

Development and Initial Psychometrics of the Counselor Burnout Inventory

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This article describes the development and psychometric properties of the Counselor Burnout Inventory (CBI), which is designed to meet the needs of the counseling profession by assessing burnout in counselors. Factor structure, concurrent validity, internal consistency, and test-retest reliability of the CBI scores are reported. Implications for practice are discussed.

Health occupations were some of the first professions examined in the early research on burnout (Caldwell, 1984; Savicki & Cooley, 1981), and they continue to be of interest to investigators attempting to define and predict an individual's level of discouragement and motivation (Angerer, 2003; Brown & Wallace, 2004; Pines, 2000; Taylor & Barling, 2004). One profession that has received considerable attention is the counseling profession (Boy & Pine, 1980; Elman & Dowd, 1997; Kraus, 2005; O'Halloran & Linton, 2000; Osborn, 2004; Watkins, 1983; Woods, 2005), with special attention given to counselor burnout and performance.

Harris (1984) maintained that burnout is manifested in individuals emotionally and physically. Feelings of helplessness, hopelessness, disenchantment, and emotional exhaustion—in addition to negative attitudes involving inflexibility, negativism, and powerlessness—are all common symptoms. Somatic states such as physical exhaustion and increased susceptibility to illness and emotional drain are also attributed to burnout (Lattanzi, 1981). Current research, however, is paying more attention to the predictors of burnout in the social environment in which counselors work rather than to counselors' symptoms, because the structure and functioning of the workplace shape how people interact with one another and how they carry out their jobs (Azar, 2000; Maslach, 2005).

Maslach (2005) contended that when people in the workplace do not recognize the human side of work and there are major mismatches between the nature of the job and the nature of people, there will be a greater risk of burnout. Organizational contributors to burnout may include bureaucratization, communication, level of decision making, role models, job expectations, and the physical/psychological environment. These contributors to burnout are manifested in the increased use of sick time, number of on-the-job accidents, increased use of personal days, the decreased use of vacation time, and diminishing work quality (Harris, 1984). A high number of such burnout contributors may indicate major dysfunction

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in a therapeutic organization, which says more about the workplace than it does about the employees (Maslach & Leiter, 1997).

It is not surprising that professional counselors encounter job strain in the workplace. The stress of the physical, mental, and emotional challenge of caring for others is to be expected (Osborn, 2004). The stresses encountered by counselors stem from both the nature of the work and the role expectations of the profession (Evans & Villavisanis, 1997). Previous research has demonstrated that employees in the helping professions are particularly vulnerable to the experience of burnout and to the emotional and behavioral consequences of both burnout and lowered job satisfaction (e.g., Kirk-Brown & Wallace, 2004). Many counselors have numerous noncounseling responsibilities, and these responsibilities can lead to a loss of professional perspective and personal commitment (Boy & Pine, 1980). Factors such as a lack of influence over decisions at work, high work demands and insufficient resources, lack of feedback on job performance, and role ambiguity and role conflict characterize today's mental health environment and contribute to low morale among professionals (Osborn, 2004; Thompson, 1999).

Research on counselor burnout (Emersin & Markos, 1996; Evans & Villavisanis, 1997; Malach-Pines & Yafe-Yani, 2001; McCarthy & Frieze, 1999) suggests that burnout can be defined as a counselor having significant difficulty performing the necessary functions of his or her job at an objectively competent level. Burned-out counselors, then, may exhibit behaviors that make the client feel that the quality of care he or she is receiving is substandard, even though counselors have an obligation to provide clients with the best care possible to improve the quality of clients' lives (McCarthy & Frieze, 1999). In this study, burnout is characterized as the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/physical drain.

Historically, burnout was perceived to be more of an individual problem than an organizational problem. As a result, most studies on burnout explore the relationship between an individual's physical/emotional well-being and his or her level of burnout (Vredenburg, Carlozzi, & Stein, 1999). Existing scales that assess burnout (Staff Burnout Scale for Health Professionals [Jones, 1980]; Maslach Burnout Inventory–Human Services Survey [MBI-HSS; Maslach & Jackson, 1981a) measure burnout only as an individual syndrome. Expanding the theoretical framework to include organizational sources of burnout is necessary in order to increase understanding of this phenomenon. Therefore, this study undertook to design a measure of burnout that incorporated both individual and organizational dynamics.

A measure of burnout must first be domain specific (i.e., professional counseling in the present case) and take into account the interaction between the individual and his or her work environment (Maslach, 2005). Also, a measure of burnout must be associated with reliable and valid scores. Consequently, a new reliable and valid scale to assess burnout specifically for professional counselors needs to include items that reflect an individual's burnout syndrome that is mediated within the work context. In the light of these requirements for measures of burnout, the purpose of the present study was also to evaluate an instrument to assess burnout with professional counselors in terms of internal consistency reliability, factor structure, and validity.

