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PREVALENCE AND PREDICTORS OF BURNOUT AMONG PSYCHOLOGISTS PRACTICING COUNSELING IN ADDIS ABABA, ETHIOPIA

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Prevalence and predictors of burnout among psychologists practicing counseling in Addis Ababa, Ethiopia.

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Thesis Approval sheet by the Board of Examiner

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DECLARATION

I, the undersigned declare that the work contained in this body of study (research thesis) is my own original work and had not been submitted for any other award. All the information included in this study from other unpublished and published sources are properly cited and authenticated in accordance with relevant scholarly practice.

Name: Semira Nuraddis

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CERTIFICATION

This is to certify that Semira Nuraddis has carried out under my supervision of thesis "Prevalence and Predictors of Burnout among counseling psychologist in Addis Ababa, Ethiopia." The work is original and eligible to be submitted, meeting the requirements for obtaining a Master of Arts in Counseling Psychology.

Name: _____Signature :_____Date : _____

Tillahun Gidey (PHD) _____ _____

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ABSTRACT

Burnout is a significant occupational concern among mental health professionals due to its negative effects on psychological well-being, professional effectiveness, and service quality. Despite increasing demand for counseling services in Ethiopia, little is known about burnout among counseling psychologists. This study examined the prevalence and predictors of burnout among counseling psychologists in Addis Ababa. A quantitative cross-sectional correlational design was employed. Data were collected from 300 counseling psychologists using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), the Emotion Regulation Questionnaire (ERQ), and measures of job demands and organizational support. Descriptive statistics, Pearson correlation, and multiple regression analyses were conducted using SPSS version 25. The findings revealed moderate levels of burnout among participants, with emotional exhaustion emerging as the most prominent dimension ($M = 3.10$, $SD = 1.02$). Job demands were positively associated with emotional exhaustion ($r = .48$, $p < .01$) and depersonalization ($r = .32$, $p < .05$), whereas organizational support showed significant negative relationships with emotional exhaustion ($r = -.41$, $p < .01$) and depersonalization ($r = -.36$, $p < .05$). Multiple regression analysis indicated that job demands were the strongest predictor of emotional exhaustion ($\beta = .52$, $t = 4.81$, $p < .001$), while organizational support significantly predicted lower emotional exhaustion ($\beta = -.31$, $t = -3.12$, $p = .003$). The model explained 42% of the variance in emotional exhaustion ($R^2 = .42$). Organizational support was also the strongest predictor of depersonalization ($\beta = -.38$, $t = -3.45$, $p = .001$). The study concludes that burnout is a significant concern among counseling psychologists in Addis Ababa, primarily influenced by high job demands and inadequate organizational support. The findings highlight the need for organizational interventions aimed at workload management, improved supervision, and enhanced institutional support systems to reduce burnout and promote professional well-being.

***Keywords*:** Burnout, Counseling Psychologists, Emotional Exhaustion, Job Demands, Organizational Support, Addis Ababa.

CHAPTER ONE: INTRODUCTION

1.1.Background of the Study

Counseling psychology emphasizes the "formation of effective therapeutic relationships" as a central component of professional practice (Gelso & Fretz, 2014). Their main responsibilities include conducting psychological assessments, provide individual and group counseling, offering different interventions, and promoting mental health and well-being across different populations (Whiston & Li, 2011). Given the emotionally demanding nature of their work, counselors experience many traumatic experiences of their clients, which can leave them emotionally exhausted and psychologically depleted as they absorb, process, and respond to the emotional burden of each client. As Skovholt & Trotter-Mathison (2016) argue throughout their book with empirical evidence, the role of providing emotional support and guidance can be detrimental to the physical and emotional well-being of counseling psychologists, placing them at a higher risk of chronic occupational stress and psychological strain than many other professions (Skovholt & Trotter-Mathison, 2016).

According to Maslach and his associates, burnout is now recognized as one of the biggest challenges facing helping professionals, including mental health professionals (Maslach, Schaufeli, and Leiter (2001). Maslach & Jackson and Leiter in later editions defined burnout using a three-part model consisting of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). Burnout can negatively affect a person's self-perception, lower job satisfaction, and interfere with a therapist's ability to deliver quality services. Prolonged burnout can also lead to unethical behavior, weaken the therapeutic alliance, increase the likelihood of clinical errors, and contribute to the development of poor mental health in therapists (Rosenberg, et al., 2006).

Compassion fatigue and secondary traumatic stress, two additional stress-related conditions, are also commonly experienced by counseling psychologists due to repeated exposure to clients' traumatic experiences (Figley, C. R. 2002). Work environment characteristics such as high caseloads, administrative demands, and insufficient organizational support, combined with intrapersonal characteristics like emotional regulation patterns and personality traits, influence the degree to which counselors experience burnout (Lee, S. M.,et al., 2011).

With such risks in mind, recent research in burnout does not focus on the fact that burnout exists but it also focuses on the predictors that affect the occurrence of burnout. These predictors are workload, organizational climate, trauma exposure, quality of supervisors, tendencies of emotional regulation and personal vulnerability (Morse, G., et at., 2012). The predictors will enable institutions to know the underlying causes of burnout, and not merely how counselors react to it.

Despite growing global evidence on burnout, research in Ethiopia remains limited. A number of local studies like the ones conducted by Mengistu in 2021 and by Gelaw in 2023 have reported high emotional exhaustion, limited professional support, demanding workloads, and stressful environments among health workers (Mengistu et al., 2021; Gelaw et al., 2023; Birhane et al., 2024). Despite growing evidence of burnout among health professionals in Ethiopia, limited empirical research has examined burnout specifically among counseling psychologists in Addis Ababa. Counseling psychologists routinely engage in emotionally demanding therapeutic work, which may increase their vulnerability to burnout. However, the extent of burnout within this professional group, as well as the factors that contribute to it, has not been systematically documented.

Accordingly, this study seek to assess the prevalence of burnout and to identify key predictors influencing burnout among counseling psychologists practicing in Addis Ababa.

1.2.Statement of the Problem

Burnout has emerged worldwide as a professional risk to mental health professionals. The internationally accepted framework developed by Maslach and Jackson (1986) identifies emotional exhaustion, depersonalization, and reduced personal accomplishment as the core dimensions of burnout. These dimensions have been widely documented among counseling professionals in many countries. However, there is insufficient local evidence regarding the prevalence of burnout and the specific predictors that contribute to it among counseling psychologists working in Addis Ababa.

Although there is growing recognition of burnout as a serious problem for professionals who help people, there are many gaps in what we know about how common it is, and what causes it, especially in countries that are low- and middle-income. The literature demonstrates that there are several contributing factors to burnout among mental health professionals. These include but are not limited to; excessive job demands, repeated exposure to client's traumatic experiences, lack of organizational support and individual psychological vulnerability (Maslach & Leiter, 2016; Schaufeli & Bakker, 2004; O'Connor et al., 2018).

Further studies have demonstrated that psychotherapy and counseling professionals who experience high levels of workload, engage in emotional labor, and utilize maladaptive coping mechanisms as methods to manage their workload will result in greater emotional exhaustion and depersonalization (McCormack et al., 2018; Van Hoy & Rzeszutek, 2022).

While the international research helps us understand what factors contribute to burnout among professionals who help people with their mental health problems, there is a need for more research to explore how applicable these findings are to different cultures, social systems and institutions.

Research conducted in Ethiopia has been primarily concerned with the rates of burnout experienced by healthcare workers in general, and have reported significant rates of emotional exhaustion, and very little support from their employers (Gelaw et al., 2023; Mengist et al., 2021). The research conducted in Ethiopia provides some insight into the context in which professionals who help people work in Ethiopia, but does not specifically address burnout within the specific profession of counseling psychologists, which is characterized by sustained emotional involvement in the work of each client, and responsibility for each client's therapy process. Additionally, the research conducted in Ethiopia has primarily focused on stressors related to the workplace and workload, rather than examining the inter-personal vulnerabilities that researchers now recognize as key predictors of burnout (Maslach & Leiter, 2016).

Therefore, there is a clear gap in the literature both theoretically and empirically regarding how established burnout models function among counseling psychologists working in Addis Ababa. It is important to fill this gap not only to determine the prevalence of burnout among counseling psychologists, but also to assess the applicability and explanatory power of multidimensional burnout models in this professional culture.

