The Effect of Group Counseling on Reducing Burnout Rates in Disaster Management Officers

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ABSTRACT

Burnout is frequently experienced by individuals working in humanitarian services and those closely engaged with the community, as work oriented toward serving others often creates a one-way relationship between the service provider and the recipient. Burnout is characterized by a negative and unwelcoming work environment, diminished organizational commitment, suboptimal job performance and achievements, and often leads officers to withdraw from their surroundings. This study aims to identify the effect of group counseling on reducing burnout levels among disaster management officers who are members of Badan Penanggulangan Bencana Daerah (BPBD) Sukabumi. The burnout framework applied in this study is Maslach's theory, which consists of three dimensions: exhaustion, depersonalization, and reduced personal accomplishment. The research employed a quasi-experimental method with a one-group pretest-posttest design, involving a total sample of six disaster management officers (four women and two men) selected using purposive sampling. The measurement instrument utilized was the MBI-HSS, which comprises 22 items. The results indicated that group counseling contributed to a 23.7% reduction in burnout levels. Statistical analysis using the Paired Samples t-Test revealed p-values of 0.0001 and 0.019 (<0.05), indicating that group counseling significantly reduced burnout in the exhaustion and depersonalization dimensions. However, the p-value of 0.830 (>0.05) showed that group counseling had no significant effect on reducing burnout in the reduced personal accomplishment dimension. The limitation of this study lies in the heterogeneity of the sample characteristics and job types; therefore, future research is recommended to be more selective in sample selection to enhance the validity of findings in the context of performance management.

KEYWORDS	group counseling, burnout, disaster management officers

INTRODUCTION

Burnout is a physical and mental fatigue syndrome, including negative self-concept and work behavior (Offensive, 1993). In general, burnout occurs when an individual begins to question his or her personal values and no longer feels that his

or her job is important (Rosyid, 1996). Moreover burnout It is often manifested through emotional exhaustion, feelings of boredom, apathy, and irritability which leads to the emergence of negative impressions in looking at various aspects, such as the work environment, not being able to accept advice from others, and declining relationships with colleagues (Laeeque, 2014). Burnout also has a negative effect on life outside of work which often ends in a reluctance to do everything, feelings of hopelessness, and feelings of guilt (Nurmayanti & Margono, 2017).

Baron & Greenberg (1990) menyebutkan that burnout It can be caused by a lack of respect for individual work, lack of opportunities for promotion, many rigid procedures and rules, thus forming a negative view due to the existence of a work system that is considered unfair. A leadership style that pays little attention to the welfare of individuals and a lack of effort to develop friendly relationships with workers also leads to the emergence of conditions burnout. Some other causes that result in the appearance of burnout are stunted career development, workload that exceeds capacity, and perception of individual unsuccess (Rosyid, 1996).

Emergence conditions burnout has an impact and loss on the agency and the workers themselves, including that workers will try to find new jobs and careers. The higher the level burnout, the greater the desire of workers to leave the agency or change professions (Jackson et al., 1986). Lee & Ashforth (1993) also states that when people experience burnout, then the individual will have an apathetic attitude that causes the individual to give up on his job, thus causing job dissatisfaction that leads to the thought of changing careers and a decrease in the level of commitment of the individual to the job.

Bernardin (1993) states that burnout Often experienced by individuals who work in humanitarian services and are close to the community (human services), such as police officers, teachers, counselors, and social workers, including disaster management officers. The National Disaster Management Agency (BNPB) noted that since 2018 there has been an increase in disaster events, from 3,397 incidents to 5,400 disaster events throughout 2023 (BNPB, 2020). With the increasing prevalence, the need to protect the physical and mental health of officers is very important to always be ready to face disaster events, because officers who are actively involved in disaster management have the risk of experiencing anxiety, depression, trauma, and burnout (Foster et al., 2019).

