A Study of the Relationships Among and Between Factors Within the Workplace,

Emotional Exhaustion and Turnover Intention in Professional Counselors

by

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Abstract

The purpose of the current study was to gain an understanding of the relationships among and between factors within the workplace, emotional exhaustion, and turnover intention; specifically in mental health counseling settings. This study sought to discover if and how certain factors within workplace settings, studied through the evaluation of organizational justice perception, impact emotional exhaustion and turnover intention in professional counselors. This study employed a quantitative design and reported results that identify how factors within the workplace (perception of organizational justice) correlate with emotional exhaustion and turnover intention in professional counselors. With this knowledge, professional counselors and counseling agencies will begin to identify strategies to be employed within mental health workplaces that support counselor wellness and decrease burnout symptoms, such as emotional exhaustion. Further, understanding the aspects of work and organizational culture that are associated with emotional exhaustion is critical if the larger issue of counselor turnover is to be addressed. Additionally, further discussions of the study findings are also presented. Results have significance for understanding the close correlations among organizational justice, emotional exhaustion and turnover intention in professional counselors. Implications of the study for counselor education are also discussed.

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CHAPTER I. INTRODUCTION AND REVIEW OF THE LITERATURE

Introduction

Although counselor wellness and burnout are widely discussed and researched in the field of mental health, diminished wellness, emotional exhaustion, counselor burnout and high turnover rates remain steadily prevalent in counseling agencies (Green, Miller, & Aarons, 2013; Lawson & Venart, 2005; Skovholt, 2001). Because the consequences of diminished wellness, emotional exhaustion and counselor burnout are harmful for counselors, mental health agencies, and clients, it is important to examine the consequences and factors that contribute to this dangerous phenomenon. Professional mental health counselors are at a particularly high risk for burnout due to the intense and psychologically close work counselors do with clients, which is an occupational hazard that cannot be controlled for or changed as it is in the nature of the work (Skovholt, 2001). With this understanding, identifying work related factors that can be modified and controlled to support counselor wellness is imperative to address counselor burnout and further, support employee retention.

Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, yet much of the literature notes that environment is a component of wellness that is sometimes overlooked. Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). If the work environment does not value employee wellness or allow for revitalization, employees (professional mental health counselors) may become distressed and impaired (Maslach, Leiter, & Schaufeli, 2008). Roscoe (2009) stated

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that an individual's interaction with physical space, nature, neighborhood, community, and workplace can have enormous impact upon individual wellness, just as an individual can have a positive or negative impact on the environment.

Working environments have been identified as a contributing factor in the development of diminished wellness and counselor burnout with symptoms presenting as: poor work performance, irritability, inadequacy, feelings of failure, sleeplessness, and exhaustion among others (Jordan, 2010). Available literature identifies several work environment factors linked to the contribution of diminished wellness and counselor burnout such as: caseload (heavy and unmanageable), (lack of) available resources, (lack of) autonomy, and unjust role expectations (Broome et al., 2009; Ducharme, Knudsen & Roman, 2008; McNulty et al., 2007). Similarly, Maslach (2003) identified environmental factors within the workplace that closely parallel with aforementioned factors that lead to diminished wellness and counselor burnout including: work overload, lack of control in the workplace, unsupportive and unhealthy work peers, and ineffective/punitive supervisors. These environmental factors can all lead to increased risk of or a hastening development of counselor burnout.

It is imperative to continue researching the phenomenon of burnout and all factors that may contribute to it, and to develop more effective prevention strategies and interventions to support counselor wellness in order to protect continuity of care for clients, client wellbeing, quality of service, higher productivity of counselors, and to promote accessible mental health care to the public. Although evidence suggests that the independently employed practices of self-care, optimism and providing colleague to colleague support are crucial for counselor wellness and job satisfaction (Warren et al., 2010), they are not easily maintained with little additional support from counseling agencies and workplaces.

This study examined professional mental health counselors' perceptions of organizational justice as a work-related factor or stressor that can be controlled to create a more positive or negative working environment. Organizational justice is an employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice comprises of three subsets: procedural justice, distributive justice and interactional justice (Yean & Yusof, 2016). These three measures of organizational justice were studied separately and collectively to determine the climate of the workplace. These subsets, and the measure of organizational justice as a whole, were studied to determine their influence on emotional exhaustion and turnover intention of professional counselors. This literature review will discuss important factors to be considered in this study. These factors include: the concept of counselor wellness, burnout, the particular risk for burnout and impairment professional counselors face, and the impact that counselor burnout has on counseling agencies. Additionally, the importance of studying working environments in relation to counselor wellness and risk burnout, the concept of organizational justice and how organizational justice can be a stressor within the workplace will be discussed and related to the current study.

Wellness

Wellness is defined in many different ways throughout the literature. Renger et al. (2000) explain that wellness embodies a way of living that encourages individuals to seek a balance in their lifestyle designed to improve the quality of life. Influenced by Myers, Sweeny and Witmer (2000), Neswald-Potter, Blackburn and Noel (2013) define wellness as a condition of choice, well being that strengthens a person's potential. Archer, Probert and Gage (1987) define wellness as a movement of mind, body and spirit towards maximum human functioning.

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Neswald-Potter, Blackburn and Noel (2013) conducted a phenomenological, qualitative research study that sought to discover how professional counselors defined and maintained wellness. They found that when asked to define wellness, participants' responses were consistent and yielded a trend. Responses were bracketed into three distinct categories: (a) health (physical, emotional, spiritual, and mental); (b) relationships; and (c) fun. The researchers shared that health was the largest category of personal wellness. The World Health Organization defines health beyond the mere absence of disease and as a holistic movement towards physical, mental, and social wellbeing. This definition supports the construct of health as holistic, not limited to physical health. This understanding of holistic health directly parallels with definitions of wellness.

It is interesting to find that literature regarding counselor wellness is more focused on counselor impairment and remediation (Hendricks et al., 2009; Linley & Joseph, 2007) than on identification of prevention strategies that may be employed to maintain counselor wellness. Student wellness and the incorporation of wellness trainings in higher education settings are discussed in the literature, yet empirically supported, preventative measures that counseling agencies can employ to support counseling professionals and organizational wellness is limited (Meyers et al., 2012).

The ACA Code of Ethics (2014) strongly encourages counselors to promote and maintain their emotional, physical, mental and spiritual wellbeing by engaging in self-care activities to provide effective and appropriate care to clients (ACA Code of Ethics, 2014, Sec. C). Furthermore, the ACA Code of Ethics (2014) urges counselors to be mindful of signs of personal and professional impairment and to not provide professional mental health services when impaired. Counselors are directed to seek assistance for problems that reach the level of

professional impairment. These codes of ethics ask counselors to assist colleagues or supervisors in recognizing their own professional impairment and are urged to provide consultation and assistance when colleagues or even supervisors show signs of impairment. Counselors are even urged to intervene as appropriate to prevent imminent harm to clients (ACA Code of Ethics, Sec C.2.g.). It is interesting to note that the code does not direct counseling agencies to monitor employee (counselor) wellness or intervene or assist when wellness is diminished.

Much of the literature available on counselor wellness points to counselor self-efficacy and intrinsic motivation to employ self-directed strategies that control for counselor wellness (Scovhalt & Mathison, 2014), yet Shain and Kramer (2004) support the idea that some physical and psychosocial aspects of the working environment can influence the abilities of individuals to care for their own wellbeing and to maintain their own personal resources. As it is an ethical duty for professional counselors to monitor and maintain wellness (ACA Code of Ethics, 2014, Sec. C), and understanding that working environments can impact wellness (Carrola, Olivarez, & Karcher, 2016) collective effort among counseling professionals and work setting administration to support counselor wellness is appropriate and imperative. The code of ethics places responsibility on individual counselors to not only maintain their own wellness, but to additionally support colleague and supervisor wellness. While this may seem like an easy task to accomplish and possibly even viewed as a second nature for counselors, this is not so easily put into practice when a counselor is experiencing an unmanageable case load, holds unclear role expectations and perceives an unfair working environment (Broome et al., 2009; Ducharme et al., 2008; McNulty et al., 2007). Diminished counselor wellness can lead to the hastening of burnout development (Schaufeli, Leiter & Maslach, 2009). The next subsection will discuss the concept of counselor burnout.

Burnout

Burnout can be understood simply as a state of mind embodying diminished wellness (Schaufeli, Leiter, & Maslach, 2009). The phenomenon of counselor burnout is defined and described in the literature in many different ways, yet all descriptions parallel and have a similar foundation. Maslach, Schaufeli, and Leiter (2001) defined burnout as the response elicited from exposure to emotional and interpersonal stressors at work. This concept consists of three dimensions: emotional exhaustion (inability to feel compassion for clients), depersonalization (detachment from the emotional needs of client), and reduced personal accomplishment (critical evaluation of oneself) (Maslach, Schaufeli, & Leiter, 2001). This definition and its dimensions are consistent with the Maslach Burnout Inventory (MBI-HSS), which is used to measure emotional exhaustion in this study.

Osborn (2004) noted similar elements when describing burnout as the process of emotional and physical exhaustion caused by conditions at work or, more concisely, prolonged job stress. Burnout is defined by Stamm (2005) as being associated with feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively and that the feelings usually have a gradual onset and reflect the feeling that one's efforts make no difference. Feeling like one's efforts make no difference is particularly hazardous in the field of counseling as counselors are in the direct business of eliciting progress and change. Burnout has been described by Nelson (2016) as a state of fatigue or frustration that develops from investment in a cause, way of life, or relationship that, over time, does not provide the desired reward or produce the desired outcome. This is largely due to excessive demands of energy, time, strength and personal resources in the work setting (Nelson, 2016). Finally, Howlett and Collins (2014) describe burnout as emotional and physical exhaustion often as a result of being overloaded at

work. Although counselor burnout is widely discussed and researched, it steadily continues to be a prevalent issue. Because the consequences of counselor burnout are harmful for counselors, mental health agencies and clients, it is important to examine these consequences and factors that contribute to this dangerous phenomenon.

Risk for Burnout and Impairment

Professional counselors encounter multiple factors that threaten their wellness (Lawson, 2007). For instance, due to the intense and psychologically close work counselors do with clients, they are at a particularly high risk for burnout (Skovholt, 2001). Counselors also may experience occupational hazards such as compassion or empathy fatigue and vicarious traumatization (Lawson, 2007; Stebniki, 2007). Vicarious traumatization occurs when a counselor becomes emotionally impaired due to being exposed to an accumulation of traumatic stories from multiple therapy sessions (McCann & Perlman, 1990). Therefore, the actual nature of counselors' work is a potential threat to their ability to maintain holistic wellness. Given the knowledge of these inevitable occupational hazards, priority must be placed on controllable factors to support and maintain counselor wellness, such as factors within the working environment. Risk for diminished wellness and counselor burnout is high and consequences are perilous (Lawson & Venart, 2005).

Ohrt and Cunningham (2012) highlighted that when counselors fail to address burnout it can lead to impairment. Impairment involves failure to provide competent care to clients and/or violating ethical standards of the profession and is described as an interference in professional functioning (Reamer, 1992). Puig at al. (2012) reported that 75.7% of mental health professionals stated that impairment of mental health professionals is a significant hazard to the profession and 63.5% reported knowing a fellow counselor whom they would consider impaired.

Also, the authors found a strong inverse relationship between job burnout and wellness. In order to protect clients and uphold the ethical concept of nonmaleficence, a foundational principle of the counseling profession that asserts that therapists have the obligation to not inflict harm onto the client, counseling professionals must have the ability to recognize and treat symptoms of burnout (Lawson & Venart, 2005).

Literature suggests that counselors suffering from burnout have low productivity, are less effective with clients, and have more interpersonal conflicts than those counselors who are not suffering from burnout (Oser et al., 2013). The distressed counselor may exhibit empathy fatigue, dehumanize clients, and behave in a less professional manner (e.g., frequent tardiness) (Maslach, 2003). Boyatzis, Goleman, and Rhee (2000) describe empathy as the ability to understand the emotional makeup of others. Stebniki (2007) defined empathy fatigue as a state wherein counselors are exhausted by their duties because of their constant exposure to the suffering of others, which induces feelings of hopelessness and despair. These symptoms of distress directly impact a client's experience and potential for growth in counseling. Empathy fatigue impairs a clinician's ability to accurately conceptualize clients and client experiences, thus causing the counselor to potentially avoid addressing key emotions, experiences and responses of the client.

Impact of Burnout on Counseling Agencies

Counselor burnout has a negative impact on agencies because counselors who experience high levels of stress within their work environment and develop diminished wellness and burnout are likely to leave that workplace. Community-based agencies that may provide inpatient or outpatient services, and especially substance abuse treatment centers historically experience high employee turnover rates (Green, Miller, & Aarons, 2013). Certain stressors within the substance

abuse treatment profession are difficult to mitigate (Shoptaw, Stein, & Rawson, 2000). For example, substance abuse treatment agencies face an increasingly unmanageable environment because they are expected to deliver more and higher quality services with fewer resources (Lamb, Greenlick, & McCarty, 1998). Also, substance abuse counselors are at high risk for burnout due to stressors such as a high rate of clients denying their problems, lacking the motivation to change, being homeless, relapsing, being involved with the criminal justice system, having significant health problems such as HIV/AIDS, and often having co-occurring mental health disorders. These factors, alongside low wages and a lack of prestige in their job, contribute to diminished wellness, counselor burnout and high turnover rates (Covington, 2007; Ducharme et al., 2007; Garner, Knight, & Simpson, 2007; McNulty et al., 2007). Additionally, community-based agencies in general yield high levels of stress and burnout. In a survey that included 501 professional counselors, Lawson (2007) found that those working in community agencies experienced higher levels of burnout and compassion fatigue and vicarious traumatization than those working in private practice.

High turnover rates and counselor burnout are dangerous for both client wellbeing and agency productivity. High rates of staff absenteeism and a lack in continuity of counselor care have been linked to clients prematurely withdrawing from treatment (Bowen & Twemlow 1978; McCaul & Svikis 1991; McKay, 2009; Schaefer et al., 2005). Also, turnover is costly for agencies, requiring recruitment, hiring, and training of new counselors (Alexander, Bloom, & Nuchols, 1994). Another risk is that time and resources spent replacing clinical staff may undermine organizational efforts to adopt and implement evidence-based treatment practices, which is a pivotal part of providing measureable care (Carroll & Rounsaville, 2007). The next section will discuss working environments and their role in impacting counselor wellness.

Work Environments

As previously reviewed, it is important to consider the causes of burnout, as the effects are dangerous not only for therapists and agencies, but chiefly for clients. For the purpose of this review, the term 'work environment' is conceptualized as synonymous with the term 'work culture'. Work culture is viewed as the environment that surrounds you at work all of the time; a powerful element that shapes work enjoyment, work relationships, and work processes (Heathfield, 2018). Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, yet much of the literature notes that environment is a component of wellness that is sometimes overlooked.

Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). If the work environment does not value employee wellness or allow for revitalization, employees (counselors) may become distressed and impaired (Maslach, Leiter, & Schaufeli, 2008). Roscoe (2009) stated that an individual's interaction with physical space, nature, neighborhood, community, and workplace can have enormous impact upon individual wellness, just as an individual can have a positive or negative impact on the environment.

Working environments have been identified as a contributing factor in the development of diminished wellness and counselor burnout with symptoms presenting as: poor work performance, irritability, inadequacy, feelings of failure, sleeplessness, and exhaustion, among others (Jordan, 2010). Available literature identifies several work environment factors linked to the contribution of diminished wellness and counselor burnout such as: caseload (heavy and unmanageable), (lack of) available resources, (lack of) autonomy, and unjust role expectations (Broome et al., 2009; Ducharme et al., 2008; McNulty et al., 2007). Similarly, Maslach (2003) identified environmental factors within the workplace that closely parallel with aforementioned

factors that lead to diminished wellness and counselor burnout including: work overload, lack of control in the workplace, unsupportive and unhealthy work peers, and ineffective/punitive supervisors. These work-related factors can all lead to increased risk of, or a hastening development of, burnout.

Another key element of the work environment is perceived fairness of program management. In a study of professional mental health counselors, perceived unfair treatment and inequity on the job led to increased resentment, which predicted turnover (Geurts et al., 1998). In comparison, work settings characterized by higher levels of procedural and distributive justice tended to have lower levels of turnover (Lum et al., 1998). It has been predicted that counselors working in settings in which the established pattern of interaction provides a sense of autonomy, fairness, and interpersonal support will be less likely to express symptoms of emotional exhaustion. They are also less likely to desire to quit their jobs (Ducharme et al., 2008). This study focused on perceived organizational justice as a work stressor that may have a correlation with emotional exhaustion and also turnover intention in mental health settings. It is believed that organizational justice within a work setting encompasses many of the aforementioned work stressors and is the most controllable and measurable work related factor.

