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Latent profiles of counselor burnout: Associations with self-discrepancy

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Abstract

The purpose of this research study was to identify heterogeneous counselor burnout profiles using a latent profile analysis (LPA) and examine the profiles in association with counselors' personal and professional self-discrepancies in counselor qualities. Data from 360 practicing professional counselors were used for analysis. LPA identified four distinct profiles: Well-Adjusted Counselors (n = 167, 46.4%), Disconnected Counselors (n = 68, 18.9%), Impaired Counselors (n = 22, 6.1%), and Persevering Counselors (n = 103, 28.6%). A series of Chi-square tests indicated there were significant associations between the burnout profiles and self-discrepancies in some counselor qualities, such as “open-minded,” “stable,” “dependable,” “consistent,” “empathic,” “optimistic,” “trustworthy,” and “sociable.” Professional counselors are encouraged to identify their burnout profile and address personal and professional self-discrepancy, which may affect burnout symptomology.

KEYWORDS

counselor burnout, counselor quality, latent profile analysis, person-centered approach, self-discrepancy

INTRODUCTION

The counseling profession has recognized counselor burnout as a significant occupational challenge due to the unique nature of the counseling process (Ducharme et al., 2008; Gibson et al., 2009; Lawson et al., 2007; Lee et al., 2007). The counseling
process involves intense emotional interaction between counselors and clients, such as listening to clients’ struggles and difficulties and sometimes their traumatic experiences (Bardhoshi et al., 2019; Foreman, 2018; Freadling & Foss-Kelly, 2014; Maslach & Jackson, 1986; Maslach & Leiter, 2016). Counselors also face various challenges in their professional settings, including excessive caseloads, increased numbers of clients requiring specialized care, limited funding, managed care constraints, expanding role expectations and responsibilities, and complex relationships with colleagues and peers (Boy & Pine, 1980; Evans & Villavisaniis, 1997; Freadling & Foss-Kelly, 2014; Fye et al., 2020; Maslach & Leiter, 2016; Osborn, 2004). These challenges may contribute to developing counselor burnout and further hinder their optimal performance.

Counselor burnout refers to “a reduced sense of personal accomplishment, where the individual blames himself—not the circumstances—for his feelings, emotional and physical exhaustion, occupational fatigue, cynical attitudes, depersonalization toward or withdrawal from clients, chronic depression and/or increased anxiety” (Kesler, 1990, p. 303). While some researchers have focused on the impact of burnout on counselor performance, others have highlighted the negative effects on clients as well (Emerson & Markos, 1996; Evans & Villavisaniis, 1997; Lee et al., 2007; McCarthy & Frieze, 1999; Malach-Pines & Yafe-Yanai, 2001). These researchers contend that counselor burnout can impair core functioning and competence to the point where clients may notice their counselor’s lack of competency or care. In light of the significant impact of burnout, the current study adopts a broader definition for counselor burnout as “the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/physical drain” (Lee et al., 2007, p. 143).

Counseling researchers have investigated the relationship between counselors’ personality traits and professional burnout to better understand the phenomenon (Engphaiboon, 2011; Spina, 2013). Research has found that individuals who exhibit neuroticism, which is characterized by depression, stress, frustration, and anger, are more likely to experience emotional exhaustion and depersonalization. Additionally, those who exhibit non-compliance, anger, impulsivity, and depression are also at greater risk for burnout (Engphaiboon, 2011). Conversely, other studies have identified
personality traits that contribute to successful counseling outcomes, such as attentive listening, empathy, curiosity, self-awareness, compassion, open-mindedness, acceptance, genuineness, and reflection (Foster, 1996; Guy, 1987; Jennings & Skovholt, 1999; Pope & Kline, 1999). Indeed, researchers have emphasized that the effectiveness of counselors largely depends on their personal qualities rather than solely on their knowledge or techniques. Therefore, counselors’ self-awareness of personal traits and their potential impact on the counseling process with clients are considered crucial (Edwards & Bess, 1998; McAuliffe & Lovell, 2006).

Although ideal counselor traits exist, individual counselors may experience discrepancies between their inherent personal traits and the ideal traits found for counseling professionals. According to Higgins (1987), self-discrepancy theory highlights discrepancies between three different domains of the self; the actual self (a person’s attributes that they believe they actually possess), the ideal self (a person’s attributes that they would ideally like to possess), and the ought self (a person’s attributes that they believe they should possess). The discrepancies can influence different types of emotional vulnerabilities. Specifically, Higgins (1987) suggested that when a person’s actual attributes do not align with their ideal state, a discrepancy arises between their ideal and actual selves. This discrepancy can lead to dejection-related emotions such as disappointment, dissatisfaction, and depression. Additionally, the ideal–actual self-discrepancy is also associated with feelings of ineffectiveness, frustration, blame, and disinterest due to unmet desires or perceived lack of effectiveness and self-fulfillment (Higgins, 1989). Thus, counselors who experience discrepancies between their ideal and actual selves may experience these emotional vulnerabilities, which can contribute to the development of burnout symptoms.

