

EXPLORING THE MEDIATING EFFECTS BETWEEN COUNSELOR SELF-
EFFICACY, CAREER SUSTAINING BEHAVIORS, PERCEIVED WELLNESS, AND
BURNOUT AMONG NOVICE COUNSELORS: TESTING TWO PROPOSED
MEDIATION MODELS

A Dissertation

Presented to

The Faculty of the Department of Counselor Education

Sam Houston State University

In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

In Counselor Education

by

Dustin S. Ellis

May, 2019

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DEDICATION

It is customary to dedicate a dissertation, so in keeping with tradition I would like to dedicate this study and presentation to my grandparents: A.C and Jackie and Jack and Juanita. I come from strong people, who have both struggled and overcome. One of my grandfathers lived homeless for a time as small child, and another told that he, in legendary fashion, repeated the 8th grade 3 times in his rural one room school house before he was asked not to return. With little education all of them made an impact on the world and an impact on me. I have one incredible grandmother left, Juanita Ellis, and she remains my tireless cheerleader. For as many people that read this manuscript at least ten times as many will have heard about it from her.

ABSTRACT

Ellis, Dustin S., *Exploring the mediating effects between counselor self-efficacy, career sustaining behaviors, perceived wellness, and burnout among novice counselors: Testing two proposed mediation models*. Doctor of Philosophy (Counselor Education), May, 2019, Sam Houston State University, Huntsville, Texas.

Purpose

The purpose of this study was to analyze the relationships among counselors' implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. I used a mediation model to examine the ways career sustaining behaviors and self-efficacy could predict wellness and burnout. In addition, I analyzed the relationship between the three dimensions of burnout and wellness. Finally, I analyzed the extent to which career sustaining behaviors and self-efficacy mediate the relationship between the three dimensions of burnout and wellness.

Methodology

In order to measure counselors' implementation of career sustaining behaviors, self-efficacy, wellness, and burnout, I surveyed practicing novice professional counselors using the Career Sustaining Behaviors Questionnaire, Counselor Self-Estimate Inventory, Maslach Burnout Inventory-Human Services Survey, and Five Factor Wellness Inventory. I used snowball and convenience sampling to recruit participants and gathered 67 useable responses. I first analyzed the responses using multiple regression to assess the relationship between burnout and wellness. I then examined the mediation models by calculating the confidence intervals for the indirect effect using bootstrap methods.

Findings

The results of the regression analysis indicated that the three dimensions of burnout predicted wellness with a large effect size, with 34.1% of the variance of

wellness being accounted for by the three dimensions of burnout. The analysis of the mediation models revealed that counselor self-efficacy did not mediate the relationship between career sustaining behaviors and wellness or burnout. Because the hypothesized models did not display good fit, a new theoretically-sound model and research question were developed. After creating and analyzing the post hoc model, I concluded that the relationships between each of the three dimensions of burnout and counselor wellness was partially mediated by counselor self-efficacy and counselors' implementation of career sustaining behaviors.

KEY WORDS: Career Sustaining Behaviors, Counselor Self-Efficacy, Counselor Burnout, Counselor Wellness, Mediation

ACKNOWLEDGEMENTS

I owe so much to so many. First to my wife Christina. I could not have done this without you. You always help me find my voice and have the unique skill in helping translate my words into something that make sense to the rest of the world. You are my best friend and my number one fan. To my girls, Olivia and Audrey, you have sacrificed for me and were not always aware. You provide meaning for this work, and I am excited for you to find out what it will be like to not have parents in graduate school. To my parents, Jack and Regena, and to the rest of my family, thank you for always making education a priority for me. Thank you for babysitting when I needed a night to write, go to class or catch up on homework. I would not have finished the race without your support.

To cohort 12, thank you for being my friends and supporters. Naomi and Heidi, I love that we three first generation college students have risen far together. Thank you for answering the late-night texts and phone calls, for passing on review info and notes when somehow, I missed the boat. Even though both of you have moved back to your homes and we are now many miles apart, I am certain that we will remain friends and colleagues.

To Dr. Sullivan, I would not even be a counselor without out you, let alone have been able to complete this dissertation. You have been my teacher, my supervisor, my mentor, my dissertation director and my friend. You have always supported me and have challenged me to dig deep and do my best. I will always be grateful. To the counseling department, I promise to make your investment in me worthwhile. Thank you for taking the time to teach, edit, and mentor me for the nearly the last 8 years. To Dr. Watts and

Dr. Lawson thank you for being a part of this research. You are both titans in the world of counseling, and I am both proud and humbled that you chose to be a part of this.

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CHAPTER I

Introduction

Professionals in the field of mental health often list burnout, especially emotional exhaustion, as a reason for leaving the profession (Barak, Nissly, & Levin, 2001; Blankertz & Robinson, 1997; Knudsen, Ducharme & Roman, 2006; Knudsen, Abraham, Roman, & Studts, 2011; Lee & Ashforth, 1996). The risk here is that high attrition rates among counselors potentially negatively impacts clients by contributing to a discontinuity in service that could disrupt client growth (Barak et al., 2001; Lum, Kervin, Clark, Reid, & Sirola, 1998; Mor Barak, Nissly, & Levin, 2001). Moreover, high turnover within the profession also increases costs for the organizations that must then recruit, hire, and train new licensed professional counselors (Kacmar, Andrews, Van Rooy, Steilber, & Cerrone, 2006).

Individuals in the human services and health care professions are particularly susceptible to burnout in their first 3 years of experience, which therefore means that novice counselors are particularly at risk of experiencing burnout (Maslach, 2003). Currently, few studies have examined novice counselors' experiences of burnout or types of strategies that would promote wellness. Therefore, with this study, I hope to address a gap in the existing literature by providing empirical data that would examine: novice counselors' wellness, the relationships between education and training, implementation of career sustaining behaviors, and burnout within the novice counselor community.

Background of the Study

Research related to counselor wellness has been extensive in the last decade. For instance, researchers have begun to integrate personal and professional quality of life into

counselor wellness research (e.g., Craig & Sprang, 2010; Cummins, Massey, & Jones, 2007; Lawson & Myers, 2011; Meyer & Pontoon, 2006; Newell & MacNeil, 2010). Ethical mandates for wellness have also prompted some researchers to investigate the relationship between well-being and impairment, especially among vulnerable client populations (ACA, 2003; Hard, 2007; Lawson, 2007).

Workforce attrition. It is well documented that job burnout among counselors creates ethical and practical issues in the mental healthcare field through an exacerbation of the shortage of mental healthcare workers (Knudsen, Ducharme & Roman, 2006; Kaiser Family Foundation, 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012) and increases the risk of practicing while impaired (Good et al., 2009; Hard, 2007; Hazier & Kottler, 1996; Lawson, Venart, Hazier, & Kottler, 2007; Stadler, Willing, Eberhage, & Ward, 1988). Additionally, the myths that counselors are immune to succumbing to the pressures of their own struggles and that counselors should be able to manage personal struggles without assistance intensifies the counselor burnout problem (Lawson & Venart, 2005).

Ethical dilemma. Ethical concerns surrounding wellness and burnout have been consistently noted within the profession and within professional organizations. Many licensing bodies mandate that counselors participate in self-care and that supervisors monitor supervisees to ensure a requisite level of wellness. Professional counseling organizations, including the American Counseling Association (2003; 2014), Association for Counselor Education and Supervision (Borders et al., 2011), American School Counselors Association (2010), and National Board for Certified Counselors (2012),

include wellness and self-care in either their published ethical guidelines or professional standards.

The inclusion of wellness in these professional standards has helped to bring this topic to the forefront of professional discourse. Concern is growing, however, that counselors continue to practice while experiencing symptoms of burnout. Because counselor wellness has been documented as a primary contributor to longevity in the profession and quality of client care (Cherniss, 1980; Garland, 2002; Maslach, 1993), counselors who practice while experiencing burnout symptoms could negatively influence client care by increasing the chance that clients will have to move from counselor to counselor as burnout leads counselors to drop out of the field.

Wellness. Although wellness is an outcome goal for the counselor, it is also a process that must be actively engaged throughout one's career (Myers & Sweeney, 2005). Recently, researchers have investigated wellness among psychologists (Baker, 2003; Barnett, Baker, Elman, & Schoener, 2007; Norcross & Guy, 2000), social workers (Cox & Steiner, 2013), nurses (Malloy, Thrane, Winston, Virani, & Kelly, 2013; Thompson, 2007), and physicians (Swetz, Harrington, Matsuyama, Shanafelt, & Lyckholm, 2009; Wallace, Lemaire, & Ghali, 2009). According to Cline (2016), however, none of these other professions place wellness at the forefront as much as the counseling profession. For counselors, wellness is a focus for both clients and counselors (Venart, Vassos, & Pitcher-Heft, 2007).

Wellness models. Wellness and burnout have a long history of research in the helping professions. In 1947, the WHO defined health as, "physical, mental, and social well-being, not merely the absence of disease" (1958, p. 1). Shortly thereafter, wellness

models were created to help explain the role of wellness in counseling. Hettler's Hexagon Model of Wellness (1984) was prominent among these works. Hettler (1984) contended that wellness could be achieved only by balancing these dimensions of health, and his model consisted of seven dimensions: physical, emotional, occupational, social, intellectual, spiritual and environmental.

Alfred Adler (1998/1927) proposed the principal theory concerning wellness. He stressed a holistic approach to health and emphasized human wellness. Adler further stressed that individuals are more than the sum of their parts, a concept that he termed *holism* (Myers & Sweeney, 2008). Holism has become a central tenant in the counseling profession and is the basis upon which wellness-focused counseling was founded (Myers & Sweeney, 2008). Within holism, Adler identified work, friendship, love, self, and spirit as the primary life tasks all humans undertake (Myers & Sweeney, 2004).

Building upon Adler's work, Witmer, Sweeney, and Myers (1988) presented the Wheel of Wellness to conceptualize holistic wellness. Spirituality was at the center of the wheel with seven spokes supporting the rim, which consists of work, love, and friendship. The Wheel of Wellness was later updated to include the five major life tasks (spirituality, self-direction, work and leisure, friendship, and love) (Myers & Sweeney, 2005). Myers and Sweeney (2004) also proposed a wellness model titled "The Indivisible Self: An Evidence-Based Model of Wellness" (IS-Wel), which had one higher-order factor (The Indivisible Self) and five second-order factors (the Creative Self, the Coping Self, the Social Self, the Essential Self, and the Physical Self).

Career sustaining behaviors (CSBs). Because of the importance of wellness, researchers have investigated the characteristics and activities in which counselors

engage that lead to increased wellness. Counselors, especially those who lack control over hazards or who are particularly vulnerable to burnout, need to be attentive to incorporating career-sustaining behaviors (CSBs) into their regular routines (Kramen-Kahn & Hansen, 1998). According to Brodie (1982), CSBs are personal and professional activities in which counselors engage to help them to more fully enjoy their work experiences. Later researchers have investigated the influence that CSBs have on outcome variables, such as burnout and wellness, (e.g., Cline, 2016; Lawson, 2007; Lawson & Myers, 2011; Rupert & Kent, 2007; Skovholt & Trotter-Mathison, 2016). For example, Stevanovic and Rupert (2004) outlined ten CSBs that “more satisfied” psychologists engaged, including using positive self-talk, varying work responsibilities, maintaining balance between personal and professional lives, reading literature to keep up to date, taking regular vacations, maintaining professional identity, turning to spiritual beliefs, participating in continuing education programs, spending time with partner/family, and maintaining sense of control over work responsibilities. Rupert and Kent (2007) also determined that maintaining a sense of humor, maintaining self-awareness, maintaining balance between professional and personal lives, maintaining professional identity/values, and spending time with spouse/partner/family were rated among the top CSBs for maintaining wellness. Most recently, Skovholt and Trotter-Mathison (2016) outlined patterns of resiliency that helping professionals used to maintain wellness. Four major categories of CSBs emerged from their research: the approach to professional practice, creating a positive work structure, protective factors, and nurturing the self (Skovholt & Trotter-Mathison, 2016).

Burnout. Job burnout is reported in nearly all professions, but individuals in the helping professions have historically been at a higher risk for burnout (Maslach & Goldberg, 1998; Pines & Aronson, 1988). Maslach, Schaufeli, and Leiter (2001) conceptualized burnout as having three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Professional counseling organizations have worked to define burnout for the counseling profession, and the American Counseling Association in its Task Force on Impaired Counselors stated that “therapeutic impairment occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client.” (2003, p. 9).

Researchers have noted a correlation between burnout and physical health, mental health, and job performance (Armon, 2009; Belcastro, Gold, & Grant, 1982; Honkonen et al., 2006; Cherniss, 1992; Elman & Dowd, 1997; Kahill, 1988; Toppinen-Tanner et al., 2009). Factors that increase counselors’ risk for burnout include: job-related factors, personal characteristics, and interpersonal influences from clients (Lawson, 2007; Pace & Rosenberg, 2006). Additionally, work setting, long work hours, administrative issues, traumatic caseload, overall workload, and managed care concerns all potentially contribute to burnout (Iliffe & Steed, 2000; Lawson, 2007; Osland, 2015; Rosenberg & Pace, 2006).

Not surprisingly, counselors would likely experience significant negative consequences should they continue practicing while experiencing symptoms of burnout. Skovholt (2005) noted that the inability to maintain the cycle of caring is an indicator of burnout. The *cycle of caring* is the series of attachments and separations that naturally

occur with clients during the helping process (Skovholt, 2005), and when counselors experience burnout symptoms, they are unable to repeat the cycle continuously.

According to Skovholt, Grier, and Hanson (2001), counselors must commit to maintaining professional vigor to maintain the cycle of caring.

Statement of the Problem

Job burnout among counselors creates ethical and practical issues in the mental healthcare field including an exacerbation of the shortage of mental healthcare workers (Knudsen, Ducharme & Roman, 2006; Kaiser Family Foundation, 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012) and an increase in the risk of practicing while impaired (Good et al., 2009; Hard, 2007; Hazier & Kottler, 1996; Lawson, Venart, Hazier, & Kottler, 2007; Stadler, Willing, Eberhage, & Ward, 1988). As helping professionals in their first 3 years of service, novice counselors experience the symptoms of burnout to greater degrees than do professionals in other careers (Maslach, 2003). Additionally, novice counselors who believe they should be immune to succumbing to the pressures of their own struggles and able to manage personal struggles without assistance intensifies their risk for burnout at this early stage of their career as professional counselors (Lawson & Venart, 2005).

When novice counselors work with clients while experiencing symptoms of burnout, they diminish their ability to be caring, competent, warm, tolerant, and sincere, all of which are requirements for building an environment for client growth (Frank & Frank, 1993; Kottler, 1993). Additionally, like all counselors, novice counselors who practice while experiencing burnout also risk practicing while impaired, thus operating out of continuity with ethical practice, and potentially harming clients (Good et al., 2009;

Hard, 2007; Hazier & Kottler, 1996; Lawson, Venart, Hazier, & Kottler, 2007; Stadler et al., 1988). Novice counselors experiencing high degrees of burnout are at greater risk for leaving the counseling profession (Kacmar, Andrews, Van Rooy, Steilber, & Cerrone, 2006). High attrition among novice counselors results in increased costs as organizations must continually repeat the hiring and training process at the entry level. Attrition rates can also lead to discontinuity in client care and therefore negatively impact client outcomes (Barak et al., 2001; Lum, Kervin, Clark, Reid, & Sirola, 1998; Mor Barak, Nissly, & Levin, 2001).

Purpose of the Study

The purpose of this study is to analyze the relationships among counselor's implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. Although counselor burnout is coming to the forefront of the counseling research agenda, a lack of research exists regarding how career-sustaining behaviors relate to wellness and burnout. And while research on job burnout has been conducted in other fields, it might not be applicable to the helping professions or counseling in particular. Moreover, while extensive research conducted in the field of organizational behavior concerns burnout prevention strategies, a lack of research on this topic exists specifically about novice counselors. Because novice counselors are seldom the focus of burnout research, little empirical knowledge exists about how best to mitigate burnout factors for possibly the most vulnerable counselors in the profession.

Significance of the Study

In this study, I examined the relationships between counselor self-efficacy, implementation of career sustaining behaviors, wellness, and burnout among novice counselors. A better understanding these relationships will allow practitioners and researchers to examine the relationships between these variables and help novice counselors understand how to use career-sustaining behaviors as a means to decrease counselor burnout. The results will also inform future studies that might result in reformed practices to reduce the growing counselor burnout rate, which in turn could reduce attrition. Instructors in counselor education programs might also find the results from this study useful as they increase their ability to prepare future counselors for the demands of the profession.

Definition of Terms

The following definitions of terms are important in the understanding of this research investigation:

Burnout. Although burnout and stress are often used interchangeably, the two concepts are distinct (Pines & Keinan, 2005). Maslach, Schaufeli, and Leiter (2001) defined burnout as the response elicited from exposure to emotional and interpersonal stressors at work. This concept consists of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). This definition and its dimensions are consistent with the Maslach Burnout Inventory (MBI-HSS), which is used to measure burnout in this study.

Career sustaining behaviors. For this study, the concept of Career Sustaining Behaviors (CSBs) is grounded in the work of Brodie (1982). Accordingly, CSBs are

defined as activities, both personal and professional, that counselors engage in to help them to more fully enjoy their work experiences (Brodie, 1982). Rupert and Kent (2007) used this conceptualization of CSBs in their examination of burnout among professional psychologists. For this reason, my study uses the CSB inventory revised by these authors to measure this concept.

Counselor education and training. Counselor education and training is conceptualized as the instruction received during the sequence of courses taken as part of preparation for initial licensure as a professional counselor. Excluded from this definition are trainings attended as part of continuing education efforts or as part of an additional degree or credential.

Counselor self-efficacy. Self-efficacy, an element of human agency is defined by Bandura (1986) as one's belief in his ability to accomplish a given task. Driscoll (2005) discusses self-efficacy as an element of self-perception that is influential in the outcome of events, or the acquisition of skills. Social Cognitive Theory is also understood as the belief in one's ability to exercise control on the context of one's life, as well the striving to access resources, manage circumstances, and maintain motivation (Maddux, 1995).

Novice counselor. A novice counselor is a person who has graduated from a counseling-related master's program and has been practicing in the field of counseling for five or fewer years. For the purpose of this study, novice counselors must have been licensed by the appropriate licensing board in the state in which they reside. The following professional types were allowed participation in the study: Licensed Professional Counselor (LPC), Licensed Professional Counselor-Intern (LPC-Intern),

Licensed Marriage and Family Therapist (LMFT), or Licensed Marriage and Family Therapist-Associate (LMFT-Associate).

Wellness. There are many definitions of wellness in the counseling profession; however, they are not mutually exclusive. Therefore, this study relied upon three primary definitions to conceptualize counselor wellness. Sweeney and Witmer (1991) viewed wellness as the overall health and well-being of a person. Although the 2016 CACREP standards do not define wellness, the 2009 CACREP standards described wellness as a “culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life” (p. 63). Furthermore, Myers and Sweeney (2008) described wellness as “a positive state of well-being” (p. 482).

In this study, Indivisible Self Model of Wellness (IS-WEL) created by Myers and Sweeney (2004) also informed the conceptualization of wellness. This model sees wellness as a higher-order factor comprised of five second-order factors: the Creative Self, the Coping Self, the Social Self, the Essential Self, and the Physical Self (Myers & Sweeney, 2004). As such, I used the FFWEL (Myers & Sweeney, 2004) to measure this construct.

Theoretical Framework

The Job Demands-Resources theory (JD-R) and the concept of career-sustaining behaviors informed the framework for this study, which assumes the presence of relationships among counselor training and education, implementation of career-sustaining behaviors, and counselor wellness and burnout. The JD-R is a model of occupational well-being through which “we can understand, explain, and make predictions about employee burnout” (Bakker, Demerouti, & Sanz-Vergel, 2014, p. 399).

Skovholt and Trotter-Mathison (2016) articulated five categories of practice specific to counselors that allow helping professionals to maintain wellness. Combined, the JD-R and career sustaining behaviors theorize how counselors can maintain wellness and prevent burnout.

Job-demands resources theory. Although other occupational burnout theories have been proposed, the JD-R model best fits this study because of its flexibility to apply across occupations (Bakker et al., 2014). This flexibility allows its application to counselors, whereas other occupational burnout theories are too rigid for appropriate application to the helping professions. The basic premise of the JD-R theory is that job characteristics fall into two categories: job demands and job resources (Bakker et al., 2014). These categories trigger one of two distinct processes—health impairment or motivation (Bakker et al., 2014). Job demands typically predict health impairment, such as exhaustion, health complaints, and repetitive strain injury (Bakker, Demerouti, & Schaufeli, 2003; Hakanen, Bakker, & Schaufeli, 2006), and job resources typically predict motivation, enjoyment, and engagement (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Bakker, Van Veldhoven, & Xanthopoulou, 2010).