Organizational Justice

Organizational justice is an employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice is comprised of three subsets: procedural justice, distributive justice and interactional justice (Yean & Yusof, 2016). Organizational justice is significant to study in counseling settings because the subsets of procedural, distributive, and interactional justice have been identified as work stressors and have been linked to negative emotions and intent to leave in employees (Fox, Spector, & Miles, 2001; Geurts et

al., 1998). In this study, the term 'justice' is used synonymously with 'fairness'. Justice within

the workplace can be understood as administrations' actions and decisions that are morally right

in agreement with law, ethical standards and religion (Yean & Yusof, 2016).

Dimensions of Organizational Justice

Procedural justice is an employee's perception of the fairness of the management

policies and procedures that regulate a process leading to decision outcomes (Colquitt, 2001).

Procedural justice focuses on process and how the steps taken by management meet a fair

decision and outcome. If employees perceive that administrative processes and procedures are

fair, then they will be more satisfied, develop a positive perspective of management decisions,

and likely have less conflict (Yean & Yusof, 2016). Shahid et al. (2018) found that procedural

justice moderates the relationship between emotional exhaustion and job-related outcomes. They

explained that if an employee perceives the fairness of procedures to determine outcomes that

he/she receives, then organizational loyalty and commitment in relation with emotional

exhaustion is strengthened. Previous studies also support their findings (Hur et al., 2014).

Distributive justice is the fairness associated with the decision related to the distribution

of resources within an organization (Colquitt, 2001). This is the allocation of both financial and

nonfinancial resources. These can be bonuses, salary, praise, and/or acknowledgement (Yean &

Yusof, 2016).

Interactional justice is the just treatment that an employee receives as the result of

managerial decisions (Colquitt, 2001). Interactional justice refers to the supervisor's or

"decision-makers" ways of explaining and implementing their procedures (Guruz & Mert, 2009).

It describes the interaction between recipients that are affected by decisions and the allocators of

distribution. Bies (2001) defines interactional justice as "the quality of interpersonal treatment

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employees experience when procedures are enacted" (p. 93). Individuals working in organizations expect supervisors to extend equal treatment to all members and they seek fair interaction with the organization. Supervisors or administrators who treat some employees with disrespect and others with respect are not perceived as fair. Therefore, justice is built as a result of supervisors' and administrators' treatment of their subordinates with respect and dignity (Folger-Bies,1989, pp. 79–90). Shahid et al. (2018) also found that interpersonal justice moderated the relationship between emotional exhaustion and job-related outcomes. They shared that if employees perceive that they are being treated with respect and cared for by their coworkers and administration, then organizational loyalty and commitment is strengthened.

Organizational Justice as a Stressor

Perception of injustice in the workplace fits explanations of job stressors as being situations that elicit an adaptive response (Jex & Beehr, 1991) or situations that elicit negative emotional reactions (Fox, Spector, & Miles, 2001). For example, the empirical work and seminal equity theory by Adams (1963) suggests that inequity (perception of injustice) drives individuals and groups to demonstrate adaptive responses in different ways, both behavioral (intention to leave) and cognitive (emotional exhaustion). Further research on justice has linked perceptions of injustice to negative emotions (e.g., Fox et al., 2001). Zohar (1995) specifically demonstrated the role of organizational justice in the job stress process as a role stressor, in the evocation of both consequent strain and negative emotional responses.

Fox et al. (2001) study on job stressors and their impact on employees found that job stressors, including perceived injustice related to both negative emotions and counter productive work behavior. Counterproductive work behavior is behavior meant to have a detrimental effect on organizations and their members and these behaviors include: overt acts such as aggression

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and theft, or more passive acts, such as purposely failing to follow instructions or doing work incorrectly (Fox et al., 2001). In this current study, perceived injustice is analyzed as a work stressor that may also contribute to emotional exhaustion and turnover intention.

Summary of the Literature Review

There have been many factors identified that contribute to the development of counselor burnout (Jordan, 2010; Lawson, 2007). Stress within the work environment embodies many different variables and has been identified as a contributor to counselor burnout and high turnover rates within community-based mental health and substance abuse treatment clinics (Broome et al., 2009; Ducharme et al., 2008; McNulty et al., 2007). As reviewed, counselor burnout and high turnover rates are dangerous in terms of protecting client wellbeing, general functioning and productivity of community agencies, and for the holistic health of mental health therapists (Alexander, Bloom, & Nuchols, 1994). Because of the prevalence of burnout in the counseling profession, high rates of turnover in community agencies and the dangers of burnout (to all involved), it is imperative to continue researching this phenomenon and to develop more effective prevention strategies and interventions to support counselor wellness.

Although evidence suggests that the independently employed practices of self-care, optimism and providing colleague to colleague support are crucial for counselor wellness and job satisfaction, they are not easily maintained with little additional support from community agencies. Considering the information gathered on workplace stress and wellness, it is easy to ascertain that a combination of self-directed care strategies and agency-employed preventative strategies are imperative to support and protect counselor wellness.

It is important to note that many descriptions of burnout within the literature identify conditions and negative variables within the work setting as a cause and contribute to burnout.

As work conditions are so heavily acknowledged in the literature as leading causes of burnout within other helping professions, it is important to focus on how work stressors impact professional counselors, specifically (Maslach, Leiter, & Schaufeli, 2008). While there is an abundance of literature surrounding the phenomenon of counselor burnout, there is little research and attention focused on how working environments and administrative justice play a role in this development. The purpose of this study is to build awareness of the relationships between and among factors within the workplace, emotional exhaustion and turnover intention in counseling agencies, and to systemically shift a portion of the responsibility to maintain counselor wellness onto counseling agencies and administration.

Significance of the Study

A thorough review of the literature revealed that there is an abundance of research on counselor burnout and contributing factors, and many implications and models for self-care and prevention strategies to be employed by the individual therapist (Howlett & Collins, 2014; Ohrt & Cunningham, 2012; Skovholt, 2001). However, there is a gap in the literature regarding systemic changes and strategies to be employed within counseling agencies that support counselor wellness within the workplace. Identifying the relationships among factors within the workplace, emotional exhaustion, and turnover intention in professional counselors and counseling agencies will inform further research in developing prevention strategies. This research aims to protect counselors, clients, and counseling agencies from the hazardous effects of burnout. Information gained from this study may be used in a movement towards systemic and organizational support for counseling professionals.

Statement of Purpose

The purpose of this study was to explore the relationships between and among professional counselors' perception of organizational justice within their work environments, counselor emotional exhaustion and turnover intention. The study of these relationships will help identify factors within the workplace that correlate with emotional exhaustion and turnover intention. With this knowledge, the counseling profession can begin to identify organizational strategies to support counselor wellness and decrease burnout symptoms such as emotional exhaustion. Further, understanding the aspects of work and organizational culture that are associated with emotional exhaustion is critical if the larger issue of counselor turnover is to be addressed.

Implementation of strategies to improve working environments by counseling agencies places responsibility to maintain counselor wellness not only on the individual counselor, but on their employer as well. It is hoped that research associated with this study can illicit awareness of workplace factors within counseling agencies that contribute to emotional exhaustion and high turnover rates. Also, this study hopes to identify implications for prevention strategies that these agencies can employ to better support employee (counselor) wellbeing.

Research Questions

This study sets out to investigate the following research questions:

Q1: Do clinicians working in different settings report different levels of emotional exhaustion, turnover intention and perceptions of organizational justice?

Q2: What is the relationship among and between counseling agencies' working environments (perception of organizational justice), counselor emotional exhaustion and further, counselor turnover intention?

Q3: What is the effect of emotional exhaustion on turnover intention?

Q4: What is the relationship between counseling agencies' working environments (perception of organizational justice) and emotional exhaustion?

Q5: What is the effect of work environments (perception of organizational justice) on turnover intention?

Summary

Unfortunately, there are many contributing factors that lead to the development of counselor burnout and emotional exhaustion identified in the literature. One major contributing factor has been identified as stress within the work environment. Community-based mental health treatment and substance abuse treatment facilities have high turnover rates and high rates of counselor burnout, which is hazardous for therapists, agencies and most importantly clients. Therapists are ethically bound to do no harm to clients and to provide the most beneficial level of care possible. When a therapist develops burnout, they are considered an impaired professional and are ethically obligated to seek help or appropriately address this issue. Prevention strategies employed within the workplace may support counselor wellness and prevent symptoms of burnout. This study seeks to elicit awareness of factors within the workplace that correlate with counselor emotional exhaustion and turnover intention. This awareness will support a foundation for the acknowledgement of responsibility of administration in counseling work settings to support counselor wellness within these working environments.

Study Definitions

For the purposes of this research study the following terms have been operationally defined and are used:

***Burnout*:** While there are many ways to describe counselor burnout, the general description of this term can be explained as, "the process of physical and emotional depletion resulting from conditions at work or, more concisely, prolonged job stress" (Osborn, 2004).

***Counselor wellness*:** Influenced by Myers, Sweeny and Witmer (2000), Neswald-Potter, Blackburn and Noel (2013) define counselor wellness as, "a state of optimal well-being that maximizes a person's potential."

***Distributive Justice*:** The fairness associated with the decision related to the distribution of resources within an organization (Colquitt, 2001).

***Emotional Exhaustion*:** Feelings of being emotionally extended and depleted of one's resources (MBI; Maslach & Jackson, 1986). A state of constant burning of emotions as well as physical energy due to overwhelming job demands (Bacharach, Bamberger, & Conley, 1991).

***Interactive Justice*:** Just treatment that an employee receives as the result of managerial decisions (Colquitt, 2001).

***Justice*:** Fairness (Yean & Yusof, 2016).

***Organizational Justice*:** An employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice is comprised of three dimensions: procedural justice, distributive justice and interactional justice (Yean &Yusof, 2016).

***Procedural Justice*:** Employee's perception of the fairness of the management policies and procedures that regulate a process leading to decision outcomes (Colquitt, 2001).

Professional Counselor according to ACA (2011) Counseling.org:

> Licensed professional counselors (or in some states, "licensed clinical professional counselors" or "licensed mental health counselors") provide mental health and substance abuse care to millions of Americans. Licensed professional counselors (LPCs) are

Master's-degreed mental health service providers, trained to work with individuals,

families, and groups in treating mental, behavioral, and emotional problems and

disorders. LPCs make up a large percentage of the workforce employed in community

mental health centers, agencies, and organizations, and are employed within and covered

by managed care organizations and health plans. LPCs also work with active duty

military personnel and their families, as well as veterans.

Turnover Intention: A conscious and deliberate willingness to leave the organization (Tett &

Meyer, 1993).

Workplace stress: According to Sauter, et al. (1999): "Job stress can be defined as the harmful

physical and emotional responses that occur when the requirements of the job do not match the

capabilities, resources, or needs of the worker".

CHAPTER II. METHODS

After reviewing the literature on factors that contribute to counselor burnout, stress within the work environment was highlighted as a key variable in this phenomenon (Broome et al., 2009; Ducharme et al., 2008; Jordan, 2010; Maslach, 2003; McNulty et al., 2007). Also, the relationships among emotional exhaustion, stressors within the work environment, and turnover intention were important connections identified for further investigation (Barak et al., 2001; Blankertz & Robinson, 1997; Knudsen, Ducharme, & Roman, 2006; Lee & Ashforth, 1996). Understanding the role that working environments play in predicting emotional exhaustion and turnover intention may yield important information on how to address the problems of high turnover rates, diminished wellness and counselor burnout in counseling agencies (Knudsen et al., 2006). A goal of this study was to assess the attitudes and experiences of licensed counselors in regard to stress within the workplace, emotional exhaustion and turnover intention. The primary aim of this study was to use this information to examine the relationship among and between work stressors, emotional exhaustion and turnover intention in mental health counselors (See Table 1).

Table 1

Measures and Their Associated Variables

Measure	Variable of Interest
The Maslach Burnout Inventory-Human Services Survey	Emotional exhaustion
Turnover Intention Scale	Turnover intention
Organizational Justice Scale	Organizational Justice
	Interactional Justice
	Distributive Justice
	Procedural Justice

Design

A quantitative design was utilized in this study to examine the relationships among and between stress within the working environment (perception of organizational justice), emotional exhaustion (a construct of burnout), and turnover intention. The study involved the collection of anonymous quantitative survey data that was dispersed through a targeted email listserve of practicing counselors. It measured the variables organizational justice, emotional exhaustion and turnover intention in professional counselors who have worked clinically, full time. A demographic questionnaire began the survey asking participants to identify: Job title, age, ethnicity, number of years working as a full-time professional counselor, urbanicity of community served, and level of education. Nine items from the well-established scale, *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS) (Maslach, Jackson, & Leiter, 1996), measured emotional exhaustion. Turnover intention was measured by the *Turnover Intention Scale* (TIS-6) (Bothma & Roodt, 2013). Work stressors were measured by

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organizational justice, which includes three subsets: interactive justice, procedural justice and distributive justice. The *Organizational Justice Scale* by Niehoff and Moorman (1993) was used to analyze these constructs (see Appendix A). In addition, two open-ended questions were presented. Responses to these open-ended questions can be found in Appendix B.

This study was quantitative in nature, and is considered non-experimental research, using an observational approach with a cross-sectional design. The research is non-experimental because it lacks both the manipulation of an independent variable and random assignment of participants to conditions (Edmonds & Kennedy, 2016). A cross-sectional study involves observing participants who differ on one key characteristic at one specific point in time. Cross-sectional studies are observational in nature and are known as descriptive research.

Research Questions and Hypotheses

In order to study the relationship among and between work stressors, emotional exhaustion and turnover intention, the following research questions were examined:

Q1: Do clinicians working in different settings report different levels of emotional exhaustion, turnover intention and perceptions of organizational justice?

Hypothesis 1: Private practice clinicians report lower levels of emotional exhaustion, turnover intention and higher perceptions of organizational justice when compared to community-based outpatient settings.

Q2: What is the relationship among and between counseling agencies' working environments (perception of organizational justice), counselor emotional exhaustion and further, counselor turnover intention?

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Hypothesis 2: Of those who reported low Turnover Intention and Emotional Exhaustion, those clinicians had a higher perception of organizational justice in the workplace, when compared to those with high Turnover Intention and Emotional Exhaustion.

Hypothesis 3: Increased organizational justice is associated with increased Procedural Justice, increased Distributive Justice, and increased Interactional Justice.

Q3: What is the effect of emotional exhaustion on turnover intention?

Hypothesis 4: Increased Emotional Exhaustion is associated with increased Turnover Intention.

Q4: What is the relationship between counseling agencies' working environments (perception of organizational justice) and emotional exhaustion?

Hypothesis 5: Increased Organizational Justice is associated with decreased Emotional Exhaustion.

Q5: What is the effect of work environments (perception of organizational justice) on turnover intention?

Hypothesis 6: Increased Organizational Justice is associated with decreased Turnover Intention.

Participants

This research study was restricted to licensed, mental health counselors who have provided any form of clinical mental health treatment to individuals or groups diagnosed with a mental health disorder listed in the DSM-V within the past two years. This includes, yet is not limited to: substance abuse/addictions treatment, services to individuals with severe mental illness, private practice, community-based counseling, and services to all ages. Participants must have worked up to 40 hours a week. Participants were contacted by email in regards to

anonymous dissemination of online consent, information letter, and survey link. The researcher posted an e-mail invitation (attached as Appendix C) containing a link to the survey to counseling listserves that the researcher is a member of: CESNET (Counselor Education and Supervision Network) and ALCA (Alabama's Counseling Association). Participants were also invited to forward the email and survey link to colleagues that fit inclusionary criteria. Also, the researcher posted a link to the anonymous survey to her personal social media pages (Linked In and FaceBook) to recruit qualified participants. A sample of 69 participants participated in the survey and their data was analyzed. However, some participants did not complete all sections of the measures of the Organizational Justice Scale as well as the emotional exhaustion scale, leading to a reduced portion of total participants to be used for analytical purposes. This resulted in a final sampled size ranging from 66–69. Of this sample, 69 participants completed the turnover intention scale, and 68 participants completed the emotional exhaustion scale. Organizational Justice Scale had a participant rate of 66, the subset scales were as follows: Interactional Justice ($n = 67$), Distributive Justice ($n = 69$), Procedural Justice ($n = 68$). Participants were majority female (95.7%) with two male participants (2.9%) and one participant (1.4%) that did not disclose their gender. All study participant demographics can be found in Table 2.