Although numerous studies carried out in Ethiopia have shown evidence of burn-out among health care providers, health extension workers, and other personnel providing help to others, no research has been conducted to date on burn-out among counseling psychologists in Addis Ababa. This is a significant omission in the literature given that

counselors constitute a special type of professional who continually engage emotionally with clients, experience trauma on a frequent basis, and require constant control over their emotions during therapeutic contact.

Theoretically speaking, the JD-R model predicts that burn-out will occur when job demands exceed the available job and personal resources. In like manner, Maslach's three dimensional model conceives of burn-out as being comprised of three dimensions; i.e., emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment. Nevertheless, it is unknown if these theoretically predicted relationships hold true for counseling psychologists practicing in Addis Ababa under conditions of limited resources.

There is a lack of knowledge regarding the degree of burn-out among counseling psychologists in Addis Ababa and how much each of job demands, organizational support and emotional regulation contributes to burn-out. Therefore, addressing this deficiency is critical to inform the development of evidence based interventions designed to promote the well-being of counselors; strengthen mental health service delivery; and enhance the long term viability of the field of counseling psychology in Ethiopia.

Because no foundational data currently exists, institutional planners lack guidance on professional development structures, supervision frameworks, workload regulation, and systems supporting counseling psychologists' well-being. This gap also limits the development of ethical safeguards and organizational policies targeted at reducing burnout risks.

This study therefore sought to fill this gap by assessing the prevalence of burnout and identifying its predictors among counseling psychologists working in Addis Ababa.

1.3.Objectives of the Study

1.3.1. General Objective

To assess the prevalence and predictors of burnout among counseling psychologists in Addis Ababa.

1.3.2. Specific Objectives

- To determine the level and prevalence of burnout reported by counseling psychologists in Addis Ababa.
- To identify organizational, professional, and individual factors that predict burnout among counseling psychologists.
- To examine the relationship between these predictors and the three dimensions of burnout.

1.4.Significance of the Study

This study holds significance for multiple stakeholders in the field of counseling psychology. For counseling psychologists, the findings increase awareness of burnout risk and support informed self-monitoring of professional well-being. For training institutions, the study offers evidence to prove the need to incorporate risk factors and indicators of burnout, early warning signs, and prediction-centered prevention models in counseling psychology training.

For mental health service providers and organizations, the study supports the development of workplace policies that reduce burnout risk, and informs staffing, caseload management, and organizational support structures. For policy makers, it provides

empirical data on the prevalence and predictive determinants of burnout, supporting stronger mental health workforce policies in Ethiopia. Finally, for future researchers, this study establishes foundational local data and opens pathways for predictor-based, longitudinal, comparative, or intervention-focused studies.

1.5.Scope of the Study

Geographical scope: The study was limited to psychologists practicing counseling practicing in Addis Ababa.

Population scope: The study focused specifically on professionals trained in and practicing counseling psychology.

Content scope: The study investigated the occurrence of burnout and the predictors that cause burnout in psychologists practicing counseling; does not evaluate the coping and outcome of the intervention.

Methodological scope: Based on self-reported data using standardized measurement tools.

1.6.Operational Definitions

Burnout: In this study, burnout refers to the level of emotional exhaustion, depersonalization, and reduced personal accomplishment measured using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS). Higher scores on emotional exhaustion and depersonalization and lower scores on personal accomplishment indicate higher burnout levels (Maslach & Jackson, 1981).

Emotional Exhaustion: Emotional exhaustion refers to feelings of emotional depletion measured through the Emotional Exhaustion subscale of the MBI-HSS consisting of 9 items rated on a 7-point Likert scale (Maslach & Jackson, 1981).

Depersonalization: Depersonalization refers to detached or impersonal attitudes toward clients measured using the 5-item Depersonalization subscale of the MBI-HSS (Maslach & Jackson, 1981).

Reduced Personal Accomplishment: Reduced personal accomplishment refers to diminished feelings of competence and achievement measured using the 8-item Personal Accomplishment subscale of the MBI-HSS (Maslach & Jackson, 1981).

Predictors of Burnout: Predictor variables in this study refer to work-related, organizational, and intrapersonal factors measured using the structured predictor questionnaire developed from previously validated burnout-related instruments (Maslach & Leiter, 1997; Schaufeli & Bakker, 2004).

Psychologists practicing Counseling: are defined as a professional who has formal training in counseling psychology at bachelor's, or master's level and provides therapeutic, assessment, or psychoeducational services within a recognized setting.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction: The Heavy Price Tag of a Helping Professional

This chapter reviewed the existing literature on burnout with particular attention to its conceptual foundations, prevalence among counseling and mental health professionals, and the factors that contribute to its development. Emphasis is placed on work-related demands, organizational conditions, and intrapersonal characteristics identified as predictors of burnout. The chapter further considers the broader consequences of burnout for practitioners, clients, and organizations, and situates these issues within the professional context of counseling psychology in Addis Ababa.

Counseling Psychology is a unique area of practice in which the inherent vulnerability of the human experience meets the heavy burden of the professional. Psychologists practicing counseling provide a safe place for clients' pain, trauma, and life's complexities while offering compassion, patience, and emotional support. As such, psychologists practicing counseling are consistently at high risk of developing chronic occupational stress due to the emotional toll of constantly interacting with vulnerable populations (Maslach & Jackson, 1981). The ambiguous and emotionally charged nature of many client issues, combined with the intensity of therapeutic work, contributes to an increased likelihood of emotional strain for professionals in the field.

Burnout is widely recognized as a major occupational concern within counseling psychology and related mental health professions (Wardle & Mayorga, 2016; Van Hoy et al., 2022). Unlike temporary fatigue, burnout reflects a sustained psychological condition that can undermine practitioners' emotional well-being, professional confidence, and capacity to function effectively in their roles. Research has also shown that burnout affects

not only practitioners themselves but also the quality and consistency of psychological services delivered to clients.

2.2. Predictors of Burnout

While there is no one "cause" for burnout, it is a condition brought on by a series of interdependent contributing factors. Our empirical review in the area has identified three primary categories of factors that contribute to the development of burnout among mental health workers: job/work-related factors, organization/organizational factors, and worker/worker-specific (or intrapersonal) factors (Maslach & Leiter, 1997; Maslach & Jackson, 1981; Schaufeli & Bakker, 2004).

2.2.1. Job / Work Related Factors

The literature has provided evidence that job/work related factors can be strong predictors of burnout. Specifically, job/work related factors include: high workload, large caseloads, time constraints, and administrative responsibilities have all been associated with both emotional exhaustion and depersonalization (Maslach & Leiter, 1997; McCormack et al., 2018).

Working with individuals who present with complex problems or exposure to trauma increases the likelihood that an employee will experience emotional exhaustion. Emotional exhaustion is also more likely when working with clients whose traumatic experiences cause the employee significant emotional distress. As a result, these employees are at a higher risk of experiencing burnout, especially emotional exhaustion (O'Connor et al., 2018; Van Hoy & Rzeszutek, 2022).

2.2.2. Organization / Organizational Factors

Organizational factors have been identified as key predictors of burnout (Shanafelt & Noseworthy, 2017). Organizational factors include: poor supervisor support, lack of professional autonomy, insufficient institutional resources, and poor organizational support are all factors that have been found to be positively correlated with burnout (Maslach & Leiter, 1997; Shanafelt & Noseworthy, 2017).

In contrast, organizational factors that provide support for employees, such as supportive leadership, and positive organizational culture can reduce burnout risk. Organizational factors that emphasize high expectations for performance without adequate support for employees to meet those expectations will increase burnout risk (Johnson et al., 2020; Shanafelt & Noseworthy, 2017).

2.2.3. Worker / Intrapersonal Factors

Worker/intrapersonal factors, including personality traits, emotional sensitivity, maladaptive emotional regulation, and early maladaptive schemas, can predict burnout risk (Simpson et al., 2019; Van Hoy et al., 2022).

Workers who are emotionally reactive or have internalized strict standards about their own behavior may experience more emotional exhaustion (Bianchi et al., 2015; Simpson et al., 2019). Workers who use strategies of emotional detachment as a means of defending against their own emotional pain may experience depersonalization (Bianchi et al., 2015; Simpson et al., 2019).