METHOD

Participants

We collected two independent samples for the development and evaluation of a new burnout scale referred to as the Counselor Burnout Inventory (CBI). The first sample consisted of 275 professional counselors recruited from several e-mail lists or groups (e.g., CESNET, College Counseling Email Group, and a counseling departmental electronic mailing list). Informed consent was secured from all participants prior to data collection. The data were

gathered from various regions of the United States through a Web-based survey. After exclusion of survey packets with incomplete responses, 258 (out of 275) survey packets were included in the statistical analysis. Of these participants, 58.0% were from the South, 18.4% from the Midwest, 14.7% from the Northeast, and 8.9% from the West. The sample included counselors with a wide range of specialties. Among the participants, 7.0% were family counselors, 19.4% school counselors, 32.6% mental health counselors, 3.5% career counselors, 24.4% college counselors, and 4.0% rehabilitation counselors; 9.1% indicated that they fit into more than one category. The years of experience ranged from 1 year to 46 years ($M = 12.83$, $SD = 8.94$). Women made up the majority of the sample (77.5% women and 22.5% men). Ethnicity was 86.9% Caucasian, 3.5% African American, and 1.7% Hispanic; 7.9% indicated that they belonged to more than one group. Counselors' ages ranged from 24 to 65 years ($M = 43.50$, $SD = 10.92$).

For the second sample, 170 research packets were distributed at a state counseling association conference in the southeastern region of the United States. A paper-based survey was used to gather data. After exclusion of the incomplete survey packets, 132 of 170 packets were included in the statistical analysis. The sample included counselors with a wide range of specialties. Of these participants, 9.0% were family counselors, 43.2% school counselors, 25.3% mental health counselors, 1.5% career counselors, 7.6% college counselors, 4.1% rehabilitation counselors; 9.3% indicated that they fit into more than one category. The years of experience ranged from 1 year to 33 years ($M = 11.31$, $SD = 8.37$). Women made up the majority of the sample (83.3% women and 16.7% men). Ethnicity was 94.7% Caucasian, 3.0% African American, and 1.5% Hispanic; 0.8% indicated that they belonged to more than one group. Counselors' ages ranged from 25 to 67 years ($M = 46.20$, $SD = 11.37$).

Procedure

The items for the CBI were developed to consider characteristics of behavior that would indicate various levels of burnout. First, a total of 296 possible scale items for the CBI were developed using several sources such as a focus group discussion, individual interviews, and reviews of literature concerning burnout. To evaluate the items, 60 counselors who were personal acquaintances of the researchers in the study participated in the pilot study. In addition, 5 experts in the field of counseling and measurement were recruited to select, refine, and assign items to hypothesized dimensions of burnout. Through the pilot study and reviews from experts, 40 items were related to five dimensions: Dimension 1 = exhaustion, Dimension 2 = negative work environment, Dimension 3 = devaluing client, Dimension 4 = incompetence, and Dimension 5 = deterioration in personal life. The participants in the pilot study were from various local agencies and schools and were asked to rate how similar they were to the descriptions provided with the survey items. For most items, a Likert-type scale ranging from 1 = *never true* to 5 = *always true* was used.

Instruments

Because the CBI was expected to relate to the existing burnout scale, the MBI-HSS (Maslach & Jackson, 1981a); job satisfaction; and self-esteem, the counselors in the second sample were asked to complete these additional three scales.

MBI-HSS. The MBI-HSS (Maslach & Jackson, 1981b) was designed to investigate how people in helping professions or human services view their jobs and the people with whom they work closely. The MBI-HSS contains 22 statements of job-related feelings and asks participants to rate the frequency of the statements ranging from 0 = *never* to 6 = *every day*. A sample item states, "I feel used up at the end of the workday." The MBI-HSS consists of three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Higher scores on each subscale indicate higher levels of burnout. According to Maslach,

Jackson, and Leiter (1996), reliability coefficients for each of the subscales scores are .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment. For the convergent validity test, Maslach et al. used three sets of correlations. First, the respondent's behavioral ratings, completed independently by an individual who knew the respondent well, were correlated with the respondent's MBI-HSS scores. Second, certain job characteristics that were expected to contribute to burnout and the MBI-HSS scores were also correlated. Third, measures of various outcomes believed to be related to burnout and MBI-HSS scores were correlated (Woods, 2005). In this study, the Cronbach's alpha coefficients of internal consistency reliability for each of the subscales scores were .89 for Emotional Exhaustion, .69 for Depersonalization, and .75 for Personal Accomplishment.

