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Self-Care Practices, Work Experience, Educational Setting, and Burnout Among School Counselors

Paul Sylvester-Nwosu
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Walden University

College of Social and Behavioral Sciences

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Paul Sylvester-Nwosu

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Walden University
2020

Abstract

Self-Care Practices, Work Experience, Educational Setting, and Burnout Among School
Counselors

by

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MS, Jersey City State University, 1990

BS, Jersey City State University, 1988

AS, Essex County College, 1986

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Educational Psychology

Walden University

November 2020

Abstract

School counselors should be well-adjusted in their personal and professional lives and possess a keen, accurate perception of their self-care practices. However, people drawn to careers in school counseling are often at risk of developing burnout due to high professional demands and limited resources supporting their self-care and well-being. The purpose of this quantitative correlational study was to investigate the relationship between the independent variables of self-care practices, years of work experience, and educational settings and the dependent variable of levels of burnout among practicing school counselors in K-12 suburban educational settings in the Mid-Atlantic region of the United States. Orem's Self-Care Theory provided the framework for the study. Data were collected from 86 school counselors using a survey based on Maslach's Burnout Inventory Human Services Survey and the self-care assessment instrument Brief COPE. Results of multiple linear regression and analysis of variance revealed a significant relationship between self-care practices, years of work experience, and levels of burnout. However, there was no significant relationship between educational settings and levels of burnout. Findings may be used to highlight the importance of practicing self-care and promoting health and well-being among school counselors in the K-12 suburban Mid-Atlantic region of the United States leading to positive social change.

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Dedication

First, I want to dedicate this to my Heavenly Father, almighty God, who has made it possible for me to survive during this period of pandemic crisis. It is only through His mercy that I am here today. Through the love of God, I learned many lessons about patience, endurance, and the ability to focus to complete this study. I also dedicate this dissertation to my loving wife, Felicia Nwosu, who tolerated me while working on this project. It is pertinent to let her know that I appreciate her candid support, both morally and financially, during this dissertation process.

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Chapter 1: Introduction to the Study

This study addressed the relationship between self-care and burnout in the lives of practicing school counselors (SCs) in K-12 suburban educational settings in the Mid-Atlantic region of the United States. Ray, Wong, White, and Heaslip (2013) described burnout as an experience of emotional exhaustion and a reduced sense of personal accomplishment, which has emerged as a significant problem in the modern workforce. The turnover rate of SCs in suburban K-12 educational settings due to burnout has been prevalent and alarming for many years (Gunduz, 2012). In 2012, the burnout rate among this population stood at 36% (Gunduz, 2012). Accountability and the educational burden has increased, forcing schools to reduce their staff due to budget cuts and making the demands on SCs even more challenging (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). SCs' responsibilities have increased during downsizing, subsequently leading to higher levels of stress (Morse et al., 2012). If stress remains unmanaged, it elevates and leads to burnout (Smullen, 2015). Leave time and hiring cost the education department billions of dollars each year due to burnout (Oser, Perkins, Pullen, & Harland-Harp, 2014). Burnout has contributed to increases in disability claims and stress-related conditions (Oser et al., 2014). These conditions have had a profound effect on the energy levels, enthusiasm, and self-confidence of employees at a significant cost for the employer (Oser et al., 2014).

Smith (2017) stated that SCs who experienced burnout began to loathe their profession and that burnout led to career changes. As a result, a need arose to understand the causes of SC burnout and the steps necessary to prevent it. Without self-care, positive

behaviors, burnout experiences of SCs were often intensified and prolonged (Smith, 2017; Wise, Hersh, & Gibson, 2016). It was, therefore, necessary to encourage self-care behaviors that represented a positive social change for SCs, such as having enough rest and exercise (Singh, Suar, & Leiter, 2012).

This chapter includes an introduction to the problem, a discussion of the background of the problem, and the significance of the study. The nature of the study indicates the quantitative research method used. Additionally, the research questions and hypotheses are presented, which addressed the relationship between self-care and burnout in the lives of practicing SCs in K-12 educational settings in the suburban Mid-Atlantic region of the United States. This chapter also includes a discussion of the theoretical framework, definitions of important terms, assumptions, limitations, delimitations, and the implications for positive social change.

Background of the Problem

SC burnout has been on the rise in Mid-Atlantic educational settings. Malinowski (2013) and Findik (2015) postulated that job burnout could develop from different factors, such as the inability to control the work environment, insufficient resources, lack of social support, and work overload. SCs in educational settings are at increased risk for burnout due to the emotional demands of the profession (Malinowski, 2013). In addition to the daily stressors, SCs may experience anxiety related to their organizational job expectations and questions of intervention efficacy, which adversely affect their livelihood (Oser et al., 2014). A need existed to encourage SCs in educational settings to practice self-care to reduce and prevent burnout (Hanna, 2012).

Burnout in Educational Settings

SCs in educational settings K-12 are significantly affected by professional and personal factors while caring for others (Green, Albanese, Shapiro, & Aarons, 2014). SCs cope with professional pressures while balancing services to their students (A. E. Green et al., 2014). Maintaining SCs' quality of life and professional efficacy is imperative. SCs must continue to have a healthy working balance as they handle pressures related to managing paperwork, maintaining adequate client bases, and staying abreast of new developments in their domain. These pressures can cause stress and burnout (Fried & Fisher, 2016).

Researchers described burnout as a state of mental, emotional, and physical exhaustion caused by prolonged and excessive stress. Burnout happens when an individual feels overwhelmed and unable to meet important demands (Oser et al., 2014). As the stress continues, the individual begins to lose interest and experiences a loss of motivation that will lead them to take on a certain role. Mullen, Blount, Lambie, and Chae (2017) contended that burnout reduces productivity and depletes energy, leaving individuals feeling hopeless, helpless, resentful, and cynical. The signs of burnout are clear. Smullen (2015) and Shallcross (2012) noted that there were days when individuals felt overloaded, bored, unappreciated, and when getting out of bed required more than determination to achieve. These issues were red flag signals of burnout (Smullen, 2015).

Morse et al. (2012) and Bardhoshi, Schweinle, and Duncan (2014) claimed that when employees experienced burnout, they start to see every day at work as a bad day and may believe that their work does not make any difference in the lives of their clients.

The employees experiencing burnout may see their efforts at work or home as a total waste of energy may feel exhausted all the time and may believe that most of their daily tasks are mundane, dull, and overwhelming (Green et al., 2014). The negative effects of burnout could spread into all areas of life, including SC's social life and home life (Bardhoshi et al., 2014). Burnout could also cause long-term changes to the body, exposing individuals to illnesses, like the flu and colds (Bardhoshi et al., 2014). Due to the negative effects of burnout, it becomes necessary to deal with it immediately (Leiter, Bakker, & Maslach, 2014).