Although disaster management officers are trained and ready to handle disasters, they still have the risk of experiencing stress and burnout compared to the main victims of the disaster. Some studies have also shown that officers who go to disaster sites may not be adequately trained in managing stress and that they often focus only on helping others without paying attention to and addressing their own complaints (Chen et al., 2021). Several other studies have shown that disaster response workers who have been in a traumatic place often experience PTSD or

post-traumatic stress disorder (Chen et al., 2021; Lee et al., 2017; Sakuma et al., 2015; Williams, 2023; Þormar, 2015), mild anxiety to experience clinical disorders such as panic disorder, tendency to depression (Sakuma et al., 2015) to severe depression and addictive behavior (Þormar, 2015). In addition, disaster management officers also experience many physiological or somatic impacts, such as fatigue/fatigue, complaints musculoskeletal such as aches, pains and aches in the muscular system, neurological/neurological complaints, and stomach problems that often occur due to stressful conditions that cannot be explained medically (Escobar et al., 1992; Morren et al., 2005; Spinhoven & Verschuur, 2006) until experiencing burnout due to recurrent stress conditions (Chen et al., 2021; Þormar, 2015).

Cause burnout What is commonly found in disaster management workers is the extreme emotional reaction of the victims due to the loss of property, seeing the injured or corpses, exposure to mass violence, and health and personal safety problems. In addition, other causes of the condition burnout What officers experienced was being away from home, losing the social support they used to get, being separated from loved ones, and being in the middle of a chaotic environment. This condition results in disaster management officers having a high risk of experiencing burnout and serious health problems (Chen et al., 2021).

Disaster management officers provide many benefits to an area after experiencing various damage due to disasters. However, often these decisions lead officers into less comfortable work environments compared to paid jobs they can get based on their level of experience and education elsewhere (Today et al., 2013). Research conducted by Podsakoff et al. (1997) said that repeated exposure to stressful disaster situations has the potential to harm psychological well-being (psychological well-being) officers. This is caused by depressive disorders and acute stress disorders experienced by officers which lead to the condition Burnout high. Work-related stress has a detrimental impact on job satisfaction, commitment and organizational outcomes. A similar thing was revealed in a study conducted by Lin et al. (2020) which states that health service workers who are actively involved in handling disaster victims will experience a high risk due to heavy workloads and a dangerous environment that affects their psychological condition. Reactions that arise due to the high workload include anxiety, depression, trauma and Burnout (Halat et al., 2023).

Disaster management officers often experience burnout due to prolonged stress in dealing with disaster events and high work demands. Burnout is a psychological response to stress characterized by physical and mental exhaustion, and can reduce commitment to the organization, work performance, and a conducive work atmosphere. As the number of disaster events increases every year, the risk of burnout is getting higher, so effective countermeasures are needed. Based on these conditions, this study is focused on Sukabumi Regency BPBD officers

who work in areas at high risk of disasters. The lack of research on burnout in disaster management officers is also the basis for this research to understand more deeply the causative factors and intervention efforts that can be applied.

One intervention that can be used to address burnout is group counseling, which allows officers to share experiences, get emotional support, and improve coping strategies against work stress. Various studies have shown that group-based interventions, such as peer-support and group therapy, are effective in reducing burnout by increasing belonging, confidence, and developing strategies to cope with work stress. This study aims to examine the effect of group counseling on reducing the burnout rate in BPBD officers in Sukabumi Regency. Theoretically, this research is expected to enrich the literature in the field of clinical psychology related to burnout management, while practically, the results of the study can provide benefits for BPBD officers in managing stress and for related agencies in maintaining the mental well-being of their officers.

RESEARCH METHODS

This study uses a quantitative method with a quasi-experiment design experiment (Hastjarjo, 2019) to find causal relationships (Christensen *et al.*, 2015). The research design used is a one-group pretest-posttest design (Graziano & Raulin, 2000), which compared conditions before and after treatment. This study tested the effectiveness of group counseling in reducing burnout in BPBD officers of Sukabumi Regency, measured by MBI-HSS (Maslach Burnout Inventory-Human Services Survey). The sample consisted of six officers who were selected by purposive sampling (Hikmawati, 2017). Data analysis was carried out with descriptive and inferential statistics using SPSS 29, including normality tests (Sahir, 2021) and hypothesis test with Paired Samples t-Test or non-parametric test if the data is not normally distributed.

RESULTS AND DISCUSSION

Data Acquisition Results

Based on the one-group pretest-posttest design, data was obtained on the results of pre-test and post-test measurements given group counseling based on the provisions of the Maslach Burnout Inventory Manual (1997).

