelson (1980), an individual experiencing burnout is analogous to the crumbling structure of a building destroyed by fire. Freudenberger and Richelson compare the desolation within a burned building to the consumed, as if by fire, internal resources of someone who is suffering burnout. In addition, burnout has been described as an erosion of the human soul as well as an erosion of engagement (Maslach & Leiter, 1997). Although individuals may present with burnout symptoms, current conceptualization of burnout is that it is not merely a problem of the individual, but is more a problem of the work environment (Maslach & Leiter). Of course, individual factors are related to burnout (Maslach, Schaufeli, & Leiter, 2001). However, the strength of the relationship between situational factors and burnout is greater than the strength of the relationship between individual factors and burnout (Maslach, Schaufeli, & Leiter). Therefore, burnout is conceptualized as a contextual

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rather than a clinical phenomenon (Maslach, 1993; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001).

Various definitions and descriptions of burnout have been proposed in the research literature (Freudenberger, 1974, 1975; Freudenberger & Richelson, 1980; Golembiewski & Munzenrider, 1988; Leiter & Maslach, 2004; Maslach, 1976; Maslach & Jackson, 1981, 1984, 1986; Maslach, Jackson, & Leiter, 1996; Maslach & Leiter, 1997; Maslach & Pines, 1977; Maslach, Schaufeli, & Leiter, 2001; Pines & Aronson, 1988; Pines, Aronson, & Kafry, 1981). During the early stages of burnout research, scholarly controversies focused on the diverse definitions of burnout (Pines, 1993). According to Pines (1993), three definitions of burnout emerged and are the most frequently cited in the literature. Each of the three most often quoted definitions of burnout contains a reference to fatigue or emotional exhaustion (Pines, 1993).

Freudenberger and Richelson (1980) define burnout as "a state of fatigue or frustration brought about by a devotion to a cause, way of life, or relationship that failed to produce the expected reward" (p.13). Maslach (1982) asserts burnout is "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind" (p.3). Pines and Aronson (1988) describe burnout as "a state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding" (p.9). Although all three definitions are repeatedly found in the scholarly literature on burnout (Pines, 1993), the operational definition (Maslach, 1982; Maslach & Jackson, 1981, 1984, 1986) and the corresponding standardized measure, Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), are the most frequently used in

burnout research (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998). In addition to the MBI being the most widely used measurement of burnout, the MBI is the most psychometrically sound measurement of burnout (Maslach, Schaufeli, & Leiter, 2001).

According to Maslach (1982), the three components or dimensions of burnout include emotional exhaustion (EE), depersonalization (DP), and reduced personal accomplishment (PA). Each of the components of burnout is measured on separate subscales on the MBI. According to Maslach, Jackson, and Leiter (1996), the MBI is available in three survey formats including the MBI Human Services Survey (MBI-HSS), the MBI Educators Survey (MBI-ES), and the MBI General Survey [for all occupations] (MBI-GS). Each subscale score of the MBI demonstrates the extent that each component of the burnout syndrome is present (Maslach, Jackson, & Leiter, 1996). For the context of this research, the three dimensions of burnout form the conceptual foundation for this study (Maslach, 1982; Maslach & Jackson, 1981, 1984, 1986; Maslach, Jackson, & Leiter, 1996).

Emotional exhaustion is characterized as a lack of energy, as well as feelings of fatigue and depletion of emotional resources (Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Jackson, & Leiter, 1996; Maslach & Leiter, 1997). Feelings of frustration and tension may coexist with emotional exhaustion as counselors recognize their emotional fatigue and inability to continue to serve clients responsibly (Cordes & Dougherty, 1993; Maslach, 1982). Consequently, a common symptom of emotional exhaustion is the trepidation and dread of returning to work (Cordes & Dougherty, 1993). Exhaustion is an

essential component of burnout, and the most noticeable manifestation of the burnout syndrome (Maslach, Schaufeli, & Leiter, 2001).

Depersonalization consists of negative, cynical, as well as impersonal feelings and attitudes about one's clients (Leiter & Maslach, 2001a; Maslach, 1982; Maslach, 1993; Maslach, Jackson & Leiter, 1996). Indifference and cynicism may be directed not only toward clients but also co-workers and the organization, in general (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach & Leiter, 1997). Depersonalization is also referred to as dehumanization (Cordes & Dougherty, 1993). Workers may present as emotionally disengaged and callous (Cordes & Dougherty, 1993; Maslach, Jackson & Leiter, 1996; Maslach & Leiter, 1997). Other observable indications include use of disparaging or abstract language, rigid compartmentalization of professional life, and withdrawal through extended breaks (Cordes & Dougherty, 1993; Maslach & Pines, 1977). When clients' demands and needs are objectified and distanced, the counselor experiences the demands and needs as more manageable (Maslach, Schaufeli, & Leiter, 2001). Perhaps, objectifying and distancing is a defense mechanism to protect the counselor from the constant exposure to traumatic client content and processes as well as clients' demands and needs (Leiter & Maslach, 2001a). Depersonalization as an immediate reaction to exhaustion has been consistently demonstrated in burnout research (Maslach, Schaufeli & Leiter, 2001).

A sense of reduced personal accomplishment refers to feelings such as lack of efficacy and achievement as well as competence regarding one's work with clients (Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli & Leiter, 2001). Diminished personal accomplishment is evidenced as a tendency to evaluate oneself negatively

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(Cordes & Dougherty, 1993; Maslach, Jackson, & Leiter, 1996). The worker may perceive a lack of professional progress (Cordes & Dougherty, 1993). Symptoms of reduced personal accomplishment may manifest as disciplinary issues with an employee (Cordes & Dougherty, 1993), low professional self-esteem (Skovholt, 2001), and lack of challenging work (Skovholt, 2001).

Although a strong relationship from exhaustion to depersonalization has been repeatedly confirmed in the research, the relationship of personal accomplishment to exhaustion and depersonalization is unclear (Maslach, Schaufeli, & Leiter, 2001). In describing the complex relationship of the three dimensions of burnout, Maslach, Schaufeli, and Leiter indicate personal accomplishment is a function of either exhaustion, depersonalization, or possibly a function of some interaction effects between exhaustion and depersonalization (Byrne, 1994; Lee & Ashforth, 1996; Maslach, Schaufeli, & Leiter, 2001). For example, exhaustion, depersonalization, or a combination of the two may impair efficacy or a sense of personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). Maslach, Schaufeli, and Leiter posit lack of efficacy appears prompted by a deficiency of pertinent resources. They speculate exhaustion and depersonalization are the result of overwork and social conflict (Maslach, Schaufeli, & Leiter). The sequential link from exhaustion to depersonalization has been established, but the subsequent link to diminished personal accomplishment is indefinite (Maslach, Schaufeli, & Leiter). Overall, the presence of the three dimensions of burnout has been empirically supported, whereas, the relationship among the three dimensions continues to be ambiguous (Maslach, Schaufeli, & Leiter).

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Of the three components of burnout, exhaustion is the most observable, and researched (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Schaufeli, & Leiter, 2001). As a result, some argue burnout is not a multidimensional construct but instead a unidimensional construct of exhaustion (Maslach, 1993; Shirom, 1989). However, using confirmatory factor analysis, Cordes & Dougherty (1993) found support for the three components of burnout, namely emotional exhaustion, depersonalization, and personal accomplishment, in a human service sample. Furthermore, a plethora of empirical studies supports the three components of burnout (Cordes & Dougherty, 1993; Fimian & Blanton, 1987; Gorter, Albrecht, Hoostraten, & Eijkman, 1999; Lee & Ashforth, 1990; Leiter & Maslach, 2001a; Maslach, Jackson & Leiter, 1996; Maslach, Schaufeli, & Leiter, 2001). In summary, burnout is a multidimensional construct and syndrome consisting of emotional exhaustion, depersonalization and a sense of reduced personal accomplishment. Burnout is empirically measured most frequently with the MBI (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli & Leiter, 2001).

<p align="center">Distinguishing Burnout from Other Similar Constructs</p>

Distinguishing burnout from other related constructs continues to be part of the ongoing process of empirical research regarding burnout (Burisch, 1993; Densten, 2001; Figley, 2002a). Researchers examine constructs that appear related or similar in order to enhance conceptual understanding, and empirical findings (Burisch, 1993; Figley, 2002a). As with many research traditions, it can be argued early burnout researchers did not discover a new phenomenon, but instead, rediscovered a phenomenon that had been

previously identified by other names (Burisch, 1993). Of course, a similar argument can be extended to the contemporary arena of research regarding burnout and related constructs.

Fields of research that contribute to an understanding of burnout include crisis theory, frustration and aggression, reactance and learned helplessness, incentive theory, and exhaustion reaction (Burisch, 1993). In addition, stress (Cordes & Dougherty, 1993), depression, and job satisfaction (Maslach, Schaufeli, & Leiter, 2001) are often cited as constructs that are similar and perhaps, even erroneously labeled as burnout. More recently, the field of trauma research has further explicated burnout (Collins & Long, 2003a; Collins & Long, 2003b; Figley, 1998; Figley, 2002a; Figley, 2002b; Trippany, White Kress, & Wilcoxon, 2004). Although a detailed account of constructs similar to burnout is beyond the scope and intention of this review, a brief examination of the literature that distinguishes burnout from other similar constructs will further refine current conceptualization of this phenomenon.

Burisch (1993) claims burnout is a broad term for particular ill-defined types of crises. Certainly, burnout could be referred to as a type of crisis but, as Burisch concedes, the type of crisis is nonspecific and indistinguishable. Another limitation of Burisch's description is it offers a broad lens for conceptualizing the burnout construct but does not capture the essence of burnout. However, James and Gilliland (2001) distinguish burnout from crisis. They refer to the four stages of burnout (enthusiasm, stagnation, frustration, apathy) proposed by Edelwich and Brodsky (1982).

James and Gilliland (2001) describe the dynamics of burnout in the framework of crisis by indicating burnout is a crisis situation when the end stage of burnout, apathy, has

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been reached. James and Gilliland assert even though burnout is not usually perceived as a crisis occurrence, the precipitating crisis of occupational burnout may move toward an existential crisis. For example, according to James and Gilliland, a crisis presents only when individuals experience defeat and exhaustion to the extent that individuals take extraordinary means to find reprieve, including terminating employment, developing a severe psychosomatic disease, abusing substances, or attempting suicide. James and Gilliland provide a conceptual description of burnout as a crisis when burnout is at the stage of apathy. Burnout and crisis, albeit possibly related, appear to be different constructs that may possibly merge at a particular stage of burnout. Further research is warranted to explicate the empirical relationship between the end stage of burnout and crisis (James & Gilliland).

In the field of frustration and aggression research, Stokol's (1975) psychological theory of alienation describes situational frustration as a sequential and developmental process that occurs in an ongoing and proximal relationship between two or more people (Burisch, 1993). To exemplify the similarities of the burnout construct and the psychological theory of alienation, Burisch explains the latter by referring to processes frequently observed with novice counselors, psychotherapists, parole officers and nurses. According to Burisch, the novice needs some optimism in the early stages of career development, but is confronted with work that is frustrating and clients that are too close. Burisch associates the novice's experiences to burnout symptoms including depersonalization, withdrawal from others, and arguments with colleagues, as well as overall deterioration of social relationships. Burisch's example, at first glance, resounds with logic. For instance, just because a symptom commonly associated with burnout is

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present does not indicate burnout, itself, is present. The oversimplification of linking a novice's negative work experiences and burnout symptoms does not take into account the intervening or moderating variables that may influence the apparent relationship between work and burnout. Certainly, frustration and aggression may share general similarities with burnout symptoms, but burnout is a precise and distinct three-component construct (Maslach, 1993).

Other constructs that seem to be related to burnout include reactance and learned helplessness, as well as incentive theory. For example, Wortman and Brehm's (1975) integration of reactance and learned helplessness theory involves a hyperactivity phase and a hypoactivity phase likened to the process of burnout (Burisch, 1993). Similarly, incentive theory (Klinger, 1975, 1976) describes an individual as disengaging from an unattainable goal (Burisch, 1993). Indeed, the case can be made that incentive theory may share some characteristics similar to learned helplessness and burnout. Like the combined reactance and learned helplessness theory, the incentive theory may offer some relevant, yet general, information about the relationship of motivation and burnout, but it does not reveal the core components of the burnout construct.

Burisch (1993) cites exhaustion reaction (Brautigam, 1969) as a concept that shares similarities with the construct of burnout. For instance, exhaustion reaction is explained as involving irritability, lowered capacities, fatigue, tension, paradoxical inability to rest and sleep, empty and lethargic mood, and a general sense of feeling overloaded with demands and responsibilities (Brautigam, 1969 as cited in Burisch, 1993). Admittedly, indications of exhaustion reaction (Brautigam, 1969) and emotional exhaustion (Maslach, 1993) share similar characteristics (Burisch, 1993). However,

exhaustion is only one aspect of the multidimensional process of burnout (Maslach, 1993). According to Maslach (1993), the components of the burnout construct include not only exhaustion, but also depersonalization and decreased sense of personal accomplishment. Therefore, exhaustion reaction is clearly differentiated from the multidimensional construct of burnout.

The construct of stress is also closely linked to burnout (Cordes & Dougherty, 1993; Ganster & Schaulbroeck, 1991; McManus, Winder, & Gordon, 2002; Schuler, 1980; Shirom, 1989). Some researchers describe burnout as a distinctive type of stress syndrome, unique form of job-related stress (Cordes & Dougherty, 1993; Shirom, 1989), typical phenomena in people-oriented occupations (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a), and a particular response to chronic stress associated with the pursuit of a pinnacle career (Perlman & Hartman, 1982). A longitudinal study of doctors in the United Kingdom found a causal link between stress and burnout (McManus, Winder, & Gordon, 2002). Specifically, high levels of emotional exhaustion cause stress, high levels of stress cause emotional exhaustion, high levels of personal accomplishment increase stress levels, and depersonalization lowers stress levels (McManus et al., 2002). This examination of the three components of burnout (i.e. emotional exhaustion, personal accomplishment, and depersonalization) demonstrated reciprocal causation between emotional exhaustion and stress, as well as a positive directional relationship between personal accomplishment and stress, and an inverse directional relationship between depersonalization and stress (McManus et al., 2002). Obviously, the burnout component of emotional exhaustion is a variable connected to stress (Cordes & Dougherty, 1993; McManus et al., 2002). However, like exhaustion reaction (Brautigam, 1969 as cited in

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Burisch, 1993), emotional exhaustion, though a recognized component of burnout, is only one piece of the triadic construct of burnout.

The burnout construct has been associated with depression (Burke & Deszca, 1986; Iacovides, Fountoulakis, Moysidou, & Ierodiakonou, 1999/2000; Jackson & Maslach, 1982; Kahill, 1988). In distinguishing burnout from depression, some argue depression is a pervasive disorder that affects almost all facets of an individual's life, whereas, burnout is a syndrome restricted to the person's work environment (Iacovides et al., 1999/2000). On the contrary, others contend burnout may present in various contexts that involve people fulfilling caregiver roles and doing people work (Figley, 1998; Maslach & Leiter, 1997). For example, Figley (1998) examines family burnout as a systemic cost of caring. Undeniably, burnout and depression may share some common symptoms, but the distinction between the constructs of burnout and depression has been confirmed by empirical research (Bakker, Schaufeli, Demerouti, Janssen, Van der Hulst, & Brouwer, 2000; Glass & McKnight, 1996; Leiter & Durup, 1994; Maslach, Schaufeli, & Leiter, 2001). The conclusion is the symptoms of burnout and depression may be similar, but the core constructs of burnout and depression are dissimilar. In essence, burnout is a distinct syndrome that may, or may not include depressive symptomology.

Maslach, Schaufeli, and Leiter (2001) explain the relationship between burnout and job dissatisfaction. They refer to the negative correlation with the constructs of burnout and job satisfaction that has been repeatedly found ranging from .40 to .52. They acknowledge the constructs are closely linked, but caution the correlation is insufficient to allow an inference that the constructs are identical. Admittedly, the relationship between burnout and job dissatisfaction is unclear and warrants further investigation. For

example, examining whether burnout causes job dissatisfaction, or job dissatisfaction serves as an antecedent to burnout, as well as exploring other factors that may serve as precursors to both burnout and job dissatisfaction is necessary (Maslach, Schaufeli, & Leiter). Overall, burnout and job dissatisfaction are different and separate constructs but connected (Maslach, Schaufeli, & Leiter).

In the contemporary context, traumatology, which is the study of traumatic stress, offers another research framework in which to differentiate burnout from potentially related constructs (Figley, 1998; Figley, 2002b). Specifically, vicarious traumatization (McCann & Perlman, 1990; Pearlman & Saakvitne, 1995), traumatic countertransference (Herman, 1992), compassion fatigue (Figley, 1995), and secondary traumatic stress disorder (Munroe, Shay, Fisher, Makary, Rapperport, & Zimering, 1995) have been compared and contrasted with burnout (Collins & Long, 2003a; Figley, 2002a). At times, vicarious traumatization, traumatic countertransference, compassion fatigue, secondary traumatic stress disorder, and burnout are labels used interchangeably (Collins & Long, 2003a). Community counselors work with clients who have experienced traumas such as sexual assault, domestic violence, violent crime, war, and natural disasters (O'Halloran & Linton, 2000). Although counselors may not have directly experienced their clients' traumas, counselors are indirectly exposed to their clients' traumas through the counseling process (Figley, 2002b). Counselors may experience traumatic symptoms equivalent to those described by individuals who directly experienced traumatic events (Beaton & Murphy, 1995; Figley, 2002b). Some of the occupational risks for counselors include vicarious traumatization, traumatic countertransference, compassion fatigue,

secondary traumatic stress disorder, and burnout (Collins & Long, 2003a; Collins & Long, 2003b; Figley, 2002b).

According to Trippany et al. (2004), vicarious traumatization and burnout are significantly different constructs and processes that may share common symptoms. Trippany et al. point out burnout includes the general psychological stress of working with clients (Figley, 1995), whereas, vicarious traumatization is a traumatic response to specific client information. They highlight vicarious traumatization occurs only among those professions who are engaged in trauma work. In contrast, burnout can happen in any profession (McCann & Pearlman, 1990). Trippany et al. (2004) indicate burnout is associated with feelings of overload that is secondary to chronic and complex client problems, but vicarious traumatization is connected, first and foremost, to specific client traumatic reactions. Although the onset of burnout is gradual, the onset of vicarious traumatization is sudden and abrupt (Trippany et al.). Despite the differences between burnout and vicarious traumatization, the two constructs share similar physical, emotional and behavioral symptoms, as well as work related issues and interpersonal problems (Trippany et al.).

Just as burnout is distinguishable from vicarious traumatization, so too is burnout different from traumatic countertransference (Herman, 1992). In the context of traumatology, countertransference is referred to as "traumatic countertransference" (Herman). According to Herman, traumatic countertransference is the process whereby the counselor experiences the same terror, rage, and despair the client experiences but to a lesser degree. Also, burnout involves a slower onset of symptoms than either countertransference, or vicarious traumatization (Figley, 2002a). However, recovery from

burnout is faster than recovery from traumatic countertransference (Figley, 2002a). While both burnout and traumatic countertransference are deleterious consequences for counselors, they are clearly distinguishable phenomena.