Work Environment

According to Ray et al. (2013), high levels of burnout in SCs were due to work-related stress. Some of the risk factors identified were high caseloads, personal histories of trauma, lack of adequate supervision, being a workaholic, lack of a supportive work environment, social isolation, lack of a supportive social network, and the inability to meet and recognize self-needs, which is also called self-awareness (Ray et al., 2013). McGeary, Garcia, Mcgeary, and Finley (2014) stated that over 50% of employees surveyed experienced high-level stress. Over time, SCs who were involved in giving direct care to clients with complex school issues that required a high level of therapeutic support began to experience nightmares, anxiety, sleep disturbances, and physical constraints, otherwise known as compassion fatigue or vicarious trauma (Hanna, 2012).

Self-Care

According to Newell and Nelson-Gardell (2014) and Lee and Miller (2013), the construct of self-care was described in the literature as the processes or activities that

were managed and initiated by the counselor to maintain their health and well-being by providing stress relief or attending to their needs. Self-care might also include behaviors and activities that individuals use to maintain their health, such as participating in daily exercise, having a proper diet, and practicing personal hygiene. Although self-care might involve other people, such as supervisors, peers, personal counselors, family, or friends, it is thought that self-care is for the self and by the self (Lee & Miller, 2013).

According to Bressi and Vaden (2017) and Morse et al. (2012), self-care for SCs represents an important topic of inquiry that few studies have addressed in the area of self-care practices that are designed to prevent burnout. SCs should embrace self-care to build tolerance, openness, and readiness to listen to their students (Bressi & Vaden, 2017). They should conduct proper self-assessment and develop self-efficacy and a locus of control to prevent feelings of burnout (Newell & Nelson-Gardell, 2014).

SCs in K-12 educational settings must maintain healthy boundaries to regulate their reality (Knight, 2012). Burton (2012) agreed that SCs should be able to decide what they want and what is unacceptable. SCs can communicate these needs to fellow counselors and accept responsibility for their actions and behaviors as well as saying “No” to other people’s problems that go beyond the therapeutic relationship (Burton, 2012).

According to De Young and De Young (2015), self-care is also about knowing what an individual want from others as well as what the person will or will not accept from others. Other individuals have to understand how a person wants to be treated (Bloom, 2013). For SCs, having self-respect means defining the standard of what they

expect from others. Once a person has put these values together, professional boundaries form naturally and protect students (Becker, 2013).

Problem Statement

SCs are at high risk of developing burnout due to their high professional demands and having limited resources to support their self-care (Bardhoshi, et al., 2014; Brown-Rice & Bardhoshi, 2014). Managing burnout through self-care for human service professionals is encouraged in educational settings, educational psychology, social work, and counseling. Self-care has been the topic of discussion by professional organizations through conferences and workshops (Barnett, 2014). Work burnout has been a serious physical and psychological phenomenon that has led to high levels of displeasure, depression, anxiety, desire to change professions, impaired family relationships, emotional exhaustion, substance use, and suicide (Limberg, Lambie, & Robinson, 2017; Oser, Pullen, Biebel, & Hart, 2014; Ray et al., 2013). From an educational psychology perspective, these outcomes negatively affect an individual's self-conception, motivation, and self-regulation (Bakker, Demerouti, & Sanz-Vergel, 2014).

Researchers contended that burnout has been one of the main factors that negatively affect the work environment (Findik, 2015). The professional SCs often put the needs of the client above their well-being. The health malady of burnout, if left untreated, could affect SCs, particularly those in K-12 educational settings, affecting the level of client care, workplace longevity, and the school environment (Findik, 2015; Limberg et al., 2017; Smullen, 2015).

Limited literature exists on burnout among SCs in K-12 educational settings and how SCs utilize self-care practices to cope with burnout (Findik, 2015). SCs are at high risk of developing burnout due to the high demands specific to their jobs and limited resources for support (Bardhoshi et al., 2014; Duncan, Brown-Rice, & Bardhoshi, 2014). These demands include role conflicts, increasing student-to-counselor ratios, lack of supervision, and the school's population (Bardhoshi et al., 2014; Maslach, 2017). Self-care practices can reduce the effect of burnout. Mullen and Gutierrez (2016) described self-care as an intrinsic activity that is continuous to maintain the equilibrium of the mental, emotional, and physical health of the SCs that should be an important activity inherent to any profession. However, most of the instruments used in prior research to measure burnout and self-care practices were not originally intended or validated for use on SCs (Maslach, 2017).

Maslach and Leiter (2016) concluded that the career satisfaction and pledge of K-12 SCs showed that 75.8% of SCs were satisfied with their profession, 11.5% were planning to quit or retire, and 12.5% were undecided. One of the predictors of lower job contentment and a primary reason for leaving the profession was the high level of stress (Maslach & Leiter, 2016). Burnout and turnover can negatively influence SCs, students, and their educational settings; therefore, it is imperative for school administrators and SCs to find ways to increase job satisfaction and retention and decrease elevated stress levels (Knani & Fournier, 2013; Wise et al., 2012).

School counseling had been noted as a profession that is susceptible to burnout (Wise et al., 2012). Large counseling caseloads and diverse duties have been associated

with increased job ambiguity and stress (Gunduz, 2012; Knani & Fournier, 2013). Role ambiguity has been a key factor in SCs' burnout because many SCs believe that no clear description or definition of their roles, tasks, and functions exists (Al-Abrrow & Abrishamkar, 2013). Role ambiguity and increased caseloads have been linked to the SCs' perceptions of the lack of personal accomplishment. This belief can contribute to burnout (Williams & Dikes, 2015).

SCs in K-12 educational settings play an important role in schools and communities. The SCs' primary goal is to meet the academic, personal, career, and social developmental needs of the students in a manner that is focused, ethical, culturally sensitive, and legally appropriate (Schellenberg, Gaudreau, & Croder, 2013). SCs often have additional responsibilities in the schools, which may vary depending on the grade level (e.g., elementary, middle, or high school) or the administration. SCs may spend parts of their day performing non counseling duties, such as taking disciplinary action, handling clerical work, tutoring, fulfilling administrative tasks, substituting for teachers, monitoring hallways and the cafeteria, or bus duty (Hadi et al., 2013).

According to American School Counselor Association (ASCA, 2012), SCs should use most of their time delivering the school counseling goals, engaging in individual student planning, providing responsive services, and participating in the coordination of support activities and programming (Hadi et al., 2013). In this dimension, attempting to fulfill those responsibilities deemed essential to the administration of a comprehensive school counseling program added with other responsibilities set by some school systems can be the extenuating factors that can cause burnout among SCs (Schellenberg et al.,

2013). In addition to these daily stressors, SCs may experience anxiety related to organizational changes, such as questions of intervention efficacy and insurance capitalization, which can affect their livelihood. SCs must recognize the need to utilize self-care practices to prevent burnout (Pattyn, Verhaeghe, & Bracke, 2015).