Additionally, according to JD-R theory, job demands and resources interact with one another to predict occupational well-being (Bakker et al., 2014). These interactions can occur in one of two ways. First, job resources can mitigate the effect of job demands (Bakker et al., 2014; Bakker, Demerouti, & Euwema, 2005; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007). For example, employees who regularly have access to support systems and feedback can better cope with the demands of the occupation. Second, job demands can strengthen the influence that job resources have on motivation

and job engagement (Bakker et al., 2014; Bakker et al., 2007; Hakanen, Bakker, & Demerouti, 2005). This effect is due in large part to job resources becoming more valuable to the employee when job demands are high (Bakker et al., 2007; Hakanen et al., 2005).

Unique to the JD-R model and theory is the inclusion of personal resources (Bakker, Demerouti, & Verbeke, 2004; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Bakker et al. (2014) conceptualized personal resources as “positive self-evaluations that...refer to individuals’ sense of their ability to control and impact their environments successfully” (p. 401). Moreover, personal resources are linked to resiliency (Hobfoll, Johnson, Ennis, & Jackson, 2003) and can lead to positive job-related outcome variables (Judge, Van Vianen, & DePater, 2004).

Although counselors cannot control all aspects of their jobs, Tims, Bakker, and Derks (2012) suggested that employees use job crafting to create more suitable job conditions. Job crafting could include increasing structural or social job resources, increasing challenging job demands, and decreasing hindrance job demands (Tims et al., 2012). Both Tims et al. (2012) and Petrou, Demerouti, Peeters, Schaufeli, and Hetland (2012) discovered that employees who crafted their jobs had more desirable demands and resources, and experienced greater engagement. These findings suggest that counselors could choose to implement job resources (labeled career-sustaining behaviors by counseling researchers [e.g. Brodie, 1982; Rupert & Kent, 2007; Skovholt & Trotter-Mathison, 2016]) in order to increase engagement and thereby improving wellness and decreasing burnout.

Career-sustaining behaviors. The concept of career-sustaining behaviors (CSBs) also informs the theoretical underpinning of this study. Brodie (1982) first discussed the concept of CSBs, conceptualizing them as activities, both personal and professional, that counselors engage in to help them to more fully enjoy their work experiences (Brodie, 1982). Additionally, Lawson and Myers (2011) showed that CSBs have positive influences on wellness and burnout symptoms (Skovholt and Trotter-Mathison, 2016).

Most recently, Skovholt and Trotter-Mathison (2016) published the results of two longitudinal studies that highlighted patterns of resiliency. Skovholt and Trotter-Mathison (2016) also explored self-care strategies and described five major categories and 20 themes that were consistently reported by master practitioners. The results of these studies revealed resiliency patterns that helped professionals maintain wellness even through the difficulties inherent in the counseling profession (Skovholt and Trotter-Mathison, 2016).

Research Questions

I investigated the following research questions in this study:

1. To what degree does counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, predict counselor wellness among novice counselors
2. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors?
3. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as

measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors?

Hypotheses

I used the following research hypotheses to guide this study:

1. Counselor burnout as measured by emotional exhaustion, depersonalization, and personal accomplishment, will predict wellness, among novice counselors.

2. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors. Figure 1 displays the hypothesized relationships between career sustaining behaviors, counselor self-efficacy, and wellness.

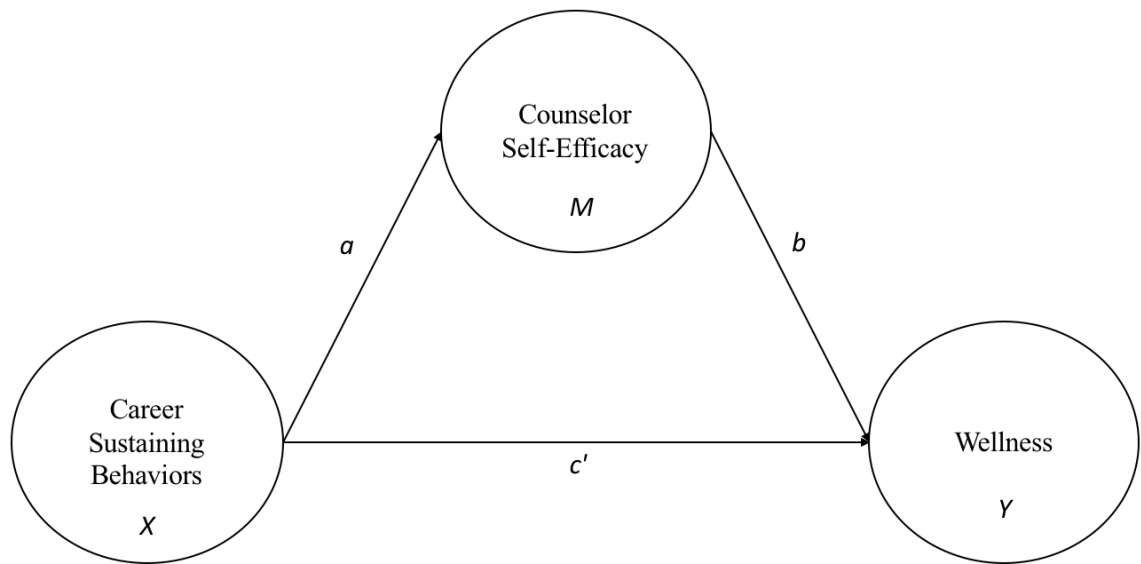


Figure 1. *Hypothesized mediation model for CSB, CSE, & wellness.*

3. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as measured by

emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors.

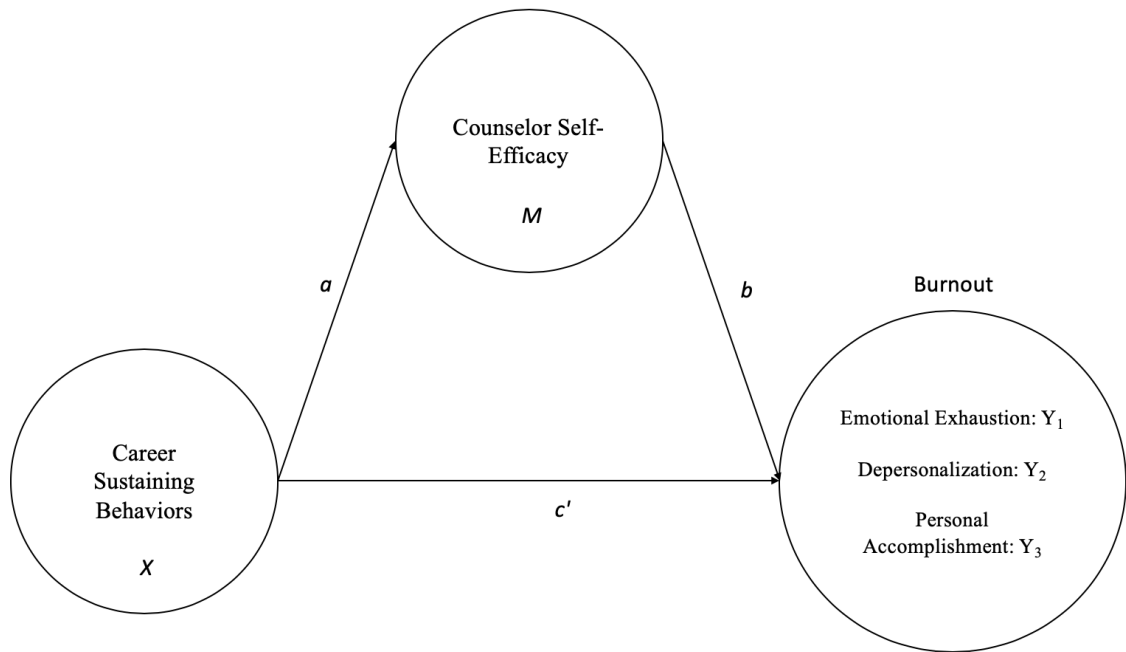


Figure 2. *Hypothesized mediation model for CSB, CSE, & burnout.*

Delimitations

This study was delimited by a number of factors concerned with the research design. First, this study was not intended to find a solution to counselor burnout; rather it was intended to analyze the relationships between counselor wellness and burnout and potential prevention strategies. Additionally, I did not analyze all the prevention strategies related to burnout. Instead, I chose to take a narrower examination of the relationships among counselor self-efficacy, implementation of career-sustaining behaviors, and counselor burnout and wellness. Finally, the results of this study were

limited to describing the counselor wellness and burnout phenomena among novice counselors and not more experienced counselors.

Assumptions

I utilized data from self-report surveys completed by novice counselors. I assumed that the novice counselors surveyed responded truthfully and fully and that no other influencing factors are present in their responses other than their own experiences. Additionally, I assumed that the survey I used was worded so that it is clearly understood and, as such, returned valid responses.

Organization of the Study

This dissertation proposal is comprised of three chapters. Chapter I contains the background of the study, problem, purpose of this study, and proposed research questions. Chapter 2 reviews the literature related to the history of wellness in counseling, burnout and barriers to wellness, and wellness, as well as my theoretical framework: JD-R theory and career sustaining behaviors. Chapter III describes the methodology used in the study, including the research design, sampling procedures, and collection and analysis of data. Chapter IV contains the analysis of the data, including data collection, demographic information and the results for each research question. Finally, Chapter V contains the discussion, the impetus of the study, implications, limitations to the study and recommendations for future research.

CHAPTER II

Review of the Literature

I conducted this literature review to provide clarification of the constructs under investigation and to provide a rationale for the selection of the topic. All literature was reviewed through the lens of Job Demands-Resources theory, which provides the theoretical framework for this study. Bakker et al. (2014) use Job Demands-Resources theory to postulates that job demands and resources interact with one another to predict occupational well-being. Therefore, I approached my literature review by examining specific job resources (Career Sustaining Behaviors) and associated outcome variables related to occupational well-being (self-efficacy, wellness, and burnout).

History of Wellness

Counselor wellness is a topic that researchers and practitioners should collaboratively address through examining variables related to counselor wellness and helping practitioners to implement strategies that improve wellness. Contributing to the literature on counselor wellness might help to decrease some of the negative consequences of burnout, such as attrition and client harm (Cherniss, 1980; Garland, 2002; Maslach, 1993; Maslach, Schaufeli, & Leiter, 2001). Therefore, in my literature review I discuss themes that are relevant to counselor wellness and counselor burnout, including workload, traumatic caseload, supervisory relationships, self-care, and burnout. I present gaps in the literature and how my study seeks to fill some of the present gaps. I also seek to explore the existing literature on the relationships between the variables under investigation in my study.

Current thoughts on wellness can be traced back to the work of The World Health Organization (WHO) in 1947. The WHO defined health as, “physical, mental, and social well-being, not merely the absence of disease” (1958, p. 1). Halbert Dunn, Don Ardell, and Bill Hettler, who began publishing seminal work on wellness and creating wellness models in the years after the WHO’s definition of health, gave wellness a legitimate space in conversations about health. These works continued to promote conversations about wellness in both public and professional circles. Hettler’s Hexagon Model of Wellness (1984) was prominent among these works and was constructed of seven dimensions: physical, emotional, occupational, social, intellectual, and spiritual. Hettler (1984) argued that only through balancing these dimensions of health can optimum wellness be achieved.

Alfred Adler. In the counseling field, Alfred Adler (1998) proposed the principal theory concerning wellness. In his individual psychology, he stressed a holistic approach to health with an emphasis on human wellness. Holism, the idea that people are more than the sum of their parts, has become a central element in wellness focused counseling which considers the self as the core element of wellness (Myers & Sweeney, 2008). He identified work, friendship, love, self, and spirit as the primary life tasks all humans undertake (Myers & Sweeney, 2004).

Wheel of Wellness. Myers, along with other colleagues, built upon Adler’s work to propose three holistic wellness models, and Witmer, Sweeney, and Myers (1988) developed The Wheel of Wellness as a way to conceptualize holistic wellness. In this model, spirituality is at the center of the wheel. From the center, seven spokes (sense of worth, sense of control, realistic beliefs, spontaneous and emotional response, intellectual

stimulation, problem solving and creativity, sense of humor, and physical fitness and nutrition) support the rims of the wheel. The rims are comprised of work, love, and friendship. Myers and Sweeney (2005) later updated the Wheel of Wellness to include five major life tasks: spirituality, self-direction, work and leisure, friendship, and love.

The Indivisible Self. Eventually, Myers and Sweeney (2004) created a model based on decades of research on holistic wellness. Holistic wellness is the notion that people cannot be well if they are not well in all aspects (e.g. spiritual, physical, emotional, etc.) of their lives. The Indivisible Self is a holistic view of wellness that cannot be deconstructed. In *The Indivisible Self: An Evidenced-Based Model of Wellness (IS-Wel)*, they proposed a model comprised of one higher-order factor (The Indivisible Self). This holistic higher-order factor serves as the foundation for the second- and third-order factors (Myers & Sweeney, 2004). Based on Adlerian theory, the IS-Wel consists of five second-order factors, the Essential Self, the Creative Self, the Social Self, the Coping Self, and the Physical self (Myers & Sweeney, 2004), and contains additional third-order factors.

The Creative Self is grounded on a person's social interactions. This factor includes five dimensions: thinking, positive humor, emotions, work, and control (Myers & Sweeney, 2004). The manner in which these five dimensions positively interact with one another allow an individual to live a balanced life. The Coping Self includes four dimensions: leisure, stress management, beliefs, and self-worth. The Social Self consist of friendship and love (Myers & Sweeney, 2004). When individuals engage in relationships that promote meaningful connection, a higher quality of life can be achieved (Myers & Sweeney, 2004). Additionally, individuals who do not have regular interactions

that promote positive attachment can experience isolation, which can result in poor health (Myers & Sweeney, 2004). The Essential Self includes four dimensions: gender identity, spirituality, self-care, and cultural identity (Myers & Sweeney, 2004). The Physical Self is comprised of two dimensions: exercise and nutrition (Myers & Sweeney, 2004). Individuals should maintain regular physical exercise and a balanced diet in order to achieve optimal wellness, longevity, and quality of life (Myers & Sweeney, 2004).

Managed care and wellness. In the last two decades, managed care has expanded rapidly and has brought with it numerous changes to the counseling field (Cohen, Marecek, Gillham, 2006; Stein, Orlando, & Sturn, 2000). Smith, Robinson and Young (2007) noted that although counseling is wellness focused, the counseling field must contend with managed care. As the managed care model is deeply rooted in the medical model, a demand is placed on counselors to use evidenced based practices to demonstrate links between practice and outcomes (Walfish & Barnett, 2009). Therefore, the counseling field must respond to the resulting economic pressures to produce and provide evidenced based practices and manualized practices. These pressures may explain the dearth of research that links wellness to the mitigation of psychological distress (Smith, Robinson & Young, 2007).

Job-Demands Resources Theory

Demerouti et al. (2001) developed Job Demands-Resources model as a flexible tool to conceptualize burnout across all occupations. The researchers developed within JD-R the framework of job demands and job resources and the parallel and distinct processes of health impairment or motivation (Bakker et al., 2014). Typically, health impairment (e.g. exhaustion, health complaints, repetitive strain injury) is preceded by

job demands (Bakker, Demerouti, & Schaufeli, 2003; Hakanen, Bakker, & Schaufeli, 2006), and job resources precede motivation, enjoyment, and engagement (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Bakker, Van Veldhoven, & Xanthopoulou, 2010). This flexibility allows its application to counselors whereas other occupational burnout theories might be too rigid for appropriate application to the helping professions. Additionally, JD-R has been confirmed as an appropriate theoretical model for conceptualizing the conditions that lead to burnout in the helping professions, including counseling (Maslach & Leiter, 2016).

Job demands are conceptualized as “those physical, psychological, social, or organizational aspects of the job that require sustained physical and/or psychological effort and are therefore associated with certain physiological and/or psychological costs” (Bakker & Demerouti, 2017, p. 274). Counselors most commonly experience job demands in the form of emotionally demanding interactions with their clients (Maslach & Leiter, 2016). On the other hand, “job resources refer to those physical, psychological, social, or organizational aspects of the job that are functional in achieving work goals, reduce job demands and the associated physiological and psychological costs, or stimulate personal growth, learning, and development” (Bakker & Demerouti, 2017, p. 274).

Much like job resources, personal resources, which are often linked to resiliency and positive job-related outcome variables, are a key element to the JD-R model (Bakker, Demerouti, & Verbeke, 2004; Demerouti, Bakker, Hobfoll, Johnson, Ennis, & Jackson, 2003; Judge, Van Vianen, & DePater, 2004; Nachreiner, & Schaufeli, 2001). Bakker et al. (2014) conceptualizes personal resources as positive self-evaluations and the degree to

which individuals perceive that they have control over their environments. Through positive self-evaluations an individual may better understand his ability to influence and impact the world around him (Bakker et al., 2014). In this study, implementation of career sustaining behaviors and counselor self-efficacy is used to examine the effect of job and personal resources on wellness.

Within the framework of JD-R, demands and resources interact with one another to predict occupational well-being by either mitigating the effect of job demands or strengthening the effect of job resources (Bakker et al., 2014; Bakker, Demerouti, & Euwema, 2005; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007). For example, employees who regularly have access to support systems and feedback can better cope with the demands of the occupation. Additionally, job resources often become more valuable to employees with job demands increase and contribute to an increase in motivation and job engagement. (Bakker et al., 2014; Bakker et al., 2007; Hakanen, Bakker, & Demerouti, 2005).

Tims, Bakker, and Derks (2012) also suggested that employees use job crafting to create more suitable job conditions. Although counselors cannot control all aspects of their jobs, job crafting could include increasing structural or social job resources, increasing challenging job demands, and decreasing hindrance job demands (Tims et al., 2012). Both Tims et al. (2012) and Petrou, Demerouti, Peeters, Schaufeli, and Hetland (2012) discovered that employees who crafted their jobs to have more desirable demands and resources experienced greater engagement. These findings suggest that counselors could choose to implement job resources (labeled career-sustaining behaviors by counseling researchers [e.g. Brodie, 1982; Rupert & Kent, 2007; Skovholt & Trotter-

Mathison, 2016]) in order to increase engagement, thereby improving wellness and decreasing burnout.

Career Sustaining Behaviors

Skovholt and Trotter-Mathison (2016) conducted two qualitative studies in 1996 and in 2001 to determine methods employed by counseling practitioners to maintain wellness. The results of the study highlighted patterns of resiliency that allowed helping professionals to maintain wellness despite the debilitating effects of engaging in the helping professions (Skovholt & Trotter-Mathison, 2016). Skovholt and Trotter-Mathison further explored self-care strategies and noted that there were five major categories and 20 themes regarding resiliency and wellness that were consistently reported by master practitioners. The five major categories are the approach to professional practice, creating a positive work structure, protective factors, nurturing the self, and self-care (Skovholt & Trotter-Mathison, 2016).

The Approach to Professional Practice. Skovholt and Trotter-Mathison noted that over time resilient practitioners had developed well-defined approaches to professional practice. First, resilient counselors established clear boundaries in regards to the makeup of caseload, the structure of the practice, and the relationship with clients (Skovholt & Trotter-Mathison, 2016). Second, resilient counselors noted a decrease in professional anxiety as they developed their approach to practice. Practitioners noted that they felt more comfortable in the role of helper, feeling less of a need to prove themselves (Skovholt & Trotter-Mathison, 2016). Third, participants noted as the approach to practice developed so did a movement from the use of theory to the use of

self. Skovholt and Trotter-Mathison indicated that participants described a comfortable and professional fit that was conducive to counseling.

Additionally, participants discussed their belief that attachment and separation were a natural process in the helping process (Skovholt & Trotter-Mathison, 2016). Skovholt and Trotter-Mathison noted that acceptance of this process allowed helpers to engage fully by understanding the value of the temporary helping relationship. Lastly, resilient practitioners discussed having an understanding of suffering and healing at a profound level (Skovholt & Trotter-Mathison, 2016).

Creating a positive work structure. Also crucial to wellness and resiliency was how over time practitioners developed support at work that enriched the attitude of wellness of the professional environment. Practitioners reported that the foundation for wellness was laid through mentor and peer support at the novice phase of their careers (Skovholt & Trotter-Mathison, 2016). Skovholt and Trotter-Mathison detailed that these early relationships allowed early placements to be challenging but not overwhelming. Additionally, participants reported that ongoing peer relationships beyond the novice phase were critical in maintaining resiliency. Skovholt and Trotter-Mathison noted that participants also discussed how enriching relationships increased self-awareness, allowing for more effective clinical work. Practitioners in the study also reported how maintaining multiple roles helped to create a positive work structure. Skovholt and Trotter-Mathison discussed multiple roles as diverse clinical and professional work as well as autonomy in determining the focus of professional and clinical work.

Protective factors. Skovholt and Trotter-Mathison (2016) identified three major strategies employed by resilient practitioners that they identified as protective factors.

First, they noted that practitioners readily engaged highly stressful professional dilemmas. Additionally, participants tended to identify problems and tackle issues with an attitude of hopefulness. Participants also directly confronted and resolved personal issues. Although participants noted that dealing with personal issues was difficult, they also identified a need to handle personal issues in order to remain an effective helping professional (Skovholt & Trotter-Mathison, 2016). Lastly resilient practitioners noted that they were highly engaged in learning as a renewing activity. Skovholt and Trotter-Mathison note that participants were characterized by curiosity and reported that the ongoing learning process helped to maintain vitality as a helper.