Secondary traumatic stress disorder and compassion fatigue describe the same phenomena (Figley, 2002b). Specifically, compassion fatigue is a more user-friendly term than secondary traumatic stress disorder (STSD; Figley, 2002b). STSD and compassion fatigue are similar to post traumatic stress disorder (PTSD; Diagnostic and Statistical Manual of Mental Disorders -IV, 1994; Figley, 2002b). PTSD is a diagnosis that describes a cluster of symptoms experienced by a trauma survivor, whereas, STSD and compassion fatigue refers to a similar cluster of symptoms experienced by those emotionally affected by the trauma of another (Figley, 2002b). Compassion fatigue is a form of burnout, but the two phenomena are different (Figley, 2002b). The onset of burnout symptoms is more gradual than the onset of not only vicarious traumatization and traumatic countertransference, but also secondary traumatic stress disorder or compassion fatigue (Figley, 1995). Unlike burnout, compassion fatigue is associated with a sense of helplessness, confusion, and isolation (Figley, 2002a). Compassion fatigue and burnout challenges counselors' abilities to provide effectual services including professional therapeutic relationships, but the dynamics and processes of burnout and compassion fatigue are different (Collins & Long, 2003b).

Although burnout is related to various constructs, burnout is a distinct and multidimensional syndrome that consists of emotional exhaustion, depersonalization, and diminished sense of personal accomplishment (Maslach, 1982). Burnout is differentiated from various similar constructs including crisis theory, frustration and aggression,

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reactance and learned helplessness, incentive theory, and exhaustion reaction (Burisch,

1993) as well as stress (Cordes & Dougherty, 1993), depression, and job satisfaction

(Maslach, Schaufeli & Leiter, 2001). Within the context of traumatology, burnout and

related phenomena have been examined to glean the differences and similarities among

the constructs (Collins & Long, 2003a; Collins & Long, 2003b; Figley, 1998; Figley,

2002a; Figley, 2002b; Trippany et al., 2004). For example, burnout has been

distinguished from vicarious traumatization (McCann & Pearlman, 1990; Pearlman &

Saakvitne, 1995), traumatic countertransference (Herman, 1992), compassion fatigue

(Figley, 1995), and secondary traumatic stress disorder (Munroe, Shay, Fisher, Makary,

Rapperport, & Zimering, 1995). In distinguishing burnout from other related constructs,

researchers rigorously refine conceptual understanding, and augment empirical findings

(Burisch, 1993; Figley, 2002a).

<div align="center">Consequences of Burnout</div>

In addition to differentiating burnout from related constructs, researchers have

studied both the individual and organizational consequences associated with burnout. In

general, the consequences of burnout are constant across various employment settings

including human services, health care, educational systems, and other types of work

contexts (Maslach & Leiter, 1997). Even though there is a dearth of research on burnout

and rural community mental health counselors, it is reasonable to assume that individual

and organizational results of burnout in the rural mental health context are similar to

individual and organizational consequences of burnout in other human service contexts.

For example, researchers agree the syndrome of burnout is destructive, costly, and

contributes to human impairment as well as dysfunctional organizational outcomes

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(Cordes & Dougherty, 1993; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach & Leiter, 2001; Maslach, Schaufeli & Leiter, 2001; Skovholt, 2001; Wright & Hobfoll, 2004).

The negative consequences of burnout may be linked to the basic processes of empathy in the counseling context (Skovholt, 2001; Figley, 2002a). Counselors are expected and trained to demonstrate empathic understanding (Egan, 2002). Empathic understanding has been described as "…walking in the client's shoes, and feeling both the agony and ecstasy of the client…" (Gilliland, James & Bowman, 1989; p.75). Counselors in all environments work with clients who have experienced trauma (Trippany et al., 2004), and empathic understanding exposes counselors to feeling the agony of their clients' traumatic experiences (Figley, 2002a; Skovholt, 2001). Historically, counselors' reactions to traumatic client material were identified as either burnout or countertransference (Figley, 1995). Empathy is vital for the counseling relationship, and simultaneously, empathy places the counselor at risk for burnout (Skovholt, 2001; Figley, 2002a). In essence, burnout is the cost associated with caring (Maslach, 1993), and the cost associated with caring reaches beyond fiscal expenditures to human and organizational consequences.

Burnout has been implemented as a factor in psychological and physical impairments such as depression, anxiety, headaches, tension, and decreased self-esteem, as well as sleep disturbances, susceptibility to colds and influenza, gastro-intestinal disorders, high blood pressure, and elevated cholesterol and triglyceride levels (Cordes & Dougherty, 1993; Kahill, 1988; Maslach, 1993; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Noworol, Zarczynski, Fafrowicz, & Marek, 1993; Wright &

Hobfoll, 2004; Skovholt, 2001). In addition, burnout appears linked to marital and family

conflicts as well as increased substance abuse (Maslach & Leiter, 1997). Moreover,

counselor burnout negatively impacts consumers and quality of care (Maslach, Jackson,

& Leiter, 1996). Organizationally, burnout is connected with absenteeism, low morale,

job turnover, decreased employee commitment, and job dissatisfaction (Cordes &

Dougherty, 1993; Leiter & Maslach, 1988; Maslach, Schaufeli, & Leiter, 2001; Skovholt,

2001; Wright & Hobfoll, 2004). Although the existing burnout literature does not indicate

an increase in organizational health and liability insurance premiums is related to

burnout, a relationship between increased insurance costs and burnout is certainly

plausible. Counselors may need to seek treatment for various burnout-related ailments,

and consumers harmed by counselors who are ineffectual because of burnout symptoms

may seek legal remedies. Clearly, burnout is a risk factor and occupational hazard for

human service employees including rural community mental health counselors (Figley,

2002a; Leiter & Maslach, 2001; Maslach, 1993).

<center>Sources of Burnout</center>

Attempting to examine and prevent the deleterious consequences of burnout,

researchers have investigated and identified potential sources of burnout (Leiter &

Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001). Generally,

predictors of burnout have included personal factors such as individual demographic

variables, personality traits, and attitudes toward work. In addition, situational or

contextual work factors such as workload, control, reward, community, fairness, and

values have been identified as predictors of burnout (Maslach & Leiter, 1997; Maslach &

Leiter, 2001). However, a cornerstone of contemporary and empirical burnout research

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regarding sources of burnout is the evidence that organizational factors play a more crucial role in burnout than individual factors (Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach, Schaufeli & Leiter, 2001). Conceptually and operationally, the study of burnout has shifted away from viewing the source of burnout as based within the individual toward viewing the source of burnout as situated within the organizational work context (Barber & Iwai, 1996; James & Gilliland, 2001; Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001; Melchoir et al., 1997). Shifting attention to a specific organizational work setting requires consideration of the hierarchies, rules, regulations, resources, and space allocation of the larger organizational context (Maslach, Schaufeli & Leiter, 2001). As a result, a contextual approach widens the lens to view the management and organizational atmosphere in which work occurs in order to identify the sources of burnout (Maslach, Schaufeli & Leiter, 2001).

Whereas the level of burnout is measured by the Maslach Burnout Inventory (MBI) that is the most widely used and psychometrically sound metric of burnout (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998), the sources and contextual work factors related to burnout are measured by the Areas of Worklife Survey (AWS; L. Duke, personal communication, October 7, 2004). Although a proliferation of research has examined various organizational factors linked to burnout, six contextual work factors were identified through a review of the literature, and subsequently, empirically confirmed (Cordes & Doughterty, 1993; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001). Utilizing the MBI with other inventories

allows researchers to examine the relationship between burnout and organizational

practices (Maslach & Leiter, 1997). For example, the AWS is "one of the most

productive complements to the MBI" (Maslach & Leiter, 1997, p. 156). Staff surveys

conducted by the Centre for Organizational Research and Development (Leiter &

Maslach, 2004; Leiter & Harvie, 1998; Maslach & Leiter, 1997) contributed to the

development of the six-factor structure for the AWS and assessed the constructs of the six

areas of worklife (Leiter & Maslach, 2004). The six areas of worklife, also referred to as

contextual work factors, that are correlated with burnout include workload, control,

reward, community, fairness, and values (Leiter & Maslach, 2004). The overarching

source of burnout is a major mismatch between a person and the work context,

specifically in six areas of worklife including workload, control, reward, community,

fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach,

Schaufeli & Leiter, 2001).

Rural Community Mental Health Contextual Work Factors

Culturally competent counselors, psychologists, and sociologists recognize rural

culture is a diversity issue (Slama, 2004a). In turn, it is essential not to stereotype

individuals in rural America just as it is important not to stereotype individuals according

to race, ethnicity, or other cultural characteristics (Slama, 2004a). Rurality may be

conceptualized as being on a continuum with a variation of degrees of rural

characteristics (Slama, 2004a). In essence, rural areas are heterogeneous (Slama, 2004a).

For example, various rural community mental health work contexts in a medically

underserved area (MUA) with a shortage of mental health professionals (MH-HPSA)

may share not only similarities but also differences. However, some generalizations about

rurality have been identified but should be conceptualized within an intentional as well as a culturally aware framework to avoid stereotyping and multicultural insensitivity (Ivey & Ivey, 1999). In reviewing contextual work factors that have been identified as sources of burnout, generalities of rural mental health service delivery as well as unique conditions of rural mental health service delivery are considered.

Workload

The rural community mental health context consists of numerous problematic dynamics that contribute to work overload for the rural community mental health counselor (Beeson, 1992). In general, the contemporary work climate requires people to perform more tasks with fewer resources and a lesser amount of time (Maslach & Leiter, 1997). Many rural mental health work contexts are additionally burdened with a shortage of mental health providers (MH-HPSA; U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004; Pion, Keller, & McCombs, 1997). Rural mental health contexts lack adequate support services and resources (Besson, 1992). The rural mental health context is characterized as having an insufficient supply of resources including human resources (i.e. rural mental health professionals) and service delivery resources (Beeson, 1992; Pion et al., 1997).

Shortages of rural mental health professionals result in excessive workload for available rural community mental health counselors (Beeson, 1992). Recruiting and retaining rural mental health counselors is an ongoing problem for rural mental health providers (Pion et al., 1997). For example, rural community mental health centers are often a training ground for recent counseling graduates and their eventual departure

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through the revolving agency door places greater responsibilities upon the remaining

rural mental health counselors. The lack of rural mental health counselors translates into

large caseloads of clients with multiple service needs (Wagenfeld, Murray, Mohatt, &

DeBruyn, 1994). An insufficient supply of rural mental health counselors also results in

assignment of other administrative responsibilities including tasks such as managed care

contacts, and documentation (Beeson, 1992). Having an inadequate number of rural

mental health counselors limits the available service delivery time, reduces interagency

and intra-agency collaboration, and causes a fragmentation of service delivery

(Wagenfeld et al., 1994). All of these issues contribute to a workload strain for available

rural mental health counselors (Wagenfeld et al., 1994).

The scarcity of adequate service delivery options results in a disproportionate

workload for rural community mental health counselors (Beeson, 1992). In general, rural

areas lack a full range of health and human service resources (Beeson). For example,

many rural mental health counselors perform not only counseling functions but also case

management or advocate functions for their clients. Ancillary services that may augment

the counseling process are frequently unavailable as potential referral sources for the

rural mental health counselor to utilize as an adjunct to counseling (Beeson).

Consequently, rural mental health counselors have to fulfill many more roles and

responsibilities than their urban counterparts (Beeson). A relationship between increasing

workload and burnout, particularly the exhaustion component, has been established

(Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann,

1998).

Increasing workload is evidenced by the facts that work demands more time, work is more complex, and work is resulting in exhaustion (Maslach & Leiter, 1997). Professionals and front-line managers are working longer hours including breakfast meetings, working through lunch breaks, and working at home in an attempt to keep pace with overwhelming job demands (Maslach & Leiter, 1997). Multi-tasking, fulfilling multiple roles and functions at the same time, is commonplace in contemporary work environments (Maslach & Leiter, 1997). For instance, technological advances such as cell-phones, faxes, electronic mail, and voice mail offer expedited means of communication and in turn, expedited responses are expected (Leiter & Maslach, 2001b). Exhaustion sabotages creativity, focus, problem solving, genuine attention to tasks, and meaningful, heart-felt work (Maslach & Leiter, 1997). Apparent gains in productivity are misleading and impermanent because increasing workload is linked to energy depletion and potentially, burnout (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998).

Control

Citing the Demand-Control theory of job stress (Karasek & Theorell, 1990), Leiter & Maslach (2004) indicate control problems arise in the work setting when workers do not have sufficient control over their work and are not able to mold the work milieu in a manner consistent with their own values. The intense work pace interferes with the balance of control between individuals and organizations (Leiter & Maslach, 2001b). The contextual work factor of control also refers to the "employees' perceived capacity to influence decisions that affect their work, to exercise professional autonomy, and to gain access to the resources necessary to do an effective job" (Leiter & Maslach,

2004, p. 96). Employees desire to have input into the conceptual and operational processes associated with the outcomes they are responsible to accomplish and held to account (Leiter & Maslach, 2004). A foremost control problem presents when individuals experience role conflict (Leiter & Maslach). Role conflict occurs when numerous authorities with contradictory expectations or dissimilar values place demands upon employees (Leiter & Maslach). Greater role conflict, and greater role ambiguity, an absence of direction in work, has been positively related to burnout (Cordes & Dougherty, 1993; Maslach, Jackson & Leiter, 1996); however, the relationship between role conflict and burnout is linked more consistently than the relationship between role ambiguity and burnout (Leiter & Maslach, 2004).

Rural counselors are confronted with praxis control issues including lack of control over their work, lack of consistency between counseling and organizational standards, limitations regarding professional autonomy and resources, as well as intense work pace, role conflict, and role ambiguity (Beeson, 1992; Cordes & Dougherty, 1993; Leiter & Maslach, 2001b; Leiter & Maslach, 2004; Maslach, Jackson & Leiter, 1996). For example, professional autonomy and control over work has been mitigated as a result of the encroachment of managed care organizations into the arena of professional counseling (Trudeau, Russell, Mora, & Schmitz, 2001). Rural mental health counselors are confronted with various authoritative entities such as supervisors and administrators in the community counseling agency, legal and ethical bodies, as well as managed care organizations that often place contradictory demands upon the rural counselor (Pion et al., 1997). A classic conflictual message many rural counselors experience is the administrative expectation to increase direct counseling hours contrasted with the

managed care expectation to conduct brief therapy sessions, and hence, decrease direct

counseling hours. Each of the directives may create ethical dilemmas for the counselor

when the directives conflict with promoting client welfare (Bernard & Goodyear, 1998).

Overall, mental health practitioners perceive managed care as presenting ethical

dilemmas, decreasing service quality, as well as decreasing counselor autonomy and

incomes, while simultaneously, increasing job dissatisfaction and levels of burnout

(Trudeau et al., 2001).

Added to the conundrum of the contextual work factor of control, particularly

when counselors and their clients reside in the same small community, are the conflictual

and dual roles that strain the boundaries of the therapeutic relationship and challenge the

ethical standard to avoid dual roles with clients (Echterling et al., 2002; Merwin,

Goldsmith, & Manderscheid, 1995; Wayman, 2000). Often, rural counselors are widely

recognized and in turn, lack privacy in rural communities (Bushy, 1994). Because of high

visibility in the community, rural counselors encounter difficulties in maintaining privacy

and getting away from identified work roles (Bushy). For instance, rural counselors who

are participating in social events, outside of the work context, repeatedly encounter

clients or clients' family members who recognize, acknowledge, and want to converse

with "their counselor" (Bushy). Rural counselors and clients may attend the same

churches, local school and community events, and other public places (Bushy).

Consequently, counselors and clients may not only participate and share a relationship as

counselor and client but also as church members, school parent association members, and

community members in various forums (Bushy, 1994; Echterling et al., 2002). Ethical

rural counselors who encounter the ethical dilemma of dual roles and relationships

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recognize the complexities, ambiguities, and need for a developed sense of moral

reasoning when ethical issues "fall in the gray area of decision making" (Echterling et al.,

2002, p. 228).

Reward

Reward refers to the extent to which monetary, social, and intrinsic rewards are

consistent with the rural mental health counselor's expectations (Leiter & Maslach,

2004). Inadequate reward increases burnout vulnerability (Chappel & Novak, 1992;

Maslanka, 1996; Leiter & Maslach, 2004). Monetarily, community mental health

counseling salaries are low compared to other professionals' salaries. Salaries in rural

areas are lower than salaries in urban settings (Bushy, 1994). According to the

United States Department of Labor, Bureau of Labor Statistics, a national mean annual

wage for mental health counselors is $34, 280. Regarding social rewards, the lack of

recognition from clients, colleagues, supervisors, and external stakeholders devalues the

counselor's work, and the counselor's negative self-perceptions may contribute to

feelings of inefficacy (Cordes & Dougherty, 1993; Leiter & Maslach, 2004; Maslach,

Jackson & Leiter, 1996). Intrinsic rewards such as pride in accomplishing a critical task

in a good manner may be equal to or greater in importance than extrinsic rewards (Leiter

& Maslach, 2004).

A decrease in extrinsic and intrinsic rewards increases burnout susceptibility

(Leiter & Maslach, 2004). People feel stuck in unrewarding jobs (Maslach & Leiter).

Salaries and benefits that have been rolled back, frozen, or even salaries that have

remained steady, have been no match for the increased cost of living (Maslach & Leiter).

As a result, purchasing power has decreased (Maslach & Leiter). In addition to a decrease

in purchasing power, the contemporary work climate offers fewer opportunities for career advancement as organizations restructure, downsize, and eliminate higher salary positions (Maslach & Leiter). Job security is consistently in jeopardy (Maslach & Leiter). Rural mental health counselors are at a greater disadvantage than many other professionals due to the already low salaries and benefits for rural mental health counselors.

Intrinsic reward is another vital issue when considering contextual sources of burnout (Maslach & Leiter, 1997). A productive work process contributes to pleasant concentration, attention, and energy that create a workflow (Maslach & Leiter). Moreover, a positive experience pertaining to workflow supports psychological and physical well being (Leiter & Maslach, 2001a). Responding to complex circumstances such as a diagnostic issue or a client's problem, employees and work teams may be provided an opportunity to experience the intrinsic rewards of work (Maslach & Leiter, 1997). Administrative units are responsible to generate working conditions that facilitate rewarding intrinsic experiences for employees (Maslach & Leiter). However, other contextual work factors including work overload and lack of control over work disrupt the realization of intrinsic rewards (Maslach & Leiter). Congruence between rural mental health counselors and rural mental health organizations regarding intrinsic and extrinsic rewards are key elements for a congruent workplace (Leiter & Maslach, 2001a; Richardsen, Burke & Leiter, 1992).

Community

Community is a contextual work factor that describes the quality of social interaction in the work environment (Leiter & Maslach, 2004). A lively, thoughtful, and

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responsive community in the workplace is incompatible with burnout (Leiter & Maslach, 2004). Employees flourish when they "share praise, comfort, happiness, and humor with people they like and respect" (Leiter & Maslach, 2004, p.98). On the contrary, employees' sense of belonging and sense of community wanes when "greater conflict among people, less mutual support and respect, and a growing sense of isolation" is present in the work setting (Maslach & Leiter, 1997, p. 49). Basically, "a work group in conflict works against itself" (Maslach & Leiter, 1997, p.51). Issues such as chronic and unresolved interpersonal conflict, fragmented interpersonal relationships, lack of job security, competition to maintain employment, and isolation impede community and productivity in the workplace (Maslach & Leiter, 1997). The social world of work is continuous and impacts employees' thoughts and feelings (Maslach & Leiter).

