

THE RELATIONSHIP BETWEEN WELLNESS AND BURNOUT AMONG
NOVICE COUNSELORS

by

Jennifer Bilot

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by

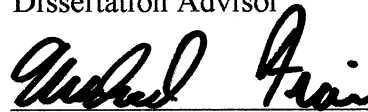
Jennifer Bilot

This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. Paul Peluso, Department of Counselor Education, and has been approved by the members of her supervisory committee. It was submitted to the faculty of the College of Education and was accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

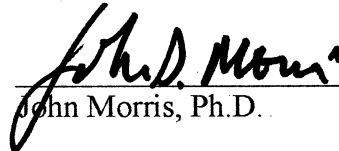
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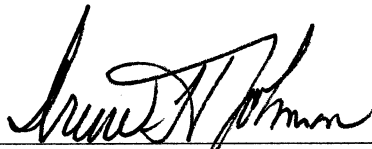
Paul Peluso, Ph.D.
Dissertation Advisor



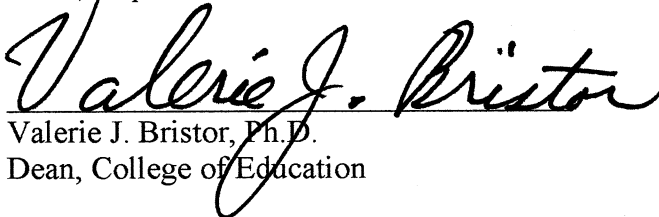
Michael Frain, Ph.D.



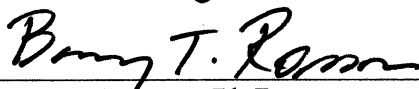
John Morris, Ph.D.



Irene Johnson, Ph.D.
Chair, Department of Counselor Education



Valerie J. Bristol, Ph.D.
Dean, College of Education



Barry T. Rosson, Ph.D.
Dean, Graduate College

July 2, 2012
Date

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ABSTRACT

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The purpose of this research was to explore the relationship between wellness and burnout among novice counselors. This research was carried out in order to gain a better understanding of the experience of the novice counselor as well as to gain insight into the effects of wellness and burnout on those experiences. The significance of this research lies in the need to understand the novice counselor's journey, the factors that can contribute to or prevent burnout, and the potential prevention and intervention strategies that can be employed in response to burnout. The data of a final sample of 144 participants' scores on the Maslach Burnout Inventory (MBI), The Five Factor Wellness Evaluation of Lifestyle (5F-Wel), and a demographic questionnaire were analyzed using the Statistical Package for the Social Sciences in order to explore the relationships between wellness and burnout. The researcher found significant relationships between demographic factors of the novice counselor, including age, years of experience, and number of hours delivering counseling services, and both the

MBI and the 5F-Wel. The researcher also found a relationship between all factors of wellness and the three subscales of burnout. A particularly important finding was the significance of the Coping Self, Physical Self, and Creative Self subscales of wellness to the subscales of burnout. The implications of the findings include the development of specific intervention and prevention strategies for novice counselors. Limitations of this research include the relatively small sample size, potential bias among the participants who chose to complete the survey, and the limited generalizability.

DEDICATION

This dissertation is dedicated to my husband, Jeff. It was with your unwavering support and sacrifice that I was able to achieve my dream. You have continuously built me up and believed in me, even when I didn't. I want to thank you for helping me to stay "well" throughout this endeavor, for being my voice of reason when I was ready to give up, and for being my biggest fan.

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CHAPTER 1

INTRODUCTION

This chapter contains the statement of the problem, the purpose of the study, the research questions, the significance of the study, the assumptions of this study, the limitations, the operational definitions, and the overview of the study.

Statement of the Problem

The problem addressed in this study was the level of burnout among novice counselors. Furthermore, this study addressed wellness factors and their potential relationship to burnout.

Burnout is a recognized problem among many career fields, including counselors. Research on this phenomenon points to the fact that people in helping professions are particularly susceptible to burnout (Pines, 1983). Burnout has been identified as a category under the classification of professional distress and impairment, along with substance abuse, emotional disorders and maltreatment of clientele (Ackerley, Burnell, Holder, & Kurdek, 1988). Spicuzza and DeVoe (1982) stated that:

The very nature of helping, which involves balancing the issues of caring and objectivity, attempting to be flexible and spontaneous, listening and reacting to an array of problems, and rendering difficult decisions, continuously places workers in stressful positions that can easily develop into distressful situations.

(p. 96)

Several researchers have indicated that individuals working in human services fields are more subject to stress than occupations that involve products (Cherniss, 1980, Farber, 1983, Pines, 1983, Turnispeed, 1998; Whitaker, 1995). This chronic stress can eventually lead to burnout among helping professionals; that is, this group of individuals dedicates a large portion of their time helping others and are at risk for neglecting their own personal needs. Maslach (1978) stated that, “the intense involvement with clients required of professional staff in various human service institutions includes a great deal of emotional stress, and failure to cope successfully with such stress can result in the emotional exhaustion syndrome of burnout” (p. 111).

Purpose of the Study

The purpose of this study was to evaluate the relationship between wellness and burnout among novice counselors.

Research Question

The research question being investigated in the study was: “Does wellness predict burnout levels among novice counselors?”; that is, “Is there a relationship between wellness, as measured by the Five Factor Wellness Evaluation of Lifestyle (5F-Wel), and burnout, as measured by the Maslach Burnout Inventory (MBI) among novice counselors?”

Research Hypotheses

Null Hypothesis 1:

There is no relationship between wellness and the depersonalization subscale of burnout among novice counselors.

Alternative Hypothesis 1:

There is a significant relationship between wellness and the depersonalization subscale of burnout among novice counselors.

Null Hypothesis 2:

There is no relationship between wellness and the emotional exhaustion subscale of burnout among novice counselors.

Alternative Hypothesis 2:

There is a significant relationship between wellness and the emotional exhaustion subscale of burnout among novice counselors.

Null Hypothesis 3:

There is no relationship between wellness and the personal accomplishment subscale of burnout among novice counselors.

Alternative Hypothesis 3:

There is a significant relationship between wellness and the personal accomplishment subscale of burnout among novice counselors.

Significance of the Study

This study was significant because it addressed the challenges of novice counselors, as well as the possible moderators of those challenges. Said another way, this study addressed burnout and the potential relationship to wellness. Approximations of the incidence of burnout among counselors vary. Farber (1983) suggested that 2-6% of counselors suffer from burnout. This seems like it may be a modest estimate, as other research findings seem to indicate that the incidence of burnout is much higher. For example, Ackerley et al. (1988) report that more than a third of one national sample

of counselors reported high levels of emotional exhaustion and depersonalization; two key components of burnout. Even more, Grosch and Olsen (1994) report that, “burnout is reaching epidemic proportions in the helping professions” (p. 101).

The dangers of burnout can affect both the counselor and the clients they serve. The negative effects of burnout include: loss of concern, decreased positive feelings, decreased sympathy, loss of respect for the clients, cynical attitudes, dehumanization of the client, lowered morale, impaired performance, feelings of helplessness or hopelessness, negative attitudes towards work or self, physical exhaustion and, ultimately, physical illness (Maslach, 1978; Pines & Aronson, 1983; Spicuzza & DeVoe, 1982).

Not only is burnout a problem in the counseling profession in general, it also poses a threat to the well-being of the novice counselor. Skovholt (2001) described the path of the novice counselor as one with a “crude map”; a map that often contains a gap between theory and practice. The author states, “all of a sudden, what one has learned seems irrelevant in practice” (p. 57). Skovholt goes on to state that the novice counselor’s realization often corresponds with a sense of frustration and disillusionment both with the training program and with themselves. In addition to this recognition, another factor that may lead to stress in the novice counselor is the glamorized expectations he or she often holds. Skovholt warns that, “without full awareness, the novice often is more hopeful about the impact of one’s efforts to counsel, teach, or heal than is warranted” (p. 66).

Mullenbach and Skovholt (2001) suggest that research is needed that focuses on the “emotional domain of practitioner development”, a domain that includes “coping

strategies and self care practices geared toward preserving emotional wellness and insuring professional vitality” (p. 77). They go on to state that this is an important area of study due to the large amounts of stressors that mental health practitioners face (Mullenbach & Skovholt, 2001). In their review of the literature exploring factors that contribute to professional burnout, the authors point to a dearth of literature that focuses on self-care practices for counselors (Mullenbach & Skovholt, 2001).

In a study that explored the coping techniques of therapists, participants stated that, “as students, graduate school and internship training that pertained to the emotional demands of practice were hindered by a lack of awareness of this topic” Mullenbach & Skovholt, 2001, p. 87). This finding elucidates the need for a better understanding of the novice counselor’s experience in order to develop preventative measures for dealing with burnout or intervention measures to enhance wellness for novice practitioners. Moreover, in their commentary on past and current research on burnout, as well as their discussion of areas for future research in burnout, Ashcroft and Lee (1997) called for research that focused on “newcomers” to the job.

Assumptions

Inferences that can be drawn from this research study must be viewed in light of the following assumptions:

- There is need for research addressing burnout among novice counselors, particularly pre-licensure counselors.
- Novice counselors are at high risk for burnout.
- Symptoms of burnout negatively affect novice counselors.

- Symptoms of burnout negatively affect the client's of these novice counselors.
- Wellness is viewed as a holistic concept encompassing several aspects of one's being.
- Wellness can serve as a possible predictor to feelings and symptoms of burnout.
- Burnout can be measured using the MBI.
- Wellness can be measured using the 5F-Wel.

Limitations

The following are limitations that may have impacted the findings of this study:

- There are limitations in terms of generalizability in that the researcher may be limited to counselors located in Southern Florida.
- The sample size in this study was relatively small. Therefore, there may be a need to replicate the study.
- The completion rates dropped due to the substantial length of the assessment instruments.
- Due to the online nature of delivery, there were some technical problems with data gathering.
- Because this is a self-selected sample, there may be an over representation or under representation of novice counselors who are burned out.

Operational Definitions of Key Terms

Burnout. Burnout is a state of physical, emotional and mental exhaustion, which typically occurs as a result of long-term involvement with people in situations

that are emotionally demanding. It is marked by physical depletion and chronic fatigue, by feelings of hopelessness, by the development of negative self-concept and negative attitudes towards work, life and other people. (Maslach, 1982, p. 30). For the purposes of this research, burnout will be measured using the MBI.

Emotional Exhaustion. Emotional Exhaustion is one of the three subscales of burnout. It is defined as a depletion of one's emotional resources and the feeling that one has nothing left to give to others at a psychological level (Maslach & Jackson, 1982, p. 228). This can involve feeling overwhelmed by stress. Said another way, it is the feeling that one is emotionally overextended.

Depersonalization. Depersonalization is another subscale of burnout and involves the development of negative and callous attitudes about people one works with (Maslach & Jackson, 1982, p. 228). This can result in outcomes including blaming the client, developing lowered expectations for change, and an overall cynical attitude towards patients.

Personal Accomplishment. Reduced Personal Accomplishment is the subscale of burnout that involves the perception that one's accomplishments on the job fall short of personal expectations and includes a negative self-evaluation (Maslach & Jackson, 1982, p. 228). This feeling of inadequate personal achievement is often met with a lowered sense of self-esteem (Vredenburgh, Carlozzi, & Stein, 1999).

Wellness. Wellness is defined as a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers,

Sweeney, & Witmer, 2000, p. 252). Wellness is more than the absence of disease. For the purposes of this research, wellness will be measured using the 5F-Wel.

Creative Self. Creative Self is defined as, “the combination of attributes that each of us forms to make a unique place among others in our social interaction and to interpret our world” (Myers & Sweeney, 2005a, p. 33). It includes five third-order factors: thinking, emotions, control, positive humor, and work.

Coping Self. Coping Self is “composed of elements that regulate our response to life events and provides a means for transcending their negative effects” (Myers & Sweeney, 2005a, p. 34). The four third-order factors included in this self are realistic beliefs, stress management, self-worth, and leisure.

Social Self. Social Self includes the third-order factors of friendship and love. The Social Self is the individual’s ability to gain support “through connections with others in our friendships and intimate relationships” (Myers & Sweeney, 2005a, p. 33).

Essential Self. Essential Self relates to how one ascribes meaning to life, self and others (Myers & Sweeney, 2005a). It includes the third-order factors of spirituality, self-care, gender and cultural identity.

Physical Self. Physical Self is defined as, “the biological and physiological processes that comprise the physical aspects of development and functioning” (Myers & Sweeney, 2005a, p. 33). This is the component of wellness that contains exercise and nutrition as it’s third-order factors.

Novice Counselors. Novice Counselors will be defined as counseling students enrolled in practicum/internship courses administering face-to-face counseling or pre-licensure counselors.

Summary

It is because novice counselors are at risk for burnout that there is a need for research on this topic. Not only is it important to understand the experience of novice counselors, it is also imperative to understand what, if any, factors exist that can lessen the experience of burnout among novice counselors. This will help in an overall understanding of the phenomenon of burnout and, perhaps more importantly, a clearer picture of what can be done to lessen the experience or effects of burnout. This has its implications in counselor training. If counseling students' experiences of burnout and risks for burnout can be identified early in counselor training programs, then intervention approaches could be used that will more proactively address how student's can cope with burnout by the reduction or management of symptoms.

Taken a step further, the benefits of an understanding of burnout among novice counselors reaches beyond that of understanding the practitioner's experience. As stated earlier, burnout can also have a negative impact on the clients. If one can understand the experience of burnout and the moderators to burnout, there may be a greater likelihood of providing earlier interventions to the novice counselor and, perhaps improving the therapeutic experience of their future clients.

