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Abstract

This study examined how race-related stress, burnout, and two dimensions of locus of hope, family support and personal agency, interrelate among Black American mental health professionals. Survey data from 29 participants revealed higher burnout linked to compassion fatigue and vicarious trauma. Family-based hope was inversely related to burnout, while personal agency predicted lower compassion fatigue. Findings suggest locus of hope functions as a psychological buffer, underscoring its relevance in managing relational and institutional stressors faced by Black counselors.

***Keywords*:** Black, counselors, burnout, race-related stress, hope

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Black Americans often grapple with the deleterious effects of racism within the United States (US), as salient examples exist across various systems and contexts (Scott-Jones & Kamara, 2020). While advances toward equity have been made, critical examples of racism and its vestiges remain. Americans collectively struggled to respond to the adverse effects of the coronavirus (COVID-19) pandemic; however, Black Americans were disproportionately affected. For example, robust disparities in health outcomes as well as effects of racial trauma because of anti-Black racism were highlighted in the data collected by the American Psychological Association (APA, 2020). Results from these data further illuminated that approximately two in every three Black adults noted an aspect of racism as a significant cause of stress during the pandemic; furthermore, more than 75% of these participants concurred that it is difficult to navigate one's Black identity in today's society.

According to census data, approximately 3.2% of the total Black population in the US live in Pennsylvania (PA), with the largest concentration of PA Black Americans situated in Philadelphia (Martinez & Passel, 2025). While disaggregated demographic data regarding the percentage of PA Black mental health

professionals is not available, prior research inclusive of their experiences exists. For instance, in a 2014 study of 36 Black mental health professionals across 11 states, including Pennsylvania, researchers illuminated that participants experienced challenges in both coping with racial discrimination personally as well as addressing its myriad manifestations interspersed within their work with Black clients (Good-Cross & Grim, 2014). A more recent study of Black mental health professionals' experiences revealed that they grapple with the effects of racism as well as experience burnout in their work (Shell et al., 2021). Prior research has identified race-related effects and burnout in experiences of Black mental health professionals (Brown et al., 2024; Brown et al., 2024a; Good-Cross & Grim, 2014; Shell et al., 2021); however, little research exists regarding what Black mental health professionals can do to mitigate these challenges. The term Black is utilized to describe the experiences of the participants in this sample; the terms "Black" or "African American" will be used to reflect the information identified in the literature being cited.

Racism and Effects of Race-Related Stress on Black Americans

Racism can be defined as a societal system undergirded by the belief and actions from a dominant group who delineates and positions other racial groups based on beliefs of inadequacy and thus successively uses their power to enfeeble others and discriminately allocate resources (Willams et al., 2019). According to Jones (1997), examples of such practice can be found within various individual, institutional, and cultural contexts. At the micro/individual level, racism can embody acts such as interpersonal racial discrimination, microaggressions, or bigotry (Jones, 1997). Institutional racism consists of legislation, policies, and customs that maintain resource allocation inequity and lifespan outcomes across racial groups (Jones, 1997). Lastly, cultural racism entails broader, ubiquitous norms and ideals that concretizes a particular group as superior to other groups; these ideals and narratives are often relayed intergenerationally to underscore the spread of institutional and individual racism (Jones, 1997).

Researchers have characterized race-related stress, or racial stress, as one's psychological reaction to racism because of their race, which at times becomes a forerunner to racial trauma (Chapman-Hilliard et al., 2020; Williams, et al. 2021). Further research related to the effects of racism and racial stress has elucidated that racial trauma is the culminating effect of both individual and systemic racism incurred by a historically minoritized individual (Willams et al. 2021, 2023). Individuals who have reported experiencing racial stress and trauma often report experiencing a myriad of intrapersonal experiences, such as nightmares, distorted blame, shame, and negative cognitions (Williams et al., 2021). At times, the cumulative effects of such symptoms may manifest as either posttraumatic stress disorder (PTSD) and/or self-destructive actions (Williams et al., 2021). For instance, researchers have found that increased incidences of racial discrimination were prognostic of PTSD diagnoses (Sibrava et al., 2019). Vicarious implications of racial stress and racial trauma have also been identified in the literature. Bor et al. (2018) noted geographic and racial differences in the effects of witnessing racialized experiences. Specifically, the researchers found that Black Americans who view the broadcasted murders of unarmed Black people may experience long-term, adverse mental health symptoms.