Social support reaffirms employees' shared sense of values and membership in a group (Leiter & Maslach, 2004). Whereas coworker support has been closely linked to the burnout component of accomplishment and efficacy, supervisor support has been closely linked to the burnout component of exhaustion (Leiter & Maslach). However, rural community mental health counselors often encounter professional isolation in the rural work context (Beeson, 1992). In general, adequate social support is connected greater to engagement, and lesser to burnout (Leiter & Maslach, 2004). Rural mental health counselors experience insufficient social support in the workplace (Kee et al., 2002). Consequently, rural mental health counselors are at great peril to experience burnout (Kee et al.).

Community and social support are imperative in mediating burnout (Kee et al., 2002; Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997).

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Inadequate social support for rural mental health counselors has been linked to increased

risk for emotional exhaustion, increased feelings of depersonalization, and reduced sense

of personal accomplishment (Kee et al., 2002). In contrast, mutually and supportive

nurturing relationships as well as a sense of community may serve as protective factors

against burnout. In essence, "community is cost effective [and] conflict takes time"

(Maslach & Leiter, 1997, p.52). Conflict depletes energy that could be directed toward

industrious and effective work (Maslach & Leiter, 1997). Community may contribute to

less debate about issues and less gossip about problems (Maslach & Leiter). Community

buffers feelings of unfairness and inequity in the workplace (Leiter & Maslach, 2004;

Truchot & Deregard, 2001).

Fairness

Workplace fairness is perceived when trust, openness, and respect are practiced

(Maslach & Leiter, 1997). Absence of workplace fairness directly contributes to burnout

(Maslach & Leiter). Also, community in the workplace is evidenced by people trusting

each other to perform assigned tasks, openly communicating their intentions, and

demonstrating mutual respect (Maslach & Leiter). Fair work environments value people

and acknowledge the importance of people and their contributions (Maslach & Leiter).

Workplace fairness "communicates respect and confirms people's self-worth" (Leiter &

Maslach, 2004, p. 98).

Fairness in the workplace is hindered when inequities in pay or workload, and

injustices regarding promotions or evaluations and overall corrupt operations occur

(Leiter & Maslach, 2004). Workplace fairness is challenged when employees perceive

employers as demonstrating minimal concern for employees' welfare, secrecy and

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reticence about discussing organizational plans, as well as exclusive focus on management from a bottom line perspective (Maslach & Leiter, 1997). For example, a bottom line management approach "encourages a manipulative view of people because they are valued only to the extent that they fit into the corporate plan" (Maslach & Leiter, 1997, p. 53). Lack of fairness in the workplace intensifies burnout, particularly exhaustion (Leiter & Maslach, 2001a). Employees who perceive unfair treatment may experience anger, hurt, anxiety, obsessive thoughts, sleep disturbances, and overall fatigue (Leiter & Maslach, 2001a). On the whole, absence of fairness in the workplace points to a weak organizational culture driving organizational life (Leiter & Maslach, 2001a).

According to Leiter and Maslach (2004), research regarding procedural justice (Tyler, 1990; Lawler, 1968), equity theory (Walster, Berscheid & Walster, 1973), and effort-reward imbalance model (Siegrist, 2002) offer relevant information about workplace fairness. Leiter and Maslach (2004) point out procedural justice research has indicated fairness of the process is a greater concern for people than the favorableness of the outcome. According to Leiter and Maslach, people who feel they are treated with respect and politeness and provided an opportunity to present their grievance experience the process as involving fair decision-making. Fairness, community, and reward share similar qualities such as openness and respect (Leiter & Maslach). Leiter and Maslach cite equity theory and effort-reward imbalance model as having a central concept of fairness. Research grounded in the aforementioned theoretical frameworks (Bakker, Schaufeli, Sixma, Bosveld, & van Dierendonck, 2000; Schaufeli, van Dierendonck, &

van Gorp, 1996) has demonstrated "a lack of reciprocity or imbalanced social exchange processes is predictive of burnout" (Leiter & Maslach, 2004, p. 99).

Reciprocity is a practice issue for rural community mental health counselors (Beeson, 1992). In describing unique conditions of rural mental health service delivery, Beeson asserted rural mental health clients demand a reciprocal relationship with rural mental health counselors. The expectation of reciprocity is greater among rural clients than urban clients (Beeson). Rural clients might be uncomfortable with one-sided relationships that lack reciprocity and balanced social exchange (Beeson, 1992; Leiter & Maslach, 2004). Although reciprocity as related to the rural mental health context has been discussed in the existing literature, no previous studies have empirically measured reciprocity or workplace fairness in the rural mental health context (Beeson, 1992; Leiter & Maslach, 2004). Issues related to procedural justice or workplace fairness have not been examined within the rural mental health context (Leiter & Maslach, 2004).

Values

Values represent the degree of congruence or conflict between employees' personal and professional values and the organization's principles and practices (Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997). When personal and organizational values are incongruent, burnout vulnerability is a risk for employees (Leiter & Harvie, 1997; Leiter & Maslach, 2001a). Conflicting values between employees and organizations is related to each of the components of burnout including emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Leiter & Harvie, 1997; Leiter & Maslach, 2004). On the other hand, congruence between individual and organizational values facilitates engagement with work (Leiter &

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Maslach, 2001a). Essentially, values impact the relationship that people have with their work (Maslach & Leiter, 1997).

Values are the motivational impetus that initially attracted employees to the occupation and the motivational link between employees and the workplace (Leiter & Maslach, 2004). Frequently, "human service professionals encounter a collapse of the professional mystique in their first job" (Leiter & Maslach, 2004, p. 422; Leiter, 1991; Cherniss, 1980). Individuals enter a profession with inaccurate expectations fueled by misleading media imagery about the profession as well as idealistic professional training (Leiter & Maslach, 2001a). Autonomy, power, and satisfaction that were anticipated are not realized and fulfilled (Leiter & Maslach, 2001a). Institutional survival and social control as opposed to a sense of community may predominate in some public social service organizations (Leiter & Maslach, 2001a). Some work settings foster conditions that contribute to the employee feeling constrained, or even covertly expected, to participate in practices that are unethical and inconsistent with the employee's personal values (Leiter & Maslach, 2001a). In an attempt to resolve values conflict, employees may reframe their personal expectations to be in accord with organizational principles (Leiter & Maslach, 2004; Stevens & O'Neill, 1983), or choose to resign from the organization (Leiter & Maslach, 2004; Pick & Leiter, 1991).

The tension and distress associated with values conflict in the workplace indicates the importance of the role of values in the process of burnout and engagement (Leiter & Maslach, 2004). Values have enduring effects on rural community mental health counselors' success in rural mental health practice (Beeson, 1992). According to Wagenfeld (2003), rural values may include self-reliance, conservatism, religion, work

orientation, as well as a distrust of outsiders, emphasis on family, fatalism, and individualism. In addition, rural culture places enormous value on an individual's word, and views verbal contracts as binding (Jackson & Hayes, 1993). A rural mental health counselor who supports and values rural culture will tend to have a positive influence and successful rural mental health practice, whereas, a rural mental health counselor who endorses negative stereotypes and false beliefs about rural culture will hamper success and progress (Beeson, 1992). Values include value congruence or value conflict between the employee and the organization as well as among the employee, organization, and rural cultural context (Beeson, 1992; Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach & Leiter, 1997).

Summary

This literature review clearly demonstrates a gap in scholarly knowledge about the relationship of burnout to contextual work factors for rural community mental health counselors in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA; Kee et al., 2002; Leiter & Maslach, 2004). Although burnout research should focus on specific work settings (Maslach, 1993), there is a paucity of burnout research regarding the specific work context of rural community mental health and hence, rural community mental health counselors (Kee et al., 2002). The historical context of burnout research reveals the phenomenon of burnout has undergone various stages including social recognition, colloquial discussion, scholarly inquiry, empirical and operational definitions, atheoretical empirical research, and theoretical empirical research all leading to the contemporary context of expanding the theoretical framework of burnout and expanding the burnout construct based on theoretical empirical research

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(Leiter & Maslach, 2004; Maslach, 1993). As a result of being the most frequently used

in burnout research (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach,

1993; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998), the operational

definition (Maslach, 1982; Maslach & Jackson, 1981) and the corresponding standardized

measure, Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981) are purposely

integrated within the framework of this study. Even though burnout is related to diverse

constructs, burnout is a distinct and multidimensional syndrome that consists of

emotional exhaustion, depersonalization, and reduced sense of personal accomplishment

(Maslach, 1982). Consequences of burnout consist of perilous conditions for individuals,

organizations, and quality of care for consumers (Leiter & Maslach, 2001a).

Expanding the theoretical framework of burnout to include sources of burnout,

contemporary burnout research has indicated burnout is an individual syndrome

consisting of emotional exhaustion, depersonalization, and reduced sense of personal

accomplishment mediated within the context of work (Leiter & Maslach, 2004; Maslach,

Schaufeli & Leiter, 2001). Also, contemporary burnout research has recommended the

construct of burnout be broadened to include the antithesis of burnout as engagement

with work characterized by energy rather than exhaustion, involvement rather than

depersonalization, and self-efficacy rather than a sense of reduced personal

accomplishment (Maslach, Schaufeli, & Leiter, 2001). The present research undertaking

focuses on the research recommendations of broadening the theoretical framework of

burnout by examining the sources of burnout for rural community mental health

counselors, as well as conducting burnout research in the specific work setting of rural

mental health (Kee et al., 2002; Leiter & Maslach, 2004; Maslach, 1993; Maslach,

Schaufeli & Leiter, 2001). Simultaneously, the results of this research offer the potential

to contribute to the normative record for the Areas of Worklife Scale (AWS; COR&D,

2004, Acadia University) that was developed based on six major sources of burnout

(Leiter & Maslach, 2000; Leiter & Maslach, 2001a; Leiter & Maslach, 2004; Maslach &

Leiter, 1997). The extant literature indicates a gap in scholarly knowledge about the

relationship of burnout to contextual sources of burnout for rural community mental

health counselors (Leiter & Maslach, 2004; Kee et al., 2002). Systematic and rigorous

investigations of burnout continue into the new millennium in an attempt to enhance

conceptual and operational implications regarding burnout and the workplace (Leiter &

Maslach, 2004; Maslach, Schaufeli, & Leiter, 2001). In conclusion, the existing literature

clearly supports the present research undertaking.

CHAPTER III

METHOD

The purpose of this survey research was to describe the relationship between burnout (emotional exhaustion, depersonalization, personal accomplishment), as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and contextual work factors (workload, control, reward, community, fairness, values), as measured by the Areas of Worklife Survey (AWS) for a sample of rural community mental health counselors. Specifically, this research measured the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA). This chapter describes the research design as well as the specific methods and procedures used to address the purpose of this study. The hypotheses are stated, the sample and method of sampling are described, and the selected survey instruments are reviewed. Procedures for data collection and analysis are explained. Finally, assumptions and limitations are identified.

Research Design

This quantitative survey research utilized a correlational design to measure the relationship between burnout and contextual work factors (Creswell, 2002). Specifically, this type of correlational design may be referred to as an "explanatory research design" or "explanatory correlational study" (Creswell, 2002, p.363). Others have referred to this design as "relational research" (Cohen & Manion, 1994, p.123), or "passive design" (Heppner, Kivlighan, & Wampold, 1999, p.224). The fundamental goal of explanatory research is to explain or describe the relationship among variables often referred to as

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factors within the context of explanatory research (Creswell, 2002). For this research, the

criterion or dependent variable, burnout, was identified by three subscale scores

(emotional exhaustion, depersonalization, personal accomplishment) on the MBI –HSS,

and the predictor or independent variables, contextual work factors, was identified by six

subscale scores (workload, control, reward, community, fairness, values) on the AWS.

The relationship of burnout to six contextual work factors was examined using

simultaneous multiple regression analysis also referred to as linear multiple regression

analysis.

Null Hypotheses

Following are the null hypotheses to be investigated:

1. Rural Community Mental Health Counselors' will not report high or moderate
   degrees of burnout as measured by scores on the Maslach Burnout Inventory
   Human Services Survey (MBI-HSS).

2. Rural Community Mental Health Counselors' will not report high or moderate
   degrees of emotional exhaustion as measured by scores on the Maslach
   Burnout Inventory Human Services Survey (MBI-HSS).

3. Rural Community Mental Health Counselors' will not report high or moderate
   degrees of depersonalization as measured by scores on the Maslach Burnout
   Inventory Human Services Survey (MBI-HSS).

4. Rural Community Mental Health Counselors' will not report high or moderate
   degrees of personal accomplishment as measured by scores on the Maslach
   Burnout Inventory Human Services Survey (MBI-HSS).

5. Rural Community Mental Health Counselors' will not report low degrees of congruence for workload, control, reward, community, fairness, and values as measured by scores on the Areas of Worklife Survey (AWS).

6. There will be no significant correlation between emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and Areas of Worklife Survey (AWS), respectively.

7. There will be no significant correlation between depersonalization and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and Areas of Worklife Survey (AWS), respectively.

8. There will be no significant correlation between personal accomplishment and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and Areas of Worklife Survey (AWS), respectively.

9. The independent variables (workload, control, reward, community, fairness and values) will not significantly predict the dependent variable, emotional exhaustion, as measured by scores on the AWS and MBI-HSS, respectively.

10. The independent variables (workload, control, reward, community, fairness and values) will not significantly predict the dependent variable, depersonalization, as measured by scores on the AWS and MBI-HSS, respectively.

11. The independent variables (workload, control, reward, community, fairness and values) will not significantly predict the dependent variable, personal accomplishment, as measured by scores on the AWS and MBI-HSS, respectively.

Sample

The sample for this study was 81 rural community mental health counselors who provide counseling or counseling-related services at a rural community mental health center located in a county designated as a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA). For the context of this research, rural community mental health counselors were defined as individuals who are currently employed at the rural community mental health center who provide counseling or counseling-related services. Types of employment for rural community health counselors at the rural community mental health center include regular full-time, regular part-time, contracted, or per session reimbursement. Regular full-time employees work a 37.5-hour workweek. Regular part-time employees may not exceed a 37.5-hour workweek. Contracted or per session employees work, as needed, and may choose to work more than a 37.5-hour workweek.

Sampling Design

Non-probability sampling rather than random selection of participants was used in this study (Creswell, 2002). According to Creswell, non-probability sampling involves the study of participants who are available, willing, and convenient. The type of non-probability sampling used in this study is convenience sampling (Creswell). Because the participants are counselors who voluntarily consented to partake in the research, the

participants could be described as voluntary and self-selecting, a common occurrence in counseling research (LaFountain & Bartos, 2002). The sample size of 81 rural mental health counselors was adequate for testing this study's hypotheses using a multiple regression analysis (LaFountain & Bartos).

<div align="center">Instruments</div>

This researcher selected the Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach, 1996) to measure burnout, and the Areas of Worklife Survey to measure contextual work factors (AWS; Leiter & Maslach, 2000).

Maslach Burnout Inventory-Human Services Survey

The MBI was first developed in 1981 as the result of extensive research that included interviews, surveys, and field observations (Maslach & Jackson, 1981). The MBI was an important contribution to empirical investigations of research on burnout (Maslach & Jackson, 1981). According to Maslach, Jackson, and Leiter (1996), the Maslach Burnout Inventory is recognized and utilized as the leading standardized measure of burnout. In addition to the MBI being the most widely recognized and used measurement of burnout, the MBI is the most psychometrically sound measurement of burnout (Maslach, Schaufeli, & Leiter, 2001). Also, Schaufeli and Enzmann (1998) acknowledge the MBI is not only an empirically validated measure of burnout but also the most frequently used measure of burnout. Moreover, Gorter, Albrecht, Hoostraten, and Eijkman (1999) describe the MBI as a valid cross-cultural measurement of burnout. The most recent version and revisions of the MBI include the MBI – Human Services Survey (MBI –HSS; 1996), MBI –Educators Survey (MBI-ES; 1996) and the MBI – General Survey (MBI-GS; 1996).

For the context of this research, the MBI-HSS (1996) was administered. The MBI –HSS was developed to provide a precise and meaningful construct of burnout as well as a standardized measurement of burnout (Maslach, 1993; Maslach & Jackson, 1994; Maslach, Jackson, & Leiter, 1996). Also, one of the primary reasons to use the MBI is organizational assessment to investigate if employees are experiencing burnout in a particular setting (Maslach, 1993; Maslach, Jackson, & Leiter, 1996). Overall, the most appropriate use for the MBI –HSS is to examine groups of human service professionals (Maslach, Jackson, & Leiter, 1996). Mental health workers are identified as human service professionals (Maslach, Jackson, & Leiter, 1996). Additionally, the MBI –HSS has been normed for various human service professionals including mental health workers (Maslach, Jackson, & Leiter, 1996). In turn, the MBI –HSS is an appropriate standardized measure to administer to the sample of mental health counselors employed at a rural community mental health center (Kee et al., 2002; Maslach, Jackson, & Leiter, 1996).

According to Maslach, Jackson, and Leiter (1996), burnout is a syndrome that consists of three aspects that include emotional exhaustion, depersonalization, and lack of personal accomplishment. Separate subscales on the MBI –HSS measure these three aspects: Emotional Exhaustion (EE); Depersonalization (DP); Personal Accomplishment (PA). The (EE) subscale measures feelings of being emotionally exhausted by one's work. The (DP) subscale assesses negative, cynical, as well as impersonal feelings and attitudes about one's clients. The (PA) subscale examines the feelings of achievement, accomplishment, and competence regarding one's work with clients. This researcher agrees with the description of burnout as a multidimensional syndrome, phenomena, and

construct (Maslach, Jackson, & Leiter, 1996). Thus, the MBI –HSS was an appropriate instrument to be used by this researcher for this research study.

The measurement characteristics of reliability and validity are well established with the MBI –HSS (Maslach, Jackson, & Leiter, 1996). According to the MBI Manual (3rd Ed.), reliability coefficients for each of the subscales are .90 for EE, .79 for DP, and .71 for PA. Also, a high degree of test -retest correlations has been demonstrated with the MBI –HSS (Maslach, Jackson, & Leiter). Test-retest reliability has been reported for five samples (Maslach, Jackson, & Leiter). For example, the test-retest reliability coefficients, based on a two-week interval of testing a sample of graduate students in social welfare, and administrators in a health agency (*n*=53), were .82 for EE, .60 for DP, and .80 for PA and significant beyond the .001 level (Maslach, Jackson, & Leiter). The MBI Manual (3rd Ed.) also indicates two test sessions separated by a one-year interval for a sample of teachers (*n*=248) resulted in correlations of .60 for EE, .54 for DP, and .57 for PA (Jackson, Schwab, & Schuler, 1986). Additional information about test-retest correlations involving three-month, six-month and eight-month intervals are contained in the MBI Manual (3rd Ed.)

Convergent validity has been established using three sets of correlations (Maslach, Jackson, & Leiter, 1996). One, a respondent's score was correlated with behavioral ratings completed independently by an individual who knew the respondent well. Two, MBI –HSS scores and the presence of certain job characteristics that were expected to contribute to burnout were correlated. Three, MBI –HSS scores and measures of various outcomes believed to be related to burnout were correlated. Overall, these three sets of correlations provided empirical evidence for the validity of the MBI –HSS

(Maslach, Jackson, & Leiter, 1996). Discriminant validity was demonstrated by differentiating the MBI –HSS measures of burnout from other psychological constructs such as depression and job dissatisfaction that might be confused with burnout (Maslach, Jackson, & Leiter, 1996). In essence, researchers have demonstrated reliability and validity of the MBI –HSS (Maslach, Jackson, & Leiter).