Table 2

Demographic Profile of the Sample: Percentages for Categorical Data and Means and Standard

Deviation for Continuous Variables

Variable	*n*	Range	Frequency (*SD*/%)
Age	69	25–67	11.87
Gender			
Female	66		95.7
Male	2		2.9
Not given	1		1.4
Ethnicity			
Caucasian/White	28		69.6
Black/African American	14		20.3
Hispanic	2		2.9
Asian	2		2.9
Arab	1		1.4
"Mixed"	1		1.4
Not given	1		1.4
Relationship Status			
Single	27		39.1
Married	40		58.0
Domestic partnership	2		2.9
Work setting			
Private practice	23		33.3
Community-based outpatient	20		29.0
College counseling center	8		11.6
Inpatient treatment center	2		2.9
Hospital	1		1.4
Other	15		21.7

(table continues)

Table 2 (continued)

Variable	*n*	Range	Frequency (*SD*/%)
Type of Community			
Rural	28		40.6
Suburban	22		31.9
Urban	14		20.3
Other	5		7.2
Years of full-time experience	69	<1–38	9.43
Highest degree earned			
Master	50		72.5
Doctorate	12		17.4
Other	7		10.1

Procedures

After obtaining approval from Auburn University's Internal Review Board (see Appendix D), a Qualtrics survey was disseminated through a recruitment email. Survey data was collected from May 13, 2019–May 31, 2019. The survey instrument was comprised of a demographics questionnaire asking participants to identify: job title, age, ethnicity, number of years working as a professional counselor in a community-based agency, rural or urban community served, and level of education; and four quantitative measures: *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS) (Maslach et al., 1996), *Turnover Intention Scale* (TIS-6) (Bothma & Roodt 2013), and *Organizational Justice Scale* by Niehoff and Moorman (1993). Permission to use these measures in this study was obtained through emails from the researchers who created the aforementioned measures.

Before beginning the survey, the Qualtrics system presented the potential participant with an information letter (see Appendix E) embedded in the survey that listed inclusion criteria and

requested consent to participate in the study. If subjects agreed to participate, they were

redirected to the demographic questionnaire and survey questions. Subjects who did not agree to

participate in the study were directed to the end of the Qualtrics study with a "thank you for

considering to participate in this study" screen. Part of the demographic questionnaire was used

to ensure that participants meet the inclusionary criteria for this study which were: counselors

who have at least a master's degree in counseling and professionals who are currently practicing

counselors or have been within the past two years. Results were stored in Qualtrics, which is a

secure online site, and the researcher and dissertation committee chair have access to this

information using a password. The data and results were accessible to the researcher and

researcher's committee members.

Measures

Nine items from the well-established scale, *The Maslach Burnout Inventory-Human

Services Survey* (MBI-HSS; Maslach et al., 1996), measured **emotional exhaustion** (see

Appendix A). This inventory contains three subscales: emotional exhaustion, depersonalization,

and lack of personal accomplishment. This study utilized the emotional exhaustion subscale.

The Emotional Exhaustion (EE) subscale assesses feelings of being emotionally overextended

and exhausted by one's work. A high degree of burnout is reflected in high scores across the

emotional exhaustion (≥27) subscale (Maslach et al., 1996). The reliability of the EE subscale is

reported as .90 using Cronbach's coefficient alpha (Maslach et al., 1996). Each item uses a

Likert response format where 1 represents *not at all true* and 7 represents *very true*.

Turnover intention was measured with a six-item *Turnover Intention Scale* (TIS-6;

Bothma & Roodt, 2013). The TIS-6 is a valid and reliable scale used to assess turnover

intentions and predict actual turnover (Bothma & Roodt, 2013). Item wording is shown in the

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Scale (see Appendix A). The response scale is scored on a five-item Likert scale, where 1 represents Never and 5 represents Always. A Cronbach alpha reliability coefficient of 0.80 has been reported for the TIS-6 (Bothma & Roodt, 2013). Bothma and Roodt (2013) found that the TIS-6 could significantly distinguish between "leavers" and "stayers" (actual turnover), thereby confirming its criterion-predictive validity. Their study also found that the scale established statistically significant differences between leavers and stayers in respect to a number of the remaining theoretical variables used in the study, thereby also confirming its differential validity. These comparisons were conducted for both the four-month and the four-year period after the survey was conducted.

Factors within the workplace were measured by organizational justice, which includes the sub-sets of: interactional justice, procedural justice and distributive justice. Measures of interactional justice, procedural justice and distributive justice were measured by the *Organizational Justice Scale* by Niehoff and Moorman (1993). *Interactional justice* was measured using nine items asking counselors about the nature of their interactions with supervisors or administration. *Distributive justice* was measured using four items asking counselors to rate the extent to which they perceived the distribution of workload, compensation, and fringe benefits to be fair. *Procedural justice* was measured using five items asking counselors to rate the extent to which management involves employees in decision-making processes, accepts feedback, and explains decisions in an adequate and timely manner. Niehoff and Moorman (1993, p. 545) found that correlations among factors used for measuring the dimensions ranged between .56 and .76.

Al Afari and Abu Alanain (2014) conducted a study that utilized the *Organizational Justice Scale* and found that an alpha reliability for procedural justice was .91 and for distributive

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justice was .80. The *Organizational Justice Scale* (Neihoff & Mooreman, 1993) has also been

validated by Gurbuz and Sani Mert (2009). They found that the scale had a high level of general

reliability coefficient (Cronbach's Alpha = .905), so inter consistency of the scale is at a

satisfactory level. All items for these constructs use a seven-point Likert response format that

ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). These scales are found in Appendix A.

Demographics

Demographic questions on the survey included inclusionary criteria: counselors who have

at least a master's degree in counseling, professionals who are currently practicing counselors or

have been in the past two years, and counselors who are licensed. If participants met these

criteria, they were directed to answer questions about gender, age, race, type and level of

counseling degree, current practice setting, state of practice, and years of counseling experience

(see Appendix A).

Data Analysis

Data for this study was compiled and saved in the Qualtrics online survey service. SPSS

(IBM Corp, 2017) statistical software was utilized for all data analyses. Mean, standard

deviations, and range were calculated for the variables of interest. The distribution of scores

around the mean was analyzed with tests of skewedness and kurtosis and all assumptions for

normality were met. Descriptive statistics were used to assess the nature of demographic

information of participants and their responses.

Primary Analysis

Q1 and Hypothesis One were tested utilizing an independent samples *t*-tests to examine

mean differences of emotional exhaustion, turnover intention, and organizational justice between

private practice clinicians and community-based outpatient clinicians. Q2/Hypothesis Two were

tested utilizing an independent samples *t*-tests were utilized to examine mean differences of perception of organizational justice between those who reported low versus high levels of turnover intention, and low versus high levels of emotional exhaustion. Q2/Hypothesis Three were tested by performing a Pearson Product-moment correlation to examine the association between organizational justice and procedural justice; organizational justice and distributive justice, and organizational justice and interactional justice. Q3/Hypothesis 4 were tested using a correlational analysis was performed in SPSS to examine the association between emotional exhaustion and turnover intention. Q4/Hypothesis five were tested were tested by using a Pearson Product–moment correlation was used to examine the association between emotional exhaustion and turnover intention. Q5/Hypothesis Six were tested by performing a Pearson Product–moment correlation to examine the association between organizational justice and emotional exhaustion.

Summary

In this chapter are procedures and methods that were utilized to measure the relationship between factors within the workplace, emotional exhaustion, and turnover intention. Data was collected using the *Maslach Burnout Inventory-Human Services Survey* (MBI-HSS; Maslach et al., 1996), *Turnover Intention Scale* (TIS-6; Bothma & Roodt 2013), and *Organizational Justice Scale* (Niehoff & Moorman, 1993). Demographic information was gathered to appropriately describe the sample and make connections within groups.

CHAPTER III. RESULTS

The researcher for this study utilized a brief demographic questionnaire, *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS; Maslach et al., 1996), the *Turnover Intention Scale* (TIS-6; Bothma & Roodt, 2013), and an adapted version of the *Organizational Justice Scale* (Niehoff & Moorman, 1993) to determine the relationships among and between factors within the workplace (organizational justice), emotional exhaustion and turnover intention in professional mental health counselors. This study also compared the self-reported results for perception of organizational justice of clinicians working in private practice settings versus community-based settings. Two open-ended questions were asked to gain a better understanding of professional counselors' attitudes and experiences in their working environments. Data collected from open-ended questions was not relevant in answering the specific research questions identified in this study, therefore is not included in final data analysis. Answers to these questions can be found in Appendix B.

Demographics

All participants were recruited from Qualtrics. A sample of 69 participants participated in the survey and their data was analyzed. However, some participants did not complete all sections of the measures of the Organizational Justice Scale as well as the emotional exhaustion scale, leading to a reduced portion of total participants to be used for analytical purposes. This resulted in a final sampled size ranging from 66–69. Of this number, 69 participants completed the turnover intention scale, and 68 participants completed the emotional exhaustion scale. The

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Organizational Justice Scale had a participant rate of 66, the subset scales were as follows:

Interactional Justice ($n = 67$), Distributive Justice ($n = 69$), Procedural Justice ($n = 68$).

Participants were majority female (95.7%) with two male participants (2.9%) and one participant

(1.4%) that did not disclose their gender (see Table 2). Participants ranged in age from 25 to 67

years ($M = 44.99$, $SD = 11.87$). Participants were asked to list their ethnicity and then were

grouped based on response. Ethnicities listed by participants included: Caucasian/White, making

up 69.6% of the sample; Black/African American, 20.3%; Hispanic, 2.9%; Asian, 2.9%; Arab,

1.4%; Mixed, 1.4%; not given, 1.4%. Participants' experience ranged from <1 to 38 years ($M =$

9.29, $SD = 9.43$) of work as a licensed therapist. Participants worked in Rural ($n = 28$),

Suburban ($n = 22$), Urban ($n = 14$), and Other ($n = 5$) communities. Of the settings participants

worked in, the largest group of participants worked in private practice ($n = 23$), followed by

community-based outpatient ($n = 20$), college counseling centers ($n = 8$), inpatient treatment

centers ($n = 2$), hospitals ($n = 1$), and other settings ($n = 15$). Only participants who completed

all sections necessary for this study's purpose were included in the analyses.

Primary Analyses

Prior to running the primary analysis, participants were eliminated if they did not answer

any of the survey questions. In order to eliminate all participants who did not meet the inclusion

criteria the following steps were performed. First, participants were eliminated if they either

answered "no" or did not answer qualifier question one resulting a sample of 111. Next,

participants were eliminated if they answered "no" to qualifier question two resulting in a sample

of 92. Then, participants were eliminated if they answered "no" to the third qualifier question

resulting in a sample of 85 individuals. Finally, of the 85 participants that answered "yes" to all

three qualifiers, 17 did not complete the questionnaire and were removed from the data set. This

resulted in a sample of 69 participants whose data could be used. However, some participants

did not complete all sections of the measures of the Organizational Justice Scale as well as the

emotional exhaustion scale, leading to a reduced portion of total participants to be used for

analytical purposes. This resulted in a final sampled size ranging from 66–69. Of this sample,

69 participants completed the turnover intention scale and 68 participants completed the

emotional exhaustion scale. The Organizational Justice Scale had a participant rate of 66, the

subset scales were as follows: Interactional Justice ($n = 67$), Distributive Justice ($n = 69$),

Procedural Justice ($n = 68$). Mean, standard deviation, and range were calculated for the

variables of interest and are summarized in Table 3.

Table 3

Mean, Standard Deviation and Range for Variables of Interest

Variable	N	M	SD	Range
Emotional exhaustion	68	25.91	11.52	48
Turnover intention	69	16.04	6.68	25
Organizational Justice	66	94.33	32.33	116
Interactional Justice	67	45.66	15.66	54
Distributive Justice	69	21.30	8.50	30
Procedural Justice	68	26.57	11.16	36

Research Question 1: Do clinicians working in different settings report different levels of emotional exhaustion, turnover intention and perceptions of organizational justice?

Hypothesis 1: Private practice clinicians report lower levels of emotional exhaustion, turnover intention and higher perceptions of organizational justice when compared to community-based outpatient settings. Independent samples *t*-tests were utilized to examine mean differences of emotional exhaustion, turnover intention, and organizational justice between private practice clinicians and community-based outpatient clinicians. Independent samples *t*-tests were performed in SPSS. Type I error was set at the .05 level.

Results of an independent samples *t*-test examining whether private practice clinicians reported lower levels of emotional exhaustion when compared to community-based outpatient settings was statistically significant, $t(40) = -4.036$, $p < .001$. Those who worked in a private practice setting had significantly lower levels of emotional exhaustion when compared to those in community-based outpatient settings, and the difference was large in magnitude, $d = 1.25$.

An independent samples *t*-test examining whether private practice clinicians reported lower levels of turnover intention when compared to community-based outpatient settings was statistically significant, $t(41) = -4.341$, $p < .001$. Those who worked in a private practice setting had significantly lower levels of turnover intention when compared to those in community-based outpatient settings, and the difference was large in magnitude, $d = 1.33$.

Table 4 shows results of an independent samples *t*-test examining whether private practice clinicians had higher perceptions of organizational justice when compared to community-based outpatient clinicians was statistically significant, $t(38) = 2.567$, $p = .014$. Those who worked in a private practice setting had significantly higher perceptions of

organizational justice when compared to those in community-based outpatient settings, and the

difference was large in magnitude, $d = 0.82$.

Table 4

Independent Samples t-test Results: Private Practice vs. Community-Based

	Private Practice		Community Based Outpatient		
	M	SD	M	SD	p
Emotional Exhaustion	19.957	8.741	31.842	10.351	<.001**
Turnover Intention	11.826	5.507	19.25	5.693	<.001**
Organizational Justice	114.364	27.498	91.333	29.104	.014*

* significant at $p < .05$

** significant at $p < .001$

Research Question 2 (includes hypotheses 2&3): What is the relationship among and between

counseling agencies' working environments (perception of organizational justice), counselor

emotional exhaustion and further, counselor turnover intention?

Hypothesis 2: Of those who reported low Turnover Intention and Emotional Exhaustion,

those clinicians had a higher perception of organizational justice in the workplace, when

compared to those with high Turnover Intention and Emotional Exhaustion.

Independent samples *t*-tests were utilized to examine the mean difference of perception of

organizational justice between those who reported low versus high levels of turnover intention,

and low versus high levels of emotional exhaustion. Those in the bottom 25th percentile of

turnover intention and emotional exhaustion made up the low groups, while those in the top 25th

percentile of turnover intention and emotional exhaustion made up the high groups. Independent samples *t*-tests were performed in SPSS. Type I error was set at the .05 level.

Results of an independent samples *t*-test examining if clinicians who reported low levels of turnover intention had a higher perception of organizational justice when compared to those who reported high levels of turnover intention was statistically significant, $t(31) = 8.067$, $p < .001$. Clinicians in the low turnover intention group had a significantly higher perception of organizational justice when compared to those in the high turnover intention group, and the difference was large in magnitude, $d = 2.81$. Table 5 shows the independent samples t-test results between organizational justice and turnover intention.

Table 5

Independent Samples t-test Results: Organizational Justice and Turnover Intention

	Low Turnover Intention		High Turnover Intention		
	M	*SD*	*M*	*SD*	*p*
Organizational Justice	120.765	17.275	58.438	26.427	<.001**

** - significant at *p* < .001

Results of an independent samples *t*-test examining if clinicians who reported low levels of emotional exhaustion had a higher perception of organizational justice when compared to those who reported high levels of emotional exhaustion was statistically significant, $t(31) = 4.085$, $p < .001$. Clinicians in the low emotional exhaustion group had a significantly higher perception of organizational justice when compared to those in the high emotional exhaustion

group, and the difference was large in magnitude, $d = 1.42$. Table 6 shows the results of an independent samples t-test between organizational justice and emotional exhaustion.

Table 6

Independent Samples t-test Results: Organizational Justice and Emotional Exhaustion

	Low Emotional Exhaustion		High Emotional Exhaustion		
	Mean	SD	Mean	SD	*p*
Organizational Justice	116.647	20.261	78.375	32.518	<.001**

** significant at *p* < .001

Hypothesis 3: Increased organizational justice is associated with increased Procedural Justice, increased Distributive Justice, and increased Interactional Justice. A correlational analysis was performed in SPSS to examine the association between organizational justice and procedural justice; organizational justice and distributive justice, and organizational justice and interactional justice. The association between organizational justice and procedural justice was significant, $r(65) = .968$, $p < .001$. Organizational justice was positively correlated with procedural justice, and the association was large in magnitude ($r^2 = .937$). The association between organizational justice and distributive justice was significant, $r(65) = .704$, $p < .001$. Organizational justice was positively correlated with distributive justice, and the association was large in magnitude ($r^2 = .496$). The association between organizational justice and interactional justice was significant, $r(65) = .953$, $p < .001$. Organizational justice was positively correlated with interactional justice, and the association was large in magnitude ($r^2 = .908$).

Research Question 3: What is the effect of emotional exhaustion on turnover intention?

Hypothesis 4: Increased Emotional Exhaustion is associated with increased Turnover Intention. A correlational analysis was performed in SPSS to examine the association between emotional exhaustion and turnover intention. The association between emotional exhaustion and turnover intention was significant, $r(67) = .651$, $p < .001$. Emotional exhaustion was positively correlated with turnover intention, and the association was large in magnitude ($r^2 = .424$).