Chapter 2 presents a review of the literature regarding burnout in the counseling profession and burnout as it specifically relates to novice counselors. Chapter 2 also includes a discussion of burnout as it relates to wellness and various wellness models including the Indivisible Self Model of Wellness, which was used in this research as well as a brief discussion of Adlerian theory as it relates to this model of wellness. Chapter 3 presents the methodology that was used in the current study including a

discussion of the participants, instrumentation and procedures. Chapter 4 will include the presentation and analysis of data and will be followed by a discussion of the findings. The study implications related to the relationship between wellness and burnout among novice counselors as well as recommendations for future research and study limitations will be discussed in Chapter 5.

CHAPTER 2

REVIEW OF THE LITERATURE

In order to provide the foundation for an understanding of burnout among novice counselors as well as the potential relationship of wellness to burnout and possible interventions, the following areas are addressed below: an overview of burnout, symptoms of burnout, burnout among novice counselors specifically, burnout and wellness, and aspects and models of wellness.

Burnout

Burnout is a term that is rooted in physical mechanics. Originally it was defined in Merriam-Webster (1940) as, “the cessation of operation usually of a jet rocket engine.” Although the focus of this research is not on the mechanics of an engine, this definition and, specifically, the idea of “cessation of operation,” seems to relate to one’s abilities at work. In terms of issues related to one’s profession, Freudenberger (1974) is seen by many as the originator of the term “burnout” as it relates to human functioning and its definition as a state of physical, emotional, and psychological depletion resulting from conditions of work. Later, he (Freudenberger, 1983) went on to discuss the definitional problems of burnout. Specifically, he reported that there is no one agreed upon definition of burnout. Also, Freudenberger discussed the different frameworks used to conceptualize burnout. He went on to state:

A comprehensive understanding of burnout requires a framework within which antecedent variables, of both a personal and a social nature, are explored in

terms of how they impact on the present of a person, and in turn change the individual's view of the future. (p. 24)

Maslach (1982) defined the components of burnout as, “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind” (p. 3). According to Maslach and Jackson (1982), emotional exhaustion is a “depletion of one’s emotional resources and the feeling that one has nothing left to give to others at a psychological level, depersonalization is the “development of negative and callous attitudes about people one works with”, and the reduced personal accomplishment aspect involves, “the perception that one’s accomplishments on the job fall short of personal expectations” and includes a negative self-evaluation” (p. 228). Depersonalization can result in a poor opinion of others and even a dislike for others. A reduction in personal accomplishment appears when, “caregivers feel distress or guilt about the way they have thought about or mistreated others; the sense they are turning into the very type of cold and uncaring person they nobody likes” (Maslach, 1982, p. 5).

Pines (1983) stated, “because human service professionals care about people, they are particularly sensitive to the social dimensions of their work and consequently are particularly vulnerable to the dangers of burnout” (p. 155). Pines, Aronson, and Kafry (1981) echoed this idea that those in the helping profession are largely affected by burnout with their statement that burnout is:

The result of constant or repeated pressure associated with an intense involvement with people over long periods of time. Such intense involvement is particularly prevalent in health education and social service occupations, where

professionals have a calling to take care of other people's psychological, social, and physical problems. (p. 15)

Cherniss (1980) described burnout as a "transactional process." The author goes on to describe burnout as occurring in three stages. The first stage is defined as stress, which involves an "imbalance between one's resources and demands;" the second stage is defined as strain, which is the "immediate, short-term emotional response to this imbalance;" the last stage is defined as defensive coping, that is, "changes in attitude and behavior that includes treating the client in a detached and cynical nature" (p. 17-18).

Symptoms of Burnout

Burnout can lead to many detrimental outcomes for both the counselor and the clients. Some of the negative effects of burnout include: loss of concern, decreased positive feelings, decreased sympathy, and loss of respect for the clients. Furthermore, burnout can lead to cynical attitudes, dehumanization of the client, lowered morale, impaired performance, feelings of helplessness or hopelessness, negative attitudes towards work or self, physical exhaustion and, ultimately, physical illness (Maslach, 1978; Pines & Aronson, 1981; Van Auker, 1979). Maslach (1982) states, "a virtual hallmark of the burnout syndrome is a shift in the individual's view of other people – a shift from positive and caring to negative and uncaring" (p. 17). Spicuzza and DeVoe (1982) note that some of the physical ailments that accompany burnout include insomnia, headaches, and backaches.

Freudenberger (1983) reported similar findings on the symptoms of burnout, which included: exhaustion, detachment, boredom, cynicism, impatience, and high

levels of irritability. Moreover, persons experiencing burnout experience fatigue and frustration. Farber (1983) reported that burned out individuals are more often absent or late for work, are less idealistic, more rigid, and their work performance deteriorates.

In his review of burnout and its hazards, Patrick discussed burnout symptoms as affecting four areas of one's being. These included (a) cognitive (i.e., rigid thinking); (b) affective (i.e., pervasive depression); (c) behavioral (i.e., drug use and absenteeism); and (d) physical (i.e., headaches and fatigue) (as cited in Watkins, 1983, p. 305). From this review, it is clear that burnout can be pervasive in various aspects of the counselor's life.

The information presented above outlines the symptoms of burnout as being dangerous to the overall success of the counseling relationship; both for the client and the counselor. Furthermore, burnout and its symptoms clearly affect various aspects of the overall functioning of the counselor. It is for these reasons that burnout is an important area of study in terms of the novice counselor. As will be discussed below, the novice counselor can be especially susceptible to the state of burnout.

Novice Counselors and Burnout

In reference to novice counselors, Minirth, Hawkins, Meier, & Thurman (1997) suggest that results of burnout can include: sarcasm, negative attitudes, distance and rigidity toward clients. Additionally, novice counselors were shown to experience lower job performance, declined self-efficacy, and negative self perceptions as a result of burnout (Cordes & Dougherty, 1993).

In their article on the stressors that impact the novice practitioner, Skovholt and Ronnestad (2003) aptly stated, "the novice journey can be arduous" (p. 45). The

authors report that novice counselors are often faced with uncertainty or ambiguity regarding professional tasks and lack of professional confidence (Skovholt & Ronnestad, 2003). Among the several stressors discussed by the researchers, acute fear and anxiety was described as, “a one-two punch that can seriously heighten the stress level for the novice” (Skovholt & Ronnestad, 2003, p. 47). Skovholt (2001) states, “the innocence of the novice helps produce an assortment of elevated stressors” (p. 56). Because of the stress and anxiety felt by novice practitioners, this appears to be a group that is more susceptible to burnout.

While the literature on the effects of burnout is clear, there appear to be conflicting findings in the predictors or antecedents to burnout. Some researchers found that individuals new to their jobs have scored higher on measures of burnout (Maslach & Jackson, 1982; Skovholt, 2001; Skovholt & Ronnestad, 2003). It has also been reported that less experienced counselors report considerable levels of burnout due to over-involvement with clients, which was positively related to feelings of emotional exhaustion and depersonalization (Ackerley et al., 1988). The researchers emphasize, “it is possible that veteran clinicians learn not only to conserve emotional energy, but also to view clients in a positive manner” (Ackerley et al., 1988, p. 630).

In a comparison study of experienced professionals and trainees, Rodolfa, Kraft, and Reilly (1988) found that trainees reported more stress connected to difficult client behaviors (i.e., suicidal statement or expressing anger towards the therapist); counseling experiences (i.e., lack of client progress and heavier work load); and their own beliefs and expectations (i.e., the need to help every client and putting a client’s needs first) than did their more experienced counterparts. These findings suggest that, “therapists

learn to manage the stress of their clinical work and come to terms with their own issues of responsibility as their professional maturity progresses” (Rodolfa et al., 1988, p. 47).

In addition to experience, some researchers have indicated that age may be a predictor of burnout. For example, in a study of 137 nurses, Turnispeed (1998) reported that age and job tenure reduced anxiety and personal accomplishment concerns, “presumably due to realistic expectations over time” (p. 638). He hypothesized that older workers will have more experience in acquiring or refining their coping strategies over time; coping strategies that can reduce anxiety and burnout (Turnispeed, 1998).

Other possible predictors of burnout discussed in the literature were the types of stressors that counselors face. Farber (1983) discussed several types of stress that beginning psychotherapists face. These included: an awareness of his or her own personal issues, difficulties with the treatment process, and ambiguous relationships with one’s supervisor. Furthermore, the outcomes of these stresses include anxiety and depression, as well as insomnia, fatigue, irritability and difficulty concentrating (Farber, 1983). In terms of therapeutic issues, “the beginning therapist’s frustration may impel him or her to act aggressively toward their patients” (Farber, 1983, p. 102).

Maslach (1978) discussed the fact that in institutions where the therapist may not have a choice of which client he or she will work with, the staff members may be more prone to feelings of stress. It would seem likely that this may be a situation encountered by the beginning therapist, particularly in his or her practicum and internship experiences.

In a review of the literature on novice or inexperienced counselors, there appears to be an increased danger for burnout that accompanies this inexperience. For example,

in a study of satisfaction and stressors in psychotherapeutic work, Farber and Heifetz (1981) reported that inexperienced (1-3 years of experience) counselors were more prone to feelings of personal depletion (a factor in therapeutic stress) than were their more experienced counterparts (4-10 and 11-40 years of experience).

In a study of 169 doctoral-level counselors, Ross, Altmaier, and Russell (1989) found that post-doctoral experience was a statistically significant predictor of the number of stressful events experienced. That is, staff members with fewer years of experience reported experiencing a greater number of stressful events. Specifically, the researchers indicated that years of experience lead to increased emotional exhaustion (Ross et al., 1989).

More recently, in a study of 214 school counselors, Yildirim (2008) found that work experience was significantly related to the depersonalization and personal accomplishment dimensions of burnout. The author reported that individuals with 1-3 years and 7-10 years of work experience scored higher on these two dimensions than did individuals with 11 or more years of experience (Yildirim, 2008).

Burnout has been said to be, “so insidious as to corrupt the noble impulse to help others... arising from an often unrealistic desire to solve the frequent intractable problems of clients” (Ashforth & Lee, 1997, p. 703). Therefore, the more idealistic the human service professional, a trait that seems to be related to experience, the more susceptible to burnout he or she is.

It can be ascertained from the literature that, novice counselors can be particularly vulnerable to burnout. The very nature of being a novice can lead one to be more idealistic and, in turn, more likely to be faced with the disappointment of reality; a

reality of the stressors and anxiety that often accompany this profession and a lack of knowledge as to how to manage them. For this reason, it would be important to explore burnout and its predictors as it is clear that the counseling profession is filled with some inevitable stressors.

Burnout and Wellness

Freudenberger (1974) suggested that the “dedicated and committed” are the most prone to burnout. Moreover, Cherniss (1980) stated, “a demoralized healer does not heal, at least not as well as one who maintains zeal and commitment” (p. 30). This enthusiasm for one’s work can be hindered by feelings of burnout. Without the ability to maintain a level of wellness, counselors can be susceptible to burnout. Young and Lambie (2007) report that wellness may be critical to increasing resilience to job related stress, and preventing counselor burnout or impairment. The importance of wellness also relates to counselor interaction with clients. The American Counseling Association’s (ACA) Code of Ethics (2005) states, “counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others (ACA, C.2.g).

As early as 1947, The World Health Organization (WHO) defined health as “physical, mental, and social well-being, not merely the absence of disease” (as cited in Myers and Sweeney, 2005a, p. 8). Dunn, who is seen by many as the originator of the contemporary wellness movement, defined wellness as, “an integrated method of functioning, which is oriented toward maximizing potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful

direction within the environment where he is functioning” (as cited in Myers and Sweeney, 2005a, p. 8). Furthermore, the American Counseling Association task force on counselor impairment followed the lead of many counseling theorists and researchers in shifting the focus from one of illness and treatment to one of wellness and prevention.

Wellness is seen as a holistic concept that involves several areas of a person’s life. This is especially true for counselors. Lawson (2007) asserted unwell counselors are unable to offer adequate levels of services to their clients and, furthermore, will likely experience a lack of quality in several other domains of their life including the physical, social, emotional, and spiritual domains. Venart, Vassos, and Pitcher-Heft (2007) stated, “wellness involves actively making choices to create and maintain balance, and to prioritize health of mind, body, and spirit” (p. 50).

In their article on counselor impairment and wellness, Lawson, Venart, Hazler, and Kottler (2007) so fittingly stated the following:

As counselors, we are taught to see the world through our client’s eyes, to experience our client’s feelings through empathy, and to connect to our client’s pain when they are vulnerable. That level of connection, commitment, and caring are among the greatest strengths that we counselors bring to the work that we do, and they are also among the characteristics that may make us vulnerable. (p. 5)

When counselors tirelessly focus on the dilemmas of their clients, while ignoring or minimizing their own needs, they are more at risk for impairment (Lawson et al., 2007). This impairment, which may be due to burnout, compromises client care

and, even more, can pose harm to the client. It is for this reason that a focus on wellness contributes to both the welfare of practitioners and to the safety of clients. Lawson et al. reported that impairment among counselors occurs on a continuum rather than being labeled as “well” or “impaired”. The researchers state further that well counselors realize balance across many areas of their personal and professional lives and are able to “compartmentalize” the many stressors that they face. On the other hand, counselors who are on the distressed end of the continuum allow these stressors to impede the counseling process in ways that include: being unable to attend to the client’s emotional needs, missing important client information, being unable to establish empathy with the client, and, in the worst case, breaching ethical standards or taking advantage of the client by establishing dependent relationships and breaching trust (Lawson et al., 2007). It is important to note that, “counselors who are vigilant about monitoring their own wellness and responding to it appropriately can still have bad days or experience catastrophic events that can negatively impact their wellness” (Lawson et al., 2007, p. 13). However, these negative impacts may be more of an exception rather than the rule for counselors who are well.