The MBI –HSS is a 22 –item self-report instrument that measures the syndrome of burnout among human service professionals (Maslach, Jackson, & Leiter, 1996). Respondents use a 7-point Likert scale, for each of the 22 statements, to report the frequency of a feeling, experience, or perception. The Likert scale ranges from 0 –6 with "0" indicating "Never" and "6" indicating "Every Day." Higher scores on the Emotional Exhaustion subscale and the Depersonalization subscale indicate higher levels of burnout. However, lower scores on the Personal Accomplishment subscale indicate higher levels of burnout.

To administer the MBI –HSS, this researcher demonstrated the required qualifications of possessing a degree from an accredited college or university and satisfactory completion of a course in interpretation of psychological assessments and measurement at an accredited college or university (CPP, 2004). The test manual describes the examiner's responsibility on administering the MBI –HSS. According to the test manual, the examiner should not be a supervisor because this could influence respondents being candid in their answers. Two overarching responsibilities of the examiner are to minimize response bias and ensure response completion. In addition to ensuring respondent privacy, respondent confidentiality, and avoidance of sensitization to burnout, the examiner should read the directions aloud while the respondents follow

along on the inventories. Finally, the examiner should review each completed test form to check that respondents provided an answer to each of the 22 statements.

Administration of the MBI –HSS is described in the MBI Manual (3rd Ed.). Typically, respondents complete the MBI –HSS in approximately 10-15 minutes. Instructions to complete the inventory are provided for the respondents. To minimize response biases during testing sessions, Maslach, Jackson, and Leiter (1996) recommend respondent privacy, respondent confidentiality, and avoidance of sensitization to burnout be ensured. Regarding respondent privacy, respondents may be tested individually or in a group session; however, respondents should not be aware of the answers chosen by other respondents (Maslach, Jackson, & Leiter). Regarding respondent confidentiality, respondents should be able to complete the MBI –HSS anonymously to facilitate respondents in feeling comfortable about expressing their true feelings, perceptions, and experiences (Maslach, Jackson, & Leiter). Third, to minimize the reactive effect of the respondents' personal beliefs or expectations related to burnout, it is essential respondents be unaware that the MBI –HSS measures burnout (Maslach, Jackson, & Leiter). In turn, the inventory should be presented as a survey of job –related attitudes, and not be associated with burnout (Maslach, Jackson, & Leiter).

Scoring of the MBI –HSS is indicated in the MBI –HSS Manual (3rd Ed.). A scoring template contains directions for scoring each subscale and yields raw scores for each of the three subscales (EE, DP, PA). First, the template is placed on the survey form in such a manner that the item numbers on the template are lined up with the same numbers on the survey form. Next, items not shaded are added in the "How Often" column, and a sum is entered in the total EE, DP, and PA spaces on the bottom of the

answer form. Although each subscale score may be coded as low, average, or high by using numerical cut –off points indicated on the scoring template, the MBI Manual (1996) recommends the original raw scores be utilized. Using the full range of scores rather than the categorizations of low, average and high enhances the power of statistical analysis. Finally, the MBI Manual (1996) cautions that neither the coding nor the original raw scores is to be used for diagnostic purposes such as indicators of respondent dysfunction or the necessity for intervention.

Areas of Worklife Survey

Scholarly burnout literature supports the combined use of the MBI and AWS (Maslach & Leiter, 1997). In administering and subsequently scoring the MBI and the AWS, researchers can examine the relationship between burnout and organizational sources of burnout (Maslach & Leiter). For example, the AWS has been described as "one of the most productive complements to the MBI" (Maslach & Leiter, 1997, p. 156). Specifically, the level of burnout is measured by the Maslach Burnout Inventory (MBI) that is the most widely used and psychometrically sound metric of burnout (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998) while the sources and contextual work factors related to burnout are measured by the Areas of Worklife Survey (AWS; L. Duke, personal communication, October 7, 2004).

To assess organizational environments, the AWS was developed and grounded in the perspective put forth by Maslach and Leiter (1997). Also, staff surveys conducted by the Centre for Organizational Research and Development (Leiter & Maslach, 2004; Leiter & Harvie, 1998; Maslach & Leiter, 1997) contributed to the development of the

six-factor structure for the AWS and assessed the constructs of the six areas of worklife (Leiter & Maslach, 2004). Due to the complexities of work environments, an exhaustive description of work environments is impractical (Maslach & Leiter, 1997). However, the AWS offers a practical and economical measurement of six specific areas of worklife (Maslach & Leiter, 1997). The six areas of worklife, also referred to as contextual work factors, that are correlated with burnout include workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004). Even though a plethora of research has examined various organizational factors linked to burnout, six contextual work factors were identified through a review of the literature, and later, empirically confirmed (Cordes & Doughterty, 1993; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001). Overall, the overarching source of burnout is a major mismatch demonstrated by a low degree of congruence between a person and the work context specifically in six areas of worklife including workload, control, reward, community, fairness, and values (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001).

Although no specific qualifications are required to administer the Areas of Worklife Survey (L. Duke, personal communication, October 2, 2004), this researcher completed a Confidential Survey Evaluation Agreement and a Researcher Permission Agreement for COR&D (2004). The Confidential Survey Evaluation Agreement conveys that the survey will be used for evaluation, will be kept secure at all times, will not be copied, and the contents will be shown only to the named researcher or collaborators of the researcher (COR&D, 2004). The Researcher Permission Agreement expresses that COR&D will provide a master copy of the Areas of Worklife Survey to this researcher

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who is responsible for copying the Areas of Worklife Survey, who will retain full rights to the data for publication, who will forward a copy of the data to COR&D as part of the normative record, and who will provide COR&D a copy of any articles submitted for publication as a result of this research project (COR&D, 2004).

The Areas of Worklife Scale (AWS) is a self-report survey that consists of 29 items that provide distinct scores for each of the six areas of worklife (Leiter & Maslach, 2004). Of the 29 items, 6 items relate to workload, 3 items relate to control, 4 items relate to reward, 5 items relate to community, 6 items relate to fairness and 5 items relate to values (Leiter & Maslach). Some of the items on the AWS are positively worded while some of the items are negatively worded (Leiter & Maslach). Scoring of the negatively worded items is reversed (Leiter & Maslach). Respondents use a 5-point Likert scale, for each of the 29 statements, to report their degree of agreement with each of the statements (Leiter & Maslach). The Likert scale ranges from 1 –5 with "1" indicating "Strongly Disagree" and "5" indicating "Strongly Agree" (Leiter & Maslach). For each of the six subscales, the AWS defines a job-person match as a high score greater than 3 (3.01 to 5.00) indicating a higher degree of congruence between the subscale area of worklife and the respondent's preferences (Leiter & Maslach). Also, for each of the six subscales, the AWS defines a job-person mismatch as a low score less than 3 (1.00-2.99) signifying a lower degree of congruence between the subscale area of worklife and the respondent's preferences (Leiter & Maslach). Finally, for each of the six subscales, the AWS describes a score of 3 as hard to decide indicating uncertainty between the subscale area of worklife and the respondent's preferences (Leiter & Maslach).

Evidence supporting a six-factor structure for the AWS was provided by a principal components analysis of the normative sample (Leiter & Maslach, 2004). EQS confirmatory factor analysis demonstrated the six-factor solution was an excellent fit to the data with all factors significantly loading on the relevant item (Leiter & Maslach). Both the principal components analysis and the EQS confirmatory factor analysis support the six-factor solution as well as all of the 29 items on the AWS (Leiter & Maslach). Each of the 29 items maintains a distinct and separate status even though a strong level of correlation among the six subscales was found (Leiter & Maslach).

Convergent validity of the AWS was established by comparing respondents' written comments to respondents' scores on the AWS, and assigning comments to nodes (Leiter & Maslach, 2004). Correspondence of categories of written comments with the six subscales of the AWS was qualitatively analyzed (Leiter & Maslach). Many of the nodes from the qualitative analysis were found to be relevant to the six areas of worklife indicated on the AWS (Leiter & Maslach). Written comments identified as complaints were most strongly correlated with scores on the area of worklife to which it was most directly germane (Leiter & Maslach). Incidentally, an overwhelming proportion of respondents' written comments consisted of complaints (Leiter & Maslach). Overall, the AWS is a robust measure as evidenced by consistency of psychometric properties across various occupations and organizational environments (Leiter & Maslach).

Although no specific instructions are required for administering the AWS, this researcher followed the germane protocol used in administering the MBI –HSS as described in the MBI Manual (3rd Ed.), and in turn, standardization was utilized. For example, to minimize response biases during testing sessions, respondent privacy,

respondent confidentiality, and avoidance of sensitization to burnout was ensured (Maslach, Jackson, & Leiter, 1996). Regarding respondent privacy, respondents were tested individually or in a group session; however, respondents were not aware of the answers chosen by other respondents (Maslach, Jackson, & Leiter). Regarding respondent confidentiality, respondents were able to complete the MBI –HSS and the AWS anonymously to facilitate respondents feeling comfortable about expressing true feelings, perceptions, and experiences (Maslach, Jackson, & Leiter). Third, to minimize the reactive effect of the respondents' personal beliefs or expectations related to burnout, it was essential respondents be unaware that the MBI –HSS and the AWS measure burnout and sources of burnout, respectively (Maslach, Jackson, & Leiter). Therefore, both inventories were presented as surveys of job –related attitudes, and were not associated with burnout (Maslach, Jackson, & Leiter).

Additionally, the MBI Manual (3rd Ed.) indicates other responsibilities of the examiner. For instance, the examiner should not be a supervisor because the dual role of supervisor and researcher could influence respondents being candid in their answers (Maslach, Jackson, & Leiter, 1996). Two fundamental responsibilities of the examiner are to minimize response bias and ensure response completion (Maslach, Jackson, & Leiter). In addition to ensuring respondent privacy, respondent confidentiality, and avoidance of sensitization to burnout, this examiner stated the one sentence directive while the respondents followed along on the AWS (Maslach, Jackson, & Leiter). Finally, this examiner reviewed each completed test form to check that respondents provided an answer to each of the 29 statements contained on the AWS (Maslach, Jackson, & Leiter).

Scoring directions for the AWS are provided in The Areas of Worklife Survey Measure Description (n.d.). Each item that is worded negatively was reversed scored (Leiter & Maslach, 2004). Total for each category was summed and an average for each category will be calculated. Finally, each categorical average was compared with each normative mean value for the AWS to determine whether a high score, defined as a score greater than 3 (3.01 to 5.00), or a low score, defined as a score less than 3 (1.00-2.99) were indicated.

Combined Use of MBI-HSS and AWS

Although existing research has focused on the measurement characteristics regarding the combined use of the AWS and the MBI-GS, the AWS and the MBI-HSS are appropriate instruments to use together to measure burnout and sources of burnout for rural community mental health counselors (L. Duke, personal communication, October 7, 2004). In addition, Maslach and Leiter (1997) point out the MBI-GS and the MBI-HSS differ in that the MBI-GS is intended for use with various occupations and does not refer to the service relationship, while the MBI-HSS is intended for use with human service professionals and does refer to the service relationship between the human service professional and service recipients. Leiter & Maslach's (2004) normative sample for the AWS included diverse ages of participants, work settings, employment status (e.g. full-time, part-time, casual), and supervisory status (e.g. non-supervisory, supervisory, management) in the United States, Canada, Finland, and Italy. In reference to Cronbach alpha values, the three subscales of the MBI (EE, DP, PA) and the six subscales of the AWS (workload, control, reward, community, fairness, and values) all meet the 0.70 criterion (Leiter & Maslach). The highest correlation of the AWS and the MBI-GS was

between the subscales of workload and exhaustion (0.54), and the lowest correlation of the AWS and the MBI-GS was between the subscales of workload and efficacy (0.04) (Leiter & Maslach).

Procedure

This researcher obtained verbal permission from the Clinical Director and the Chief Executive Officer at a rural community mental health center to survey counseling staff currently employed at the rural community mental health center. This researcher documented a Letter of Permission to Survey Staff at a Rural Community Mental Health Center (see APPENDIX A). Although the letter of permission is contained in APPENDIX A, this researcher removed identifying information from the letter of permission in accordance with the confidentiality of this research project. This researcher completed the required protocol for the Duquesne University Institutional Review Board (IRB). After receiving clearance from the Duquesne University IRB to survey human subjects, this researcher contacted the Clinical Director of the rural community mental health center to make further arrangements regarding this research study.

The rural mental health center's Clinical Director provided this researcher with department supervisor names and telephone numbers. This researcher contacted each department supervisor to discuss potential participation and to identify a schedule including multiple collection dates, times, and specific places within a one-week period that this researcher would be permitted to survey the participants. This researcher attached the schedule of multiple collection dates, times, and specific places to the Research Cover Letter (see APPENDIX B), and emailed the document to the Clinical Director. All rural community mental health counselors currently employed at the rural

community mental health center were provided the opportunity to voluntarily participate in this survey research. Potential research participants were voluntary, and were free to withdraw their participation in this survey research. Participants' names and identity did not appear on the surveys or in the database for analysis.

This researcher attended the multiple collection sites at the scheduled dates, times, and specific places stated in the email sent to the Clinical Director. This researcher offered each participant a copy of the Research Cover Letter for the participants' personal records. This researcher provided the participants with two copies of the Consent to Participate in a Research Study (see APPENDIX C), one copy for the participants' personal records and one copy for this researcher's records. The Consent to Participate in a Research Study form printed on Duquesne University letterhead was provided to the potential participants to sign indicating that they consented to participate in this research study. The format and content of the informed research consent was based on the Duquesne University Institutional Review Board Sample Research Consent form.

This researcher reminded participants that by signing the informed consent, each of them agrees to participate in this research study, but their participation is voluntary and they may choose to stop participating in the research study at any point in time. After respondents read and signed their informed consents, this researcher collected one signed informed consent from each participant. This researcher administered the MBI-HSS as recommended by the publishers of the instruments. The MBI Manual describes information to be included in the researcher's instructions regarding the examiner's responsibility of minimizing response bias. Following are the instructions that were stated by the researcher and typed on a sheet of paper for the participants:

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"This research is a study about job –related attitudes. Your responses to this survey are private and confidential. While completing the surveys, it is essential that you express your true feelings, perceptions and experiences without being influenced by other people such as spouses, friends, or co-workers. The surveys will not be accepted for submission if you do not provide a response to all of the items on the survey. Your responses will be reported anonymously, and you will not be identified in the summarization of data. This research project has been reviewed and approved by the Duquesne University Institutional Review Board. This researcher has completed the Human Participants Protection Education for Research Teams online course sponsored by the National Institute of Health (NIH). The survey takes approximately 10 –15 minutes to complete. Agreement to participate in this study requires completion of the survey. After completing your survey, please review the survey to ensure that you responded to each item on the survey. Then, place the front of your survey booklet facing your desktop so that other participants cannot view your responses. Please remain seated until the researcher indicates that all data has been collected. Again, thank-you for your cooperation and participation in this research study."

This researcher collected completed surveys from the research participants and reviewed the surveys to check for completion of each item as the directions indicated for the MBI-HSS. If a survey was completed in accordance with the MBI-HSS directions, then the survey was placed in this researcher's locked brief case. If a survey was not completed in accordance with the MBI-HSS directions, then the respondent was asked to complete the item so that the survey may be used as part of data analysis. Respondents were reminded that incomplete surveys would not be used for data analysis.

After all MBI-HSS surveys were collected, this researcher provided the respondents with the AWS. Then, the participants were reminded of the previous MBI-HSS instructions. Also, this researcher read the one-sentence AWS instructions to the participants. Completed surveys were collected from the research participants and the surveys were reviewed to check for completion of each item as the directions indicated for the AWS. If a survey was completed in accordance with the AWS directions, then the survey was placed in this researcher's locked brief case. If a survey was not completed in

accordance with the AWS directions, then the respondent was asked to complete the survey so that the responses may be used as part of data analysis. Respondents were again reminded that incomplete surveys would not be used for data analysis.

All of the surveys and informed consent forms were placed in a locked brief case with a combination lock that has a sequence of numbers known only to this researcher. The surveys were stored in a locked filing cabinet at this researcher's residence. Only this researcher has a key to the locked filing cabinet. If the completed surveys were transported to another location (e.g. consult with dissertation committee members), then the surveys were transported in the locked brief case. Therefore, all data was private and secure.

Data Analysis

Statistical Package for the Social Sciences –12 (SPSS-12) was used to analyze 81 rural community mental health counselors' responses to the Maslach Burnout Inventory-Human Services Survey (MBI-HSS; Maslach, Jackson, & Leiter, 1996) and the Areas of Worklife Scale (AWS; Leiter & Maslach, 2004). All of the surveys were completed and in turn, no cases were eliminated. The MBI-HSS consists of 22 item responses yielding three separate subscale scores for each of the components of burnout (EE, DP, PA). Because the MBI-HSS does not provide a composite score for burnout, the three separate subscale scores from the MBI-HSS (EE, DP, PA) were specified as three separate criterion or dependent variables. The AWS consists of 29 item responses providing six subscale scores for each of the contextual work factors (workload, control, reward, community, fairness, values). The six subscale scores were identified as six predictor or

independent variables. This researcher modified About You, a demographic section of the AWS, to obtain fourteen demographic bits of data about each participant.

After all data was entered into SPSS-12, manually reviewed for accuracy of data entry and screened to validate multiple regression assumptions, a frequency distribution was calculated for all of the data to again check for incorrect or omitted data. No errors or omissions were found. A frequency distribution and descriptive statistics of demographic variables were analyzed to provide the sample profile. Raw scores for the EE, DP, and PA subscales were summed. Also, using SPSS-12 and the information provided by the MBI Manual, the raw scores for EE, DP, and PA were transformed into low, moderate, or high, represented by a 1, 2, or 3, respectively, to measure the levels of EE, DP, and PA, as well as the levels of burnout. A bivariate correlation matrix was calculated to assess the relationship among the criterion and predictor variables. Three linear multiple regressions were conducted.

A linear multiple regression may also be referred to as a standard or simultaneous multiple regression statistical method (Mertler & Vannatta, 2005). The three linear multiple regressions provided a descriptive and explanatory analysis (Creswell, 2002; Heppner et al, 1999) about the relationship of burnout (EE, DP, PA) to six contextual work factors (workload, control, reward, community, fairness, values). "Multiple regression" and "multiple correlation" are synonymous statistical terms and may be used interchangeably (Creswell, 2002; Howell, 1982). Overall, using SPSS-12, collected data was analyzed, and null hypotheses were tested. In turn, results and conclusions were based upon the SPSS-12 analysis results.

Assumptions and Limitations

Assumptions and Limitations of Correlational Research Design

Creswell (2002) identifies six assumptions of explanatory research (Creswell, 2002). Each of the six criteria of explanatory research was met by this research study. First, a correlation statistical test was used to examine the possible correlations of two or more variables. Second, data was collected at one point in time. Third, scores from a single participant group were collected and analyzed. Fourth, two or more scores for each individual in the single participant group were collected and analyzed. Fifth, the type of correlation statistical test was described in the data analysis section. Sixth, based on the correlation statistical test results, the relationship or association among variables was explained in the results section.