Together, these studies demonstrate that burnout is most effectively conceptualized as a multi-dimensional phenomenon in which both internal vulnerabilities and external demands interact to produce a specific level of burnout risk.

2.3. Conceptualizing Professional Burnout: The Development of the Models

Burnout is most commonly understood through the framework developed by Maslach and Jackson (1981), which remains the dominant model used in burnout research. This model conceptualizes burnout as a multidimensional construct composed of three related, yet distinct, components.

The first component, emotional exhaustion, refers to a state in which individuals experience a persistent sense of emotional depletion and reduced capacity to meet the psychological demands of their work. Among counseling professionals, emotional exhaustion often manifests as difficulty sustaining empathy and emotional availability within therapeutic interactions (Maslach & Jackson, 1981).

The second component, depersonalization, involves the development of emotional distance, cynicism, or impersonal attitudes toward clients. This response is often understood as a defensive reaction to prolonged occupational stress and has been shown to negatively affect the quality of the therapeutic relationship.

The third component, reduced personal accomplishment, reflects a diminished sense of professional competence and effectiveness. Counselors experiencing this dimension may begin to question the value of their work or their ability to achieve meaningful outcomes with clients.

Empirical evidence supports the widespread occurrence of these burnout dimensions among mental health professionals. A recent systematic review reported that approximately 40 percent of mental health providers experience clinically significant levels of emotional exhaustion, while 22 percent exhibit elevated depersonalization

(O'Connor et al., 2018). These findings highlight the prevalence and global significance of burnout within the helping professions.

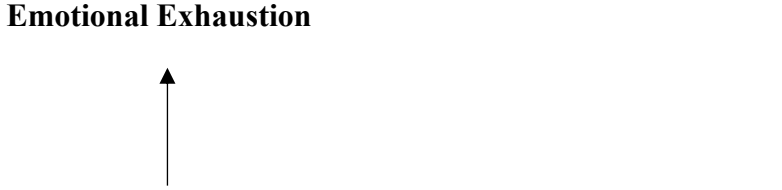


Figure 1. The Maslach Three-Dimensional Model of Burnout (Maslach & Jackson, 1981).

The figure shows The Maslach and Jackson (1981) burnout model, which conceptualizes burnout as a multidimensional construct consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment. The model also highlights the interrelation between those components while maintaining their conceptual difference between one another.

2.4. Burnout, Secondary Trauma, and Intrapersonal Vulnerability

2.4.1. The Strain of Professional Casework

When different researchers try to identify what the key sources of burnout in counseling are heavy caseloads, administrative burdens, and the continuous expectation of emotional availability are consistently present (Van Hoy & Rzeszutek, 2022). Researches conducted by applied psychologists, whose roles are mostly parallel with psychologists practicing counseling, demonstrates clear correlations between work overload, emotional fatigue, and depersonalization (McCormack et al., 2018).

The burden of workload quantity is amplified by the quality of counseling work itself. Psychologists practicing counseling are required to maintain an empathic relationship, be emotionally present, and psychically connected during each therapy session, while having

few breaks in-between sessions. The cumulative effect of performing this high level of emotional labor throughout extended periods has demonstrated that it accelerates levels of emotional exhaustion and reduces psychological resilience among counseling professionals (Maslach & Leiter, 2016).

Research has empirically supported the relationships between workload volume, emotional fatigue, and depersonalization among applied psychologists who have similar professional roles to psychologists practicing counseling. The research demonstrates that there exists a significant correlation between workload volume, emotional fatigue, and depersonalization among applied psychologists (McCormack et al., 2018). The depletion of emotional resources can lead to the adoption of distancing or detaching from client interactions as a coping mechanism for the professional; this illustrates the depersonalization aspect of burnout. These studies demonstrate how excessive demand on the number of cases and/or the organization's pressure contribute to creating a situation where the risk of burnout is significantly increased among counselors.

2.4.2. Relationship Between Burnout, Compassion Fatigue, and Secondary Traumatic Stress

Although burnout is largely associated with chronic occupational stressors, it is strongly linked with compassion fatigue (CF) and secondary traumatic stress (STS), both of which frequently manifest among trauma-exposed professionals (Figley, 1995; Van Hoy & Rzeszutek, 2022).

- **Compassion Fatigue (CF):**

  Emotional and physical exhaustion resulting from prolonged engagement with clients in distress (Figley, 1995).

- **Secondary Traumatic Stress (STS):**

  Acute trauma-like symptoms arising from indirect exposure to clients' traumatic narratives (Bride et al., 2004).

Although burnout emerges from prolonged work pressures, CF and STS are specifically rooted in empathic involvement in trauma work (Van Hoy & Rzeszutek, 2022). Counseling psychologists in Addis Ababa, who often serve clients dealing with trauma-related issues, may be particularly susceptible.

2.4.3. The Essential Niche of Intrapersonal Vulnerability

Intrapersonal factors are central predictors of burnout vulnerability. A systematic review indicates that personality structure, emotional regulation, and maladaptive coping styles are highly predictive of burnout, often more predictive than job stressors (Van Hoy et al., 2022).

Studies on clinical and counseling professionals show that Early Maladaptive Schemas (EMSs) are major contributors to burnout (Simpson et al., 2019). These schemas, which are rooted in long-standing beliefs about oneself and interpersonal relationships, can activate maladaptive schema modes that shape emotional and behavioral responses under stress (Young et al., 2003) such as:

- **Emotional Inhibition:** Suppressing emotions to avoid vulnerability.
- **Detached Protector:** Emotional distancing from clients and colleagues.
- **Bully and Attack:** Aggressive or irritable responses in moments of overwhelm.

These findings demonstrate that intrapersonal vulnerabilities are key predictors of burnout, sometimes outweighing organizational factors (Van Hoy et al., 2022).

2.5. Prevalence of Burnout Among Mental Health Professionals

Studies conducted internationally among mental health professionals is consistently reported at high levels (Maslach, Schaufeli, & Leiter, 2001; O'Connor et al., 2018). Rates of burnout vary greatly based on job type, workload, level of trauma exposure, and the organizational environment in which they work. Research in Europe and North America has found that rates of burnout range from an estimated 21% to a high of 61% (Shanafelt et al., 2015; West et al., 2018).

International research conducted on low- and middle-income countries indicates that burnout rates may be similar to or higher than those identified in high-income countries. This disparity is likely a function of fewer resources being available to mental health staff, fewer mental health staff members and an excessive amount of demand for service (Maslach et al., 2001; Schaufeli & Bakker, 2004). Significant levels of burnout among healthcare providers have been documented through studies of healthcare providers within Addis Ababa and throughout Ethiopia. The authors suggest that the high levels of burnout among employees was primarily related to employees' overworked status and lack of institutional support, while working in extremely poor working conditions (Gelaw et al., 2023; Mengist et al., 2021).

While these studies provide important contextual data, there are no studies that have been published that examine the rates of burnout among psychologists practicing counseling in Addis Ababa. This lack of information further emphasizes the importance of conducting research focused on this professional group because their work involves a continuous level of emotional engagement and repeated exposure to client trauma.

2.6. The Far-Reaching Effects of Burnout

The effects of burnout are wide-ranging and have serious repercussions for individual well-being and professional functioning as well as service delivery and organizational sustainability. Burnout has been linked to decreased job satisfaction, increased absenteeism, emotional detachment and a desire to leave the profession in all mental health professions (Maslach & Leiter, 2016).

Prolonged exposure to burnout has been linked to numerous negative psychological and physical health outcomes including depression, anxiety, sleep disturbances and physical symptoms. Specifically, emotional exhaustion has been demonstrated to deplete psychological resilience and decrease the ability of counselors to provide ongoing empathetic connections to their clients; a crucial component of successful therapy (O'Connor et al., 2018).

Burnout will also have severe consequences for the quality of services provided to clients. Those who experience depersonalization at a high level may develop cynicism and become emotionally distant to their clients, potentially creating a barrier to establishing a healthy therapeutic relationship and reducing treatment success (Maslach, Schaufeli, & Leiter, 2001).