The calculation was carried out on each subject by calculating the total score in general, then calculating the score for each aspect of burnout, namely exhaustion, depersonalization, and low of personal achievement. Scores for each of these aspects are considered separately, so each subject has four score assessments. Each score will be categorized as low, medium, and high with the following conditions:

Table 1. Burnout Rate Score Norms

Score	Category
0-44	Low
45-88	Keep
>89	Tall

Table 2. Burnout Rate Score Norms per Aspect

Aspects	Category		
Exhaustion	< 17	:	Low
	18-29	:	Keep
	> 30	:	Tall
Depersonalization	< 5	:	Low
	6-11	:	Keep
	> 12	:	Tall
Low of personal achievement	> 40	:	Low
	34-39	:	Keep
	< 33	:	Tall

Results of *Pre-test* and *Post-test Measurement* of Burnout Rate

Comparison of *burnout rate* scores before (*pre-test*) and after (*post-test*) group *counseling intervention* based on the total score of *burnout* rate in all aspects is described in the table and graph below with the following statistical hypotheses:

- H0: *Group counseling* has no effect on reducing *burnout* rates among disaster management officers.
- H1: *Group counseling* has an effect on reducing *the burnout* rate in disaster management officers.

Table 3. Burnout Rate Score Calculation Data

	Shoes	*Mean*	Percentage Decrease *in Burnout* Rate (%)
Pre-test	429	71.5000	23,7
Post-test	327	54.5000	

Based on the score calculation in table 3, it shows that there is a decrease in the burnout rate score of 23.7%, but it does not change the category, so that the *burnout* rate after being given *group counseling* intervention remains in the medium category.

Results of Exhaustion Aspect Measurement

Comparison of burnout rate scores before (*pre-test*) and after (*post-test*) group *counseling* interventions based on *burnout rate scores* in the *exhaustion* aspect are described in the table and graph below with the following statistical hypotheses:

H0 : *Group counseling* has no effect on the decrease in the level *burnout* of the *exhaustion* aspect in disaster management officers.

H1 : *Group counseling* affects the decrease in the level *burnout* of the *exhaustion* aspect in disaster management officers.

Table 4. Exhaustion Aspect Score Calculation Data

Subject	Calculation of Exhaustion *Aspect Score*			
	Pre-test	*Post-test*	Difference	Percentage Decrease *in Burnout* Rate (%)
Subject 1	40 (high)	28 (Medium)	12	30
Subject 2	36 (high)	31 (high)	5	14
Subject 3	34 (height)	24 (Medium)	10	29
Subject 4	37 (high)	24 (Medium)	13	35
Subject 5	21 (Medium)	14 (low)	7	33
Subject 6	31 (high)	16 (low)	15	48

Based on the score calculation in table 5, it shows that there is a decrease in the *burnout rate score* of the *exhaustion* aspect after being given *group counseling* intervention for all subjects.

The highest score decline was obtained by subject 6 with a difference of 15 points from 31 (high) to 16 (low). Meanwhile, the lowest score decrease was obtained by subject 2 with a difference of 5 points from 36 (high) to 31 (high). Then, if you look at it based on the percentage, the highest score decline is 48% and the lowest score decrease is 14%.

Results of Measurement of *Depersonalization Aspects*

Comparison of burnout *rate scores* before (*pre-test*) and after (*post-test*) group *counseling* interventions based on *burnout rate scores* in the *depersonalization* aspect are described in the table and graph below with the following statistical hypotheses:

H0: *Group counseling* had no effect on reducing the rate of *burnout* in the *depersonalization* aspect of disaster management officers.

H1: *Group counseling* has an effect on reducing the burnout rate of *depersonalization* aspects in disaster management officers.

Table 5 *Depersonalization Aspect Score Calculation Data*

Subject	Score Calculation of Depersonalization Aspect			
	Pre-test	*Post-test*	Difference	Percentage Decrease *in Burnout* Rate (%)
Subject 1	20 (high)	10 (Medium)	10	50
Subject 2	8 (Medium)	7 (Medium)	1	13
Subject 3	10 (Medium)	3 (low)	7	70
Subject 4	16 (height)	1 (low)	15	94
Subject 5	4 (low)	2 (low)	2	50
Subject 6	14 (height)	1 (low)	13	93

Based on the score calculation in table 6, it shows that there is a decrease in the burnout rate score of the *depersonalization* aspect after being given *group counseling* intervention on all subjects.