There are gaps in the current literature on counselor burnout and self-discrepancy that have yet to be addressed. Previous studies have predominantly used variable-centered approaches that examine the relationship between specific variables rather than the person-centered approach that explores the existence of subgroups based on similar characteristics in a given population (Howard & Hoffman, 2018). Given that most burnout research was conducted via variable-centered approaches (e.g., causes or associated factors of increased burnout symptoms) and questions have been
raised about the concept of burnout (e.g., whether burnout studies had investigated the same phenomenon; Heinemann & Heinemann, 2017), adopting a person-centered approach could shed light on the burnout phenomenon beyond a simple continuum of low to high levels of burnout. One study by Lee et al. (2010) identified distinct subgroups of counselors based on the five subcategories of counselor burnout (i.e., Exhaustion, Incompetence, Negative Work Environment, Devaluing Client, and Deterioration in Personal Life). Still, there is a pressing need for updated outcomes using more recent data and more statistically robust methods of classification, such as latent profile analysis (LPA), which is more objective and accurate than cluster analysis. Using LPA, researchers can test and compare different typologies and patterns, reducing the subjectivity in deciding on a particular typology (Schreiber & Pekarik, 2014). Therefore, more studies are needed to address the gaps in the literature using a person-centered approach and more robust methods of classification.

In addition, despite an accumulating body of research on counselor burnout, there is still limited understanding of the association between counselors’ self-discrepancy and burnout patterns. While a previous study by Lee (2018) using regression analysis found a positive relationship between counselors’ personal–professional self-discrepancy and burnout symptoms, the relationship between burnout patterns and counselors’ self-discrepancy within heterogeneous subgroups of counselors based on burnout symptoms remains unclear. Therefore, further investigation is necessary to explore potential variations in counselors’ self-discrepancy among these subgroups and their relationship to burnout patterns.

Present study

The purpose of the present study was to examine the associations between counselor burnout and self-discrepancy between personal and professional self with a focus on counselor qualities. We employed an LPA as a person-centered analytical approach in order to classify similar individuals from heterogeneous subgroups of burnout within a study sample of professional counselors. We elaborated on two research questions: (a) What is the pattern of counselor burnout among professional counselors? (b) What is the relationship between burnout patterns and
personal–professional self-discrepancy across counselor qualities?

METHODS

Sample

The sample included 360 practicing professional counselors who were enrolled in a professional counseling-related association(s) (e.g., the American Counseling Association [ACA], and the American School Counselor Association [ASCA]) from different regions of the United States. The majority of the participants were female ($n = 281, 78.3\%$), and the rest were males ($n = 76, 21.2\%$). The ethnic composition of the sample was predominantly Caucasian ($n = 284, 74.7\%$), followed by Black/African American ($n = 34, 9.4\%$), Asian/Asian American/Pacific Islander ($n = 20, 5.6\%$), Hispanic ($n = 20, 5.6\%$), and Native American ($n = 2, 0.6\%$). The participants worked in various settings including K-12 school ($n = 109, 30.3\%$), community agency ($n = 99, 27.5\%$), private practice ($n = 54, 15\%$), university counseling ($n = 23, 6.4\%$), medical/psychiatric hospital ($n = 11, 3.1\%$), or other ($n = 64, 18\%$) settings. The years of experience ranged from 1 to 47 years ($M = 11.11, SD = 9.4$).

Procedure

After obtaining institutional review board (IRB) approvals from two different institutions, we sent mass email invitations to approximately 8560 professional counselors through ACA, ASCA, and Counselor Education and Supervision NETwork-Listserv. The potential participants were given a brief description of the study, informed consent, and a link to a web-based survey. Those who agreed to take part in the survey were asked to answer a packet of self-report assessments including a demographic questionnaire, the Counselor Burnout Inventory (CBI), and Counselor Self-Discrepancy Inventory (CSI). To protect participants’ privacy, identification numbers were used and email addresses submitted for compensation were kept in a separate database from the survey responses. After removing 68 incomplete responses (i.e., cases that respondents abandoned the survey missing total assessments) from the 428 who initiated the online survey, 360 remained for the final data analysis. The survey response rate for the current study was 5\%.
Measures