From the previous discussion, it seems clear that wellness can have an important impact on burnout as well as the overall physical, mental and emotional balance in the counselor’s life. In the following section both medical and holistic models of wellness will be discussed along with the model that will be used for the purposes of this research; the Indivisible Self Model of Wellness.

Models of Wellness

Several models of wellness have been developed over the years. Earlier models of wellness were based on medical models and, subsequently, evolved into holistic wellness models in counseling (Myers & Sweeney, 2005b). What follows is a review of some of the most notable medically based models as well as two models grounded in more holistic views of wellness.

Medical Models of Wellness

Dunn described wellness graphically as, “three interlocking circles, or orbits, representing the human body as a manifestation of organized energy, and also symbolize the body, mind, and spirit of man as an interrelated and integrated whole” (as cited in Myers & Sweeney, 2005a, p. 10). In their review of wellness models, Myers and Sweeney (2005a) reported that this model identified the goal of a well person as moving towards, “wholeness, maturity, and self-fulfillment” (p. 10).

Hettler is viewed as “the father” of the modern wellness movement. He described six components of wellness including: physical, emotional, spiritual, social, occupational, and intellectual dimensions (Hettler, 1984). These dimensions were presented graphically on a hexagon and suggested that a balance of time and energy was needed for each of them (as cited in Myers & Sweeney, 2005a, p. 10). Hettler also developed fitness equipment and as been, “an active advocate for medical self-care” (as cited in Myers & Sweeney, 2005a, p. 10).

Travis and Ryan depicted wellness as a continuum and disputed the idea that wellness was simply the absence of disease (as cited in Myers & Sweeney, 2005a, p. 10). The continuum contains illness at one end and high-level wellness on the other

with the mid-point being a neutral state (Myers & Sweeney, 2005a). Travis and Ryan viewed wellness as “dynamic” in nature and stressed the importance of “lifestyle choices” (as cited in Myers & Sweeney, 2005a, p. 10).

Holistic Models of Wellness

Ardell (1988) defines high-level wellness as having three domains and 14 skill areas. The three domains include: physical, mental, and meaning and purpose. The physical domain includes the skills of exercise and fitness, nutrition, appearance, adaptation/challenges, and lifestyle habits. The skills in the mental domain are emotional intelligence, effective decision making, stress management, factual knowledge, and mental health. Lastly, the meaning and purpose domain includes: relationships, humor, play and a meaning and purpose skill.

In their review of the literature on wellness, Venart et al. (2007) discussed four areas of wellness that the counselor needs to sustain in order to maintain balance. These include the areas of physical, emotional, cognitive, and interpersonal wellness. Physical wellness can include nutrition, exercise, proper sleep, and relaxation techniques. Venart et al. state, “when counselors fail to heed the warnings sent by their physical selves, cumulative stress and fatigue can result” (p. 52). That is, counselors must remain mindful and connected to their physical senses in order to be fully aware of their physical needs. Also, an understanding of the physical stress that can result from emotional stress is imperative to overall wellness (Venart et al., 2007).

Self-reflection, self-awareness, emotional awareness and emotional expression are all aspects of emotional wellness (Venart et al., 2007). When counselors are self-aware, they are able to “identify their feelings and needs, regulate their reactions, and

set appropriate limits” (Venart et al., 2007 p. 54). Furthermore, self-reflection can assist counselors in maintaining wellness and recognizing early warning signs of distress (Venart et al., 2007). In their discussion of emotional wellness, the authors reported that counselors in training are taught to work from a cognitive stance, which may, in turn, cause them to exclude their own feelings. It is this omission of their own feelings that can leave them more open to burnout (Venart et al. 2007). The authors go on to state that, “wellness is reflected in a person’s ability to cry, experience joy, accept compliments, acknowledge their fears, say no without feeling guilty, and openly express feelings of love” (Venart et al., 2007, p. 54). This was echoed in the teachings of Carl Rogers (1961) and his assertion that, congruency is necessary for therapy to be effective and one must remain aware of their feelings, accept their feelings, and express their feelings appropriately.

Cognitive wellness involves a counselor’s capacity for insight, intelligent thought, and creative problem solving (Venart, et al., 2007). Travis and Ryan stated that cognitively healthy individuals are able to focus and concentrate, think affirming thoughts, and transform self-defeating thinking patterns (as cited in Venart et al., 2007, p. 56). Taken a step further, counselors need to recognize and deviate from “all or nothing” thinking, be cognitively flexible regarding professional topics, maintain curiosity, celebrate personal accomplishments, accept one’s own imperfections, and engage in lifelong learning (Venart et al., 2007).

Interpersonal wellness can be achieved through a variety of ways. These include: maintenance of social support systems through friends and family, personal therapy, consultation, support groups, and supervision. This aspect of wellness

promotes balance between our professional lives and personal lives. Because the counseling relationship, by definition, lacks mutuality, it is imperative that counselors participate in socializing outside of their workplace in order to maintain healthy, reciprocal relationships. Counselors need people in their lives who will be honest with them, provide support for them, and allow them to live full, genuine lives (Miller, 2001). Personal therapy is another important aspect of interpersonal wellness as it allows counselors to “gain perspective, personal insight, and clarity into their own behaviors and the counterproductive patterns that inhibit wellness” (Venart et al., 2007, p. 59). Consultation and supervision make up other important factors in this aspect of wellness as they have been found to reduce feelings of isolation, provide mutual support, foster open communication, and offer clarity to counselors (Venart et al., 2007).

By tying together the aspects of physical, emotional, cognitive and interpersonal wellness, the authors present a truly holistic model of wellness and are able to connect the idea of wellness as it relates to burnout as they discuss the emotional stress and fatigue that can result from a lack of attention to these areas of wellness. What follows is a discussion of the Wheel of Wellness model. This model not only takes into account the areas of physical, mental, emotional, cognitive and interpersonal wellness, but also considers contextual and global factors that influence an individual.

The Wheel of Wellness

Several models of wellness, both medical and holistic, have been proposed in the literature and some were briefly discussed in the earlier sections. One such conceptualization of a holistic model is offered that includes the notion of wellness as a

wheel containing five life tasks that provided a picture of overall wellness, with spirituality at the center (Myers et al., 2000; see also Myers & Sweeney, 2005a; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). As stated earlier, this comprehensive and holistic model takes into account the areas of physical, mental, emotional, cognitive and interpersonal wellness, while also considering contextual and global factors that influence the individual; it considers the whole person rather than subsets of the person.

This model of wellness has its foundations in Adlerian theory and, in particular, Adler's concept of holism; the concept of "indivisibility of the individual" (as cited in Myers & Sweeney, 2005b, p. 15). The authors go on to state that, "an ongoing schema to explain relationships among the various correlates of well-being was readily available through Adler's Individual Psychology, which was totally consistent with a wellness paradigm" (as cited in Myers & Sweeney, 2005b, p. 15).

In their discussion of the basic principles of Adlerian psychology, Milliren and Clemmer (2006) state:

Holism is an assumption of Individual Psychology, meaning that all aspects of a person connect to all other aspects of that person. The only way to understand a system, including a human being, is to understand the entire system. The whole cannot be understood by examining parts in isolation from the whole system. (p. 18)

Adler asserted that mastery of each life task leads to mental health. Addressing the work task takes place when one does meaningful and satisfying work. The ability to have satisfying relationships with others, leads to a mastery of the friendship task. In

terms of the love task, Adler reports that we must love others and ourselves (as cited in Carlson, Watts, & Maniaci, 2006, p. 13).

The concept of holism is evident in the life tasks defined by Adler, which are, as stated earlier, work, friendship and love, along with two added tasks of self-direction and spirituality (as cited in Myers & Sweeney, 2005b). Furthermore, this concept of holism is evident in the Wheel of Wellness Model. Along with the five life tasks in this wellness wheel, there are also the 12 subtasks of self-direction. These subtasks include: (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity. The authors state that the life tasks of work, friendship, and love are met (or not met) through the self-direction subtasks (Myers & Sweeney, 2005b). Taken a step further, the five tasks and the 12 subtasks all interact with the contextual (i.e., education, business/industry, media, government, community, family, and religion) and global forces to shape one's unique and holistic well-being (Myers & Sweeney, 2008) (See Figure 1).

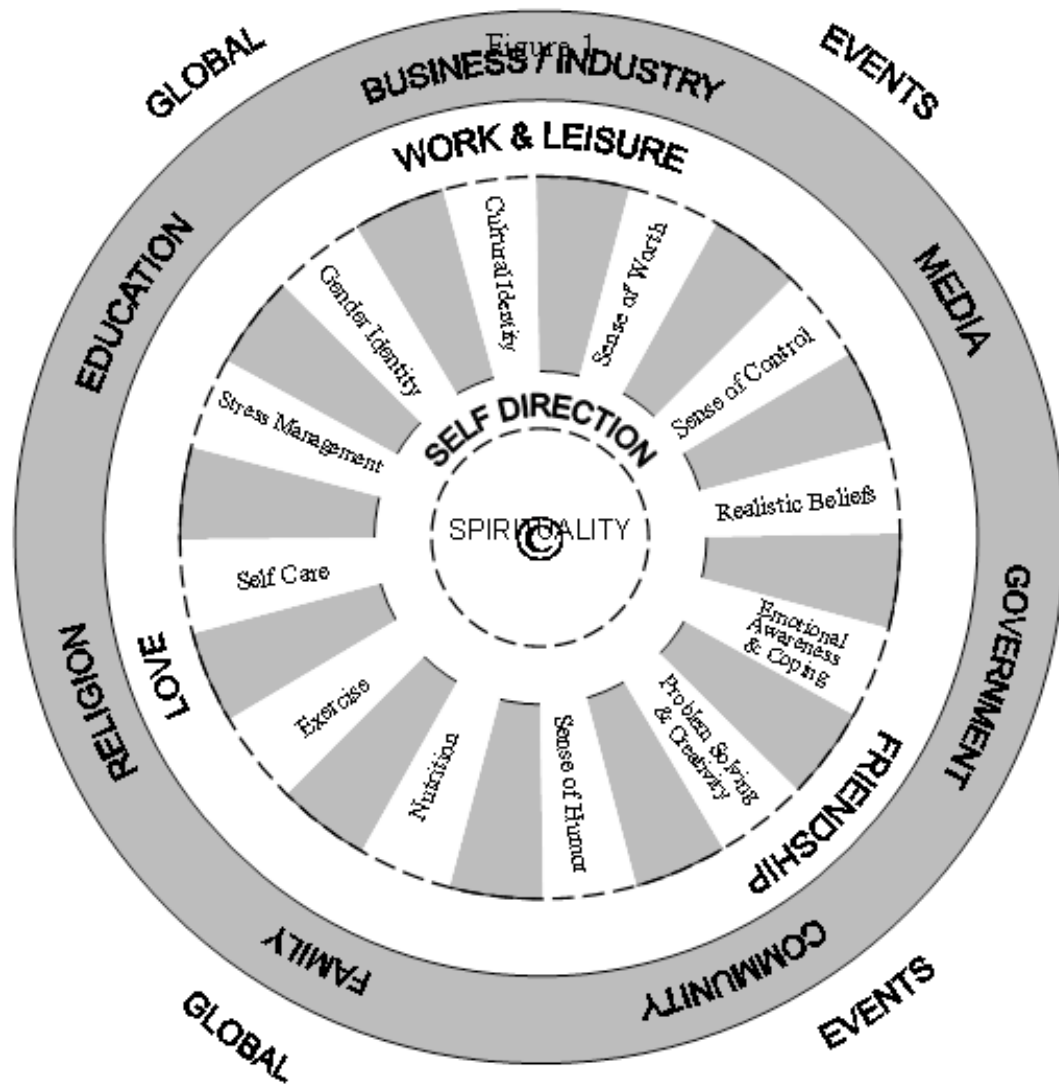


Figure 1. Graphic representation of the Wheel of Wellness model. Copyright © J. M. Witmer, T. J. Sweeney, and J. E. Myers, 1996; reprinted with permission.

Spirituality is at the center of the model and is defined as, “an awareness of being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe” (Meyers & Sweeney, 2005b, p. 20). Sweeney and Witmer (1991) stated that the spirituality life task is our source for creative energy and purposefulness in life. Furthermore, spirituality can be viewed as

the “core characteristic of healthy people that helps to fortify the other components” (Myers & Sweeney, 2005b, p. 20). Witmer and Sweeney (1996) state that, “spirituality as a factor in wellness should not be surprising because it embraces hope and optimism, purpose in life, a sense of security, influence through prayer, family and community relationships, and altruistic activities” (p. 50).

The second life task is self-direction, or “the manner in which an individual regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals” (Myers & Sweeney, 2005b, p. 20). This life task is made up of several spokes. These spokes are “the infrastructure of the self which provide the stability and balance to understanding, predicting, and managing one’s external, social life tasks” (Sweeney & Witmer, 1991, p. 531). The following are the spokes under self-direction: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity (Meyers & Sweeney, 2005b, p. 20). Each of these spokes represents an area of competence contributing to the wellbeing of an individual. Furthermore, each of these spokes can interact with and influence one another. For example, one’s self care will affect their nutrition and exercise, which may all interact with one’s sense of worth.