Nurturing the self. Although much of the working of helping professionals is other focused, resilient practitioners detailed how maintaining a strong sense of self contributed to overall wellness (Skovholt & Trotter-Mathison, 2016). First, participants reported that they were aware of the need to balance personal lives and professional work. Skovholt and Trotter-Mathison (2016) noted that a *real existence* is one that has multiple connections beyond work as a helping professional. As a part of these multiple connections, resilient practitioners report involvement in a variety of restoring activities that provide renewal and a diversion from stressors related to the helping activity (Skovholt & Trotter-Mathison, 2016). Participants also reported developing strong personal relationships that exist outside of the professional environment. They noted that these relationships provided grounding and enabled a real-life perspective beyond interaction with clients and client issues (Skovholt & Trotter-Mathison, 2016). Lastly, resilient practitioners noted that they value an internal focus. Participants reported that a willingness to engage in their own therapy enhanced their ability as practitioners, and that

the more that they understood the self, the greater their sense of resiliency became (Skovholt & Trotter-Mathison, 2016).

Self-care. The term *self-care* refers to activities that counselors engage in to promote wellness and prevent negative psychological effects (Myers & Sweeney, 2005). By engaging in self-care activities, the counselor is able to relieve stress and achieved a more balanced work-home lifestyle (Riordan & Saltzer, 1992; Yassen, 1995). Additionally, self-care can help counselors to achieve holistic wellness, including spirituality and creativity (Myers & Sweeney, 2005). Although taking time to participate in self-care activities might feel selfish, Becvar (2003) referred to this as “healthy selfishness” and encouraged individuals to acknowledge their need to take time to refresh themselves (p. 475).

As noted in the review of the counselor workload literature, counselors often work long hours, preventing them from taking the time to decompress and release the stress that is a constant part of their counselor profession (Lawson et al, 2007; Maslach & Goldberg, 1998). Researchers and practitioners alike have begun to encourage counselors to be proactive in their approach to dealing with work stressors (Lawson et al., 2007). Engaging in routine and systematic self-care has been noted to help counselors achieve balance while simultaneously combating burnout (Bride, Radey, & Figley, 2007; O’Halloran & Linton, 2000).

When counselors choose to engage in self-care activities, it is important that they select activities that are best suited for their interests and personalities (Pearlman, 1999). Although reading, sports, and meditation can all be considered self-care activities, if individuals who do not like to read choose reading as their self-care activities, they will

not achieve the desired benefits. Also, individuals' ideal self-care activities might change throughout their lives or at different developmental stages (Venart, Vassos, & Pitcher-Heft, 2007). Although counselors might be tempted to spend their self-care time engaging in only rest or play, Pearlman and Saakvitne (1995) encouraged counselors to spend time doing both. Because the symptoms of burnout can affect counselors' entire lives, self-care practices should include activities that allow the counselor to be refreshed physically, emotionally, socially, and spiritually (Becvar, 2003; O'Halloran & Linton, 2000; Stebnicki, 2007; Yassen, 1995).

Supervision. Although participating in supervision is time consuming, it is among the most important practices in which counselors should consistently participate (Gard & Lewis, 2008; Hamama, 2012; Maslach, Schaufeli, & Leiter, 2001). Maslach, Schaufeli, and Leiter (2001) suggested that instead being seen as a burden, supervision should be viewed as a means to increasing counselors' well-being. When counselors are aware of and employ the best practices in supervision, counselors are less likely to experience burnout symptoms (Hamama, 2012; Maslach, Schaufeli, & Leiter, 2001) and are more likely to be able to create a healthy therapeutic relationship (Gard & Lewis, 2008). However, if supervision is to be seen as a means by which counselor burnout can be decreased, counselors must be aware of the types of supervision that are conducive to their growth.

Hamama (2012) examined factors that contribute to job burnout among social workers. Characteristics explored included demographics, extrinsic and intrinsic work conditions, and social support. A statistically significant negative correlation existed between burnout and age, seniority, intrinsic work conditions, and social support

(Hamama, 2012). However, colleague and supervisor support accounted for the greatest variation in burnout among the participants (Hamama, 2012).

Counselors who are new to the profession are often mandated to engage in ongoing weekly supervision. However, counselors who have more experience are rarely provided supervision (Lawson & Venart, 2005). Although supervision is normally thought of as a process that is only beneficial for novice counselors, supervision can help experienced counselors maintain focus on their roles and prevent counter-transference (Lawson & Venart, 2005). Experienced counselors who engage in supervision can also be supported if experiencing symptoms of impairment (Lawson & Venart, 2005). Experienced counselors should view supervision as a means to improve their clinical skills along with sharing information about themselves in order to maintain wellness (Gladding, 2009).

Hart and Nance (2003) investigated supervisees' preferences in supervisory style and reported that most supervisees preferred to work with a supervisor who used a style that was highly supportive and highly directive; they likened this style to a supportive teacher (Hart & Nance, 2003). However, supervisors preferred a style that provided ample support but low levels of direction, and they tended to supervise in the style that they were most comfortable with instead of the style that their supervisees preferred (Hart & Nance, 2003). Hart and Nance (2003) also acknowledged that the developmental stage of the supervisee could impact the supervision style that is most appropriate.

Gard and Lewis (2008) explored the role of the supervisory alliance when supervisors work with beginning counselors. They discussed the parallels between the supervisor-supervisee relationship and the therapist-client relationship and asserted that

the relationship between the therapist and client often suffers because of an inadequate relationship between the supervisor and therapist (Gard & Lewis, 2008). In order to build an effective supervisory relationship, Gard and Lewis (2008) proposed that a gentle and compassionate environment should be created. This type of environment allows the beginning therapist to grow and reflect (Gard & Lewis, 2008). Engaging in these types of supervisory relationships might help counselors to decrease negative psychological effects and to increase self-efficacy.

Koob (2002) studied pairs of social work supervisors and social worker supervisees. Supervisees completed the Therapist Self-Efficacy Scale (TSES), which asks participants to rate their therapy skills (Koob, 2002). Supervisors indicated their perceptions of their supervisee's therapy skills using the Supervisor Opinion Scale, which was used to assess supervisors' solution orientation (Koob, 2002). Koob (2002) concluded that ineffective supervision, especially traditional supervision styles, was a leading cause of burnout and attrition. The author proposed solution-focused supervision as a way to increase supervisees' self-efficacy because this style focuses on the therapist's success and provides ways therapists can engage clients to promote growth (Koob, 2002). Because Koob (2002) assumed that low self-efficacy is the primary cause for counselor burnout, the author concluded that using supervision styles that promote therapist self-efficacy, burnout rates would decrease.

Self-Efficacy

In social cognitive theory an attempt is made to explain human behavior through the processes of learning and motivation. Bandura (1989) proposed a model, referred to as triadic reciprocal determinism, of the way in which behaviors and thoughts are

influenced by one's environment. According to Bandura, events in one's life, personal factors, and human behavior interact together (Bandura, 1977). Instead of simply reacting to one's environment, individuals interpret their environments and then decide how they will act (Bandura, 1977). Self-efficacy is a mediator between individuals' interpretation of events and the actions they choose take based on these interpretations (Bandura, 1977). Bandura conceptualized self-efficacy as the degree to which an individual believes he or she is capable of performing a task or activity.

Self-efficacy plays a large part in individuals' decisions to act upon their interpretations of their environments (Bandura, 1977). Bandura (1977) further asserts that individuals' behaviors and cognitive processes can both influence and be influenced by individuals' self-efficacy. Furthermore, self-efficacy can influence task persistence and skill acquisition, as well as the degree to which an action is successful (Driscoll, 2005). According to Maddux (1995), because self-efficacy is intrinsically tied to a specific task or action, self-efficacy varies according to the situation, and also varies throughout an individual's life (Maddux, 1995).

Creating self-efficacy. Far from being a fixed trait, self-efficacy can be created and torn down through self-assessment, observation, and self-responsiveness (Bandura, 1977; Bandura, 1978). Therefore, individuals' levels of self-efficacy are not only influenced by skill or aptitude but also by individuals' thoughts, beliefs, and perceptions of their abilities to use those skills (Bandura, 1986). Individuals' self-efficacy is influenced by multiple factors including (a) vicarious experience, (b) verbal/social persuasion, (c) performance accomplishments, and (d) physiological/affective states (Bandura, 1977).

Driscoll (2005) also argued that individuals' responses to the success or failure of their action can affect their level of self-efficacy. Following this logic, individuals with lower self-efficacy levels tend to be less persistent when challenges arise and put less energy into being successful in their pursuits (Driscoll, 2005). Individuals with lower levels of self-efficacy tend to focus their thoughts on shortcoming or perceived failures and expect negative outcomes (Bandura, 1977; Bandura, 1978). Individuals who routinely experience failure, especially early on in their experiences with a skill or task, tend to express lower levels of self-efficacy in future similar situations (Bandura, 1977).

Conversely, positive outcomes and feelings of skill mastery are the most influential factors in determining individuals' self-efficacy (Bandura, 1977; Bandura, 1978). These experiences can be successful completion of either actual or symbolic practice (Bandura, 1977). Successfully completing a task, coping with a challenge, avoiding potential pitfalls, and meeting the task's demands can all result in increased self-efficacy (Bandura, 1977).

As individuals experience a new task or attempt to hone a new skill, self-efficacy can be enhanced through practicing those skills, observing exemplar models, receiving constructive feedback, and being supported when difficulties arise (Bandura, 1977). Additionally, realistic clinical experiences can provide individuals a chance to persist in tasks and skills in a relatively safe environment. These clinical experiences can increase self-efficacy by allowing individuals to experience mastery of a skill while receiving support (Bandura, 1977).

Counselor self-efficacy. Because self-efficacy can vary situationally, self-efficacy levels can be specific to a domain such as counseling. Multiple researchers (e.g., Lent et al., 2006; Russell, Crimmings, & Lent, 1984) and practitioners have sought to understand the way in which counselor competency is developed. Bandura's social cognitive framework provides a lens through which counselor development can be conceptualized, especially concerning the development of self-efficacy in counseling-specific situations.

Counselor self-efficacy (CSE) refers to counselors' perceptions of their abilities to use their skills and knowledge to successfully counsel clients and perform other job-related tasks (Larson & Daniels, 1998; Larson et al., 1992; Larson et al., 1999; Lent et al., 2006). For example, counselors must be able to use their knowledge and training to decide the actions that should be taken while evaluating multiple inputs simultaneously (Easton, Martin, & Wilson, 2008; Larson & Daniels, 1998). According to Bandura's (1977) conceptualization of self-efficacy, CSE determines whether a counselor only knows what actions should be taken or actually acts upon that knowledge. Lent et al. (2006) proposed that CSE be conceptualized as task and content self-efficacy and coping self-efficacy. Task and content self-efficacy are counselors' perceptions of their capabilities to execute helping skills and session management skills (Lent, 2006). Coping self-efficacy refers to counselors' perceptions of their capabilities to manage challenging clinical situation (Lent, 2006).

Gündüz (2012) examined the relationship between counselor self-efficacy and burnout in a population of 194 school counselors. Like the present study, the authors used the Maslach Burnout Inventory to measure burnout. Self-efficacy was measured by the

School Counselors Self-Efficacy scale, as this was the most appropriate instrument for their population. The participants' responses were analyzed using the Pearson correlation coefficient, regression, *t* and *F* tests. The results from this study indicated that counselors with higher self-efficacy were less likely to experience depersonalization and emotional exhaustion and were more likely to experience feelings of personal accomplishment. Furthermore, counselors' self-efficacy was positively correlated with feelings of personal accomplishment.

Wellness in the Profession

Wellness is the foundation for the counselor's work (Venart, Vassos, & Pitcher-Heft, 2007). The effective functioning of the counselor in the helping process is contingent on being well, but also counselors who are well serve as models for their client (Venart et al., 2007). Myers and Sweeney (2005), noted that wellness for the counselor is an outcome goal and a process that must be engaged in over the life span of a counseling career. Wellness is necessary for the survival of the counselor, but also necessary in order to sustain the counseling profession (Venart, Vassos, & Pitcher-Heft, 2007). Wellness has consistently been cited as an important aspect of a successful counselor. In the profession, wellness is addressed in ethical codes and professional organizations' standards.

Professional organizations. Many professional counseling organizations (e.g., American Counseling Association, Association for Counselor Education and Supervision, American School Counselors Association, and National Board for Certified Counselors) include wellness and self-care in either their published ethical guidelines or professional standards. These organizations bring wellness to the forefront of the counseling

profession and cement its place as an integral part of the field. Although these organizations promote wellness within the counseling profession, each organization varies in its definition of wellness and recommended self-care practices.

American Counseling Association (ACA). The American Counseling Association (ACA) published its resolution on wellness in 1989. Titled “The Counseling Profession as Advocates for Optimum Health and Wellness”, this document cemented holistic wellness as the foundation of the counseling profession (Myers & Sweeney, 2004). This focus on holistic wellness has been sustained in the decades since this seminal resolution. In recent years, the ACA promoted a definition of counseling that maintained the wellness-focused view of the profession: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366).

The ACA’s *Code of Ethics* (ACA, 2014) also emphasizes the organization’s commitment to wellness. In this document, the organization argues that “counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (p. 8). The ACA also makes clear that counselor educators have a responsibility to support students’ wellness, “Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance” (ACA, 2014, p. 16).

Association for Counselor Education and Supervision (ACES). The ACES Best Practices in Clinical Supervision (Borders et al., 2011) also promotes wellness within the counseling profession. The document issues two guidelines for counselors’ self-care: “The supervisor appropriately engages in and models self-care” (p. 10) and “The

supervisor engages in critical self-reflection and self-care and avoids professional stagnation and burnout” (p. 15). ACES is unique in that its mission is directed to counselor educators and supervisors, it provides direction for self-care and wellness in supervision. It is also the only counseling organization that emphasizes the importance of modeling self-care to new and novice counselors.

American School Counselors Association (ASCA). The ASCA included wellness in its code of ethics stating, “Monitor emotional and physical health and practice wellness to ensure optimal effectiveness” (ASCA, 2010, p. 5). This is the only professional organization to explicitly include a statement related to the wellness of the counseling professional. Other organizations discuss this concept in terms of self-care or physical and mental health.

National Board for Certified Counselors. The NBCC does not directly mention wellness or self-care in their code of ethics (NBCC, 2012). However, the standards issued by this organization have issued standards that are indirectly related to wellness. For example, the twenty-third code states that “NCCs shall seek professional assistance or withdraw from the practice of counseling if their mental or physical condition makes it unlikely that the counselor will be able to provide appropriate services” (p. 3). Although this code does not state that counselors should maintain a level of wellness, it does require that counselors withdraw from providing services should they experience symptoms of impairment. Another way that the NBCC indirectly references wellness is in the ninth code, which states, “The NCC shall take proactive measures to avoid interruptions of counseling services due to illness, vacation or unforeseen circumstances”

(p. 2). In order to meet this standard, the counselor would need to maintain a minimum level of wellness.

Accreditation of Counselor Education Programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards outline wellness and wellness activities expected in educational programs. CACREP (2009) defines wellness as a “culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life” (p. 63); however, CACREP (2016) removed this definition from the glossary. As part of the core curriculum, counselors are expected to learn self-care strategies that can be beneficial to counselors (CACREP, 2016). CACREP also expects that counselor educators include wellness topics in a wide range of counselor education courses such as human growth and development, helping relationships, and social and cultural diversity.

Burnout

Job burnout has been reported in nearly all professions, but individuals in the helping professions might be at a higher risk for burnout (Maslach & Leiter, 2016; Pines & Aronson, 1988). Understanding general work-related burnout is important so that counselor burnout is contextualized. Therefore, burnout is first discussed in the context of the general workplace before focusing on the counseling profession. The concept of burnout has been discussed at length over the last 40 years, starting with Freudenberger (1974) who identified indicators of burnout such as physical exhaustion, irritation, and frustration.

Burnout and impairment. Although burnout has been used interchangeably with the term ‘stress,’ the two concepts are distinctly different (Pines & Keinan, 2005).

Although stress is highly correlated with work stressors, burnout is correlated with job satisfaction and physical and emotional symptoms (Pines & Keinan, 2005). Maslach, Schaufeli, and Leiter (2001) defined burnout the response elicited from exposure to emotional and interpersonal stressors at work. This definition consists of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. This definition and its dimensions are consistent with the Maslach Burnout Inventory (MBI-HSS), the instrument that is used to measure burnout in this study.

Maslach and Jackson (1981) defined emotional exhaustion as “feelings of being emotionally overextended and exhausted by one’s work” (p. 101). Although the MBI does not outline compassion fatigue, vicarious traumatization, and traumatic counter-transference as aspects of emotional exhaustion, these variables are closely related to job burnout. Compassion fatigue is typically experienced by professionals in the care giving fields such as nursing, social work, and counseling and can lead to emotional exhaustion (Joinson, 1992). In order to lower the risk of suffering from compassion fatigue, Salston and Figley (2003) recommended engaging in meaningful supervision for caregivers who work with clients who have suffered from trauma.

Although depersonalization disorder as a clinical diagnosis shares some similarities with the depersonalization that is experienced with job burnout, it is important to note that the two phenomena are different constructs. Depersonalization in job burnout is displayed through a lack of emotion toward a caregiver’s clients (Maslach & Jackson, 1981). Ozan (2009) equated depersonalization with apathy toward the people a professional helps.

The personal accomplishment dimension of burnout is characterized by feelings of pride and success in one's work (Maslach & Jackson, 1981). These feelings are important for counselors because counselors who experience personal accomplishment are more likely to practice with confidence. The inverse construct, incompetence, is described as having feelings of inadequacy, frustration, and disappointment in one's work (Howard, Orlinsky, & Hill, 1969).

The counselor education literature has worked to define burnout specific to the counseling profession. The American Counseling Association in its Task Force on Impaired Counselors states that "therapeutic impairment occurs when there is a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to the client." (p. 9). Additionally, Lawson and Venart (2005) list job burnout as one of the predictors of therapeutic impairment. Lee et al. (2007) defined counselor burnout as "the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/physical drain" (p. 143).

Skovholt (2005) notes that at the core of the helping professions is the ability to maintain care throughout the helping process, and that the inability to maintain the cycle of caring is an indicator of burnout. Burnout interrupts the active engagement by the counselor signaling the end of effective counseling (Skovholt, Grier & Hanson, 2001). The cycle of care is a dynamic model of competent functioning highlighting the series of attachments and separations that occur with clients during the helping process (Skovholt, 2005). Additionally, in the model Skovholt, Grier and Hanson note the impact of "high touch" work being that the practitioner is affected by consistently providing empathetic

attachment, active involvement and felt separation. Given that the nature of counseling work is other focused, the one-way nature of the cycle of caring often results in the universal struggle of balancing self-care and client care. (Skovholt, Grier & Hanson, 2001). Skovholt (2005) noted that the danger is in caring too much, and excessively feeling the other's distress which leads to depletion not allowing the counselor to repeat the cycle continuously. It is necessary then that counselors make a commitment to maintain professional vigor in order to maintain the cycle of caring (Skovholt, Grier & Hanson, 2001).

Other outcome variables. Multiple studies have reported the correlation of burnout to negative consequences such as physical health, mental health, and job performance (Armon, 2009; Belcastro, Gold, & Grant, 1982; Honkonen et al., 2006; Cherniss, 1992; Elman & Dowd, 1997; Kahill, 1988; Toppinen-Tanner et al., 2009). Additionally, these adverse consequences might even affect the entire work organization, including clients (Cherniss, 1980; Garland, 2002; Maslach, 1993). Person centered therapy as described by Carl Rogers requires that the counselor provide a climate that is conducive to client growth. In order to accomplish this, the counselor should be caring, competent, warm, tolerant, and sincere (Frank & Frank, 1993; Kottler, 1993). Because these attributes are not typically found in counselors who are experiencing burnout, counselor burnout has been hypothesized to have negative effects on client growth. Furthermore, helping professionals who exhibit higher level of burnout are more likely to experience more negative thoughts about clients and provide a poorer quality of client care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Holmquist, 2006).

Risk factors for burnout. Multiple researchers have investigated the risk factors associated with burnout for professional counselors. (Lawson, 2007; Pace & Rosenberg, 2006). Risk factors include job related factors, personal characteristics of the counselor and interpersonal influences from clients. Aspects of the counselor's job, such as work setting, long work hours, administrative issues, and managed care concerns can contribute to burnout due to a decrease in perceived job satisfaction (Lawson, 2007; Rosenberg & Pace, 2006). These unrealistic expectations of client growth, as well as poorly established goals for therapy can decrease the efficacy of counseling and lead to low counselor morale (Rosenberg & Pace, 2006). Additionally, counselors' inability to accept occasional failures may lead counselors to overextend themselves in order to demonstrate proficiency. Therefore, burnout can be heavily influenced by the counselor's personal issues getting in the way of the counseling process, as counselors are often reluctant to address these issues (Rosenberg & Pace, 2006). Interpersonal influences include aspects that are specifically related to the client-counselor relationship. Counselors working with clients that are resistant to change, or clients with severe chronic behavioral issues, especially those involving trauma may be at a higher risk for burnout (Rosenberg & Pace, 2006).