Counselor burnout

CBI (Lee et al., 2007) was designed to measure counselor burnout using five dimensions: Exhaustion (e.g., “I feel exhausted due to my work as a counselor”), Incompetence (e.g., “I am not confident in my counseling skills”), Negative Work Environment (e.g., “I feel frustrated with the system in my workplace”), Devaluing Client (e.g., “I am not interested in my clients and their problems”), and Deterioration in Personal Life (e.g., “My relationships with family members have been negatively impacted by my work as a counselor”). The CBI is a 20-item self-report inventory and asks participants to rate the degree to which they agree with the statement items on a 5-point Likert scale, ranging from 1 (“never true”) to 5 (“always true”). Bardhoshi et al. (2019), from their psychometric synthesis article that reviewed 12 studies using CBI, provided evidence for the satisfactory reliability and validity of this measure. Specifically, aggregated internal consistency was 0.90, subscale alphas ranged from 0.73 to 0.86, and test–retest reliability was 0.81, with test–retest reliability estimates for subscales ranging from 0.72 to 0.85. Cronbach’s alpha coefficients in the current study were as follows: 0.89 for Exhaustion, 0.87 for Negative Work Environment, 0.77 for Devaluing Client, 0.79 for Incompetence, and 0.84 for Deterioration in Personal Life.

Counselor self-discrepancy

CSI (Lee, 2018) was used to measure the counselor’s personal–professional self-discrepancy across counselor qualities. The CSI was developed to measure counselors’ different types of selves based on Higgins’ self-discrepancy theory (1987) positing three different domains of the self, including the actual self (a person’s attributes that they believe they actually possess; conceptualized as “personal self” in the current study), the ideal self (a person’s attributes that they would like, ideally, to possess; conceptualized as “professional self” in the current study), and the ought self (a person’s attributes that they believe they should or ought to possess). In this study, we focused on the actual self, referred to as the “personal self,” and the ideal self, referred to as the “professional self.” We excluded the ought self because the purpose of the study is to investigate how counselors perceive themselves in their personal and
professional qualities in the context of their work.

The CSI includes 27 counselor qualities associated with effective counseling (e.g., adaptable, empathic, non-judgmental). Using a 7-Likert scale ranging from 1 “very untrue” to 7 “very true,” participants rated how well these adjectives describe them as two different selves: (a) professional self, as a counselor when they present themselves in counseling settings, (b) personal self, as a person in daily life when they take off counseling hat. Participant ratings on personal and professional self were used to calculate counselor self-discrepancy scores by subtracting personal from professional self-ratings, with three discrepancy subgroups identified for each counselor quality: Lower professional self, No discrepancy, and Higher professional self. The internal consistencies of the personal and professional selves were high (0.90 and 0.89, respectively). However, instead of relying on a measure of central tendency or sum scores from the scale, we utilized all 27 counselor qualities individually to investigate the associations between burnout patterns and personal–professional self-discrepancy because this approach enabled us to uncover the distinct ways in which self-discrepancy in each counselor quality may relate to burnout patterns.

Sociodemographic variables

Participants were asked to provide information about multiple sociodemographic variables, including gender, race, work setting, and years of experience as a counselor. Gender was a categorical variable with three response options: male, female, and non-binary. Race consisted of seven categories: (1) Black/African American, (2) Asian, Asian American, or Pacific Islander, (3) Hispanic/Latino, (4) Native American, (5) White/Caucasian, (6) two or more races, and (7) other. Work settings consisted of K-12 school, community agency, private practice, university counseling, medical/psychiatric hospital, and others. Years of experience was a continuous variable.

Analytic techniques

Data analyses proceeded in multiple steps. First, LPA was conducted to identify latent profiles using standardized scores of burnout. A series of LPA was run from two to seven profiles using Mplus 7.0 (Muthén & Muthén, 2007). To identify the best model
fit, several model fit indices were considered, including (a) information criteria (Akaike Information Criterion [AIC], Bayesian Information Criterion [BIC], and Sample size-adjusted BIC [SaBIC]), (b) entropy, (c) model comparisons (Lo–Mendell–Rubin likelihood-ratio test [LMR-LRT] and bootstrapped LRT [BLRT]), and (d) the percentages of participants classified to each profile membership. Lower scores on AIC, BIC, and SaBIC indicate a better fit for the data (Vermunt & Magidson, 2002). For the model comparison indices (LMR-LRT and BLRT), a lower \( p \)-value indicates that the \( k \) profile fits better with the data than the \( k-1 \) profile. Entropy scores range from 0 to 1, with closer scores to 1 indicating a better separation of the profiles (Roesch et al., 2010).

Finally, to ensure adequate sample sizes in each profile, Tein et al. (2013) suggested that each profile should include more than 5% of the sample.

Regarding the sample size for LPA, no specific rule of thumb has been established. Spurk et al. (2020) suggested that a sample size of around 500 seems reasonable, although they only tested \( N = 200, N = 500, \) and \( N = 1000 \). Other researchers suggested a minimum sample size of 300 (Collins & Wugalter, 1992; Tueller & Lubke, 2010). In this study, we used a sample size of 360, which was determined considering the minimum sample size in previous studies (Collins & Wugalter, 1992; Tueller & Lubke, 2010) and the quality of the sample. A diverse and representative sample can offset the detrimental impacts of a limited sample size (McLarnon et al., 2015). We also carefully selected the number of profile memberships based on theoretical background and high-quality indicators, as these can also mitigate the drawbacks of a limited sample size for LPA (Park & Yu, 2018; Tein et al., 2013; Wurpts & Geiser, 2014).