Mullen and Gutierrez, (2016) indicated that self-care is essential because SC's mental and emotional wellness can considerably affect their work. Adequate self-care practices are imperative to both their well-being and those of their students. When SCs feel distressed or experience burnout, they should apply self-care practices and take time to heal to prevent harm to themselves or their students (Mullen & Gutierrez, 2016).

When called upon, SCs in educational settings must be prepared to handle emergencies and implement crisis intervention strategies (Schellenberg et al., 2013). Schellenberg et al. (2013) explained that crises at a school include those caused by humans and those caused by natural disasters, sexual assault, hate crimes, acts of terrorism, death of a member of the school community, barricades, armed hostage events, and homicide. SCs must be ready to handle unexpected and stressful situations with little or no preparation. Handling typical situations requires a solid knowledge of crisis intervention and the legalities involved with counseling minors in schools (Schellenberg et al., 2013).

The literature has addressed the importance of self-care among different professions in which researchers examined the relationship between self-care, well-being, and self-awareness (Cloutier, Felusiak, Hill, & Pemberton-Jones, 2015). However, a paucity of research exists on burnout experiences and the practice of self-care among SCs

in K-12 educational settings. The current study addressed the literature gap by examining how self-care behaviors relate to burnout factors among this population (Fries, 2013).

Purpose of the Study

The purpose of this quantitative study was to investigate the relationship between self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. I gathered data about the SCs' assessments of self-care practices, their years of work experience, and their educational settings using the Brief COPE and the Maslach Burnout Inventory and Human Services Survey (MBI-HSS) to examine the levels of burnout and its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. The two instruments had been frequently utilized in social science research and had reliability and validity.

Research Questions and Hypotheses

RQ1: What is the relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H_01 : There is no statistically significant relationship between the self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and MBI-HSS, respectively.

H_{a1} : There is a statistically significant relationship between the self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

RQ2: What is the relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H_02 : There is no statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_a2 : There is a statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

RQ3: What is the relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H_03 : There is no statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_a3 : There is a statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

Theoretical Framework

The theoretical framework for the study was the Self-Care Theory (Orem, 2001). Orem (2001) postulated that self-care activities involved events solely initiated and operated by individuals for the maintenance of their mental and emotional health. Self-

care performance was operational to maintain good human functioning and added to human development.

Major Question of the Study

The major question of this study was whether there was any statistically significant relationship between self-care practices and levels of burnout among SCs in the Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively. Self-care is a learned behavior that not only addresses needs but also creates equilibrium between daily events and stressors (Orem, 2001).

Previous Application of the Self-Care Theory

Performing self-care activities contributes to the preservation and promotion of human life and functioning. The nursing profession used Orem's (2001) theory of self-care successfully. As a result, some of the important concepts of self-care assumptions could relate to SCs in suburban K-12 educational settings as well. By applying this theory, I sought to explain and solidify the importance of self-care for SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States.

Orem's (2001) theory relies on three primary premises. The first premise is that each professional is a distinct individual, self-reliant, and responsible for themselves. The second premise is that an individual's self-care relies on action and interaction. The third premise is that understanding job-related burnout promotes self-care behaviors. Not all self-care practices work for every person, but the individual SCs could align themselves with the strategy that works better for them. Because many self-care practices exist, the questions are how do SCs cope with job-related burnout and which self-care practices

could be most helpful to combat and prevent burnout (Wayne, 2014). By understanding these premises, SCs could resolve feelings of burnout by implementing self-care practices and self-care behaviors (Wayne, 2014).

Rationale for Choice and Selection of Theory

The rationale for choosing Orem's (2001) theory of self-care was based on its alignment with the measurement instruments selected, namely the MBI-HSS and the Brief COPE. These instruments have a high level of reliability and validity having been used in previous studies. Orem's theory of self-care also aligned with the research questions and allowed this study to add to previous research.

Nature of the Study

The nature of this study was a descriptive quantitative design that addressed the relationship between the two variables of each research question. Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS). In addition, a quantitative methodology was appropriate for examining how environmental factors contribute to job-related burnout and how to cope with burnout, which was the focus of this study. Keeping the focus on how SCs in educational settings use self-care practices were consistent with Self-Care Theory (Orem, 2001).

Study Variables

The study variables included self-care practices, years of work experience, and educational settings as independent variables. The demographic variables of gender, age, ethnicity/race, and educational level were measured using the Brief COPE instrument, a valid inventory. The dependent variable burnout was measured using the MBI-HSS

inventory instrument. This instrument included three dimensions of emotional exhaustion, depersonalization, and personal accomplishment (Leiter & Maslach, 2010). Covariates included demographic variables, such as gender, age, and ethnicity.

Brief Summary of Methodology

The methodology of this study was to conduct surveys consisting of paper survey mailings and online surveys administered through SurveyMonkey. The participants were given the choice of taking either a paper survey or an online survey. The participants were ASCA members who were SCs in K-12 suburban educational settings in the Mid-Atlantic region of the United States. There are about 2,000 SCs in the Mid-Atlantic educational settings, and the survey questions were posted on the ASCA website. The paper surveys were mailed for members to read and respond to. I used Field's (2013) sample size formula to estimate the minimum sample size of 85. Detailed sample size calculations are explained in Chapter 3. The objective of the study was to recruit as many participants as possible to obtain an adequate effect size and to examine the relationship between burnout and self-care practices and self-care behaviors, which included exercise, yoga, eating healthy food, and taking time off from work to rest. There was no manipulation or random assignment to treatment conditions. The study was nonexperimental. The data analysis comprised of demographic questionnaires, the Brief COPE, and the MBI-HSS through predictive and co-relational analysis consistent with the research design. The Brief COPE and the MBI-HSS were established and valid, reliable instruments. The quantitative analysis helped to clarify the contributing factors

for burnout and optimal self-care practices for SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States.

Definition of Terms

Burnout: A condition that comprises emotional exhaustion, depersonalization, and reduction of personal accomplishment. Burnout is chronic labor stress obtained from negative feelings, thoughts, and emotional exhaustion toward a person's role at work with coworkers (Bardhoshi et al., 2014; Maslach & Leiter, 2016).

Depersonalization: A combination of emotions, thoughts, and physical feelings that tend to distance SCs from their client and cause them to disengage (A. E. Green et al., 2014).

Depression: An emotional disorder characterized by feelings of sadness, helplessness, hopelessness, emptiness, changes in sleep patterns, loss of appetite, fatigue or loss of energy, feelings of worthlessness, decreased interest in pleasurable activities, agitation or guilt, difficulty thinking, or thoughts of suicide or death (Khalathariam, 2013).

Educational settings: Institutional Review Board- Social Behavioral Sciences, (2012) defined educational settings as any setting where a person can go to have an educational experience or can be described as an institution that offers educational services to students according to specific objectives.

Emotional exhaustion: A chronic state of physical and emotional reduction in which individuals distance themselves cognitively and emotionally from their work to cope with excessive workloads (Ray et al., 2013).