Skovholt, Grier and Hanson (2001) discussed the need to train counselors to be resilient, understanding that they will be at increased risk for stress and distress. Additionally, the researchers noted that the primary focus of counselor training programs is care for others, creating a one-sided paradigm that does not address the importance of self-care (Skovholt, Grier & Hanson). Smith, Robinson and Young (2007) noted that this stress is exacerbated by the ambiguity in the counseling process and from the effects of

working with individuals undergoing great pain. Because many counselors believe that they should put others' needs before their own, it is imperative that counselors be trained to recognize their signs of stress (Skovholt, 2001). Physical, social, emotional, intellectual, and spiritual warning signs should be recognized and action should be taken immediately. Not heeding the warning signs of stress can lead to impairment, which comes with personal and professional consequences (Skovholt, 2001). Consistent monitoring and engaging in self-care activities can help mitigate the stress that is inherently present in the profession (Shovholt, 2001).

Workload. Clinicians all have varying degrees of workloads and responsibilities. Because the high work demands often leave little time for counselors to engage in personal interests (Maslach & Goldberg, 1998), counselors are not allowed time to decompress from their professions, which require them to be constantly self-sacrificing (Lawson, Venart, Hazler, & Kottler, 2007). According to Maslach, Schaufeli and Leiter (2001), there is no point at which a counselor is over-worked. Instead, the authors argue that when individuals do not fit their work setting, including workload, they are at higher risk for burnout (Maslach, Schaufeli, & Leiter, 2001). For example, if Counselor A desires to only work 20 hours per week but she is required to work 30, she is at a higher risk for burnout than if she were allowed to work the number of hours that she desires. On the other hand, if Counselor B desires to work 40 hours per week and is allowed to work that amount, then he is at a lower risk for burnout than Counselor A, who only worked 30 hours per week.

In order to investigate the role that workload plays in burnout levels, Yürür and Sarikaya (2012) used the Maslach Burnout Inventory to elicit social workers' perceived

levels of burnout. For this group of participants, high workload was positively correlated with the emotional exhaustion and depersonalization dimensions of burnout. Although a direct relationship was not present, participants who received high level of social support from their supervisors reported lower levels of emotional exhaustion and depersonalization (Yürür & Sarıkaya, 2012). The findings from this study suggest that although helping professionals might have heavy workloads, support from supervisors could help to mitigate the effects that workload has on burnout.

Traumatic Caseload. Counselors who have caseloads that consist primarily of clients who have experienced trauma (traumatic caseload) can experience negative side effects such as burnout, secondary traumatic stress, vicarious traumatization, and compassion fatigue. The effect of caseload on counselors' professional quality of life has not been thoroughly investigated. Therefore, I include studies that have investigated this relationship in the context of other helping professions.

In a study conducted by Iliffe and Steed (2000), counselors who worked primarily with perpetrators and survivors of domestic violence described multiple symptoms of vicarious trauma. Often, these counselors experienced stress related to fear for their clients' safety and the feeling of powerlessness (Iliffe & Steed, 2000). The majority of these counselors also reported symptoms of burnout (Iliffe & Steed, 2000). Iliffe and Steed (2000) suggested strategies to deal with burnout, including monitoring client caseloads to ensure that counselors' caseloads are not overloaded with clients who have experienced trauma.

Osland (2015) investigated dieticians' experiences of compassion fatigue, burnout, and secondary traumatic stress. Participants who had caseloads with higher

levels of high-risk cases experienced secondary traumatic stress at higher rates than participants who had lower levels of high-risk cases (Osland, 2015). Additionally, the dieticians who perceived that they received high levels of support reported lower levels of burnout and higher levels of compassion satisfaction (Osland, 2015).

Brady, Guy, Poelstra, and Brokaw (1999) surveyed 1,000 female psychotherapists to assess their personal experiences with trauma, posttraumatic stress levels, disruption in cognitive schemas, vicarious trauma, and spiritual well-being. The authors reported that a large traumatic caseload, made up specifically of sexual abuse survivors, increased the likelihood that the therapist would experience traumatic stress symptoms (Brady et al., 1999). Additionally, therapists who worked primarily with trauma survivors reported higher levels of spiritual well-being than counselors who did not work with trauma survivors (Brady et al., 1999). Brady et al. (1999) used their findings to assert that “therapists in any stage of their development may benefit from further examination of the role of spirituality in their personal life and their therapeutic work with survivors” (Brady et al., 1999, p. 392).

Pearlman and Mac Ian (1995) also investigated the effects of traumatic caseload on vicarious traumatization. They surveyed 188 trauma therapists to ascertain their exposure to clients’ trauma experiences and the counselor’s psychological well-being (Pearlman & Mac Ian, 1995). Therapists who had personal experiences with trauma were more likely to display negative psychological effects than therapists who had not experienced trauma personally; however, trauma work affected therapists without personal trauma experiences in the area of other-esteem (Pearlman & Mac Ian, 1995). Pearlman and Mac Ian (1995) suggested that training and supervision for trauma

therapists should be increased in order to help decrease the likelihood that trauma therapists will suffer negative psychological effects.

Along the same lines, Schauben and Frazier (1995) assessed the psychological effects of traumatic caseloads on counselors. A group of female psychologists and counselors complete a survey that requested that they indicate the degree to which they work with survivors of trauma and indicators of psychological functioning (Schauben & Frazier, 1995). Participants who had high traumatic caseloads were more likely to experience disrupted beliefs, post-traumatic stress disorder, and vicarious traumatization (Schauben & Frazier, 1995). However, unlike in Pearlman & Mac Ian (1995), psychological well-being was not related to counselors' own history of traumatic experiences.

Research focused on the relationship between a counselor's traumatic caseload and subsequent vicarious traumatization, secondary traumatic stress, and compassion fatigue has made its way into the literature. Additionally, vicarious traumatization, secondary traumatic stress, and compassion fatigue has been hypothesized to correlate to job burnout. However, the direct relationship between counselors' traumatic caseload and burnout has not been investigated.

Instrumentation

As part of my review of the literature, I reviewed the existing instruments that are commonly used to measure the constructs under investigation in this study. An exhaustive review of instruments was not conducted. Rather, the instruments used for each construct under investigation in this study were identified and previous studies in

which each instrument was used were reviewed. Furthermore, justification for the instruments selected for use in my study is presented.

Career sustaining behaviors. Career sustaining behaviors (CSBs) generally refers to the methods clinicians employ to maintain wellness (Skovholt & Trotter-Mthison, 2016). Skovholt & Trotter-Mthison (2016) identified patterns of resiliency that helping professional use to maintain wellness despite the debilitating effects of working in the helping professions. Further, CSBs can mitigate the effects of stress experienced by helping professionals (Lawson & Myers, 2007). Only one instrument, the Career Sustaining Behaviors Questionnaire (Stevanovic & Rupert, 2004), has been consistently used in the literature as of late. As such, this is the only instrument that is reviewed in this study.

Originally developed by Brodie (1982), the Career Sustaining Behaviors (CSBQ) seeks to inventory activities that promote professional wellness. In 2004, Stevanovic and Rupert condensed this instrument into a 25-item inventory that aims to focus specifically on helping professional's implementation of CSBs. Each question assesses specific CSBs and is rated on a 7-point Likert scale ranging from 1 (not important) to 7 (extremely important). Internal consistency reliability coefficients for the CSBQ have been determined to be at a sufficient level at .71 (Kramen-Kahn & Hansen, 1998) and .89 (Lawson & Myers, 2011).

Counselor self-efficacy. Counselor self-efficacy (CSE) has been shown to positively influence counselor burnout (Gard & Lewis, 2008; Koob, 2002). Because increasing counselor self-efficacy has been an aim of the field, multiple instruments have been developed to measure this construct. The design and application of each of these

instruments is discussed below, along with the rationale for the selection of the COSE as the instrument used to measure self-efficacy for this study.

Over the last few decades several instruments have been developed to measure CSE. Many of the instruments were developed to focus specifically on the individual counseling setting including the Counseling Self-Estimate Inventory (COSE, Larson et al., 1992), Interpersonal Skills Efficacy Scale (ISES, Munson, Zoerink, & Stadulis, 1986), Counselor self-efficacy Scale (CSES, Johnson, Baker, Kopala, Kiselica, & Thomposon, 1989), Counselor Behavior Evaluation-Self-efficacy (CBE-SE, Munson, Stadulis, & Munson, 1986), and the Counselor Activity Self-Efficacy Scales (CASES, Lent et al., 2006). Still others have been developed to use specifically in the group counseling setting such as the Counselor Self-Efficacy Scale (COSES, Melchert et al., 1996). Other instruments were developed to measure CSE in specific areas of counseling such as career counseling (Career Counseling Self-Efficacy Scale [CCSES], O'Brien et al., 1997), psychiatry (Self-efficacy Questionnaire [SEI], Margolies, Wachtel, & Schmelkin, 1986), and school counseling (Counselor Self-Efficacy Survey [SES], Sutton & Fall, 1995). All of these instruments have demonstrated alpha coefficients above .85, and some (COSE, CSS, and CCSES) have demonstrated construct validity.

Of the instruments described above, the COSE (Larson et al., 1992) is used most often in the research surrounding CSE. This instrument has also consistently demonstrated sufficient psychometric properties (Larson & Daniels, 1998). As this instrument was used to measure CSE in this study, further information regarding the psychometric properties of the COSE are discussed in Chapter III. The instrument uses 37 items to create a CSE score with five subscales: use of micro skills, counseling

process, difficult client behaviors, cultural competence, and awareness of personal values. Scores can range from 37 to 222; higher scores indicate a higher degree of CSE (Larson et al., 1992). This instrument was selected for this study because it has been used with the population this study examines (i.e., individual counselors) and it has consistently demonstrated to accurately measure the construct under investigation.

Wellness instruments. Because of the importance of wellness in the counseling field, much energy has been dedicated to developing instruments that measure this construct. Most prominently used are the Five Factor Wellness Inventory (FFWEL), F.A.M.I.L.Y Self-Care Assessment Inventory, and Professional Quality of Life Scale. The design and application of each of these instruments is discussed below, along with the rationale for the selection of the FFWEL as the instrument used to measure wellness for this study.

Five Factor Wellness Inventory. Clinicians can assess the components of the IS-Wel using the Five Factor Wellness Inventory (FFWEL). The FFWEL consists of 91 items and is designed to measure the dimensions of wellness discussed in Myers and Sweeny's *The Indivisible Self: An Evidenced-Based Model of Wellness* (Myers & Sweeney, 2005). This instrument has been used to assess holistic wellness in both the general public and among professionals in the helping professions. In the helping professions, the FFWEL has been used to assess wellness in school counselors (Flaherty et al., 1998), supervisors (Lenz & Smith, 2010), counselor educators (Wolf, Thompson, & Smith-Adcock, 2012), and licensed counselors (Cummins, Massey, & Jones, 2007; Lawson, 2007; Lawson & Myers, 2011). The FFWEL can be used to provide feedback to individuals on areas for potential growth as they continue to pursue optimum wellness.

The FFWEL assesses each of the selves described in the Indivisible Self to provide an overall estimation of wellness (Myers & Sweeney, 2005). The selves are assessed in varying contexts: local, global, and chronometrical. These contexts are made up of family, work, and world environments (Myers & Sweeney, 2005). The chronometrical context posits that individuals change throughout their lives and that choices individuals make earlier in life affect overall wellness later in life (Myers & Sweeney, 2005).

F.A.M.I.L.Y. Self-Care Assessment Inventory. Eckstein (2001) presented the F.A.M.I.L.Y. Self-Care Assessment Inventory as a means of measuring wellness as it relates to self-care. The instrument is designed to help counselors gauge the effectiveness of their self-care behaviors. The F.A.M.I.L.Y. Self-Care Assessment Inventory is made up of six subscales that measure self-care behaviors: moving through loss, adaptability, motivation, independent, fitness, and longevity.

Professional Quality of Life Scale. The Professional Quality of Life Scale (ProQOL; Stamm, 2002) is an evolution of the Compassion Fatigue Self-Test due to a need to focus on counselor wellness rather than on the negative effects of the counseling profession. (Stamm, 2002). The ProQOL consists of 30 items and three subscales: Compassion Fatigue-Secondary Trauma, Burnout and Compassion Satisfaction (Stamm, 2002). The Compassion Fatigue-Secondary Trauma subscale assess affect regarding exposure to work related stress and secondary trauma. The Burnout subscale assesses feelings of efficacy with clients, hopeless and lack of perceived support from the work environment. The Compassion Satisfaction subscale assesses the counselor's ability to

find pleasure in helping others, using the constructs of work setting, interaction colleagues and clients, and contribution to society (Stamm, 2002).

Burnout instruments. Counselor burnout is a prominent concern in the field (Pines & Aronson, 1988). Because of this concern, multiple instruments have been developed to measure the degree to which counselors exhibit symptoms of burnout. Most prominently used are the Copenhagen Burnout Inventory (CBI), Jarabek's Burnout Inventory (JBI), Oldenburg Burnout Inventory (OLBI), and Maslach Burnout Inventory (MBI). The design and application of each of these instruments is discussed below, along with the rationale for the selection of the MBI-HSS as the instrument used to measure burnout for this study.

Copenhagen Burnout Inventory (CBI). The Copenhagen Burnout inventory (CBI) is a 37-item questionnaire measuring the three dimensions of burnout, personal burnout, work-related burnout and client-related burnout (Kristensen, Borritz, Villadsen & Christensen, 2005). Conceptually the CBI is designed to around the core concepts of fatigue and exhaustion, and the attribution of these two concepts three dimensions of burnout, personal burnout, work-related burnout and client-related burnout (Kristensen, Borritz, Villadsen & Christensen, K, 2005). The CBI has been utilized in multiple studies in other languages (e.g., Andrew Chin et al, 2018; Mahmoudi et al, 2017; Fong, Ho & Ng, 2014), but has yet to achieve wide acceptance for use in measuring burnout in the counseling profession.

Jarabek's Burnout Inventory (JBI). The JBI is a self-assessment survey that measures job burnout following Jarabek's burnout model. This model consists of four elements including emotional exhaustion, general exhaustion, depersonalization, and

disinterest in job (Jerabek, 1997). The JBI consists of 35 items that seek to measure the four elements of this burnout model. As of yet the JBI has been utilized primarily in burnout research in education and was not used for this study.

Oldenburg Burnout Inventory (OLBI). The Oldenburg Burnout Inventory was created by Halbesleben and Demerouti in 2005 in order to examine the elements of burnout, exhaustion and disengagement. The OLBI consists of 16 questions, 8 questions measuring exhaustion and 8 regarding disengagement and utilizes a four-point scale response. The researchers assert that the OLBI affords a more inclusive assessment to measure burnout as it contains both positive and negative phrasing for both exhaustion and disengagement (Halbesleben & Demerouti, 2005).

Maslach Burnout Inventory (MBI). Maslach and Jackson designed the Maslach Burnout Inventory (Maslach & Jackson, 1981) in order to assess multiple dimensions of burnout. It consists of a 22 item self-report and contains three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishments. Each item is rated on a seven-point scale ranging from never to every day. Researchers have reported sufficient reliability across all dimensions for the MBI, noting alpha levels of .90 for emotional exhaustion, .76 for depersonalization, and .76 for personal accomplishment (Iwanicki and Schwab, 1981).

Current Study

This literature review was framed by Job Demands-Resources theory, whereby job demands and resources interact with one another to predict occupational well-being. This theory serves as an excellent underpinning for research related to counselor wellness as the job demands placed on helping professionals have been found to be higher than in

other professions (Bressi et al., 2009). One job resource (career sustaining behaviors) and one personal resource (self-efficacy) were discussed as they relate to burnout and wellness.

It is evident from the literature that burnout affects both counselors and clients, as the impaired counselor is in jeopardy of harming the client (Cherniss, 1980; Garland, 2002; Maslach, 1993). Among other negative consequences (Armon, 2009; Belcastro, Gold, & Grant, 1982; Honkonen et al., 2006; Cherniss, 1992; Elman & Dowd, 1997; Kahill, 1988; Toppinen-Tanner et al., 2009), counselor burnout also contributes to attrition in the community, exacerbating the current shortage of mental health professionals (Cherniss, 1980; Garland, 2002; Knudsen, Ducharme & Roman 2006; Koob, 2002; Krisberg, 2015; Maslach, 1993). After reviewing the literature surrounding ethical and professional standards, I concluded that the profession has established thorough expectations of counselors' wellness and training (ACA, 2014; ASCA, 2010; Borders et al., 2011; CACREP, 2009; Myers & Sweeney, 2004; NBCC, 2012). However, the degree to which these expectations are being met is still under much debate. Through the review of the literature, I came to conceptualize career-sustaining behaviors as those actions or attitudes that mitigate burnout and promote wellness (Bride, Radey, & Figley, 2007; Lawson et al, 2007; Maslach & Goldberg, 1998; Myers & Sweeney, 2005; O'Halloran & Linton, 2000; Skovholt & Trotter-Mathison, 2016). These conclusions informed my decision to investigate the relationships among counselor self-efficacy, career sustaining behaviors, and burnout and wellness.

CHAPTER III

Method

The purpose of my exploratory, cross-sectional, non-experimental, quantitative study was to analyze the relationships among counselor self-efficacy, implementation of career-sustaining behaviors, and counselor wellness and burnout among novice counselors. In this chapter, I will explain the methods used for data collection and analysis used to answer the research questions posed in this study. This chapter is organized into the following sections: (a) research questions, (b) research design, (c) selection of participants, (d) instrumentation, (e) data collection procedures, and (f) data analysis.

This study specifically addressed how well counselors' implementation of career sustaining behaviors predicted counselor wellness and counselor burnout. Additionally, I ascertained the extent to which counselors' self-efficacy predicted counselor wellness and counselor burnout. I also investigated the degree to which counselors' self-efficacy mediates the relationships between counselors' implementation of career sustaining behaviors and counselor wellness and counselor burnout. Finally, I ascertained the degree to which the three dimensions of burnout predicted counselor wellness. The following research questions guided this investigation.

Research Questions

I investigated the following research questions in this study:

1. To what degree does counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, predict counselor wellness among novice counselors?

2. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors?

3. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors?

Hypotheses

I used the following research hypotheses to guide this study:

1. Counselor burnout as measured by emotional exhaustion, depersonalization, and personal accomplishment, will predict wellness, among novice counselors.

2. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors.

3. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors.

Research Design

Following Johnson (2001), because I was interested in analyzing the effect of the independent variables in the study on the dependent variables, I utilized an exploratory, cross-sectional, non-experimental, quantitative design to conduct my study. This study

was categorized as cross-sectional because I gathered data from a given point in time through self-reported measures designed to gather quantitative data from participants.

Selection of Participants

The target population for this study was novice counselors in the state of Texas. I used university email lists and agency email lists to solicit participants. Due to the population size and limited access to the population, and because the study was exploratory in nature, I did not use random sampling to recruit participants. Participants of any age, ethnic background, and sex who met inclusion criteria were invited to participate. Participants were licensed in the state of Texas and were currently in practice.

Data Collection Procedures

Data were collected through Qualtrics after approval from my dissertation committee and from the Institutional Review Board (IRB) at Sam Houston State University. Participants received an email requesting their participation along with a link to complete an informed consent, a demographics questionnaire, and four research instruments: the COSE, FFWEL, the CSBQ, and the MBI-HSS. All data were gathered anonymously through Qualtrics and extracted into an Excel spreadsheet.

Instrumentation

In my study, I used a demographics questionnaire and four standardized instruments. I created the demographic questionnaire in order to gather information in regards to gender, age, licensure, years of experience, and attendance of a CACREP accredited counselor education program. I used the Career Sustaining Behaviors Questionnaire (CBSQ) to assess the implementation of career sustaining behaviors by counselors. I utilized The Counseling Self-Estimate Inventory (COSE) to measure

Counselor Self-Efficacy. Additionally, I assessed burnout using the Maslach Burnout Inventory Survey-Human Services Survey (MBI-HSS) to assess conditions associated with burnout. Lastly, I used The Five Factor Wellness Evaluation of Lifestyle (FFWEL) to assess participant's degree of wellness.

Demographic Questionnaire. I designed the Demographic questionnaire with the intention of gathering information that described the sample population to ensure the respondents met the inclusion criteria. I asked participants to indicate their (a) gender, (b) age, (c) race, (d) years of experience, (e) and whether or not the participant attended a CACREP accredited counselor education program. Responses to these questions were reported as frequency counts.