The highest score decrease was obtained by subject 4 with a difference of 15 points from 16 (high) to 1 (low). Meanwhile, the lowest score decrease was obtained by subject 2 with a difference of 1 point from 8 to 7 by not changing the category that was in the medium category. Then, if viewed based on the percentage, the highest score decrease was obtained by 94% and the lowest score decrease was obtained by a percentage of 13%.

Results of Measurement of *Low of Personal Achievement Aspects*

Comparison of burnout *rate scores* before (*pre-test*) and after (*post-test*) group *counseling* interventions based on *burnout rate scores* in the *low of personal achievement* aspect are described in the table and graph below with the following statistical hypotheses:

H0: *Group counseling* had no effect on reducing the *burnout* rate of *low of personal achievement* in disaster management officers.

H1: *Group counseling* has an effect on reducing *the burnout* rate of *low of personal achievement* in disaster management officers.

Table 6. Data on the Calculation of Low *of Personal Achievement Aspects*

Subject	Calculation of Low *of Personal Achievement Aspect Score*			
	Pre-test	*Post-test*	Difference	Percentage Decrease *in Burnout* Rate (%)
Subject 1	18 (height)	24 (high)	6	33
Subject 2	33 (high)	25 (high)	8	24
Subject 3	25 (high)	27 (high)	2	8
Subject 4	48 (low)	29 (high)	19	40
Subject 5	20 (high)	23 (height)	3	15
Subject 6	14 (height)	38 (Medium)	24	71

Based on the score calculation in table 7, it shows that there is a change in the burnout rate score of the *low of personal achievement* aspect after being given *group counseling* intervention for all subjects.

The highest score change was obtained by subject 6 with a difference of 24 points from 14 (high) to 38 (medium). Meanwhile, the lowest score change was obtained by subject 3 with a difference of 2 points from 25 to 27 by not changing the category that was in the high category. Then, when viewed based on the percentage, the highest score change was obtained by 71% and the lowest score change was obtained by a percentage of 8%.

Results of Statistical Data Processing
1. Calculation of *Pre-test* and *Post-test Average Scores*

After obtaining data from the *pre-test* and *post-test* processes, the data is then analyzed to test whether there is a difference in the mean score between *the pre-test* and *post-test* scores obtained from the calculation results based on each aspect of *burnout*, namely *exhaustion*, *depersonalization*, and *Low of personal achievement* is described in the table and graph as follows:

Table 7. Calculation of Average Grades per Aspect

Aspects		N	Mean	Std. Deviation	Range	Minimum	Maximum
Exhaustion	Pre-test	6	33.1667	6.67583	19.00	21.00	40.00
	Post-test	6	22.8333	6.64580	17.00	14.00	31.00
Depersonalization	Pre-test	6	12.0000	5.79655	16.00	4.00	20.00
	Post-test	6	4.0000	3.68782	9.00	1.00	10.00
Low of Personal Achievement	Pre-test	6	26.3333	12.46863	34.00	14.00	48.00
	Post-test	6	27.6667	5.50151	15.00	23.00	38.00

Based on the calculation in table 8, it shows that the scores obtained by the subjects have a difference in average scores between *pre-test* and *post-test* scores. The average score for the *exhaustion* aspect decreased from 33.1 (high) to 22.8 or into the medium category. Then, the *depersonalization aspect* experienced a decrease in the average score from 12 (high) to 4 (low).

Meanwhile, the low *of personal achievement* aspect changed from 26.3 to 27.6 by not changing the category and remaining in the high category.

2. **Test Difference Between *Pre-test* and *Post-test***

   Before conducting a different test, the researcher first conducted a normality test on the *pre-test* and *post-test* scores to see if the distributed data was normal. From the normality test using the *Shapiro-Wilk test*, it can be seen that the distribution of *pre-test* and *post-test data* shows a significance value of >0.05, so that the assumption of normality is fulfilled with the results of the attached calculation (p. 148).

   Based on the normality test, the researcher conducted a differential test using *paired samples t-test* to see if there was a significant difference between the results of *the pre-test* calculation and the results of the *post-test* calculation with a significance value of less than 0.05 (p<0.05).