The Effects of Racism and Black Mental Health Professionals

Black mental health clinicians can experience an array of positive and negative experiences in addressing various cultural manifestations endemic in their work with clients. Culturally positive manifestations between client and counselor have surfaced within prior literature such as a Black therapist understanding their Black client's experience, thus creating a robust therapeutic alliance (Hamilton, 2024). Participants have reported perceiving a shared commonality (i.e., lived experiences) within therapeutic work that helped them feel more connected to their therapist (Hamilton, 2024). Another study of 12 Black school mental health professionals (school psychologists and school counselors) who worked with Black youth living with racial trauma following the killings of Black Americans positively reflected on their ability to advocate for Black youth within school contexts and successfully diminish the negative effects of racial trauma (Brown et al., 2024a). Conversely, while positive associations exist, race-related stress experienced by Black mental health professionals regarding racism in their work with clients have also been noted. Black mental health professionals have identified difficulty in navigating relational dynamics with Black clients regarding healthy boundary setting and lack of training when addressing racialized elements in their work. For instance, the school mental health professionals referenced in the aforementioned study highlighted that because of their pain expressed by their Black students, they assumed other-parenting roles to address their needs (Brown, 2024). Relatedly, although at an institutional level, Black therapists discuss navigating racism and discrimination within their work contexts, report insufficient training on how to work with issues faced by Black communities, and experience stress associated with working with racially oppressed individuals (Hamilton, 2024).

Racism within the Profession of Counseling

The effects of racism and examples of race-related stress have also been acknowledged within professional counselor training, professional counseling, and counselor education. Black counseling students have identified racialized experiences inclusive of tokenization, marginalization, and programmatic/systemic barriers (Haskins et al., 2013; Haskins et al., 2015). Furthermore, akin to the experiences of Black mental health therapists, Black counseling students have noted receiving minimal training and direction regarding traversing racialized dynamics in counseling contexts. Instances of race-related stress surfaced in a recent qualitative study that investigated the experiences of African American counseling students' interactions with faculty. Although participants in this study noted a breadth of positive reactions, race-related stress seemed to surface for some participants around classroom experiences regarding multiculturalism as well as during evaluative interactions with White faculty and/or White supervisors (Brown, 2024b).

At the professional level, both Black professional counselors and Black counselor educators have indicated general work fulfillment. Yet, indicators of racism and race-related stress reactions can be found. A survey study of African American professional counselors revealed that approximately 32% of respondents believed that racism affected their job satisfaction (Jones et al., 2009). In their response to an open-ended question, participants highlighted experiencing overt or covert acts of racism, attributing the dearth of adequate African American counselors within their work settings as well as coworkers' lack of understanding of

African Americans to racism. Black counselor educators have noted analogous experiences and highlighted race-related stress as pertinent to their role within higher education. Specifically, counselor educators have reported a lack of mentoring in promotion and tenure, the toll of indiscernible labor on one's wellness, and the perceived diminishment of race-related scholarship (Bradley & Holcomb-McCoy, 2004; Bryant et al., 2005; Hannon et al., 2019).

Burnout

Burnout has been defined in a multitude of ways and researched in a variety of fields. According to Maslach (2003), burnout is primarily linked to three components: emotional exhaustion, depersonalization, and feelings of inadequacy. Burnout is a complex construct as individuals may experience different levels of each of the three components and may have different factors that contribute to their overall level of burnout (Simionato, et al., 2019).

Researchers have identified three key domains related to burnout: job, organizational, and individual. Job-related stressors include large caseloads, number of clients, time management, social support, and work environment (Simionato & Simpson, 2018). Individuals struggling with high levels of job-related stressors show increased absenteeism and desire to quit, which can impact the quality of care they are providing to their clients (Dreison et al., 2018). Organizational factors include the workplace itself, and involves issues such as limited resources, no recognition or reward, restrictive rules, and little to no support (Simionato & Simpson, 2018). Individual factors include personal traits, values, and one's coping strategies (Simionato & Simpson, 2018).