We conducted a series of Chi-square tests to explore the associations between burnout profiles and self-discrepancy using SPSS 21. Beforehand, we created three self-discrepancy groups for each item from the CSI: (a) Lower professional self (personal quality > professional quality), (b) No discrepancy (personal quality = professional quality), and (c) Higher professional self (personal quality < professional quality). Then, we examined the relationships between the three discrepancy groups and the burnout profiles identified from the LPA. Using the test of homogeneity, we found no significant differences in the demographic characteristics of the sample (i.e., gender,
race/ethnicity, years of experience, employment status, workplace, and license) across the burnout profiles. In other words, the distribution of the demographic characteristics was similar enough to be considered as homogeneous across the profiles. Furthermore, the current study adopted Cramer’s V as an effect size measure because other measures for effect size (e.g., Phi ($\phi$) and odds ratio) in Chi-square tests are used only for $2 \times 2$ contingency tables (Kim, 2017). We followed Akoglu’s (2018) interpretation criteria, which state that Cramer’s V values greater than 0.25 are considered a very strong relationship, values between 0.25 and 0.15 as strong, values between 0.15 and 0.10 as moderate, values between 0.10 and 0.05 as weak, and values less than 0.05 as a no or very weak relationship. Finally, we confirmed that the present investigation fulfilled McHugh’s (2013) six assumptions of Chi-square tests: (a) the data in the cells are the frequencies of cases; (b) the categories of the variables should be mutually exclusive; (c) each subject contribute data to one and only one cell in the $\chi^2$; (d) the study groups should be independent; (e) there should be two categorical variables; and (f) the expected cell value should be more than 5 in at least 80% of the cells.

RESULTS

RQ 1: Patterns of counselor burnout

Table 1 displays the fit indices for the LPA models ranging from two to six profiles. We ultimately chose to conduct our analysis using the six-profile model due to several reasons. First, the profiles from the five-profile model had less than 5% of the sample. Additionally, the seven-profile model displayed poorer fits to the data based on its information criteria ($\text{AIC} = 12,198.310$, $\text{BIC} = 12,377.071$, $\text{SaBIC} = 12,231.136$) and model comparisons ($p$-value of LMR = 0.797 and BLRT = 1.0) than the six-profile model. Therefore, considering all indices of classification, the four-profile model was the best fit to the data (entropy = 0.83, $\text{AIC} = 12,273.773$, $\text{BIC} = 12,382.584$, $\text{SaBIC} = 12,293.754$, $p$-value of BLRT = 0.001). We excluded the five- and six-profile models following the recommendation that each profile should consist of more than 5% of the sample (Tein et al., 2013). Among the remaining profile models, the four-profile model displayed the largest entropy. Moreover, the four-profile model had the lowest scores for the information indices ($\text{AIC}$, $\text{BIC}$, and $\text{SaBIC}$) and a significant BLRT. Although LMR-
LRT was only significant for the two-profile model, we gave more weight to BLRT following Nylund et al.’s (2007) recommendations. Thus, our final model was based on the four profiles illustrated in Figure 1.

The largest profile \((n = 167, 46.4\%)\) contained counselors who are experiencing relatively low levels of Exhaustion \((M = 44.30)\), Incompetence \((M = 46.41)\), Negative Work Environment \((M = 45.92)\), Devaluing Client \((M = 45.60)\), and Deterioration in Personal Life \((M = 45.16)\). We referred to these counselors as Well-Adjusted Counselors (WACs) in line with Lee et al.’s (2010) labeling, given the similarity of the patterns of the low scores on all burnout subscales. Our second profile \((n = 68, 18.9\%)\) comprised counselors who showed averaged levels of Exhaustion \((M = 50.48)\), Negative Work Environment \((M = 51.21)\), and Deterioration in Personal Life \((M = 50.63)\) but relatively higher levels of Incompetence \((M = 53.38)\) and Devaluing Client \((M = 58.63)\). These counselors are detached from their clients’ needs despite not being fatigued, and thus labeled asDisconnected Counselors (DCs; Lee et al., 2010; Savicki & Cooley, 1981). The third profile \((n = 22, 6.1\%)\) represented Impaired Counselors (ICs) with the highest scores on all burnout subscales (Exhaustion \([M = 59.68]\), Incompetence \([M = 58.62]\), Negative Work Environment \([M = 56.46]\), and Deterioration in Personal Life \([M = 56.58]\)), in addition to extremely high on Devaluing Client \((M = 69.83)\). Our last profile \((n = 103, 28.6\%)\) included Persevering Counselors (PCs) characterized by relatively high levels of Exhaustion \((M = 56.84)\), Negative Work Environment \((M = 54.40)\), and Deterioration in Personal Life \((M = 55.99)\), but relatively averaged or low Incompetence \((M = 51.70)\) and Devaluing Client \((M = 47.17)\). This was also consistent with Lee et al.’s (2007, 2010) finding of the counselors who are exhausted in their working and personal life but responsive to their clients.