A limitation inherent in correlational research designs that utilize surveys for data collection is the respondents' self-reported information on the survey (Creswell, 2002). Consequently, respondents may report what they think rather than what they do (Creswell). In turn, the participants' responses may be a truthful representation of their thoughts and attitudes, but may not be an accurate representation of their actions and circumstances. However, the limitation of data based on self-reports is a minimal threat to this study because the surveys are designed to evaluate a respondent's thoughts and attitudes about his or her experience of burnout and sources of burnout in the work environment (Maslach, Jackson & Leiter, 1996; Leiter & Maslach, 2004).

Other assumptions and limitations were inherent in this research design. It was assumed that the independent or predictor variables could be replicated in future studies (Mertler & Vannatta, 2005). The aforementioned criterion was met by measuring six

contextual work factors empirically linked to the dependent or criterion variable of burnout (Cordes & Doughterty, 1993; Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001). Another assumption and limitation relevant to the research design was that the independent variables were measured without error or with minimal error (Mertler & Vannatta, 2005). It was assumed that using the AWS, an empirically sound instrument, would minimize the likelihood of measurement error with respect to the independent variables (Leiter & Maslach, 2000). Another assumption and limitation of this research design concerned the portions of scores not accounted for by the multivariate analysis often referred to as residuals or prediction errors (Mertler & Vannatta, 2005). It was assumed that the mean of the residuals or prediction errors for each observation on the dependent variable over numerous replications would equal or near zero, and therefore, findings of significant relationships attributed to the six contextual work factors would be assured (Mertler & Vannatta).

Using descriptions provided by Creswell (2002), threats to validity in this research design such as statistical conclusion validity, construct validity, internal validity, and external validity were considered. Potential threats to statistical conclusion validity in this research study included uncontrolled environmental factors, and the possibility of heterogeneous participants in the convenience sample. However, statistical conclusion validity was strengthened by adequate statistical power of the sample size (Creswell, 2002; LaFountain & Bartos, 2002). Also, examining numerous predictor factors such as the six contextual work factors, individually and collectively, in relationship to the burnout criterion factor strengthened statistical conclusion validity (Creswell, 2002). Additionally, investigating the statistical relationship of numerous factors and using a

predetermined levels of significance grounded in research methodology, addressed the issue of chance in this correlational study (SPSS-12; Creswell, 2002).

Construct validity was a negligible threat to this study because the multidimensional construct of burnout is grounded in scholarly research (Maslach, Jackson, & Leiter, 1996; Maslach & Jackson, 1994; Maslach, 1993) and the factor structure of the AWS is grounded in scholarly research (Leiter & Maslach, 2004). Therefore, the burnout measure was adequately defined, and a multidimensional, rather than a one-dimensional, measure of burnout was achieved (Maslach, Jackson, & Leiter, 1996; Maslach & Jackson, 1994; Maslach, 1993; Creswell, 2002). Threats to construct validity such as participant expectations, and experimenter expectations were controlled by using standardized instructions as recommended in the MBI-HSS Manual (Maslach, Jackson, & Leiter, 1996; Maslach & Jackson, 1994; Maslach, 1993). Overall, construct validity was not a threat to this research.

Internal validity is a potential, but a minimal, threat to this study. For example, threats to internal validity common within experimental research such as history, maturation, regression, mortality, and interactions with selection (Creswell, 2002) were not limitations within this correlational research. Admittedly, though, the lack of random selection of participants in this research study was a possible limitation regarding internal validity. However, Creswell asserts educational research, frequently, studies naturally assembled groups. In turn, both random selection and random assignment may not be possible, but this does not preclude educational research from being conducted (Creswell). To attempt to control the internal validity threat of selection, or "people factors" (Creswell, 2002, p. 325), multiple regression analysis, acknowledged as an

advanced statistical correlational procedure, was used to rigorously examine the complex relationships of the six predictor variables and the burnout criterion variables (Creswell, 2002). In essence, internal validity is a minimal threat to this study, and the negligible threat was controlled through an accurate statistical procedure.

A threat to external validity existed. Specifically, generalizability was limited due to the use of a convenience sample, and lack of a comparison group (Creswell, 2002). However, this research was interested in a group of rural community mental health counselors in a particular rural setting. Certainly, generalizability of results to different groups, different settings, and different times was limited (Creswell), but this research may be of interest to replicate with other rural community mental health counselors in a rural community mental health center located in a medically underserved area (MUA) with a shortage of mental health professionals (MH-HPSA). There is a gap in the literature regarding the degree of burnout as well as the relationship of burnout to contextual work factors for rural community mental health counselors in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA). As indicated previously, educational researchers frequently study naturally assembled and convenient samples (Creswell, 2002).

Assumptions and Limitations of Linear Multiple Regression

In using linear multiple regression for data analysis, the assumptions of linearity, homoscedasticity, and normality must be considered (Mertler & Vannatta, 2005; SPSS-12). Both pre-analysis screening and data analysis screening of all three of these assumptions were conducted by examining the residuals scatterplots (Mertler & Vannatta, 2005; Tabachnick & Fidell, 1996). Moderate violations of linearity and

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homoscedasticity, albeit weaken, do not invalidate multiple regression analysis (Mertler & Vannatta, 2005; Tabachnick & Fidell, 1996). Because there are no adverse effects on data analysis, moderate violations of the normality assumption may frequently be disregarded, particularly with larger sample sizes (Mertler & Vannatta, 2005; Tate, 1992). However, all of these assumptions were considered during pre-analysis as well as data analysis for this research study. The assumptions of linearity, homoscedasticity, and normality were not moderately violated. Another assumption of multiple regression is that multicollinearity among the independent variables is not present, and the results of this research demonstrate the multicollinearity assumption was not violated (Mertler & Vannatta, 2005).

The linearity assumption was evaluated during pre-analysis by performing curve estimations and visual review of the residuals scatterplots as well as during data analysis by visual examination of the residuals scatterplots and calculating an F-test for each regression analysis (SPSS-12; Mertler & Vannatta, 2005). Curve estimations were calculated by using the EE subscale raw scores as the dependent variable as well as workload, control, reward, community, fairness, and values raw scores, each as an independent variable, resulting in six curve estimations that proved to be linear. Six curve estimations using the DP subscale raw scores as the dependent variable as well as workload, control, reward, community, fairness, and values raw scores as independent variables yielded six linear scatterplots estimates. Additional six curve estimates were considered by using the PA subscale raw scores as the dependent variable as well as workload, control, reward, community, fairness, and values raw scores as independent variables, and these curve estimates also demonstrated linearity. F-tests and

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corresponding levels of significance for all three of the regression equations were significant at $p \leq .05$ indicating linear relationships. Clearly, the assumption of linearity was acceptable.

The assumption of homoscedasticity, or constant variance, was tenable as indicated by observations of the residuals scatterplots and residuals statistics (Mertler & Vannatta, 2005; SPSS-12). SPSS-12 describes homoscedasticity as the variance of the distribution for the dependent variable being constant for all values of the independent variables. This constant variance of points being evenly distributed about the reference line was observed indicating homoscedasticity (Mertler & Vannatta, 2005). The assumption of homoscedasticity was justifiable.

The assumption of normality was defensible as evidenced by observations of the residuals scatterplots. That is, an even distribution of points was indicated both above and below the reference line for all of the scatterplots. This even distribution of points is also referred to as a normal distribution (Creswell, 2002). For each value of the independent variable, the distribution of the dependent variable was normal (SPSS-12). A normal distribution was observed and in turn, the assumption of normality was validated.

The multicollinearity assumption was evaluated during data analysis. Specifically, the tolerance statistic and the variance inflation factor (VIF) demonstrated the absence of multicollinearity among independent variables. The problem with the presence of multicollinearity is highly correlated variables essentially contain the same, or similar information (Sprinthall, 2000). Consequently, multicollinear variables measure the same construct and the individual effects of the variables are difficult to determine (Mertler & Vannatta, 2005; Sprinthall, 2000). Multicollinearity was not problematic in this study.

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Summary

This chapter presented the research methodology utilized to describe the relationship between burnout (emotional exhaustion, depersonalization, personal accomplishment), as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and contextual work factors (workload, control, reward, community, fairness, values), as measured by the Areas of Worklife Survey (AWS) for a sample of rural community mental health counselors. The existing burnout literature supports the combined use of the MBI-HSS and AWS (Maslach & Leiter, 1997). This correlational research design tested the null hypotheses by measuring the relationship of burnout to contextual work factors for rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA). A convenience sample of 81 rural community mental health counselors who provide counseling or counseling-related services participated in this quantitative survey research. The data was screened to check for inaccurate or omitted data as well as to validate multiple regression assumptions. The data was analyzed using SPSS-12.

CHAPTER IV

RESULTS

The purpose of this survey research was to describe the relationship between

burnout (emotional exhaustion, depersonalization, personal accomplishment), as

measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and

contextual work factors (workload, control, reward, community, fairness, values), as

measured by the Areas of Worklife Survey (AWS) for rural community mental health

counselors. Specifically, this research measured the degree of burnout and the

relationship of burnout to contextual work factors for rural community mental health

counselors at a rural mental health center located in a medically underserved area (MUA)

that has a shortage of mental health professionals (MH-HPSA). This chapter presents the

results obtained from this study.

Demographic data summaries and descriptive data results about the participants

are presented in the sample profile. Degree of burnout including levels of emotional

exhaustion, depersonalization, and personal accomplishment are examined to reply to

hypotheses 1 through 4. Degree of job-person congruence is analyzed to test hypothesis

5. Three separate bivariate correlation tables are included to assess the relationships for

the emotional exhaustion and contextual work factors model, the depersonalization and

contextual work factors model, and the personal accomplishment and contextual work

factors model as well as to investigate hypotheses 6 through 8. Data analysis is extended

beyond the correlational statistical test to the advanced statistical procedure of linear

multiple regression to determine the strength of the relationship, also known as a type of

effect size measure (Creswell, 2002). Three linear multiple regressions were performed to examine hypotheses 9 through 11.

<div align="center">Sample Profile</div>

A convenience sample of 81 rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA) participated in this survey research. Pertaining to "gender," 66.7 % reported female and 33.3 % reported male. Regarding "employment status", 87.7 % identified full-time employment (a minimum of 37.5 hours per week), 7.4 % reported part-time employment (less than 37.5 hours per week), and 4.9 % relayed contracted or per session employment. Under the auspices of the rural community mental health center, various units or departments are recognized including outpatient, crisis, home-based, behavioral health rehabilitative services, and community treatment team, as well as enhanced and specialized personal care, adult partial hospitalization, child and adolescent partial hospitalization, and adult residential. The demographic survey also offered "other" as a response option for the "department name." Ranked from highest to lowest are the percentages of participants according to their department name: 23.5 % child and adolescent partial; 16.0 % outpatient; 14.8 % home-based; 11.1 % behavioral health rehabilitative services; 7.4 % crisis; 7.4 % adult partial; 7.4 % adult residential; 6.2 % community treatment team; 3.7 % other; 2.5 % enhanced and specialized personal care.

Educational demographics included reports of "highest degree earned" as 4.9 % high school, 3.7 % associate's degree, 46.9 % bachelor's degree, and 35.8 % master's degree, as well as 2.5 % medical degree and 6.2 % other degree. The results

demonstrated nearly half of the sample possess a bachelor's degree as the highest degree earned and slightly more than one-third of the sample have a master's degree as the highest degree earned. Further educational demographic findings indicated of the seven "major field of study for highest degree earned" options that included counseling, psychology, social work, education, nursing, psychiatry, and other, the category of "other" received the highest response rate with 34.6 % of the sample identifying their highest degree earned as "other." Social work ranked second with 23.5 %, counseling ranked third with 13.6 %, psychology ranked fourth with 11.1 %, and education ranked fifth with 9.9 %. Nursing was selected by 6.2 % and psychiatry was selected by 1.2 % of the sample to indicate their highest degree earned.

Although only 13.6 % of the respondents identified counseling as a "major field of study for highest degree earned" placing counseling in a distant third behind other and social work, 65.4 % of the participants chose "counselor" as the "job title most closely identifying their role in the organization." Supervisor ranked second with 11.1 %, both nurse and therapeutic aide ranked third with 6.2 %, case manager ranked fourth with 4.9 % and social worker ranked fifth with 3.7 %. Psychiatrist was identified by 2.5 % of the sample as the job title that most closely identified their role in the organization. Clearly, major field of study for highest degree earned as well as job titles or roles in the organization do not appear to be consistent. Within this sample, the job title and role of counselor extends beyond the degreed specialization of counseling to include additional major fields of study for highest degree earned.

When surveyed about "doing work beyond the scope of their educational training," 66.7 % responded "no" to reflect they do not perform work beyond the scope

of their educational training while 33.3 % responded "yes" to signify they do perform

work beyond the scope of their educational training. At first glance, the "major field of

study for highest degree earned" question would seem to contradict the participants'

responses about "doing work beyond the scope of their educational training." However,

92.6 % of the sample responded "yes" to a question about "participating in ongoing

continuing education/professional development workshops." Therefore, these

participants may have perceived their participation in ongoing continuing

education/professional development as facilitating them in not doing work beyond the

scope of their educational training. Furthermore, 80.2 % reported they "participate in

ongoing supervision/consultation" while 19.8 % reported they do not "participate in

ongoing supervision/consultation."

The range for "months worked in the organization" is 1 month to 324 months with

a mean of 53.7 months and a standard deviation of 62.5. The mode, most frequently cited

response, for "months worked in the organization was 36 months with an 11.1% response

rate from the participants. Of the 81 respondents, 74.1 % have been employed with the

organization for 60 months or less, and 92.6 % have been employed with the organization

for 120 months or less. Only 6 of the 81 respondents, or 7.4 %, reported employment

with the organization for more than 10 years. Nearly three-fourths of the workforce

sampled has been with this organization for 5 years or less.

For "months worked at present job in the organization," the range of responses

was 1month to 240 months with a mean of 35.8 months and a standard deviation of

40.04. Overall, 70.4 % of the participants reported they have been employed in their

present job in the organization for 36 months or less. Within the sample, 82.7 % have

been employed in their current job in the organization for 60 months or less. In turn, only 14 respondents, or 17.3 % of the sample indicated employment in their present job for 60 months or more.

The mean number of "months worked in the mental health field" was 98 months with a standard deviation of 90.85. The mode for months worked in the mental health field was 60 months. Results demonstrated 48.1 % have been employed in the mental health field for 60 months or less, and 77.8 % have been employed in the mental health field for 120 months or less. Based on these findings, 18 of the 81 respondents, or 22.2 %, reported having been employed in the mental health field for more than 10 years. Comparing months worked in the organization with months worked in the mental health field revealed one-third of those who have been employed in the mental health field for more than 10 years also reported employment with the organization for more than 10 years. It was inferred that the remaining two-thirds of the respondents who have been employed in the mental health field for more than 10 years worked outside of the organization during part of their career.

While nearly 75 % of the workforce sampled has been with this organization for five years or less, 48.1 % have been employed in the mental health field for five years or less. According to these results, approximately 64 % of the workforce members sampled who have been with the organization for five years or less have also been employed in the mental health field for five years or less. The conclusion is that 64 % of the 75 % who have been with this organization for five years or less obtained their reported work experience in this organization. Therefore, most of the respondents have five years or less

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experience and most of the respondents acquired those five years or less experience in this organization.

Only 22.2 % reported they are licensed in their major field of study while 77. 8 % reported they are not licensed in their major field of study. Of the 19 participants licensed in their major field of study, seven are licensed in social work, five are licensed in nursing, three are licensed in counseling, two are licensed (actually credentialed in Pennsylvania) in education, and one each is licensed in psychiatry (actually licensed in medicine) and other. Licensure for professional counseling was available beginning 2004 in Pennsylvania, and many of those surveyed for this study may not yet be eligible to apply for licensure as a professional counselor due to their educational degrees or years of counseling experience.

<center>Degree of Burnout</center>

H_O1: Rural Community Mental Health Counselors' will not report high or moderate degrees of burnout as indicated by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

According to Maslach, Jackson, & Leiter (1996), burnout is not a dichotomous variable indicating the presence or absence of burnout but rather a continuous variable indicating degree, level, or extent of burnout. Specifically, a high degree of burnout is represented by high scores of emotional exhaustion (27 or over) and depersonalization (13 or over), and low scores of personal accomplishment (39 or over). A moderate degree of burnout is reflected by moderate scores of emotional exhaustion (17-26), depersonalization (7-12), and personal accomplishment (32-38). A low degree of burnout is signified by low scores of emotional exhaustion (0-16) and depersonalization (0-6),

and high scores of personal accomplishment (0-31). Based on these categorizations, two respondents were identified as experiencing a high degree of burnout, one respondent was identified as experiencing a moderate degree of burnout, and no respondents were identified as experiencing a low degree of burnout. Therefore, null hypothesis one was false.

H_O 2: Rural Community Mental Health Counselors' will not report high or moderate degrees of emotional exhaustion as indicated by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

      According to Maslach, Jackson, & Leiter (1996), a high degree of emotional exhaustion is represented by high scores of emotional exhaustion (27 or over) while a moderate degree of emotional exhaustion is reflected by moderate scores of emotional exhaustion (17-26). A low degree of emotional exhaustion is signified by low scores of emotional exhaustion (0-16). Based on these categorizations, 33.4 % of the respondents reported a high degree of emotional exhaustion, and 37 % of the respondents described a moderate degree of emotional exhaustion while 29.6 % of the respondents acknowledged a low degree of emotional exhaustion. More than 70 % of the sample perceived themselves as experiencing high or moderate degrees of emotional exhaustion. In conclusion, null hypothesis two was false.

H_O 3: Rural Community Mental Health Counselors' will not report high or moderate degrees of depersonalization as indicated by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

According to Maslach, Jackson, & Leiter (1996), a high degree of depersonalization is represented by high scores of depersonalization (13 or over) while a moderate degree of depersonalization is reflected by moderate scores of depersonalization (7-12). A low degree of depersonalization is signified by low scores of depersonalization (0-6). Based on these categorizations, 22.2 % of the respondents relayed a high degree of depersonalization, and 27.2 % of the respondents reported a moderate degree of depersonalization while 50.6 % of the respondents described a low degree of depersonalization. Approximately half of the sample acknowledged high or moderate degrees of depersonalization and half of the sample conveyed low degrees of depersonalization. Thus, null hypothesis three was false.

H_O 4: Rural Community Mental Health Counselors' will not report low or moderate degrees of personal accomplishment as indicated by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

According to Maslach, Jackson, & Leiter (1996), a high degree of personal accomplishment is represented by high scores of diminished personal accomplishment (0-31) while a moderate degree of personal accomplishment is reflected by moderate scores of personal accomplishment (32-38). A low degree of personal accomplishment is signified by low scores of personal accomplishment (39 or over). Based on these categorizations, 19.8 % of the respondents relayed a high degree of personal accomplishment, and 24.7 % of the respondents reported a moderate degree of personal accomplishment while 55.6 % of the respondents described a low degree of diminished personal accomplishment. Approximately 80% of the sample indicated a low or moderate

degree of feelings of personal accomplishment, success, and competence. The remaining participants reported high degrees of personal accomplishment, success, and competence. In turn, null hypothesis four was false.

<center>Degree of Job-Person Congruence</center>

H_O 5: Rural Community Mental Health Counselors' will not report low degrees of congruence for workload, control, reward, community, fairness, and values as indicated by scores on the Areas of Worklife Scale (AWS).