Career Sustaining Behaviors Questionnaire. Lawson and Myers (2007) demonstrated the effectiveness of career sustaining behaviors (CSBs) in mitigating the effects of stress on helping professionals. Additionally, according to Lawson (2007), researchers believe that CSBs can increase counselor self-efficacy and enjoyment of work activities. Brodie (1982) developed the original version of the Career Sustaining Behaviors Questionnaire (CSBQ) as a 17-page inventory of activities believed to promote professional wellness. In my study, I used a version of the CSBQ adapted by Rupert and Kent in 2007 that was condensed into a 25-item inventory designed to assess mental health professionals' implementation of career sustaining behaviors. Items on the Rupert and Kent (2007) version are scored on a 7-point Likert-type scale ranging from 1 (not important) to 7 (extremely important), and assess specific strategies for helping the counselor function effectively and maintain a positive attitude in their professional role.

Internal consistency reliability coefficients for the CSBQ have noted at .71 (Kramen-Kahn & Hansen, 1998) and .89 (Lawson & Myers, 2011).

Counseling Self-Estimate Inventory. The Counseling Self-Estimate Inventory (COSE) measured counselor self-efficacy for this study. Participants answered the 37 items with a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Each question asked participants to rate their degree of confidence in completing a counseling-related task, and each participant received an overall score (27 to 222). The COSE has demonstrated an acceptable level of internal consistency with alpha levels of .88 for microskills, .80 for difficult client behaviors, .87 for process, .78 for cultural competence, and .62 for awareness of values (Larson et al., 1992).

Maslach Burnout Inventory-Human Services Survey. Participants completed the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), a 16 item self-report inventory that was specifically designed to assess burnout among professional in the human services field. Items on the inventory were set on a 7-point Likert scale ranging from 0 to 6 to assess burnout in terms of emotional exhaustion, depersonalization, and personal accomplishment. Iwanicki and Schwab (1981) reported the MBI reliability coefficients across all three dimensions, with an alpha level of .90 for emotional exhaustion, .76 for depersonalization, and .76 for personal accomplishment.

Five Factor Wellness Evaluation of Lifestyle. I used the FFWEL has been used as the measure for counselor wellness for the purposes of this study (Lawson, 2007; Lawson & Myers, 2011). The FFWEL was designed by Myers and Sweeney (2005) to assess an individual's holistic wellness. It is a 91-item instrument that measures global wellness, five second order factors, five wellness factors, and 17 third order wellness

factors. Wellness scores on the FFWEL range from 25 to 100 as the items are set on a 4-point Likert scale ranging from 4 (strongly agree) to 1 (strongly disagree). Three forms of the FFWEL were available for use: the FFWEL-E for young children, the FFWEL-T for assessing adolescents, and the FFWEL-A2 for adults with at least a 9th grade reading level. For this study, I used the FFWEL-A2. Myers and Sweeney (2008) reported high alpha coefficients of .89 for the coping self as well as .96 for the Creative Self and Social Self Scales and .98 for Global Wellness.

Data Analysis

Before analyses were conducted, I examine the data for normality by computing standardized skewness coefficients (i.e., the skewness value divided by the standard error of skewness) and standardized kurtosis coefficients (i.e., the kurtosis value divided by the standard error of kurtosis) (Onwuegbuzie & Daniel, 2002). These values were used to determine if the data were normally distributed for the purposes of the regression analyses for research question 1. Additionally, I examined scatterplots to determine if a linear relationship was present before calculating the regression analyses.

For research question 1, I used stepwise multiple regression to explore the relationship between counselor wellness and the three dimensions of counselor burnout. I began by reporting the adjusted R^2 value to indicate the degree to which burnout explains the total variance in wellness. I also reported the beta values as a measure of the degree to which each predictor variable impacts the outcome variable.

The second and third research questions under investigation in this study were of proposed mediation models. Figures 3 and 4 display the hypothesized relationships between the variables under investigation. While researchers have used multiple

statistical procedures to detect mediation, including the Barron and Kenny (1986) and Sobel (1982), these procedures were limited in their capacity to detect mediation (Field, 2013; Hayes, 2009). Therefore, for this study, I calculated the confidence intervals for the indirect effect using bootstrap methods, which could more accurately detect and describe a mediation relationship (Field, 2013; Hayes, 2009).

Figure 3 depicts the proposed mediation model for the relationships between career sustaining behaviors, counselor self-efficacy, and counselor wellness.

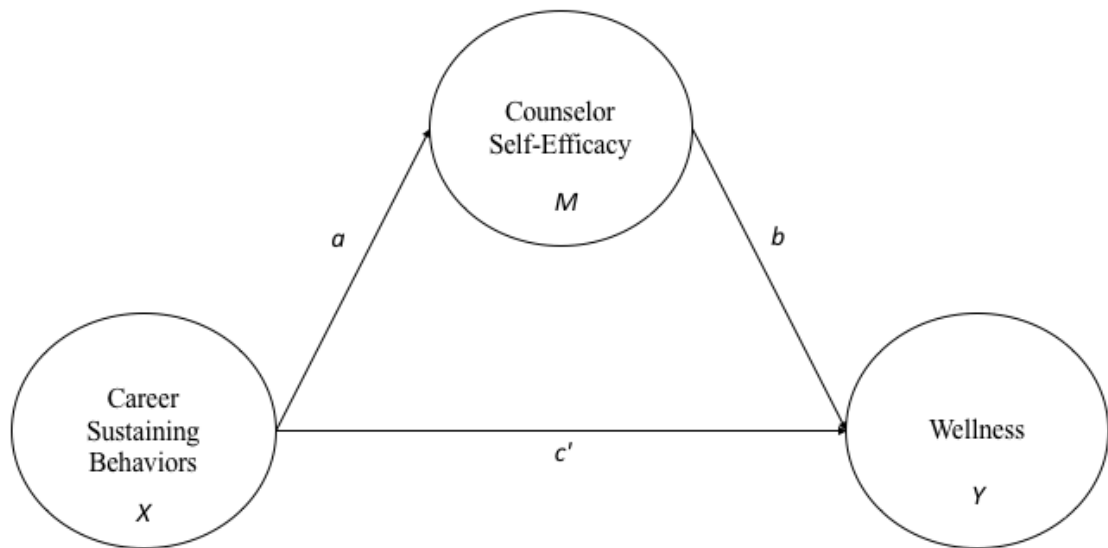


Figure 3. *Hypothesized mediation model for CSB, CSE, & wellness.*

Figure 4 depicts the proposed mediation model for the relationships between career sustaining behaviors, counselor self-efficacy, and counselor burnout.

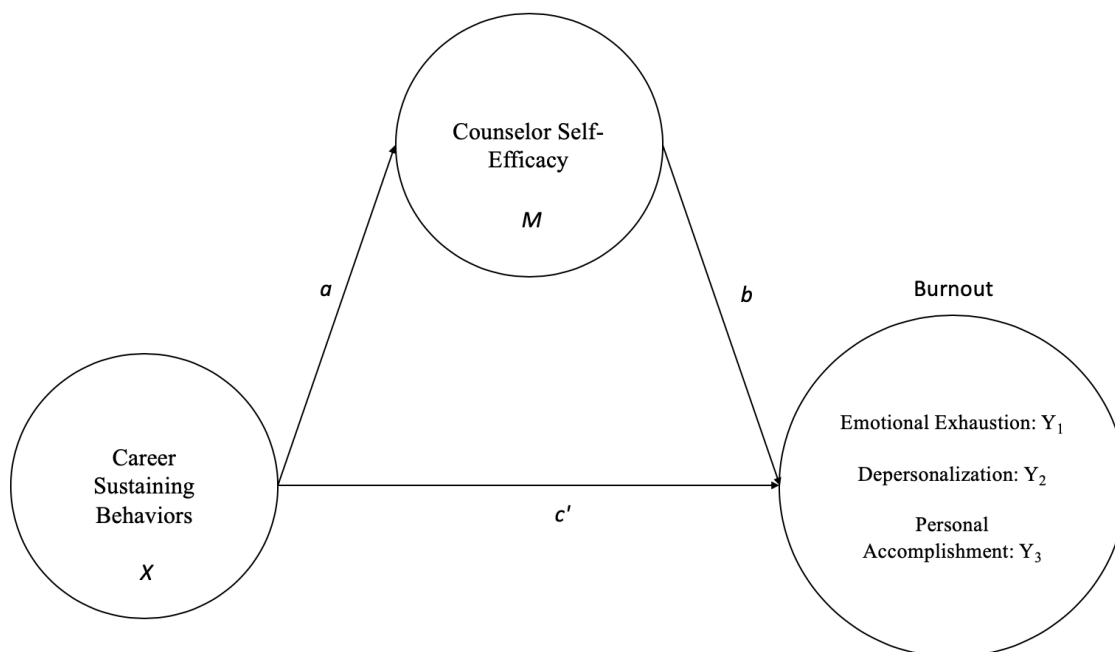


Figure 4. *Hypothesized mediation model for CSB, CSE, & burnout.*

Because I proposed two mediation models (one for each research question 2 and research question 3), I tested each model separately. First, the results of a simple linear regression were calculated for path a , which analyzed the degree to which M (counselor self-efficacy) was predicted by X (career sustaining behaviors). Next, the results of two additional simple regression analyses were reported (paths b and c'). Then, the total effect of the predictor (career sustaining behaviors) on the outcome (wellness or burnout) without the mediator (counselor self-efficacy) in the model was reported. Finally, the indirect effect of X (career sustaining behaviors) on Y (wellness or burnout) with M (counselor self-efficacy) included in the model was reported. These results indicated the degree to which counselor self-efficacy mediated the relationship between career sustaining behaviors and wellness (research question 2) and burnout (research question

3). The standardized b was reported for the mediation model. I present the details of the data analysis in Chapter 4.

Summary

In this chapter, I discussed the methodology that I used to answer my research questions as well as my research design. The purpose of this study was to analyze the relationships among counselors' implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. Three research questions were used to guide this study and data were collected via an online survey tool from Licensed Professional Counselors in the state of Texas in current practice. Four standardized instruments (COSE, FFWEL, CBSQ, and MBI-HSS) as well as one demographic questionnaire were used. The data were then analyzed to assess the degree to which burnout predicts wellness and to detect direct and indirect effects for the mediation models.

CHAPTER IV

Results

The purpose of this study was to analyze the relationships among counselors' implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. Specifically, I addressed the extent to which the three dimensions of burnout influenced counselor self-efficacy and counselors' implementation of career sustaining behaviors. Additionally, I investigated the relationships between counselor self-efficacy and counselors' implementation of career sustaining behaviors and counselor wellness. Finally, I investigated the degree to which counselor self-efficacy and counselors' implementation of career sustaining behaviors mediated the relationship between the three dimensions of burnout and counselor wellness.

Research Questions

I investigated the following research questions in this study:

1. To what degree does counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, predict counselor wellness among novice counselors
2. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors?
3. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as

measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors?

Hypotheses

I used the following research hypotheses to guide this study:

1. Counselor burnout as measured by emotional exhaustion, depersonalization, and personal accomplishment, will predict wellness, among novice counselors.

2. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors.

3. Counselor self-efficacy will mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors.

Recruitment of Participants and Participant Demographics

I recruited participants using convenience and snowball sampling. I requested participation from recent graduates of local professional counseling graduate programs. I also solicited participants through professional associations. Additionally, each participant was asked to forward the survey to other professional counselors with whom they were acquainted. After 8 weeks, 126 participants had begun the survey. Fifteen responses were blank, 33 were incomplete, and 11 did not meet the inclusion parameters. Therefore, I analyzed 67 responses. Because I anticipated detecting medium to large effect sizes, this sample size was considered sufficient for the proposed models (Field, 2013).

The average age of participants was 37.75 years ($SD = 10.77$) with an average of 3.49 years ($SD = 1.46$) of experience. The participants were 88.1% female and 11.9% male. Table 1 below displays the demographics related to participants' licenses held, ethnicities, and highest degree earned.

Table 1

Demographics of Participants'

Demographic	Participants
License Held	
LMFT	1.5%
LMFT Associate	4.5%
LPC	70.1%
LPC-Intern	16.4%
LPC-Intern & LMFT Associate	1.5%
LPC & LMFT	6.0%
Ethnicity	
African American	7.5%
Hispanic	11.9%
White	74.6%
Native American	---
Asian/Pacific Islander	6.0%
Other	---
Gender	
Female	88.1%
Male	11.9%
Highest Degree Earned	
Masters	97.0%
Doctorate	3.0%

Normality of Data and Assumptions

Before analyses were conducted, I examined the data for markers of normality and to ensure that the assumptions of the statistical procedures were met. I calculated standardized skewness coefficients (i.e., the skewness value divided by the standard error of skewness) and standardized kurtosis coefficients (i.e., the kurtosis value divided by the standard error of kurtosis) to ensure the values were within the range of normality, (Onwuegbuzie & Daniel, 2002). I used these values to determine if the data were normally distributed for the purposes of the regression analyses conducted for research question 1. Of the eight coefficients, only two were within the range of normality, $+/-3$ (Onwuegbuzie & Daniel, 2002). However, as noted in Field (2013), when conducting a regression analysis, it is not necessary for independent variables to be normally distributed, and the normality of the dependent variable is of little consequence.

Next, before I conducted the regression analyses, I examined scatterplots to determine whether a linear relationship was present. My examination of scatterplots presented below in Figures 3, 4, and 5, revealed the presence of linear relationships between the each of the independent variables and the dependent variable.

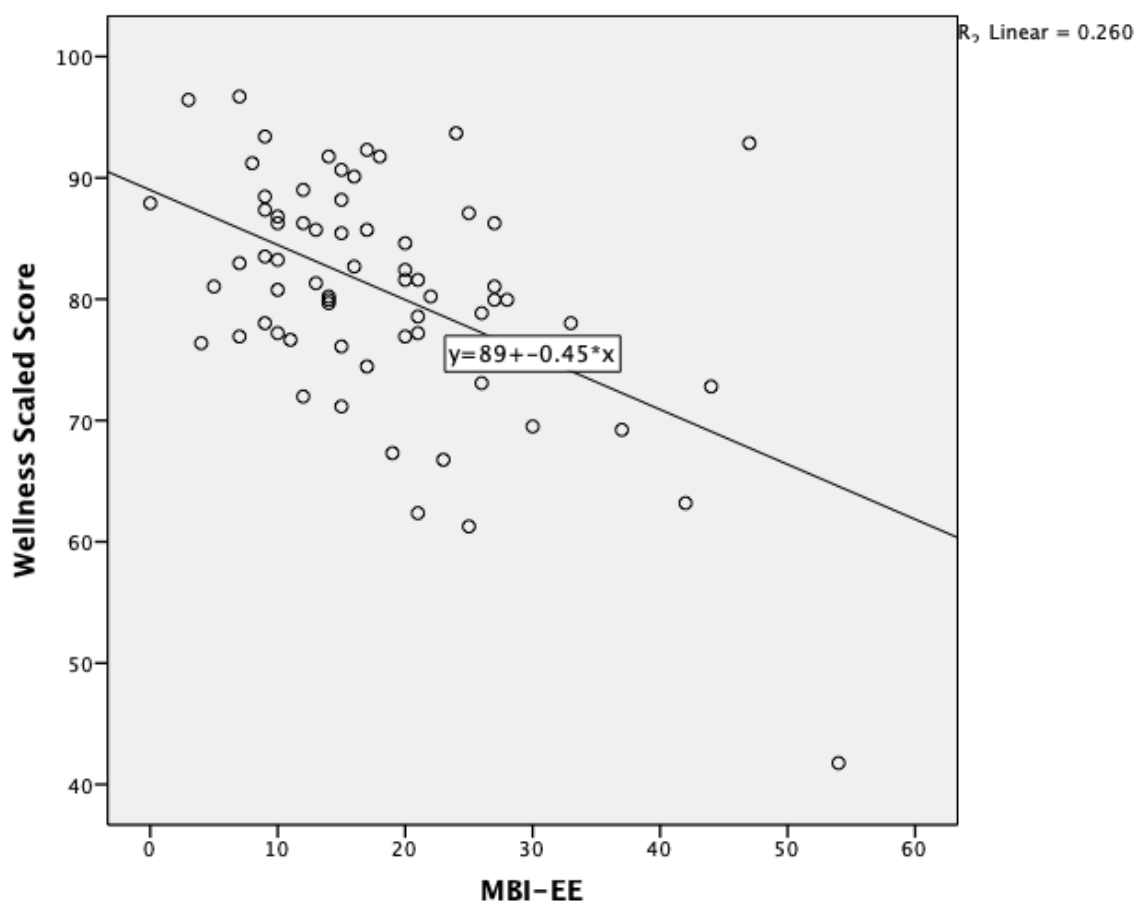
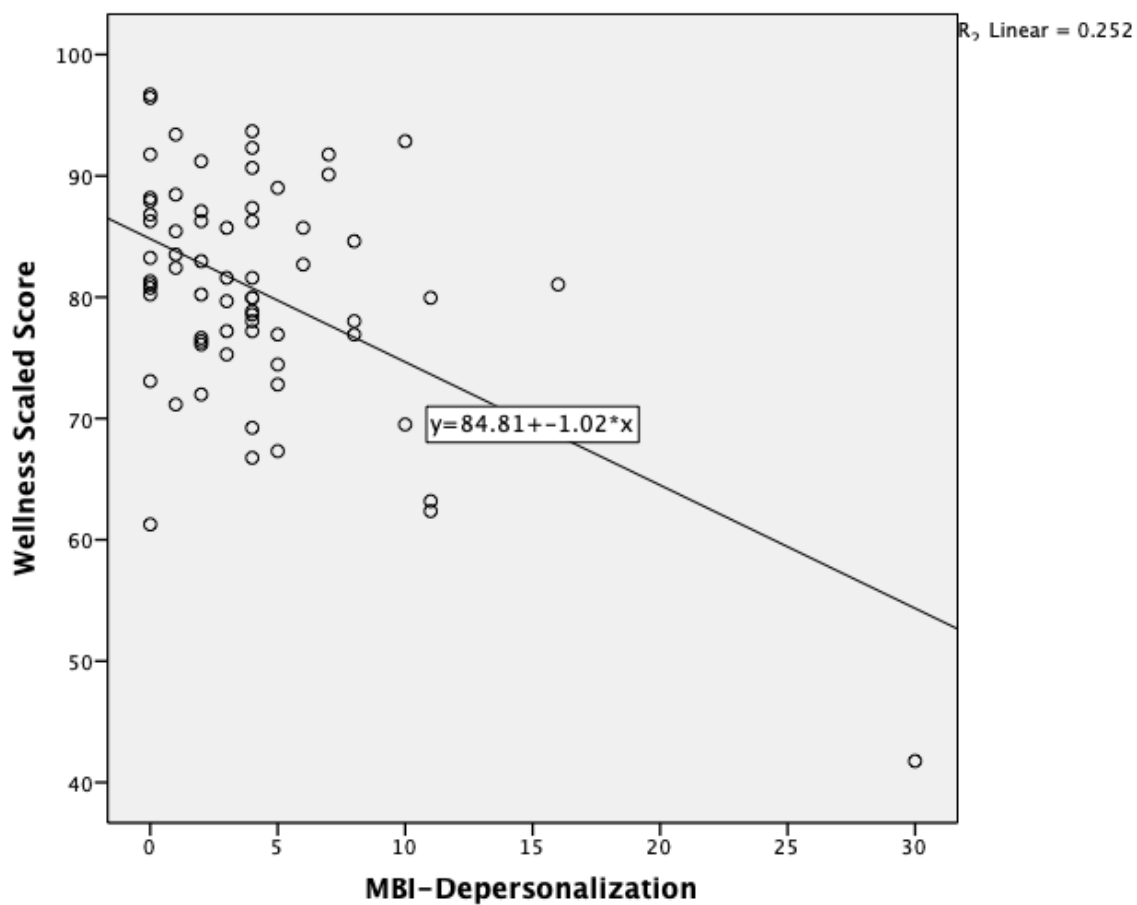


Figure 5. *Scatterplot for Emotional Exhaustion & Wellness.*



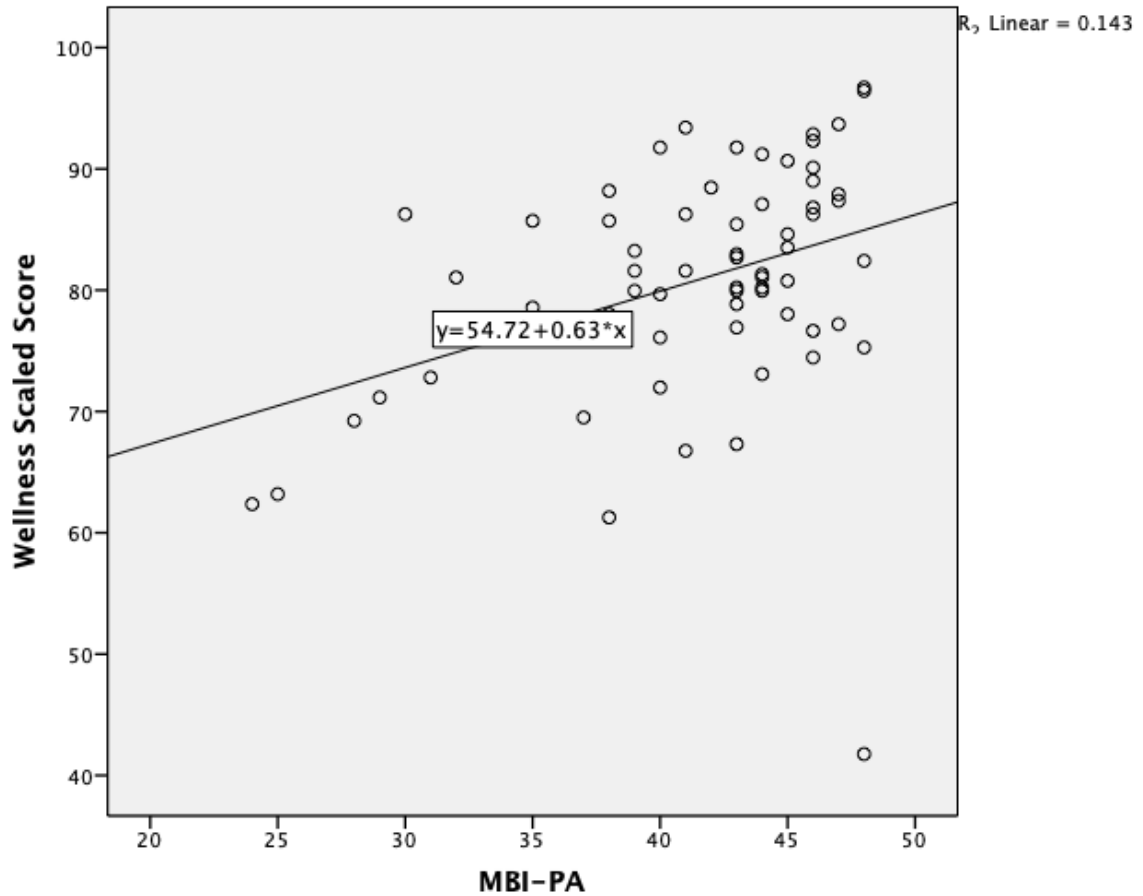


Figure 7. *Scatterplot for Personal Accomplishment & Wellness.*

Therefore, because the assumptions of normality were met and linear relationships were present, I proceeded testing to see if the data met the assumptions for regression analysis.