Reduced personal accomplishment: Lack of self-efficacy and locus of control due to emotional exhaustion and depersonalization because they tend to interfere with the effectiveness of the individual (El-Demodash, 2013).

Self-awareness: The capacity to become the mental object of a person's attention for active processing, identifying, and storing of information about oneself (Mullen & Gutierrez, 2016).

Self-care: The preventive behavioral action used by an individual to protect himself or herself from the effects of stress. Self-care is also defined as an individual making health-related decisions (Neff & Costigan, 2014). Pollack, Pedulla, and Siegel (2014) stated that self-care represents the action of individuals caring for themselves by engaging in mental, physical, and spiritual behaviors.

Self-care activities: Activities that an individual engages in to maintain their optimum health, such as participating in daily exercise, having a balanced diet, and practicing personal hygiene (Zeman & Harvison, 2017).

Self-compassion: A construct stemming from the Buddhist idea of common humanity, self-kindness, and mindfulness and is recognizable by the tenderness of oneself when confronted with a perceived threat, failure, or sense of inadequacy (Neff & Costigan, 2014).

Stress: The combination of external forces and internal responses that have been present due to the physical or mental states of mind, life crises, irritants, or problematic forces (Khalathariam, 2013).

Well-being: A measure of life satisfaction or state of happiness that includes the absence of negative moods and the presence of positive moods; the overall fulfillment with positive life functioning (Coaston, 2017).

Assumptions

One assumption was that self-care behaviors have properties that measure as independent of a particular instrument or researcher. Another assumption was that the participants would answer truthfully the survey questions and that SCs in educational settings were likely to experience some degree of professional burnout. I also assumed that the findings would have broader acceptability among SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. Also, I assumed that the MBI-HSS would accurately assess the burnout factors and that the Brief COPE would accurately assess self-care behaviors. These assumptions were supported by previous studies that indicated the universality, reliability, and validity of both instruments (Samaranayake & Seneviratne, 2012).

Scope and Delimitations

The research questions addressed SC's self-care practices that needed to be improved. The Brief COPE inventory assessed these behaviors and provided useful information to SCs. In addition, delimitations may have existed due to burnout definitions incorporated by the study based on emotional exhaustion, depersonalization, and reduced personal accomplishments when compared with other conceptualizations of burnout.

The scope of the study was restricted to a population of SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. No other

professionals were studied to maintain the focus on SCs in these suburban educational settings, which provided clients with counseling and assessments.

Delimitations included a choice of study design and theoretical framework. The Brief COPE assessed only 14 behaviors, but there was a possibility that participants employed self-care behaviors that were not listed on the instrument. Furthermore, delimitations may exist due to the definitions of burnout that the study incorporated. Focusing on burnout as emotional exhaustion, depersonalization, and reduced personal accomplishment may not account for other competing conceptualizations of burnout.

The measurement instruments of the MBI-HSS and the Brief COPE are universally accepted instruments, which bolstered internal validity. The MBI-HSS was an appropriate instrument to measure burnout through the subcategories of emotional exhaustion, depersonalization, and reduced personal accomplishment. Maslach's burnout theory was considered but was not used because it was more suited to professionals in mental health education settings. Also, the population and the theoretical framework chosen would allow generalization to SCs in suburban K-12 educational settings but not to other professionals in mental health. This may be because of external validity.

Limitations

One limitation of the study related to design or methodological weakness was that I adopted a nonrandom assignment policy to a convenient group. As a result, data obtained from the survey cannot be generalized to all mental health professionals in educational settings. The generalization can only occur to SCs in suburban K-12 educational settings due to the design and theoretical framework of the study. Another

limitation was the reporting nature of the MBI-HSS and Brief COPE, both of which use closed choices. This meant that participants' responses to survey items would be limited to the range of questions available in each instrument.

Limitations Related to Internal, External, and Construct Validity

Another limitation was related to the time commitment that the participants needed to complete the demographic questionnaires and two inventories. This could have discouraged busy professionals from participating or fully completing the inventories. Therefore, generalizing the results should be done with caution because the data were self-reported survey responses, which could impact construct validity if applied to a broader population. The two instruments used in this study were used for internal and external validity in previous research.

Another possible limitation of the study was the period when the survey was administered. It was during the period of the Covid-19 pandemic when the schools were closed. Perhaps during this period SCs were feeling overwhelmed and stressed with the pandemic, and not because of the schools' and student's behavior. On the other hand, perhaps results could have been different if the SCs were surveyed during the period when schools were in session.

Limitations Related to Biases

Biases could have influenced the study results. Individual bias could have occurred as a result of the attitudes, thoughts, beliefs, and perceptions of participants as measured by the survey instruments. The assumption that the respondents would be truthful could not be confirmed. Another bias that could have occurred was social

desirability bias. Questions contained in the Brief COPE and MBI-HSS inventories included items that required a response that the respondent may not have believed was professionally or socially acceptable. Another bias was created by the survey having no random assignment to treatment conditions and no control over any of the independent variables or covariates.

Measures to Address Limitations

In an attempt to mitigate the weaknesses of the survey framework, there were detailed directions for the participants, and the protocol for administration was strictly observed. The original plan to encourage the participants to take the survey to an undisturbed place was discarded after assessing the workplace environment and determining that this would not be a realistic expectation. There were no significant limitations presented regarding construct validity because fully developed and tested instruments were used.

The use of the two established instruments, the Brief COPE, and the MBI-HSS, eliminated concerns for both internal and external validity due to their universal and documented psychometric research use and acceptance. (Creswell, 2009). One of the values and strengths of the self-reporting method was the unique attributes of privacy, which afforded individual SCs anonymity and the opportunity to respond to questions based on their experiences, in contrast with observatory methodology in which researchers describe participants' behaviors (Creswell, 2009).

Significance of the Study

This study may have implications for positive social changes at program, individual, and societal levels. The study contributed to the body of research in the areas of burnout and self-care by filling a gap in the literature regarding how SCs in suburban K-12 educational settings cope with the effects of job-related burnout. Studies addressing these constructs during counselor training appeared to be missing in the literature. This study was unique because it addressed how specific self-care practices could help in the prevention of burnout for SCs in suburban K-12 educational settings. The results of the study provided empirical support as to which of the selected self-care strategies work best and were utilized most often by SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States.

Contribution to Practice

Another potential contribution of this study was advancing the practice of SCs implementing self-care practices that work best for them as a policy. In that context, no matter which strategy is applied, the SCs' self-care practices are in place for a single purpose: prevention of job-related burnout (Barnett, 2014; Shallcross, 2012). Also, the school and mental health organizations could address the burnout and self-care issues of the staff by establishing burnout prevention programs for staff members. This may benefit SCs through the implementation of self-care practices, such as employee assistance programs, counseling for counselors, vicarious trauma assessment, and mandatory self-care policies to address burnout (Smullen, 2015).