Tabel 8. *Paired Samples t-Test* Tingkat *Burnout*

| | Paired Differences | | | | | | | Significance | |
| | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | t | df | One-Sided p | Two-Sided p |
				Lower	Upper				
Pretest-Posttest Tingkat *Burnout*	17.00000	15.51773	6.33509	.71514	33.28486	2.683	5	.022	.044

Tabel 9 *Paired Samples t-Test* per Aspek

| | Paired Differences | | | | | | | Significance | |
| | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | t | df | One-Sided p | Two-Side d p |
				Lower	Upper				
Pretest-Posttest Exhaustion	10.33333	3.77712	1.54200	6.36948	14.29718	6.701	5	<,001	.001
Pretest-Posttest Depersonalization	8.00000	5.72713	2.33809	1.98975	14.01025	3.422	5	.009	.019
Pretest-Posttest Low of Personal Achievement	-1.33333	14.41758	5.88595	-16.46366	13.79699	-.227	5	.415	.830

   Based on the results of statistical testing using *paired samples t-test* in tables 8 and 9, significance values of 0.022 and 0.044 were obtained which

were smaller than 0.05, so it can be decided that the hypothesis test is accepted and shows that the provision of *group counseling* intervention influences reducing *the burnout* rate to disaster management officers. Then, based on statistical testing on each aspect of *burnout*, significant values of <0.001 and 0.001 were obtained in the *exhaustion* aspect and significance values of 0.009 and 0.019 in the *depersonalization aspect* which showed that the hypothesis test was accepted, and the provision of *group counseling* intervention influenced reducing *the burnout* rate in both aspects. Meanwhile, in the *low of personal achievement* aspect, significance values of 0.415 and 0.830 were obtained which proved that the hypothesis test was rejected and showed that *group counseling* intervention had no effect on reducing the burnout rate in this aspect.

Results of Group *Counseling*

Before the intervention is given, some symptoms *burnout* which appeared on the subjects among them were physical and mental fatigue, negative emotions, withdrawing attitude, feeling that work is difficult to complete, and decreased work productivity. This is in line with what was revealed by Schaufeli & Van-Dierendonck (1993) that *burnout* is a physical and mental fatigue syndrome, including negative self-concept, lack of concentration, and negative work behavior. Then Maslach & Leiter (1997) divide *burnout* into three aspects, namely the *exhaustion* which includes prolonged physical, mental, and emotional fatigue that results in a person still feeling tired even after getting enough rest. Group counseling interventions conducted in eight meetings showed positive developments in overcoming burnout in the subjects.

At the beginning of the session, participants are still awkward and passive, but over time, they begin to open in sharing experiences and providing support to each other. At the initial meeting, curative factors that emerged included instillation of hope, imparting information, and catharsis, especially when subjects began to recount their burnout experiences. In the third meeting, the subjects began to show empathy and support to their fellow group members, which reflected altruism and interpersonal learning factors. As participant engagement increased, the catharsis factor became stronger, as seen in some subjects who cried while sharing personal experiences and felt relieved after receiving emotional support from the group.

In the next meeting, participants were more active in participating, showing developments in the aspects of group cohesiveness and imitative behavior. The existential factor arises when participants begin to realize their responsibilities at work, as well as the importance of social support in facing

challenges. At the final meeting (termination), most of the subjects were able to express their problems more openly and support each other, reinforcing the factors of universality, altruism, and interpersonal learning. These results show that group counseling is effective in helping officers manage burnout, increase empathy, and build stronger social relationships in facing their job challenges.

General Discussion

Based on the results of data analysis on the implementation of interventions that have been carried out, it was obtained that there was a change in the burnout rate score of disaster management officers at BPBD Sukabumi Regency after receiving *group counseling* interventions, both overall and in each aspect of *burnout*, namely a decrease in *exhaustion* and *depersonalization* aspects, and an improvement in the aspect *of low of personal achievement*.

Based on the score calculation in table 4.5, it shows that there is a decrease in the burnout rate score from an average score of 71.5 to 54.5, but it remains in the medium burnout category . Then, after statistical testing using *paired samples t-test* in table 4.10, a significance value of less than 0.05 was obtained, so it can be decided that the hypothesis test is accepted and shows that the provision of *group counseling* intervention has an effect on reducing *the burnout* rate in disaster management officers. Several further analyses regarding the reduction in *burnout* rates are measured based on each aspect so that the causes of the change in *the burnout* rate are known.