Work and leisure is the third life task. They should provide both pleasure and a sense of accomplishment. Work is a task related to one’s involvement in tasks while leisure is a state on enjoyment and relaxation. This is, “an optimal state in which an individual loses awareness of self and time while being highly engaged in the task at hand” (Meyers & Sweeney, 2005b, p. 26). The function of this sense of

accomplishment as well as the feeling of pleasure from leisure activities can result in decreases in stress and boredom.

The fourth life task is friendship and involves the connection that an individual has with others. Basically, this life task speaks to one's social relationships as meeting the needs of social support, cooperation, and empathy (Meyers & Sweeney, 2005b, p. 26). This sense of social support strongly connects with well-being, both physical and mental, while providing a safeguard against stress. Friendship can enhance self-esteem, prevent feelings of loneliness, enhance growth and development, and lead to more fulfilled lives (Meyers & Sweeney, 2005b, p. 27).

The final life task is love. This task is made up of intimate relationships, marital relationships and sexual relationships. These healthy love relationships involve, but are not limited to, expressions of intimacy, affection, concern for another, shared coping skills, good communication, and feelings of trust and openness (Myers & Sweeney, 2005a; Meyers & Sweeney, 2005b, p. 27; Sweeney & Witmer, 1991). The benefits of healthy love relationships include: increased physical and mental wellness, a greater sense of well-being, and healthier stress coping.

The Wellness Evaluation of Lifestyle (WEL) was the assessment developed from the Wheel of Wellness. Hattie, Myers, and Sweeney (2004) conducted an exploratory and confirmatory factor analysis ($N = 3,043$), which revealed five factors of well-being as well as one overall factor defined as wellness. It should be noted that the terms "First," "Second," and "Third" order "Factors were used by the authors of the scale and do not represent the traditional definitions used by statisticians (Kachigan, 1991). In their discussion of the factor analysis, Myers and Sweeney (2005a) stated,

“although the psychometric properties of the WEL were supported and evidence of good reliability, construct validity, and both convergent and discriminate validity were provided, in the final analysis the data did not support the hypothesized circumplex model” (p. 29). From this, it was determined that there is a distinctive order to the factors of wellness, which resulted in the development of the Indivisible Self Model of Wellness (Myers & Sweeney, 2005a).

The Indivisible Self Evidence-Based Model of Wellness

Like the Wheel of Wellness, the Indivisible Self (IS-WEL) model takes into consideration Adlerian principles. Myers and Sweeney (2005b) stated, “in this model, consistent with Adlerian principles, the self is the central and indivisible core of wellness, represented by a single, higher order factor called Wellness” (p. 12). In addition, the model contains five second-order factors, and, within the second-order factors, 17 third-order factors (Myers & Sweeney, 2005a). In the IS-WEL model, the five second-order factors include: the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. The sum of these five second-order factors make up one’s overall Total Wellness. What follows is an in-depth discussion of the second and third-order factors, as well as the contexts of this model.

The Creative Self is defined as, “the combination of attributes that each of us forms to make a unique place among others in our social interaction and to interpret our world” (Myers & Sweeney, 2005a, p. 33). It includes five third-order factors: thinking, emotions, control, positive humor, and work. The third-order factors of thinking and emotion are strongly connected in that there is a mutual relationship between cognition and affect (Myers & Sweeney, 2005a). In terms of the other factors contained in the

Creative Self, our perceived sense of control can positively influence our physical and mental well-being, positive humor can have positive influences on our immune system, and work can allow one to feel as if he or she is living life to the fullest (Myers & Sweeney, 2005a).

The Coping Self is “composed of elements that regulate our response to life events and provides a means for transcending their negative effects” (Myers & Sweeney, 2005a, p. 34). The four third-order factors included in this self are realistic beliefs, stress management, self-worth, and leisure. Realistic beliefs can help us cope with life’s stresses and lead to better stress management. Moreover, when one learns to cope with stress, their self-worth increases (Myers & Sweeney, 2005a). Finally, leisure is important to wellness in that it allows one to be creative and allows for personal growth.

The Social Self includes the third-order factors of friendship and love. The Social Self is the individual’s ability to gain support “through connections with others in our friendships and intimate relationships” (Myers & Sweeney, 2005a, p. 33). The connections to others increase the overall health of the individual while enhancing the quality and length of life (Myers & Sweeney, 2005a). While close friendships and intimate relationships are beneficial, the flipside is isolation and alienation, which can lead to poor health conditions and premature death (Myers & Sweeney, 2005a).

The Essential Self relates to how one ascribes meaning to life, self and others (Myers & Sweeney, 2005a). It includes the third-order factors of spirituality, self-care, gender and cultural identity. The authors report that spirituality, central to the Adlerian idea of holism, allows us to have a sense of meaning, purpose, and hopefulness, while

contributing to our quality of life (Myers & Sweeney, 2005a). Gender and cultural identity are, “filters through which life experiences are seen and affect how others are experienced in response to ourselves” (Myers & Sweeney, 2005a, p. 34). Finally, self-care includes the promotion of health; it represents our efforts to live a long and well life. Without these four factors, an individual may feel hopeless and alienated due to the loss of any sense of meaning.

The Physical Self is the component of wellness that contains exercise and nutrition as it’s third-order factors. Myers and Sweeney (2005a) define the physical self as, “the biological and physiological processes that comprise the physical aspects of development and functioning” (p. 33). Individuals who live the longest often place an appropriate amount of emphasis on diet and exercise.

Myers and Sweeney (2005a) state, “a full understanding of an individual is impossible without knowledge of his or her contextual or environmental situation and influences” (p. 35). That said, these contextual variables work in conjunction with the indivisible self; “the indivisible self is both affected by and has an effect on the world around it” (Myers & Sweeney, 2005a, p. 35). The four contexts in the Indivisible Self model are local, institutional, global, and chronometrical. Local is where “we live most often – our families, neighborhoods, and communities” (Myers & Sweeney, 2005a, p. 35). The authors go on to state that the local context is place where one often takes solace to deal with life’s stressors. The institutional contexts include education, religion, government, business/industry and media. Global contexts include politics, culture, global events and the environment. Finally, the chronometrical context refers to the fact that, “people change over time in both predictable and unpredictable ways”

(Myers & Sweeney, 2005a, p. 35). That said, this context refers to changes over the lifespan, including the effects of behaviors and choices that one makes (Myers & Sweeney, 2005a). What is evident in this holistic model is that all parts are interconnected and, in turn, impact one another.

Wellness Research

Several researchers have emphasized the need for individuals in the helping professions to give attention to their own wellness (e.g., Hill, 2004; Lawson, 2007; Young & Lambie, 2007). Young and Lambie (2007) went on to report that original health and wellness research in counseling focused on the client, however, it soon became clear that health and wellness also had an effect on the job performance of healthcare professionals. Many counselors are now aware of the fact that wellness and the ability to cope with stress is imperative in avoiding counselor impairment (Witmer & Young, 1996). The authors go on to state that, “wellness is a positive state of health that can be promoted in all counselors, impaired or not” (Witmer & Young, 1996, p. 141).

A counselor’s ability to maintain substantial levels of wellness in order to preserve one’s overall health is an issue of great importance. Roach and Young (2007) stated, “wellness as a unifying philosophy in counselor education may be a way to prevent impairment and burnout in students and professionals” (p. 29). In a study of burnout in teachers, nurses, and pediatricians, Sakharov and Farber (1983) reported that 67% of the subjects reported that physically and emotionally depleting work resulted in overeating, over-smoking, depression, headaches, and stomachaches. When one is

depleted and perhaps not feeling well, he or she will experience negative side effects of both mental and physical health.

Skovholt, Grier, and Hanson (2001) stated, “balancing self-care and other-care is often a struggle for career counselors and others in the helping profession” (p. 167). The authors went on to state that in the process of caring for others or, as the authors define it, “the caring cycle” can often bring about feelings of depletion and, eventually burnout (Skovholt et al., 2001). The authors reported that, “because this cycle is one-way, balancing self-care and other-care can be a source of constant strain” (p. 168). This points to the fact that the act of self-care is imperative if counselors are going to be able to sustain this caring cycle. Moreover, the authors elucidate the relationship of this problem to novice counselors, reporting, “in graduate programs, counselors spend most of their time learning how to take care of others, with relatively little attention given to care for the self” (p. 168).

In a study of wellness among counseling students, Myers, Mobley, and Booth (2003) explored wellness levels of 263 graduate students during their first year of counselor training at entry and advanced levels. While the researchers found that the students had higher levels of wellness, as measured by the Wellness Evaluation of Lifestyle, than the general population, they did note some significant within-group differences. For example, the researchers found that students at the doctoral level scored significantly higher with medium effects on Total Wellness scores than did the entry-level students (Myers et al., 2003). Although this study focused on students, one could draw the conclusion that the “experienced” individual experiences higher levels of wellness than the “novice.” In discussing the importance of wellness among

counselors, the researchers stated, “assessing wellness is one approach that counselor educators can use to increase awareness of personal wellness and to stimulate dialogue concerning how students can change to achieve wellness lifestyles while they are in training and throughout their careers” (Myers et al., 2003, p. 273).

In her study of the challenges faced by pre-tenured faculty, Hill (2004) discussed the importance that work environment stressors can play in one’s overall wellness. She stated that these stressors can include multiple demands, time constraints, professional isolation, unrealistic expectations about academic appointments, and insufficient feedback or recognition and can have an effect on both the work and emotional functioning of faculty. She goes on to state that, “stressors in individual’s lives can compromise the holistic and balanced dimensions of wellness” (Hill, 2004, p. 135).

Lawson (2007) attempted to better understand counselor wellness through a national survey that assessed both counselor wellness and impairment variables. The author stated, “when counselors take better care of themselves, there is a positive effect on their ability to meet the needs of their clients” (Lawson, 2007, p. 20). One interesting finding from his research was the relationship between supervision or case consultation and burnout and compassion fatigue. Specifically, the researcher found that those counselors who received more supervision or consultation scored significantly higher on burnout and compassion fatigue than did their counterparts who received less supervision. This was an unexpected finding due to the fact that supervision is often seen as a solution to burnout (Lawson, 2007). This would be relatable to novice counselors, as they, especially while in their practicum, internship,

and registered internships, receive regular supervision as part of their course or licensure requirements, a factor that the above authors linked to higher levels of burnout.

As part of their research on wellness, psychological distress, and social desirability, Smith, Robinson, and Young (2007) explored the relationship between levels of wellness and psychological distress among 204 counseling students entering into master's level programs. The researchers found that there was a statistically significant negative relationship between levels of wellness and psychological distress, in fact, 15% of the variance in total wellness could be attributed to psychological distress (Smith et al., 2007). The researcher's stated that this finding suggests that a higher level of wellness can point to lower levels of distress.

More recently, in a study of 506 professional counselors, Lawson and Myers (2011) explored variables and the relationships between variables related to counselor wellness. These included, levels of wellness, professional quality of life factors, and career sustaining behaviors. Additionally, the researchers attempted to identify potential differences between professional counselors and related professions in these three variables as well as potential differences based on caseload variables. The researchers found that caseload characteristics did have an effect on levels of wellness. Specifically, where one worked seemed to have an effect on one's level of wellness. Additionally, professional quality of life was related to one's caseload. For example, a counselor was found to be at higher risk for burnout if he or she has trauma survivors in their caseload. Moreover, career sustaining behaviors and higher professional quality of life factors were related to higher levels of wellness.

It is clear from the review of the literature that burnout is a debilitating occurrence that has physical, emotional, and mental consequences to those in the helping professions. Its effects can be damaging to both counselors and their clients. Moreover, there is obvious evidence in the literature of the susceptibility of the novice counselor to burnout. What is also evident is the importance of wellness in maintaining balance in one's life; both personal and professional. That said, what is not yet clear is the possible effects of wellness on the experience of burnout in the novice counselor. It is through this study that the researcher will attempt to gain some insight into this phenomenon.

CHAPTER 3

METHODOLOGY

In this chapter, information about data collection will be presented. It will include a discussion of the participants in the study, the procedure used in the data collection, the instruments used, and the statistical analyses that were applied to the data collected.

Study Purpose and Research Questions

The purpose of this study was to investigate the relationship between wellness and burnout among novice counselor. The researcher intended to address the question of whether or not wellness could predict burnout levels among novice counselors. Particularly, “Is there a relationship between wellness and burnout among novice counselors”? The instruments chosen to address this research question were the 5F-Wel (Myers & Sweeney, 2004) and the MBI (Maslach, Jackson, & Leiter, 1996).

Research Hypotheses

The following research hypotheses were used as the framework for this study.

Null Hypothesis 1:

There is no relationship between wellness and the depersonalization subscale of burnout among novice counselors.

Alternative Hypothesis 1:

There is a significant relationship between wellness and the depersonalization subscale of burnout among novice counselors.

Null Hypothesis 2:

There is no relationship between wellness and the emotional exhaustion subscale of burnout among novice counselors.

Alternative Hypothesis 2:

There is a significant relationship between wellness and the emotional exhaustion subscale of burnout among novice counselors.

Null Hypothesis 3:

There is no relationship between wellness and the personal accomplishment subscale of burnout among novice counselors.

Alternative Hypothesis 3:

There is a significant relationship between wellness and the personal accomplishment subscale of burnout among novice counselors.

Instruments

There was one demographic questionnaire and two instruments used in this study. These included: a demographic questionnaire, the MBI, and the 5F-Wel. All three are described in more detail below.