For each of the six subscales, the AWS defines a job-person mismatch as a low score less than 3 (1.00-2.99) indicating a lower degree of congruence between the subscale area of worklife and the respondent's preferences (Leiter & Maslach, 2004). Also, for each of the six subscales, the AWS defines a job-person match as a high score greater than 3 (3.01 to 5.00) indicating a higher degree of congruence between the subscale area of worklife and the respondent's preferences (Leiter & Maslach). If respondents scored a 3 on each of the six subscales, then their degree of congruence between the subscale area of worklife and their preferences is considered "hard to decide" (Leiter & Maslach). The degree of congruence between the areas of worklife and the respondent's preferences is a vital role in burnout creation versus burnout prevention (Leiter & Maslach, 2004; Maslach & Goldberg, 1998; Maslach, Schaufeli & Leiter, 2001; Skovholt, 2001). In Table 1, the percentages of participants' responses are categorized according to degree of congruence (low degree of congruence, hard to decide, high degree of congruence) for each of the six areas of worklife.

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TABLE 1

Degree of Congruence Percentages for Contextual Work Factors

Low Degree of Congruence (1.00 – 2.99)	Hard to Decide (3.00)	High Degree of Congruence (3.01 – 5.00)	
Job-Person Mismatch		Job-Person Match	

	Rural Community Mental Health Counselors ($n = 81$)		
Workload	54.3%	3.7%	42.0%
Control	23.5%	6.2%	70.3%
Reward	38.3%	9.9%	51.8%
Commu	24.7%	3.7%	71.6%
Fairness	53.1%	4.9%	42.0%
Values	18.5%	7.4%	74.1%

Note. Commu is an abbreviation for community.

As indicated in Table 1, low degrees of congruence for workload, control, reward, community, fairness, and values as indicated by scores on the AWS were reported by the study participants. Therefore, null hypothesis five was false.

Bivariate Correlations of the Study Variables

Three separate correlation tables were analyzed to test hypotheses 6, 7, and 8,

respectively. Each correlation matrix includes seven factors or variables that are subscale

scores, one obtained from the MBI-HSS, and six obtained from the AWS. Specifically,

the relationship between the criterion variable, emotional exhaustion, and the predictor

variables, contextual work factors, is presented in TABLE 2. A correlation matrix

demonstrating the relationship between the criterion variable, depersonalization, and the

predictor variables, contextual work factors is displayed in TABLE 3. The relationship

between the criterion variable, personal accomplishment, and the predictor variables,

contextual work factors is presented in TABLE 4. To measure whether a statistically

significant relationship existed between each criterion variable and the predictor

variables, a Pearson r zero-order correlation (bivariate r) set at a 0.01 or a 0.05

significance level with a 2-tailed t-test was conducted.

H_O 6: There will be no significant correlation between emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values as indicated by scores on the MBI-HSS and AWS.

TABLE 2

Intercorrleations Between Emotional Exhaustion and Contextual Work Factors

Subscale	Workload	Control	Reward	Commu	Fairness	Values	EE
		Rural Community Mental Health Counselors ($n = 81$)					
Workload	1	.543**	.520**	.387**	.410**	.366**	-.665**
Control		1	.655**	.521**	.637**	.599**	-.572**
Reward			1	.442**	.635**	.579**	-.516**
Commu				1	.505**	.535**	-.438**
Fairness					1	.694**	-.568**
Values						1	-.413**
EE							1

Note. **Correlation is significant at the 0.01 level (2-tailed). Commu is an abbreviation for community. EE is an abbreviation for emotional exhaustion.

Significant negative correlations existed between emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values. The negative correlations indicated the lower the degree of congruence between the subscale area of worklife and the respondent's preference, the higher the degree of emotional exhaustion, and the higher the degree of congruence between the subscale area of worklife and the respondent's preference, the lower the degree of emotional exhaustion. In turn, null hypothesis six was false.

H$_O$ 7: There will be no significant correlation between depersonalization and the

contextual work factors of workload, control, reward, community, fairness, and values as

indicated by scores on the MBI-HSS and the AWS.

TABLE 3

Intercorrleations Between Depersonalization and Contextual Work Factors

Subscale	Workload	Control	Reward	Commu	Fairness	Values	DP
			Rural Community Mental Health Counselors ($n = 81$)				
Workload	1	.543**	.520**	.387**	.410**	.366**	-.349**
Control		1	.655**	.521**	.637**	.599**	-.373**
Reward			1	.442**	.635**	.579**	-.461**
Commu				1	.505**	.535**	-.087
Fairness					1	.694**	-.398**
Values						1	-.367**
DP							1

Note. **Correlation is significant at the 0.01 level (2-tailed). Commu is an abbreviation

for community. DP is an abbreviation for depersonalization.

Significant negative correlations existed between depersonalization and

five of the contextual work factors including workload, control, reward, fairness, and

values. The negative correlations indicated the lower the degree of congruence between

the subscale area of worklife and the respondent's preference, the higher the degree of

depersonalization, and the higher the degree of congruence between the subscale area of

worklife and the respondent's preference, the lower the degree of depersonalization. A

significant correlation did not exist between depersonalization and community.

Therefore, null hypothesis seven was true.

H_O 8: There will be no significant correlation between personal accomplishment and the contextual work factors of workload, control, reward, community, fairness, and values as indicated by scores on the MBI-HSS and the AWS.

TABLE 4

Intercorrleations Between Personal Accomplishment and Contextual Work Factors

Subscale	Workload	Control	Reward	Commu	Fairness	Values	PA
Rural Community Mental Health Counselors ($n = 81$)							
Workload	1	.543**	.520**	.387**	.410**	.366**	.296**
Control		1	.655**	.521**	.637**	.599**	.282*
Reward			1	.442**	.635**	.579**	.334**
Commu				1	.505**	.535**	.222*
Fairness					1	.694**	.147
Values						1	.437**
PA							1

Note. **Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed). Commu is an abbreviation for community. PA is an abbreviation for personal accomplishment.

Significant positive correlations existed between personal accomplishment and five of the contextual work factors including workload, control, reward, community, and values. The positive correlations indicated the lower the degree of congruence between

the subscale area of worklife and the respondent's preference, the lower the degree of

feelings of competence and success. However, a significant correlation did not exist

between personal accomplishment and fairness. Therefore, null hypothesis eight was true.

<center>Linear Multiple Regressions of the Study Variables</center>

Three separate linear multiple regression analyses were used to test hypotheses 9,

10, and 11, respectively. Each linear multiple regression assessed the accuracy of six

contextual work factors (workload, control, reward, community, fairness, and values) in

predicting each component of burnout (emotional exhaustion, depersonalization, personal

accomplishment). All independent variables were entered into the regression analysis

simultaneously. In turn, simultaneous multiple regression, also referred to as standard

multiple regression, was performed using SPSS-12 (Mertler & Vannatta, 2005; Creswell,

2002). A tolerance and variance inflation factor (VIF) summary revealed a lack of

multicollinearity among the predictor variables. Therefore, the contextual work factors

were tolerated with each of the three regression models. A model summary, an ANOVA

summary, and a regression coefficients summary table are presented for each set of

multiple regression results (Mertler & Vannatta, 2005).

Multicollinearity of the Predictor Variables

A tolerance and variance inflation factor (VIF) summary is presented in TABLE 5

and demonstrates multicollinearity among independent variables did not exist. When

moderate to high intercorrleations among predictor variables to be used in a regression

analysis are observed, multicollinearity is a problem (Mertler & Vannatta, 2005). A

fundamental issue of multicollinearity is two variables that are highly correlated

essentially contain the same, or similar information, and therefore, the two highly

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correlated variables are measuring the same thing (Sprinthall, 2000). Of course, when two variables are the same or similar, analysis of the individual effects of the variables is confounded (Mertler & Vannatta, 2005).

Two statistical methods assess multicollinearity among independent variables including the tolerance statistic and the variance inflation factor (VIF). Tolerance values typically range from 0 to 1 with 0.1 serving as a cutoff point (Mertler & Vannatta, 2005). Tolerance values less than 0.1 point to the presence of multicollinearity. VIF values greater than 10 may indicate multicollinearity. Tolerance and VIF values were the same for all three burnout components and contextual work factors models. Multicollinearity was not evidenced in the burnout components and contextual work factors model. All predictor variables were tolerated in the burnout components and contextual work factors models.

TABLE 5

Contextual Work Factors Tolerance and Variance Inflation Factor (VIF) Summary for

Emotional Exhaustion, Depersonalization, and Personal Accomplishment Models (N=81)

Variable	Tolerance	VIF
Constant		
Workload	.647	1.545
Control	.417	2.397
Reward	.453	2.208
Community	.631	1.584
Fairness	.406	2.461
Values	.442	2.265

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Emotional Exhaustion, Depersonalization, Personal

Accomplishment

H_O 9: The independent variables (workload, control, reward, community, fairness, and values) will not significantly predict the dependent variable, emotional exhaustion, as measured by scores on the AWS and MBI-HSS, respectively.

A linear and simultaneous multiple regression was conducted to measure the accuracy of the independent or predictor variables (workload, control, reward, community, fairness, and values) in predicting the dependent or criterion variable (emotional exhaustion). Data screening revealed no need to eliminate any cases. The regression findings indicated the overall emotional exhaustion and contextual work factors model significantly predicted the dependent variable, emotional exhaustion with $R^2 =. 563$, $R^2_{adj} =. 527$, $F (6, 74)=15.873$, $p \leq .05$. Therefore, null hypothesis nine was false. This model using contextual work factors as predictor variables accounted for 56.3% of variance in emotional exhaustion. The model summary is presented in TABLE 6 and demonstrates the accuracy of the combination of contextual work factors in predicting emotional exhaustion.

TABLE 6

Emotional Exhaustion and Contextual Work Factors Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.750a	.563	.527	8.04

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Emotional Exhaustion

The ANOVA summary is displayed in TABLE 7 and demonstrates the linearity of the relationship between contextual work factors and emotional exhaustion. The F-test is significant indicating a linear relationship between contextual work factors and emotional exhaustion. The significance of the F-test also indicates the contextual work factors model significantly predicted emotional exhaustion.

TABLE 7

Emotional Exhaustion and Contextual Work Factors ANOVA Summary (N=81)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	6156.175	6	1026.029	15.873	.000a
Residual	4783.257	74	64.639		
Total	10939.432	80			

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Emotional Exhaustion

A summary of regression coefficients is presented in TABLE 8 and demonstrates only two (workload, and fairness) of the six predictor variables significantly contributed to the emotional exhaustion and contextual work factors model. Workload contributed the most to emotional exhaustion and was negatively correlated with emotional exhaustion. Specifically, the lower the degree of congruence between workload and the respondent's preference, the higher the degree of emotional exhaustion reported by the respondents. Likewise, the higher the degree of congruence between workload and the respondent's preference, the lower the degree of emotional exhaustion reported by the respondents.

Fairness also contributed to emotional exhaustion and was negatively correlated with emotional exhaustion. The lower the degree of congruence between fairness and the respondent's preference, the higher the degree of emotional exhaustion. Similarly, the higher the degree of congruence between fairness and the respondent's preference, the lower the degree of emotional exhaustion reported by the respondents.

TABLE 8

Linear Simultaneous Regression Coefficients Summary for Variables Predicting

Emotional Exhaustion (N=81)

Variable	B	Std. Err. B	*B*	*t*	p	Partial *r*	Part *r*
Constant	56.976	4.985		11.430	.000		
Workload	-6.309	1.296	-.465	-4.869	.000**	-.493	-.374
Control	-1.506	1.402	-.128	-1.074	.286	-.124	-.083
Reward	-.144	1.207	-.014	-.120	.905	-.014	-.009
Community	-1.113	1.354	-.080	-.822	.414	-.095	-.063
Fairness	-4.055	1.524	-.321	-2.661	.010**	-.296	-.205
Values	1.628	1.771	.106	.919	.361	.106	.071

Note. $p \leq .05$

H$_O$ 10: The independent variables (workload, control, reward, community, fairness, and

values) will not significantly predict the dependent variable, depersonalization, as

measured by scores on the AWS and MBI-HSS, respectively.

A second linear and simultaneous multiple regression was conducted to measure

the accuracy of the independent or predictor variables (workload, control, reward,

community, fairness, and values) in predicting the dependent or criterion variable

(depersonalization). No cases were excluded. The findings indicated the overall

depersonalization and contextual work factors model significantly predicted the

dependent variable, depersonalization with $R^2 =. 302$, $R^2_{adj} =. 245$, $F (6, 74)=5.334$, p$\leq$

.05. Therefore, null hypothesis ten was false. This model using contextual work factors as

predictor variables accounted for 30.2% of variance in depersonalization. The model

summary is presented in TABLE 9 and shows how accurately the combination of

contextual work factors predicted depersonalization.

TABLE 9

Depersonalization and Contextual Work Factors Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.549a	.302	.245	5.73

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Depersonalization

The ANOVA summary presented in TABLE 10 demonstrates the linearity of the relationship between contextual work factors and depersonalization. The F-test is significant indicating a linear relationship between contextual work factors and depersonalization. The significance of the F-test also indicates the contextual work factors model significantly predicted depersonalization.

TABLE 10

Depersonalization and Contextual Work Factors ANOVA Summary (N=81)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	1054.348	6	175.725	5.334	.000a
Residual	2437.874	74	32.944		
Total	3492.222	80			

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Depersonalization

A summary of regression coefficients used to determine effect sizes are presented in TABLE 11 and reveals only one (community) of the six predictor variables significantly contributed to the depersonalization and contextual work factors model. Community contributed the most to the depersonalization subscale and was positively correlated with depersonalization. In particular, the lower the degree of congruence between community and the respondent's preference, the lower the degree of depersonalization reported by the respondents. Also, the higher the degree of congruence

between community and the respondent's preference, the higher the degree of depersonalization reported by the respondents. Although a Pearson r zero-order correlation (bivariate r) set at a 0.01 significance level with a 2-tailed t-test did not indicate a significant relationship between depersonalization and community, a review of the beta weights in Table 11 specify that only one variable, community, $B = .295$, $t(74) = 2.414$, p = .018, significantly contributed to the model. Part $r = .234$ and part $r^2 = 0.054756$ reveals that the unique contribution of community to depersonalization was 5.4756%.

TABLE 11

Linear Simultaneous Regression Coefficients Summary for Variables Predicting

Depersonalization (N=81)

Variable	B	Std. Err. B	B	t	p	Partial r	Part r
Constant	17.660	3.559		4.692	.000		
Workload	-1.226	.925	-.165	-1.369	.175	-.157	-.133
Control	-.430	1.001	-.065	-.429	.669	-.050	-.042
Reward	-1.624	.862	-.272	-1.885	.063	-.214	-.183
Community	2.334	.967	.295	2.414	.018**	-.270	.234
Fairness	-1.098	1.088	-.154	-1.009	.316	-.117	-.098
Values	-1.394	1.264	-.161	-1.103	.274	-.127	-.107

Note. p ≤ .05

H_O 11: The independent variables (workload, control, reward, community, fairness, and values) will not significantly predict the dependent variable, personal accomplishment as measured by scores on the AWS and MBI-HSS, respectively.

A third linear and simultaneous multiple regression was conducted to measure the accuracy of the independent or predictor variables (workload, control, reward, community, fairness, and values) in predicting the dependent or criterion variable (personal accomplishment). Screening of the data revealed that no cases needed to be removed. The regression outcome suggests that the overall personal accomplishment and contextual work factors model significantly predicted the dependent variable, personal accomplishment with $R^2 =. 298$, $R^2_{adj} =. 241$, $F (6, 74)=5.239$, $p \leq .05$. Therefore, null hypothesis eleven was false. This model using contextual work factors as predictor variables accounted for 29.8% of variance in personal accomplishment. The model summary is presented in TABLE 12 and demonstrates the accuracy of the combination of contextual work factors in predicting personal accomplishment.

TABLE 12

Personal Accomplishment and Contextual Work Factors Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.546a	.298	.241	5.95

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Personal Accomplishment

The ANOVA summary is displayed in TABLE 13 and demonstrates the linearity of the relationship between contextual work factors and personal accomplishment. The F-test is significant indicating a linear relationship between contextual work factors and personal accomplishment. The significance of the F-test also indicates the contextual work factors model significantly predicted personal accomplishment.

TABLE 13

Personal Accomplishment and Contextual Work Factors ANOVA Summary (N=81)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	1114.529	6	185.755	5.239	.000a
Residual	2623.940	74	35.459		
Total	3738.469	80			

Note. Predictors: (Constant), Workload, Control, Reward, Community, Fairness, Values

Dependent Variable: Personal Accomplishment

A summary of regression coefficients is presented in TABLE 14 and demonstrates only two (fairness and values) of the six-predictor variables significantly contributed to the personal accomplishment and contextual work factors model. Values contributed the most to personal accomplishment and were positively correlated with personal accomplishment. Specifically, the lower the degree of congruence between values and the respondent's preference, the lower the degree of competence and success reported by the respondents. Likewise, the higher the degree of congruence between values and the respondent's preference, the higher the degree of competence and success

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reported by the respondents. Fairness also contributed to personal accomplishment and was negatively correlated with personal accomplishment. The lower the degree of congruence between fairness and the respondent's preference, the higher the degree of competence and success reported by the respondents. Similarly, the higher the degree of congruence between fairness and the respondent's preference, the lower the degree of competence and success reported by the respondents.

Although a Pearson r zero-order correlation (bivariate r) set at a 0.01 significance level with a 2-tailed t-test did not indicate a significant relationship between personal accomplishment and fairness, a review of the beta weights in Table 14 specify that two variables, fairness $B = -.438$, $t(74) = 2.870$, p = .005; and values $B = .570$, $t(74) = 3.888$, p = .000 significantly contributed to the model. Fairness part $r = -.279$ and part $r^2 = 0.077841$ reveals that the unique contribution of fairness to personal accomplishment was 7.7841%. Values part $r = .379$ and part $r^2 = 0.143641$ reveals that the unique contribution of values to personal accomplishment was 14.3641%.

TABLE 14

Linear Simultaneous Regression Coefficients Summary for Variables Predicting

Personal Accomplishment (N=81)

Variable	B	Std. Err. B	*B*	*t*	p	Partial *r*	Part *r*
Constant	21.388	3.692		5.793	.000		
Workload	1.317	.960	.166	1.372	.174	.158	.134
Control	6.615E-02	1.039	.010	.064	.949	.007	.006
Reward	1.217	.894	.197	1.361	.178	.156	.133
Community	-.141	1.003	-.017	-.140	.889	-.016	-.014
Fairness	-3.239	1.129	-.438	-2.870	.005**	-.316	-.279
Values	5.100	1.312	.570	3.888	.000**	.412	.379

Note. p $\leq$ .05

Summary

This chapter discussed the results obtained in this study. Using demographic data results, the sample profile was presented. Hypotheses 1 through 4 were tested by calculating the degree of burnout including emotional exhaustion, depersonalization, and personal accomplishment as directed by Maslach, Jackson, & Leiter (1996). Hypothesis 5 was examined by computing participants' responses as indicated by Leiter & Maslach (2004), as well as by presenting a table with percentages of degree of congruence between the respondents' preferences and each of the six contextual work factors. Hypotheses 6 through 8 were analyzed by conducting three separate bivariate correlations. Three separate linear multiple regression analyses were used to test hypotheses 9, 10, and 11, respectively.