Job satisfaction. To measure job satisfaction, seven items were adapted from the National Educational Longitudinal Survey Questionnaire (National Center for Educational Statistics, 2002). The scale asked participants to rate how satisfied they were with their jobs using a Likert scale ranging from 1 = *very dissatisfied* to 5 = *very satisfied*. The scale measured overall job satisfaction as well as satisfaction with fringe benefits, opportunities for further training, job security, opportunities for promotion, opportunities to use past training, importance and challenge of the work, and pay. Higher scores indicate higher level of job satisfaction. A sample item states, "Are you satisfied with the working conditions?" In this study, the Cronbach's alpha for the scores of all seven items was .81.

Self-esteem. The self-esteem scale used in our study was adapted from Rosenberg's (1965) Self-Esteem Inventory. This scale indicates the strength of self-worth and overall self-esteem. Participants were asked to respond to a total of six items, including items like "I feel good about myself." The format was a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Higher self-esteem is indicated by a high total score. The Rosenberg Self-Esteem Inventory is the most widely used self-esteem measure (Owens, Stryker, & Goodman, 2001) and has been useful at assessing self-esteem in a variety of other groups (Mental Health Statistics Improvement Program, 2005). Test-retest correlations in the range of .82 to .88 and Cronbach's alphas for various samples in the range of .77 to .88 have been reported by Rosenberg (1986). In this study, the Cronbach's alpha for the scores of all six items was .73.

Data Analysis

To evaluate the construct validity of the CBI scores, we performed two phases of analysis. Phase 1 analysis included an exploratory factor analysis (EFA) of the 40 original burnout items. Because EFA is data driven (van Prooijen & van der Kloot, 2001), the EFA method was used to make appropriate modifications as well as to reduce the number of items that were developed based on the findings from the pilot study. During Phase 2, we conducted a confirmatory factor analysis (CFA) for the revised instrument with the second sample of 132 counselors. In addition, the newly developed CBI subscales were correlated with the existing MBI-HSS subscales assessing burnout. To determine concurrent validity, the CBI subscales were correlated with job satisfaction and self-esteem, with the expectation of negative relationships.

RESULTS

Phase 1 Analysis

We conducted an EFA with Sample 1 ($N = 258$) with the initial purpose to (a) evaluate the factor pattern coefficients, (b) eliminate items with the smallest factor pattern coefficients, and (c) reduce the size of the instrument while preserving the most salient items related to the five identified factors (see Table 1). A minimum average partial analysis and parallel

TABLE 1
Rotated Factor Weights and Communalities
for the Counselor Burnout Inventory—Sample 1

Item	Factor					<i>h</i> ²
	1	2	3	4	5	
I feel I am an incompetent counselor.	.84	-.12	.13	-.06	-.11	.63
I am not confident in my counseling skills.	.83	-.06	.08	-.07	.02	.69
I feel frustrated by my effectiveness as a counselor.	.75	.01	.04	-.01	-.08	.55
I do not feel like I am making a change in my clients.	.71	.10	.07	-.18	.05	.60
The quality of my counseling is lower than I would like.	.71	.07	.21	-.06	-.06	.66
I am not a good counselor.	.70	.24	-.31	.02	.02	.50
I feel ineffective as a counselor.	.68	-.17	.08	.09	.09	.55
It is hard to establish rapport with my clients.	.57	-.18	-.13	.24	.14	.41
I feel like I have a poor professional identity as a counselor.	.50	.38	-.29	.23	.00	.48
I am not connected to my clients.	.44	-.16	.04	.11	.19	.32
I feel I do not have enough time to spend with my friends.	-.03	.86	-.10	-.03	-.11	.59
My relationships with family members have been negatively impacted by my work as a counselor.	-.07	.80	.10	-.05	-.06	.66
I feel I have poor boundaries between work and my personal life.	-.04	.78	-.05	.01	.12	.60
I feel like I do not have enough time to engage in personal interests.	-.05	.75	.03	.07	.07	.64
I feel I do not have enough time to spend with my family.	-.01	.72	.20	-.06	-.06	.68
My relationships with friends have been negatively impacted by my work as a counselor.	.07	.68	-.06	.01	.01	.46
I feel like my job as a counselor is negatively impacting my personal life.	-.01	.55	.24	.02	.10	.59
Due to my job as a counselor, I feel tired most of the time.	.03	-.06	.87	.07	-.20	.69
I feel exhausted due to my work as a counselor.	.08	.03	.79	.04	-.16	.69
Due to my job as a counselor, I feel tightness in my back and shoulders.	-.08	-.06	.71	.08	.08	.50
Due to my job as a counselor, I feel overstressed.	.04	-.05	.69	-.20	.11	.43
Due to my job as a counselor, I become physically ill.	-.19	.05	.62	.07	.18	.47
I feel like I need a vacation.	.10	.04	.62	.05	-.05	.50
I feel drained after sessions.	.01	.18	.61	.15	-.02	.67
I have a chronic feeling of general fatigue.	.17	.22	.52	-.04	-.07	.54
My job as a counselor makes me feel depressed.	.23	.24	.31	.01	.18	.56
I feel stressed by the size of my caseload.	-.06	.29	.31	.24	-.08	.41
I feel bogged down by the system in my workplace.	-.08	.07	.13	.77	-.02	.72
I am treated unfairly in my workplace.	.04	.03	-.07	.77	.02	.59
I feel negative energy from my supervisor.	.02	.11	-.17	.76	.00	.55
I feel frustrated with the system in my workplace.	-.06	-.06	.24	.75	.05	.73
I feel negative energy from my coworkers.	.01	-.19	.06	.68	.01	.44
I often feel irritated in my workplace.	-.01	-.01	.27	.58	.09	.59
I feel that there is too much emphasis on paperwork in my workplace.	.07	.03	-.07	.57	-.13	.31
I have little empathy for my clients.	.03	-.02	-.07	-.04	.83	.66
I have become callous toward clients.	-.04	.00	-.04	.08	.79	.61
I am no longer concerned about the welfare of my clients.	.07	.02	-.17	.12	.75	.59
I am not interested in my clients and their problems.	.04	-.01	.12	-.11	.73	.59
I am relieved when clients do not show up for sessions.	-.10	.22	.28	-.26	.39	.33
I have become inattentive in sessions.	.12	-.05	.30	-.07	.39	.35
Rotation Eigenvalue	8.21	8.78	9.75	6.56	5.37	