**RQ 2: Associations between burnout patterns and self-discrepancy**

The results of the Chi-square tests found that there were significant relationships between the four profiles of counselor burnout and self-discrepancy groups (i.e., “1”: Lower professional self, “2”: No discrepancy, and “3”: Higher professional self) across certain types of counselor qualities from the CSI. The particular items of the CSI included “open-minded,” “stable,” “dependable,” “consistent,” “empathic,” “optimistic,”
“trustworthy,” and “sociable.” All tests indicated moderate to strong effect sizes given the number of degrees of freedom (Akoglu, 2018). Specifically, the following counselor qualities were found to be significant with detailed statistical results: “open-minded (χ² (6) = 24.669, p < 0.001, V = 0.185),” “stable (χ² (6) = 23.548, p < 0.01, V = 0.181),” “dependable (χ² (6) = 12.976, p < 0.05, V = 0.134),” “consistent (χ² (6) = 12.801, p < 0.05, V = 0.133),” “empathic (χ² (6) = 21.932, p < 0.01, V = 0.175),” “optimistic (χ² (6) = 18.563, p < 0.01, V = 0.161),” “trustworthy (χ² (6) = 16.275, p < 0.05, V = 0.150),” and “sociable (χ² (6) = 23.925, p < 0.01, V = 0.182).” The values presented in parentheses after each quality represent the Chi-square statistic, degrees of freedom, and p-value of the corresponding Chi-square test. The V values represent the effect size for Chi-square tests (Cramér, 1946) or the strength of the association between the burnout profiles and self-discrepancy groups. Figure 2 displays the frequency distributions for all CSI items that were found to be statistically significant.

<table>
<thead>
<tr>
<th>Indices of classification</th>
<th>The number of latent profile (k)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
<td>Entropy</td>
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<td>0.738</td>
<td>0.767</td>
<td>0.833</td>
<td>0.838</td>
<td>0.895</td>
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<td>12,176.458</td>
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<td>12,434.763</td>
<td>12,382.584</td>
<td>12,374.544</td>
<td>12,331.902</td>
<td>12,377.071</td>
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<td>SaBIC</td>
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<td>12,364.968</td>
<td>12,293.754</td>
<td>12,266.678</td>
<td>12,205.001</td>
<td>12,231.136</td>
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<tr>
<td>LMR-LRT</td>
<td>269.862***</td>
<td>81.911</td>
<td>85.086</td>
<td>42.163</td>
<td>61.199</td>
<td>−9.670</td>
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<tr>
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<td>−6333.501***</td>
<td>−6194.749***</td>
<td>−6152.634***</td>
<td>−6108.887***</td>
<td>−6079.571***</td>
<td>−6048.229</td>
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<td>Population rate (%)</td>
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Abbreviations: AIC, Akaike information criterion; BIC, Bayesian information criterion; BLRT, bootstrapped likelihood-ratio test; LMR-LRT, Lo–Mendell–Rubin likelihood ratio test; LRT, likelihood ratio test; SaBIC, sample size-adjusted BIC.

*p < 0.05; **p < 0.01; ***p < 0.001.
**DISCUSSION**

Understanding the heterogeneous patterns of burnout among counselors is crucial for promoting counselor wellness and preventing sustained impairment. This study is, to our knowledge, one of the pioneering efforts to explore the associations between counselor burnout and their personal and professional self-discrepancies. By employing a person-centered and model-based LPA, instead of a variable-centered approach, the current study identified four distinct profiles of counselors. We further examined the relationship between the burnout profiles and personal–professional self-discrepancy across 27 counselor qualities. It is important to note that these profiles were established based on self-reported burnout ratings at a specific time point, meaning that a counselor’s classification into a certain profile may vary over time. Our findings not only replicate the distinct burnout profiles previously identified among counselors by Lee et al. (2010), but they also reveal a new subgroup labeled as ICs, characterized by the most severe burnout symptoms. Overall, our study contributes to the field by shedding
light on the complex nature of counselor burnout and its associations with personal and professional self-discrepancies.

RQ 1. Patterns of counselor burnout

Our findings regarding the first research question exhibited comparable but unique profiles when compared to Lee et al.’s (2010) classification. Specifically, WACs, DCs, and PCs exhibited profiles that were consistent with those identified in the previous study, while ICs exhibited a distinguishable pattern characterized by more severe burnout symptoms across all five dimensions of burnout than all other profiles. The discovery of the ICs profile makes a substantial contribution to the existing literature. ICs reported significantly higher levels of Devaluing Client than other dimensions of counselor burnout, which reflects a lack of interest and apathy toward clients and counseling work (Lee et al., 2007; Taris et al., 2005). As noted in Lee et al.’s (2010) study, vicarious traumatization and compassion fatigue may have contributed to the prevalence of Devaluing Client. Thus, ICs may represent individuals experiencing various burnout symptoms and face significant difficulties in engaging with their clients due to their impairment.