The effects of burnout are numerous. For instance, Morse et al. (2012) stated that organizational burnout factors have informed high levels of turnover due to clinician burnout, which culminates in substantial financial costs and reduces resources present to communities. The authors further noted that burnout can lead to overall negative work environments and staff turnover. The effects on an individual's wellness has also surfaced in literature, with research identifying that clinicians are impacted both mentally and physically — causing issues such as memory impairment, anxiety, depression, and substance use (Morse et al., 2012).

Burnout within Black Mental Health Counselors

While research on burnout has been conducted for decades (Maslach & Schaufeli, 1993; Maslach, 2003), there is a scarcity of studies that have examined the experiences of Black mental health counselors (Andrews, 2021; Brown et al., 2024a; Kirk et al., 2023). Furthermore, scant research exists that has illuminated their accounts within a post-COVID-19 world (Brown et al., 2024c). The COVID-19 pandemic revealed deeper layers of systemic racism and racial disparities present in America, highlighting the disproportionate access to aid and treatment in minority communities (Miu & Moore, 2021). As such, these factors have led to a greater influx of Black/African American clients seeking therapy, of whom many wish to work with a Black mental health provider due to mistrust of White mental health providers (Brown et al., 2024c). Such occurrences may situate Black mental health practitioners within adverse professional contexts, as they now are exposed to vicarious trauma of their clients, increasing not only their own secondary traumatic stress but also race-related stressors (Shell et al., 2021).

Secondary traumatic stress can replicate post-traumatic stress and cause an individual to develop a response due to being exposed to

stories and recollections of others' traumatizing events (Figley, 1995). High levels of stress from a variety of factors can yield negative outcomes for clinicians and ultimately lead to severe burnout. For example, in one study of 250 Black mental health professionals, levels of burnout and secondary traumatic stress were significantly predicted by their experiences with individual, institutional, and cultural racism stress (Shell et al., 2021). This was further exacerbated by the number of hours worked per week. Another study found that 68% of 82 primarily BIPOC identifying mental health providers reported moderate to severe work-related burnout during the first 9 months of the COVID-19 pandemic (Kirk et al., 2023). While the main factors and stressors for burnout have been prevalent since prior to the pandemic, identity factors have increasingly been of note. Specifically, racial trauma can increase the level of burnout for mental health providers (Shell et al., 2021). The Association of Black Psychologists' published research in 2022, in which out of 648 Black mental health professionals, 28% had considered or are considering leaving the field (Hill et al., 2022). Key reasons cited in their experiences were burnout, increased workload, microaggression/racism in the workplace, personal mental health, and low wages. Navigating clients' stressors in conjunction with their own can be challenging, especially for clinicians with a higher sense of compassion and empathy. Increased workload has already been shown to be a predictor of burnout even before the pandemic; however, the increase in microaggressions and racism has resulted in clinicians of color experiences of racial fatigue and employee attrition (Brown et al., 2024c; Norris & Primm, 2024).

Compassion

Compassion is commonly defined as recognizing another person's suffering while simultaneously feeling a desire to alleviate it (Figley & Ludick, 2017). Compassion stress occurs when mental health professionals, or other caregivers, feel an expectation to provide compassion and assistance beyond their personal capacity (Figley & Ludick, 2017). Should clinicians be exposed to prolonged instances of compassion stress, their ability to feel compassion is greatly diminished and consequently results in compassion fatigue (Figley & Ludick, 2017). A therapist's demonstration of rapport building through empathy is inherent within the work of talk therapy, however, constant exposure to a client's trauma can compromise the application of this competency because of compassion fatigue (Figley, 1995).

Scholars have identified several determinants that comprise compassion fatigue manifestations. For example, Figley (1995) found four contributing factors: a lack of self-care, unresolved personal trauma, unwillingness to handle work stressors, and a lack of satisfaction with work. Individuals who encounter these factors may may experience negative social, emotional, and mental negative implications, as research suggests that clinicians with high levels of compassion fatigue may develop adverse emotional, cognitive, and behavioral changes alongside depression or substance use disorders (Figley, 1995).