CHAPTER V

DISCUSSION

This chapter concludes the present study. An overview of the research including the purpose and significance of the study, as well as the research methodology of this study is presented in the first section. The second section discusses conclusions derived from this research by restating each hypothesis, summarizing the major conclusions to each hypothesis, and explaining the implications of the conclusions. The third and final section of this chapter offers recommendations for future practice and research.

Overview of the Research

Purpose and Significance of the Study

The purpose of this survey research was to describe the relationship between burnout (emotional exhaustion, depersonalization, personal accomplishment), as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and contextual work factors (workload, control, reward, community, fairness, values), as measured by the Areas of Worklife Survey (AWS) for rural community mental health counselors. Specifically, this research measured the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors at a rural mental health center located in a medically underserved area (MUA) that has a shortage of mental health professionals (MH-HPSA).

This investigation was significant because it addressed the dearth in the literature on the degree of burnout and the relationship of burnout to contextual work factors for rural community mental health counselors and, simultaneously, fulfilled the ethical responsibility to learn more about counselor burnout (Kee et al., 2002; Maslach, 1993).

Burnout research has been achieved in various human service settings but only one previous study was conducted in the milieu of rural community mental health (Kee et al, 2002). Consequently, the relationship between burnout and contextual work factors has not been explicated in the context of rural community mental heath (Leiter & Maslach, 2004). The burnout literature has recommended theory driven research grounded in a contextual paradigm (Leiter & Maslach, 2004; Maslach, Schaufeli, & Leiter, 2001). The results of this research are relevant to federal agencies responsible for monitoring MUA's and MH-HPSA's (U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Shortage Designation Branch, 2004). Also, the data collected may be utilized as part of the normative record for the Centre for Organizational Research & Development ([COR&D], 2004, Acadia University), the publisher of the Area of Worklife Survey. The results of this research are also significant for internal and external stakeholders of the rural community mental health center as well as burnout researchers.

Research Methodology of the Study

This study surveyed a voluntary sample of 81 rural community mental health counselors who provide counseling or counseling-related services at a rural community mental health center located in a county federally designated as a medically underserved area (MUA) and a mental health-health professional shortage area (MH-HPSA). The Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach, 1996) was used to measure burnout, and the Areas of Worklife Survey was utilized to measure contextual work factors (AWS; Leiter & Maslach, 2000). Because the MBI-HSS does not provide a composite score for burnout, the separate subscale scores from the MBI-HSS

(emotional exhaustion, depersonalization, personal accomplishment) were specified as three separate criterion or dependent variables. The six subscale scores from the AWS (workload, control, reward, community, fairness, values) were identified as six predictor or independent variables. A demographic section of the AWS was modified to obtain fourteen demographic bits of data about each participant.

Survey responses were analyzed using SPSS-12. The sample profile was obtained from the results of a frequency distribution and descriptive statistics of demographic variables. Degrees of burnout as well as degrees of emotional exhaustion, depersonalization, and personal accomplishment were calculated by summing the raw scores for EE, DP, and PA, and by transforming the raw scores into categorizations of low, moderate, or high as described in the MBI-Manual. Degrees of job-person congruence were determined by the results of the six subscale scores from the AWS (workload, control, reward, community, fairness, values) and by transforming the subscale scores into categorizations of low degree of congruence, hard to decide, and high degree of congruence as stipulated by Leiter & Maslach (2004). To measure the relationship between the burnout components and the six contextual work factors, raw scores, rather than categorical descriptions, from the three subscales of the MBI-HSS (EE, DP, PA) and the six subscales of the AWS (workload, control, reward, community, fairness, values) were used to strengthen the correlational analysis (Maslach, Jackson, & Leiter, 1996). To examine the accuracy and strength of the contextual work factors in predicting each of the three components of burnout, three linear and simultaneous multiple regressions were performed. Results and conclusions were based upon the SPSS-12 analysis.

Conclusions

Degree of Burnout

H$_O$1: Rural Community Mental Health Counselors' will not report high or moderate

degrees of burnout as measured by scores on the Maslach Burnout Inventory Human

Services Survey (MBI-HSS).

Two respondents reported a high degree of burnout, one respondent reported a

moderate degree of burnout, and no respondents reported a low degree of burnout.

Therefore, three respondents acknowledged some degree of burnout. A noteworthy

implication of this finding is that these counselors are experiencing depletion of

emotional resources, cynicism and indifference about their clients, and feelings of

reduced competence and success with their clients. According to Maslach, Jackson, &

Leiter (1996), counselor burnout negatively impacts consumers and quality of care.

Consequently, concern is warranted not only for these three counselors' consumers but

also for the counselors, themselves. Burnout has been described as an erosion of the

human soul and an erosion of engagement with work (Maslach & Leiter, 1997). Clinical

supervisors should take notice of the work context because three counseling professionals

are experiencing varying degrees of burnout. Burnout is not merely a problem of the

individual, but is more a problem of the work environment (Maslach & Leiter).

Another remarkable implication of this finding is 78 of the 81 rural community

mental health counselors surveyed for this research are not reporting high or moderate

degrees of burnout. Based on the results, a vast majority of these counselors are not

experiencing the syndrome of burnout. A plausible explanation may be that the work

environment is facilitating burnout prevention (Skovholt, 2001). Another possible

explanation may be that these counselors have adequate social support (Kee et al, 2002).

The finding that 3 out of 81 counselors, or 3.7% of the sample, met the criteria for the

burnout syndrome was consistent with previous research findings that less than 5% of the

population actually meets the criteria for the burnout syndrome (L. Duke, personal

communication, May 17, 2005). However, it would be erroneous to assume that

conditions for the onset of burnout are not present in the context of this rural community

mental health center.

These findings demonstrate at the time of administration of the surveys, 78

participants reported they did not experience the syndrome of burnout. However, the

onset of burnout is gradual (Trippany et al.), and a subsequent survey of these same

participants could result in different findings, particularly, because many of the

participants acknowledged experiencing emotional exhaustion, depersonalization, or

reduced personal accomplishment. Yet, they did not report experiencing the triadic

burnout syndrome. Reviewing the participants' responses for each of the subscales of the

MBI-HSS (i.e. components of burnout) provides other conclusions and implications.

H_O 2: Rural Community Mental Health Counselors' will not report high or moderate

degrees of emotional exhaustion as measured by scores on the Maslach Burnout

Inventory Human Services Survey (MBI-HSS).

Approximately 70% of the sample perceived themselves as experiencing high or

moderate degrees of emotional exhaustion. Specifically, 33.4 % of the respondents

identified a high degree of emotional exhaustion, and 37 % of the respondents described

a moderate degree of emotional exhaustion while 29.6 % of the respondents recognized a

low degree of emotional exhaustion. A little more than 70% of the rural community mental health counselors reported feelings of fatigue, and a lack of energy, as well as feelings of being emotionally overextended and depleted (Leiter & Maslach, 2001a; Maslach, 1993; Maslach, Jackson, & Leiter, 1996; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). Previous research found feelings of frustration, tension, and anxiety about going to work often coexists with emotional exhaustion (Cordes & Dougherty, 1993; Maslach, 1982). The current study's finding is a paramount concern that potentially impacts counselors, consumers, and clinical supervisors. Emotionally overextended and emotionally exhausted counselors might not be able to ethically and responsibly serve their clients (Cordes & Dougherty, 1993; Maslach, 1982). Vicarious liability holds clinical supervisors responsible and liable for the actions of their supervisees including those who are emotionally exhausted (Bernard & Goodyear, 1998).

Another alarming outcome of the rural community mental health counselors being emotionally exhausted is the causal and reciprocal link between emotional exhaustion and stress (McManus et al., 2002). The existing literature is replete with research about the deleterious effects of burnout including emotional exhaustion upon physical and psychological health (Cordes & Dougherty, 1993; Kahill, 1988; Maslach, 1993; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Noworol, Zarczynski, Fafrowicz, & Marek, 1993; Wright & Hobfoll, 2004; Skovholt, 2001). In addition, emotionally exhausted and stressed employees are costly to organizations as evidenced by high absenteeism, low morale, high job turnover rates, low job satisfaction rates (Cordes & Dougherty, 1993; Leiter & Maslach, 1988; Maslach, Schaufeli, & Leiter, 2001; Skovholt, 2001; Wright & Hobfoll, 2004), and perhaps even higher insurance premiums.

Counselors seeking treatment for problems related to stress and emotional exhaustion could be a cost incurred by the organization. Similarly, litigious consumers debilitated by emotionally exhausted and stressed counselors could be a potential expenditure for the organization.

According to a contextual paradigm, the syndrome of burnout, and hence the components of burnout including emotional exhaustion, are mediated within the work environment (Leiter & Maslach, 2004). The (EE) subscale of the MBI-HSS does not measures feelings of being emotionally exhausted as a result of personal or family commitments but rather explicitly as a result of one's work (Maslach, Jackson, & Leiter, 1996). A fundamental implication of so many of the rural community mental heath counselors reporting feelings of emotional exhaustion is that organizational sources of emotional exhaustion certainly seem to be infecting the work context (Leiter & Maslach, 2004). Moderate and high degrees of emotional exhaustion, the most noticeable manifestation of the burnout syndrome, indeed may place the rural counselors at risk to experience the multidimensional syndrome of burnout (Leiter & Maslach, 2004). Previous research has repeatedly confirmed a strong relationship from exhaustion to depersonalization (Maslach, Schaufeli, & Leiter, 2001).

H_O 3: Rural Community Mental Health Counselors' will not report high or moderate degrees of depersonalization as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

Approximately half of the sample reported high or moderate degrees of depersonalization and half of the sample conveyed low degrees of depersonalization.

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Specifically, 22.2 % of the respondents relayed a high degree of depersonalization, and 27.2 % of the respondents indicated a moderate degree of depersonalization while 50.6 % of the respondents described a low degree of depersonalization. Nearly half of the rural community mental health counselors acknowledged negative, cynical, impersonal, and dehumanizing feelings and attitudes about their clients (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach, 1982; Maslach, 1993; Maslach, Jackson & Leiter, 1996). Feelings of cynicism, indifference, emotional disengagement, and callousness may also be directed toward colleagues and the organization (Cordes & Dougherty, 1993; Leiter & Maslach, 2001a; Maslach & Leiter, 1997). Just as with emotional exhaustion, depersonalization impacts consumers, counselors, and clinical supervisors. Ethical dilemmas as well as lawsuits pertaining to injurious counseling or vicarious liability are disturbing implications of counselors experiencing not only emotional exhaustion but also depersonalization (Bernard & Goodyear, 1998; Cordes & Dougherty, 1993; Maslach, 1982). Withdrawal through extended breaks and subsequently, reduced productivity could be at the expense of the organization (Cordes & Dougherty, 1993; Maslach & Pines, 1977).

H_O 4: Rural Community Mental Health Counselors' will not report low or moderate degrees of personal accomplishment as measured by scores on the Maslach Burnout Inventory Human Services Survey (MBI-HSS).

Approximately 80% of the sample indicated a low or moderate degree of feelings of personal accomplishment, success, and competence. The remaining participants reported high degrees of personal accomplishment success, and competence. Specifically,

55.6 % of the respondents described a low degree of personal accomplishment, and 24.7 % of the respondents reported a moderate degree of personal accomplishment while 19.8 % of the respondents relayed a high degree of personal accomplishment. Low or moderate degrees of personal accomplishment contribute to high or moderate degrees of burnout, respectively. Lower scores on the (PA) subscale reflect a lack of personal accomplishment (Maslach, Jackson & Leiter, 1996).

An astounding majority of these rural mental health counselors identified a lack of professional progress and success in addition to feelings of incompetence and inefficacy regarding their work with consumers (Cordes & Dougherty, 1993; Maslach, Jackson, & Leiter, 1996; Maslach, Schaufeli & Leiter, 2001). Warning signs of reduced personal accomplishment include disciplinary issues with an employee (Cordes & Dougherty, 1993), low professional self-worth (Skovholt, 2001), and lack of challenging work (Skovholt, 2001). Disciplinary problems shift organizational resources and attention away from consumer care and needs to counselor concerns and needs. Ethical, legal, and financial predicaments loom over the organization that has a greater part of its rural counselors feeling incompetent, unsuccessful, and emotionally exhausted (Cordes & Dougherty, 1993; Maslach, 1982). Furthermore, about half of the rural counselors are also describing high or moderate degrees of depersonalization. It appears the stage is set for burnout to burgeon at the rural mental health center unless some organizational strategies focused on burnout prevention such as enhancing the rural counselors' engagement with work occurs.

Degree of Job-Person Congruence

H$_O$ 5: Rural Community Mental Health Counselors' will not report low degrees of congruence for workload, control, reward, community, fairness, and values as measured by scores on the Areas of Worklife Scale (AWS).

A low degree of congruence indicating a job-person mismatch was evidenced in the current study. Specifically, the workload and fairness in the rural mental health work context were incongruent with more than half of the rural counselors' proclivities indicative of a job-person mismatch in the areas of workload and fairness for these rural counselors. Reward within the rural mental health center did not match the preferences of more than a third of the rural counselors. Control and community at the rural mental health center lacked congruence with more than a third of the rural counselors predilections revealing a job-person mismatch in the areas of control and community for these rural counselors. A low degree of congruence between the organization's values and the rural counselors values was acknowledged by nearly a fifth of the rural counselors surveyed for this study. Overall, counselors who reported low degrees of congruence in the areas of worklife perceive the rural mental health context as supporting work overload, a lack of control and choice about work, insufficient reward and recognition, a collapse of community, unfairness and disrespect, as well as a lack of meaningful and valued work (Skovholt, 2001). The low degrees of congruence and hence the job-person mismatches are key sources of burnout (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001).

Another remarkable implication of this finding is a range of 42% to 74% of rural mental health counselors surveyed are not reporting job-person mismatches in the various

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areas of worklife. Within the framework of the mediation model, it would be expected that many of these rural counselors describing a job-person match would also be reporting lower levels of burnout (Leiter & Maslach, 2004; Maslach & Leiter, 1997; Maslach, Schaufeli & Leiter, 2001). This study confirmed the mediation model's claims that a higher degree of congruence between the areas of worklife and the respondent's preference signifying a job-person match is related to lower levels of burnout. However, the high levels of emotional exhaustion, depersonalization, and diminished personal accomplishment cannot be disregarded. Based on the results, many of these counselors are experiencing the rural mental health context as a job-person match even though a greater portion of them are experiencing emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment.

The work context is emotionally arduous, promotes dehumanizing experiences, and impedes success but many of these counselors believe that the job fits them. They perceive the rural mental health context as facilitating a sustainable workload, control and choice about work, adequate reward and recognition, a sense of community, fairness and respect, as well as meaningful and valued work (Skovholt, 2001). A conceivable explanation may be although the work environment in terms of workload, control, reward, community, fairness and values is a fit for many of these counselors, the work environment, nonetheless, is harmful. The detrimental effects of the rural mental health context are substantiated by a vast majority of the rural counselors' reports of exhaustion, depersonalization, and reduced personal accomplishment found in the current study.

Relationship of the Study Variables

H$_O$ 6: There will be no significant correlation between emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and AWS, respectively.

Emotional exhaustion and the contextual work factors of workload, control, reward, community, fairness, and values were negatively correlated. The negative correlations indicated the lower the degree of congruence between the subscale area of worklife and the respondent's preference, the higher the degree of emotional exhaustion, and the higher degree of congruence between the subscale area of worklife and the respondent's preference, the lower the degree of emotional exhaustion. A conclusion of this finding is emotional exhaustion and all of the contextual work factors are inversely related. Clearly, degree of congruence in all six areas of worklife is linked to emotional status for these rural counselors. Therefore, an implication is administrative improvement of the work environment with regards to workload, control, reward, community, fairness, and values should decrease levels of emotional exhaustion for these rural counselors.

H$_O$ 7: There will be no significant correlation between depersonalization and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and the AWS, respectively.

Depersonalization and five of the contextual work factors including workload, control, reward, fairness, and values were negatively correlated. The negative correlations signified the lower the degree of congruence between the subscale area of worklife and the respondent's preference, the higher the degree of depersonalization and the higher the

degree of congruence between the subscale area of worklife and the respondent's preference, the lower the degree of depersonalization. A conclusion of this finding is depersonalization is inversely related to workload, control, reward, fairness, and values. Administrative enhancement regarding workload, control, reward, community, and fairness should not only contribute to decreasing emotional exhaustion but also depersonalization for this sample of rural community mental health counselors. With all influences upon the contextual work factor of community and the depersonalization component of burnout being considered, a relationship did not exist between depersonalization and community. This finding seems to contradict previous studies that pointed to social support and sense of community as related to the multidimensional syndrome of burnout including the aspect of depersonalization (Kee et al, 2002; Leiter & Maslach, 2004). Further investigation is warranted.

H_O 8: There will be no significant correlation between personal accomplishment and the contextual work factors of workload, control, reward, community, fairness, and values as measured by scores on the MBI-HSS and the AWS, respectively.

Personal accomplishment and five of the contextual work factors including workload, control, reward, community, and values were positively correlated. The positive correlations represented the lower the degree of congruence between the subscale area of worklife and the respondent's preference, the lower the degree of personal accomplishment and success. Similarly, the positive correlations indicated the higher the degree of congruence between the subscale area of worklife and the respondent's preference, the higher the degree of personal accomplishment and success.

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A conclusion of this finding is depersonalization is inversely related to workload, control, reward, community, and values.

Augmenting workload, control, reward, community, and values should enhance the rural counselors' sense of personal accomplishment, competence, and success. With all influences upon the contextual work factor of fairness and the personal accomplishment component of burnout being measured, a relationship did not exist between personal accomplishment and fairness. This finding does not seem consistent with the mediation model that the multifaceted syndrome of burnout including the aspect of personal accomplishment is related to the six areas of worklife (Kee et al, 2002; Leiter & Maslach, 2004). Further inquiry is necessary particularly regarding fairness and personal accomplishment. Yet, organizational prevention and intervention strategies that target all six of the areas of worklife should result in improvement in emotional exhaustion, depersonalization, and reduced personal accomplishment. In essence, such programs could serve as advantageous to the rural counselors and the rural community mental health center.

Predictability of Contextual Work Factors upon Emotional Exhaustion,

Depersonalization, and Personal Accomplishment

H$_O$ 9: The independent variables (workload, control, reward, community, fairness, and values) will not significantly predict the dependent variable, emotional exhaustion, as measured by scores on the AWS and MBI-HSS, respectively.

Overall, the contextual work factors model significantly predicted emotional exhaustion. First, the regression model summary provided a response to the general inquiry "How well does the combination of contextual work factors predict emotional

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exhaustion?" (Mertler & Vannatta, 2005). This model using contextual work factors as predictor variables accounted for 56.3% of variance in emotional exhaustion. Second, the ANOVA results indicated the degree to which the relationship between the contextual work factors and emotional exhaustion is linear and whether this model using contextual work factors as predictor variables significantly predicted emotional exhaustion (Mertler & Vannatta). Both linearity and significance of the model were confirmed. Third, the regression coefficients offered a more detailed examination by demonstrating which of the contextual work factors significantly contributed to emotional exhaustion (Mertler & Vannatta). Of the six predictor variables, workload and fairness significantly contributed to emotional exhaustion.