The profile that included the most counselors (n = 167, 46.4%) was WACs, with approximately half of the professional counselors. This profile is associated with the lowest risk of displaying burnout symptoms. The second most prevalent profile was PCs (n = 103, 28.6%), followed by DCs (n = 68, 18.9%). Notably, PCs and DCs show opposing patterns across the five burnout subscales, consistent with the findings from Lee et al. (2010). PCs are characterized by mild–moderate levels of burnout symptoms overall, except for lower Devaluing Client. These counselors appear to struggle with exhaustion, negative work environments, and deterioration in their personal life while still valuing their work and clients. One explanation for this could be their prioritization of the therapeutic relationship despite experiencing burnout symptoms. DCs also show mild–moderate burnout symptoms, but this profile is characterized by considerably higher levels of Devaluing Client than both WACs and PCs. DCs may experience emotional detachment from and depersonalization toward their clients, although they do not appear to experience exhaustion, negative work environment, or
personal life deterioration. This profile can be regarded as another risk group that is likely to progress to ICs, characterized by the highest scores in all subscales, particularly high scores in Devaluing Client from their relative self-rated scores.

![Figure 2](image-url)  

**FIGURE 2** Personal–professional self-discrepancy by burnout profiles. *Note*. This figure describes selected items from Counselor Self-Discrepancy Inventory, which showed statistical significance from Chi-square tests.

**RQ 2. Associations between burnout patterns and self-discrepancy**

The results of a series of Chi-square tests exhibited statistically significant relationships between burnout profiles and self-discrepancy groups across eight...
counselor qualities. The patterns of self-discrepancy (i.e., Lower professional self, No discrepancy, and Higher professional self) varied among those eight counselor qualities, indicating inconsistent relationships between burnout and self-discrepancy. It is crucial to note these variations to gain a comprehensive understanding of the complex interplay between burnout and self-discrepancy in counselor qualities.

For “open-minded,” the majority of WACs (66.5%), ICs (54.5%), and PCs (67.0%) identified themselves as No discrepancy, while DCs showed a significantly higher percentage of Lower professional self (20.6%) and Higher professional self (41.2%) than other profiles did. This result suggests that DCs, characterized by higher levels of Devaluing Client and mild–moderate burnout symptoms overall, may experience gaps between their personal lives and work settings in terms of open-mindedness or their ability to maintain an unprejudiced mindset toward new ideas, values, and cultures (Van der Zee & Van Oudenhoven, 2001). This discrepancy may hinder their ability to connect with clients, potentially resulting in emotional detachment and depersonalization, which are unique characteristics observed among counselors in DCs.

Regarding “stable,” the majority of WACs (70.1%), DCs (66.2%), and PCs (52.4%) identified as No discrepancy, whereas ICs showed a significantly higher percentage of Higher professional self (63.6%). This finding suggests that counselors in ICs may face emotional and environmental instability, such as personal trauma or crisis, in their personal lives (Lawson & Venart, 2005) while striving to maintain a high level of “stable” as an important quality in their professional counseling setting, which may ultimately contribute to the exacerbation of burnout symptoms. For “dependable,” the majority of all profiles identified as No discrepancy (ranging from 50.0% for ICs to 73.1% for WACs), but ICs showed the highest percentage of Higher professional self (40.9%). As for “consistent,” the majority of WACs (57.5%), DCs (55.9%), and ICs (50.0%) identified as No discrepancy, while ICs showed significantly higher percentages of Higher professional self (45.5%), followed by PCs (38.8%). These results may also be attributed to a similar mechanism to that of “stable” quality.

Regarding “empathic,” the majority of WACs (66.5%) and PCs (52.4%) identified as No discrepancy, while ICs showed the highest percentage of Higher professional self
This result indicates that counselors in ICs might have heightened the quality of “empathic” in their professional counseling setting relative to personal self, even when they were not capable of emphasizing with clients, which might lead to worsening burnout symptomatology. For “optimistic,” the majority of DCs (51.5%), ICs (59.1%), and PCs (64.1%) identified as Higher professional self, except for WACs where the majority showed No discrepancy (52.1%). Regarding “trustworthy,” most WACs (70.1%), DCs (69.1%), and PCs (68.9%) identified themselves as No discrepancy, while ICs showed a significantly higher percentage of Higher professional self (40.9%). Moreover, a relatively higher percentage of Lower professional self was found in DCs (19.1%) and ICs (18.2%). For “sociable,” the majority of ICs (68.2%) and PCs (59.2%) identified themselves as Higher professional self, while a majority of WACs (53.9%) identified themselves as No discrepancy.