Research Question 4: What is the relationship between counseling agencies' working environments (perception of organizational justice) and emotional exhaustion?

Hypothesis 5: Increased Organizational Justice is associated with decreased Emotional Exhaustion. A correlational analysis was performed in SPSS, and was used to examine the association between organizational justice and emotional exhaustion. The association between organizational justice and emotional exhaustion was negative and significant, $r(64) = -0.497$, $p < .001$. Organizational justice was negatively correlated with emotional exhaustion, and the association was large in magnitude ($r^2 = .247$).

Research Question 5: What is the effect of work environments (perception of organizational justice) on turnover intention?

Hypothesis 6: Increased Organizational Justice is associated with decreased Turnover Intention. A correlational analysis was performed in SPSS to examine the association between organizational justice and turnover intention. The association between organizational justice and turnover intention was negative and significant, $r(64) = -0.689$, $p < .001$. Organizational justice was negatively correlated with turnover intention, and the association was large in magnitude ($r^2 = .475$). The analysis data from hypotheses 3, 4, 5 and 6 are shown in Table 7.

Table 7

Correlations between Variables of Interest

	Emotional Exhaustion	Turnover Intention	Distributive Justice	Procedural Justice	Interactional Justice	Organizational Justice
Emotional Exhaustion	---	---	---	---	---	---
Turnover Intention	.651**	---	---	---	---	---
Distributive Justice	-.500**	-.692**	---	---	---	---
Procedural Justice	-.395**	-.604**	.580**	---	---	----
Interactional Justice	-.438**	-.603**	.493**	.934**	---	---
Organizational Justice	-.497**	-.689**	.704**	.968**	.953**	---

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

Summary

The current study was developed to gain an understanding of the relationships among and between factors within mental health service workplaces (perception of organizational justice), emotional exhaustion and turnover intention in professional mental health counselors. To answer research questions and test hypotheses, a Brief Demographic Questionnaire, MBI-HSS (Maslach et al., 1996), TIS-6 (Bothma & Roodt 2013), and an adapted version of the *Organizational Justice Scale* (Niehoff & Moorman, 1993) were utilized. Results from this study indicated that participants who rated high on the emotional exhaustion scale (MBI-HSS) rated low in their perception of organizational justice (Organizational Justice Scale, 1993). Participants who rated high on the turnover intention scale (TIS-6), rated low in their perception of organizational justice. There was also a significant correlation between emotional exhaustion and turnover intention. Further, having a higher perception of organizational justice decreased

the self-report of emotional exhaustion, which was positively correlated with lower turnover intention.

CHAPTER IV. DISCUSSION

This study sought to examine the relationships among and between factors within the workplace (perception of organizational justice), emotional exhaustion, and turnover intention in professional mental health counselors. Results from this study provide a deeper understanding of how factors within the workplace (e.g. procedural justice, interactional justice, distributive justice) impact licensed professional counselors' emotional exhaustion and turnover intention in mental health service settings. These results allow a better understanding of how to improve the climate of mental health service settings to support counselor wellness and ultimately reduce recidivism. Identifying the relationships between variables such as clinician perception of organizational justice and emotional exhaustion will direct awareness of potential systemic improvements within mental health service workplaces needed to support counselor wellness. Relationships between emotional exhaustion and turnover intention will direct awareness to the significance of controlling for emotional exhaustion in mental health service settings. This chapter provides an explanation and interpretation of study results and presents implications for administrative considerations, training, practice, and organizational research. Limitations of the current study and recommendations for future research also will be reviewed within this chapter.

Findings

The current study's results indicated that clinicians working in private practice settings reported lower levels of emotional exhaustion and turnover intention, while reporting higher levels of perceived organizational justice when compared to community-based outpatient work

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settings. Higher levels of perceived organizational justice means that the clinician believes that they are being treated fairly, justly and respectfully by their management/supervisor in their work setting. This current study also yielded results indicating that clinicians who reported higher levels of emotional exhaustion and turnover intention also reported lower levels of perceived organizational justice. So, if the clinician reported that they do not feel that they are being treated fairly, justly and with respect by their management/supervisor in their work setting, then they reported higher levels of emotional exhaustion and most alarmingly, intention to leave their current job.

Research question one sought to test the hypothesis that private practice clinicians report lower levels of emotional exhaustion, turnover intention and higher perceptions of organizational justice when compared to community-based outpatient settings. Results of the examination of whether private practice clinicians reported lower levels of emotional exhaustion when compared to community-based outpatient settings was statistically significant, and found that those who worked in a private practice setting had significantly lower levels of emotional exhaustion when compared to those in community-based outpatient settings. The difference was large in magnitude. Results of the examination of whether private practice clinicians reported lower levels of turnover intention when compared to community-based outpatient settings were statistically significant. It found that those who worked in a private practice setting had significantly lower levels of turnover intention when compared to those in community-based outpatient settings; and the difference was large in magnitude. Results of an examination of whether private practice clinicians had higher perceptions of organizational justice when compared to community-based outpatient clinicians were statistically significant. It found that those who worked in a private practice setting had significantly higher perceptions of

organizational justice when compared to those in community-based outpatient settings, and the difference was large in magnitude. It is not surprising that clinicians working in private practice settings report higher perceptions of organizational justice as these clinicians may be their own boss or supervisor, or work in a partnership with great autonomy. It is interesting that while clinicians in all settings face similar occupational hazards and emotional closeness in their work, clinicians that have a high perception of organizational justice at their workplace report lower levels of emotional exhaustion and further, turnover intention.

Research question two sought to test the hypothesis: Of those who reported low Turnover Intention and Emotional Exhaustion, those clinicians had a higher perception of organizational justice in the workplace, when compared to those with high Turnover Intention and Emotional Exhaustion. Results of an examination of whether clinicians who reported low levels of turnover intention had a higher perception of organizational justice when compared to those who reported high levels of turnover intention was statistically significant and found that clinicians in the low turnover intention group had a significantly higher perception of organizational justice when compared to those in the high turnover intention group, and the difference was large in magnitude. Additionally, clinicians in the low emotional exhaustion group had a significantly higher perception of organizational justice when compared to those in the high emotional exhaustion group, and the difference was large in magnitude.

Research question three sought to discover if increased Emotional Exhaustion is associated with increased Turnover Intention. It was determined that the association between emotional exhaustion and turnover intention was significant and that emotional exhaustion was positively correlated with turnover intention, and the association was large in magnitude. This finding reinforces the importance of controlling for counselor wellness/emotional exhaustion in

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mental health service work settings, as turnover intention is costly for agencies and dangerous for client wellbeing.

Research question four tested the hypothesis: increased Organizational Justice is associated with decreased Emotional Exhaustion. It was found that the association between organizational justice and emotional exhaustion was negative and significant. Organizational justice was negatively correlated with emotional exhaustion, and the association was large in magnitude. This means that clinicians who reported higher levels of emotional exhaustion reported lower levels of perceived organizational justice. This tells us that when the perception of fairness within the workplace is low, then rates of emotional exhaustion are high.

The final research questions tested the hypothesis: increased Organizational Justice is associated with decreased Turnover Intention. It was found that the association between organizational justice and turnover intention was negative and significant. Organizational justice was negatively correlated with turnover intention, and the association was large in magnitude. This means that clinicians who reported higher levels of turnover intention reported lower levels of perceived organizational justice. This tells us that when the perception of fairness within the workplace is low, then rates of turnover intention are high.

Implications

The results of this study provide clinicians, supervisors and administrators in mental health work settings with awareness of the relationships between and among organizational justice, emotional exhaustion and turnover intention in professional mental health counselors. Diminished wellness, emotional exhaustion, counselor burnout and high turnover rates remain steadily prevalent in counseling agencies (Green, Miller, & Aarons, 2013; Lawson & Venart, 2005; Skovholt, 2001). These phenomenon are dangerous for counseling agencies, professional

counselors, and most importantly, clients. With the awareness of the significance of the relation of positive perceptions of organizational justice and emotional exhaustion and further, turnover intention; supervisors and administration may begin to prioritize executing positive organizational justice to help control for emotional exhaustion and turnover intention.

Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, which leads to turnover. Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). The significance of these findings may serve as an impetus for mental health work settings to assess their own employees' perceptions of the climate of their work environments and move towards making appropriate changes to support employee (counselor) wellness. Also, with this knowledge, clinicians that experience negative working environments, or that perceive low organizational justice within their workplace may begin to advocate for just treatment within their workplace, with a solid rationale provided by this study's results.

An additional benefit that this study may yield in counselor education is a foundation for understanding how to improve working environments for intern-therapists (Freadling & Kelly, 2014). Data from this study can be used to develop trainings for internship sites and site supervisors as well as to teach interns the impact of proper and fair management and leadership styles. This study focused on perceived organizational justice as a work stressor and found that it has a strong correlation with emotional exhaustion and also turnover intention in mental health settings. Organizational justice within a work setting encompasses many of the aforementioned work stressors and is a controllable and measurable work-related factor.

Organizational justice is an employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice is comprised of three subsets: procedural

justice, distributive justice and interactional justice (Yean & Yusof, 2016). Organizational

justice is significant to study in counseling settings because its subsets of procedural,

distributive, and interactional justice have been identified as work stressors that have been linked

to negative emotions and intent to leave in employees (Fox, Spector, & Miles, 2001; Geurts et

al., 1998). With organizational justice as a factor of stress within the workplace, this study found

that a higher perception of organizational justice yielded lower turnover intention and rates of

emotional exhaustion.

The basic implication that is gained from this finding is that a focus on improving

organizational justice practices and perceptions within the workplace are needed to improve

those environments. To improve organizational justice practices within the work setting, there is

a need for a future study with a focus on developing an effective training model for

implementing organizational justice practices. At the present, this study indicates that an

understanding of the divisions of organizational justice, conscious effort to employ justice within

the workplace, along with awareness of employee perceptions within the workplace is needed to

improve employee emotional exhaustion and prevent turnover intention.

Limitations of the Study

There are certain limitations to consider when utilizing survey research. Because surveys

collect data at a single point in time, it is difficult to measure changes in the population unless

two or more surveys are done at different points in time. This study will use one survey to

collect and analyze data, which may not show a shift, if one occurs. Therapists could have

differing answers at different stages in their career or even at different work sites.

An obvious limitation of this study was the low percentage of male counselors (2.9%)

that participated. Although the counseling profession is primarily female, the low amount of

male participants may not make the results applicable across genders. Also, the sample is comprised mostly of White participants (69.6%). Although comparable to samples in other studies, there is a lack of diversity in gender and race in the sample. Therefore, the results of this study have limited generalizability.

Another consideration is participant response bias. This survey relies on self-report and also asks personal questions about experiences and feelings, so a participant may provide what they believe to be a socially desirable response rather than their truth. Additionally, the current self-reported study collected data that was based on the participant's perception of their working environments. There is no way to control for individual differences in perception. In the current study there was also no control for individual personality factors, such as neuroticism, that may skew the data.

Finally, the participant response rate (n=69) was lower than the number identified for peak significance (n=82). Based on this response rate, the power of the study was not at the significance that this researcher hoped for; therefore the results of this study are less reliable than the full population of professional mental health counselors. This study will lead the way to the development of a greater study that will obtain the appropriate power and greater effect size to represent the current population of professional mental health counselors.

Future Research Recommendations

As the perception and experience of stress, burnout and emotional exhaustion are relative and subjective experiences, it is important to control for individual personality factors that may influence results. The addition of a five-factor personality assessment can help control for individual personality factors that may influence self-reported results and help reduce skewedness. Additionally, other factors outside of perceptions of organizational justice may also

influence emotional exhaustion and turnover intention. Literature suggests that factors that increase counselors' risk for burnout include: job-related factors, personal characteristics, and interpersonal influences from clients (Lawson, 2007; Rosenburg & Pace, 2006). Also, factors may include caseload, hours of operation and supervision style. In a future research study, these factors may be measured through the use of supervision style questionnaire and additional demographics questions that include the inquiry of caseload and hours of operation.

It would be interesting to research and understand differences in generational perceptions, personality and income level as related to private practioner's versus community-based practitioners' perceptions of organizational justice and distributive justice. An additional factor to study in these comparisons could be individual perception of locus of control, meaning what control they perceive to have over their practice and to what extent can they control what is happening to them at work.

Another addition to the analysis of data could be to investigate which subset of organizational justice is most highly correlated with emotional exhaustion and turnover intention. This information will yield a better understanding of specific workplace factors that can be improved to yield a more positive environment. Further research devoted to the development of workshops and trainings to educate counselors, supervisors and administration on maintaining positive and fair working environments is also needed.

<div align="center">**Summary**</div>

The current study provided insight and understanding of the relationship between and among the perception of organizational justice in the workplace, emotional exhaustion and turnover intention in professional mental health counselors. Further, this study identified the significance of the role that positive perceptions of organizational justice plays in relation to

retaining employees (counselors) and maintain their wellness. Counselors who perceived higher

levels of organizational justice reported lower levels of both emotional exhaustion and turnover

intention. This study also identified that clinicians working in private practice settings reported

higher perceptions of organizational justice and lower levels of both emotional exhaustion and

turnover intention. Further research is needed to promote greater understanding and advocacy

for mental health counselor well-being.

CHAPTER V. MANUSCRIPT

Introduction and Background of the Problem

Although counselor wellness and burnout are widely discussed and researched subjects in the field of mental health, diminished wellness, emotional exhaustion, counselor burnout and high turnover rates remain steadily prevalent in counseling agencies (Green, Miller, & Aarons, 2013; Lawson & Venart, 2005; Skovholt, 2001). Because the consequences of diminished wellness, emotional exhaustion and counselor burnout are harmful for counselors, mental health agencies, and clients, it is important to examine the consequences and factors that contribute to this dangerous phenomenon. Counselors are at a particularly high risk for burnout due to the intense and psychologically close work counselors do with clients, which is an occupational hazard that cannot be controlled for or changed as it is in the nature of the work (Skovholt, 2001). With this understanding, identifying work related factors that can be modified and controlled to support counselor wellness is imperative to address counselor burnout and further, support employee retention.

Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, yet much of the literature notes that environment is a component of wellness that is sometimes overlooked. Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). If the work environment does not value employee wellness or allow for revitalization, employees (counselors) may become distressed and impaired (Maslach, Leiter, & Schaufeli, 2008). Roscoe (2009) stated that an individual's

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interaction with physical space, nature, neighborhood, community, and workplace can have enormous impact upon individual wellness, just as an individual can have a positive or negative impact on the environment.

Working environments have been identified as a contributing factor in the development of diminished wellness and counselor burnout with symptoms presenting as: poor work performance, irritability, inadequacy, feelings of failure, sleeplessness, and exhaustion among others (Jordan, 2010). Available literature identifies several work environment factors linked to the contribution of diminished wellness and counselor burnout such as: caseload (heavy and unmanageable), (lack of) available resources, (lack of) autonomy, and unjust role expectations (Broome et al., 2009; Ducharme, Knudsen & Roman, 2008; McNulty et al., 2007). Similarly, Maslach (2003) identified environmental factors within the workplace that closely parallel with aforementioned factors that lead to diminished wellness and counselor burnout including: work overload, lack of control in the workplace, unsupportive and unhealthy work peers, and ineffective/punitive supervisors. These environmental factors can all lead to increased risk of or a hastening development of counselor burnout.

It is imperative to continue researching the phenomenon of burnout and all factors that may contribute to it, and to develop more effective prevention strategies and interventions to support counselor wellness in order to protect continuity of care for clients, client wellbeing, quality of service, higher productivity of counselors, and to promote accessible mental health care to the public. Although evidence suggests that the independently employed practices of self-care, optimism and providing colleague-to-colleague support are crucial for counselor wellness and job satisfaction (Warren et al., 2010), they are not easily maintained with little additional support from counseling agencies and workplaces.

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This study examined professional mental health counselors' perceptions of organizational justice as a work-related factor or stressor that can be controlled to create a more positive or negative working environment. Three measures of organizational justice were studied separately and collectively to determine the climate of the workplace. The three subsets of organizational justice are: distributive justice, procedural justice, and interactional justice. These subsets, and the measure of organizational justice as a whole, were studied to determine their influence on emotional exhaustion and turnover intention of professional counselors. This literature review will discuss important factors to be considered in this study. These factors include: the concept of counselor wellness, burnout, the particular risk for burnout and impairment professional counselors face, and the impact that counselor burnout has on counseling agencies. Additionally, the importance of studying working environments in relation to counselor wellness and risk burnout, the concept of organizational justice and how organizational justice can be a stressor within the workplace will be discussed and related to the current study.