Demographic Questionnaire

The first questionnaire, which was created specifically for this study, is a brief set of questions designed to elicit demographic information (see Appendix A). The demographic questionnaire consisted of eight questions. Participants were asked to

provide their age, sex, ethnicity, status as either a practicum/internship student or a pre-licensed, registered intern, average number of hours providing face-to-face counseling, years of counseling experience, their average hours per week, and their place of employment.

Maslach Burnout Inventory (MBI)

The MBI (Maslach et al., 1996) was used to assess burnout on the subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Results of the MBI reflect burnout as a continuum and do not indicate the existence or non-existence of burnout. Rather, the results indicate whether individuals are experiencing low, medium, or high levels of burnout in their work (Maslach et al., 1996). Scores on each of the subscales are reported separately; each as a unique dimension of burnout, and users are directed not to combine scores. High scores on the emotional exhaustion and depersonalization subscales and a low score on the personal accomplishment subscale indicate high-level burnout.

The MBI consists of 22 statements of job-related feelings that concern the three previously mentioned subscales of burnout (see Appendix B). Of the 22 items, nine comprise the Emotional Exhaustion (EE) subscale, which measures feelings of tiredness or being drained by clients' needs (e.g., "I feel emotionally drained from my work"). The Depersonalization (DP) subscale consists of five items and measures detached or negative feelings toward clients (e.g., "I've become more callous towards people since I took this job"). Finally, eight reverse-scored items make up the Personal Accomplishment (PA) subscale, which measures feelings of incompetence and disappointment regarding job success (e.g., "I feel exhilarated after working closely

with my recipients”). A 7-point Likert-type scale ranging from 0 (*Never*) to 6 (*Every day*) is used to assess the participant’s frequency of expressing the feelings described in the item. Scores on the MBI are considered high if they are in the upper third of the normative distribution, average if they are in the middle third, and low if they are in the lower third (Maslach et al., 1996). Table 1 shows a breakdown of the numerical cutoff points for low, average and high levels of burnout based on the normative sample of mental health workers. It should be noted that information regarding the methods for categorizing the cut-off points for “low”, “medium”, and “high” levels of burnout was not disclosed (Maslach et al., 1996).

Table 1

Numerical Cutoffs for Mental Health Workers

MBI Subscale	Low	Average	High
Emotional Exhaustion	≤ 13	14 – 20	≥ 21
Depersonalization	≤ 4	5 – 7	≥ 8
Personal Accomplishment	≥ 34	33 – 29	≤ 28

Note. Maslach et al., 1996, p. 6.

The MBI was normed on a large sample ($N = 11,067$) of human service workers including teachers, police officers, social workers, psychologists, psychiatrists, counselors, mental health workers, and nurses. The normative means for mental health workers ($n = 730$) are shown in Table 2.

Table 2

Means and Standard Deviations for Mental Health Workers

Maslach Burnout Inventory Subscales			
	Emotional Exhaustion	Depersonalization	Personal Accomplishment
M	16.89	5.72	30.87
SD	8.90	4.62	6.37

Note. Maslach et al., 1996, p. 8. N = 730.

Estimates of internal consistency (Cronbach alpha) were .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment (Maslach & Jackson, 1986).

In a sample of graduate students and health agency workers, the test-retest reliability coefficients were as follows: .82 for Emotional Exhaustion, .60 for Depersonalization, and .80 for Personal Accomplishment when separated by a 2 to 4 year interval (Zalaquett & Wood, 1997). In subsequent studies, it was found that the subscales of the MBI are stable over time, with correlations in the .50 to .82 ranges on three months to one year time spans (Leiter & Durup, 1996, as cited in Zalaquett & Wood, 1997). Finally, the authors state that convergent and discriminant validity have been demonstrated for the MBI (Zalaquett & Wood, 1997). Data for correlations between factors is presented in Table 3.

Table 3

Correlations between Factors for Maslach Burnout Inventory

Maslach Burnout Inventory Subscales			
	Emotional Exhaustion	Depersonalization	Personal Accomplishment
Emotional Exhaustion	1		
Depersonalization	0.52	1	
Personal Accomplishment	-0.22	-0.26	1

Note. Maslach et al., 1996.

Five Factor Wellness Evaluation of Lifestyle (5F-Wel)

The 5F-Wel is a 73-item instrument that measures one higher order factor of global wellness, five second-order factors, which are the primary, five wellness factors (to be discussed in more detail below), and the 17, third-order wellness components from the original Wellness Evaluation of Lifestyle (see Appendix C for sample questions). The 5F-Wel is scored on a four-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*). Scores on this instrument range from 25 – 100. The adult version of the instrument, the 5F-Wel –A, is designed for teens and adults with a ninth grade reading level or below.

The five second-order factors include: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Confirmatory factor analysis supported the scales (Hattie et al., 2004). These five factors are interrelated and connected parts of the whole person. All of these factors were seen as those that compose the *self* (Myers &

Sweeney, 2005a). Taken a step further, as can be found in Table 4, there are third-order factors within the second-order factors.

Table 4

The 5F-Wel Second and Third Order Factors

Second-Order Factors	Third-Order Factors
Creative Self	Thinking, Emotions, Control, Work, and Humor
Coping Self	Leisure, Stress Management, Self-Worth, and Realistic Beliefs
Social Self	Friendship and Love
Essential Self	Spirituality, Gender Identity, Cultural Identity, and Self-Care
Physical Self	Nutrition and Exercise

Note. Myers & Sweeney, 2005a.

The authors report that several studies provide evidence of construct validity (e.g., self-esteem, Spurgeon, 2002; relationship self-efficacy, Shurts, 2004; and spirituality, Gill, 2004; as cited in Myers & Sweeney, 2004). Internal consistency was examined for the 5F-Wel using a sample of 2,093 persons, including 52% males and 48% females (Myers & Sweeney, 2004). The alpha coefficients are reported to be high for both the first- and second- order factors and ranged from .90 to .85 (Myers & Sweeney, 2005a, p. 41). In the third-order scales, alpha coefficients ranged from .70 to .87, except for Self-Care (.66) and Realistic Beliefs (.68) (Myers & Sweeney, 2005a).

Table 5 shows alpha coefficients of internal consistency for all factors.

Table 5

Alpha Coefficients for the 5F-Wel

SCALE	NUMBER OF ITEMS	ALPHA COEFFICIENTS
Total Wellness	73	.90
Creative Self	21	.92
Thinking	4	.70
Emotions	4	.72
Control	4	.78
Work	5	.72
Positive Humor	4	.75
Coping Self	19	.85
Leisure	6	.82
Stress Mgmt	4	.83
Self Worth	4	.77
Realistic Beliefs	5	.68
Social Self	8	.85
Friendship	4	.73
Love	4	.77
Essential Self	15	.88
Spirituality	5	.84
Gender Identity	4	.78
Cultural Identity	3	.72
Self Care	3	.66
Physical Self	10	.88
Exercise	5	.80
Nutrition	5	.87

Note. Alpha coefficients are not available for the Context scales as these are experimental scales. Myers & Sweeney, 2004, p. 16-17.

The norm group ($N = 1,899$) for the 5F-Wel was comprised of adult volunteers recruited through university classes, professional workshops, and through research projects. Means and standard deviations for the normative sample were reported as follows: total wellness, $M = 76.22$, $SD = 12.51$; creative self, $M = 77.80$, $SD = 12.99$; coping self, $M = 72.39$, $SD = 10.63$; social self, $M = 84.06$, $SD = 17.82$; essential self, $M = 78.90$, $SD = 16.15$; and physical self, $M = 70.98$, $SD = 17.00$. Additional data regarding between factor correlations can be found in Table 6.

Table 6

Correlations between Factors for Five Factor Wellness Evaluation of Lifestyle

Five Factor Wellness Evaluation of Lifestyle Subscales					
	Creative Self	Coping Self	Social Self	Essential Self	Physical Self
Creative	1.00				
Coping	0.13	1.00			
Social	0.55	0.40	1.00		
Essential	0.26	0.13	0.44	1.00	
Physical	0.25	0.22	0.22	0.25	1.00

Note. Myers & Sweeney, 2004. $N = 1,899$.

Procedure

Following the researcher's Institutional Review Board and Doctoral Committee approval (see Appendix D for exemption letter), participants were contacted through various counseling list-serves. Participants were asked to complete the instruments online. Participation in this study was voluntary in nature.

Prior to completing the assessments, all participants were required to give informed consent. Upon giving informed consent, participants completed the short demographic questionnaire followed by the two instruments previously discussed. Responses to the instruments were downloaded into a secure database, which was only accessed by the researcher. As an additional precaution in the protection of confidentiality, the participants were not required to give any identifying information.

Upon data collection, the researcher utilized the Statistical Package for the Social Sciences (SPSS) as the analysis tool. Because the five subscales (second-order factors) contribute to the overall composite score (global wellness) on the 5F-Wel, there may be different relationships between burnout and the various factors of the 5F-Wel. As a result, the primary statistical analysis that was utilized was a multiple regression analysis, as it allowed for the researcher to study the potential predictive relationship between the variables. Specifically, the researcher attempted to identify the variance in burnout subscales accounted for by the wellness factors; mainly the second-order factors on the 5F-Wel. Additionally, the researcher explored possible correlations between demographic variables (i.e., age, gender, experience) and the variables of wellness and burnout.

Participants

This study focused on male and female, novice counselors. The researcher also included all ethnic backgrounds. Due to the current demographics among this profession, some assumptions were made about the potential demographics of the participants. That is, in a report published by SAMHSA, it was found that the total number of clinically trained counselors included 28,137 males and 68,126 females. The

ethnic distribution among these counselors was as follows: 91.8% White, 3.7% Black, 1.8% Hispanic, 0.7% Asian/Pacific Islander, 0.6% American Indian, and 1.4% not specified (as cited in Locke, Myers, & Herr, 2001, p. 527). So, it was deemed likely that the current study would include a participant database that is high in White female individuals.

Only counselors in the mental health counseling field were solicited. This included counseling students enrolled in practicum or internship courses administering face-to-face counseling or pre-licensure counselors (i.e., counselors who were registered as interns with their state agency). Participants were solicited via emails outlining the need for just novice counselors through various counseling and counselor educator list serves (i.e., CESNET, COUNSGRADS). Additionally, the demographic survey included a question, which compelled participants to report their novice “status” in an effort to assure that only novice counselors would be completing the survey. Upon initial completion of data collection, participants in this study consisted of 179 novice counselors which included practicum or internship students and pre-licensed counselors. Thirty-five participants were eliminated using listwise deletion as they did not fully complete the MBI or the 5F-Wel. This left 144 participants (80.4%) in the final sample. Participants were recruited through online listserves including CESNET and COUNSGRADS. Participants were asked to complete all survey materials including the demographic questionnaire, the MBI, and the 5F-Wel online using Survey Monkey. Completed survey materials were then downloaded into a secure database in order to protect participant confidentiality.

Participant Demographic Characteristics

As was discussed earlier, the demographic questionnaire consisted of eight questions. Participants were asked to provide their age, sex, ethnicity, status as either a practicum/internship student or a pre-licensed, registered intern, average number of hours providing face-to-face counseling, years of counseling experience, their average hours per week, and their place of employment. Of the study participants, the 127 were female (88.2%), with 17 males participating (11.8%). The age ranges of the participants included 21-25 years (25%), 26-30 years (28.5%), 31-35 years (16.7%), 36-40 years (8.3%), and over 40 years of age (21.5%). The ethnic composition of the sample included White/Caucasian (80.6%), White, Non-Hispanic (3.5%), African American (8.3%), Hispanic (3.5%), Asian-Pacific Islander (2.8%), and Native American (.7%). One of the participants did not enter ethnic background data. Eighty-five of the participants reported their status as Mental Health Practicum or Internship Student (59%). The remaining breakdown of status is as follows: Mental Health Registered Intern/Pre-Licensed (34%), Marriage and Family Practicum or Internship Student (4.2%), and Marriage and Family Registered Intern/Pre-Licensed (2.1%), with 1 participant answering “other”. The majority of participants reported that they had less than one year of experience delivering face-to-face counseling (47.2%). Moreover, the participants averaging 10 – 20 hours of face-to-face counseling per week made up the majority (44.4%) of the total sample. Fifty-six of the participants reported working in a not for profit/community agency (38.9%), while the rest of the total participants reported working for profit/mental healthy centers, private settings, or “other.” Those who reported “other” as their place of employment were provided with an opportunity

to describe the setting they worked in. These included state agencies, psychiatric hospitals, and college/university counseling centers.

CHAPTER 4

RESULTS

The findings of this study are presented in the following chapter. Specifically, this chapter will restate the purpose of this study along with a restatement of the purposed research question. A brief description of the sample is provided, although more detail regarding the demographics of the study's sample including gender, age, ethnic background, and experiences in the work environment (i.e., status at work, years of experience, and hours delivering face-to-face counseling) can be found in Chapter 3. Descriptive statistics for the data set including measures of central tendency for both instruments used as well as correlation analysis and the results of the multiple regression analysis are also summarized in this chapter. The researcher used an alpha level of .05 for all statistical tests.

Study Purpose and Research Question

The purpose of this study was to investigate the relationship between wellness and burnout among novice counselors. The researcher addressed the question of whether or not wellness could predict burnout levels among novice counselors. Particularly, "Is there a relationship between wellness and burnout among novice counselors"? The instruments chosen to address this research question were the 5F-Wel (Myers & Sweeney, 2004) and the MBI (Maslach et al., 1996). Details as to this study's hypotheses are presented in the previous chapter.