The finding that WACs had the highest percentage of No discrepancy group in all eight counseling qualities suggests that these counselors have achieved a more integrated self, which is essential for effective counseling. The integration of personal and professional selves maximizes the potential of counselors as therapeutic tools in therapeutic relationships (Dewane, 2006; Edwards & Bess, 1998). The importance is further highlighted by the potential negative consequences of self-discrepancies, such as psychological discomfort and burnout (Higgins, 1987; Lee, 2018). Achieving an integrated self involves self-exploration and awareness of personal traits, values, belief systems, and relational dynamics (Dewane, 2006). Therefore, WACs may represent a group that has invested time in self-exploration and monitoring of their personal and professional qualities, resulting in a more integrated self that enhances their effectiveness as counselors in the therapeutic process compared to other profiles.

Overall, the findings suggest that there are significant associations between burnout profiles and personal–professional self-discrepancy in counselor qualities, with ICs showing the highest percentage of Higher professional self in key qualities such as “stable” and “empathic.” Informed by Higgins’ (1987) self-discrepancy theory, this finding may support the idea that counselors who experience discrepancies between their ideal and actual selves experience emotional vulnerabilities, which can contribute to developing burnout symptoms. Notably, in most counselor qualities that showed
significant relationships with burnout profiles, the proportions of Higher professional self were greater than those of Lower professional self. This implies that counselors belonging to profiles with burnout symptoms (i.e., DCs, ICs, and PCs) may be attempting to prioritize desirable counselor qualities over their actual selves.

Implications

There are numerous practical implications from the findings of this study. First and foremost, the person-centered approach can be a valuable tool to comprehend the phenomenon of counselor burnout, considering its multidimensional nature, and to identify each counselor’s unique pattern of burnout. Professional counselors should recognize that their burnout symptoms may exhibit a specific pattern, instead of being placed on a linear continuum of low to high burnout. Instead of using a sum score of a burnout scale or assessment, we suggest using profiling by subscales (see Figure 1) or depicting a pentagon for five subconstructs of burnout to identify one’s burnout pattern (e.g., see Appendix from I. Kim et al., 2023). Counselors or their supervisors can use guiding questions to address the identified burnout profile, such as “How would you describe what is happening to you given the shape of this profile?” “What do you think about how your sense of self-discrepancy in professional qualities of counselors has affected the shape of this profile?” and “What shape of profile do you want to see for yourself a couple of months from now? What strategies can you think of to make the new shape?” Based on the findings from the current study, counselors can better understand their burnout pattern and develop prevention and intervention strategies to address their burnout symptomatology.
The implications of this study are significant not only for all counselors but also for their colleagues and supervisors, as well as for those falling under each category of burnout profile. Counselors categorized as WACs, who demonstrate effective management of their stress and burnout symptoms, should prioritize the prevention of transitioning into other burnout profiles, as burnout symptomology can vary over time (Mullen et al., 2017). During the training, counselor educators can serve an important role in developing the necessary awareness and proactive strategies to address burnout from the beginning of the training (Roach & Young, 2007). Effective prevention of burnout involves practicing coping strategies and skills that promote wellness, enhancing professional competence, and eventually maximizing the experience of professional success (Bradley et al., 2013; Lee et al., 2007; Skovholt et al., 2001). Burnout can also be prevented by implementing structured group supervision activities with a focus on the humanistic existential theoretical constructs of congruence, self-acceptance, personal choice, and meaningfulness (Lambie, 2006). Given that excessive administrative work can lead to counselor burnout (Hamelin et al., 2022), counseling organizations should identify and consider reducing non-therapeutic administrative tasks to prevent counselor burnout by delegating them to administrative staff, using technology to automate processes, and streamlining administrative procedures.

Due to the severity of burnout symptoms, particularly Devaluing Client, it is crucial for counselors in the ICs to take immediate action. It may be helpful for those counselors to consider temporarily pausing their counseling services until they can recover from their own crises or challenges and resume their responsibilities safely as recommended by the ACA Code of Ethics. Intensified supervision or professional consultation as well as seeking individual counseling services are recommended to address personal crises or challenges (Lawson, 2007; Lawson & Venart, 2005). To advance their overall wellbeing and transition from this phase of burnout toward WACs, counselors in ICs are encouraged to promote interconnected wellness. This includes promoting their cognitive (e.g., engaging in lifelong learning), physical (e.g., nutrition, grounding through our senses), emotional (e.g., self-reflection on what causes impairment, expressing stressful emotion), and relational (e.g., seeking support from
family and friends) aspects of wellness (Venart et al., 2007). Supervisors could further assist these counselors in transitioning toward better functioning in their burnout trajectory. Counselors may feel compelled to present desirable counselor qualities in professional settings that do not align with their true selves. In the long run, supervisors can support counselors in addressing the personal–professional self-discrepancy in counselor qualities, as these discrepancies could lead to impairment. Additionally, providing trauma-informed supervision can mitigate risks and aid recovery for counselors who have been impacted by vicarious traumatization or secondary traumatic stress (Jones & Branco, 2020). The comparison between DCs and PCs highlights the need for different approaches depending on the characteristics of each profile. PCs can particularly benefit from balancing self-care and other-care on the assumption that they may be individuals who strive to fulfill their ethical and professional duties but struggle to maintain a good work–life balance. Colleagues and supervisors should also address negative work environments to relieve their burden. Skovholt et al. (2001) suggested four elements to create a work environment that facilitates growth, which includes leadership promoting a healthy other-care/self-care balance, support from peers and mentors, mentoring others, and having fun. In addition to these efforts to build a positive work environment, emotional support, as well as adjustment of workload (e.g., caseload, working hours), may benefit them in addressing emotional exhaustion (J. J. Kim et al., 2018). Moreover, PCs should build a variety of strategies for self-care. As indicated by previous studies (Bradley et al., 2013; Dye et al., 2020), these counselors are particularly suggested to practice mindfulness, validation of their efforts, journaling, and other creative approaches to self-care in order to address the deterioration in their personal life.

