

# Perceived Stress and Burnout in Counselors

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**Abstract:** *The present study aimed to explore the relationship between stress and burnout among counselors and to examine gender differences in these variables. Recognizing the emotional demands of counseling, this research highlights how psychological strain may manifest differently across genders. A sample of 250 counselors (125 males and 125 females) participated in the study. Standardized scales were used to measure perceived stress and burnout, and statistical analyses including Pearson correlation and independent t-Tests were applied. Results revealed a strong positive correlation ( $r = .911, p < 0.01$ ) between stress and burnout, indicating that higher stress levels are associated with increased burnout. Significant gender differences were observed in both stress ( $t = 9.33, p < 0.01$ ) and burnout ( $t = 7.95, p < 0.01$ ), with male counselors reporting higher mean scores than their counterpart females. These findings suggest that stress is a major predictor of burnout among counselors, and that male counselors may be more vulnerable to its effects. The study underscores the importance of developing gender-sensitive interventions. Targeted stress management strategies are essential to reduce burnout and promote well-being among mental health professionals.*

**Keywords:** Stress, Burnout Inventory, counselors

## 1. Introduction

Stress is a universal response to demands that challenge an individual's coping resources, significantly impacting mental health professionals like counselors due to the emotional intensity of their work (Lazarus & Folkman, 1984; Figley, 2002). When chronic and unmanaged, stress can lead to burnout, characterized by emotional, physical, and mental exhaustion (Maslach, Schaufeli, & Leiter, 2001). This introduction examines stress, its forms—eustress and distress—burnout, and their implications for counselors, including gender-based differences and coping strategies.

Stress manifests through symptoms like anxiety, irritability, headaches, sleep disturbances, and changes in appetite (Lazarus, 1993). Eustress, a positive form, motivates performance, while distress, arising when demands exceed coping abilities, causes psychological and physical harm (Selye, 1976; Lazarus & Folkman, 1984). For counselors, distress often stems from high caseloads, exposure to clients' trauma, and lack of support, increasing burnout risk (Figley, 2002). Burnout, distinct from stress, involves depletion of emotion and motivation, leading to exhaustion, cynicism, and reduced efficacy (Maslach et al., 2001).

Burnout develops through stages, from perfectionism to depersonalization and exhaustion, as outlined by Freudenberger and North (1985). Counselors face unique stressors, including empathic engagement with clients and ethical dilemmas, which, without support, amplify distress (Figley, 2002). Gender differences influence experiences, with female counselors potentially facing higher emotional exhaustion due to caregiving expectations (Maslach et al., 2001). Coping strategies like exercise, mindfulness, and social support can mitigate stress, while unhealthy habits exacerbate it (Lazarus, 1993; Ray et al., 2013).

Burnout types—overload, under-challenge, neglect, and others—reflect varied stress pathways, requiring tailored

interventions (Maslach et al., 2001). Understanding these dynamics is crucial for supporting counselors' well-being and professional efficacy. By fostering adaptive coping and supportive environments, the field can prevent burnout, ensuring ethical and effective client care.

## 2. Methodology

### Aim-

To study the relationship between stress and burnout among counselors.

### Objectives-

- To study relationship between Stress and Burnout among counselors
- To study the differences between the level of stress among male and female counselors
- To study the differences between the level of burnout among male and female counselors

### Hypothesis-

- H1- There will be significant relationship between Stress and Burnout among counselors.
- H2- There will be significant differences in the level of stress among male and female counselors.
- H3- There will be significant differences in the level of burnout among male and female counselors.

### Sample

250 Adults

### Variables

- Stress
- Burnout

### Measures

This test measures -

- Perceived Stress and
- Maslach Burnout

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**Data Analysis:**

- Pearson Correlation
- t-Test

**Description of the Tool:****1. Perceived Stress Scale (PSS)**

The **Perceived Stress Scale (PSS)**, developed by Cohen, Kamarck, and Mermelstein (1983), is a widely used psychological instrument for measuring the perception of stress. It evaluates the extent to which individuals appraise situations in their life as stressful, particularly focusing on feelings of unpredictability, lack of control, and overload. The most commonly used version is the **10-item PSS (PSS-10)**.

Each item is rated on a **5-point Likert scale** ranging from:

**0 = Never**

**1 = Almost Never**

**2 = Sometimes**

**3 = Fairly Often**

**4 = Very Often**

**Scoring Procedure:**

Items 4, 5, 7, and 8 are **positively worded** and need to be **reverse-scored** (i.e., 0 becomes 4, becomes 3, etc.).

After reverse scoring, all items are summed to obtain a **total stress score**.

The **total score ranges from 0 to 40**, with higher scores indicating **greater perceived stress**.

Scores between **0–13** are considered **low stress**,

**14–26** as **moderate stress**,

and **27–40** as **high perceived stress**.