Descriptive Statistics for Maslach Burnout Inventory and Five Factor Wellness Evaluation of Lifestyle

Maslach Burnout Inventory (MBI)

Data regarding the means and standard deviations are provided in Table 7. Based on the data provided earlier on the normative ranges for mental health workers (see Table 1), the participants in this study scored within the middle range on Emotional Exhaustion, the low range on Depersonalization, and the lower range on Personal Accomplishment; a reverse scored item.

When exploring the specific normative means for mental health workers, provided earlier in this study (see Table 2), it appears that these study participants scored higher on emotional exhaustion when compared to the norm group, but lower on Depersonalization than the norm group. Additionally, this sample scored higher on Personal Accomplishment, indicating lower levels of burnout than the norm group. This is an interesting finding and one may hypothesize although participants are experiencing some medium levels of depletion of their emotional resources, they are not yet experiencing major callous feelings towards their clients. When exploring the differences in mean scores between the norm group and the current study participants, the researcher found that in each of the tests of differences in variance, the two groups were unequal and, therefore, violated the assumption of homogeneity of variance ($p < .05$). Because of this, separate group variance estimate t-test data were used and, in each of the tests, homogeneity was rejected. The results are outlined in Table 7. The difference in mean scores between the norm group and the current study participants on the Depersonalization and Personal Accomplishment were both found to be statistically

significant. Current study participants scored lower than the norm group on both Depersonalization and Personal Accomplishment (reverse scored item). So, there was, indeed, a difference between these two groups in these variables. The effect size for the differences in Personal Accomplishment scores proved to be large ($d = 1.58$).

Table 7

Means, Standard Deviations, and t-test Results for the Maslach Burnout Inventory

	Norm Group		Current Study Participants		t-test (two-tailed) Separate			Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>	
EE	16.89	8.90	18.49	10.68	1.69	184.18	.093	.18
DP	5.72	4.62	4.45	4.39	3.14	210.34	.002	-.27
PA	30.87	6.37	40.93	5.18	20.45	236.90	.000	1.58

Note. Norm group N = 730. Current study participants N = 144. EE = Emotional Exhaustion. DP = Depersonalization. PA = Personal Accomplishment. The pooled *SD* was used in the denominator of the Cohen's *d*.

Five Factor Wellness Evaluation of Lifestyle (5F-Wel)

Scores for this sample resulted in a minimum score of 60.27 and a maximum of 96.23 on the Total Wellness score. On each of the subscales of the 5F-Wel, Creative Self had a minimum score of 52.50 and a maximum score of 98.75, Coping Self has a minimum score of 51.32 and a maximum score of 98.68, Social Self had a minimum score of 28.13 and a maximum score of 100, Essential Self had a minimum score of 50 and a maximum score of 100, and Physical Self had a minimum score of 32.50 and a

maximum score of 100. When reviewing the normative data for this particular instrument presented earlier, there were not major discrepancies found in the participant data. However, on all first and second-order factors, participants in this study scored above the means of the normative group. Again, the researcher found that the test of differences in variance resulted in the violation of the assumption of homogeneity of variance ($p < .05$) on all scores other than those for the Physical Self. Because of this, separate group variance estimate t-test data were used and, in each of the three tests, homogeneity was rejected. The results are outlined in Table 8. Furthermore, these differences in means between the norm group and the study participants on the Creative Self, Coping Self, Social Self, and Essential Self subscales were all found to be statistically significant with effect sizes being moderate to small. On all wellness scales, current study participants scored somewhat above the norm group. This finding will be discussed in more detail in the following chapter.

Correlation Analysis

An intercorrelation matrix including the participant demographic information, scores on the MBI, and scores on the 5F-Wel was generated to assess the extent of the relationship among the variables, and is reported Table 9. A problem that arises with multiple hypothesis testing is the difficulty in maintaining the prescribed alpha. As a means to address this problem, the researcher utilized the researcher utilized the Bonferroni correction to obtain an adjusted p-value to test each effect for significance, $p = .004$. This was obtained by dividing the nominal alpha (.05) by the number of effects tested.

Table 8

Means, Standard Deviations, and t-test Results for the Five Factor Wellness Evaluation of Lifestyle

	Norm Group		Current Study Participants		t-test (two-tailed)			Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	Separate			
					<i>t</i>	<i>df</i>	<i>p</i>	
1	76.22	12.51	80.51	7.41	6.30	210.75	.000	.34
2	77.80	12.99	82.99	8.50	6.75	197.67	.000	.40
3	72.39	6.37	77.14	9.05	5.99	174.34	.000	.45
4	84.06	17.82	90.10	11.07	5.99	204.13	.000	.34
5	78.90	16.15	81.55	9.62	3.00	209.93	.003	.16
6	70.98	17	72.62	15.58	1.21	169.88	.228	.10

Note. Norm Group N = 1,899. Current Study Participants N = 144. 1 = Total Wellness, 2 = Creative Self, 3 = Coping Self, 4 = Social Self, 5 = Essential Self, 6 = Physical Self. The pooled *SD* was used in the denominator of Cohen's *d*.

Novice Counselors, Burnout, and Wellness

This study resulted in some significant findings in terms of the relationship between wellness and burnout among novice counselors. The demographics included in the analysis were age, status, hours delivering face-to-face counseling, years of experience, and average hours per week. From the correlation analysis, it appears that age was significantly correlated with scores on the Social Self, $r = -.239, p = .004$ scale of the 5F-Wel. Status was found to significantly correlate with Depersonalization, $r = .238, p = .004$. In terms of years of experience, the researcher found a correlation with the Physical Self subscale of the 5F-Wel, $r = .227, p = .006$. The hours that a novice counselor is delivering face-to-face counseling negatively correlated with the Physical Self scale of wellness, $r = .215, p = .010$. Finally, average number of hours per week was correlated with levels of Personal Accomplishment, $r = .280, p = .001$.

Wellness and Burnout

Pearson correlations indicate total wellness scores as well as subscales on the wellness inventory (i.e., Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) were correlated to the subscales of burnout (i.e., Emotional Exhaustion, Depersonalization, and Personal Accomplishment). Total wellness scores showed a strong correlation with the personal accomplishment subscale, $r = .556, p < .001$; and a negative correlation with the Emotional Exhaustion subscale, $r = -.302, p < .001$. In terms of the second-order factors of the wellness inventory, Creative Self significantly correlated with Emotional Exhaustion, $r = -.319, p < .001$; Depersonalization, $r = -.286, p = .001$; and Personal Accomplishment, $r = .574, p < .001$. The Coping Self was found to have a negative correlation with Emotional Exhaustion, $r = -.475, p < .001$; and

Depersonalization, $r = -.299$, $p < .001$. The Coping Self and Personal Accomplishment also had a positive correlation, $r = .476$, $p < .001$. Social Self was correlated with Depersonalization, $r = -.244$, $p = .003$; and Personal Accomplishment, $r = .293$, $p < .001$. The Essential Self was significantly correlated with Personal Accomplishment, $r = .297$, $p < .001$. Finally, there was a significant correlation found between Physical Self and Personal Accomplishment, $r = .319$, $p < .001$.

Regression Analysis

A multiple regression was performed with each of the burnout subscales (i.e., Emotional Exhaustion, Depersonalization, and Personal Accomplishment) as the dependent variables and the second-order factors of Total Wellness as the independent variables (i.e., Creative Self, Coping Self, Social Self, Essential Self and Physical Self). It should be noted that for the purpose of this research, the adjusted R^2 was used as it provides an estimate of the population multiple correlation (Cohen & Cohen, 1975).

As shown in Table 10, when Total Wellness score was taken into consideration, the researcher found that scores on the burnout subscales accounted for approximately 31% of the variance in Total Wellness scores, $F(1, 142) = 22.65$, $p < .001$, indicating a moderate effect size. Table 10 shows the R^2 and adjusted R^2 for this regression analysis.

Table 10

Multiple Regression Analysis - Maslach Burnout Inventory Subscales and 5F-Wel Total

Wellness Scores

Variable	R ²	Adjusted R ²
Total Wellness	.33**	.31

Note. N = 144. DV: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. ** $p < .01$

For the purposes of additional and more specific analysis, the researcher explored multiple predictors in order to further elucidate the relationship between each of the second-order factors of wellness and levels of burnout. These findings are reported in Table 11. A relationship between Emotional Exhaustion and second-order factors of Total Wellness (i.e., Creative Self, Coping Self, Social Self, Essential Self and Physical Self) scores exists, with the second-order factors accounting for 27% of the total variance in Emotional Exhaustion scores, indicating a moderate effect size, $F(5, 138) = 11.65, p < .001$. The adjusted R^2 (.271) shows little shrinkage when it is generalized to the population. When exploring the relationship between Depersonalization and the second-order factors it was found that the second-order factors accounted for 13% of the variance in scores on the Depersonalization subscale of the MBI, adjusted, $F(5, 138) = 5.116, p < .001$. The multiple regression exploring the MBI subscale of Personal Accomplishment and the second-order factors resulted in the conclusion that these second-order factors accounted for 33% of the variance in Personal Accomplishment, $F(5, 138) = 15.277, p < .001$, thus showing a statistically

significant relationship between the subscale of Personal Accomplishment and the second-order wellness factors and indicating a moderate effect size.

Table 11
Multiple Regression Analysis Predicting MBI Subscales from 5F-Wel Second-order Factors

Variable	R ²	Adjusted R ²
EE	.29**	.27
DP	.16**	.13
PA	.36**	.33

Note. N = 144. Second-Order factors include: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. ** $p < .01$

Semi-partial correlation data and beta weights were explored for this analysis in order to assess the unique contributions of the predictor variables to the criterion variables. As indicated by the beta values in Table 12, it appears that there is a significant semi-partial correlation between the Coping Self and Physical Self subscales of the 5F-Wel and the Emotional Exhaustion and Depersonalization subscales of the MBI. Specifically, Coping Self emerged as the variable having the most predictive accuracy of Emotional Exhaustion scores over the remaining scales of the wellness model. Coping Self appears to make a significant contribution to the model, accounting for 18% of the total variance in Emotional Exhaustion. Coping Self and Physical Self also emerged as the factors that made the more important contribution to the total explained variance in Depersonalization scores when all other variables were present, accounting for 7% of the total variance. Finally, when exploring Personal

Accomplishment, Creative Self was most important in its contribution to variance in scores. Creative Self accounted for 9% of the total variance in this subscale of the MBI.

Because of the significance of the specific wellness subscales' contributions to scores in the burnout subscales, follow-up analysis of the third-order factors seemed appropriate as suggested by Myers and Sweeney (2004). The third-order factors of the Coping Self include: leisure, stress management, self-worth, and realistic beliefs. When these factors were analyzed in terms of their relationship to Emotional Exhaustion, it was found that they accounted for 31% of the variance in emotional exhaustion scores and were significant in contributing to the variance in these scores, $F(5, 138) = 16.65, p < .001$. When exploring Depersonalization and the third-order factors of the Coping Self, it appears that they accounted for 11% of the variance in scores, $F(5, 138) = 5.584, p < .001$. When exploring the subscale of Personal Accomplishment and the third-order factors of the Creative Self (i.e., thinking, emotions, control, work, and humor), the analysis showed that these third-order factors accounted for 32% of the variance, $F(5, 138) = 14.480, p < .001$. Table 13 shows the breakdown of the various third-order factors and their relationship to the subscales of burnout.

Table 12

Second-order Predictors of MBI Subscales

Variable	<i>b</i>	<i>SE b</i>	β	<i>t</i>
Emotional Exhaustion				
Creative Self	.100	.150	.080	.669
Coping Self	-.825	.140	-.699**	-5.910
Social Self	.031	.085	.032	.359
Essential Self	.068	.086	.062	.795
Physical Self	.190	.055	.277**	3.442
Depersonalization				
Creative Self	.063	.067	-.122	-.931
Coping Self	-.137	.063	-.284**	-2.188
Social Self	-.048	.038	-.121	-1.251
Essential Self	.054	.039	.117	1.384
Physical Self	.063	.025	.222**	2.520
Personal Accomplishment				
Creative Self	.307	.069	.504**	4.422
Coping Self	.020	.065	.036	.314
Social Self	-.033	.039	-.071	-.838
Essential Self	.059	.040	.109	1.472
Physical Self	.040	.026	.121	1.564

Note: N = 144. *p < .05. **p < .01.

Table 13

Multiple Regression Analysis Predicting MBI Subscales from 5F-Wel Third-order

Factors

Variable	R	Adjusted R ²
EE ^a	.57	.31
DP ^a	.37	.11
PA ^b	.59	.32

Note. N = 144. ^aThird-Order factors include: leisure, stress management, self-worth, and realistic beliefs. ^bThird-Order factors include: Thinking, Emotions, Control, Work, and Humor. ** $p < .01$

Again, Semi-partial correlation data and beta weights, shown in Table 14, were explored for this analysis in order to assess the unique contributions of each of the third-order factors of the Coping Self to the Emotional Exhaustion and Depersonalization subscales of burnout as well as the third-order factors of the Creative Self to the Personal Accomplishment subscale.

When testing the beta weights for the third-order factors separately, the Realistic Beliefs and Stress Management factors, with Realistic Beliefs accounting for the most important total of variance in Emotional Exhaustion; approximately 15% of the variance, $p < .001$. In terms of Depersonalization, when taking the third-order factors of the Coping Self into account separately, the Realistic Beliefs factor emerged as making the most significant contribution to the model when exploring the betas, accounting for 8% of the variance, $p = .001$.

The third-order factor of Work (under the Creative Self) appeared to be the most highly correlated with scores on Personal Accomplishment, $p = .013$, yet only

accounted for approximately 3% of the variance. Humor also emerged as having a correlation with Personal accomplishment and accounted for 2% of the variance, $p = .029$.