I calculated Tolerance values and the variance inflation factor (VIF) to determine the extent to which multicollinearity was present. Multicollinearity describes the degree to which the variables are correlated with one another. In all cases, the Tolerance values were below 1 and the VIF values were higher than 1, indicating that multicollinearity was not present (Field, 2009). Moreover, I used the Durbin-Watson statistic to detect the presence of significant residual autocorrelation. Because the Durbin-Watson statistic value for the regression analysis was 1.93, which is near 2.00 as recommended by Field

(2013); this assumption was not violated. Because none of the assumptions of multiple regression were violated, I proceeded with the multiple regression analysis.

Research Question 1: Results

To begin, I used stepwise multiple regression to address research question 1: “To what degree do the three dimensions of burnout predict wellness among novice counselors?” Table 2 displays descriptive statistics for each variable under investigation.

Table 2

Descriptive Statistics

Variable	<i>M</i>	<i>SD</i>
Burnout (MBI-HSS)		
Emotional Exhaustion	18.27	10.64
Depersonalization	4.01	4.67
Personal Accomplishment	41.30	5.68
Wellness (FFWEL)	80.73	9.44
Career Sustaining Behaviors (CSBQ)	137.34	13.04
Self-Efficacy (COSE)	172.21	21.70

Note. $n = 67$ for all variables

The analysis revealed that, when combined, all burnout dimensions were statistically significant predictors of counselor wellness, $F(3, 66) = 12.38, p < .001$. The adjusted R^2 value of .341 indicates that all combined dimensions of burnout explained 34.1% of the total variance in wellness, which was indicative of a large effect size (Cohen, 1988).

Within the three dimensions of burnout, Emotional Exhaustion accounted for the greatest variance explained in counselor wellness at 24.8% of the total variance, which is a large effect size (Cohen, 1988). The two other dimensions, Depersonalization and Personal Accomplishment, both exhibited small effect sizes at 5.4% and 5.7% respectively. The

Beta values for the burnout dimensions were -.229 for emotional exhaustion, -.316 for depersonalization, and .253 for personal accomplishment. These results support accepting the research hypothesis. Table 3 displays the regression analysis statistics for each of the burnout dimensions.

Table 3

Regression Analysis Statistics for Burnout Dimensions as Predictors of Wellness

Burnout Subscale	<i>Adjusted R²</i>	β
Emotional Exhaustion	.248	-.229
Depersonalization	.054	-.316
Personal Accomplishment	.057	.253

Note. $n = 67$ for all subscales

Research Question 2: Results

Next, I proposed a mediation model to investigate research question 2 of this study: “To what degree does counselor self-efficacy mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor wellness among novice counselors?” Because other statistical procedures are limited in their ability to detect mediation, including the Barron and Kenny (1986) and Sobel (1982) methods, I used bootstrap methods to calculate confidence intervals to more accurately detect and describe a mediation relationship (Field, 2013; Hayes, 2009). To begin the analysis, I evaluated a model that assessed the degree to which self-efficacy mediated the relationship between counselors’ implementation of career sustaining behaviors and counselor wellness. The proposed model is in Figure 5 below.

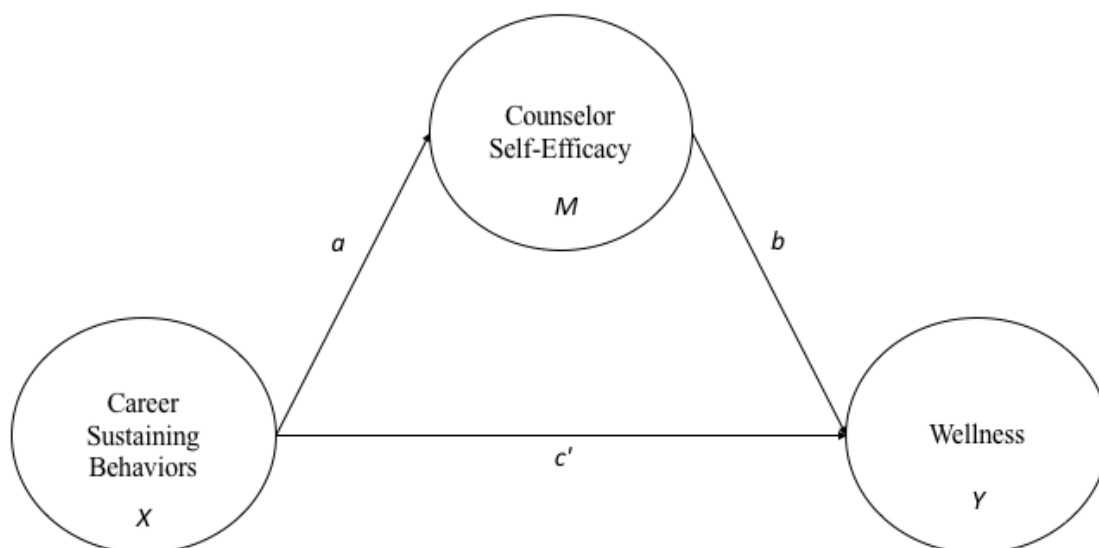


Figure 8. *Hypothesized mediation model for CSB, CSE, & wellness.*

However, contrary to the hypothesis for research question 2: “Counselor self-efficacy will mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor burnout and wellness among novice counselors,” this model did not exhibit the markers of good fit, and novice counselors’ implementation of CSBs did not predict counselor self-efficacy ($b = .08, t = 0.387, p = .700$). And while counselor self-efficacy was a statically significant predictor of wellness ($b = .207, t = 4.667, p < .001$), self-efficacy did not mediate the relationship between CSBs and wellness ($b = -.017, \text{BCa CI } [-.081, .103]$).

Research Question 3: Results

Finally, I used a mediation model in order to investigate research question 3. The research question was: “To what degree does counselor self-efficacy mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor burnout among novice counselors?” To begin the analysis, I evaluated a model

that assessed the degree to which self-efficacy mediated the relationship between counselors' implementation of career sustaining behaviors and counselor burnout.

Because I examined three dependent variables (the three dimensions of burnout) within this research question, I tested three models separately as suggested by Hayes (2013).

The proposed models accounting for the three dimensions of burnout are collapsed into a single model and can be viewed in Figure 6 below.

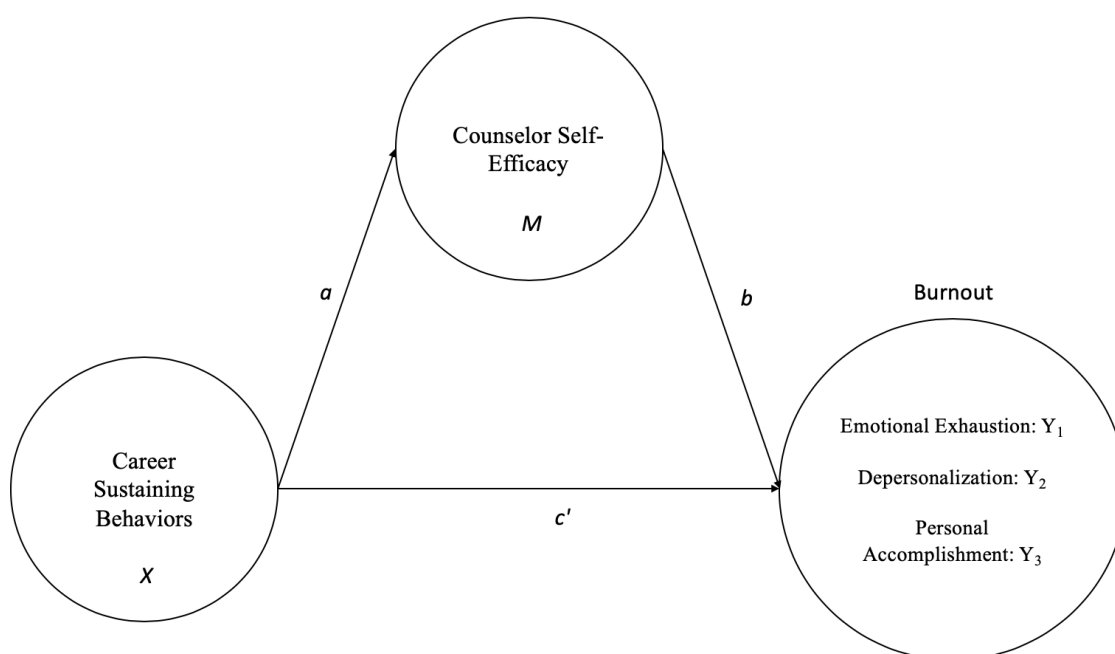


Figure 9. *Hypothesized mediation model for CSB, CSE, & the three dimensions of burnout.*

However, contrary to the hypothesis for research question 3, “counselor self-efficacy will mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor burnout among novice counselors,” this model did not exhibit the markers of good fit. Counselors’ implementation of CSBs did not predict counselor self-efficacy ($b = .08, t = 0.387, p = .700$), and implementation of CSBs was not a statistically significant predictor of emotional exhaustion ($b = -.186, t = -1.887, p = .06$),

depersonalization ($b = -.077, t = -3.045, p = .003$), or personal accomplishment ($b = .082, t = 2.686, p = .009$). And while Self-efficacy predicted emotional exhaustion ($b = -.199, t = -3.684, p < .001$), depersonalization ($b = -.076, t = -3.045, p = .003$), and personal accomplishment ($b = .082, t = 2.686, p = .009$), self-efficacy did not serve as a mediator to the relationship between CSBs and emotional exhaustion ($b = -.016$, BCa CI $[-.109, .068]$), depersonalization ($b = -.006$, BCa CI $[-.043, .032]$), or personal accomplishment ($b = .007$, BCa CI $[-.030, .042]$) as originally hypothesized.

Creation of a Post-Hoc Model

Based upon the lack of statistical support for Hypotheses 2 and 3, and as suggested by Kline (2011), I sought to create another theoretically sound model. In re-reviewing the literature, I discovered that symptoms of burnout might precede a decline in wellness among counselors (Armon, 2009; Belcastro, Gold, & Grant, 1982; Honkonen et al., 2006; Cherniss, 1992; Elman & Dowd, 1997; Kahill, 1988; Toppinen-Tanner et al., 2009). In addition, the literature revealed that counselors' implementation of career sustaining behaviors and increased self-efficacy might improve counselor wellness (Bandura, 1977; Gündüz, 2012; Skovholt & Trotter-Mathison, 2016). However, researchers have not yet discussed the ways in which these variables might be related.

Additionally, researchers who have written about job-demands resources theory, asserted that job- and personal-resources (conceptualized as career sustaining behaviors and self-efficacy for this study) predicted motivation, enjoyment, engagement, and occupational well-being (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Bakker, Van Veldhoven, & Xanthopoulou, 2010; Bakker et al., 2014). Additionally, job- and personal-resources might mitigate the effect that job demands have on occupational well-

being (Bakker et al., 2014; Bakker, Demerouti, & Euwema, 2005; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007).

Based upon my new understanding of the literature, I created a model to assess the degree to which the relationship between burnout and wellness was mediated by counselors' implementation of career sustaining behaviors and self-efficacy. The modified models under investigation can be viewed in Figures 10, 11, and 12.

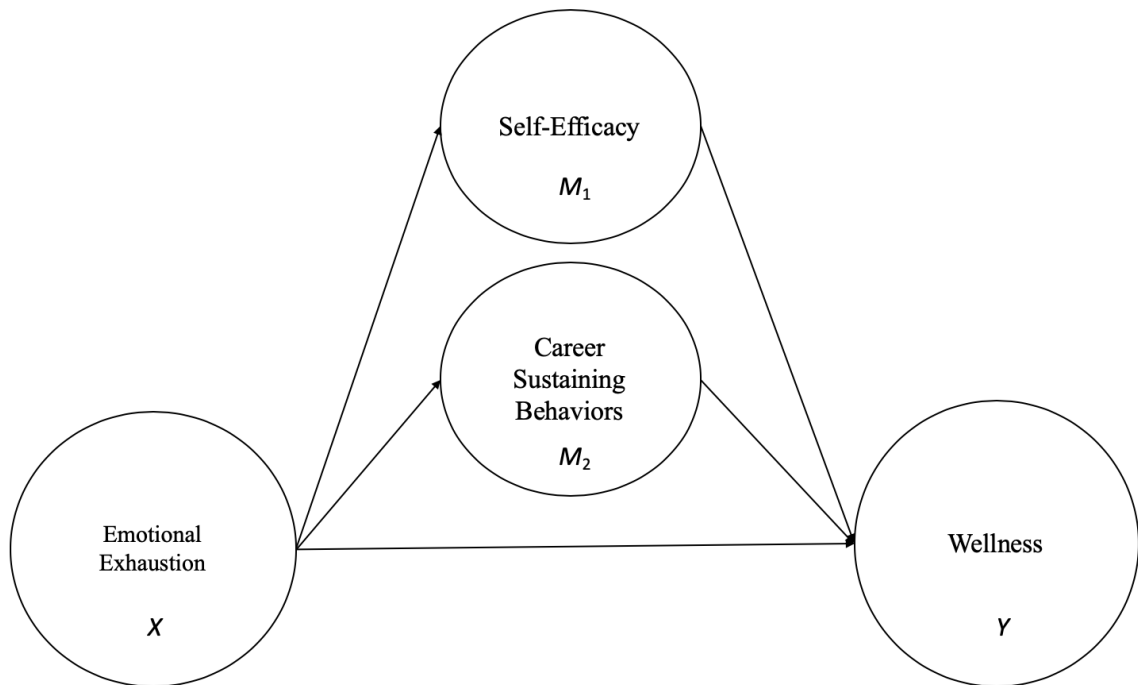


Figure 10. *Hypothesized mediation model for emotional exhaustion, CSE, CSB, & wellness.*

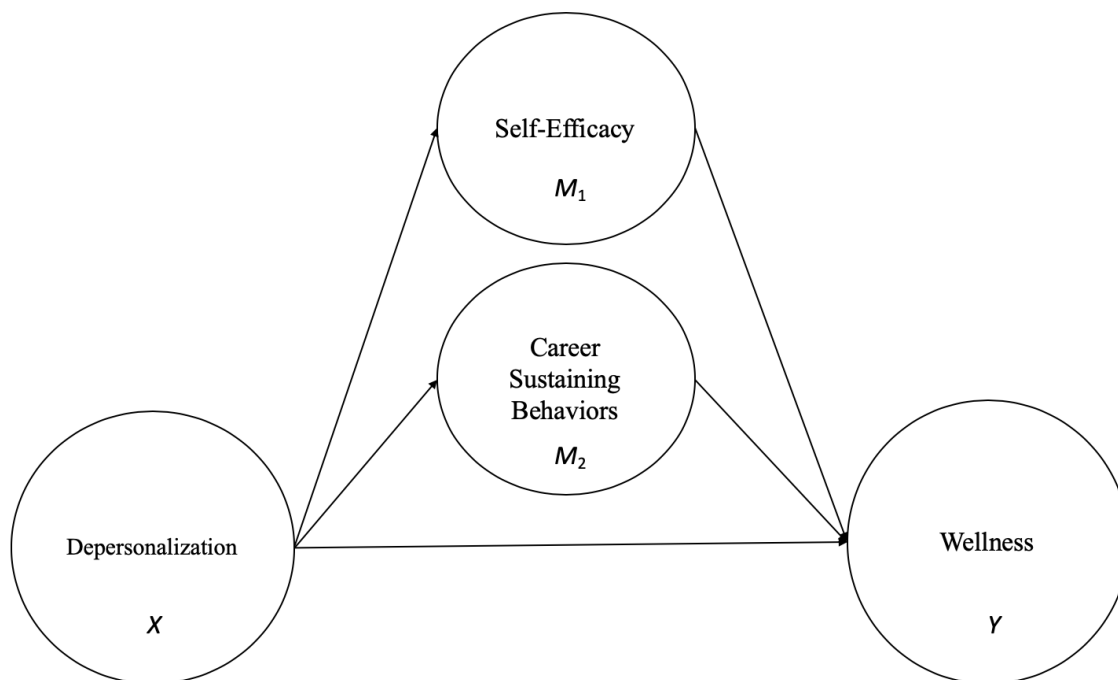


Figure 11. *Hypothesized mediation model for emotional depersonalization, CSE, CSB, & wellness.*

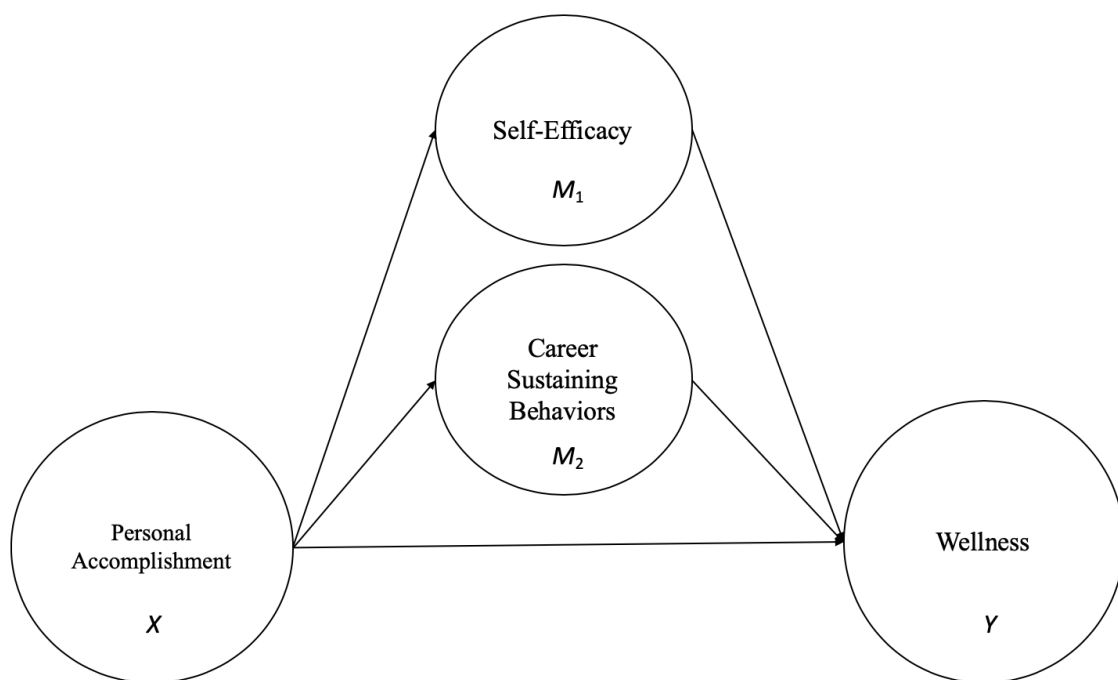


Figure 12. *Hypothesized mediation model for emotional personal accomplishment, CSE, CSB, & wellness.*

Post-Hoc Model: Results

The research question for the modified model was: “To what degree do counselor self-efficacy and counselors’ implementation of career sustaining behaviors mediate the relationship between the three dimensions of burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, and counselor wellness among novice counselors?” To answer this question, I began by analyzing the degree to which counselor self-efficacy and counselors’ implementation of CSBs mediate the relationship between burnout and counselor wellness. I used Hayes’s PROCESS tool v3.0 for SPSS model 6 to conduct the mediation analyses. This tool calculated both the direct and indirect effects simultaneously. Because I examined the three dimensions of burnout, emotional exhaustion, depersonalization, and personal accomplishment, as three independent variables, I tested the three models separately as suggested by Hayes (2013).