While various negative factors and effects associated with compassion fatigue exist, researchers have identified healthy mitigating elements and resources. For instance, compassion satisfaction has been shown to positively affect a clinician's stress and occurs when a mental health provider feels satisfied and fulfilled by their job and is being rewarded through the desire to help others (Clark et al., 2022). Researchers have identified that mental health professional who receive high quality training and utilize evidence-

based practices can improve one's compassion satisfaction (Clark et al., 2022; Ray et al., 2013). As a preventive paradigm, Radey and Figley (2007) developed a model to minimize compassion fatigue: (a) keeping a positive attitude towards clients and keeping a general positive attitude, (b) improving resources to manage stress, and (c) increasing self-care by finding inspiration and happiness. While the literature is replete of compassion fatigue/satisfaction research, there exists limited research in both scope and sample regarding these constructs within the Black mental health counseling population. Some studies had low levels of participants who identified as Black/African American (Fukui et al., 2020; Thompson et al. 2014; Yanchus et al., 2017), while other studies did not include race as a factor at all (Ray et al., 2013; Rossi et al., 2012).

Hope Theory

Over the past three decades, hope theory has been a prominent feature of positive psychology. Snyder et al. (1991) developed the Dispositional Hope Scale (DHS) designed to explore the cognitive motivational traits of one's perceived ability to successfully attain desired goals in life. Two hope-based components are needed for an individual to experience success: a well-developed sense of agency and pathways, or the will and the ways (Snyder, 2002). This scale is self-report oriented, and the main focus is on the individual as an agent. Bernardo (2010) proposed a social model of hope to include the influence of interpersonal expectations and social roles in expressing positive actions and goal pursuits. This model is common within Eastern cultures endorsing collectivist tendencies and are better reflected by external dimensions of hope. Bernardo (2010) proposed that there is more to hope to be captured and focused on like the external agents that may also support hope. This development expanded the internal focus of the DHS to include external aspects like spirituality, peers, and family. Bernardo (2010) created the Locus-of-Hope Scale that tapped into external sources of agency and pathways and may relate to persons in more collectivistic cultures where social-oriented views of agency are more strongly encouraged. Applying Bernardo's theory to burnout was of interest based on the Brown et al. (2024c) finding that burnout of Black counselors was significantly predicted by social support, resilient coping, and an internal locus of control.

Research has supported hope as a buffer against burnout (Pharris et al., 2022) and emotional exhaustion (Rand, 2018). Hope works as an effective buffer because individuals with higher hope can work through adversity because they can conceive of multiple ways to achieve their goals. In one study, hope was found to outperform resiliency in predicting burnout of 1,272 Oklahoman child welfare professionals (Pharris et al., 2022). Welfare workers are known to have an exceedingly high burnout rate and the researchers of this study suggest that employees should adopt the language and concepts of hope theory to cultivate caseworker hope and infuse hope-centered practice into the child welfare workforce.

Purpose of the Study

The purpose of this study was to explore the relationship between race-related stress, burnout, and external locus-of-hope in Black mental health professionals and add to the scant professional literature regarding Black mental health therapists. As such, we addressed two research questions. First, to what extent does race-related stress predict counselor burnout? Second, to what extent do subfactors of spirituality, family, friends, agency, and pathways of external locus of hope predict counselor burnout?

Methods

Participants

To be considered for this study, participants needed to identify as Black or African American living in the United States and were self-reported as licensed mental health professionals (mental health counselors, marriage and family therapists, social workers, or creative arts therapists). The sample goal was 100 participants to stay within a 9% margin of error and 95% confidence level, allowing one to confidently generalize sample results back to the population (Weisberg et al., 1996). A total of 29 counselors responded to our invitation to participate. Of those participants,

Table 1

Descriptives Statistics of Demographic Information

		N	*%*	Mean	SD
Gender					
	Male	3	10.3		
	Female	25	86.2		
	Non-binary/third gender	1	3.4		
Race					
	Black or African American	26	89.7		
	Other	3	10.3		
Counseling Type					
	In Person	5	17.2		
	Hybrid/In Person	18	62.1		
	Online	6	20.7		
Field					
	Mental Health Counseling	16	55.2		
	Marriage & Fam Therapy	4	13.8		
	Creative Arts Therapy	1	3.4		
	Clinical Counseling	3	10.3		
	School Counseling	2	6.9		
	Social Work	2	6.9		
	Other	1	3.4		
Treatment Modality					
	Individual	24	82.8		
	Families	3	10.3		
Degree					
	Master's	8	27.7		
	Master's +(cert/specialization)	10	34.5		
	Doctorate	11	37.9		
Age				39.4	10.3
Years Counseling				10.9	6.8
Number of Clients				5.0	3.2

86% identified as female and 83% conducted individual counseling as their primary responsibility. Around 50% of participants were mental health counselors and had either a Master's or Doctorate Degree. Within the participants, 90% identified as Black, however 10% identified as other. Everyone was around 39 years of age, had accrued 11 years in the field, and saw 5 clients per day (see Table 1).