Wellness

Wellness is defined in many different ways throughout the literature. Renger et al. (2000) explain that wellness embodies a way of living that encourages individuals to seek a balance in their lifestyle designed to improve the quality of life. Influenced by Myers, Sweeny and Witmer (2000), Neswald-Potter, Blackburn and Noel (2013) define wellness as a condition of choice, well being that strengthens a person's potential. Archer, Probert and Gage (1987) define wellness as a movement of mind, body and spirit towards maximum human functioning.

Neswald-Potter, Blackburn and Noel (2013) conducted a phenomenological, qualitative research study that sought to discover how professional counselors defined and maintained wellness. They found that when asked to define wellness, participants' responses were

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consistent and yielded a trend. Responses were bracketed into three distinct categories: (a) health (physical, emotional, spiritual, and mental); (b) relationships; and (c) fun. The researchers shared that health was the largest category of personal wellness. The World Health Organization defines health beyond the mere absence of disease and as a holistic movement towards physical, mental, and social wellbeing. This definition supports the construct of health as holistic, not limited to physical health. This understanding of holistic health directly parallels with definitions of wellness.

It is interesting to find that literature regarding counselor wellness is more focused on counselor impairment and remediation (Hendricks et al., 2009; Linley & Joseph, 2007) than on identification of prevention strategies that may be employed to maintain counselor wellness. Student wellness and the incorporation of wellness trainings in higher education settings are discussed in the literature, yet empirically supported, preventative measures that counseling agencies can employ to support counseling professionals and organizational wellness is limited (Meyers et al., 2012).

The ACA Code of Ethics (2014) strongly encourages counselors to promote and maintain their emotional, physical, mental and spiritual well being by engaging in self-care activities to provide effective and appropriate care to clients (ACA Code of Ethics, 2014, Sec. C). Furthermore, the ACA Code of Ethics (2014) urges counselors to be mindful of signs of personal and professional impairment and to not provide professional mental health services when impaired. Counselors are directed to seek assistance for problems that reach the level of professional impairment. These codes of ethics ask counselors to assist colleagues or supervisors in recognizing their own professional impairment and are urged to provide consultation and assistance when colleagues or even supervisors show signs of impairment. Counselors are even

urged to intervene as appropriate to prevent imminent harm to clients (ACA Code of Ethics, Sec C.2.g.). It is interesting to note that the code does not direct counseling agencies to monitor employee (professional mental health counselor) wellness or intervene or assist when wellness is diminished.

Much of the literature available on counselor wellness points to counselor self-efficacy and intrinsic motivation to employ self-directed strategies that control for counselor wellness, yet Shain and Kramer (2004) support the idea that some physical and psychosocial aspects of the working environment can influence the abilities of individuals to care for their own wellbeing and to maintain their own personal resources. As it is an ethical duty for professional counselors to monitor and maintain wellness (ACA Code of Ethics, 2014, Sec. C), and understanding that working environments can impact wellness (Carrola, Olivarez, & Karcher, 2016), collective effort among counseling professionals and work setting administration to support counselor wellness is appropriate and imperative. The code of ethics places responsibility on individual counselors to not only maintain their own wellness, but to additionally support colleague and supervisor wellness. While this may seem like an easy task to accomplish and possibly even viewed as a second nature for counselors, this is not so easily put into practice when a counselor is experiencing an unmanageable case load, holds unclear role expectations and perceives an unfair working environment (Broome et al., 2009; Ducharme et al., 2008; McNulty et al., 2007). Diminished counselor wellness can lead to the hastening of burnout development (Schaufeli, Leiter & Maslach, 2009). The next subsection will discuss the concept of counselor burnout.

Burnout

Burnout is a well-known term in the field of mental health counseling and other human service fields. Burnout can be understood simply as a state of mind embodying diminished

wellness (Schaufeli, Leiter, & Maslach, 2009). The phenomenon of counselor burnout is defined and described in the literature in many different ways, yet all descriptions parallel and hold a similar foundation. Maslach, Schaufeli, and Leiter (2001) defined burnout as the response elicited from exposure to emotional and interpersonal stressors at work. This concept consists of three dimensions: emotional exhaustion (inability to feel compassion for clients), depersonalization (detachment from the emotional needs of client), and reduced personal accomplishment (critical evaluation of oneself) (Maslach, Schaufeli, & Leiter, 2001). This definition and its dimensions are consistent with the Maslach Burnout Inventory (MBI-HSS), which is used to measure emotional exhaustion in this study.

Osborn (2004) noted similar elements when describing burnout as the process of emotional and physical exhaustion caused by conditions at work or, more concisely, prolonged job stress. Burnout is defined by Stamm (2005) as being associated with feelings of hopelessness and difficulties in dealing with work or in doing one's job effectively and that the feelings usually have a gradual onset and reflect the feeling that one's efforts make no difference. Feeling like one's efforts make no difference is particularly hazardous in the field of counseling as counselors are in the direct business of eliciting progress and change. Burnout has been described by Nelson (2016) as a state of fatigue or frustration that develops from investment in a cause, way of life, or relationship that, over time, does not provide the desired reward or produce the desired outcome. This is largely due to excessive demands of energy, time, strength and personal resources in the work setting. Finally, Howlett and Collins (2014) describe burnout as emotional and physical exhaustion often as a result of being overloaded at work. Although counselor burnout is widely discussed and researched, it steadily continues to be a prevalent issue. Because the consequences of counselor burnout are harmful for counselors, mental health

agencies and clients, it is important to examine these consequences and factors that contribute to this dangerous phenomenon.

Risk for Burnout and Impairment

Professional counselors encounter multiple factors that threaten their wellness (Lawson, 2007). For instance, due to the intense and psychologically close work counselors do with clients, they are at a particularly high risk for burnout (Skovholt, 2001). Counselors also may experience occupational hazards such as compassion or empathy fatigue and vicarious traumatization (Lawson, 2007; Stebniki, 2007). Vicarious traumatization occurs when a counselor becomes emotionally impaired due to being exposed to an accumulation of traumatic stories from multiple therapy sessions (McCann & Perlman, 1990). Therefore, the actual nature of counselors' work is a potential threat to their ability to maintain holistic wellness. Given the knowledge of these inevitable occupational hazards, priority must be placed on controllable factors to support and maintain counselor wellness, such as factors within the working environment. Risk for diminished wellness and counselor burnout is high and consequences are perilous (Lawson & Venart, 2005).

Ohrt and Cunningham (2012) highlighted that when counselors fail to address burnout it can lead to impairment. Impairment involves failure to provide competent care to clients and/or violating ethical standards of the profession and is described as an interference in professional functioning (Reamer, 1992). Puig at al. (2012) reported that 75.7% of mental health professionals stated that impairment of mental health professionals is a significant hazard to the profession and 63.5% reported knowing a fellow counselor whom they would consider impaired. Also, the authors found a strong inverse relationship between job burnout and wellness. In order to protect clients and uphold the ethical concept of nonmaleficence, a foundational principle of

the counseling profession that asserts that therapists have the obligation to not inflict harm onto the client, counseling professionals must have the ability to recognize and treat symptoms of burnout (Lawson & Venart, 2005).

Literature suggests that counselors suffering from burnout have low productivity, are less effective with clients, and have more interpersonal conflicts than those counselors who are not suffering from burnout (Oser et al., 2013). The distressed counselor may exhibit empathy fatigue, dehumanize clients, and behave in a less professional manner (e.g., frequent tardiness) (Maslach, 2003). Boyatzis, Goleman, and Rhee (2000) describe empathy as the ability to understand the emotional makeup of others. Stebniki (2007) defined empathy fatigue as a state wherein counselors are exhausted by their duties because of their constant exposure to the suffering of others, which induces feelings of hopelessness and despair. These symptoms of distress directly impact a client's experience and potential for growth in counseling. Empathy fatigue impairs a clinician's ability to accurately conceptualize clients and client experiences, thus causing the counselor to potentially avoid addressing key emotions, experiences and responses of the client.

Impact of Burnout on Counseling Agencies

Counselor burnout has a negative impact on agencies because counselors who experience high levels of stress within their work environment and develop diminished wellness and burnout are likely to leave that workplace. Community-based agencies that may provide inpatient or outpatient services, and especially substance abuse treatment centers historically experience high employee turnover rates (Green, Miller, & Aarons, 2013). Certain stressors within the substance abuse treatment profession are difficult to mitigate (Shoptaw, Stein, & Rawson, 2000). For example, substance abuse treatment agencies face an increasingly unmanageable environment

because they are expected to deliver more and higher quality services with fewer resources (Lamb, Greenlick, & McCarty, 1998). Also, substance abuse counselors are at high risk for burnout due to stressors such as a high rate of clients denying their problems, lacking the motivation to change, being homeless, relapsing, being involved with the criminal justice system, having significant health problems such as HIV/AIDS, and often having co-occurring mental health disorders (Covington, 2007; Ducharme et al., 2007; Garner, Knight, & Simpson, 2007; McNulty et al., 2007). These factors, alongside low wages and a lack of prestige in their job, contribute to diminished wellness, counselor burnout and high turnover rates. Additionally, community-based agencies in general yield high levels of stress and burnout. In a survey that included 501 professional counselors, Lawson (2007) found that those working in community agencies experienced higher levels of burnout and compassion fatigue and vicarious traumatization than those working in private practice.

High turnover rates and counselor burnout are dangerous for both client wellbeing and agency productivity. High rates of staff absenteeism and a lack in continuity of counselor care have been linked to clients prematurely withdrawing from treatment (Bowen & Twemlow 1978; McCaul & Svikis 1991; McKay, 2009; Schaefer et al., 2005). Also, turnover is costly for agencies, requiring recruitment, hiring, and training of new counselors (Alexander, Bloom, & Nuchols, 1994). Another risk is that time and resources spent replacing clinical staff may undermine organizational efforts to adopt and implement evidence-based treatment practices, which is a pivotal part of providing measureable care (Carroll & Rounsaville, 2007). The next section will discuss working environments and their role in impacting counselor wellness.

Work Environments

As previously reviewed, it is important to consider the causes of burnout, as the effects are dangerous not only for therapists and agencies, but chiefly for clients. For the purpose of this review, the term 'work environment' is conceptualized as synonymous with the term 'work culture'. Work culture is viewed as the environment that surrounds you at work all of the time; a powerful element that shapes work enjoyment, work relationships, and work processes (Heathfield, 2018). Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, yet much of the literature notes that environment is a component of wellness that is sometimes overlooked.

Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). If the work environment does not value employee wellness or allow for revitalizaton, employees (counselors) may become distressed and impaired (Maslach, Leiter, & Schaufeli, 2008). Roscoe (2009) stated that an individual's interaction with physical space, nature, neighborhood, community, and workplace can have enormous impact upon individual wellness, just as an individual can have a positive or negative impact on the environment.

Working environments have been identified as a contributing factor in the development of diminished wellness and counselor burnout with symptoms presenting as: poor work performance, irritability, inadequacy, feelings of failure, sleeplessness, and exhaustion, among others (Jordan, 2010). Available literature identifies several work environment factors linked to the contribution of diminished wellness and counselor burnout such as: caseload (heavy and unmanageable), (lack of) available resources, (lack of) autonomy, and unjust role expectations (Broome et al., 2009; Ducharme et al., 2008; McNulty et al., 2007). Similarly, Maslach (2003) identified environmental factors within the workplace that closely parallel with aforementioned

factors that lead to diminished wellness and counselor burnout including: work overload, lack of control in the workplace, unsupportive and unhealthy work peers, and ineffective/punitive supervisors. These work-related factors can all lead to increased risk of, or a hastening development of, burnout.

Another key element of the work environment is perceived fairness of program management. In a study of professional mental health counselors, perceived unfair treatment and inequity on the job led to increased resentment, which predicted turnover (Geurts et al., 1998). In comparison, work settings characterized by higher levels of procedural and distributive justice tended to have lower levels of turnover (Lum et al., 1998). It has been predicted that counselors working in settings in which the established pattern of interaction provides a sense of autonomy, fairness, and interpersonal support will be less likely to express symptoms of emotional exhaustion. They are also less likely to desire to quit their jobs (Ducharme et al., 2008). This study focused on perceived organizational justice as a work stressor that may have a correlation with emotional exhaustion and also turnover intention in mental health settings. It is believed that organizational justice within a work setting encompasses many of the aforementioned work stressors and is the most controllable and measurable work related factor.

Organizational Justice

Organizational justice is an employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice is comprised of three subsets: procedural justice, distributive justice and interactional justice (Yean & Yusof, 2016). Organizational justice is significant to study in counseling settings because the subsets of procedural, distributive, and interactional justice have been identified as work stressors and have been linked to negative emotions and intent to leave in employees (Fox, Spector, & Miles, 2001; Geurts et

al., 1998). In this study, the term 'justice' is used synonymously with 'fairness'. Justice within

the workplace can be understood as administrations' actions and decisions that are morally right

in agreement with law, ethical standards and religion (Yean & Yusof, 2016).

Dimensions of Organizational Justice

Procedural justice is an employee's perception of the fairness of the management

policies and procedures that regulate a process leading to decision outcomes (Colquitt, 2001).

Procedural justice focuses on process and how the steps taken by management meet a fair

decision and outcome. If employees perceive that administrative processes and procedures are

fair, then they will be more satisfied, develop a positive perspective of management decisions,

and likely have less conflict (Yean & Yusof, 2016). Shahid et al. (2018) found that procedural

justice moderates the relationship between emotional exhaustion and job-related outcomes. They

explained that if an employee perceives the fairness of procedures to determine outcomes that

he/she receives, then organizational loyalty and commitment in relation with emotional

exhaustion is strengthened. Previous studies also support their findings (Hur et al., 2014).

Distributive justice is the fairness associated with the decision related to the distribution

of resources within an organization (Colquitt, 2001). This is the allocation of both financial and

nonfinancial resources. These can be bonuses, salary, praise, and/or acknowledgement (Yean &

Yusof, 2016).

Interactional justice is the just treatment that an employee receives as the result of

managerial decisions (Colquitt, 2001). Interactional justice refers to the supervisor's or

"decision-makers" ways of explaining and implementing their procedures (Guruz & Mert, 2009).

It describes the interaction between recipients that are affected by decisions and the allocators of

distribution. Bies (2001) defines interactional justice as "the quality of interpersonal treatment

employees experience when procedures are enacted" (p. 93). Individuals working in organizations expect supervisors to extend equal treatment to all members and they seek fair interaction with the organization. Supervisors or administrators who treat some employees with disrespect and others with respect are not perceived as fair. Therefore, justice is built as a result of supervisors' and administrators' treatment of their subordinates with respect and dignity (Folger-Bies, 1989, pp. 79–90). Shahid et al. (2018) also found that interpersonal justice moderated the relationship between emotional exhaustion and job-related outcomes. They shared that if employees perceive that they are being treated with respect and cared for by their coworkers and administration, then organizational loyalty and commitment is strengthened.

Organizational Justice as a Stressor

Perception of injustice in the workplace fits explanations of job stressors as being situations that elicit an adaptive response (Jex & Beehr, 1991) or situations that elicit negative emotional reactions (Fox, Spector, & Miles, 2001). For example, the empirical work and seminal equity theory by Adams (1963) suggests that inequity (perception of injustice) drives individuals and groups to demonstrate adaptive responses in different ways, both behavioral (intention to leave) and cognitive (emotional exhaustion). Further research on justice has linked perceptions of injustice to negative emotions (e.g., Fox et al., 2001). Zohar (1995) specifically demonstrated the role of organizational justice in the job stress process as a role stressor, in the evocation of both consequent strain and negative emotional responses.

Fox et al. (2001) study on job stressors and their impact on employees found that job stressors, including perceived injustice related to both negative emotions and counter productive work behavior. Counterproductive work behavior is behavior meant to have a detrimental effect on organizations and their members and these behaviors include: overt acts such as aggression

and theft, or more passive acts, such as purposely failing to follow instructions or doing work incorrectly (Fox et al., 2001). In this current study, perceived injustice is analyzed as a work stressor that may also contribute to emotional exhaustion and turnover intention. As a correlation is found between perceived injustice and negative emotions, it is predicted that these negative emotions are emblematic of emotional exhaustion, specifically in mental health settings.

Significance of the Study

A thorough review of the literature revealed that there is an abundance of research on counselor burnout and contributing factors, and many implications and models for self-care and prevention strategies to be employed by the individual therapist (Howlett & Collins, 2014; Ohrt & Cunningham, 2012; Skovholt, 2001). However, there is a gap in the literature regarding systemic changes and strategies to be employed within professional mental health counseling agencies that support counselor wellness within the workplace. Identifying the relationships among factors within the workplace (organizational justice), emotional exhaustion, and turnover intention in professional counselors and counseling agencies will inform further research in developing prevention strategies. This research aims to protect counselors, clients, and counseling agencies from the hazardous effects of burnout. Information gained from this study may be the beginning of a movement towards systemic and organizational support for mental health counseling professionals.