With the understanding that DCs present relatively higher levels of Devaluing Client, compared to PCs, counselors in this profile should be cautioned not to depersonalize their clients. These counselors may benefit from being educated and trained again on the ACA Code of Ethics (2014), particularly concerning counselors’ ethical obligations to monitor effectiveness (C.2.d) and seek consultation on ethical issues (C.2.e). Failing to take appropriate steps when signs of potential impairment are detected could end in a critical violation of ethical and professional responsibilities and
further imminently harm the counseling process and client welfare. Supervisors should carefully monitor the professional services provided by these counselors to prevent harm to client welfare (F.1.a). DCs may aggravate their burnout symptoms, if they remain unattended, to the levels of ICs. Thus, counselors and supervisors are suggested to build a collaborative plan to address their Devaluing Client and other burnout symptoms.

The significant associations between the counselor burnout profiles and the self-discrepancy in counselor qualities highlighted the importance of developing an integrated self of a counselor, which can be reached through self-exploration. Therefore, counselors should secure time to explore their personal and professional qualities, as well as their suitability for the profession, and monitor how their personal and professional self-discrepancy may hinder their effectiveness as professionals. Counselor educators and supervisors can assist counselors’ self-exploration by opening up genuine conversations throughout the training process about their personal and professional qualities as well as the discrepancies between the two qualities.

**Limitations and future directions**

Several limitations should be considered despite the abundant strengths and implications of this study. First, we did not attempt to oversample clinical mental health counselors who historically belong to marginalized social identities, such as gender, race/ethnicity, and other identity markers. Therefore, only about 25% of the sample identified as non-White and only two cases identified as non-binary regarding gender. These limitations restricted our analyses to generating implications for counselors who identify themselves as underrepresented populations. Future research should aim to collect data from more diverse and larger samples of ethnically and culturally diverse counselors to identify unique associations between burnout patterns and social identities. Second, the data and analyses used in this study are based on a cross-sectional research design, which limits our ability to draw a conclusion that confirms causal relationships between burnout patterns and self-discrepancies in counselor qualities. Future research should consider using longitudinal data to examine how and which personal and professional self-discrepancies can contribute to developing.
particular types of burnout profiles, as suggested in this study, or vice versa (i.e.,
burnout symptoms causing self-discrepancy in counselor qualities). Third, it is advisable
to exercise caution when applying the current research findings stemming from the
investigation on single items of the CSI because the use of the single items is deviated
from the original design of the CSI. While the CSI was intended to estimate counselors’
self-discrepancies as total CSI scores, the current study investigated the associations
between counselor burnout profiles and the single items of the CSI. Thus, additional
cautions are suggested when interpreting the findings from the current study. Last, also
related to the survey data, the self-report data may have introduced biases in responses.
Researchers are suggested to consider a multi-informant approach in collecting data, for
example, from supervisors or clients, to increase the validity of the data.

CONCLUSION

The current study is a pioneering investigation into the relationship between
counselor burnout and personal and professional self-discrepancy in counselor qualities.
Using an LPA, we found evidence supporting a four-profile model of counselor burnout,
comprising WACs, DCs, ICs, and PCs. Unlike traditional burnout research, which has
typically used a single continuum to describe different levels of burnout, our study
reveals unique burnout profiles for counselors with various patterns of burnout
symptoms. Our study aids professional counselors in recognizing their particular
burnout pattern and gaining a better understanding of their burnout symptomatology,
which will further assist them in developing appropriate strategies that may be uniquely
tailored to their pattern. In addition, significant associations were identified between the
burnout profiles and self-discrepancies in multiple counselor qualities, highlighting the
importance of exploring and monitoring personal and professional qualities, as well as
discrepancies between them, to maximize counselor effectiveness.

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