Note. *N* = 258. Items in bold loaded at $\geq .40$. Factor 1 = Incompetence; Factor 2 = Deterioration in Personal Life; Factor 3 = Exhaustion; Factor 4 = Negative Work Environment; Factor 5 = Devaluing Client.

analysis indicated the presence of five factors that accounted for 54.58% of the total variance. These factors were labeled as follows: Factor 1 = Incompetence, Factor 2 = Deterioration in Personal Life, Factor 3 = Exhaustion, Factor 4 = Negative Work Environment, and Factor 5 = Devaluing Client. Factor pattern coefficients were identified to be salient if they were $\geq .40$, which is a relatively conservative cutoff criterion (Stevens, 1992). After a careful examination of the factor pattern coefficients, we decided that the items associated with the four highest salient factor pattern coefficients per factors would be retained, thus reducing the instrument to 20 items. Then, we conducted an EFA with Sample 2 ($N = 132$) to ensure that simple structure was achieved. The resulting factor pattern matrix (see Table 2) showed that the five-factor structure was supported again, even though the order of factors had changed: Factor 1 = Negative Work Environment, Factor 2 = Devaluing Client, Factor 3 = Deterioration in Personal Life, Factor 4 = Exhaustion, and Factor 5 = Incompetence. These five factors accounted for 66.97% of the total variance, with all items strongly associated with their corresponding factor.

Phase 2 Analysis

The second sample of counselors ($N = 132$) were from a southern region of the United States. We conducted a maximum-likelihood CFA using the computer program AMOS 5.0

TABLE 2
Rotated Factor Weights and Communalities
for the Counselor Burnout Inventory—Sample 2

Item	Factor					h^2
	1	2	3	4	5	
I feel frustrated with the system in my workplace.	.82	.01	-.10	.22	-.03	.79
I am treated unfairly in my workplace.	.81	.05	.04	-.10	.00	.64
I feel bogged down by the system in my workplace.	.80	.00	-.04	.19	-.06	.75
I feel negative energy from my supervisor.	.80	-.04	.15	-.25	.07	.60
I have little empathy for my clients.	-.04	.85	.00	-.04	.00	.71
I have become callous toward clients.	.05	.83	-.07	.12	-.09	.69
I am not interested in my clients and their problems.	-.09	.76	.07	.08	.03	.64
I am no longer concerned about the welfare of my clients.	.10	.75	.04	-.16	.08	.61
I feel I do not have enough time to spend with my friends.	-.04	-.02	.86	.10	-.07	.76
I feel like I do not have enough time to engage in personal interests.	-.02	.00	.78	.16	.00	.74
I feel I have poor boundaries between work and my personal life.	.02	.00	.75	-.14	.11	.53
My relationships with family members have been negatively impacted by my work as a counselor.	.14	.07	.72	.04	-.06	.63
Due to my job as a counselor, I feel tired most of the time.	.08	-.11	.01	.78	.05	.69
I feel exhausted due to my work as a counselor.	.06	-.09	.06	.77	.07	.72
Due to my job as a counselor, I feel overstressed.	-.23	.14	.06	.76	-.05	.56
Due to my job as a counselor, I feel tightness in my back and shoulders.	.09	.05	-.02	.65	.01	.50
I feel I am an incompetent counselor.	-.04	-.05	-.06	.01	.88	.70
I am not confident in my counseling skills.	.02	-.03	.10	-.11	.81	.65
I feel frustrated by my effectiveness as a counselor.	-.06	.00	.08	.17	.72	.68
I do not feel like I am making a change in my clients.	.09	.16	-.13	.07	.67	.57
Rotation Eigenvalue	3.85	3.36	4.18	4.57	3.91	