Statement of Purpose

The purpose of this study was to explore the relationships between and among professional mental health counselors' perception of organizational justice within their work environments, counselor emotional exhaustion and turnover intention. The study of these relationships will help identify factors within the workplace that correlate with emotional

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exhaustion and turnover intention. With this knowledge, the counseling profession can begin to identify organizational strategies to support counselor wellness and decrease burnout symptoms such as emotional exhaustion. Further, understanding the aspects of work and organizational culture that are associated with emotional exhaustion is critical if the larger issue of counselor turnover is to be addressed.

Implementation of strategies to improve working environments by mental health counseling agencies and service providers places responsibility to maintain counselor wellness not only on the individual counselor, but on their employer as well. It is hoped that research associated with this study can elicit awareness of workplace factors within mental health counseling service provider settings that contribute to emotional exhaustion and high turnover rates. This study also aims to identify implications for prevention strategies that these mental health counseling service provider settings can employ to better support employee (professional mental health counselor) wellbeing.

Research Questions

This study sets out to investigate the following research questions:

Q1:   Do clinicians working in different settings report different levels of emotional exhaustion, turnover intention and perceptions of organizational justice?

Q2:   What is the relationship among and between counseling agencies' working environments (perception of organizational justice), counselor emotional exhaustion and further, counselor turnover intention?

Q3:   What is the effect of emotional exhaustion on turnover intention?

Q4:   What is the relationship between counseling agencies' working environments (perception of organizational justice) and emotional exhaustion?

Q5:   What is the effect of work environments (perception of organizational justice) on turnover intention?

Participants

The participants for this study were individuals who were (1) licensed, mental health counselors who (2) have provided any form of clinical mental health treatment to individuals or groups diagnosed with a mental health disorder listed in the DSM-V within the past 2 years. This includes, yet is not limited to: substance abuse/addictions treatment, services to individuals with severe mental illness, private practice, community-based counseling, and services to all ages. (3) Participants must have worked up to 40 hours a week. Participants were recruited through a posting on the Alabama Counseling Association (ALCA) listserv, an invitation request posted to Counselor Education and Supervision Network (CESNET), and invitation requests posted on this researcher's social media pages such as Facebook and LinkedIn. Participants were also invited to forward the email and survey link to colleagues that fit inclusionary criteria. If a participant did not possess the inclusionary criteria, their data was not included in the final analysis.

All participants were recruited from Qualtrics. A sample of 69 participants participated in the survey and their data was analyzed. However, some participants did not complete all sections of the measures of the Organizational Jusice Scale as well as the emotional exhaustion scale, leading to a reduced portion of total participants to be used for analytical purposes. This resulted in a final sampled size ranging from 66–69.

Procedures

After obtaining approval from Auburn University's Internal Review Board (see Appendix D), a Qualtrics survey was disseminated. The survey instrument was comprised of a

demographics questionnaire asking participants to identify: job title, age, ethnicity, number of years working as a professional counselor in a community-based agency, rural or urban community served, and level of education; and four quantitative measures: *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS) (Maslach et al., 1996), *Turnover Intention Scale* (TIS-6) (Bothma & Roodt 2013), and *Organizational Justice Scale* by Niehoff and Moorman (1993). Permission to use these measures in this study was obtained through emails from the researchers who created the aforementioned measures.

Before beginning the survey, the Qualtrics system presented the potential subject with an information letter embedded in the survey that listed inclusion criteria and requested consent to participate in the study. If subjects agreed to participate, they were redirected to the demographic questionnaire and survey questions. Subjects who did not agree to participate in the study were directed to the end of the Qualtrics study with a "thank you for considering to participate in this study" screen. Part of the demographic questionnaire was used to ensure that participants meet the inclusionary criteria for this study which were: counselors who have at least a master's degree in counseling and professionals who are currently practicing counselors or have been within the past two years. Results were stored in Qualtrics, which is a secure online site, and the researcher and dissertation committee chair have access to this information using a password. The data and results were accessible to the researcher and researcher's committee members.

Data Analysis

Data for this study was compiled and saved in the Qualtrics online survey service. SPSS (IBM Corp, 2017) statistical software was utilized for all data analyses. Mean, standard deviations, and range were calculated for the variables of interest (see Table 3). The distribution

of scores around the mean was analyzed with tests of skewedness and kurtosis and all assumptions for normality were met. Descriptive statistics were used to assess the nature of demographic information of participants and their responses.

Results

The researcher for this study utilized a brief demographic questionnaire, *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS; Maslach et al., 1996), *Turnover Intention Scale* (TIS-6; Bothma & Roodt, 2013), and an adapted version of the *Organizational Justice scale* (Niehoff & Moorman, 1993) to determine the relationships among and between factors within the workplace (organizational justice), emotional exhaustion and turnover intention in professional mental health counselors. This study also compared the self-reported results for perception of organizational justice of clinicians working in private practice settings versus community-based settings.

Participant Demographics

All participants were recruited from Qualtrics. A sample of 69 participants participated in the survey and their data was analyzed. However, some participants did not complete all sections of the measures of the Organizational Jusice Scale as well as the emotional exhaustion scale, leading to a reduced portion of total participants to be used for analytical purposes. This resulted in a final sampled size ranging from 66–69. Of this sample, 69 participants completed the turnover intention scale and 68 participants completed the emotional exhaustion scale. The Organizational Justice Scale had a participant rate of 66, the subset scales were as follows: Interactional Justice ($n = 67$), Distributive Justice ($n = 69$), Procedural Justice ($n = 68$). Participants were majority female (95.7%) with two male participants (2.9%) and one participant (1.4%) that did not disclose their gender (see Table 2). Participants ranged in age from 25 to 67

years ($M = 44.99$, $SD = 11.87$). Participants were asked to list their ethnicity and then were grouped based on response. Ethnicities listed by participants included: Caucasian/white, making up 69.6% of the sample; Black/African American, 20.3%; Hispanic, 2.9%; Asian, 2.9%; Arab, 1.4%; Mixed, 1.4%; not given, 1.4%. Participants' experience ranged from <1 to 38 years ($M = 9.29$, $SD = 9.43$) of work as a licensed therapist. Participants worked in Rural ($n = 28$), Suburban ($n = 22$), Urban ($n = 14$), and Other ($n = 5$) communities. Of the settings participants worked in, the largest group of participants worked in private practice ($n = 23$), followed by community-based outpatient ($n = 20$), college counseling centers ($n = 8$), inpatient treatment centers ($n = 2$), hospitals ($n = 1$), and other settings ($n = 15$). Only participants who completed all sections necessary for this study's purpose were included in the analyses.

Table 2

Demographic Profile of the Sample: Percentages for Categorical Data and Means and Standard Deviation for Continuous Variables

Variable	n	Range	Frequency (SD/%)
Age	69	25–67	11.87
Gender			
Female	66		95.7
Male	2		2.9
Not given	1		1.4

(table continues)

Table 2 (continued)

Variable	*n*	Range	Frequency (*SD*/%)
Ethnicity			
Caucasian/White	28		69.6
Black/African American	14		20.3
Hispanic	2		2.9
Asian	2		2.9
Arab	1		1.4
"Mixed"	1		1.4
Not given	1		1.4
Relationship Status			
Single	27		39.1
Married	40		58.0
Domestic partnership	2		2.9
Work setting			
Private practice	23		33.3
Community-based outpatient	20		29.0
College counseling center	8		11.6
Inpatient treatment center	2		2.9
Hospital	1		1.4
Other	15		21.7

Table 2 (continued)

Variable	*n*	Range	Frequency (*SD*/%)
Type of Community			
Rural	28		40.6
Suburban	22		31.9
Urban	14		20.3
Other	5		7.2
Years of full-time experience	69	>1-38	9.43
Highest degree earned			
Master	50		72.5
Doctorate	12		17.4
Other	7		10.1

Primary Analysis

Q1 and Hypothesis One were tested utilizing an independent samples *t*-tests to examine mean differences of emotional exhaustion, turnover intention, and organizational justice between private practice clinicians and community-based outpatient clinicians. To test Q2/Hypothesis Two, independent samples *t*-tests were utilized to examine mean differences of perception of organizational justice between those who reported low versus high levels of turnover intention, and low versus high levels of emotional exhaustion. Hypothesis Three was tested by performing a Pearson Product-moment correlation to examine the association between organizational justice and procedural justice; organizational justice and distributive justice, and organizational justice and interactional justice. To test Q4/Hypothesis Four, Pearson Product–moment correlation was

used to examine the association between emotional exhaustion and turnover intention. Q5/Hypothesis Five were tested by performing a Pearson Product–moment correlation to examine the association between organizational justice and emotional exhaustion.

Prior to running the primary analysis, participants were eliminated if they did not answer any of the survey questions. In order to eliminate all participants who did not meet the inclusion criteria the following steps were performed. First, participants were eliminated if they either answered "no" or did not answer qualifier question one resulting a sample of 111. Next, participants were eliminated if they answered "no" to qualifier question two resulting in a sample of 92. Then, participants were eliminated if they answered "no" to the third qualifier question resulting in a sample of 85 individuals. Finally, of the 85 participants that answered, "yes" to all three qualifiers, 17 did not complete the questionnaire and were removed from the data set. This resulted in a final participant sample of 69. However, some participants did not complete all sections of the measures leading to a reduced portion of participants to be used for analytical purposes. Mean, standard deviation, and range were calculated for the variables of interest and are summarized in Table 3.

Table 3

Mean, Standard Deviation and Range for Variables of Interest

Variable	*N*	*M*	*SD*	Range
Emotional exhaustion	68	25.91	11.52	48
Turnover intention	69	16.04	6.68	25
Organizational Justice	66	94.33	32.33	116
Interactional Justice	67	45.66	15.66	54
Distributive Justice	69	21.30	8.50	30
Procedural Justice	68	26.57	11.16	36

Research Question 1: Do clinicians working in different settings report different levels of emotional exhaustion, turnover intention and perceptions of organizational justice?

Hypothesis 1: Private practice clinicians report lower levels of emotional exhaustion, turnover intention and higher perceptions of organizational justice when compared to community-based outpatient settings. Independent samples *t*-tests were utilized to examine mean differences of emotional exhaustion, turnover intention, and organizational justice between private practice clinicians and community-based outpatient clinicians. Independent samples *t*-tests were performed in SPSS. Type I error was set at the .05 level.

Results of an independent samples *t*-test examining whether private practice clinicians reported lower levels of emotional exhaustion when compared to community-based outpatient settings was statistically significant, $t(40) = -4.036$, $p < .001$. Those who worked in a private practice setting had significantly lower levels of emotional exhaustion when compared to those in community-based outpatient settings, and the difference was large in magnitude, $d = 1.25$.

An independent samples *t*-test examining whether private practice clinicians reported lower levels of turnover intention when compared to community-based outpatient settings was statistically significant, $t(41) = -4.341$, $p < .001$. Those who worked in a private practice setting had significantly lower levels of turnover intention when compared to those in community-based outpatient settings, and the difference was large in magnitude, $d = 1.33$.

Table 4 shows results of an independent samples *t*-test examining whether private practice clinicians had higher perceptions of organizational justice when compared to community-based outpatient clinicians was statistically significant, $t(38) = 2.567$, $p = .014$. Those who worked in a private practice setting had significantly higher perceptions of organizational justice when compared to those in community-based outpatient settings, and the difference was large in magnitude, $d = 0.82$.

Table 4

Independent Samples t-test Results: Private practice vs. Community-based

	Private Practice		Community Based Outpatient		
	M	*SD*	*M*	*SD*	*p*
Emotional Exhaustion	19.957	8.741	31.842	10.351	<.001**
Turnover Intention	11.826	5.507	19.25	5.693	<.001**
Organizational Justice	114.364	27.498	91.333	29.104	.014*

* significant at $p < .05$

** significant at $p < .001$

Research Question 2 (includes hypotheses 2&3): What is the relationship among and between counseling agencies' working environments (perception of organizational justice), counselor emotional exhaustion and further, counselor turnover intention?

Hypothesis 2: Of those who reported low Turnover Intention and Emotional Exhaustion, those clinicians had a higher perception of organizational justice in the workplace, when compared to those with high Turnover Intention and Emotional Exhaustion. Independent samples *t*-tests were utilized to examine the mean difference of perception of organizational justice between those who reported low versus high levels of turnover intention, and low versus high levels of emotional exhaustion. Those in the bottom 25th percentile of turnover intention and emotional exhaustion made up the low groups, while those in the top 25th percentile of turnover intention and emotional exhaustion made up the high groups. Independent samples *t*-tests were performed in SPSS. Type I error was set at the .05 level.

Results of an independent samples *t*-test examining if clinicians who reported low levels of turnover intention had a higher perception of organizational justice when compared to those who reported high levels of turnover intention was statistically significant, $t(31) = 8.067$, $p < .001$. Clinicians in the low turnover intention group had a significantly higher perception of organizational justice when compared to those in the high turnover intention group, and the difference was large in magnitude, $d = 2.81$. Table 5 shows the independent samples t-test results between organizational justice and turnover intention.

Table 5

Independent Samples t-test Results: Organizational Justice and Turnover Intention

	Low Turnover Intention		High Turnover Intention		
	M	*SD*	*M*	*SD*	*p*
Organizational Justice	120.765	17.275	58.438	26.427	<.001**

** - significant at $p < .001$

Results of an independent samples *t*-test examining if clinicians who reported low levels of emotional exhaustion had a higher perception of organizational justice when compared to those who reported high levels of emotional exhaustion was statistically significant, $t(31) = 4.085$, $p < .001$. Clinicians in the low emotional exhaustion group had a significantly higher perception of organizational justice when compared to those in the high emotional exhaustion group, and the difference was large in magnitude, $d = 1.42$. Table 6 shows the results of an independent samples t-test between organizational justice and emotional exhaustion.

Table 6

Independent Samples t-test Results: Organizational Justice and Emotional Exhaustion

	Low Emotional Exhaustion		High Emotional Exhaustion		
	Mean	SD	Mean	SD	*p*
Organizational Justice	116.647	20.261	78.375	32.518	<.001**

** significant at $p < .001$

Hypothesis 3: Increased organizational justice is associated with increased Procedural Justice, increased Distributive Justice, and increased Interactional Justice. A correlational analysis was performed in SPSS to examine the association between organizational justice and procedural justice; organizational justice and distributive justice, and organizational justice and interactional justice. The association between organizational justice and procedural justice was significant, $r(65) = .968$, $p < .001$. Organizational justice was positively correlated with procedural justice, and the association was large in magnitude ($r^2 = .937$). The association between organizational justice and distributive justice was significant, $r(65) = .704$, $p < .001$. Organizational justice was positively correlated with distributive justice, and the association was large in magnitude ($r^2 = .496$). The association between organizational justice and interactional justice was significant, $r(65) = .953$, $p < .001$. Organizational justice was positively correlated with interactional justice, and the association was large in magnitude ($r^2 = .908$).

Research Question 3: What is the effect of emotional exhaustion on turnover intention?

Hypothesis 4: Increased Emotional Exhaustion is associated with increased Turnover Intention. A correlational analysis was performed in SPSS to examine the association between emotional exhaustion and turnover intention. The association between emotional exhaustion and turnover intention was significant, $r(67) = .651$, $p < .001$. Emotional exhaustion was positively correlated with turnover intention, and the association was large in magnitude ($r^2 = .424$).

Research Question 4: What is the relationship between counseling agencies' working environments (perception of organizational justice) and emotional exhaustion?

Hypothesis 5: Increased Organizational Justice is associated with decreased Emotional Exhaustion. A correlational analysis was performed in SPSS, and was used to examine the association between organizational justice and emotional exhaustion. The association between

organizational justice and emotional exhaustion was negative and significant, $r(64) =$ -0.497, p
< .001. Organizational justice was negatively correlated with emotional exhaustion, and the
association was large in magnitude (r^2 = .247).

Research Question 5: What is the effect of work environments (perception of organizational
justice) on turnover intention?

**Hypothesis 6: Increased Organizational Justice is associated with decreased Turnover
Intention.** A correlational analysis was performed in SPSS to examine the association between
organizational justice and turnover intention. The association between organizational justice and
turnover intention was negative and significant, $r(64) = -0.689$, $p < .001$. Organizational justice
was negatively correlated with turnover intention, and the association was large in magnitude (r^2
= .475).   The analysis data from hypotheses 3, 4, 5 and 6 are shown in Table 7.