The PSS is suitable for use in both clinical and non-clinical populations and has demonstrated high reliability and validity across various groups.

**2. Maslach Burnout Inventory (MBI)**

The **Maslach Burnout Inventory (MBI)**, created by Maslach and Jackson (1981), is the most widely recognized tool for assessing occupational burnout, especially in helping professions like counseling. It conceptualizes burnout as comprising three distinct dimensions:

**Emotional Exhaustion (EE)** – feeling emotionally overextended by work

**Depersonalization (DP)** – unfeeling and impersonal responses toward recipients of one's care or service

**Personal Accomplishment (PA)** – feelings of competence and success in one's job

The MBI contains **22 items** rated on a **7-point frequency scale** ranging from:

**0 = Never**

**1 = A few times a year**

**2 = Once a month or less**

**3 = A few times a month**

**4 = Once a week**

**5 = A few times a week**

**6 = Everyday**

**Scoring Procedure:**

Items are grouped into three subscales:

**Emotional Exhaustion (9 items)**

**Depersonalization (5 items)**

**Personal Accomplishment (8 items)**

Scores are summed separately for each subscale.

**High burnout** is indicated by:

**High EE scores** ( $\geq 27$ ),

**High DP scores** ( $\geq 13$ ), and

**Low PA scores** ( $\leq 31$ ).

Interpretation is typically based on **cut-off scores** developed through normative samples, but comparisons across studies may vary.

The MBI is considered the gold standard for measuring burnout, with extensive psychometric validation and broad applicability across occupational settings.

**Tools Used-**

S.No	Name of the Tool	Author	Year	Reliability	Validity
1	Perceived Stress Scale	Sheldon Cohen & Colleagues	1983	0.84 to 0.86	
2	Maslach Burnout Inventory	Christina Maslach & Susan E. Jackson	1981	0.60 to 0.82	0.85 to 0.89

**3. Result and Discussion**

**Table 1:** Relationship between Stress and Burnout among counselors

Variable	N	Mean	r value	p value
Stress	125	43.61	.911	Sig**
Burnout	125	21.63		

Significant at both 0.01 & 0.05 level

Table 1 shows the Correlation value between stress and burnout (.911) which is significant at 0.01 and 0.05 levels. It can be observed that there is significant relationship between stress and burnout. It can also be seen that the scores of burnout increased with increased in stress scores among counselors.

**Table 2:** Gender comparison of Stress in counselors

Variable	Gender	N	Mean	S.D	t-value	p-value
Stress	Male	125	27.33	4.98	9.33	Sig**
	Female	125	21.63	4.66		

Significant at 0.01\*\* and 0.05\*

In the above data table, the mean stress score for Male counselors is 27.33, whereas for Female counselors, it slightly decreases to 21.63. A t-test analysis yielded a value of 9.33 for stress, demonstrating statistical significance at both the 0.01 and 0.05 levels. The results indicate a significant disparity in stress levels between male and female counselors.

**Table 3:** Gender comparison of Burnout in counselors

Variable	Gender	N	Mean	S.D	t-value	p-value
Burnout	Male	125	54.49	10.85	7.95	Sig**
	Female	125	43.61	10.79		

Significant at 0.01\*\* and 0.05\*

In the above data table, the mean burnout score for Male counselors is 54.49, whereas for Female counselors, it slightly decreases to 43.61. A t-test analysis yielded a value of 7.95 for stress, demonstrating statistical significance at both the 0.01 and 0.05 levels. The results indicate a significant disparity in burnout levels between male and female counselors.

#### 4. Discussion

The present study aimed to investigate the relationship between stress and burnout among counselors, and to identify whether there are significant differences in stress and burnout levels between male and female counselors. The hypotheses were tested using Pearson correlation and independent samples t-tests on a sample of 250 adult counselors.

The results supported Hypothesis 1, which predicted a significant relationship between perceived stress and burnout among counselors. A Pearson correlation analysis revealed a very strong positive correlation ( $r = .911$ ,  $p < .01$ ), indicating that as perceived stress levels increased, burnout levels also increased proportionally. This finding aligns with previous studies that have consistently demonstrated a strong interconnection between stress and burnout in helping professions (Chang & Shin, 2021; Smout et al., 2021). The high correlation coefficient observed suggests that the constructs are not only related but may also be mutually reinforcing, whereby chronic stress may lead to emotional exhaustion and depersonalization—elements of burnout as outlined by Maslach and Jackson (1981).

Support for Hypothesis 2 was also found. The independent samples t-test comparing stress levels between male and female counselors yielded a statistically significant result ( $t = 9.33$ ,  $p < .01$ ). Male counselors reported significantly higher stress scores ( $M = 27.33$ ,  $SD = 4.98$  as shown in table 2) compared to female counselors ( $M = 21.63$ ,  $SD = 4.66$ ). This difference might be explained by gender role expectations and the pressure for men to internalize emotions, leading to maladaptive stress responses (Pleck, 1983; Courtenay, 2000). Additionally, traditional masculine norms often discourage emotional expression and help-seeking behaviors, which may contribute to the heightened levels of stress reported among male counselors (Mahalik & Di Bianca, 2021).