Note. $N = 132$. Items in bold loaded at $\geq .40$. Factor 1 = Negative Work Environment; Factor 2 = Devaluing Client; Factor 3 = Deterioration in Personal Life; Factor 4 = Exhaustion; Factor 5 = Incompetence.

(Arbuckle, 2003). The five-factor model identified with the EFA was tested for data fit. Based on Hu and Bentler's (1999) recommendations, the goodness-of-fit indices were selected with a cutoff value of .95 for the comparative fit index (CFI) and the Tucker-Lewis index (TLI), a cutoff value of .08 for the standardized root mean square residual (SRMR), and a cutoff value of .06 for the root mean square error of approximation (RMSEA). With the five-factor model for the CBI, the goodness-of-fit indices indicated an adequate data fit: CFI = .957, TLI = .948, SRMR = .052, and RMSEA = .050

We also tested for equivalences of factor covariance and mean structure between the first sample ($N = 258$) and the second sample ($N = 132$) to check whether the subscales of the CBI have the same meaning for both samples. Following the chi-square difference method (e.g., Dimitrov, 2006), we first conducted testing for form invariance across two sample groups. With the five-factor model, the goodness-of-fit indices for data fit with the two samples were CFI = .976 for the first sample and CFI = .957 for the second sample, TLI = .975 for the first sample and TLI = .948 for the second sample, SRMR = .041 for the first sample and SRMR = .052 for the second sample, and RMSEA = .039 for the first sample and RMSEA = .050 for the second sample, thus indicating a satisfactory fit for both samples. Next, we tested for measurement invariance to determine whether the scores on each subscale have the same meaning for each sample group. The invariance of factor loadings was tested first. The comparison between the initial model and the constrained model yielded a chi-square difference value of 15.1 ($df = 10$), which is not statistically significant ($p = .13$), thus indicating factor loading invariance across the two samples. Next, the factor variances and covariances were also found to be invariant across the two samples. The means, standard deviations, and bivariate intercorrelations among the five factors are also provided for cross-validation examination (see Table 3).

Finally, following the recommendation for psychometric analysis of scale categories in the validation process (e.g., Kim & Hong, 2004; Roberts, 1994), we used Rasch analysis (Rasch, 1960) to examine the average measure and threshold of each scale category with the CBI. Using the WINSTEPS computer program (Linacre, 2002), we examined whether the

TABLE 3
Means, Standard Deviations, and Bivariate Intercorrelations
Among Factors Across Samples

Factor	1	2	3	4	5
Sample 1					
1. Exhaustion	—				
2. Negative Work Environment	.45**	—			
3. Devaluing Client	.24**	.20**	—		
4. Incompetence	.45**	.29**	.40**	—	
5. Deterioration in Personal Life	.58**	.38**	.22**	.39**	—
<i>M</i>	2.69	2.50	1.56	2.24	2.40
<i>SD</i>	0.65	0.82	0.50	0.62	0.78
Sample 2					
1. Exhaustion	—				
2. Negative Work Environment	.59**	—			
3. Devaluing Client	.19*	.18*	—		
4. Incompetence	.26**	.19*	.38**	—	
5. Deterioration in Personal Life	.69**	.50**	.17	.24**	—
<i>M</i>	2.81	2.56	1.53	2.30	2.29
<i>SD</i>	0.88	0.83	0.49	0.56	0.72

* $p < .05$. ** $p < .01$.

5-point categories were appropriate for the CBI item scales. We expected that the average measures and thresholds across the 5-point scale categories would increase monotonically. For the 5-point scale of CBI, the average measure increased with the category label (-2.56, -1.36, -.29, .32, and 1.01 for Categories 1 to 5, respectively), suggesting that the rating scale categorization is satisfactory. In addition, the threshold estimates were ordered, with logit values of -2.38, -.39, 1.08, and 1.69 for the scale categories from Category 2 to Category 5, respectively. In further support of the CBI scoring method, the probability curves for the scale categories exhibited the desired appearance of a range of hills (see Figure 1). On the basis of these results, we determined that the five-category scoring method was appropriate for the CBI items.