Burnout will have significant detrimental effects on organizations by resulting in lower productivity, higher employee turn-over, and higher recruitment and training costs (Maslach & Leiter, 2016). In mental health settings, these outcomes are particularly concerning, as continuity of care and relational stability are critical components of effective service delivery (Gelso & Fretz, 2014).

At a theoretical level, burnout challenges foundational assumptions within counseling psychology regarding sustained empathic engagement and professional well-being. When chronic burnout becomes normalized within professional contexts, it risks redefining emotional depletion as an expected occupational condition rather than a signal of systemic and intrapersonal dysfunction. This underscores the importance of examining burnout not only as an individual outcome, but as a multidimensional phenomenon with implications for professional identity, ethical practice, and the long-term viability of mental health services.

Burnout leads to emotional and physical health problems, including depression, anxiety, sleep disturbances, and chronic fatigue. Low personal accomplishment may also trigger self-doubt, existential concerns, or intentions to leave the profession.

Burnout has critical implications for practice. Loss of empathy and emotional presence compromises therapeutic relationships, core components of effective counseling. Burnout is also associated with increased risk of clinical errors, ethical lapses, and reduced quality of care (Fentie et al., 2021).

Burnout contributes to staff turnover, reduced productivity, increased absenteeism, and lower morale. Replacing burned-out professionals imposes high costs on already underfunded mental health systems.

2.7. The Contextual Imperative: Counseling Psychology in Addis Ababa

Although global research on burnout is well established, there is a significant knowledge gap regarding burnout among mental health professionals in low- and middle-income countries. Studies conducted in Ethiopia have confirmed high burnout rates among healthcare workers. Research by Gelaw (2023) and Mengist (2021) reported high

emotional exhaustion and overall burnout in Addis Ababa and other regions. Burnout has also been identified among Health Extension Workers (Birhane et al., 2024). Ethiopian based studies related to burnout among health workers such as several studies conducted in Ethiopia have reported high levels of burnout among healthcare workers. Mengist et al. (2021) found that significant numbers of healthcare professionals experienced emotional exhaustion and total burnout. The study identified heavy workloads, poor staffing ratios, and lack of organizational support as the main contributing factors.

Gelaw et al. (2023) also reported high burnout rates among healthcare workers in Addis Ababa, with emotional exhaustion being the most common dimension. Lower than average salaries, financial difficulties, and poor working conditions were identified as key determinants. Birhane et al. (2024) reported similar findings among Health Extension Workers, noting that excessive workloads, role overload, and insufficient institutional support were the most significant factors. These findings are consistent with earlier evidence from Tekeletsadik et al. (2019, as cited in Mengist et al., 2021), who reported high occupational stress levels among healthcare workers in Addis Ababa, reflecting an unmanageable work environment and inadequate coping mechanisms.

This illustrates how previous research has found consistent reports of high rates of emotional exhaustion and workload related stress from health care workers in Ethiopia. All of this research focused on general health care providers and did not investigate burnout among psychologists practicing counseling.

Despite this evidence, there is no empirical data on the prevalence or predictors of burnout among psychologists practicing counseling specifically. Psychologists practicing counseling work closely with trauma-exposed clients, manage emotionally intense sessions, and often operate without adequate supervisory or organizational support. These

conditions suggest they may experience burnout at comparable or even higher levels than other health professionals, highlighting the urgent need for dedicated research in Addis Ababa.

2.8. Conceptual Framework of the Study

Multidimensional Model of Burnout is used as the theoretical basis for this study. This model supports a comprehensive understanding of burnout in terms of its multi-dimensional nature and suggests that burnout may be an outcome of the interaction between job-related demands, organizational conditions, and intrapersonal vulnerabilities.

2.8.1. Variables

The dependent variable is burnout as described aboveThree categories of predictor variables were identified based on the literature review and problem statement. These categories are: job/work-related factors, organizational factors, and intrapersonal factors. Variables representing job/work-related factors include:

- Workload/caseload size
- Case complexity
- Administrative burden
- Exposure to client trauma

Variables representing organizational factors include:

- Quality of supervision
- Organizational support
- Institutional resources
- Workplace environment

Variables representing intrapersonal factors include:

- Emotional regulation tendencies
- Personality-related vulnerability
- Early maladaptive schemas
- Coping styles

2.8.2. Relationships Between Predictor and Dependent Variables

It was hypothesized that:

The greater the exposure to job-related and organizational stressors, the higher the risk of experiencing burnout.

Therefore, it was hypothesized that emotional regulation characteristics, maladaptive coping behaviors, and personality-related vulnerabilities would serve as moderators for the relationships between external stressors and burnout dimensions.

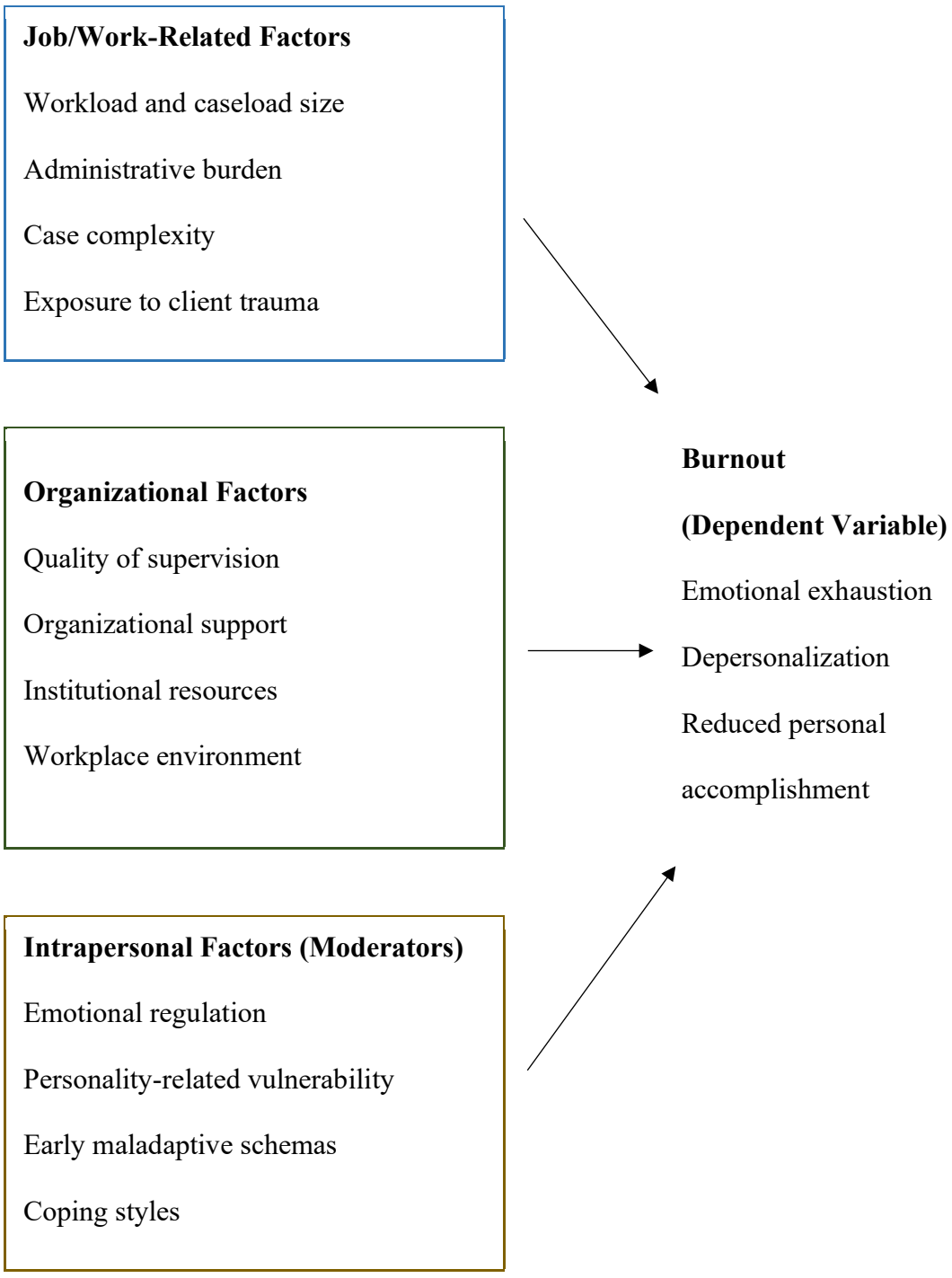
External stressors are related to individual differences in burnout dimensions through two primary moderators. First, external stressor (i.e. job demands) are positively correlated with burnout dimensions through an individual's emotional regulation tendencies. Second, individuals with maladaptive coping styles report higher levels of burnout than those with adaptive coping styles when exposed to similar levels of stress.