Table 14

Third-Order Predictors of MBI Subscales

Variable	<i>b</i>	<i>SE b</i>	β	<i>t</i>
Emotional Exhaustion				
Leisure	-.092	.068	-.122	-1.349
Stress Management	-.271	.096	-.265**	-2.818
Self Worth	.128	.099	.120	1.295
Realistic Beliefs	-.364	.066	.418**	-5.508
Depersonalization				
Leisure	-.005	.032	-.016	-.155
Stress Management	-.047	.045	-.111	-1.048
Self Worth	-.005	.046	-.012	-.115
Realistic Beliefs	-.109	.031	-.305**	-3.556
Personal Accomplishment				
Thinking	.070	.047	.145	1.491
Emotions	-.009	.046	-.018	-.203
Control	.099	.053	.197	1.854
Work	.095	.038	.213*	2.511
Humor	.085	.038	.193*	2.213

Note: N = 144. * $p < .05$. ** $p < .01$.

A problem that may arise when applying multiple regression analysis is the possibility of predictor variables being highly correlated. Therefore, the variance inflation factors (VIF) were examined, with $VIF > 10$ considered to be an issue in collinearity concerns (Pedhauzer, 1997). Based on the outcome of the analysis, there appeared to be no problems with collinearity as all VIF's in the multiple regression models were < 3 .

CHAPTER 5

DISCUSSION

A quantitative research study was performed to explore the relationship between wellness and burnout among novice counselors. Overall, the findings of the present research support some of the initial hypotheses. What follows in this chapter is a summary of the key findings of this study in regards to the relationship between wellness and burnout among novice counselors. Additionally, the researcher will offer a discussion of the study implications, a review of limitations, and concluding discussion of recommendations for counselors and future research.

Key Findings

Descriptive Findings

In terms of the MBI, there were some interesting findings from this sample when compared to the overall normative sample. As stated earlier, the participants in this study scored within the middle range on Emotional Exhaustion and on the low range on Depersonalization and Personal Accomplishment. This indicates average levels of Emotional Exhaustion, but low levels of Depersonalization and Personal Accomplishment. However, when compared to the specific normative means for mental health workers, this sample scored higher on Emotional Exhaustion, but lower on Depersonalization and Personal Accomplishment. Participants are experiencing some medium levels of depletion of their emotional resources, however,

they are not yet experiencing major callous feelings towards their clients. When reviewing previous research on Emotional Exhaustion and the novice counselor, these findings echo the trend of the elevated stress and anxiety experiences by the novice. However, the findings related to Depersonalization and Personal Accomplishment run counter to earlier research comparing novice counselors to more seasoned counselors (Farber & Heifetz, 1981; Rodolfa et al., 1988; Yildirim, 2008). Furthermore, some good news is that these participants are still feeling a sense of accomplishment and competence in their work. This finding was unexpected in that, it would seem that higher levels of emotional exhaustion would come with higher levels of depersonalization among counselors. Perhaps the novice counselors in this study have been able to deal with their stress effectively, which allows them to maintain positive attitudes towards their clients. Furthermore, this increase in emotional exhaustion seems to run counter to one's feelings of competence in work. Because this sample of novice counselors is experiencing higher levels of emotional exhaustion than the norm group of mental health workers, programs are needed that address this issue. Furthermore, this finding of higher levels of emotional exhaustion makes sense due to the acute fear, uncertainty and over involvement with clients, that is often a hallmark of the novice counselor (see Ackerley et al., 1998; Skovholt & Ronnestad, 2003). For example, curriculum in graduate mental health programs could include burnout prevention and intervention techniques as a way to educate future counselors on the signs and symptoms of burnout. Taken a step further, regular "check-ins" with program advisors can be a way to monitor the novice counselor's experience with burnout as

they progress through their field training, which would allow for the early detection of any emotional depletion experienced by the novice.

When exploring the descriptive data for the 5F-Wel, there were small differences between the participants in this sample and the norm group. Participants in this study scored above the mean of the normative group on both first and second-order factors. That is, this sample had somewhat higher levels of Total Wellness and higher levels of wellness on each of the five subscales of Wellness. This is a promising finding and can be used as a useful tool in determining specific interventions for novice counselors in particular areas of wellness. Because we know the areas that make up total wellness (i.e., Creative Self, Coping Self, Social Self, Physical Self and Essential Self), novice counselors can be encouraged to address any “self” that may be lacking. For example, as part of a counselor education program, students can monitor their wellness throughout their program by taking a wellness assessment at the onset of their schooling. With that, students can pay attention to specific areas or “selves” that they need to develop. If a student’s assessment reveals lower scores in the area of Physical Self, he or she can work to maintain a physically healthy lifestyle. The student can continue to examine this area by re-taking the assessment at another point in their educational career. This ongoing assessment can also be useful tool in the area of supervision; by allowing the supervisor access to the wellness assessment, the student’s “selves” can be part of the supervision check-ins and discussions.

Correlation Analysis Findings

The researcher found some significant relationships between participants’ demographic factors and measures of wellness and burnout among novice counselors.

For example, age of the novice counselor was found to have a negative correlation with Emotional Exhaustion subscale of the MBI and a positive correlation with Social Self subscale of the 5F-Wel. So, as age increases, a novice counselor's level of emotional exhaustion decreases. Perhaps novice counselors are better able to attend to feelings of having nothing left to give as they mature. Said another way, with age may come the knowledge and maturity to moderate those feelings of emotional exhaustion. Also, as one's age increases, he or she seems to have a better ability to maintain healthy social connections with friends and intimate partners.

When exploring the number of face-to-face hours that a novice counselor is performing, a positive correlation with the Depersonalization subscale of burnout the Physical Self subscale of Wellness emerged. This finding points to the fact that the more direct client hours a novice counselor is working, the more likely they are to feel negative and callous attitudes towards their clients. However, they are also more likely to attend to their physical needs of exercise and nutrition. A positive correlation with Depersonalization also emerged when looking at the overall hours that a novice counselor is working. So, whether it is hours of face-to-face counseling or overall hours spent at work, there seems to be a significant interplay with feelings of negativity towards clients and hours of service. Additionally, a significant correlation was found between overall hours and the Personal Accomplishment subscale of burnout. This is troubling in the sense that while the novice is feeling levels of depersonalization, he or she is also feeling inadequate and is negatively evaluating oneself. On the wellness side, overall hours was found to be positively correlated with the Creative Self subscale of wellness and it's third-order factors (i.e., Thinking, Emotions, Control, Work and

Humor) indicating that the more hours a novice is putting in, the more likely he or she is to attend to their need to make a place for themselves in the world, either through mental or emotional connections, positive humor or even through work.

In the area of years of experience, there was a correlation found with Personal Accomplishment, indicating the longer one is working, the more likely they are to have a positive self-evaluations and feelings of achievement. This is noteworthy, as it implies that as one gains experience and, presumably, gains more knowledge in their field, he or she is met with a feeling of meeting expectations at work. There was also a correlation found between years of experience and the Physical Self. A possibility here is that the more years of experience one has, the more they may be working and the more he or she may realize the need to make time for physical wellness needs.

Additionally, the researcher found correlations between Total Wellness scores on the 5F-Wel and the subscales of emotional exhaustion and personal accomplishment subscales of the MBI. This suggests a relationship between wellness and burnout. Specifically, a higher level of wellness can lead to a reduction in feelings of emotional exhaustion as well as increased feelings of personal accomplishment in novice counselors. This is a promising finding, as it appears wellness can be important not only in the decrease in feelings of emotional depletion, but also in the rise of levels of personal achievement and self esteem. This is yet another reason for the importance of wellness education and development as part of counselor education curriculum and supervision. Specific interventions are discussed later in this chapter.

Specifically, there appear to be significant relationships between all of the subscales on the 5F-Wel and the Personal Accomplishment subscale of the MBI.. The

importance of wellness's effect on feelings of personal achievement is illuminated with this finding. This finding can be interpreted to indicate the importance of a holistic practice of wellness. That is, if one is able to regulate their responses to events in their lives, maintain healthy relationships, find meaning in life, and take care of their physical needs; they may be able to develop a positive self evaluation as well as a feeling that they are making adequate personal achievements.

The Coping Self and Self and Creative Self subscales of wellness related to all subscales on the MBI (i.e., Emotional Exhaustion, Depersonalization, and Personal Accomplishment). This finding seems to point to the overall reduction in burnout if one can maintain support through friendships and intimate relationships as well find a unique place in their world and sense of belonging. Finally, the researcher found a significant, negative correlation with the Social Self and Depersonalization, indicating the importance of meaningful relationships in lessening our callous and irreverent attitudes.

Multiple Regression Findings

When exploring the magnitude of the relationship between variables, there were significant relationships between the various burnout subscales and the various subscales of the wellness instrument. When specifically considering the standardized beta coefficients in Table 12, it also appears that specific subscales of the 5F-Wel made a significant contribution to each variable on the MBI. Namely, the Coping Self, Physical Self, and Creative Self were found to make the most significant contributions. Previous literature on burnout and wellness confirms this relationship. Counselors are found to be at risk for burnout due to the fact that they often minimize or ignore their

own needs of stress management skills, exercise, nutrition, and emotional regulation while tirelessly focusing on the needs of their clients. Furthermore, well counselors are often able to manage the stressors they face; stressors that can lead to burnout. The interplay between wellness and burnout has been proven in previous literature and is reiterated in these findings.

Hypothesis One:

Investigation into the burnout subscale of Depersonalization and the second-order factors of wellness resulted in similar findings of those discussed above. The second-order factors of wellness again accounted for variance in levels of cynicism with Coping Self and Physical Self emerging as the second-order factor to most significantly contribute to this subscale of burnout. However, the researcher found no third-order factors that emerged as one significant predictor of Depersonalization levels.

Nonetheless, this finding reiterates the importance of the stress management skills, the ability to maintain realistic beliefs about our profession, a focus on leisure time, and physical wellness as mediators to levels of burnout.

Hypothesis Two:

When exploring the nature of the relationship between the Emotional Exhaustion subscale and wellness factors, the researcher found that the second-order factors of wellness (i.e., Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) contributed to the variance in Emotional Exhaustion (approximately 27%). The findings of this analysis indicate that changes in levels of wellness on the second-order factors would account for changes in a novice counselor's level of Emotional Exhaustion. To explore this relationship further, the researcher analyzed

each second-order factor separately and found that the Coping Self factor of wellness accounted for more variance in Emotional Exhaustion levels when compared to the other second-order factors. Taken a step further, the researcher analyzed the third-order factors that make up the Coping Self factor and found that Stress Management and Realistic Beliefs was able to significantly predict level of Emotional Exhaustion (when compared to the other third-order factors). It can be gathered, not surprisingly, that traits such as self-regulation and the ability to be “imperfect” can have an impact one’s level of emotional depletion.

Hypothesis Three:

The second-order factors of wellness had a significant impact on levels of Personal Accomplishment. Creative Self was found to account for a significant amount of the variance in levels Personal Accomplishment when compared to the other second-order factors. The third-order factors of Work and Humor appeared to have a connection with this subscale of wellness. This indicates the importance for one to be mentally and emotionally healthy, it is to valuable to believe in their ability to achieve goals, to be satisfied with their work and to possess the ability to use positive humor.

Study Implications

Individuals in the counseling profession are often seen to be at high risk for burnout. Moreover, burnout in the counseling profession affects the counselor as well as the clients they serve. Novice counselors can be especially susceptible to burnout as, with their first experiences as a counselor, novices often feel frustration, stress, and disillusionment (Skovholt, 2001). However, wellness can allow for counselors to moderate the effects of burnout. In discussing the importance of wellness, Lawson

(2007) stated, “counselor wellness is a factor that seems to serve as a linchpin in the counselor’s world” (p. 20).

Based on the comparison between the normative data on the MBI and this study’s samples’ scores on the instrument, it appears that this group of novice counselors is experiencing similar or higher levels of Emotional Exhaustion. Perhaps this indicates a potential cumulative effect of emotional exhaustion. As one’s emotional exhaustion increases, is it possible that their levels of depersonalization may increase? Regardless, the novice, even early in his or her educational or counseling career, is already feeling that they have nothing left to give emotionally. This is unsettling, as this can lead to the novice feeling overwhelmed with stress as well as lowered confidence and satisfaction in their work (Maslach & Jackson, 1982). Knowing this would allow for early interventions in addressing the emotional consequences of burnout. Perhaps training the novice in healthy expression and regulation of their emotions, along with skill building in the area of recognition of early warning signs of this state can be employed. Maslach (1982) asserted that, “the very structure of the helping relationship promotes and maintains a negative view of people” (p. 18). Education for future counselors on the dangers of burnout must be a priority if they are to be effective future helpers and, again, a need for a holistic focus on wellness for the novice counselor is needed. This focus must address not only one’s ability to foster internal wellness, but also the ability to focus on the various external contexts that can affect wellness (i.e., local, institutional, and global). Consideration of education and skill building in these wellness abilities need to be addressed when building curriculum for future counselors. Required readings of certain texts are a way to do this. For

example, programs could require that students read relevant books such as *Burnout: The Cost of Caring* (Maslach, 1982) to educate themselves on burnout as well as *Counseling for Wellness* (Myers & Sweeney, 2005a) to supplement individual wellness practices.

In terms of the normative data for the 5F-Wel, the participants in this study scored above the means of the normative group on all first and second-order factors of wellness. When viewing this finding, it could be argued that the normative group make-up should be considered. For example, the norm group was made up of various levels of education (i.e., from less than a high school education to Doctoral level education). It could be hypothesized that differences in education levels would lead to varying degrees of wellness. Whatever the reason, it is clear that novice counselors need to be educated not only on the need for wellness, but also the holistic nature of wellness and its importance. Moreover, education can involve all levels of wellness. While physical wellness seems to be more commonplace, we must also educate counselors on the need for supportive social groups or individual spiritual practices as part of their overall wellness practice.