Significance to Social Change

SCs' burnout and lack of self-care is a widespread societal problem. Suburban K-12 SCs need to take care of their well-being so that they can properly serve their students (Barnett, 2014). Findings from the current study may help SCs in suburban K-12 educational settings become more aware of the importance of self-care to maintain an effective and productive work environment (Fried & Fisher, 2016). The study may enable K-12 SCs to identify burnout-related symptoms and advocate for their self-care to prevent future burnout. In this circumstance, a proactive stance could prevent burnout, benefiting SCs, schools, and students. The knowledge and data from the study may be used to educate SCs about educational and mental health organizations in the Mid-Atlantic region about the significance of burnout prevention. The study may promote these outcomes through the utilization of organizational training, individual meetings, and SC conferences. Readers may share the findings and engage in discussions with organizations and managers to identify and treat the symptoms of burnout in SCs.

Summary

The study addressed the relationship between self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The reasons for the burnout may include concern for a student's lack of behavioral improvement, the reported helplessness of students, a high number of assigned cases, low pay, or lack of support from the administration. Little research had been conducted on the impact of burnout on SCs in mental health and educational settings, and the findings were not conclusive, and further research was needed (Cambell et al., 2013).

It is important for SCs in educational settings, especially those in suburban K-12, to conduct proper self-assessment and evaluate their self-efficacy to prevent burnout. This study added to the body of literature on the relationship between the feelings of burnout and the practice of self-care strategies. The results of this study may serve as a guide for self-care activities conducted by the study participants and their effects on the reported feelings of burnout. The quantitative, correlational study addressed the health-related cost to organizations, health promotions, saving lives, and positive policy changes that could benefit individual SCs and organizations.

In Chapter 1, an introduction of the investigation of a possible relationship between self-care activities and reported feelings of burnout conducted among SCs in suburban K-12 educational settings was presented. The problem statement, the purpose of the research, research questions, hypotheses, and theoretical constructs that defined burnout and self-care strategies used were outlined. The operational definitions of terms, limitations, delimitations, assumptions, significance, and social change implications were also addressed.

Chapter 2 present a detailed literature review on self-care activities and the concept of burnout in educational settings and other helping professions. The literature review solidifies the importance of this study in educational settings. It also addresses the theoretical constructs with background information on burnout and self-care from previous studies.

Chapter 2: Literature Review

The problem is that SCs in suburban K-12 educational settings are at higher risk for developing burnout due to high professional demands and limited resources supporting their self-care (Bardhoshi et al., 2014; Brown-Rice & Bardhoshi, 2014). Work burnout is a serious physical and psychological problem that can lead to high levels of displeasure, depression, anxiety, impaired family relationships, emotional exhaustion, substance use disorder, and suicide (Bardhoshi et al., 2014). The purpose of the current study was to investigate the role of burnout and self-care in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States.

In providing a synopsis of current literature that establishes the relevance of the problem, I obtained over 150 sources through the Walden online library. Sources were mostly peer-reviewed journal articles and books, and over 75 articles were selected to be used. All pointed to burnout and self-care of SCs in suburban educational settings. The databases searched were: PsycINFO, Academic Search Premier, PsycArticles, and SocIndex.

This chapter presents an overview of professional literature and research on self-care and burnout of SCs in suburban educational settings. The chapter includes background information on the relationship between self-care strategies and job-related burnout. The chapter also covers the theoretical framework of work-related burnout. Also, the importance of self-care and wellbeing is emphasized. The emotional, mental, spiritual, and physical elements are also addressed. The conclusion summarizes the importance of increasing knowledge of self-care with burnout.

Search Strategy

The literature search on this topic was conducted using the keywords *burnout* and *self-care*. The second search for related studies was Self-Care Theory. The theory of self-care and burnout have been widely researched within the helping professions, such as social work and nursing, in recent decades. However, few studies were available on SCs in educational settings, despite these professionals having reported feelings of burnout and their attempts to practice self-care. The search on the topic extended beyond the previous 5 years to capture the full breadth of the information available. The amount of literature on burnout and self-care has increased over the years, and most internet searches resulted in over 1,000 hits. The purpose of this review was to provide an overview of the foundations of self-care and burnout research and to document their progression.

The databases searched included Psych Info (keywords *burnout, self-care, work stress, self-care strategies*), EBSCO (keywords *burnout, self-care, burnout in school counselors' self-care strategies, self-care assessment*), Psychology (keyword *stress management*), SAGE Collection (keywords *stress management, self-care, burnout, burnout in school counselors*), SocIndex (keywords *stress management, self-care, burnout, burnout in school counselors*), Academic Search Complete (keywords *self-care, burnout, burnout in school counselors*), Health and Social Instruments (keywords *self-care, burnout, self-care in educational settings, school counselors in educational settings*), Google Scholar (keywords *self-care, burnout, self-care in educational settings, school counselors in educational settings, self-care practices, self-care assessments*), and

Extended Academic Premier (keywords *self-care practices, burnout, self-care in educational settings, school counselors in educational settings, school counselors*).

The search for *burnout* yielded 1,250 articles, and 220 articles were found using the keywords *school counselors* and *self-care*. Hundreds of articles were found on burnout and self-care in the medical profession, particularly in connection to nursing and specialized therapists (occupational, respiratory, and physical). Included in these articles were terms such as *vicarious trauma*, which has often been used when referring to self-care and burnout.

Roughly 150 references were included in this literature review, and the sources were mostly peer-reviewed journal articles, books, and general articles. The selection included over 75 articles that pertained to burnout and self-care of SCs. The remaining articles covered other areas of research related to the topic. The criteria for article selection for the study were articles that were 5 years old or fewer from peer-reviewed journals covering topics of self-care and burnout that included in-depth information were full-text and were written by reputable authors. In a situation where there was no current literature, I concluded that there was a gap that required further research.

Theoretical Foundation

This study was theoretically founded in the Self-Care Theory (Orem, 2001). The study addressed whether there was a statistically significant relationship between self-care practices and levels of burnout among SCs in suburban K-12 educational settings as measured by the Brief COPE and MBI-HSS, respectively. Self-care is a learned behavior

that not only addresses needs but also creates equilibrium between daily events and stressors (Orem, 2001).

The nursing profession applied Orem's (2001) theory of self-care successfully, and as a result, some of the important concepts of Self-Care Theory could be applied to SCs in suburban K-12 educational settings in the current study. In attempting to address SCs' wellness, Cummings, Massey, and Jones (2012) concluded that SCs needed to increase their awareness of being vulnerable to stress due to the nature of their job. Rogers (Cummings et al., 2012) alluded to the fact that there could be difficulty in managing both self-care and clients.