Emotional Exhaustion. First, I calculated the results of a simple linear regression for path a_1 , which analyzed the degree to which M_1 (counselor self-efficacy) was predicted by X (emotional exhaustion). Emotional exhaustion significantly predicted counselor self-efficacy with a medium effect size ($b = -.85, t = -3.71, p = .004, R^2 = .17$). Next, I calculated the results of a simple linear regression for path a_2 , which analyzed the degree to which M_2 (counselors’ implementation of career sustaining behaviors) was predicted by emotional exhaustion. Emotional exhaustion did not significantly predict counselors’ implementation of career sustaining behaviors ($b = -.28, t = -1.89, p = .06$). Then, I conducted an additional regression analysis to estimate the effects of X, M_1 , and M_2 on Y . These results indicated that, when considered together, self-efficacy ($b = .15, t = 3.29, p = .002$), CSB ($b = .18, t = 2.55, p = .01$), and emotional exhaustion ($b = -.27, t$

$= -2.80, p = .007$) predicted counselor wellness ($F(3, 63) = 14.77, p < .001$) with a large effect size ($R^2 = .41$).

I then calculated the effect of the predictor (emotional exhaustion) on the outcome (wellness) without the mediators (counselor self-efficacy and CSBs) in the model.

Emotional exhaustion ($b = -.45, t = -4.77, p < .001, R^2 = .26$) predicted wellness at a statistically significant level with a large effect size. Finally, I analyzed the indirect effect of X (emotional exhaustion) on Y (wellness) with M_1 and M_2 (counselor self-efficacy and CSBs) included in the model. There was a statistically significant, negative indirect effect of emotional exhaustion on counselor wellness through counselor self-efficacy and CSB, $b = -.181$, BCa CI $[-0.317, -.059]$. The b values in each of these analyses indicated the degree to which self-efficacy and CSBs mediated the relationship between burnout and wellness, with larger absolute values representing greater degrees of mediation. These results indicated that counselor self-efficacy and CSBs partially mediated the relationship between emotional exhaustion and counselor wellness. Figure 13 displays the mediation model that was determined to have the markers of good fit for the first model.

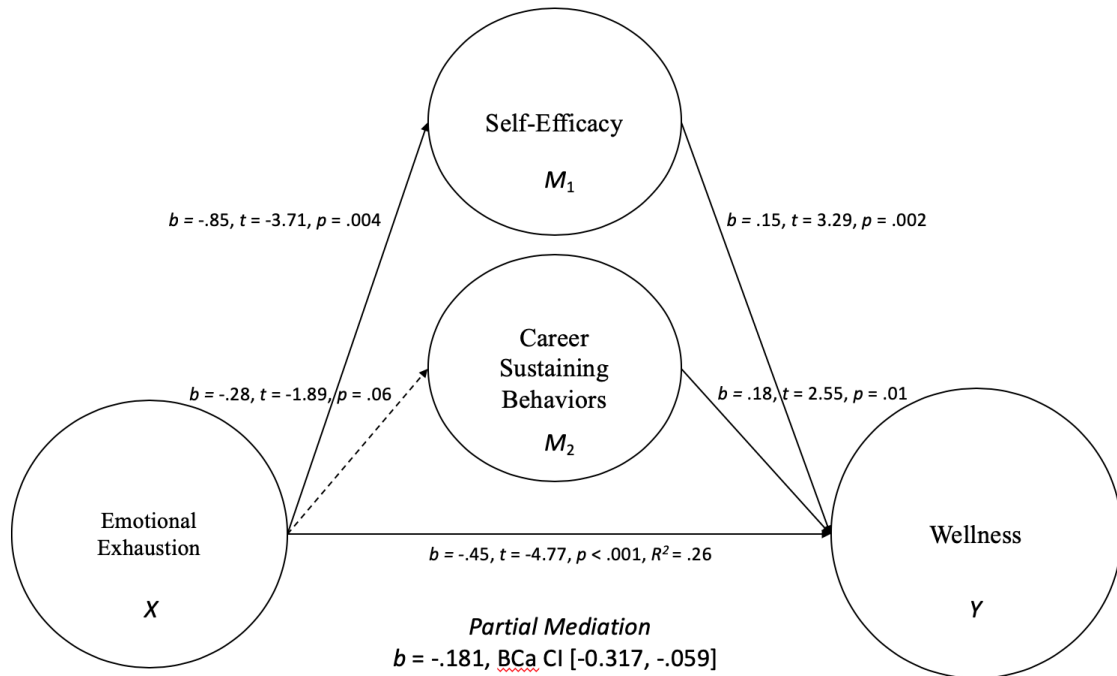


Figure 13. *Mediation model of best fit for emotional exhaustion.*

Depersonalization. Next, I tested the model using depersonalization as the predictor variable. First, I calculated the results of a simple linear regression for path a_1 , which analyzed the degree to which M_1 (counselor self-efficacy) was predicted by X (depersonalization). Depersonalization significantly predicted counselor self-efficacy with a medium effect size ($b = -1.66, t = -3.07, p = .003, R^2 = .13$). Next, I calculated the results of a simple linear regression for path a_2 , which analyzed the degree to which M_2 (counselors' implementation of career sustaining behaviors) was predicted by depersonalization. Depersonalization did not significantly predict counselors' implementation of career sustaining behaviors ($b = -0.05, t = -0.149, p = .882$). Then, I conducted an additional regression analysis to estimate the effects of X, M_1 , and M_2 on Y . These results indicated that, when considered together, self-efficacy ($b = .15, t = 3.45, p = .001$), CSB ($b = .23, t = 3.42, p = .001$), and depersonalization ($b = -.76, t = -3.79, p <$

.001) predicted counselor wellness ($F(3, 63) = 18.05, p < .001$) with a large effect size ($R^2 = .46$).

I then calculated the effect of the predictor (depersonalization) on the outcome (wellness) without the mediators (counselor self-efficacy and CSBs) in the model. Depersonalization ($b = -1.02, t = -4.68, p < .001, R^2 = .25$) predicted wellness at a statistically significant level with a large effect size. Finally, I analyzed the indirect effect of X (depersonalization) on Y (wellness) with M_1 and M_2 (counselor self-efficacy and CSBs) included in the model. There was a statistically significant, negative indirect effect of depersonalization on wellness, $b = -.258$, BCa CI $[-0.703, -.041]$. The b values in each of these analyses indicated the degree to which self-efficacy and CSBs mediated the relationship between burnout and wellness, with larger absolute values representing greater degrees of mediation. These results indicated that counselor self-efficacy and CSBs partially mediated the relationship between depersonalization and counselor wellness. Figure 14 displays the mediation model that was determined to have the markers of good fit for the first model.

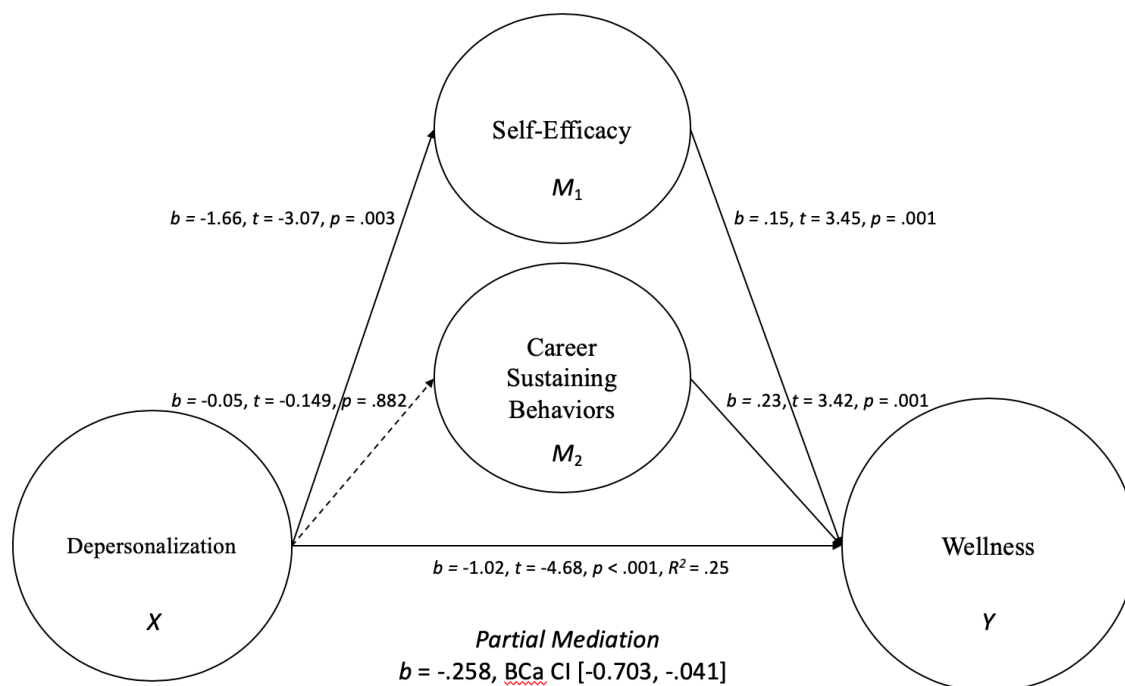


Figure 14. *Mediation model of best fit for depersonalization.*

Personal Accomplishment. Lastly, I tested the model using personal accomplishment as the predictor variable. First, I calculated the results of a simple linear regressions for path a_1 , which analyzed the degree to which M_1 (counselor self-efficacy) was predicted by X (personal accomplishment). Personal accomplishment significantly predicted counselor self-efficacy with a small effect size ($b = 1.23, t = 2.74, p = .008, R^2 = .10$). Next, I calculated the results of a simple linear regression for path a_2 , which analyzed the degree to which M_2 (counselors' implementation of career sustaining behaviors) was predicted by personal accomplishment. Personal accomplishment did not significantly predict counselors' implementation of career sustaining behaviors ($b = 0.42, t = 1.49, p = .14$). Then, I conducted an additional regression analysis to estimate the effects of X, M_1 , and M_2 on Y . These results indicated that, when considered together, self-efficacy ($b = .18, t = 3.93, p < .001$), CSB ($b = .21, t = 2.80, p = .006$), and personal

accomplishment ($b = .32, t = 1.81, p = .007$) predicted counselor wellness ($F(3, 63) = 12.48, p < .001$) with a large effect size ($R^2 = .37$).

I then calculated the effect of the predictor (personal accomplishment) on the outcome (wellness) without the mediators (counselor self-efficacy and CSBs) in the model. Personal accomplishment ($b = .63, t = 3.30, p = .002, R^2 = .14$) predicted wellness at a statistically significant level with a medium effect size. Finally, I analyzed the indirect effect of X (personal accomplishment) on Y (wellness) with M_1 and M_2 (counselor self-efficacy and CSBs) included in the model. The indirect effect of personal accomplishment was significant and positive, $b = -.307$, BCa CI [0.079, 0.574]. The b values in each of these analyses indicated the degree to which self-efficacy and CSBs mediated the relationship between burnout and wellness, with larger absolute values representing greater degrees of mediation. These results indicated that counselor self-efficacy and CSBs partially mediated the relationship between depersonalization and counselor wellness. Figure 15 displays the mediation model that was determined to have the markers of good fit for the first model.

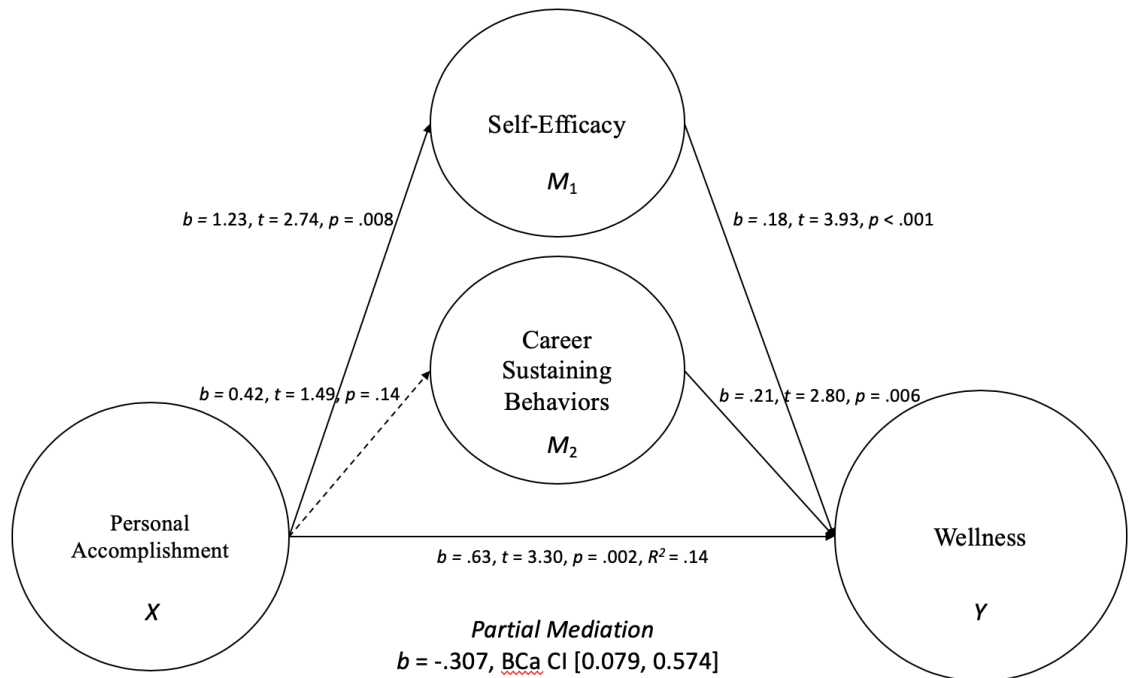


Figure 15. *Mediation model of best fit for personal accomplishment.*

Summary

The purpose of this explanatory, retrospective, non-experimental, quantitative study was to analyze the relationships among counselors' implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. To this end, I investigated three research questions in my study:

1. To what degree does counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, predict counselor wellness among novice counselors
2. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor wellness among novice counselors?

3. To what degree does counselor self-efficacy mediate the relationship between counselors' implementation of career sustaining behaviors and counselor burnout, as measured by emotional exhaustion, depersonalization, and personal accomplishment, among novice counselors?

In order to analyze the relationships posited in the first research question, I calculated a stepwise multiple regression analysis. This analysis revealed that each of the three dimensions of burnout significantly predicted counselor wellness. A large effect size was present with 31.4% of wellness being accounted for by the three dimensions of burnout. Within the three dimensions of burnout, Emotional Exhaustion accounted for the greatest variance explained in counselor wellness at 24.8% of the total variance, which is a large effect size (Cohen, 1988). The two other dimensions, Depersonalization and Personal Accomplishment, both exhibited small effect sizes at 5.4% and 5.7% respectively.

For research questions 2 and 3, I used Hayes PROCESS tool v3.0 to estimate the direct and indirect effects for the proposed mediation model. The analysis of the originally proposed research questions revealed that counselor self-efficacy does not mediate the relationship between career sustaining behaviors and wellness or burnout. Because the originally proposed models did not display good fit, a new theoretically-sound model and research question were developed. In the post-hoc model, I analyzed the extent to which the three dimensions of burnout influenced counselor self-efficacy and counselors' implementation of career sustaining behaviors. Additionally, I investigated the relationship between counselor self-efficacy and counselors' implementation of career sustaining behaviors and counselor wellness. Finally, I analyzed the degree to

which counselor self-efficacy and counselors' implementation of career sustaining behaviors mediated the relationship between the three dimensions of burnout and counselor wellness. Through analysis of the three models, I concluded that the relationship between each of the three dimensions of burnout and counselor wellness was partially mediated by counselor self-efficacy and counselors' implementation of career sustaining behaviors.

CHAPTER V

Discussion, Implications, and Recommendations

The purpose of this study was to analyze the relationships among counselors' implementation of career-sustaining behaviors, counselor self-efficacy, and counselor wellness and burnout among novice counselors. These relationships were analyzed first by assessing the degree to which the three dimensions of burnout predict wellness. I then analyzed the degree to which self-efficacy mediates the relationships between the implementation of career sustaining behaviors and wellness and burnout. Because these models did not exhibit the markers of good fit, I created a new model that analyzed the extent to which implementation of career sustaining behaviors and self-efficacy mediate the relationship between the three dimensions of burnout and wellness. In the remainder of this chapter, I describe the impetus for my study and the summary of results, as well as connect these results to the conceptual framework and my review of the literature, explore implications for practice, and provide recommendations for future research.

Impetus for the Study

Since the beginning of my counseling career, I have been curious about the phenomena of burnout and wellness. In my experience and in much of the literature, burnout appears to be the enemy of the professional counselor. Because it is my goal to make a long career of being a counselor and to make the sacrifices of graduate education worthwhile, I wanted to know how to keep burnout from happening to others and myself.

As I began reviewing the literature, I realized that burnout is a complex phenomenon. It became clear that my understanding of this concept needed to be expanded to include counselor wellness if I was to have a clearer understanding of how to

prevent burnout. I began with the idea that burnout and wellness have a simplistic, linear relationship. However, I learned that multiple variables could contribute to counselors' burnout and wellness, so I wanted to analyze a model that took this complexity into account. I also realized that burnout often cannot be avoided, so counselors need tools to manage the symptoms of burnout when they arise. These factors spurred me to consider the practices or qualities that might allow counselors to experience wellness despite the experience of burnout.

I continued to learn about the frameworks for preparing counselors and the systems that were already in place for helping counselors maintain wellness. However, I also repeatedly read that counselors still experience burnout to a high degree despite the immense amount of work that has been done on this topic. That then lead me to wonder, "What framework could better inform counselor education programs and counselor practice to prevent burnout from having a negative impact on counselor wellness throughout their careers?"

I discovered job-demands resources theory during my review of the literature. In this theory, I found a model that fit the counselor burnout phenomena that I had observed. Within the theory, the researchers detailed that individuals experience demands in every career, and counseling is certainly no exception. However, the authors who wrote of this theory also discussed how job- and personal-resources could help individuals stay well despite these demands.

Job-Demands Resources theory expressed the phenomena I wanted to investigate and provided an excellent framework from which to explore counselor burnout. The literature I read, the theory I chose to use to support my research, and the evolution of the

study I conducted have informed my thoughts about the ways the profession can promote wellness.

Summary of Results

With research question 1, I asked: “To what degree do the three dimensions of burnout predict wellness among novice counselors?” I conducted a multiple regression analysis to evaluate the hypothesized relationship between counselor burnout and wellness. The results from the analysis indicated that each of the three dimensions of burnout significantly predicted wellness with a large effect size ($R^2 = .341$). The emotional exhaustion dimension contributed the greatest degree of variance in wellness (24.8%), followed by personal accomplishment (5.7%) and depersonalization (5.4%).

With research question 2, I asked: “To what degree does counselor self-efficacy mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor wellness among novice counselors?” The results of the analysis of the mediation model for this question did not reveal the hypothesized relationships. Counselors’ implementation of career sustaining behaviors did not predict counselor self-efficacy, and self-efficacy did not mediate the relationship between career sustaining behaviors and wellness. However, self-efficacy did predict wellness.

With research question 3, I asked, “To what degree does counselor self-efficacy mediate the relationship between counselors’ implementation of career sustaining behaviors and counselor burnout among novice counselors?” I used three mediation models in order to investigate this research question, one for each dimension of burnout. As with research question 2, these models did not display the markers of good fit, as counselors’ implementation of career sustaining behaviors did not predict counselor self-

efficacy or any of the dimensions of burnout. Additionally, self-efficacy did not mediate the relationship between career sustaining behaviors and emotional exhaustion, depersonalization, or personal accomplishment.

Because the models for research questions 2 and 3 did not display the markers of good fit, a new theoretically sound model was created. For the new model, the research question was: “To what degree do counselor self-efficacy and counselors’ implementation of career sustaining behaviors mediate the relationship between the three dimensions of burnout and counselor wellness among novice counselors?” Within this model, each of the three dimensions of burnout predicted self-efficacy with small to medium effect sizes. However, none of the three dimensions of burnout predicted counselors’ implementation of career sustaining behaviors. Additionally, each dimension of burnout combined, when with self-efficacy and implementation of career sustaining behaviors, predicted wellness with large effect sizes. Finally, the combination of self-efficacy and implementation of career sustaining behaviors partially mediated the relationship between each of the three dimensions of burnout and wellness. These results indicated that for these participants, burnout indirectly influenced wellness through their implementation of career sustaining behaviors and self-efficacy.