The three components of burnout will occur simultaneously and will be interdependent (i.e., burnout will manifest through each dimension).

2.8.3 Representation of the Conceptual Framework

Figure 2:

Conceptual framework of burnout among psychologists practicing counseling in Addis Ababa



CHAPTER THREE: METHODS

This chapter outlines the methodological framework that was used to examine the prevalence and predictors of burnout among psychologists practicing counseling in Addis Ababa. It describes the research design, study population, sampling procedures, data collection instruments, validity and reliability considerations, data collection procedures, ethical considerations, and the statistical techniques that are going to be used for data analysis.

3.1. Research Design

A quantitative, correlational research design was employed for this study. This design was selected because it allows for the systematic examination of burnout prevalence at a single point in time and enables the identification of predictor variables associated with burnout among psychologists practicing counseling. The design also supports the use of standardized psychometric tools and statistical analysis techniques suitable for examining relationships between variables.

3.2. Study Area

The study was conducted in Addis Ababa, Ethiopia's capital and the country's primary center for mental health services, educational institutions, and counseling practice. As per Ethiopian Psychologists association, the city hosts the highest concentration of psychologists practicing counseling in Ethiopia, working across universities, schools, private clinics, counseling centers, NGOs, hospitals, community centers, and governmental institutions.

3.3. Target Population

The target population consisted of all psychologists practicing counseling currently in Addis Ababa. For the purpose of this study, a psychologist practicing counseling is defined as a professional who has formal training in counseling psychology at bachelor's, or master's level and provides therapeutic, assessment, or psychoeducational services within a recognized setting.

3.4. Inclusion and Exclusion Criteria

Inclusion Criteria

• Psychologists practicing counseling with formal training in BA or MA Degree counseling psychology.
• Professionals practicing in Addis Ababa at the time of data collection period.
• Individuals working in hospitals, universities, schools, NGOs, private clinics, or governmental institutions.
• Individuals with at least six months of professional practice experience.

Exclusion Criteria

• Trainee counselors or interns.
• Psychiatrists, clinical psychologists, or social workers without counseling psychology training.
• Counseling professionals working outside Addis Ababa.

3.5. Sample Size and Sampling Technique

Given the absence of a centralized registration system for psychologists practicing counseling in Ethiopia, a combination of purposive and snowball sampling techniques were used. Purposive sampling allowed the researcher to identify known psychologists

practicing counseling working in major institutions, while snowball sampling has enabled expansion of the sample to additional qualified participants through professional networks.

The final sample size was determined to be 300 based on accessibility and the number of eligible practitioners available during the data collection period. Although the sampling strategy was non-probabilistic, it was appropriate for a specialized professional group with limited national documentation.

3.6. Data Collection Instruments

3.6.1. Maslach Burnout Inventory- Human Services Survey (MBI-HSS)

The Maslach Burnout Inventory–Human Services Survey (MBI-HSS) was used to measure burnout. The scale consists of 22 items divided into three subscales; Namely; emotional Exhaustion (9 items), depersonalization (5 items) and Personal accomplishment (8 items).

Responses follow a 7-point Likert scale ranging from 0 (“Never”) to 6 (“Every day”). The MBI-HSS is the most widely validated instrument for assessing burnout among helping professionals and has demonstrated strong psychometric properties internationally. Previous studies have demonstrated strong psychometric properties for the MBI-HSS, with Cronbach’s alpha coefficients typically ranging from 0.71 to 0.90 across the three subscales (Maslach & Jackson, 1981; Maslach et al., 1996).

3.6.2. Predictor Variables Questionnaire

A structured predictor variables questionnaire was developed to assess occupational, organizational, and intrapersonal factors associated with burnout among psychologists practicing counseling. The items in the questionnaire were derived from established burnout measurement tools and studies using the Job Demands-Resources model

(Schaufeli & Bakker, 2004), the Burnout Predictor Variables developed by Maslach and Leiter (1997) and Schema Related Burnout Measures utilized by Simpson et al. (2019).

The questionnaire included three major categories of predictor variables:

• Work-related predictors: workload, case complexity, administrative burden.

• Organizational predictors: supervisory support, workplace environment, institutional resources.

• Intrapersonal predictors: emotional regulation tendencies, personality-related vulnerability indicators, exposure to client trauma.

Responses were measured using a 5-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). The items were modified to ensure contextual relevance to psychologists practicing counseling practicing in Ethiopia.

3.6.3. Demographic and Professional Characteristics Form

A short demographic form was used to gather information on age, gender, educational level, years of experience, place of work, and caseload size for variables commonly examined in burnout prevalence studies.

3.7. Validity and Reliability

To ensure content validity, the instruments were reviewed by experts in counseling psychology and mental health research within Addis Ababa. A pilot test was conducted on 30 counseling professionals not included in the final sample. Reliability was assessed using Cronbach's alpha coefficients for the MBI subscales and predictor items. Previous research has shown that the burnout and work environment assessments utilized in this research were reliable with acceptable levels of Cronbach's Alpha (Alpha = .71 - .90) as it pertains to the three subscales on the Maslach Burnout Inventory–Human Services Survey

(MBI-HSS): Emotional Exhaustion, Depersonalization, and Personal Accomplishments (Jackson & Maslach, 1981; Maslach et al., 1996). Predictor variable measures developed by adapting job demands/resources concepts identified within prior burnout research also demonstrated reliability coefficients at or above the commonly cited minimum level of .70. Internal consistency reliabilities were evaluated utilizing Cronbach's Alpha coefficients for each scale/subscale used throughout this research.

3.8. Data Collection Procedures

Data were collected through self-administered questionnaires distributed in person and electronically. 68 organizations has been reached and consent was obtained from relevant institutions prior to engaging participants. Participants have received an information sheet explaining the study purpose, confidentiality assurances, and voluntary nature of participation. Completed questionnaires were collected anonymously to reduce social desirability bias.

3.9. Methods of Data Analysis

The data that were collected for this study were coded; entered into a database; and statistically analyzed with the use of SPSS (Statistical Package for Social Sciences) version 25.

Both descriptive and inferential statistical methods were applied depending upon the research questions or objectives that are specified in the current study. Descriptive statistical measures, such as mean, standard deviation, frequency, and percentage were utilized to investigate the prevalence and degree of burnout reported by psychologists practicing counseling in Addis Ababa, with regard to the research question about the

prevalence and level of burnout among psychologists practicing counseling working in Addis Ababa.

A Pearson Product-Moment Correlation Analysis was performed to assess the relationship between burnout dimensions and predictor variables, such as job demands, organizational support, and intrapersonal characteristics.

In addition to assessing the relationships between predictor variables and burnout dimensions, multiple regression analyses were conducted to determine which predictor variables best predict each of the burnout dimensions and to determine what proportion of variance in both emotional exhaustion and depersonalization could be attributed to predictor variables.

Before conducting the regression analyses, it was determined whether the necessary assumptions for those analyses had been met. Those assumptions include: normality of residuals; no multicollinearity among predictor variables; linearity in the relationship between predictor variable(s) and dependent variable(s); absence of autocorrelation (i.e., presence of serially uncorrelated errors); and homoscedasticity (i.e., constant variance of error terms).

3.10. Reliability Analysis

Table 1 presents the internal consistency reliability of all study variables using Cronbach's alpha

Table 1*:*

Reliability Analysis (Cronbach's Alpha)

Scale	**Number of Items**	**Cronbach's Alpha (α)**	**Interpretation**
Job Demands	8	.95	Excellent
Perceived Organizational Support	8	.88	Good
ERQ – Cognitive Reappraisal	6	.84	Good
ERQ – Expressive Suppression	4	.78	Acceptable
Emotional Exhaustion	9	.87	Good
Depersonalization	5	.72	Acceptable
Personal Accomplishment	8	.75	Acceptable

Note. The Cronbach's alpha coefficient interpretation was done in accordance with generally-accepted criteria. Coefficients equal or greater than .90 are considered an indicator of high reliability; those equal to .80 to .89 indicate a moderate level of reliability; those equal to .70 to .79 represent an acceptable level of reliability; and, all values less than .70 represent low levels of reliability (George & Mallery, 2003).