Table 7

Correlations between Variables of Interest

	Emotional Exhaustion	Turnover Intention	Distributive Justice	Procedural Justice	Interactional Justice	Organizational Justice
Emotional Exhaustion	---	---	---	---	---	---
Turnover Intention	.651**	---	---	---	---	---
Distributive Justice	-.500**	-.692**	---	---	---	---
Procedural Justice	-.395**	-.604**	.580**	---	---	----
Interactional Justice	-.438**	-.603**	.493**	.934**	---	---
Organizational Justice	-.497**	-.689**	.704**	.968**	.953**	---

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

Summary

The current study was developed to gain an understanding of the relationships among and between factors within mental health service workplaces (perception of organizational justice), emotional exhaustion and turnover intention in professional mental health counselors. To answer research questions and test hypotheses, a Brief Demographic Questionnaire, MBI-HSS (Maslach et al., 1996), TIS-6 (Bothma & Roodt 2013), and an adapted version of the *Organizational Justice scale* (Niehoff & Moorman, 1993) were utilized. Results from this study indicated that participants who rated high on the emotional exhaustion scale (MBI-HSS) rated low in their perception of organizational justice (Organizational Justice Scale, 1993). Participants who rated high on the turnover intention scale (TIS-6), rated low in their perception of organizational justice. There was also a significant correlation between emotional exhaustion and turnover intention. Further, having a higher perception of organizational justice decreased the self-report of emotional exhaustion, which was positively correlated with lower turnover intention.

Discussion

This study sought to examine the relationships among and between factors within the workplace (perception of organizational justice), emotional exhaustion, and turnover intention in professional mental health counselors. Results from this study provide a deeper understanding of how factors within the workplace (e.g. procedural justice, interactional justice, distributive justice) impact licensed professional counselors' emotional exhaustion and turnover intention in mental health service settings. These results allow a better understanding of how to improve the climate of mental health service settings to support counselor wellness and ultimately reduce recidivism. Identifying the relationships between variables such as clinician perception of

organizational justice and emotional exhaustion will direct awareness of potential systemic

improvements within mental health service workplaces needed to support counselor wellness.

Relationships between emotional exhaustion and turnover intention will direct awareness to the

significance of controlling for emotional exhaustion in mental health service settings. This

chapter provides an explanation and interpretation of study results and presents implications for

administrative considerations, training, practice, and organizational research. Limitations of the

current study and recommendations for future research also will be reviewed within this chapter.

Findings

The current study's results indicated that clinicians working in private practice settings

reported lower levels of emotional exhaustion and turnover intention, while reporting higher

levels of perceived organizational justice when compared to community-based outpatient work

settings. Higher levels of perceived organizational justice means that the clinician believes that

they are being treated fairly, justly and respectfully by their management/supervisor in their work

setting. This current study also yielded results indicating that clinicians who reported higher

levels of emotional exhaustion and turnover intention also reported lower levels of perceived

organizational justice. So, if the clinician reported that they do not feel that they are being

treated fairly, justly and with respect by their management/supervisor in their work setting, then

they reported higher levels of emotional exhaustion and most alarmingly, intention to leave their

current job.

Research question one sought to test the hypothesis that private practice clinicians report

lower levels of emotional exhaustion, turnover intention and higher perceptions of organizational

justice when compared to community-based outpatient settings. Results of the examination of

whether private practice clinicians reported lower levels of emotional exhaustion when compared

to community-based outpatient settings was statistically significant, and found that those who worked in a private practice setting had significantly lower levels of emotional exhaustion when compared to those in community-based outpatient settings. The difference was large in magnitude. Results of the examination of whether private practice clinicians reported lower levels of turnover intention when compared to community-based outpatient settings were statistically significant. It found that those who worked in a private practice setting had significantly lower levels of turnover intention when compared to those in community-based outpatient settings; and the difference was large in magnitude. Results of an examination of whether private practice clinicians had higher perceptions of organizational justice when compared to community-based outpatient clinicians were statistically significant. It found that those who worked in a private practice setting had significantly higher perceptions of organizational justice when compared to those in community-based outpatient settings, and the difference was large in magnitude. It is not surprising that clinicians working in private practice settings report higher perceptions of organizational justice as these clinicians may be their own boss or supervisor, or work in a partnership with great autonomy. It is interesting that while clinicians in all settings face similar occupational hazards and emotional closeness in their work, clinicians that have a high perception of organizational justice at their workplace report lower levels of emotional exhaustion and further, turnover intention.

Research question two sought to test the hypothesis: Of those who reported low Turnover Intention and Emotional Exhaustion, those clinicians had a higher perception of organizational justice in the workplace, when compared to those with high Turnover Intention and Emotional Exhaustion. Results of an examination of whether clinicians who reported low levels of turnover intention had a higher perception of organizational justice when compared to those who reported

high levels of turnover intention was statistically significant and found that clinicians in the low turnover intention group had a significantly higher perception of organizational justice when compared to those in the high turnover intention group, and the difference was large in magnitude. Additionally, clinicians in the low emotional exhaustion group had a significantly higher perception of organizational justice when compared to those in the high emotional exhaustion group, and the difference was large in magnitude.

Research question three sought to discover if increased Emotional Exhaustion is associated with increased Turnover Intention. It was determined that the association between emotional exhaustion and turnover intention was significant and that emotional exhaustion was positively correlated with turnover intention, and the association was large in magnitude. This finding reinforces the importance of controlling for counselor wellness/emotional exhaustion in mental health service work settings, as turnover intention is costly for agencies and dangerous for client wellbeing.

Research question four tested the hypothesis: increased Organizational Justice is associated with decreased Emotional Exhaustion. It was found that the association between organizational justice and emotional exhaustion was negative and significant. Organizational justice was negatively correlated with emotional exhaustion, and the association was large in magnitude. This means that clinicians who reported higher levels of emotional exhaustion reported lower levels of perceived organizational justice. This tells us that when the perception of fairness within the workplace is low, then rates of emotional exhaustion are high.

The final research questions tested the hypothesis: increased Organizational Justice is associated with decreased Turnover Intention. It was found that the association between organizational justice and turnover intention was negative and significant. Organizational justice

was negatively correlated with turnover intention, and the association was large in magnitude. This means that clinicians who reported higher levels of turnover intention reported lower levels of perceived organizational justice. This tells us that when the perception of fairness within the workplace is low, then rates of turnover intention are high.

Implications

The results of this study provide clinicians, supervisors and administrators in mental health work settings with awareness of the relationships between and among organizational justice, emotional exhaustion and turnover intention in professional mental health counselors. Diminished wellness, emotional exhaustion, counselor burnout and high turnover rates remain steadily prevalent in counseling agencies (Green, Miller, & Aarons, 2013; Lawson & Venart, 2005; Skovholt, 2001). These phenomenon are dangerous for counseling agencies, professional counselors, and most importantly, clients. With the awareness of the significance of the relation of positive perceptions of organizational justice and emotional exhaustion and further, turnover intention; supervisors and administration may begin to prioritize executing positive organizational justice to help control for emotional exhaustion and turnover intention.

Ohrt and Cunningham (2012) shared that counselors' work environments may influence their levels of wellness and burnout, which leads to turnover. Although burnout occurs in the counselor, it is rooted in the environment (Lawson, 2007). The significance of these findings may serve as an impetus for mental health work settings to assess their own employees' perceptions of the climate of their work environments and move towards making appropriate changes to support employee (counselor) wellness. Also, with this knowledge, clinicians that experience negative working environments, or that perceive low organizational justice within

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their workplace may begin to advocate for just treatment within their workplace, with a solid rationale provided by this study's results.

An additional benefit that this study may yield in counselor education is a foundation for understanding how to improve working environments for intern-therapists (Freadling & Kelly, 2014). Data from this study can be used to develop trainings for internship sites and site supervisors as well as to teach interns the impact of proper and fair management and leadership styles. This study focused on perceived organizational justice as a work stressor and found that it has a strong correlation with emotional exhaustion and also turnover intention in mental health settings. Organizational justice within a work setting encompasses many of the aforementioned work stressors and is a controllable and measurable work-related factor.

Organizational justice is an employee's perception of the resource allocation in an organization (Greenburg, 1987). Organizational justice is comprised of three subsets: procedural justice, distributive justice and interactional justice (Yean & Yusof, 2016). Organizational justice is significant to study in counseling settings because its subsets of procedural, distributive, and interactional justice have been identified as work stressors that have been linked to negative emotions and intent to leave in employees (Fox, Spector, & Miles, 2001; Geurts et al., 1998). With organizational justice as a factor of stress within the workplace, this study found that a higher perception of organizational justice yielded lower turnover intention and rates of emotional exhaustion.

The basic implication that is gained from this finding is that a focus on improving organizational justice practices and perceptions within the workplace are needed to improve those environments. To improve organizational justice practices within the work setting, there is a need for a future study with a focus on developing an effective training model for

implementing organizational justice practices. At the present, this study indicates that an understanding of the divisions of organizational justice, conscious effort to employ justice within the workplace, along with awareness of employee perceptions within the workplace is needed to improve employee emotional exhaustion and prevent turnover intention.

Limitations of the Study

There are certain limitations to consider when utilizing survey research. Because surveys collect data at a single point in time, it is difficult to measure changes in the population unless two or more surveys are done at different points in time. This study will use one survey to collect and analyze data, which may not show a shift, if one occurs. Therapists could have differing answers at different stages in their career or even at different work sites.

An obvious limitation of this study was the low percentage of male counselors (2.9%) that participated. Although the counseling profession is primarily female, the low amount of male participants may not make the results applicable across genders. Also, the sample is comprised mostly of White participants (69.6%). Although comparable to samples in other studies, there is a lack of diversity in gender and race in the sample. Therefore, the results of this study have limited generalizability.

Another consideration is participant response bias. This survey relies on self-report and also asks personal questions about experiences and feelings, so a participant may provide what they believe to be a socially desirable response rather than their truth. Additionally, the current self-reported study collected data that was based on the participant's perception of their working environments. There is no way to control for individual differences in perception. In the current study there was also no control for individual personality factors, such as neuroticism, that may skew the data.

Finally, the participant response rate (n = 69) was lower than the number identified for peak significance (n = 82). Based on this response rate, the power of the study was not at the significance that this researcher hoped for; therefore the results of this study are less reliable than the full population of professional mental health counselors. This study will lead the way to the development of a greater study that will obtain the appropriate power and greater effect size to represent the current population of professional mental health counselors.

Future Research Recommendations

As the perception and experience of stress, burnout and emotional exhaustion are relative and subjective experiences, it is important to control for individual personality factors that may influence results. The addition of a five-factor personality assessment can help control for individual personality factors that may influence self-reported results and help reduce skewedness. Additionally, other factors outside of perceptions of organizational justice may also influence emotional exhaustion and turnover intention. Literature suggests that factors that increase counselors' risk for burnout include: job-related factors, personal characteristics, and interpersonal influences from clients (Lawson, 2007; Rosenburg & Pace, 2006). Also, factors may include caseload, hours of operation and supervision style. In a future research study, these factors may be measured through the use of supervision style questionnaire and additional demographics questions that include the inquiry of caseload and hours of operation.

It would be interesting to research and understand differences in generational perceptions, personality and income level as related to private practioner's versus community-based practitioners' perceptions of organizational justice and distributive justice. An additional factor to study in these comparisons could be individual perception of locus of control, meaning what

control they perceive to have over their practice and to what extent can they control what is happening to them at work.

Another addition to the analysis of data could be to investigate which subset of organizational justice is most highly correlated with emotional exhaustion and turnover intention. This information will yield a better understanding of specific workplace factors that can be improved to yield a more positive environment. Further research devoted to the development of workshops and trainings to educate counselors, supervisors and administration on maintaining positive and fair working environments is also needed.

Summary

The current study provided insight and understanding of the relationship between and among the perception of organizational justice in the workplace, emotional exhaustion and turnover intention in professional mental health counselors. Further, this study identified the significance of the role that positive perceptions of organizational justice plays in relation to retaining employees (counselors) and maintain their wellness. Counselors who perceived higher levels of organizational justice reported lower levels of both emotional exhaustion and turnover intention. This study also identified that clinicians working in private practice settings reported higher perceptions of organizational justice and lower levels of both emotional exhaustion and turnover intention. Further research is needed to promote greater understanding and advocacy for mental health counselor well being.

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A Study of the Relationships Among and Between Factors Within the Workplace, Emotional Exhaustion and Turnover Intention in Professional Counselors

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Start of Block: Block 2

Q30 Information Letter: "A Study of the Relationships Among and Between Factors Within the Workplace, Emotional Exhaustion and Turnover Intention in Professional Counselors." You are invited to participate in a research study to explore the relationship between and among factors within the workplace, emotional exhaustion and turnover intention developed in licensed mental health counselors. The study is being conducted by Baxlee Bynum, doctoral student in Counselor Education, under the direction of Dr. Chippewa Thomas in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You are invited to participate because you are a counselor who has at least a master's degree in counseling, are currently practicing or have practiced counseling within the past two years, and are licensed at any level. What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to take an online Qualtrics survey with a total of 20 questions. The instruments for this survey comprise of three quantitative measures. The survey will also include two open-ended questions. Before beginning the survey, the Qualtrics system will present you with an Information Letter embedded in the survey that includes inclusion criteria and requests consent to participate in the study. If you should agree to participate, you will be redirected to the demographic questionnaire and survey questions. The total time required for participation is about 10 minutes. Are there any risks or discomforts? As this survey is anonymous, the risks for participation in this study are minimal. This survey is short in nature and may include minimal risks such as questions requiring reflection of working environments and any discomforts that may be attached to these thoughts/memories. Are there any benefits to yourself or others? If you participate in this study, you can expect to increase knowledge surrounding if and how factors within the workplace impact counselor emotional exhaustion and turnover intention. Understanding the aspects of work and organizational culture that are associated with emotional exhaustion, a construct of burnout is critical if the larger issue of counselor turnover is to be addressed. Further, with this knowledge, we hope to gain the ability to begin to identify

prevention strategies to support counselor wellness and decrease burnout symptoms such as emotional exhaustion. . We/I cannot promise you that you will receive any or all of the benefits described. Will you receive compensation for participating? No. Are there any costs? No monetary costs for participants. If you change your mind about participating, you can withdraw at any time by (example: closing your browser window). Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling or the Graduate School. Any information obtained in connection with this study will remain anonymous. Information obtained through your participation may be used to fulfill an educational requirement (dissertation), and possible presentations and publications. If you have questions about this study, please contact Baxlee Bynum at BAB0014@auburn.edu. If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu. HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK "Yes" as an answer. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

○ Yes (1)

○ No (2)

Skip To: End of Survey If Information Letter: "A Study of the Relationships Among and Between Factors Within the Workplace,... = No

End of Block: Block 2

Start of Block: Block 2

1 Are you a licensed counselor, or have been a licensed counselor in the past two years?

○ yes (1)

○ no (2)

Skip To: End of Survey If Are you a licensed counselor, or have been a licensed counselor in the past two years? = no

2 Have you worked as a licensed counselor for up to 40 hours a week within the past two years?

○ Yes (1)

○ No (2)

3 Have you provided any form of clinical mental health treatment to individuals or groups diagnosed with a mental health disorder listed in the DSM-V within the past 2 years?

○ Yes (1)

○ No (2)

End of Block: Block 2

Start of Block: Default Question Block

Demographic Questionnaire:

1 What is your age in years?

_____

2 What is your relationship status?

○ Single (1)

○ Married (2)

○ Domestic partnership (3)

3 What population do you primarily serve? (ie: Sever Mental Illness, Substance Abuse, Family and Children, etc.)

_____

4 What type of setting do you work in?

○ Private Practice (1)

○ Community-based outpatient (2)

○ College counseling center (3)

○ Inpatient treatment center (4)

○ Hospital (5)

○ other (6) _____

5 How many years of full-time experience do you have working as a licensed therapist? (this includes associate license)

_____

6 What is your professional job title as it pertains to counseling?

_____

7 Do you work in a rural, urban or suburban community?

○ Rural (1)

○ Suburban (2)

○ Urban (3)

○ other (4) _____

8 What is your highest degree earned?

○ Bachelor (1)

○ Master (2)

○ Doctorate (3)

○ Other (4) _____

9 What is your ethnicity?

_____

10 What is your gender id?

_____

11 Please rate your general experience for the majority of time at work. Rate your experience on a scale 1-5, 1 being not at all true and 5 being very true.

	Not at all true (1)	. (4)	. (5)	. (6)	Very True (7)
I feel emotionally drained from my work (1)	○	○	○	○	○
I feel fatigued when I get up in the morning and have to face another day on the job (2)	○	○	○	○	○
Working with people all day is really a strain for me (3)	○	○	○	○	○
I feel burned out from my work (4)	○	○	○	○	○
I feel frustrated with my job (5)	○	○	○	○	○
I feel used up at the end of the workday (6)	○	○	○	○	○
I feel like I work too hard at my job (7)	○	○	○	○	○
I feel like I'm at the end of my rope. (8)	○	○	○	○	○

12 Please read each question and indicate your response using the scale provided for each question: DURING THE PAST 9 MONTHS of your work as a professional counselor, or your last 9 months....