Convergent and Criterion-Related Validity

To provide some evidence of additional validity, we investigated the relationships with other instruments and constructs (MBI-HSS, job satisfaction, and self-esteem) (see Table 4) by using Sample 2 ($N = 132$). Convergent validity for CBI scores was examined through correlations with the MBI-HSS subscale scores. As expected, the strongest positively correlated measure with the Emotional Exhaustion subscale of the MBI-HSS was the CBI Exhaustion subscale ($r = .73, p < .01$), followed by the CBI subscales of Negative Work Environment ($r = .62, p < .01$), Deterioration in Personal Life ($r = .62, p < .01$), Devaluing Client ($r = .31, p < .01$),

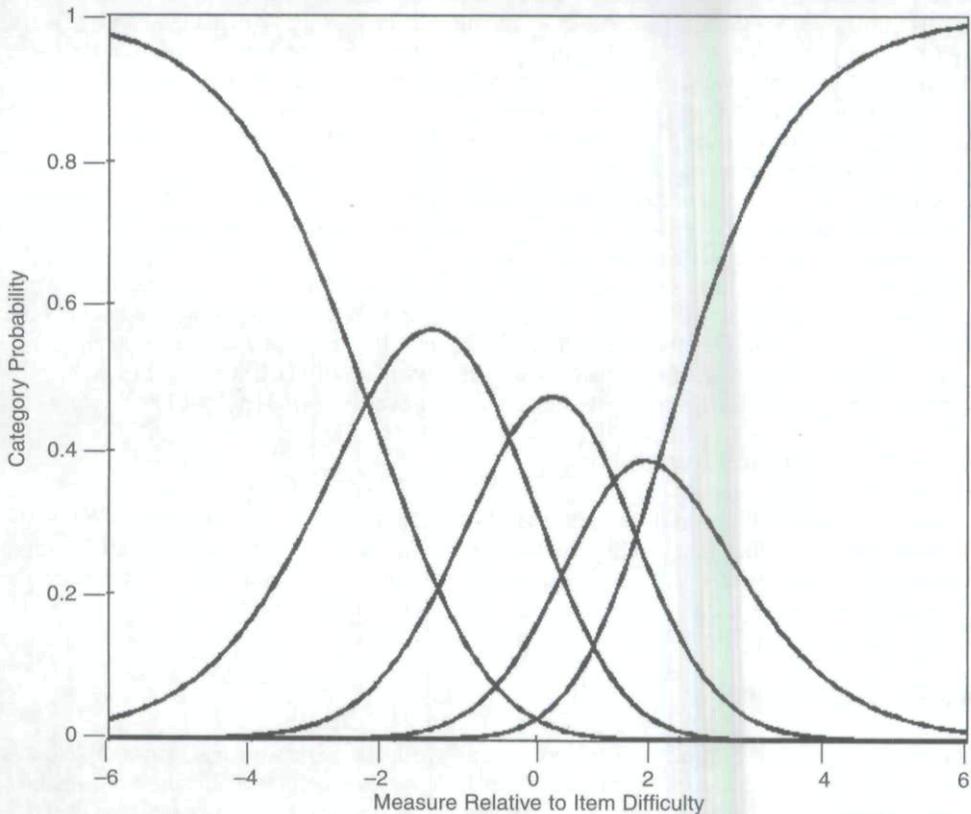


FIGURE 1

Response Functions for the Five Categories on the Logit Scale

TABLE 4

Correlations Between Counselor Burnout Inventory Subscales and Scales of Related Instruments and Constructs

Scale/Construct	Exhaustion	Negative	Devaluing	Incompetence	Deterioration
	Correlations				
Maslach Burnout Inventory					
Emotional Exhaustion	.73**	.62**	.31**	.30**	.62**
Depersonalization	.23*	.27**	.56**	.35**	.22*
Personal Accomplishment	-.18*	-.14	-.23*	-.38**	-.08
Job satisfaction	-.46**	-.53**	-.31**	-.10	-.33**
Self-esteem	-.04	-.05	-.15	-.31**	-.06
	Internal consistency reliability				
Sample 1	.80	.83	.83	.81	.84
Sample 2	.85	.83	.80	.73	.78

Note. Negative = Negative Work Environment; Devaluing = Devaluing Client; Deterioration = Deterioration in Personal Life.