The rationale for the selection of the design was because the study was nonexperimental and the data could be analyzed in SPSS without any problem. Furthermore, the study findings could be used to explain the importance of self-care among SCs in suburban K-12 educational settings. The Self-Care Theory is related to the study design and research questions in that performing self-care activities contributes to the preservation and promotion of human life and functioning (Orem, 2001).

Orem found that not all self-care strategies worked for each individual. Orem identified eight self-care requisites, which were necessities of life, as well as tools needed to complete self-care activities. They included "food, water, air, bowel movements, being alone or interacting with others, having enough rest, welfare, and promoting optimal human functioning" (Orem, 2001, p. 175). Orem further indicated that individuals can learn self-care through cultural systems and family. Self-Care Theory advanced the idea that individuals need to take care of themselves.

Wayne (2014) raised the question of how SCs currently coped with job-related burnout. Wayne examined which self-care practices could be most helpful in combating and preventing burnout. He enumerated his observations by stating that self-care practices such as exercising, eating healthy food, having enough rest and sleep, taking a vacation to be with family, and meditation are very effective strategies to combat burnout (Wayne, 2014). By understanding the issues, SCs could take action toward a more appropriate resolution in the form of self-care practices and self-care behaviors.

Hayes, Douglas, and Bonner (2015) explored burnout in connection to work environments and concluded that work environments could cause burnout if not maintained to be comfortable. The work environment can also be affected by the behavior of coworkers or the supervision style used by the administration (Hayes et al., 2015). According to Smullen (2015) years of work experience could be a predictor of burnout in educational settings. Steinlin et al. (2015) explained the impact of burnout on social workers due to lack of self-care, which can also apply to SCs in educational settings.

Literature Review Related to Key Variables

The literature review related to key variables of this study went through careful examination to maximize the benefits of the findings leading to minimizing the impact of burnout of SCs in educational settings. In addition, the research delved into the self-care strategies to ameliorate the epidemic of burnout on SCs in suburban K-12 educational settings in the Mid-Atlantic Region of the United States. I also examined variables such as self-care practices (IV), educational settings (IV), years of work experience (IV), and

burnout (DV), along with its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. See the Literature review matrix, Table 1 below.

Table 1: *Literature Review Matrix*

School Counselors Burnout	
• Bardhoshi, et al., 2014	• Fried et al., 2016
• Bakker, et al., 2014	• Ramonti, 2014
• Dorociak, 2015	• Luken, 2016
• Duncan, 2014	• Morgan et al., 2014
• Smith, 2017	• Morganson, 2014
• Shealy, 2014	• Soller, 2014
• Hayes et al., 2015	
Levels of Burnout	
• Findik, 2015	• Fried et al., 2016
• Green, 2014	• Morse et al., 2012
• Limberg et al., 2017	• Gunduz, 2012
Years of Work Experience	
• Duli, 2016	• Williams et al., 2015
• Martin & Carey, 2015	• Smullen, 2015
• Germer & Neff, 2015	
Covariates on Years of work Experience	
• Wise & Gibson, 2014	• Smullen, 2015
• Maslack & Leiter, 2016	• Wise, Hersh & Gibson, 2012
Educational Settings	
• Martin, & Carey, 2015	• Gosselin, 2014
• Assor, Kanat-Maymon, & Roth, 2014	• Tanrikula, 2012
• Inguglia et al., 2015	• Smullen, 2015
Covariates on Educational Settings	
• ASCA; 2012	• Martin & Carey, 2015
• Astramovich, et al., 2014	• Maslach & Leiter, 2016
Self-care in School Counselors	
• <u>Kusher, 2016</u>	• Wise & Gibson, 2014
• Gibson-Smith, 2016	• Malinowski, 2013; Maslach & Leiter, 2016
• Mc Geary et al., 2014	• Rupert, Miller, & Dorociak, 2015
• Hanna, 2012	• Fried, 2016
Self-care Practices of School Counselors leading to Prevention of Burnout	
• Lee & Miller, 2013	• Webber, Guo, & Mann, 2015
• Steinlin et al., 2016	• WHO, 2013
• Benedetto, 2015	• Fried, 2013
• Cherry et al., 2014	• Pakenham & Stafford-Brown, 2012
• Blau, 2013	• Hanna, 2012
• Steinlin et al., 2016	• Ebrahimzade et al., 2015
• Rankin, 2012	• Bamonti et al., 2014
• Hamric, Borchers, & Epstem, 2012	• Garcia et al., 2014
• Hayes et al., 2015	• Oser et al., 2014
• Green et al., 2014	• Fried & Fisher, 2016

Literature Review Matrix

Studies by Germer & Neff (2015) and Maslach & Leiter (2016) explained that the term 'burnout' was frequently referenced in the field of Psychology as well as other healthcare and human service professions. Bakker et al. (2014) contended that the symptoms of burnout described by Freudenberg as a feeling of fatigue and exhaustion, shortness of breath, sleeplessness, and headaches. Ray (2013) did further research on burnout and postulated that signs of burnout could also be loss of energy, sense of failure in the workplace, and lack of a sense of direction. Limberg et al. (2017) gave a different synopsis of burnout as having to do with mental, emotional, physical, and behavioral symptoms.

Researchers in the discipline have approached the problem of burnout in different ways, especially as the research on the relationship between burnout and self-care are limited. Webber et al. (2015) contended that a single definition of self-care cannot apply for all purposes. They defined self-care as what the individual does for him/herself to maintain and establish health and to deal with and prevent illness. Cherry et al. (2014) explained that self-care practices could certainly reduce the risk of burnout, stress, and mental illness.

Morse et al. (2012) studied how exhaustion affects the lives of counselors in many ways, including impaired performance and decision-making abilities. A new program can be developed in the form of school-based services. School service teams had been cultivated between schools and community school agencies once school leaders and SCs recognized the increased need for school services within the school systems (Bakker, 2014). Various reasons contributed to the increased need for school counseling teams to

work within the schools. Researchers note that school-aged children may not receive counseling services outside of the school due to lack of transportation, economic strain, and not attending scheduled appointments (Bakker, et al., 2014).

School service teams or SCs not only worked directly with the students but they also provided guidance and consultation to school staff, teachers, and administrators. SCs served as a resource to the students, their families, and the staff. SCs working within schools, particularly at the K-12 level, served as an extension to community-based counseling services (Bakker et al., 2014). Therefore, the selection of these variables enabled SCs to consider creating care plans for themselves along the lines of the care plans they provide to their clients. This afforded an effective balance between SCs and students' needs. It also emphasized the importance of the self-care of staff members in the field, leading to the need for maintaining equilibrium in both input and output energies in the professional and personal lives of SCs (Bardhoshi et al., 2014).