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
How often do you dream about getting another job that will better suit your personal needs? (1)	○	○	○	○	○
How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals? (2)	○	○	○	○	○
How often have you considered leaving your job? (3)	○	○	○	○	○

13 Please read each question and indicate your response using the scale provided for each question on a scale of 1-5; 1 being very satisfying and 5 being totally dissatisfying: DURING THE PAST 9 MONTHS of your work as a professional counselor, or your last 9 months....

	Very Satisfying (1)	. (2)	. (3)	. (4)	Totally dissatisfying (5)
How satisfying is your job in fulfilling your personal needs? (1)	○	○	○	○	○

14 Please read each question and indicate your response using the scale provided for each question: DURING THE PAST 9 MONTHS of your work as a professional counselor, or your last 9 months....

	Highly unlikely (1)	Moderately unlikely (2)	Slightly unlikely (3)	Neither likely nor unlikely (4)	Very Likely (5)	Moderately likely (6)	Extremely likely (7)
How likely are you to accept another job at the same compensation level should it be offered to you? (1)	◯	◯	◯	◯	◯	◯	◯

15 Please read each question and indicate your response using the scale provided for each question: DURING THE PAST 9 MONTHS of your work as a professional counselor, or your last 9 months....

	Always (1)	Most of the time (2)	About half the time (3)	Sometimes (4)	Never (5)
How often do you look forward to another day at work? (1)	◯	◯	◯	◯	◯

16 Distributive Justice

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My work schedule is fair. (1)	◯	◯	◯	◯	◯	◯	◯
I think my level of pay is fair. (2)	◯	◯	◯	◯	◯	◯	◯
I consider my workload to be quite fair. (3)	◯	◯	◯	◯	◯	◯	◯

Overall, the rewards I receive are quite fair. (4)	○ ○ ○ ○ ○ ○ ○	
I feel that my job responsibilities are fair. (5)	○ ○ ○ ○ ○ ○ ○	

17 Formal Procedures

To answer this question, consider your boss as your higher-up that makes the most impact on your day to day operations. Ex: (site supervisor, program coordinator, etc.) If you are a site supervisor, then consider your next higher-up. If you work in private practice alone, think of yourself.

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
Job decisions are made by my boss in an unbiased manner. (1)	○	○	○	○	○	○	○
My boss makes sure that all employee concerns are heard before job decisions are made. (2)	○	○	○	○	○	○	○
To make job decisions, my boss collects accurate and complete information. (3)	○	○	○	○	○	○	○

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My boss clarifies decisions and provides additional information when requested by employees. (4)	○	○	○	○	○	○	○
All job decisions are applied consistently across all affected employees. (5)	○	○	○	○	○	○	○
Employees are allowed to challenge or appeal job decisions made by their boss. (6)	○	○	○	○	○	○	○

18 Interactional Justice

To answer this question, consider your boss as your higher-up that makes the most impact on your day to day operations. Ex: (site supervisor, program coordinator, etc.) If you are a site supervisor, then consider your next higher-up. If you work in private practice alone, think of yourself.

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
When decisions are made about my job, my boss treats	○	○	○	○	○	○	○

me with
kindness and
consideration.
(1)

When
decisions are
made about
my job, my
boss treats
me with
respect and
dignity. (2)

○　　○　　○　　○　　○　　○　　○

When
decisions are
made about
my job, my
boss is
sensitive to
my personal
needs. (3)

○　　○　　○　　○　　○　　○　　○

When
decisions are
made about
my job, my
boss deals
with me in a
truthful
manner. (4)

○　　○　　○　　○　　○　　○　　○

When
decisions are
made about
my job, my
boss shows
concern for
my rights as
an employee.
(5)

○　　○　　○　　○　　○　　○　　○

When
decisions are
made about
my job, my
boss
discusses the
implications
of the
decisions

○　　○　　○　　○　　○　　○　　○

with me. (6)							
My boss offers adequate justification for decisions made about my job. (7)	○	○	○	○	○	○	○
When making decisions about my job, my boss offers explanations that make sense to me. (8)	○	○	○	○	○	○	○
My boss explains clearly all decisions made about my job. (9)	○	○	○	○	○	○	○

19. How could your workplace culture improve?

20. How could your workplace better support your wellness?

Default Report:

A Study of the Relationships Among and Between Factors Within the Workplace, Emotional Exhaustion and Turnover Intention in Professional Counselors

19- How could your workplace culture improve?

As the leader some more time for balance between work and life. Probably adding in yoga or more workouts during day when possible.
We get zero breaks in our schedule between clients. Having even just 5 minutes scheduled between would be great. I hate starting sessions late just because I needed time to go to the bathroom. Time in the schedule for documentation, instead of relying on cancels/no shows, would decrease my stress about getting documentation done.
New Executive Director
Hire someone to do billing
Not applicable to my setting
Restructuring
One contractor leaves because she isn't invested
Implementing consistent rules and expectations for all employees; better communication
Counseling burnout is due to fraudulent behavior in most AL Counseling agencies and workplaces, particularly Medicaid fraud

more accountability for EVERYONE, not just clinicians

Better people to work for and with.

If the grant was managed by a not for profit organization

Improve education among guards about mental illness, hire more staff, allow management to receive feedback on performance from others under them without retaliation

Me being better with boundaries

If I didn't write such long client notes

Peer Consultation, more socialization; Everyone is so busy seeing clients every hour that it can be quite isolating

improve morale by increasing the equity in workload and compensation

N/A

More self-care opportunities for staff; less focus on productivity and billable hours and more focus on supporting quality of services

It couldn't

More incentives (raises, team building outings). More accountability to prevent those that are slacking.

Be aware that I am my boss

Improved communication between senior management and therapists. More collaborative decision making. Adequate staffing. Clearly and fairly defined job roles between different specialities.

Communicating better

It's great.

Lighter caseload

Improved support through formal staffing process, consistent policies and procedures, increased staff development

Request feedback

More structure

My current work culture is that work comes first and we stay until we are finished and work after hours if needed. I feel that this culture needs to be altered to normal working hours and 40 hour week to make time for self care and personal wellness.

Respect

More staff self-care as a group

Better compensation & communication

Resolving conflict among staff members instead of maintaining a culture of gossip and hostility

More appropriate considerations for needs of client. Better accessibility to supervisor.

We have poor leadership, lots of turnover, low staff, and too many clients

Focusing on employees and not only revenue.

Better leadership

Raises

Culture is great, it would just be nice to not be overloaded with clients and be expected to get everything else done.

It could not

Better compensation, fewer politics, better support for supervisors and employees. Less paperwork.

I love my workplace!

more communication between admin and employees

transparency and equal workload distribution

more effective billing staff and scheduling decisions by my boss

Higher salaries

Better, equal pay

Get rid of the union environment and make it easier to fire bad employees. A bad team member makes everyone's job so much harder

More training on diversity and equity

More time to see clients

Clerical support

Holding each other accountable more, involving clients more in decisions about the agency, improve inclusiveness

Recognized turnover and implement change

Communication

It could be more fair; employee's concerns would be heard

Better delegation of workload

Lower case loads and better compensation

Coworkers tend to take things personally. The climate during certain times of the year decreases, but we work to get things back right.

Im satisfied with workplace culture.

More peer consultations

Honesty

My workplace culture would improve if our agency cared about the wellness of their therapists. Possibly having more follow up time, having incentives for a good health check up or being more physically active.

Appropriate supervison with supervisors that have clinical knowledge and experience. Adovcacy regarding counselors roles and duties within the agency.

effective collaboration

More diverse staff

moral

Since bedside counseling is a new program at my site, my coworkers are gradually learning about counseling and why it's needed. My workplace could be improved by me getting paid for my services.

Just more information and training

More autonomy over schedule; smaller caseloads; more adequate compensation

Default Report:

A Study of the Relationships Among and Between Factors Within the Workplace, Emotional Exhaustion and Turnover Intention in Professional Counselors

20- How could you workplace better support your wellness?

Noted above.

More PTO. Day beginning at 9:00AM instead of 8:00AM. Being more accommodating in the schedule for those doing licensure supervision.

By implementing the practices they bark at other people

Love working for myself

Compensated vacation

Be a leader not a BOSS

It's great the way it is.

Allowing use of sick leave as needed

Not be fraudulent

More pay

No monthly on call and monthly backup on call every other month. Allow more down time at work during student breaks and holidays.

Prioritize staff and client care over profit

Better time off and better staffing

Be firm with my boundaries

If I worked fewer hours at the office and didn't do office work at home

Lower weekly hour requirement; Counselors are required to contract a certain number of hours each week

make sure work load was equal among staff

N/A

Provide staff appreciation, support mental health days for staff

N/A

Raises.

Set asude adequate break and lunch times..limit to no more that 6 clients in a day

Allow for PTO time and adequate coverage when PTO time is take.

Understanding my role and responsibilities

Paid health insurance

Higher pay and more offered breaks.

insuring adequate supplies and time for staffing difficult cases

increase employees and reduce responsibilities

Staff better trained and supervised

Encourage employees to take better care of themselves and provide more opportunities for wellness

More time off

Hire more staff

More clinical debriefing/staffing

Unsure; I'm very pleased with the support I receive in maintaining my wellness

Encourage more use of PTO, help find coverage for groups or services when PTO is necessary.

They could hire more staff, get stable leadership, have fair vacation practices and create equality in case loads

PTO & medical benefits.

Less workload, better pay, and more support

More time off

Appropriate caseloads and groups. Provide us with lunches that are free and not during meeting times.

More vacation time

Listen to employees.

It supports my wellness 100%. (This is untrue of past jobs I've had in my career but I've actively searched for a place that supports me and this job definitely does!)

more mental health days

equal workload distribution

my facilitating clearer instructions and open dialogue among boss and coworkers

increase funding for professional development

Promote time off for self care

I am honestly not sure. I'm not sure for two reasons, first, I am not sure my wellness should be one of their main aims. Second, I feel like employee wellness is less about programs rather than the overall structures and cultures that have been developed within the organization. Thus, promoting wellness would involve changing some things that may not be able to change (e.g. less paperwork overall)

More PTO

Wellness days

More time for self care

Pay for no shows

Having healthy snacks available, facilitating discussions productively to minimize arguing

Hire additional staff and simplify the work load/expectations

Workshops about self care

Lessen the stress and expectations; Not all clients are equal and not all clients take the same amount of time

More flexibility for time off and allotted time for documentation and planning

Lower caseload

Team building days

My workplace supports wellness.

N/A

Paid time off

Less stressful scheduling could help me feel less drained at the end of the day.

Effective supervision, debriefing meetings after crisis events and appropriate amount of work hours.

equally distributing workload

More education in regard to this subject matter to explain what wellness is, as it has a different meaning depending on who you ask. It should be understood that wellness encompasses mental, physical, psychological and emotional.

provide therapy

By understanding that I am not a miracle worker and change does not happen on a day. Also, receiving a salary.

More mental health days

Smaller caseloads

APPENDIX C: EMAIL INVITATION

Good afternoon,

My name is Baxlee Bynum, and I am currently finishing up my Ph.D. in Counselor Education at Auburn University. For my dissertation, I am exploring the relationships between and among factors within the workplace, emotional exhaustion and turnover intention in mental health counselors. *If you are or have been a professional counselor*, I would like to invite you to participate in a research study to further explore these relationships.

If you choose to participate, you will be asked to complete a survey. Your risk in participating in this study is minimal, and all information will remain anonymous and confidential. This survey will take approximately 20 minutes of your time. You may choose to discontinue taking the survey at any time, should you choose.

Furthermore, please feel free to forward this email invitation and link to other professional counselors and colleagues. I hope to gain responses from all regions of the United States!

Please click here if you are interested in participating in this study:

………….

If you have any questions, please contact Baxlee Bynum at BAB0014@auburn.edu or Dr. Chippewa Thomas at thoma07@auburn.edu.

Thank you for your time and consideration!

Best regards,

APPENDIX D: IRB APPROVAL

Auburn University Human Research Protection Program
EXEMPTION REVIEW APPLICATION

For information or help completing this form, contact: **THE OFFICE OF RESEARCH COMPLIANCE,**

Location: 115 RamsayHall   **Phone:** 334-844-5966   **Email:**IRBAdmin@auburn.edu

Submit completed application and supporting material as one attachment to IRBsubmit@auburn.edu.

1. PROJECT IDENTIFICATION   **Date** 5/8/19

a. Project Title A Study of the relationships between and among factors within the workplace,   emotional exhaustion and turnover intention in professional counselors.

b. Principal Investigator __Baxlee Bynum__ Degree(s) M. Ed__ Rank/Title Doctoral Candidate .
Department/School Special Education, Rehabilitation, Counseling   Phone Number (256)749-6155 .
AU Email bab0014@auburn.edu

Faculty Principal Investigator (required if PI is a student) Dr.Chippewa Thomas Title Associate Professor .
Department/School Special Education, Rehabilitation, Counseling   Phone Number 334-844-5701 .
AU Email thoma07@auburn.edu

Dept Head Dr. Jamie Carney   Department/School Special Education, Rehabilitation, Counseling
Phone Number 3348442835   AU Email Carnejs@auburn.edu

c. Project Personnel (other PI) – Identify all individuals who will be involved with the conduct of the research and include their role on the project. Role may include design, recruitment, consent process, data collection, data analysis, and reporting. Attach a table if needed for additional personnel.

Personnel Name_____ Degree (s) _____
Rank/Title_____Department/School_____
Role_____
AU affiliated? ☐ YES ☐ NO If no, name of home institution _____
Plan for IRB approval for non-AU affiliated personnel? _____

Personnel Name_____ Degree (s) _____
Rank/Title_____Department/School_____
Role_____
AU affiliated? ☐ YES ☐ NO If no, name of home institution _____
Plan for IRB approval for non-AU affiliated personnel? _____

Personnel Name_____ Degree (s) _____
Rank/Title_____Department/School_____
Role_____
AU affiliated? ☐ YES ☐ NO If no, name of home institution _____
Plan for IRB approval for non-AU affiliated personnel? _____

d. Training – Have all Key Personnel completed CITI human subjects training (including elective modules related to this research) within the last 3 years?   ☐ YES   ☐ NO

> **The Auburn University Institutional Review Board has approved this Document for use from**
> __05/10/2019__ **to** __-----------__
> **Protocol # -----** 19-218 EX 1905

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APPENDIX E: INFORMATION LETTER

INFORMATION LETTER for a Research Study entitled:
"A Study of the Relationships Among and Between Factors Within the Workplace, Emotional Exhaustion and Turnover Intention in Professional Counselors."

You are invited to participate in a research study to explore the relationship between and among factors within the workplace, emotional exhaustion and turnover intention developed in licensed mental health counselors.

The study is being conducted by Baxlee Bynum, doctoral student in Counselor Education, under the direction of Dr. Chippewa Thomas in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You are invited to participate because you are or have been a professional counselor who has at least a master's degree in counseling, are currently practicing or have practiced counseling within the past two years, and are licensed at any level.

What will be involved if you participate? Your participation is completely voluntary. If you decide to participate in this research study, you will be asked to take an online Qualtrics survey with a total of 20 questions. The instruments for this survey comprise of three quantitative measures: *The Maslach Burnout Inventory-Human Services Survey* (MBI-HSS) (Maslach, Jackson, & Leiter, 1996), *Turnover Intention Scale* (TIS-6) (Bothma & Roodt 2013), and an adapted version of the *Organizational Justice scale* (Niehoff and Moorman, 1993). Permission to use the measures in this study has been obtained through emails from the researchers who created the aforementioned measures.

For a richer study, the survey will also include two open-ended questions: How could your workplace culture improve? How could your workplace better support your wellness?

Before beginning the survey, the Qualtrics system will present you with an Information Letter embedded in the survey that includes inclusion criteria and requests consent to participate in the study. If you should agree to participate, you will be redirected to the demographic questionnaire and survey questions. The total time required for participation is about 20 minutes.

Are there any risks or discomforts? As this survey is anonymous, the risks for participation in this study are minimal.

Are there any benefits to yourself or others? If you participate in this study, you can expect to increase knowledge surrounding if and how factors within the workplace impact counselor emotional exhaustion and turnover intention. Understanding the aspects of work and

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organizational culture that are associated with emotional exhaustion, a construct of burnout is critical if the larger issue of counselor turnover is to be addressed. Further, with this knowledge, we hope to gain the ability to begin to identify prevention strategies to support counselor wellness and decrease burnout symptoms such as emotional exhaustion. . We/I cannot promise you that you will receive any or all of the benefits described.

Will you receive compensation for participating? No. Are there any costs? No monetary costs for participants.

_____

If you change your mind about participating, you can withdraw at any time by (example: closing your browser window). Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling or the Graduate School.

Any information obtained in connection with this study will remain anonymous. Information obtained through your participation may be used to fulfill an educational requirement (dissertation), and possible presentations and publications.

If you have questions about this study, please contact Baxlee Bynum at BAB0014@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE CLICK ON THE LINK BELOW.

YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

__Baxlee Bynum_____ Investigator Date