In the aspect *of exhaustion*, table 4.6 shows that all subjects experienced a decrease in burnout rate scores with the highest decrease of 48% and the lowest of 14% with the average score (table 8) decreasing from 33.1 (high) to 22.8 or into the medium category. Then, based on statistical testing using *paired samples t-test* in table 10, a significance value of less than 0.05 was obtained which indicates that the hypothesis test was accepted, so it can be said that the provision of *group counseling intervention* influences reducing the burnout rate in the exhaustion aspect.

Aspects of *exhaustion* refers to the existence of a prolonged feeling of fatigue both physically, mentally, and emotionally. In this study, the subjects involved were disaster management officers who were members of government organizations in the Sukabumi Regency BPBD who had worked for more than five years. Some symptoms *exhaustion* What appears in officers include physical and mental fatigue and negative emotions in daily life. This is in line with what was stated by Maslach & Leiter (1997) which suggests that several factors can be the cause of *Burnout* Among them are *work*

overloaded and *lack of work control* which occurs due to the mismatch between the subject and his work. The subject has too much work and exceeds its capacity, which leads to a decrease in the quality of work and the subject is burned out. In addition, the subject also receives strict control from his superiors, so that he cannot use his thinking skills optimally and decreases the desire to innovate at work. Research conducted by Rupert *et al*. (2015) also indicates that individuals who feel control in their work report levels of *Burnout* lower.

Furthermore, the decrease in the level *Burnout* can also be seen in the aspect *depersonalization* (table 6) with a decrease in the highest score of 94% and a decrease in the lowest score of 13% with an average score from 12 (high) to 4 (low). Then Based on statistical testing using *paired samples t-test* In Table 4.11, a significance value of less than 0.05 was obtained and showed that the hypothesis test was accepted, so it can be said that the provision of the intervention *group counseling* also affects the decrease in the level *Burnout* on the aspect *depersonalization*. Aspects *depersonalization* refers to a person's cynical attitude and tendency to withdraw from their environment. Besides *work overloaded*, On the other hand, there are other subjects who do not have a job and do not receive directions from their superiors. This is related to the causative factors *Burnout* other items, namely *rewarded for work* and *breakdown in community* (Maslach & Leiter, 1997). This factor causes the subject to feel less appreciated by the work environment and it makes him worthless. This causes the subject to have no positive attachment and lack of sense *belonging* to their work environment.

Meanwhile, the aspect of *low of personal achievement* experienced an increase from an average score of 26.3 to 27.6 by not changing the category and remaining in the high category. Based on statistical testing using *paired samples t-test* In Table 10, a significance value greater than 0.05 was obtained, which proved that the hypothesis test was rejected, and it showed that the intervention *group counseling* has no effect on the decrease in the level *Burnout* on the aspect *low of personal achievement*. This was also revealed in research conducted by Oral & Karakurt (2024) on the head nurse in the hospital indicating that the lack of significant findings related to *personal achievement*. One potential explanation for this is the systemic work environment, such as a high workload causing the subject to work all the time, so that his family obligations and social aspects are disturbed because he does not receive external support from outside his job. In addition, the duration of the sessions in the study may not be sufficient to produce related benefits of *personal achievement* that the subject has.

Burnout is a psychological response to stress characterized by fatigue syndrome that occurs in physical and mental aspects (Halbesleben & Buckley, 2004), including negative self-concept, lack of concentration, and negative work behavior (Maslach, 1993). *Burnout* triggered by the internal condition of the individual caused by prolonged stress conditions and these conditions result in a cold and unpleasant working atmosphere, decreased commitment to the organization, and suboptimal performance and work performance (Pines, 1993). Unpredictable disaster events cause the importance of preparedness and skills to protect themselves for officers to always be on standby in dealing with disaster situations. Even though the officers are trained and ready to handle disasters, officers still have the risk of experiencing stress and *burnout*.

Bernardin (1993) states that *Burnout* It is often experienced by individuals who work in humanitarian services and are close to the community because they form an asymmetrical relationship—a one-way relationship between the giver and the recipient of the service, as experienced by the disaster management officer at the Sukabumi Regency BPBD. In this case, the interventions provided are *group counseling* which aims to help officers solve problems *burnout* together in a group.