Interpretation

As it can be seen in Table 1, all scales showed outputs in the range of acceptable to excellent internal consistency. The Job Demands scale showed excellent reliability (α = .95), which indicates a high level of internal consistency among its items. Likewise, the reliability of Perceived Organizational Support and Emotional Exhaustion were also sufficiently high. Reliability for the Depersonalization and Personal Accomplishment subscales was acceptable, a finding consistent with prior burnout research. In summary, the results suggest that the instruments used in this study can be considered as reliable for further analysis.

3.11. Ethical Considerations

Before data collection started written informed consent was obtained from all study participants including the pilot study participants. Confidentiality was ensured by assigning anonymous codes instead of names. Participation was voluntary, and individuals could withdraw at any time without a consequence. Data was securely stored and will only be used for research purposes.

CHAPTER FOUR: RESULTS

4.1.Introduction

This chapter presents the results of the data analysis conducted to examine the prevalence and predictors of burnout among psychologists practicing counseling in Addis Ababa. The analysis includes reliability testing, descriptive statistics, correlation analysis, and multiple regression analysis. The findings are presented in line with the study objectives

4.2.Demographic Characteristics of Participants

A total of 300 psychologists practicing counseling participated in the study. Demographic information was collected to describe the characteristics of the participants, including gender, age, educational level, years of professional experience, and workplace setting.

The findings indicated that the participants represented diverse demographic and professional backgrounds. The majority of participants were within the economically active adult age group and possessed varying levels of counseling experience. Participants were employed across different institutional settings, including educational institutions, healthcare facilities, private practice settings, and non-governmental organizations.

The demographic characteristics of the participants are presented in Table 3.

Table 2

Demographic characteristics of participants

Variable	Category	Frequency	Percentage
Gender	Male	145	48.3
	Female	155	51.7
Age	20–29	82	27.3
	30–39	134	44.7
	40+	84	28.0
Education	Bachelor's	122	40.67
	Master's	174	58.0
	PhD	4	1.33
Experience	<5 years	102	34.0
	5–10 years	121	40.3
	>10 years	77	25.7

4.3.Descriptive Statistics

Table 3 presents the mean and standard deviation of the key study variables.

Table *3*:

Descriptive Statistics of Study Variables

Variable	Mean (M)	Standard Deviation (SD)
Job Demands	3.62	0.74
Organizational Support	3.20	0.81
Emotional Exhaustion	3.10	1.02
Depersonalization	2.45	0.95
Personal Accomplishment	3.40	0.88
Cognitive Reappraisal	3.55	0.69
Expressive Suppression	2.90	0.73

Interpretation

The descriptive statistics indicates, participants reported relatively high levels of job demands (M = 3.62), which suggests a significant level of workload pressure among psychologists practicing counseling. Emotional exhaustion (M = 3.10) seems to be the moderate burnout condition which means there is a moderate severity of fatigue and stress. Depersonalization levels were moderate (M = 2.45) but personal accomplishment remained significantly higher still, with a relatively high score of M = 3.40 indicating that even though stress was occurring, participants still maintain a sense of professional effectiveness.

Organizational support was reported as moderate (M = 3.20), which indicates better institutional mechanisms can be developed. With regards to intrapersonal factors, cognitive reappraisal scores were reported as higher which reflects the use of adaptive emotional regulation strategies. And, expressive suppression was lower.

4.4.Correlation Analysis

Pearson correlation analysis was conducted to examine relationships between the study variables.

Table *4*:

Pearson Correlation Matrix

Variables	1	2	3	4	5
1. Job Demands	—				
2. Organizational Support	−.34*	—			
3. Emotional Exhaustion	.48**	−.41**	—		
4. Depersonalization	.32*	−.36*	.45**	—	
5. Personal Accomplishment	−.28*	.39**	−.42**	−.31*	—

Note: *p < .05, **p < .01

Interpretation

The correlation analysis results reveal multiple significant relationships between the variables. Job demands were positively correlated with emotional exhaustion (r = .48, p <

.01) and depersonalization (r = .32, p < .05), which indicates higher workload is associated with increased burnout symptoms.

Organizational support showed a significant negative relationship with emotional exhaustion (r = −.41, p < .01) and depersonalization (r = −.36, p < .05), suggesting that supportive work environments might reduce burnout. In addition, organizational support was positively associated with personal accomplishment (r = .39, p < .01), which shows its role in enhancing professional efficacy.

For the case of emotional exhaustion and depersonalization, they were positively correlated (r = .45, p < .01), which confirms the interconnected nature of burnout dimensions. Personal accomplishment showed negative relationships with both emotional exhaustion and depersonalization, which is in accordance with the theoretical model of burnout.

4.5.Regression Analysis

Multiple regression analysis were conducted to identify the predictors of burnout.

Table 5:

Multiple Regression Predicting Emotional Exhaustion

Predictor	**B**	**β**	**t**	**p**
Job Demands	0.62	.52	4.81	< .001
Organizational Support	−0.41	−.31	−3.12	.003
Cognitive Reappraisal	−0.28	−.21	−2.14	.036

Model Summary:

$R^2 = .42$, Adjusted $R^2 = .39$, $F = 14.21$, $p < .001$

Interpretation

The regression model predicting emotional exhaustion was statistically significant, $F(3, 296) = 14.21$, $p < .001$, explaining 42% of the variance in emotional exhaustion ($R^2 = .42$). Job demands emerged as the strongest positive predictor of emotional exhaustion ($\beta = .52$, $t = 4.81$, $p < .001$), indicating that higher workload and occupational demands were associated with increased emotional exhaustion. Organizational support showed a significant negative effect on emotional exhaustion ($\beta = -.31$, $t = -3.12$, $p = .003$), suggesting that supportive work environments may reduce burnout levels. Cognitive reappraisal also demonstrated a significant negative relationship with emotional exhaustion ($\beta = -.21$, $t = -2.14$, $p = .036$), indicating that adaptive emotional regulation strategies may help mitigate emotional exhaustion.

Table 6

Multiple Regression Predicting Depersonalization

Predictor	B	β	t	p
Organizational Support	−0.45	−.38	−3.45	.001
Job Demands	0.31	.29	2.41	.019

Model Summary:

$R^2 = .28$, Adjusted $R^2 = .25$, $F = 8.73$, $p < .01$

Interpretation

The regression model predicting depersonalization was statistically significant, $F(2, 297) = 8.73$, $p < .01$, explaining 28% of the variance in depersonalization ($R^2 = .28$).

Organizational support was the strongest negative predictor of depersonalization ($\beta = -.38$, $t = -3.45$, $p = .001$), indicating that lower levels of workplace support were associated with higher depersonalization. Job demands also significantly predicted depersonalization ($\beta = .29$, $t = 2.41$, $p = .019$), suggesting that increased occupational demands contributed to greater detachment and cynicism among psychologists practicing counseling.

CHAPTER FIVE: DISCUSSION OF MAJOR FINDINGS

5.1.Prevalence of Burnout

Results obtained in the present study indicate that burnout among psychologists practicing counseling in Addis Ababa ranges from moderate to high. Similar findings were obtained in other studies (O'Connor et al., 2018; Van Hoy & Rzeszutek, 2022). As previously mentioned, the most dominant of the three dimensions examined was emotional exhaustion. The result found here is similar to other studies that were conducted on health care professionals in Ethiopia where they identified high levels of emotional exhaustion resulting from long hours worked and difficult working environments (O'Connor et al., 2018; McCormack et al., 2018). The fact that somewhat higher scores were recorded for emotional exhaustion indicates that counselors were continuously experiencing emotional strain as a direct result of being exposed to clients' problems on a continuing basis, and having to carry out very demanding duties in a professional capacity. On the other hand, personal accomplishment remained somewhat higher indicating that even though counselors were feeling stressed, there were many who maintained a strong feeling of confidence and competency in carrying out their professional duties. This finding is in line with the theory behind the JD-R model which states that excessive workload and job pressure lead directly to burnout.