Measures

Prior to beginning the study, participants completed a set of demographic questions to identify their personal characteristics and professional experience, including components of treatment modality, type of counseling provided, specialization, clients they see in a day, and years in the field. These questions were followed by three published surveys.

The Index of Race-Related Stress (IRRS-B)

The IRRS Brief Form (Utsey, 1999) is a 22-item, self-report questionnaire of perceived exposure to racism using a 0- to 4-point Likert scale (i.e., *This never happened to me* to *Event happened and I was extremely upset*). The measure contains three subscales: *Individual Racism*, *Institutional Racism*, and *Cultural Racism* and they reflected adequate internal consistency reliability with Cronbach's alphas ranging from .84-.87 (Utsey, 1999). A sample item is "You were refused an apartment or other housing; you suspect it was because you're Black." Individual Racism is discrimination that occurs at the interpersonal level. Institutional Racism represents bias and discrimination that is embedded within laws and policies. Cultural racism is associated with the presentation of racial groups or ethnicities as inferior compared to other groups (Chapman-Hilliard et al., 2020). Utsey (1999) established convergent validity by correlating IRRS-B scores with the RaLES (Harrell, 1994), a measure that assesses dimensions of racism in daily life and within groups, racism coping, racism stress, and oppression. In addition, the IRRS-B showed significant differences between African American and White participants, with African Americans reporting significantly higher scores.

The Professional Quality of Life Scale (ProQOL)

The ProQOL (Stamm, 1995) is a 30-item scale that measures three subfactors: *Burnout, Compassion Satisfaction,* and *Vicarious Trauma*. All items are on a five-point Likert scale of *never* to *often*. Each subscale is ten items and reflects adequate internal consistency reliability. Compassion Satisfaction has a Cronbach alpha of .90, Burnout has a Cronbach alpha of .75, and Vicarious Trauma has a Cronbach alpha of .74. Geoffrion et al. (2019) contributed to the convergent validity of the instrument by demonstrating significant correlations with a well-being work scale, a psychological distress work scale, and the ProQOL.

The Locus-of-Hope Scale (LOHS)

The LOHS (Bernardo, 2014) was an extension of the *Dispositional Hope Scale* (Snyder et al., 1991) and included focus on family, peers, and spirituality. The original hope scale was oriented toward the agency and pathways perceptions of the individual while the LOHS shifted the agency and pathways beliefs to incorporate the external factors by which the individual may feel supported. The total LOHS contained 40 items with eight items for each subscale; each subscale has a Cronbach alpha ranging from .87 - .95 (Bernardo, 2010). Research demonstrated convergent validity for the LOHS family, peers, and spirituality factors by producing positive correlations with a measure of collectivist relational tendencies (Dargan et al., 2021). A shortened validated version of the LOHS containing 16 items on a four-point Likert scale was later created and utilized in the present study (Bernardo & Estrellado, 2014).

Procedure

This study was a cross-sectional, quantitative, survey design developed to understand the exploratory connections among race-related stress, hope, and professional quality of life on burnout. Weisberg et al. (1996) states that survey designs are ideal for measuring and quantifying opinions, experiences, and behaviors in a systematic way. Surveys can quickly assess a target population on a set of quantifiable questions, and statistical tests (e.g., correlations, regressions, etc.) can then be used to test theoretical relationships for that population (Weisberg et al., 1996). Thus, the aforementioned research design was selected, given the scope of this project and limited research regarding Black mental health therapists around similar constructs (Shell et al., 2021).