Burnout

Burnout is a multi-dimensional experience composed of cynicism, exhaustion, and reduced professional efficacy that can emanate from organizational dissatisfaction in the context of a job position (Germer & Neff, 2015; Maslach & Leiter, 2016). The term "burnout" is frequently referenced in the field of psychology as well as other healthcare and human service professions. Dating back as far as 1970, Freudenberger characterized burnout primarily by physical symptoms, such as a feeling of fatigue and exhaustion, sleeplessness, shortness of breath, frequent gastrointestinal disturbances, and headaches (Bakker et al., 2014). Burnout necessitated frequent visits to doctors' offices due to

exhaustion, nervousness, anxiety, headaches, insomnia, and backaches (Green et al., 2014).

Other researchers built upon the definition of burnout by adding that burnout can be observed as a loss of energy, a sense of failure in the workplace, progressive loss of idealism, and lack of a sense of direction (Ray et al., 2013). Most researchers described burnout as a process that impacts the well-being of an individual in diverse ways, such as mental, emotional, physical, behavioral, interpersonal, and professional (Limberg et al., 2017). One can adduce that Burnout was uniquely experienced by individuals; the phenomenon above could be challenging for SCs in the educational field, due to its being uniquely experienced by individuals.

SCs in the suburban K-12 educational settings regularly made a significant, positive impact on the lives of the students they served. At the same time, these endeavors could be mentally and emotionally draining, demanding, and challenging. If professionals did not attend to their self-care and wellness, they could be heading towards the failure of their professional competence (Carter & Barnett, 2014). According to Smullen (2015), counseling may cause individuals to have feelings of distress. Distress was a prevailing subjective emotional reaction of SCs and other professional experiences in trying to respond to the many stressors in their lives.

Smullen (2015) expressed that distress was a normal part of life which every SC went through whether he/she was in the process of working with difficult clients, caring for sick loved ones, coping with insurance paperwork requirements, experiencing financial problems, or other chronic and acute stressors and challenges in his/her life.

Smullen (2015) further contended that while stress was a normal part of life, it could be impactful when left unchecked over some time, leading to burnout.

Carter and Barnett (2014) expressed that while no specific agreed-upon level of classification for burnout exists, SCs needed to become self-aware of these signs. However, when SCs recognize the symptoms of burnout in themselves, they will need to step back, reassess their situations, and make needed changes in their lives to allow themselves to reestablish their mental and psychological stability.

In his early work, Maslach et al. (2001) postulated that burnout was an individual's experience as it relates to stress. His most notable research surrounding burnout was in his development of the Maslach burnout inventory (MBI) to measure the level of burnout in some human service professions, including nursing and education. The instrument consisted of three subscales: (1) depersonalization, which describes the presence of negative attitudes towards consumers (cynicism and callousness); (2) Emotional exhaustion, which indicates feelings of being drained both emotionally and physically; and (3) reduced Self-efficacy (personal accomplishment) (Carter & Barnett, 2014; Oser et al., 2014; Ray et al., 2013). Burnout emerged as a subjective feeling of dysphasia that affected the emotional, mental, and physical well-being of a person. Burnout continued to be visible in the educational settings and led to a diminished level of motivation and a person's ability to effectively work (Bakker et al., 2014).

The term "exhaustion" defined the basic and initial individual stress component of burnout. Exhaustion included feelings of being overextended and depleted of one's energy resources, both emotionally and physically (Oser et al., 2014). These feelings

were partially due to the emotional and physical strain of communicating with troubled individuals who were looking to the SCs for help. SCs then felt that they couldn't continue to keep up with their students' needs, draining their ability to adequately provide for them (Bardhoshi, Schweinle & Duncan et al., 2014). These feelings led to the individual's purposeful experiences of cognitive and emotional distancing from his/her job. The effort of SCs to establish a barrier between the student and himself or herself equated to depersonalization, which led to reduced personal accomplishment, signifying the eroded sense of effectiveness that individuals experienced when they were not experiencing burnout (Bardhoshi et al., 2014). Depersonalization made SCs have less compassion for students and resulted in blaming them for the issues that brought them to counseling. In addition, reduced personal accomplishment or reduced efficacy, made SCs feel unqualified to help students, which in turn affected the quality of services delivered to the students (Morse, Salyers, Rolins, Monroe-Devita & Pfahler, 2012).

Other researchers elaborated on the impact of burnout on exhaustion. For instance, according to Green et al. (2014), SCs responded to feelings of burnout in three ways. In the first instance, those who reacted to frustration tended to work harder to protect their professional successes to such an extent that their self-efficacy could not be sustainable. Thus, they neglected their personal lives, emotional well-being, and physical well-being to achieve their professional goals. In the second instance, SCs faced significant challenges that caused them to experience a sense of defeat (Green et al., 2014). Professional barriers seemed difficult to break, thus forcing the individual to quit prematurely without trying alternatives. In the third instance, the SCs did not use

frustration as a motivating variable or a factor to quit, but rather these SCs worked using their styles. Working at their own pace led to low productivity, which was a disadvantage to the agency (Green et al., 2014).

Campbell et al., 2013, reported on the issue of burnout from an organizational perspective. They saw reducing burnout among school employees as vital to reducing turnover since burnout was a major predictor of turnover. In another study, Cloutier, Hill, and Felusiak (2015) asserted that providing professionals with healthy self-care practices to minimize burnout was a tremendous financial implication for organizations and businesses. Also, since burnout correlated to job satisfaction and quality of life, addressing or preventing burnout with healthy self-care practices could improve the overall well-being of SCs (Vicentic et al., 2013). The relationship between SCs and burnout was examined in correlation with stress, social support, care for self, self-efficacy, personality, and the organizational paradigm that contributed to the theoretical foundation of burnout (Gunduz, 2012).

The impact of exhaustion affected SC's life in many other areas as well. Professionally, exhaustion could result in impaired performance and decision-making ability, low morale, absenteeism, a decrease in concentration and attention, and a high turnover of SCs (Morse et al., 2012). It could also lead to difficulties in building good relationships and expressing empathy to students (Morse et al., 2012). The exhaustion experienced by SCs could have led to compassion fatigue, which can also be termed "secondary victimization" or "vicarious traumatic stress" (Ray et al., 2013). Vicarious traumatic stress in counseling refers to the general effect associated with working with

traumatized individuals. Any SC who engaged intimately with traumatized individuals can be prone to exhaustion and burnout. Vicarious traumatic stress could affect the SCs emotionally, physically, socially, and spiritually which can, in turn, affect the quality of service given by SCs (Findik, 2015).

For the second phase, depersonalization represented the interpersonal variable of burnout that includes the negative or the detached response by SCs on the various levels of the stressor involved (Green et al., 2014). According to Morse et al. (2012), depersonalization can be a long-term condition SCs experience due to detachment. It was noted that the first objectivity occurred, which triggered the emotional exhaustion. The description differs from Ray et al. (2013) who reported that first, emotional and physical exhaustion occurred, which triggered depersonalization or detachment. No matter the differences expressed in the research or the argument about which response came first, it was apparent that both depersonalization and exhaustion are at the helm of the predictor of burnout.