A very important aspect of this study's results is the relative importance of emotional exhaustion over the other two aspects of burn-out. In fact, according to Maslach and Jackson (1981), emotional exhaustion is generally the first and most obvious sign of burn out as it represents the gradual loss of the psychological and emotional capital that is necessary to effectively function as a professional counselor. Psychologists practicing counseling are consistently called upon to maintain an empathetic relationship with their

clients through active listening to their client's emotionally charged accounts of traumatic events; grieving processes; inter-personal conflicts; and their client's various forms of psychological distress. Given the frequency and prolonged nature of these encounters, counselors' ability to sustain their own emotional resources will eventually deplete them leading to increased likelihoods of developing emotional exhaustion while possibly diminishing the likelihoods of developing depersonalization and/or decreased personal accomplishment.

These findings support similar studies completed internationally on psychotherapist/mental health workers. For example, O'Connor et al. (2018) reported that in many countries, psychotherapists and mental health workers report feeling overwhelmed by the continuous emotional labor they perform when engaging with clients in therapy. Furthermore, Van Hoy & Rzeszutek (2022) also found that psychotherapists develop "emotional fatigue" after repeatedly being empathetically involved with their clients' emotional pain.

One of the notable observations from this study was that although participants were moderately burnt out, they identified relatively high degrees of perceived personal accomplishments. Thus, even though psychologists practicing counseling may feel considerable occupational stress, they are still able to recognize the value and significance of their work. As has been suggested previously (e.g., Maslach & Leiter, 2016), this finding indicates that there are certain protective psychological characteristics that can help mitigate the negative impacts associated with burn-out, i.e. professional commitment, intrinsic motivation, and a strong sense of purpose.

Finally, these results may also represent a reflection of the Ethiopian counseling context. Ethiopia continues to have a developing counseling profession. Therefore, many

psychologists practicing counseling practicing in Ethiopia may be particularly driven by the opportunities to assist in developing the country's mental health services. This may enhance their self-efficacy regarding their professional role regardless of the difficulties that they face in practice.

5.1.1. Job Demands as a Predictor of Burnout

The results support that Job Demands –Resources (JD-R) model which means job demands have a statistically significant positive relationship with burnout, especially emotional exhaustion. High case load, administrative responsibilities and being exposed to very emotionally demanding cases appear to be contributing to the excessive amounts of exhaustion reported in this sample. These findings support previous research that identified workload and other job-related stressors as two of the major contributors to burn out among mental health workers (Schaufeli & Bakker, 2004; O'Connor et al., 2018; Mengist et al., 2021).

Regression analysis further demonstrated job demands were strongest predictor of emotional exhaustion ($\beta = .52$), showing how workload-related stressors play central role in burnout development. Regression analysis supports the JD-r model proposed by Schaufeli & Bakker (2004), which suggests excessive job demands consume employees psychological and emotional resources, ultimately resulting in burnout.

The nature of counseling work may make psychologists practicing counseling particularly vulnerable to the effects of job demands. Unlike many occupations where workload primarily involves technical or administrative tasks, psychologists practicing counseling must manage cognitive, emotional and interpersonal demands. They are expected to maintain attention, empathy, emotional regulation and ethical decision-making throughout

multiple client sessions. Cumulative effect of these demands may explain why workload emerged such powerful predictor for emotional exhaustion. Findings also align with studies among healthcare professionals in Ethiopia.

These findings support previous studies conducted in Ethiopia with healthcare professionals. A study completed by Mengist et al. (2021) found that high work loads, staffing shortages, and occupational stress all contribute significantly to burnout in the workplace. While the specific profession of counseling psychologist was not mentioned in this study, the similarities suggest that there are similar challenges related to managing work load stresses across professions in Ethiopia.

An additional contributing factor to the increased workload experienced by psychologists practicing counseling in Addis Ababa may be the increased public awareness of mental health issues. Mental health issues are being recognized at higher rates than previously, leading to an increase in the number of individuals seeking services from psychologists practicing counseling. However, without a proportional increase in the number of professionals and resources available, psychologists practicing counseling are experiencing increased pressures to manage increasingly large caseloads and presentations of complexity. The aforementioned factors will continue to create opportunities for counselors to develop burnout.

5.1.2. Role of Organizational Support

The data also show that there is a statistically significant inverse relationship between burn out and perceptions of organizational support. That is, professionals experiencing higher levels of perceived organizational support report less emotional exhaustion and

depersonalization, and greater feelings of personal accomplishment than those reporting lower levels of perceived organizational support.

These findings are consistent with much of the prior literature that has emphasized the buffering function of organizational resources such as supportive supervisory relationships, availability of professional resources within an organization, and a positive working environment (Johnson et al., 2020; Schaufeli & Bakker, 2004). In general, when mental health professionals perceive that their organizations provide them with adequate support, they are better equipped to manage the stresses of their jobs and maintain their own psychological well-being (Van Hoy & Rzeszutek, 2022).

The results highlight that burnout is not a standalone issue but is strongly influenced by the organizational context in which professionals operate. Organizational Support was identified as a significant protective function against burnout. The results indicated a negative association between Organizational Support and Emotional Exhaustion and Depersonalization as well as a positive association between Organizational Support and Personal Accomplishment. Thus, psychologists practicing counseling who perceive a greater level of support from their institution are more likely to maintain their psychological well-being and professional competence.

There is a strong influence of organizational support based on previous studies. Johnson et al. (2020) found that when there was positive support from supervisors, they could greatly reduce burnout in therapists. Similarly, Schaufeli & Bakker (2004) indicated that the organization provides resources to mitigate the negative effects of high job demands. Organizational support helps to buffer the harm associated with the stress resulting from high job demands; when employees believe that resources are present to assist them in meeting job demands, the impact of the stress will be diminished.

It is also suggested that an organization providing both practical and psychological support to employees can be an important mechanism through which counselors can successfully deal with the stresses related to their jobs. Practical support includes but is not limited to manageable caseloads, good counseling spaces, professional development opportunities and easy access to supervisors. Psychological support includes but is not limited to being recognized or encouraged as a counselor, having colleagues that you can rely upon for support and access to professional consultations.

These results have significant implications for the country of Ethiopia, where mental health services often run with very few resources. Even small increases in organizational support could lead to large changes in how well employees feel about themselves and whether they are at risk of experiencing burnout.

5.1.3. Intrapersonal Factors and Emotional Regulation

The findings indicated that cognitive reappraisal was associated with lower emotional exhaustion, suggesting that adaptive emotional regulation strategies may reduce vulnerability to burnout. This finding is consistent with previous studies showing that adaptive coping mechanisms and emotional regulation skills can buffer the psychological impact of occupational stress among mental health professionals (Lazarus & Folkman, 1984; Simpson et al., 2019).

The fact that there exists a negative relationship between using cognitive reappraisal as a way to handle stress and feeling exhausted due to emotions, suggests that how individuals choose to deal with stressful events can play a critical part in preventing burnout. Cognitive reappraisal is defined as changing one's interpretation of stressful events so that they result in less emotional distress. Counselors who continually use cognitive reappraisal

as a means of dealing with clinically emotionally taxing situations may find it easier to maintain control over their own feelings while working with patients.

The findings above are supported by Lazarus and Folkman's (1984) Transaction Model of Stress and Coping, which emphasizes the role of cognitive appraisal in determining how an individual responds psychologically to stress. Generally, people who view stressful events as controllable are more resilient than people who see the same events as uncontrollable.

Additionally, Simpson et al. (2019) found that effective adaptive emotion regulation techniques would decrease a person's likelihood of suffering from burnout. Therefore, professionals who are capable of effectively processing and regulating their emotional response to stressful situations will suffer much less from chronic emotional exhaustion.

However, it is noteworthy that the influence of cognitive reappraisal was weaker than the effects of job demands and organizational support. This suggests that although personal coping skills are beneficial, they cannot fully compensate for excessive workloads or unsupportive work environments. Consequently, efforts to enhance the coping mechanisms of individuals working under high-stress conditions can be ineffective if they do not include organization-wide changes.

The results above support a multi-dimensional definition of burnout, where individual, occupational and organizational elements all contribute to the wellbeing of professionals. This conclusion is in line with both Maslach’s multidimensional definition of burnout and the JD-R Model, which both suggest that burnout arises out of the interaction of environmental demand and personal vulnerability rather than one element alone.