* $p < .05$. ** $p < .01$.

and Incompetence ($r = .30, p < .01$). The strongest positively correlated measure with the Depersonalization subscale of the MBI-HSS was the CBI Devaluing Client subscale ($r = .56, p < .01$), followed by the CBI subscales of Incompetence ($r = .35, p < .01$), Negative Work Environment ($r = .27, p < .01$), Exhaustion ($r = .23, p < .05$), and Deterioration in Personal Life ($r = .22, p < .05$). On the other side, as one can expect, the Personal Accomplishment subscale of the MBI-HSS was negatively correlated with the CBI subscales of Incompetence ($r = -.38, p < .01$), Devaluing Client ($r = -.23, p < .05$), and Exhaustion ($r = -.18, p < .05$).

On the basis of previous research (Kirk-Brown & Wallace, 2004; Malach-Pines & Yafe-Yani, 2001; Osborn, 2004), we expected that counselors experiencing burnout would be dissatisfied with their job and have poor self-esteem. Therefore, the CBI subscales were correlated with the job satisfaction and self-esteem scales to check for criterion-related validity of the CBI. The job satisfaction scale was negatively correlated with four CBI subscales: Negative Work Environment ($r = -.53, p < .01$), Exhaustion ($r = -.46, p < .01$), Deterioration in Personal Life ($r = -.33, p < .01$), and Devaluing Client ($r = -.31, p < .01$), but not with Incompetence ($r = -.10, p = .26$). In contrast, the Incompetence subscale was the only CBI subscale in statistically significant (negative) correlation with the self-esteem scale ($r = -.31, p < .01$).

Internal Consistency Reliability

For the first sample of counselors, with the 40-item inventory, the Cronbach's alpha coefficient of internal consistency reliability was .94. For the second sample of participants, with the 20-item inventory, the Cronbach's alpha was .88. In addition, the Cronbach's alphas on each of five CBI subscales ranged from .80 to .84, for Sample 1 and from .73 to .85 for Sample 2 (see Table 4).

Test-Retest Reliability

Eighteen participants in Sample 2 were recontacted 6 weeks later and were asked to complete another CBI survey. Numeric codes were used to match responses in order to maintain confidentiality. For these counselors, the Pearson product-moment correlations of the two responses to the CBI were .85 for Exhaustion, .72 for Negative Work Environment, .82 for Devaluing Client, .72 for Incompetence, and .73 for Deterioration in Personal Life. Across all five subscales, the correlation coefficient was .81, thus indicating good overall test-retest reliability of the CBI scores.

DISCUSSION

The development of the CBI was based on the current need for an instrument assessing burnout in professional counselors. Currently, the most popular method used to assess counselor burnout is the MBI-HSS (Maslach & Jackson, 1981a). Although the MBI-HSS provides some insight into burnout of a counselor, it does not assess burnout specifically related to counselors. Furthermore, the MBI-HSS does not assess organizational sources of burnout; therefore, the CBI was developed as a way to assess the level of burnout as it relates specifically to counselors and the environment in which they work. This was accomplished by assessing counselors on five dimensions: (a) exhaustion, (b) negative work environment, (c) devaluing client, (d) incompetence, and (e) deterioration of personal life.

Dimension 1 (labeled "exhaustion") is assessed by four CBI items that reflect the degree of both physical and emotional exhaustion that are due to an individual's job as a counselor. Two sample items are "Due to my job as a counselor I feel tired most of the time" and "Due to my job as a counselor I feel overstressed." This CBI dimension is positively correlated with the MBI-HSS subscale designed to assess for emotional exhaustion.

Dimension 2 (labeled "negative work environment") is also assessed by four CBI items tapping into an individual's attitudes and feelings toward his or her work environment. Two sample items in this dimension are "I feel frustrated with the system in my workplace" and "I am treated unfairly in my workplace." This dimension distinguishes the CBI from past inventories assessing burnout (e.g., MBI-HSS) in that it addresses the work environment beyond personal and interpersonal issues.

Dimension 3 (labeled "devaluing client") is assessed by four CBI items tapping into a person's attitude and perception of his or her relationship with the client. Two sample items in this dimension are "I have little empathy for my clients" and "I have become callous toward clients." This CBI dimension is positively correlated with the Depersonalization subscale of the MBI-HSS.

Dimension 4 (labeled "incompetence") was assessed by four CBI items reflecting a person's internal feelings of incompetence. Two sample items in this dimension are "I feel I am an incompetent counselor" and "I am not confident in my counseling skills." A counselor's feeling of competence, although not completely assessed with other scales assessing burnout, has shown to be a contributing dimension to counselor burnout.