Connection of Results to Theoretical Framework

Job demands-resources theory provides a framework to understand occupational well-being and employee burnout through two constructs: *resources available to an employee* and *job demands placed on an employee*. The developers of job demands-resources theory assert that job- and personal-resources influence employees’ motivation, enjoyment, and wellness (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007; Bakker,

Van Veldhoven, & Xanthopoulou, 2010; Bakker et al., 2014). For the purposes of this study, which investigated way job- and personal-resources (career sustaining behaviors and self-efficacy) influenced burnout and wellness, this theory provided the flexibility necessary to conceptualize factors that influence burnout and wellness in the helping professions (Bakker et al., 2014).

One purpose for exploring job-demands and job-resources is the potential to better understand how helping professionals' wellness can be supported (Bakker & Demerouti, 2017). Although job- and personal-resources do not always lead to wellness, and job-demands do not always lead to burnout, many researchers have documented the positive effects that experiencing job- and personal-resources can have on helping professionals' wellness (Bakker, Demerouti, & Verbeke, 2004; Demerouti et al., 2003; Judge, Van Vianen, & DePater, 2004; Nachreiner & Schaufeli, 2001). To this end, the job demands-resources literature has documented the mitigating effect that job- and personal-resources can have on job-demands (Bakker et al., 2014; Bakker, Demerouti, & Euwema, 2005; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007), which was supported by the results of this study. The results from this study indicated that, at least for novice counselors, experiencing job- and personal-resources (operationalized as career sustaining behaviors and self-efficacy for my study) can potentially mediate the effect that burnout has on wellness.

The results of this study also aligned with research conducted by Tims et al. (2012) and Petrou et al. (2012). These authors stated that employees craft their jobs to create more suitable job conditions, thereby increasing job-related enjoyment and wellness. In this study, this concept was operationalized through counselors'

implementation of career sustaining behaviors, which tested this aspect of the job demands-resources theory by designing the revised model with career sustaining behaviors as a mediator. The results of the analysis supported the conclusions drawn by Tims et al. (2012) and Petrou et al. (2012), which is that counselors who craft their jobs to be more suitable through implementing career sustaining behaviors experience greater degrees of wellness.

Connection of Results to Existing Literature

My research confirmed and expanded upon previously uninvestigated relationships among burnout, implementation of CSBs, self-efficacy, and wellness. When I began my research, my initial understanding of the literature was that job-resources (operationalized as career sustaining behaviors) would predict personal-resources (operationalized as self-efficacy), and that both of these variables would predict wellness and burnout. However, that model was not a good fit for the data collected. Instead, the model of best fit indicated that job- and personal-resources combine to mediate the relationship between burnout and wellness. Some of the results described in my study are consistent with findings from previous research that has been conducted. However, my results also differ from and expand upon previous research.

Burnout. The results of my study indicated that the three dimensions of burnout predict wellness and account for a large degree of the variation in wellness (34.1%). However, the effect sizes for each of the dimensions varied. Emotional exhaustion predicted wellness with large effect sizes (24.8%), while personal accomplishment and depersonalization predicted wellness with small effect sizes (5.7% and 5.4% respectively).

The relationship between burnout and wellness had previously been established in the literature (Armon, 2009; Belcastro, Gold, & Grant, 1982; Lawson & Venart, 2005; Pines & Keinan, 2005; Puig, Baggs, Mixon, Park, Kim, & Lee, 2012), and the results here expand on these studies by focusing on counselors specifically. Interestingly, the findings from Puig et al. (2012), who focused on counselors, differed from my findings slightly. Puig et al. (2012) used the Counselor Burnout Inventory (CBI) to investigate the relationship between burnout and wellness. These authors discovered that all of the dimensions of burnout except for Negative Work Environment predicted wellness, whereas my results indicated that all aspects of burnout predicted wellness. This discrepancy might be accounted for by the difference in the instruments that were used to measure burnout or the difference in the populations included in the studies. The misalignment of the results from my study and Puig et al. (2012) indicates that further research into the relationship between burnout and wellness is warranted.

Career Sustaining Behaviors. Skovholt and Trotter-Mathison (2016) argued that implementing career sustaining behaviors is one of the most important undertakings of counselors. These researchers proposed that counselors implement practices that build up the self, professionally and personally, and that contribute to a positive attitude toward the work environment in order to promote wellness and maintain resiliency (Skovholt & Trotter-Mathison, 2016). Lawson and Myers (2011) also found that counselors who experience high degrees of wellness tend to engage in career sustaining behaviors to a greater degree than do counselors who do not experience wellness. This collection of research aligns with the findings from my study, specifically the results of research

question 2 and the revised model that indicated that implementing career sustaining behaviors predict wellness.

Conversely, in a meta-analysis of the literature related to career sustaining behaviors, Lee et al. (2011) found a statistically significant relationship between control over work environment (one of the career sustaining behaviors) and burnout. However, my analyses for research question 3 revealed that career sustaining behaviors did not predict burnout for my sample of novice counselors. Based on this discrepancy, renewed attention should be given to investigating the specific aspects of career sustaining behaviors that are most closely related to burnout.

Self-efficacy. Researchers have devoted much time to understanding the way self-efficacy is developed in counselors (Lent et al., 2006; Russell, Crimmings, & Lent, 1984). In research question 2, I expanded upon this body of research by investigating whether implementing career sustaining behaviors is one way that counselors can develop self-efficacy. Despite the logic that engaging in career sustaining behaviors would increase self-efficacy, the findings from my study indicated that this relationship was not present, which indicates that further exploration into the development of counselor self-efficacy is warranted.

Researchers have also devoted energy to studying the positive effects that self-efficacy can have on counselors. Gündüz (2012) investigated the relationship between counselor self-efficacy and burnout among school counselors. As in this study, the authors used the Maslach Burnout Inventory to measure burnout. The results from Gündüz (2012) indicated that counselors who exhibited higher levels of self-efficacy scored lower on the depersonalization and emotional exhaustion dimensions of burnout

and were more likely to experience feelings of personal accomplishment, which was consistent with findings from this study. Although the proposed model for research question 3 did not display good fit, the results of this analysis did reveal that self-efficacy predicts the three dimensions of burnout among novice counselors.

Wellness. Wellness is necessary for the survival of individual counselors and the profession as a whole (Myers & Sweeney, 2005; Venart, Vassos, & Pitcher-Heft, 2007). Wellness has also been extensively addressed in ethical codes and by professional counseling associations. Because of the profession's focus on wellness, I sought to investigate the factors that can help counselors stay well. The results from my study revealed that burnout, implementation of career sustaining behaviors, and self-efficacy predict wellness. These findings support Myers and Sweeney's (2005) conclusion that wellness is a process that should be engaged throughout the professional counselor's career. Additionally, the inclusion of career sustaining behaviors and self-efficacy provide a framework to both maintain wellness and to monitor wellness as an outcome goal for the professional goal (Myers & Sweeney, 2005).

In addition to confirming the relationship between burnout and wellness, this study also revealed that this relationship is mediated by a combination of career sustaining behaviors and self-efficacy, and that the relationship between burnout and wellness is strengthened when career sustaining behaviors and self-efficacy are included as mediators. This finding provides an understanding of the way that burnout impacts wellness. Because researchers have demonstrated that maintaining wellness can impact counselors' abilities to function effectively with clients (Cherniss, 1980; Garland, 2002;

Maslach, 1993), research investigating the multiple ways that wellness can be created plays an important role in the counseling profession.

Implications for Counselors and Counselor Educators

Practicing counselors should consider the results of this study when making decisions regarding their own wellness practices. Counselor educators should also consider these results when designing their curriculum so as to support the wellness practices of aspiring counselors. The results of this study support that although burnout does predict wellness, increased self-efficacy and implementation of career sustaining behaviors mediate this relationship. These findings might prompt counselors and counselor educators to turn their attention toward building self-efficacy in their students and encouraging the implementation of career sustaining behaviors as a way to promote wellness.

Building self-efficacy. Although it might seem that self-efficacy is a fixed trait, in actuality it can be created through self-assessment, observation, and self-responsiveness (Bandura, 1977; Bandura, 1978). Furthermore, Bandura (1986) argued that although individuals' self-efficacy is influenced by skill or aptitude, self-efficacy is also influenced by individuals' thoughts, beliefs, and perceptions of their abilities to use those skills (Bandura, 1986). Self-efficacy can also be influenced by individuals' vicarious experiences, persuasion, accomplishments, and affective state (Bandura, 1977).

Because self-efficacy can be built, and because self-efficacy can impact wellness, counselor educators should pay particular attention to the ways in which they can encourage self-efficacy in their students. Specifically, counselor educators can help their students reflect upon their skills and encourage them to recognize their successes.

Driscoll (2005) argued that individuals who experience low levels of self-efficacy tend to be less persistent when faced with a situation in which they do not believe they can be successful. Furthermore, individuals who experience routine failure during their early stages of learning a new skill tended to experience lower levels of self-efficacy in future similar situations (Bandura, 1977). Therefore, focusing on reflection and identification of successes during counselors' education could help counselors persist in their training after perceived failure and encourage them to feel competent in future difficult situations.

Counselor educators could also build their students' self-efficacy by ensuring that their students experience positive outcomes and skill mastery during their practicum experiences. Bandura (1977; 1978) argued that the most influential factors in creating self-efficacy was successfully completing either actual or symbolic practice when learning a new skill. Because of the heavy focus on practical experiences that allow for skill mastery during counselor education programs, counselor educators are uniquely positioned to create self-efficacy in their students, thereby improving their potential for wellness.

Career sustaining behaviors. Counselors might also use these results to better understand the utility of implementing career sustaining behaviors. The results of this study indicated that a combination of high levels of self-efficacy and implementing career sustaining behaviors mediated the relationship between burnout and wellness. Therefore, renewed attention should be given to ensuring that counselors implement the practices that can help them maintain wellness. Especially of value to novice counselors are career sustaining behaviors that are within the control of the counselor. For example, continuing to engage in supervision is often within counselors' control, and this career sustaining

behavior has been shown to lower the likelihood that counselors will experience the symptoms of burnout (Hamama, 2012; Maslach, Schaufeli, & Leiter, 2001) and to increase counselors' abilities to create healthy therapeutic relationships (Gard & Lewis, 2008). Therefore, counselors should build the career sustaining behaviors that are within their control into their work to mitigate the effects that burnout can have on wellness.

However, some career sustaining behaviors are often outside of counselors' control (e.g. caseload, work environment, and managerial support). In order to ensure that career sustaining behaviors are present in counselors' work-life, counselors should seek appropriate employment, meaning that counselors should find employment that provides the opportunity to have enriching peer and mentor relationships, creates health-promoting work environments, and allows the counselor a level of autonomy to craft positive work structures (Skovholt & Trotter-Mathison, 2016). And in order to affect career sustaining behaviors that are outside of counselors control, counselors should advocate for themselves and others. One way to advocate is to ensure that employers understand counselors' needs and are aware of the structures that can be put in place to promote wellness. Because counselors in the novice professional phase may not be comfortable advocating for needs, supervisors should help their supervisees through this process. During the novice professional phase, counselors learn to find work environments that are compatible with their needs, which makes this an opportune time for counselors to learn to advocate for a positive work environment (Rønnestad & Skovholt, 2003).

Counselor educators might also use these results to inform their curricula and to influence the ways they interact with their students. Counselor educators have a responsibility to do more than just ensure that their students can be effective in their

sessions with clients. Counselor educators should also instill within their students the importance of maintaining wellness through self-care (Myers & Sweeney, 2005).

Because implementing career sustaining behaviors can influence wellness, counselor educators and supervisors should teach and model the incorporation of career sustaining behaviors into counselors' practice (Rønnestad & Skovholt, 2003). Specifically, because setting appropriate boundaries for caseload has been linked to resiliency and wellness, counselor educators and supervisors should encourage novice counselors to advocate for themselves in order to better manage the volume and type of client caseload (Skovholt & Trotter-Mathison, 2016).

Recommendations for Future Research

Although the results of this study revealed that counselors' implementation of career sustaining behaviors and counselor self-efficacy mediate the relationship between burnout and wellness, many other variables could potentially mediate this relationship as well, and these variables should be incorporated into models similar to the one used in this study. For example, my study only examined two job- and personal-resources as mediating variables, and these job- and personal-resources are under the control of the counselor. Bakker and Demerouti (2017) noted, however, that job-resources that are outside of the control of the counselor can impact wellness. Future research could also incorporate other job- and personal-resources as mediating variables (e.g. supervision, collegial support, workload, etc.) in order to further investigate the relationship between burnout and wellness.

Future research could also investigate counselors' perceptions of their abilities to implement career sustaining behaviors. Skovholt and Trotter-Mathison (2016) have

begun to explore the methods that counselors use to maintain wellness, and this study confirmed that career sustaining behaviors help to promote wellness. Extending upon this notion, researchers in the counseling field could further investigate the ability of counselors to create situations in which they are able to implement career sustaining behaviors to maintain wellness. For example, how do counselors create time to implement career sustaining behaviors? How do counselors identify the career sustaining behaviors that help them to maintain wellness? Do counselors consistently implement career sustaining behaviors or does the implementation of career sustaining behaviors take place when they begin to feel symptoms of burnout? Expanding on my study and work of Skovholt and Trotter-Mathison (2016) could add depth to our understanding of the mechanism counselors use to stay well.

Future research could also be conducted using the methodology in this study, but with other populations. My study was delimited to only examine wellness practices among novice counselors. However, more experienced counselors also experience the symptoms of burnout and must strive to maintain wellness. Recreating my study with more experienced counselors might reveal differences between novice counselors and more experienced counselors. These findings could help inform the types of structures that should be put into place to specifically support the population of counselors being served.

Future researchers might also consider including counselor educators in studies that involve support systems and structures to enhance novice counselors' wellness. Counselor educators have intimate knowledge of and experiences with mentoring novice counselors, which might be helpful when investigating the mechanisms used to promote

wellness in the profession. Researchers could also investigate counselor educators' perceptions of the barriers that impede novice counselors' wellness. Additionally, researchers could identify counselor educators who have worked with novice counselors who display high degrees of wellness. These counselor educators could offer insight into the types of career sustaining behaviors that they perceive as contributing to novice counselors' wellness.

Researchers could expand upon my work by incorporating retention in the profession as an additional outcome variable. The shortage of counselors and other helping professionals has been consistently noted in the literature. Additionally, burnout is consistently cited as a reason for leaving the profession (Barak, Nissly, & Levin, 2001; Blankertz & Robinson, 1997; Knudsen, Ducharme & Roman, 2006; Knudsen, Abraham, Roman, & Studts, 2011; Lee & Ashforth, 1996). Because counselors who leave the profession often do so because of burnout, it would be useful to investigate the way in which implementation of career sustaining behaviors and self-efficacy mediate the relationship between burnout and attrition, which has also been suggested by Lee et al. (2011).

Finally, researchers could more deeply examine the behaviors and structures that mediate the relationship between burnout and wellness through qualitative research. For example, researchers could interview counselors who have successfully maintained wellness despite experiencing symptoms of burnout during their careers. Additionally, researchers could interview counselors who provide supervision to other counselors to gain perspectives on the practices and structures that help counselors maintain wellness. Counselor supervisors have a unique perspective to contribute to this topic because they

are practicing counselors themselves, but also are aware of the successes and struggles of other counselors.

Limitations

Although none of the limitations of this study are severe enough to compromise the validity of the conclusions drawn from the data, there are several limitations to the study that should be mentioned. First, I used snowball and convenience sampling, and I did not obtain a representative sample of novice counselors who are currently practicing. Also, most of the participants who responded lived within a specific region in the United States, so the results might not be generalizable to all populations of counselors. Additionally, this study relied on self-reported data obtained through the participants' responses to a survey, so I had to rely on the participants providing truthful answers to the questions. Any participants who responded with inaccurate answers could have compromised the integrity of the data.

Summary

In this chapter, I summarized the results of my study as they relate to each of the three research questions under investigation. I then connected my results to the Job Demands-Resources Theory, the conceptual framework used as the underpinning for my research. I also discussed the connection of my results to the existing literature. My results supported much of the published research on this topic. However, one particularly noteworthy difference is that my results did not indicate a direct relationship between burnout and counselors' implementation of career sustaining behaviors. Finally, I discussed implications for practice, future research, and limitations.

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APPENDIX A

Demographic Questionnaire

Age: _____

Gender: ____ Female ____ Male ____ Non-binary

What is the primary cultural background with which you most closely identify?

- ____ Native American
- ____ Asian or Pacific Islander
- ____ African American
- ____ Caucasian
- ____ Hispanic/Latino/Latina
- ____ Prefer not to answer

License(s) Held:

- ____ LPC-Intern
- ____ LMFT Associate
- ____ LPC
- ____ LMFT
- ____ LPC-Supervisor
- ____ None of the above (If selected, send to survey completion page)

How many years of experience do you have as a professional counselor?

Highest Degree Completed:

- ____ Masters (M.A., M.Ed., etc.)
- ____ Doctorate (Ph.D., Ed.D., etc.)
- ____ None of the above (If selected, send to survey completion page)

What was the **first** degree you received related to counseling (ex: M.A. in Licensed Professional Counseling)?

Which university conferred your first degree related to counseling?

Is this university accredited by CACREP?

- ____ Yes
- ____ No

What was the **second** degree you received related to counseling (ex: Ph.D. in Counselor Education), if applicable?

Which university conferred your second degree related to counseling?

Is this university accredited by CACREP?

_____ Yes

_____ No

What was the **third** degree you received related to counseling (ex: Ph.D. in Counselor Education), if applicable?

Which university conferred your third degree related to counseling?

Is this university accredited by CACREP?

_____ Yes

_____ No

What was the **fourth** degree you received related to counseling (ex: Ph.D. in Counselor Education), if applicable?

Which university conferred your fourth degree related to counseling?

Is this university accredited by CACREP?

_____ Yes

_____ No

APPENDIX B

IRB Approval



Institutional Review Board
Office of Research and Sponsored Programs
903 Bowers Blvd, Huntsville, TX 77341-2448
Phone: 936.294.4875
Fax: 936.294.3622
irb@shsu.edu
www.shsu.edu/~rgs_www/irb/

DATE: July 12, 2018

TO: Dustin Ellis [Faculty Sponsor: Dr. Jeff Sullivan]

FROM: Sam Houston State University (SHSU) IRB

PROJECT TITLE: *The Relationships Between Counselor Self-Efficacy, Career Sustaining Behaviors, and Perceived Wellness and Burnout among Novice Counselors [T/D]*

PROTOCOL #: 2018-05-40791

SUBMISSION TYPE: INITIAL SUBMISSION

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: July 11, 2018

EXEMPT REVIEW CATEGORY: 2—Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing, employability, or reputation.

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research. In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,
Donna Desforges
IRB Chair, PHSC

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records

VITA

Dustin S. Ellis

Educational History

Sam Houston State University Ph.D. - Counselor Education and Supervision 2019

Sam Houston State University M.A. - Clinical Mental Health Counseling 2010

Houston Baptist University B.A.- Spanish, Psychology 2001

Scholarly Research Activity

Professional Presentations

National/International/Regional

Serres, C, Li, C. S., & Ellis, D. S. (2014, September). *Spiritual Issues in Counseling*. Poster presented at the American Association of Christian Counselors Annual Meeting, Branson, MO.

Timm, N., Ellis, D., Sullivan, J., & Nichter, M. (2016, October). *Where the rubber meets the road: Finding the practical middle ground of supervision*. Presented at Southern Association for Counselor Education and Supervision Conference in New Orleans, LA.

State/Local

Story, C., Serres, C., Li, C. S., & Ellis, D. S. (2014, November). *Spirituality in Counseling*. Presentation at the Texas Counseling Association Annual Meeting, Dallas, TX.

Ellis, D. S., Timm, N., & Henry, H. (2015, January). *Promoting Self Care in the Counseling Profession*. Presentation at the Texas Association of Counselor Educators and Supervisors, Austin, TX.

Timm, N. & Ellis, D.S., (2016, April). *Clinical supervision best practices*. Invited presentation at Sam Houston State University, The Woodlands, TX.

Ellis, D., Timm, N., & Sullivan, J. (2016, November) *TACES presents: Developing supervisor identity within ACES supervision best practices*. Presented at Texas Counseling Association Annual Conference. Dallas, TX.

Ellis, D. S. (2018, November). *Managing the Grind: How Good Counselors Stay In Practice*. Presentation at the Texas Counseling Association Annual Meeting, Dallas, TX.

Honors, Awards, and Professional AffiliationsService

President, SHSU Chapter of AACC2014-2015

Member, Humble ISD Community Advisory Committee2014-2015

Social Officer, Alpha Pi Kappa Fraternity2000-2001

Vice President, Alpha Pi Kappa Fraternity1999-2000

Co-President, Alpha Pi Kappa Fraternity1998-1999

Professional Memberships

American Counseling Association

Texas Counseling Association

American Association of Christian Counselors