CHAPTER SIX: SUMMARY, DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

6. Introduction

In this chapter, in addition to relating the results of this study to the research questions posed by the researcher, and examining them against relevant background literature, it will also summarize the conclusions of this study and make some suggestions for practical interventions at each level; identify potential limitations of the present study and possible avenues for further research.

6.1.Summary of Findings

These results show that several factors affect how much burnout psychologists practicing counseling experience. The amount of job demands increases the degree of burnout (particularly emotional exhaustion), but "organizational support" decreases it. Also, better emotional regulation can help decrease burnout. However, these effects appear less than those caused by the structure of one's workplace.

The results further demonstrated that job demands, including workload and emotionally demanding professional responsibilities, were positively associated with emotional exhaustion and depersonalization. In contrast, organizational support showed a significant negative relationship with burnout dimensions and a positive relationship with personal accomplishment, highlighting the protective role of supportive workplace environments.

In addition, intrapersonal factors, particularly cognitive reappraisal as an emotional regulation strategy, demonstrated a modest but significant contribution to reducing

emotional exhaustion. However, the findings suggest that organizational and work-related factors exerted stronger effects on burnout than individual coping mechanisms alone.

Overall, the data collected for this study support the multi-dimensional view of burnout and emphasize the need for interventions at both an organizational and individual level.

6.2. Limitations of the Study

The study has several limitations:

- Because this study used non-probability sampling, there may be concerns about generalizing findings beyond the sample studied here.
- A major limitation of this study is its cross-sectional nature, which prevents researchers from drawing cause-and-effect relationships between variables.
- This study relies primarily on self-report data, which can lead to response bias.

The research was conducted solely within the City of Addis Ababa, so findings might not represent circumstances elsewhere within Ethiopia.

6.3. Conclusion

Based on the findings, As such, this study concludes that burnout is indeed a significant problem among psychologists practicing counseling working within the city of Addis Ababa, with numerous inter-related contributing factors.

The main conclusions from this study are:

- Psychologists practicing counseling have experienced moderate to very high levels of burnout; however, it appears that burnout is most prominent concerning emotional exhaustion.

- Job demands appear to be the primary factor associated with predicting burnout among psychologists practicing counseling.

- Organizational support is identified as a key buffer against burnout among psychologists practicing counseling.

- The ability to emotionally regulate is linked to increased ability to cope with job-related challenges, but overall, the influence of emotional regulation is relatively small compared to other factors.

In summary, burnout is not simply an individual issue for psychologists practicing counseling. Instead, burnout represents a systemic and organizational challenge requiring large-scale intervention strategies.

6.4. Recommendations

6.4.1. Organizational-Level Recommendations

- Reduce (and eventually eliminate) excessive workload and caseloads by reallocating resources to reduce demands placed upon psychologists practicing counseling.

- Strengthen existing supervision and mentoring structures in place for psychologists practicing counseling.

- Enhance overall working conditions and provide access to institutionally based resources for psychologists practicing counseling.
- Establish programs providing mental health support services specifically designed for counseling professionals.

6.4.2. Individual-Level Recommendations

- Provide education/training regarding effective emotional regulation and stress management techniques.
- Encourage formation of peer support groups and participation in professional networks by psychologists practicing counseling.
- Promote work/life balance activities among psychologists practicing counseling.

6.4.3. Policy-Level Recommendations

- Develop national guidelines defining appropriate workloads and professional expectations for psychologists practicing counseling.
- Increase investment and funding in mental health services.
- Recognize burnout as an occupational risk factor and develop policies incorporating prevention-oriented strategies.

6.5.Suggestions for Future Research

Future studies should:

- Utilize longitudinal design to investigate burnout over time.

- Incorporate larger and more diverse samples.
- Investigate additional psychological and organizational variables.
- Complete comparative studies across different geographic regions and professions

6.6.Final Remark

Burnout among psychologists practicing counseling represents a critical challenge for both individual well-being and the effectiveness of mental health services. Addressing this issue requires coordinated efforts at the individual, organizational, and policy levels. Without such interventions, burnout risks undermining the sustainability and quality of mental health care in Addis Ababa.

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Appendices

Addis Ababa university

Collge of Education and behavioral science

School of Psychology

Burnout assessment for Psychologists practicing counseling in Addis Ababa Ethiopia

Informed Consent:

Dear Participant,

You are invited to participate in a research study conducted as part of a Master's thesis in Counseling Psychology at Addis Ababa University. The purpose of this study is to assess the prevalence of burnout among psychologists practicing counseling in Addis Ababa and to examine factors such as workload, organizational support, and emotional regulation. Participation in this study is entirely voluntary, and you may withdraw at any time. The questionnaire will take approximately 10–15 minutes to complete.

All responses will remain anonymous and confidential, and the information collected will be used solely for academic purposes.

By proceeding, you confirm that you are a counseling psychologist currently practicing in Addis Ababa with at least six months of experience, and that you voluntarily agree to participate in this study.

Thank you for your time and valuable contribution.

Section A: Socio-Demographic Characteristics of the Respondents

This section asks about your basic demographic and professional background. The information will be used only for research purposes to better understand the characteristics of participants and how different factors may relate to burnout.

S/N	Socio-Demographic Characteristics	Categories
1	What is your gender?	[ ] Male [ ] Female
2	What is your age?	_____
3	What is your highest level of education?	[ ] Bachelors degree [ ] Masters degree [ ] Doctorate degree [ ] Others..
4	What is your years of professional experience?	_____
5	What is your work setting?	[ ] Counseling/psychological center [ ] Hospital [ ] School [ ] NGO [ ] Private clinic [ ] University [ ] other
6	What is your average weekly working hours?	[ ] Less than 5 hours [ ] 5-10 hours [ ] 10- 20 hours [ ] 20-30 hours [ ] 30-40 hours [ ] more than 40 hours
7	What is your average Case load size ?	[ ] Less than 10 [ ] 10-20 [ ] 20-40 [ ] 40-60

		[ ] 60-100 [ ] more than 100 cases

Section B: Quantitative Workload Inventory, QWI

This section asks about your workload and work demands. Please indicate how often you experience each situation in your work.

There are no right or wrong answers. Kindly respond based on your actual experience.

	Less than once per month or never	Once or twice per month	Once or twice per week	Once or twice per day	Several times per day
1. How often does your job require you to work very fast?					
2. How often does your job require you to work very hard?					
3. How often does your job leave you with little time to get things done?					
4. How often is there a great deal to be done?					
5. How often do you have to do more work than you can do well?					

Section C: Survey of Perceived Organizational Support – Short Form (SPOS)

This section focuses on your perception of organizational support. It explores how much you feel your organization values your contributions and cares about your well-being. Please indicate your level of agreement with each statement.

#	**Statement**	**Rating (1-7)**
1	The organization really cares about my well-being.	
2	The organization strongly considers my goals and values.	
3	The organization shows little concern for me.	
4	The organization is willing to help me when I need a special favor.	
5	The organization takes pride in my accomplishments at work.	
6	The organization fails to appreciate my extra effort.	
7	The organization would ignore a poor job performance.	
8	The organization cares about my opinions.	

Section D: EMOTION REGULATION QUESTIONNAIRE (ERQ)

This section asks about how you manage and regulate your emotions, especially in different situations.

Please indicate how much you agree with each statement based on your typical way of handling emotions.

#	**Statement**	**Rating (1-7)**
1	When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	
2	I keep my emotions to myself.	
3	When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about	
4	When I am feeling positive emotions, I am careful not to express them.	
5	When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm	
6	I control my emotions by not expressing them.	
7	When I want to feel more positive emotion, I change the way I'm thinking about the situation.	

8	I control my emotions by changing the way I think about the situation I'm in.	
9	When I am feeling negative emotions, I make sure not to express them.	
10	When I want to feel less negative emotion, I change the way I'm thinking about the situation.	

Section E: Maslach Burnout Inventory (MBI)

This section asks about your feelings and experiences related to your work.

Please indicate how often you experience each of the following situations. Your honest responses are very important for understanding work-related experiences among counseling psychologists.

Questions:							
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							

I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							

I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							