This study's results that the six contextual work factors significantly predicted emotional exhaustion empirically supports recent research regarding the mediation model (Leiter & Maslach, 2004). Specifically, this study found workload, control, reward, community, fairness, and values as measured by the AWS were organizational predictors of emotional exhaustion as measured by the MBI-HSS. This finding has both praxis and research implications. For example, with regards to praxis, rural mental health administrators and clinical supervisors who are committed to mediating emotional exhaustion can confidently begin by dealing with the organizational sources of burnout including workload, control, reward, community, fairness, and values. Pertaining to research, this study's findings contribute to, and empirically validate, recent research recommendations to expand the theoretical framework of burnout from an individual syndrome to a contextual syndrome that is mediated within the workplace (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001).

Workload contributed the most to emotional exhaustion and was negatively correlated with emotional exhaustion. Specifically, the lower the degree of congruence between workload and the respondent's preference, the higher the degree of emotional exhaustion reported by the respondents. Likewise, the higher the degree of congruence between workload and the respondent's preference, the lower the degree of emotional exhaustion reported by the respondents. The results of this study about workload and emotional exhaustion confirm previous research that a relationship between increasing workload and burnout, particularly the exhaustion component does indeed exist (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998). Much too often, employees are working longer hours including breakfast meetings, working through lunch breaks, and working at home to try to meet overwhelming job expectations (Maslach & Leiter, 1997). The results of this study empirically substantiated that apparent gains in productivity are deceptive and transient because work overload is in fact linked to emotional exhaustion and potentially, burnout for these rural mental health counselors (Leiter & Maslach, 2004; Maslach, Schaufeli & Leiter, 2001; Schaufeli & Enzmann, 1998).

Fairness also contributed to emotional exhaustion and was negatively correlated with emotional exhaustion. Specifically, the lower the degree of congruence between fairness and the respondent's preference, the higher the degree of emotional exhaustion reported by the respondents. Likewise, the higher the degree of congruence between fairness and the respondent's preference, the lower the degree of emotional exhaustion reported by the respondents. This finding about fairness and emotional exhaustion supports previous research that lack of fairness in the workplace intensifies burnout,

particularly exhaustion (Leiter & Maslach, 2001a). However, because of the low number of rural counselors who met the MBI-HSS criteria for burnout, the results of this study are inconclusive about absence of workplace fairness directly contributing to burnout (Maslach & Leiter, 1997). That is not to say that lack of fairness in the workplace does not impact burnout but instead, this study was not able to make such a determination. Further research about fairness and burnout is necessary.

H_O 10: The independent variables (workload, control, reward, community, fairness, and values) will not significantly predict the dependent variable, depersonalization, as measured by scores on the AWS and MBI-HSS, respectively.

The contextual work factors model significantly predicted depersonalization. This model using contextual work factors as predictor variables accounted for 30.2% of variance in depersonalization. The ANOVA results indicated the degree to which the relationship between the contextual work factors and depersonalization is linear and whether this model using contextual work factors as predictor variables significantly predicted depersonalization (Mertler & Vannatta, 2005). Linearity and significance of the model were confirmed. The regression coefficients offered a more detailed examination by demonstrating which of the contextual work factors significantly contributed to depersonalization (Mertler & Vannatta). Of the six predictor variables, community significantly contributed to depersonalization.

At first glance, this finding may seem to contradict another finding of this study, in particular, community is not related to depersonalization (see H_O 7). However, two separate coefficients measured the relationship differently. Specifically, the correlational

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relationship examined for H_O 7 took into account all influences upon the contextual work factor of community and the depersonalization component of burnout. The regression relationship under consideration for the current hypothesis removed the influences upon both the contextual work factor of community and the depersonalization component of burnout providing the unique contribution of community to depersonalization.

Community contributed the most to the depersonalization subscale indicating community is an organizational predictor of depersonalization. This finding confirms prior research that social support and sense of community is related to the multidimensional syndrome of burnout including the aspect of depersonalization (Kee et al, 2002; Leiter & Maslach, 2004). However, the finding that community and depersonalization are positively correlated contradicts preceding research (Kee et al, 2002; Leiter & Maslach, 2004). Specifically, the current study found the lower the degree of congruence between community and the respondent's preference, the lower the degree of depersonalization reported by the respondents, and the higher the degree of congruence between community and the respondent's preference, the higher the degree of depersonalization reported by the respondents. Based on previous research, one would expect an inverse relationship signifying a lower sense of community for counselors in the rural mental health center to predict higher degrees of depersonalization, and a higher sense of community for counselors in the rural mental health center to predict lower degrees of depersonalization. A reasonable, albeit undesirable, explanation may be that the community culture, perhaps a consequence of stigma or defense mechanisms to cope with traumatic client material, in rural mental health is facilitating dehumanization.

Unquestionably, additional research is vital to investigate the finding in this study that community and depersonalization are positively related.

H$_O$ 11: The independent variables (workload, control, reward, community, fairness, and values) will not significantly predict the dependent variable, personal accomplishment, as measured by scores on the AWS and MBI-HSS, respectively.

The contextual work factors model significantly predicted personal accomplishment. This model using contextual work factors as predictor variables for accounted for 29.8% of variance in personal accomplishment. The ANOVA results established the degree to which the relationship between the contextual work factors and personal accomplishment is linear and whether this model using contextual work factors as predictor variables significantly predicted personal accomplishment (Mertler & Vannatta, 2005). Linearity and significance of the model were confirmed. The regression coefficients provided a more thorough examination by demonstrating which of the contextual work factors significantly contributed to personal accomplishment (Mertler & Vannatta). Of the six predictor variables, fairness and values significantly contributed to personal accomplishment.

This finding seems contradictory of an additional finding of this study, in particular, fairness is not related to personal accomplishment (see H$_O$ 8). However, two separate coefficients measured the relationship in a different way. Specifically, the correlational relationship examined for H$_O$ 8 measured all influences upon the contextual work factor of fairness and the personal accomplishment component of burnout. The regression relationship utilized for the current hypothesis removed the influences upon

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both the contextual work factor of fairness and the personal accomplishment component of burnout providing the exclusive contribution of fairness to personal accomplishment. Based on the regression results, fairness contributed to personal accomplishment and was negatively correlated with personal accomplishment. Essentially, the lower the degree of congruence between fairness and the respondent's preference, the higher the degree of competence and success reported by the respondents. Similarly, the higher the degree of congruence between fairness and the respondent's preference, the lower the degree of competence and success reported by the respondents.

Workplace fairness conveys respect to employees and validates self-worth of employees (Leiter & Maslach, 2004). The present study's finding about fairness and personal accomplishment established fairness as an organizational predictor of the rural community mental health counselors' feelings of personal accomplishment, a component of the burnout syndrome. Lack of reciprocal and balanced social exchanges are predictors of burnout (Leiter & Maslach, 2004), and reciprocity is a practice issue for rural community mental health counselors (Beeson, 1992). Reciprocity as related to the rural mental health context has been discussed in the literature, but the present research undertaking was the first to empirically measure reciprocity or workplace fairness in the rural mental health context (Beeson, 1992; Leiter & Maslach, 2004). As indicated previously, the low number of rural counselors who met the MBI-HSS criteria for burnout did not permit a definitive conclusion about absence of workplace fairness directly contributing to burnout (Maslach & Leiter, 1997), but this study established fairness as an organizational predictor of personal accomplishment for the rural mental

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health counselors. Again, future research about fairness and the multidimensional syndrome of burnout is justified.

Values contributed the most to personal accomplishment and were positively correlated with personal accomplishment. In particular, the lower the degree of congruence between values and the respondent's preference, the lower the degree of competence and success reported by the respondents, and the higher the degree of congruence between values and the respondent's preference, the higher the degree of competence and success reported by the respondents. Values inspire employees to enter an occupation and provide a motivational link between employees and the workplace (Leiter & Maslach, 2004). Values have enduring effects on rural community mental health counselors' success in rural mental health practice (Beeson, 1992). The present study found values was an organizational predictor of rural mental health counselors' sense of personal accomplishment, success, and competence. Even though this study did not confirm that feelings of success are actually related to successful rural mental health outcomes, a relationship between values and sense of personal accomplishment, nevertheless, was substantiated in the present research. In addition, the finding that values contributed to predicting personal accomplishment along with additional findings of this study that values contributed to predicting emotional exhaustion and depersonalization corroborates prior research (Leiter & Harvie, 1997; Leiter & Maslach, 2004).

<div align="center">Recommendations</div>

Recommendations for Future Research

Additional investigation of the degree of burnout and relationship of burnout to contextual work factors for rural mental health counselors is necessary. Because few rural

counselors met the MBI-HSS criteria for burnout, the results of this study are inconclusive about the relationship of the burnout syndrome to contextual work factors. Case in point, the role of workplace fairness in relationship to not only burnout but also the components of burnout is warranted. Regarding the components of burnout (emotional exhaustion, depersonalization, personal accomplishment, this study's findings about community and depersonalization were inconsistent with previous research. For example, this study found a lower degree of community within the rural mental health context was positively related to lower depersonalization and a higher degree of community within the rural mental health context was positively related to higher depersonalization. A concerning question requiring further examination is whether the rural community mental health context is facilitating depersonalization and dehumanization.

This research contributed to the scant literature, but more research about counselor burnout in the context of a rural community mental health center located in a medically underserved area with a shortage of mental health professionals is required to further advance the burnout research literature. For example, is there a difference in degree of burnout and relationship of burnout to contextual work factors in rural areas versus rural areas situated in a medically underserved area with a shortage of mental health professionals? Are the high levels of emotional exhaustion, depersonalization, and sense of diminished personal accomplishment found in other rural community mental health contexts? Are the high levels of emotional exhaustion, depersonalization, and sense of diminished personal accomplishment indicative of the gradual onset of burnout? Future research could also explore the efficacy of burnout prevention and intervention

programs that prevent and reduce burnout. Further investigation of individuals in the work environment who are not experiencing aspects of burnout or the burnout syndrome is vital to learn more about the antithesis of burnout (engagement). Often, scholarly literature has proliferated pathogenic descriptions of burnout rather than salutogenic descriptions of the antithesis of burnout.

Future research could also examine the degree of job-person congruence in other rural mental health contexts. More inquiry is needed about the processes associated with many of the counselors experiencing the rural mental health context as a job-person match while a greater portion of them are experiencing emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. Generalizability of this study was a limitation, and replication of this study with other rural mental health counselors as well as expanding the demographic questionnaire to include more multicultural questions is essential. Moreover, future research could replicate this study in the context of a rural community mental health center located in a medically underserved area with a shortage of mental health professionals. This study's findings that contextual work factors significantly predicted emotional exhaustion, depersonalization, and personal accomplishment is promising in understanding more about the contextual phenomena of burnout. Research grounded in a contextual paradigm is justifiable to continue to expand the theoretical construct of burnout from an individual syndrome to a contextual syndrome that is mediated within the workplace.

Recommendations for Future Practice

Because approximately 50% to 80% of the rural mental health counselors surveyed for this study reported high or moderate degrees of emotional exhaustion,

depersonalization, or diminished personal accomplishment, ongoing monitoring of burnout and contextual work factors at the rural mental health program are imperative. The contextual work factors model of workload, control, reward, community, fairness, and values were organizational predictors of emotional exhaustion, depersonalization, and diminished personal accomplishment. Follow-up research, clinical supervision, consultation, as well as personal and professional development aimed at evaluating contextual work factors and burnout for these rural mental health counselors is reasonable. In addition to evaluating contextual work factors and burnout for these rural mental health counselors, prevention and intervention plans targeting the areas of workload, control, reward, community, fairness, and values could be developed and implemented to deal with the organizational sources of burnout. Because not only human resources but also support resources such as revenue are often issues for human service agencies, perhaps, the rural mental health center administrators can collaborate and network with local colleges and universities to facilitate research, clinical supervision, consultation, as well as personal and professional development.

Approximately 80% of these rural mental health counselors acknowledged lack of professional growth and success as well as feelings of incompetence and inefficacy regarding their work with consumers. The question then arises whether feelings of incompetence contributes to actual deficiencies in clinical practice. For instance, are self-fulfilling prophecies of incompetence thriving in the rural mental health context? Furthermore, are transference or isomorphic processes impacting consumers' feelings of competence and success, as well as feelings of emotional exhaustion and dehumanization? Again, ongoing research, clinical supervision, consultation, and overall

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personal and professional development are crucial. Ethically, researchers and

practitioners should increase knowledge and skills to prevent and mediate burnout.

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Appendix A

Letter of Permission to Survey Staff at a Rural Community Mental Health Center

DUQUESNE UNIVERSITY

Department of Counseling, Psychology & Special Education
CANEVIN HALL
PITTSBURGH, PA 15282
TEL 412.396.5567
FAX 412.396.1340

Clinical Director
Rural Community Mental Health Center
Address Line 1
Address Line 2
City, State, Zip Code

Dear Clinical Director,

I am grateful to you and the Chief Executive Officer for giving me the opportunity to survey your clinical staff. Their experiences and views as rural community mental health counselors are important not only for my dissertation study but also for contributing to existing program evaluations that you and the Chief Executive Officer achieve as the Clinical Director, and Chief Executive Officer, respectively. As you both know, I am currently working on my doctoral dissertation as partial fulfillment of the requirements for the degree Doctor of Education in the Executive Counselor Education and Supervision Program at Duquesne University. My doctoral dissertation is titled: The Relationship of Emotional Exhaustion, Depersonalization, and Personal Accomplishment to Contextual Work Factors for Rural Community Mental Health Counselors.

I am excited and looking forward to surveying clinical staff who have been employed at your agency for at least one year. Their experiences and views as rural community mental health counselors, and their voluntary participation in my dissertation study will contribute to the professional literature regarding emotional exhaustion,

depersonalization, personal accomplishment, and working conditions for rural community mental health counselors.

You and I have discussed possible scenarios for me to administer surveys to your clinical staff. I appreciate your continued advisement regarding the best methods of contacting and surveying the rural community mental health center clinical staff. After I receive approval from the Duquesne University Institutional Review Board, I would like to confirm with you a schedule including multiple collection dates, times, and specific places within a one-week period that I have your permission to survey the clinical staff.

It is my hope that the results of this study will provide relevant and needed professional literature regarding burnout and rural community mental health as well as practical program information for you and the Chief Executive Officer as administrators. Again, thank you both for your progressive approach, openness, and commitment to research being conducted at your agency. If you have any questions, please contact me at (telephone number).

Sincerely,

Antoinette Woods
Ph. D. Candidate
Duquesne University

Cc: Chief Executive Officer

Appendix B

Research Cover Letter with Schedule of Survey Administration

DUQUESNE UNIVERSITY

Department of Counseling, Psychology & Special Education
CANEVIN HALL
PITTSBURGH, PA 15282
TEL 412.396.5567
FAX 412.396.1340

Dear Participant,

The Clinical Director and Chief Executive Officer of your agency have given me permission to offer *all clinical staff (includes Aides, Bachelor's level, Master's level, Nurses, Psychiatrists, Supervisors, Administrators, and other staff who provide clinical services to clients)* the opportunity to participate in a research study. *Free food and refreshments will be provided.* I will be visiting various worksites to administer two brief surveys. Your participation in completing the surveys is voluntary. The time needed to review instructions, complete two surveys, and return surveys to me is approximately 20-30 minutes.

Currently, I am working on my doctoral dissertation as partial fulfillment of the requirements for the degree Doctor of Education in the Executive Counselor Education and Supervision Program at Duquesne University. My doctoral dissertation is titled: The Relationship of Emotional Exhaustion, Depersonalization, and Personal Accomplishment to Contextual Work Factors for Rural Community Mental Health Counselors.

Your experiences and views as rural community mental health counselors are important for this study as well as for program evaluation and program improvement. Your participation in this study will contribute to the professional literature regarding

emotional exhaustion, depersonalization, personal accomplishment, and working
conditions for rural community mental health counselors.

There are no risks to you as a participant of this study. Your name will never appear on
any survey or research instruments. No identity will be made in the data analysis. Your
response(s) will only appear in statistical data summaries. All written materials and
consent forms will be stored in a locked file in this researcher's home. Based on federal
guidelines, all materials will be destroyed five years after completion of the research.

If you have any questions, I can be reached at (telephone number). Thank you for your
time and consideration. I look forward to seeing you at one of the survey sites!

Following are the dates, times, and places that I will be administering the surveys:

Date: TUESDAY, JANUARY 25, 2005

Time: 9:00 am

Place: HOME BASED AND BEHAVIORAL HEALTH REHABILITATIVE
        SERVICES, CONFERENCE ROOM

Date: TUESDAY, JANUARY 25, 2005

Time: 12:00

Place: HEALTH CENTER, CONFERENCE ROOM

Date: TUESDAY, JANUARY 25, 2005

Time: 5:00 pm

Place: HEALTH CENTER, CONFERENCE ROOM

Date: WEDNESDAY, JANUARY 26, 2005

Time: 9:00 am

Place: ENHANCED PERSONAL CARE, CONFERENCE ROOM

Date: WEDNESDAY, JANUARY 26, 2005

Time: 11:00 am

Place: COMMUNITY TREATMENT, CONFERENCE ROOM

Date: WEDNESDAY, JANUARY 26, 2005

Time: 3:00 pm

Place: ADULT PARTIAL, CONFERENCE ROOM

Date: FRIDAY, JANUARY 28, 2005

Time: 1:00 pm

Place: ADULT RESIDENTIAL, CONFERENCE ROOM

Date: MONDAY, JANUARY 24, 2005

Time: 2:30 pm (Tentative Schedule)

Place: ADOLESCENT PARTIAL, CONFERENCE ROOM

Date: TO BE SCHEDULED

Time: TO BE SCHEDULED

Place: OUTPATIENT, TO BE ANNOUNCED

Sincerely,

Antoinette Woods	William J. Casile, Ph. D.
Ph. D. Candidate	Dissertation Chair

Appendix C

Consent to Participate in a Research Study

DUQUESNE UNIVERSITY
Department of Counseling, Psychology & Special Education
CANEVIN HALL
PITTSBURGH, PA 15282
TEL 412.396.5567
FAX 412.396.1340

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE:	The Relationship of Emotional Exhaustion, Depersonalization, and Personal Accomplishment to Contextual Work Factors for Rural Community Mental Health Counselors
INVESTIGATOR:	Antoinette Woods, MA, LPC Address Line 1 City, State, Zip Code
DISSERTATION COMMITTEE	Dr. William Casile (Chair) Dr. David Delmonico Dr. Emma Mosley Duquesne University, Counselor Education Program (412) 396-5567
SOURCE OF SUPPORT:	This study is being performed as partial fulfillment of the requirements for the Doctoral degree in Executive Counselor Education and Supervision at Duquesne University.
PURPOSE:	You are being asked to participate in a research project that will measure the relationship of emotional exhaustion, depersonalization, and personal accomplishment to working conditions. You will be asked to complete two surveys. The time needed to review instructions, complete the two surveys, and return the surveys to the researcher is approximately 20-30 minutes. Using a separate scale for each of the surveys, you will rate

your responses to all of the statements on both surveys. The first survey requires you to place a numerical rating on the line next to each statement. The second survey requires you to circle the numerical response for each of the statements. The second survey also contains thirteen demographic questions requiring you to circle a numerical response for each of the demographic questions. These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no risks to the participants of this study. Potential benefits to the participants of this study include contributing data to the professional literature about the relationship of emotional exhaustion, depersonalization, and personal accomplishment to working conditions.

COMPENSATION: You will not be compensated in any way. Participation in the project will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. Based on federal guidelines, all materials will be destroyed five years after completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

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I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date