The results of the measurement showed that the subjects experienced the highest changes in aspects *depersonalization* than the aspect *exhaustion*. Aspects of *exhaustion* refers to the existence of a prolonged feeling of fatigue both physically, mentally, and emotionally. It is related to curative factors or therapeutic factors *catharsis* which make the subject able to express his feelings. At several meetings, two subjects were seen crying when talking about the problems they experienced. Factors *catharsis*according to Yalom (2005) can also improve *group cohesiveness*. *Catharsis* is seen as part of an interpersonal process that is closely related to *cohesiveness*. While *cohesiveness* itself is a curative or therapeutic factor that refers to the attraction between group members that makes other group members feel comfortable and feel each other in the group.

However, the results show that the *group counseling* has not been able to delve into matters related to *personal achievement*, although some curative factors in *group counseling* related to an increase in a person's confidence in completing their tasks. This is in line with what was revealed by Leiter & Maslach (2005) that *burnout is lost enthusiasm* and *lost confidence*. The subject has no interest in his work, so the subject cannot provide optimal work results. Without a positive attachment to work, it results in a reduced ability to overcome problems and increases feelings of doubt about one's ability to complete work, so that the motivation to work on the subject decreases and

leads to a decrease in productivity. This is known from several statements of the subject that they do not have confidence that there will be changes when the workplace environment is also not supportive of their work. The existence of conflicts with superiors and colleagues also makes the subject increasingly less likely to have a positive attachment to his work.

Overall, from all three aspects *Burnout* Aspects *depersonalization* has undergone the most significant changes. The success achieved by the subject is inseparable from the role of other group members in providing support and helping them to see the subject's problems from another perspective. This is in line with the results of the study Richman & Rosenfeld (1987) which indicates that the decrease in the *Burnout* It can be achieved through experience sharing activities within the group that cause positive support and reinforcement of each other between group members. The same thing was also expressed by Oral & Karakurt (2024) which states that effective stress management, adequate social support, and individual psychological abilities and awareness are correlated with decreased levels *Burnout*. In addition, research conducted by Bagheri *et al.* (2019) also revealed the success of group therapy in lowering the level of *burnout* through training *coping stress*, managing negative thoughts, relaxation, and effective communication methods.

Each subject is certainly different in giving meaning to the success achieved based on experience and the ability to internalize what has been built in the group. Of the six subjects, there were subjects who were in the same *burnout* category as the condition before the intervention, but the subjects reported a lower decrease in *burnout* scores, so it can be concluded that overall, *group counseling* had an effect on reducing *burnout* rates in the *exhaustion* and *depersonalization* aspects, but *Group counseling* had no effect on reducing the *burnout rate* in the low *of personal achievement aspect*.

Advantages and Limitations of Research

The advantages of this study include that the implementation of *group counseling* interventions can foster interaction between group members which leads to emotional support and practice communication skills in the subject. In addition, in terms of implementation time, *group counseling* is also more efficient by helping several subjects at the same time.

The researcher realized that this study was inseparable from the limitations, namely the lack of control over the characteristics of the sample that was less homogeneous and the adaptation of measuring tools that needed to be adjusted to the context of disaster management officers, so that they could delve deeper into the aspect of *personal achievement*.

CONCLUSION

The study found that group counseling effectively reduced burnout among disaster management officers at *BPBD* Sukabumi Regency, particularly in the aspects of exhaustion and depersonalization, with the most notable improvement in depersonalization shifting from a high to a low category. However, the intervention did not significantly impact the aspect of reduced personal accomplishment, which remained high. The success of group counseling is attributed to curative factors such as emotional catharsis and a sense of community within the group. For future research, it is recommended to be more selective in sample selection, consider staffing status, and employ a control group design to better compare intervention outcomes. Additionally, exploring alternative interventions such as CBT, relaxation techniques, and interpersonal counseling could provide a more comprehensive approach to addressing all dimensions of burnout. Practically, group counseling can serve as an effective intervention for managing burnout in disaster management officers, and it is suggested that BPBD facilitate experience sharing among officers and regularly evaluate work programs to enhance their welfare and performance.

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