The demographic questions and survey items were placed in Qualtrics and a link was generated to send out via invitation to targeted online groups. Online groups and organizations contacted were: National Association of Black Social Workers, Black Mental Health Alliance, National Association of Black Counselors, Black Therapists Rock, Counselor Education and Supervision Network Listserv, Association for Multicultural Counseling and Development, Black Counselors Association and multiple Black Mental Health Professionals groups by state on Facebook. Once approval from the institutional review board was obtained, Black mental health professionals were contacted online through social media groups, professional associations lists and groups, and email. A priori power analysis using G*Power, version 3.1.9.2 (Faul et al., 2009), indicated that a minimum sample size of 91 participants would be required to detect a medium effect size ($f2 = 0.15$) when conducting multiple regression. With the small sample obtained, the researchers would need large effects to detect any relationships. Increasing sample size can increase the chances that researchers will find a statistically significant effect (Field, 2009). All data were screened prior to conducting correlation and regression analyses, following APA recommendations. With a sample size of 29, both descriptive and graphical methods were used to assess data integrity and assumptions. Data were checked for missing values. Missing response information was minimal (<1%) and because of the small sample size, no cases were removed. Univariate outliers were identified using z-scores and a visual inspection of boxplots also helped identify potential extreme values. Analyses were checked for robustness with and without potential outliers to ensure consistent results and in the end, no responses were removed. Normality, linearity, and homoscedasticity were assessed through histograms, and scatterplots of residuals. While minor deviations from normality were observed, regression analyses are robust to such violations with continuous/scale style predictors (Field, 2009). Variance Inflation Factors (VIFs) were all below 5, indicating no multicollinearity concerns and with these preliminary results, data analysis was continued in the following section.

Results

Table 2 provides the correlations among the survey variables collected for this research. Correlations represent paired relationships among variables and correlation coefficients are commonly used to measure the size of an effect. Values < ± .30 are considered low and ± .50 are considered moderate to high (Field, 2009). Of primary interest were variables that would share significant relationships with burnout. According to the results, *burnout* was negatively correlated with *locus of hope family* ($r = -.39$, $p < .05$), c*ompassion satisfaction* ($r = -.44$, $p < .05$), and positively correlated with *vicarious trauma* ($r = .53$, $p < .01$). In addition to these findings, *number of clients seen* was significantly correlated with *burnout* ($r = .38$, $p < 05$).

Table 2

Correlations Among Professional Quality of Life, Hope, and Racism

Variable	1	2	3	4	5	6	7	8	9	10
1. Burnout	-									
2. Hope Spirituality	-.19	-								
3. Hope Family	-.39*	.21	-							
4. Hope Friends	-.15	.39*	.01	-						
5. Hope Agency	-.33	.44*	.29	.42*	-					
6. Hope Pathway	-.17	.24	.24	.48**	.69**	-				
7. Compassion Sat.	-.44*	.47*	.25	.46*	.55**	.27	-			
8. Vicarious Trauma	.53**	-.23	.05	-.17	-.10	-.11	-.14	-		
9. Individual Racism	.03	-.01	.09	-.08	-.11	-.10	-.29	.25	-	
10. Institution Racism	.34	.08	-.03	-.04	.11	.05	-.07	.39*	.55**	-
11. Cultural Racism	.03	-.15	.18	-.07	-.09	-.35	-.20	.24	.51**	.39*

$^{*}p < .05$. $^{**}p < .01$

A multiple regression analysis was performed predicting *burnout* by the Professional Quality of Life and race-related stress subscores. *Institutional racism* and the ProQol subfactors of *compassion satisfaction* and *vicarious trauma* were significant predictors of *burnout* with the overall model accounting for 47% of the total variance in *burnout* (see Table 3). This suggests that these three variables meaningfully contribute to explaining variations in burnout levels among participants. Specifically, higher perceptions of *institutional racism* and *vicarious trauma* were associated with increased levels of burnout, whereas higher levels of compassion satisfaction had a protective or mitigating effect on burnout.

The model as a whole accounted for 47% of the variance in burnout, which indicates a moderately strong effect size (Field, 2009). This means that nearly half of the differences in burnout scores among the participants could be explained by the combination of these three predictors. The remaining 53% of the variance is likely due to other unmeasured factors.