Additionally, one must be aware of the demographic make-up of novice students and, from a supervision stand point, pre-licensed counselors. The present study supports the hypothesis that there is a relationship between wellness and burnout levels among novice counselors. Demographic characteristics such as age, number of hours delivering face-to-face counseling, overall hours of counseling, and years of experience are related to both burnout factors as well as wellness detriments. An awareness of the characteristics of the novice that make him or her more susceptible to higher levels of burnout and lower levels of wellness can lead to prevention strategies. For instance, if

we know that the more hours a novice counselor is delivering face-to-face hours of service is tied to higher levels of Depersonalization and lower levels of Physical Wellness, we can design prevention strategies to address these cynical and callous feelings while also educating the novice on the importance of physical wellness strategies and the importance of developing boundaries on their time at work. In addition to prevention strategies, this has implications for the training of future counselors. Training programs in counselor education can include a focus on counselor self-care, specifically as it relates to exercise and nutrition as a way to cope with the stressors of their field. Additionally, students should experience a program in which the philosophy is one of wellness and growth. Because wellness philosophy is broad, it can comprise various departments and disciplines. Witmer and Granello (2005) provide a clear example of this, stating that colleagues from nutrition, exercise, health and medical sciences, psychology, and counselor education can work together to offer an abundance of information regarding their overall well-being.

There were also significant correlations found between Total Wellness as well as various subscales of the 5F-Wel and the scales of the MBI. Potential interventions to address the finding that all factors on the wellness scale were found to correlate with one's level of Personal Accomplishment are needed. If, an educator or supervisor is working with a novice counselor who is feeling that they were not meeting their own expectations for personal achievement and, as a result, are experiencing lowered levels of self-esteem, a suitable intervention strategy can involve education on all levels of wellness. That is, we can teach the importance of a holistic view of wellness in a counselor's work and personal life. Moreover, it is evident that there is a need to

educate future counselors on the need for an overall wellness if we are to head off the devastating effects of a reduction in feelings of personal accomplishment; an emotion that can lead to a negative self-evaluation for the counselor.

To continue with the discussion of potential interventions, we can look at both the Emotional Exhaustion and Depersonalization subscales of burnout. Each of these was found to correlate with specific subscales on the wellness inventory. This indicates the need to tailor interventions based on one's experience of burnout. For example, if a novice were experiencing high levels of Emotional Exhaustion, that is a feeling that they having nothing left to give emotionally to their work and clients, it would seem fitting that an intervention may include a focus on how this counselor could enhance their stress management skills or attend to their physical needs. This is exciting in the sense that we can potentially pinpoint the best interventions for each subscale of burnout. Furthermore, because the researcher found specific areas of wellness to account for variance in levels of burnout, we can fine-tune our prevention and intervention strategies to address the specific experience of the novice counselor. For example, the Coping Self subscale emerged as a significant predictor of variance in burnout levels. Armed with this knowledge, one could utilize interventions designed to address self-esteem building through the practice of avoiding unrealistic expectations of themselves and others.

In addition, the Creative Self was significant predictor of Personal Accomplishment levels. Gladding (2011) reports on the importance of creativity in the counseling profession. He specifies that creativity can assist individuals in becoming integrated, connected, and can lead to an increase in one's self-awareness (Gladding,

2011). Interventions utilizing creativity can include reflective journaling, psychodramatic techniques, and movement therapies, all of which could be employed in a counselor education setting. Because creativity increases self-awareness, it can serve as a buffer to burnout. That is, through creative techniques early feelings of burnout can be effectively dealt with prior to more serious symptoms.

The implications discussed above prove important in the areas of counselor education and training as well as counselor supervision. As a counselor progresses through his or her training program, it would be fitting for educators and supervisors to “check in” with the novice on his or her self-care practices. Moreover, educators and supervisors may refer novices to specific training in wellness or personal therapy. As Venart et al. (2007) stated, personal therapy is another important aspect of interpersonal wellness as it allows counselors to “gain perspective, personal insight, and clarity into their own behaviors and the counterproductive patterns that inhibit wellness” (p. 59). Sweeney and Myers (2005a) discussed wellness as an aim that is fundamental in counseling interventions. Additionally, the researchers view wellness as useful in the context of counselor workshops, in graduate courses in counselor education, and in clinical work. Not only is a wellness philosophy important in the training programs of novice counselors, but also in their clinical supervision. Supervisors often serve as a sort of clinical model for novice counselors and, in turn, have a responsibility to their supervisees throughout their graduate training. Supervisors can display healthy examples for students, or, they can convince students and novice counselors that burnout and stress are a normal part of the job (Witmer & Granello, 2005). It is because of this influential relationship, that there is such an important need for healthy

supervisors. Granello (2000) stated, perhaps if supervisors demonstrated through their own behavior an emphasis on the importance of well behaviors for their supervisees, our profession would suffer less from the effects of stresses, burnout, and impaired counselors.

Just as the role of supervisors is important, so is the role of the faculty and overall counselor education program. In their article on wellness in counselor education and supervision, Witmer and Granello (2005) state, “we believe that a wellness philosophy of instruction can provide both an orienting guide in deciding what methods and curricula lead to producing effective counselors and a clearer connection between our past and our future as a profession” (p. 261). This wellness-oriented program can begin with a curriculum that fosters a wellness philosophy that balances a healthy personal life with one’s academic life. The authors report that faculty members must demonstrate a healthy lifestyle to set an example for counselor education students and future practitioners (Witmer & Granello, 2005). Wester, Trepal, and Myers (2009) reiterate the importance of the faculty role stating, “counselor educators are charged with a number of important roles pertaining to counselor trainee development: educators, mentors, supervisors, monitors of personal and professional growth, and gatekeepers for the profession. As part of their jobs, they are responsible for promoting the wellness of students and, thus, ultimately of professional counselors” (p. 91). Taken a step further, screening processes in place throughout the program, from application to field practice, can determine a student’s experience with burnout so that proper intervention strategies can be employed.

In a discussion of the need for wellness programs in the university setting, Hermon (2005) reported, “while the number of campus-identified ‘wellness’ programs is increasing, existing programs tend toward an exclusive focus on physical and health promotions aspects of wellness” (p. 246). As stated earlier, contemporary definitions of wellness are of a more holistic nature and do not just look at wellness as a dearth of illness. Again, this points to the need for an all encompassing wellness emphasis during a student’s counselor education program.

In their discussion of health and well-being in counselor training programs, Christopher, Christopher, Dunnagan, and Schure (2006) called for an emphasis on directly teaching the strategies or self-care rather than just emphasizing it’s importance. The authors went on to state that when counseling students learn self care strategies, the long term benefits of not only their clinical work, but also their education and training experiences can be great. Meyer and Ponton (2006) so aptly stated, “resiliency in counselors is not an accident. Rather it is the cumulative effect of counselors’ healthy decision making” (p. 200). It is imperative that we build wellness strategies into our actual curriculum and clinical training in an effort to assist future counselors with making healthy decisions.

Addressing specific areas of wellness for future counselors is another area that counseling programs can focus on. This study found that the Coping Self, Physical Self, and Creative Self play an important role in predicting levels of burnout among novice counselors. There are particular ways that a program can address this “self” including helping students to develop clear thinking and an understanding of how thinking affects emotions, assist in the development of emotional management skills,

education on skills to manage anxiety, instruction of physical and nutrition needs, and use of positive humor through student support groups and shared experiences.

Study Limitations

One of the limitations of this study lies in its generalizability because of the relatively small sample size. Also, individuals who participated in this study may be more likely to be interested in the area of wellness and, therefore more likely to complete the surveys. This may lead to a difference in characteristics between those who participated in this study and those who did not. By not including participants who did not fully complete both surveys, the researcher may have introduced bias into the study. Another potential limitation was the fact that participants were solicited through counseling listserves. Again, this leads to problems with generalizability as it eliminates a large sector of the counseling community. Finally, due to the time limitations of this study, a more complete representation of wellness and burnout among novice counselors may not have been reached.

Recommendations for Future Research

This study initiated an investigation into the experience of the novice counselor, specifically their experiences with burnout and wellness. Upon completion of this study, the researcher considered future areas of research. Perhaps a comparison study of novice counselors and more seasoned counselor would help to elucidate the difference in experience between the two, specifically their experiences with wellness and its potential impact on burnout. Additionally, it may be advantageous to compare students currently in supervision (i.e., registered interns) with those still in their practicum or internship programs to investigate the impact of supervision on the

counselor's experience. Also, because of the discrepancies between this group of participants and the normative data, specifically the normative data for the 5F-Wel, future research could compare differences in education level and its relationship to levels of wellness and burnout. Another area for future research can include potential "fixed" variables such as one's personality traits and their relationship to levels of burnout and wellness. For example, future research may focus on whether adaptive and maladaptive personality traits can have an affect on burnout levels. Finally, this research should be performed in a more long-term study, possibly a longitudinal study to examine the changes in the counselor's experience as they move from "novice" to seasoned counselor. This research could take place at the time that classes begin, upon completion of one's program, at points throughout supervision, and following the conclusion of supervision.

Summary

This study attempted to gain a better understanding of the experience of the novice counselor. It is an important area of study for the future of counselors as well as the client's they will serve. As was so aptly stated by Barnett, Baker, Elman, and Schoener (2007), "we must engage in active attempts to effectively manage these challenges and demands through ongoing self-care efforts. Failure to do so may result in harm to our clients, our profession, ourselves, and others in our lives (p. 603)". It is with this understanding that our field, both clinical and academic, can continue to nurture its future counselors.

APPENDICES

Appendix A

Demographic Questionnaire

1. What is your age?
2. What is your sex?
3. What is your ethnicity?
4. What is your current status?
5. Are you currently providing face-to-face counseling either in the form of individual, group, or family/couple's counseling?
6. How many years of experience to you have delivering face-to-face counseling?
7. What is the average number of hours of face-to-face counseling you do per week?
8. What is your current employment setting?

Appendix B

Questions on Maslach Burnout Inventory

1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. I can easily understand how my recipients feel about things.
5. I feel I treat some recipients as if they were impersonal objects.
6. Working with people all day is really a strain for me.
7. I deal very effectively with the problems of my recipients.
8. I feel burned out from my work.
9. I feel I'm positively influencing other people's lives through my work.
10. I've become more callous toward people since I took this job.
11. I worry that this job is hardening me emotionally.
12. I feel very energetic.
13. I feel frustrated by my job.
14. I feel I'm working too hard on my job.
15. I don't really care what happens to some recipients.
16. Working with people directly puts too much stress on me.
17. I can easily create a relaxed atmosphere with my recipients.
18. I feel exhilarated after working closely with my recipients.
19. I have accomplished many worthwhile things in this job.
20. I feel like I'm at the end of my rope.
21. In my work, I deal with emotional problems very calmly.
22. I feel recipients blame me for some of their problems.

MBI—Human Services Survey ©Copyright 1986 by CPP, Inc.

Appendix C

Sample Questions from the Five Factor Wellness Evaluation of Lifestyle

I engage in a leisure activity in which I lose myself and feel like time stands still.

I am satisfied with how I cope with stress.

I eat a healthy amount of vitamins, minerals, and fiber each day.

I often see humor even when doing a serious task.

I am satisfied with the quality and quantity of foods in my diet.

Being a male/female is a source of satisfaction and pride to me.

I value myself as a unique person.

I have friends who would do most anything for me if I were in need.

I feel like I need to keep other people happy.

I can express both my good and bad feelings appropriately.

My free time activities are an important part of my life.

My work or schoolwork allows me to use my abilities and skills.

Prayer or spiritual study is a regular part of my life.

I accept how I look even though I am not perfect.

I take part in organized religious or spiritual practices.

I am usually aware of how I feel about things.

I jump to conclusions that affect me negatively, and that turn out to be untrue.

© Myers and Sweeney, 2004.

Appendix D

Exemption Letter from the Institutional Review Board



Institutional Review Board

Tel: 561.297.0777 Fax: 561.297.2319
www.fau.edu/research/irb

Nancy Aaron Jones, Ph.D., Chair

Administrative Staff
Elisa Gaucher
Angela Clear
Tina Horton

DATE: March 25, 2010

TO: Paul Peluso, PhD
FROM: Florida Atlantic University IRB

PROTOCOL #: H10-12
PROTOCOL TITLE: [144841-2] The Relationship Between Wellness and Burnout Among Novice Counselors

SUBMISSION TYPE: Response/Follow-Up
REVIEW CATEGORY: Exemption category A3

ACTION: DETERMINATION OF EXEMPT STATUS
EFFECTIVE DATE: March 25, 2010

Thank you for your submission of Response/Follow-Up materials for this research study. The Florida Atlantic University IRB has determined this project is EXEMPT FROM FEDERAL REGULATIONS.

We will keep a copy of this correspondence on file in our office. Please keep the IRB informed of any substantive change in your procedures or if you encounter any problem involving human subjects.

If you have any questions or comments about this correspondence, please contact Elisa Gaucher at:

Institutional Review Board
Research Integrity/Division of Research
Florida Atlantic University
ADM Bldg. 10, Suite 239
Boca Raton, FL 33431
Phone: 561-297-0777

* Please include your protocol number and title in all correspondence with this office.

**This letter has been electronically signed in accordance with all applicable regulations,
and a copy is retained within our records.**

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