Dimension 5 (labeled "deterioration of personal life") was assessed with four CBI items tapping into an individual's deterioration of personal life. Two sample items in this dimension are "I feel I do not have enough time to spend with my friends" and "I feel like I do not have enough time to engage in personal interests." The CBI Deterioration of Personal Life subscale is positively correlated with the Exhaustion subscale of the MBI-HSS and offers greater insight into a counselor's level of burnout.

The examination of convergent validity for the CBI subscales with the MBI-HSS subscales indicated that the CBI Exhaustion subscale correlates with the MBI-HSS Emotional Exhaustion subscale. It should be noted that, based on previous counseling burnout literature (Harris, 1984; Lattanzi, 1981; Vredenburgh et al., 1999), the items of the CBI Exhaustion subscale were developed to tap into both physical exhaustion and emotional exhaustion. Also, the Devaluing Client subscale of the CBI correlates with the MBI-HSS Depersonalization subscale. Specifically, the devaluing client construct in the CBI seems to closely parallel the Depersonalization items of the MBI-HSS. Although the CBI Devaluing Client subscale measures a counselor's relationship with clients, the MBI-HSS uses the terms *recipients* (or *people*) in measuring relationships.

We also found that the CBI Incompetence subscale is in a negative relationship with the MBI-HSS Personal Accomplishment subscale. Furthermore, the CBI Incompetence subscale is negatively related to the Emotional Exhaustion and positively related to the Depersonalization subscales of the MBI-HSS. Therefore, more definitional clarity and construct validity research are needed on the incompetence construct.

The criterion-related validity of the CBI is supported by the presence of the hypothesized relationships between the CBI subscales and the job satisfaction and self-esteem scales. As expected, all subscales of the CBI, except for the Incompetence subscale, are negatively related to job satisfaction. The insignificant relationship between incompetence and job satisfaction suggests that feelings of incompetence are related to another factor, perhaps the experience level of the counselor. It should be noted that the Negative Work Environment subscale on the CBI is the most strongly related subscale with the job satisfaction scale. This reflects a distinction between the CBI and previously developed scales assessing burnout (e.g., MBI-HSS).

It is worth noting that the CBI Incompetence subscale addresses issues raised by the American Counseling Association (ACA; 2005) in the *ACA Code of Ethics*. Specifically, the *ACA Code of Ethics*, under the professional competence section (C.2.g), indicates that counselors should be "alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others" (p. 9). The new code also requires a counselor to seek assistance if professional impairment is determined. In light of this ethical mandate of the profession, the CBI can assist counselors in determining potential impairment.

The internal consistency reliability and test-retest stability of scores with the CBI are equivalent or superior to those found with the MBI-HSS. For example, the coefficient of internal consistency reliability was sufficiently high (.88) in both Sample 1 and Sample 2. The scores on each of the five CBI subscales are also sufficiently reliable and stable over a 6-week period.

CONCLUSION

Along with providing reliable scoring, the CBI assesses components of burnout not previously addressed in existing scales assessing burnout. For example, the CBI includes items related to work environment, personal life, and feelings of competency. Because the CBI was developed with the participation of professional counselors with a wide spectrum of specialty areas, the final items included in the CBI address work-related counselor burnout. This is in line with Kesler's (1990) work, which suggests that burnout can occur as a result of conflicts at work and/or poor work relations. The CBI also adds to the existing research on burnout with the identification of additional dimensions of personal life and incompetence that are not sufficiently (if at all) discussed in previous research on burnout but that are important in assessing burnout as it relates specifically to counselors.

It is important to note, however, that further research is needed to determine the CBI's validity in assessing burnout among counselors who represent a broader range of ethnicity, counselor field, and demographic region. Also, there is evidence suggesting that the CBI needs to be further examined with regard to counselor experience. Moreover, the CBI is a self-report inventory and is, therefore, at risk of being distorted by individuals' moods, feelings, and environment at the time of assessment. Future researchers need to use multiple measures to assess counselor burnout and give a clearer picture of the validity of the CBI.

Despite these limitations, the hope is that this study provides counselors with a better understanding of burnout as it relates specifically to counselors. The CBI has potential to assist the counseling profession in many ways (e.g., in providing a clearer picture of counselor burnout, assisting employers with the assessment of burnout in employees, imparting needed information about counselor burnout to counselor educators, and meeting the requirements laid out in the new *ACA Code of Ethics* (ACA, 2005). As stated in the literature (Kirk-Brown & Wallace, 2004; Osborn, 2004; Thompson, 1999), counselor burnout may often go unrecognized; therefore, there is a need for additional awareness regarding counselor

burnout among counselor educator programs and employers. Continued research on the CBI will assist in providing a clearer understanding of burnout in the field of counseling.

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