A second multiple regression analysis examined the predictive nature of *hope* sub constructs on c*ompassion satisfaction*. Results showed that the model accounted for 34% of the total variance in predicting *compassion satisfaction*. *Hope agency*, an internal locus of hope, was the strongest predictor of *compassion satisfaction* even when controlling for experiences with *vicarious trauma*. *Hope agency* individually accounted for 27% of the total variance in *compassion satisfaction*. The standardized beta weight for hope agency was .51, indicating that for every one standard deviation increase in hope agency, compassion satisfaction increased by approximately half a standard deviation. This represents a substantial effect and underscores the critical role of positive beliefs and goal-directed thinking in promoting compassion satisfaction and warding off compassion fatigue. This predictive effect held even after controlling for vicarious trauma,

indicating that hope agency's influence is robust and not merely a byproduct of lower exposure to trauma-related stress. This finding reinforces the importance of cognitive motivational constructs, such as hope agency, in buffering against burnout and enhancing professional quality of life.

Table 3

Regression Models Predicting Burnout and Compassion Satisfaction

	Unstandardized Coefficients		Standardized Coefficients		
Model 1 Predicting Burnout	*B*	*SE*	*Beta*	*t*	Sig.
(Constant)	12.87	3.19		4.03	<.01
Compassion Satisfaction	-.21	.06	-.49	-3.33	.003**
Vicarious Trauma	.15	.05	.43	2.81	.010*
Individual Racism	-.17	.08	-.37	-1.95	.062
Institutional Racism	.21	.09	.39	2.24	.035*
Cultural Racism	-.037	.043	-.141	-.858	.400
Model 2 Predicting Compassion Satisfaction					
(Constant)	17.80	6.61		2.69	.013
Hope Spirituality	.20	.24	.15	.84	.407
Hope Family	.25	.27	.15	.91	.372
Hope Friends	.50	.29	.32	1.70	.103
Hope Agency	2.68	1.23	.51	2.16	.041*
Hope Pathway	-1.33	.96	-.32	-1.38	.179
Vicarious Trauma	-.03	.13	-.04	-.25	.799

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

Discussion

This study replicated previous findings demonstrating that vicarious trauma, compassion fatigue (Stamm, 1995) and race-related stress (Shell et al., 2021) leads to burnout in counselors. The Black counselor population in this research was more likely to experience burnout due to institutional racism, not cultural racism as found by Shell et al. (2021). By reducing compassion fatigue and increasing compassion satisfaction, Black counselors may be able to reduce experiences of burnout. According to the regression findings, hope agency is the best predictor of compassion satisfaction. A counselor's personal sense of agency is more likely to avert compassion fatigue than hope derived through friends, family, or spiritual community. Correlations added to the understanding of how these constructs interplay. The findings demonstrated that Black counselors experience greater burnout when vicarious trauma and compassion fatigue were present. This has been supported by past research (Brown

et al., 2024c) and an indication that the more vicarious trauma counselors experience, the less compassion satisfaction can be experienced by the counselor. This, over time, leads to burnout in their profession. Interestingly, locus of hope family scores were negatively correlated with burnout. Counselors who have supportive family members that facilitate problem solving and personal goal attainment may experience a buffering effect against burnout. Compassion satisfaction, a precursor to burnout, was positively correlated with locus of hope spirituality, hope friends, and hope agency. This suggests that counselors who have strong connections with their faith, friendships, and belief within oneself are less likely to experience compassion fatigue. This is further translated into the regression results showing hope agency as the strongest predictor of compassion satisfaction. Overall, hope may be sustained by one's family, friendships and spiritual community, however, it is the personal sense of agency that mitigates compassion fatigue, defending against burnout over time.

Identifying high hope communities for Black counselors is important in preventing professional burnout; however, addressing the race-related stress present is a more complex issue. Institutional racism was a significant predictor of burnout for the counselors in this study. Hope did not have a significant impact on the stress counselors experienced from racism. Hope was also not correlated with vicarious trauma. More research is needed to understand how deeply embedded race-related stress is in counselor burnout, as well as understanding how different forms of race-related stress affect the Black counselor in their profession. Institutional racism was the most significant predictor of burnout in this study and identifying institutional racism may be more directly observable (e.g., being denied an apartment due to race), whereas cultural and individual racism is more abstract and potentially open to interpretation. In research by Greer and Calahieri (2019), institutional racism was the strongest predictor of depression, obsessive-compulsive symptoms, and interpersonal sensitivity among 282 African American men. The study showed that problem-focused coping and spirituality were strong factors addressing negative experiences with institutional racism. Greer and Calahieri (2019) recommend that mental health professionals should work with African Americans in facilitating social support networks and connect them to resources in their communities that might help mitigate their experiences of institutional racism. This may be needed for Black counselors as well.