Hypothesis 3, which proposed significant gender differences in burnout levels, was also supported by the data. The t-test for burnout scores revealed a significant difference ( $t = 7.95$ ,  $p < .01$ ), with male counselors reporting higher burnout ( $M = 54.49$ ,  $SD = 10.85$ ) compared to female counselors ( $M = 43.61$ ,  $SD = 10.79$ ). This finding resonates with previous research indicating that men in care giving and emotionally demanding roles may be at increased risk of burnout due to a combination of external pressures and internalized coping deficits (Smith & Moss, 2017; Thompson et al., 2016).

These findings carry important implications for counselor training and workplace practices. Organizations must prioritize the psychological well-being of counselors by integrating stress management and burnout prevention

strategies into professional development programs. Research has shown that self-care practices such as mindfulness and emotional regulation significantly reduce emotional exhaustion and improve resilience (Lyon, 2023; McCade et al., 2021). Furthermore, institutional efforts including supervision, manageable caseloads, and role clarity have been found to mitigate burnout symptoms (Rupert & Dorociak, 2019; Maor & Hemi, 2021).

In line with the literature, the present study also emphasizes the need for gender-sensitive interventions. Programs designed to support male counselors should consider the barriers men face in seeking help and expressing vulnerability. Challenging traditional gender norms and promoting emotional literacy among male professionals could potentially reduce stress and burnout and enhance overall job satisfaction (Butler et al., 1985; Greenberg & Safran, 1998).

To conclude, the study highlights the significant relationship between perceived stress and burnout among counselors and reveals notable gender differences in both constructs. These findings underscore the necessity of proactive, systemic measures to support mental health and resilience in the counseling profession.

#### 5. Conclusion

The findings of this study suggest that stress and burnout are significantly interrelated among counselors. Counselors experiencing high levels of stress are more likely to experience burnout. This highlights the importance of mental health awareness and intervention programs specifically targeted in counselors.

#### 6. Limitations & Suggestions

Limitations of this research are:

- 1) **Expansion of Variables:** It would be advantageous to incorporate additional psychosocial variables beyond stress, anxiety, and depression in the research. Including measures of related constructs such as resilience, self-esteem, and aspirations for perfection would yield a more comprehensive understanding of the intricate relationship between perfectionism and mental health outcomes.
- 2) **Increase in Sample Size:** Enlarging the sample size would enhance the statistical power and precision of the study's findings. With a larger sample, more robust analyses could be conducted, allowing for the detection of smaller effect sizes and improving the generalizability of the results to broader populations. This expansion would alleviate the limitations associated with smaller sample sizes, such as reduced statistical power and increased susceptibility to sampling bias.
- 3) **Implementation of Longitudinal Study Design:** Adopting a longitudinal study design would enable the exploration of temporal relationships and causal pathways between perfectionism and mental health outcomes over time. By collecting data at multiple time points, researchers can investigate the dynamic nature of these associations, identifying potential mediators,

moderators, and developmental trajectories. This longitudinal approach would provide valuable insights into the enduring effects of perfectionism on women's mental health, offering a more nuanced comprehension of the complex interplay between these variables.

## 7. Suggestions for Future Research:

- 1) **Parental and Family Factors:** Investigate the influence of parental involvement, family dynamics, and support systems on the development of anxiety and depression in college students. Explore how familial structures and support networks impact mental well-being during this pivotal life stage.
- 2) **Holistic Approach to Well-Being:** While parental support is integral to academic performance, a comprehensive examination of family support's broader impact on student well-being is warranted. Future research could delve into the multifaceted effects of family support on students' mental health, encompassing dimensions such as social connectivity, emotional resilience, and adaptive coping strategies.
- 3) **Health and Nutrition Focus:** Explore the potential therapeutic benefits of health-promoting lifestyle practices, including maintaining a balanced diet, engaging in regular physical activity, and prioritizing adequate sleep, in alleviating anxiety and depression among college students. Investigate the mechanisms through which these lifestyle factors contribute to stress management, emotional regulation, and overall mental well-being.
- 4) **Pharmacological Interventions for Anxiety:** While Selective Serotonin Reuptake Inhibitors (SSRIs) are commonly prescribed for anxiety management, future research could compare the efficacy of different medication regimens and explore the potential synergistic effects of combining pharmacotherapy with non-pharmacological interventions in treating anxiety among college students.

By addressing these research gaps and pursuing the suggested avenues, we can advance our understanding of the multi-factorial etiology of anxiety and depression in college students. This knowledge will facilitate the development of tailored prevention and intervention strategies aimed at promoting their mental well-being and academic success.

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