Implications

Several implications can be extrapolated from the results of the present study. Given the findings concerning institutional racism and burnout illuminated in the previous section, Black mental health counselors in PA and relevant stakeholders may be able to employ various, mitigative strategies at both the individual and systemic levels. As such, the succeeding sections of systemic and individual considerations highlight these opportunities explicitly.

Systemic Considerations

Considering the predictive implications of institutional racism on Black mental health professionals' experience of burnout identified within this study, relevant stakeholders could consider integrating systemic interventions to improve environmental conditions for Black mental health therapists. For instance, institutions and/or agencies in PA could commit to creating and maintaining a culturally inclusive environment conducive to staff of multicultural backgrounds through a systematic, systemic review with an anti-racist lens that is part and parcel in evaluating mission and vision

statements as well as peer-to-peer, supervisory, and client-counselor interactions (Miu & Moore, 2021). Additionally, the leadership of institutions, community agencies, private practices, and the like could endorse PA Black mental health therapists within their practice in creating and sustaining "safe spaces" at work that encourage mindful reflection amongst colleagues regarding systemic challenges, thereby fostering a climate in which professional consultation as well as peer-to-peer support are at its crux (Miu & Moore, 2021).

Individual Considerations

While the above systemic suggestions are relevant to consider, principle to this study is the emphasis on what and how Black mental health therapists can individually mitigate oftentimes demanding and emotionally depleting aspects of their work. The locus of hope family and spirituality subscales were expressed in the data with varying significance as attenuative regarding compassion satisfaction. The significance of the external locus of hope subscales (family) suggests that Black mental health therapists may find advantageous to develop and routinely engage in collectivistic, communal activities separate from their clinical work that nurture their wellness. While both the definition and illustration of one's *family* may vary from person to person, research has highlighted several benefits African Americans have received from established, supportive family communities (Chadiha et al., 2003). Therefore, PA Black mental health therapists could prioritize their participation (e.g., intentionally including blocks of family activity and engagement into their work week) within family activities that nourish their overall wellness and apply a similar intentionality to maintain their wellness and incorporate some form of spiritual practice separate from their work with clients. The significance of external locus of hope subscale (spirituality) in this study illuminates an additional pathway of buffering the inherent challenges found within clinical work. Although *spirituality* can encompass an array of different meanings and manifestations, the benefits of one's awareness of and participation in some aspect of spirituality has been established in the literature (Griffith, 2010). It is, therefore, encouraged that both current and prospective PA Black mental health therapists robustly consider the implications of their spirituality, both its place and practice at the intersections of their personal and professional identities.

Limitations

Limitations to this study are its small sample size and lack of power when performing the regression tests, which effectively limit the ability to identify robust relationships between variables, establish reliability of findings, and generalizability to larger or different populations (Weitzber et al., 1996). The target population for this research was Black counselors and different online groups were approached to obtain an optimal sample size. However, the existing disparities regarding the proportion of Black mental health professionals as compared to their White counterparts coupled with the influx of survey studies as well as their popularity increasing since the pandemic may be relevant contributing factors. Future research efforts that utilize a similar methodology may be augmented by creating partnerships with, gaining access to, and disseminating participation invitations within professional listservs with robust membership (e.g., National Association of Black Counselors). Additionally, qualitative methodologies such as phenomenology or narrative inquiry could be used to capture lived realities and meaning-making processes. Through purposive sampling that includes participants of diverse practice contexts and identities and the use of research informed semi-structured interview protocol,

researchers may be able to glean valuable data relevant to *how* expressly licensed Black mental health counselors attenuate racialized experiences within clinical settings.

Conclusion

Within the context of this study's limitations, the significant findings further validate what is known about the predictive quality of burnout for Black mental health therapists while also illuminating wellness related constructs that can be employed to mitigate its pervasive effects. Although aspects of one's work setting (institutional racism) and interpersonal interactions (vicarious trauma) negatively impact Black mental health therapists' wellness, our results indicate the employment of practical external resource involvement (family and spiritual wellness), often available to both clients and therapists alike, can be a psychological buffer. These findings are substantial to the mental health therapists, particularly Black mental health therapists, given the dearth of existing research on the effects of these factors on the wellbeing of practitioners.

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