The SCs periodically evaluates the progress he or she has made. At times, a belief of decreased efficacy ensued, impacting the SC's ability. The SCs may see themselves as having decreased productivity and a lack of achievement (Ray et al., 2013). As a result, the SC's confidence that his/her work is beneficial to the student diminishes. The lack of confidence, in most cases, became a crisis for the SCs since no meaning was derived from the job. The feelings further resulted in disconnection, which aligned with depersonalization (Ray et al.). The burnout syndrome and its identified elements were difficult to explain because they were nonlinear. They are discontinuous from one

element to another, making it difficult to distinguish which phase the SCs might be experiencing (Limberg et al., 2017).

Burnout also manifested in situations in which minimal rewards were given for a project that required a large personal investment (Schimp, 2015). The research strongly suggested that organizational characteristics may be a more significant factor in determining burnout than personal factors (Ray et al., 2013). Organizations contribute to burnout by providing minimal resources to meet SC's goals and allotting too little time for a task to be adequately completed. The efforts of the organization to reduce costs affected the SCs' in many ways, such as decreasing his/her sense of control, which adversely affects the building of community (Ray et al., 2013).

With burnout as a potential organizational issue, research indicated the necessity for a positive work environment (Morse et al., 2012). For example, Morse et al. (2012) encouraged organizations to establish manageable caseloads for SCs. In a recent study by Maslach and Leiter (2016), they noted the variables that led to burnout as long working hours, high caseloads, chronic staff shortages, lack of support from management, poor relationships with fellow staff, and supervisors, and aggressive administration. They identified these as contributing factors to burnout among SCs.

Cinotti (2014) contended that SCs, especially those in the educational settings, received conflicting messages and directives from school administrators and other counselor educators. However, research by Agramovich, Hoiskins, Gutierrez, and Bartlett (2014) found that direct counseling services were the unique role of SCs in the school system, but they are often underutilized. However, Leiter, Baker, and Maslach

(2014) found mixed results regarding the measure of job satisfaction and burnout. Some studies reported no relationship between the factors, while others disagreed, stating that job satisfaction played a significant role in burnout. In retrospect, burnout has some connection to job withdrawals and various negative reactions, such as low organizational commitment, job dissatisfaction, intention to leave the job, absenteeism, and turnover.

Prior research examined the fundamental importance of social relationships at work and how they affect burnout. Researchers postulated that burnout increased in job environments permeated by interpersonal aggression. Prior studies reported that individuals experiencing burnout could have a serious negative impact on fellow staff by disrupting job tasks and by causing serious personal conflict (Leiter, Baker & Maslach, 2014). In some cases, burnout took on an infectious role and spread through social interactions in the workplace. From such findings, burnout could be likened to a reflection of a family of workgroups rather than merely an individual syndrome. Cynicism amongst staff was a major factor related to high turnover rates. Burnout was a force that controlled the relationship between the desire to quit the job or to continue being culpable in a job environment. Those who endured the environment experienced an impaired quality of work and low productivity (Leiter, Baker & Maslach, 2014).

Bardhoshi et al. (2014) explored the professional identities of SCs in K-12 educational settings by investigating the impact of school-specific factors on SCs burnout. In a mixed-methods study, the researchers expanded on previous research and found that role inconsistency related to the burnout of SCs in educational settings.

Further, Bardhoshi et al. examined organizational factors, such as SCs' workload, and stressed the need for comprehensive training of SCs and educator programs.

Similarly, prior research highlighted the inadequate supervision of SCs. Comprehensive research by Duncan et al. (2014) enumerated many ways in which inadequate supervision contributed to burnout, including disordered professional development identity and inadequate support for SCs. They postulated that appropriate clinical supervision was needed for professional development identity, knowledge in ethics, and improved clinical abilities. SCs often only receive supervision administratively through non-counselors, and rural SCs face even more difficulties in seeking clinical supervision.

In another research study, Schiele, Weist, Youngstrom, Stephan, and Lever (2014) contended that in completing the graduate study, SCs must apply experience and knowledge that is consistent with their professional identity, sound counseling interventions, and ethical practices. Schiele et al. researched SCs' performance and SCs' self-efficacy while they were providing services to students in schools. Their focus was on the outcome of SCs' self-efficacy on the quality of SCs' services and their knowledge of evidence-based practices. In the same study, Schiele et al. (2014) postulated that SCs' self-efficacy played an important role in effective clinical assessment and treatment of students' emotional and school needs.

In similar research, Morgan, Greenwaldt, and Gosselin (2014) compared the Council for Accreditation of Counseling and Related Educational Programs (CACREP) SCs preparation for non-CACREP preparation programs. They investigated SCs

perceptions of competency in professional counseling. The researchers contended that the practicing SCs who served as participants in the research consistently shared feelings of inadequacy and incompetence in their ability to deliver a sound career development program for their students. Invariably, the feelings affected the SCs' ability to adequately assist their students due to a lack of career development training. As a consequence, the result of the study indicated that SCs described feelings of incompetence and unpreparedness after graduating.

The American School Counselor Association (ASCA) published the third edition of the ASCA magazine, which was a national model that outlined a framework for SCs programs (ASCA, 2012). Martin and Carey (2015) defined their examination of the national model and produced a logic model to be applied in evaluating its success. They contended that future research could examine the outcome and the results outlined in the logic model before and after the establishment of the national model. Assessment of SCs change and preparedness would provide insight into the effectiveness of the recent guidelines for SCs' training (Martin & Carey, 2015). However, the model had seldom been utilized, and the issues were left unresolved.

When experiencing signs of burnout, an individual can unknowingly start to use negative coping techniques, which can affect his/her focus on their duties as SCs. In their study, Limberg et al. (2017) found that 13% of SCs respondents reported alcohol use or disorder problems. In another study, it was found that 20% of SCs surveyed admitted to the daily abuse of alcohol in the past, and 15% admitted to currently abusing alcohol (Benedetto, 2015; Carter & Barnett, 2014). When overwhelmed by clients who may not

be doing as well as the SCs had hoped, or when facing other challenges, the SCs begin to seek ways to cope. In an attempt to preserve the SC's credibility and self-worth by helping to raise others' self-esteem, he/she may experience burnout and at the same time, risking harm to their students (Benedetto, 2015; Carter & Barnett, 2014).

Studies by Maslach and Leiter (2016) and Chang, Eddins-Folenshee, and Coverdale (2012) advanced that burnout has a complicated relationship with health in that burnout contributed to poor health, and poor health contributed to burnout. For instance, constant fatigue, frustration, a lingering cold, insomnia, headaches, hypertension, gastrointestinal disturbances, and ulcers were some of the physical symptoms of burnout (Rupert, Miller, Tuminello Hartman, & Bryant, 2012; Di Benedetto & Swadling, 2013). Burnout led to internal squabbles with family, colleagues, and friends. As mentioned above, in finding a way to cope with these physical symptoms of burnout, SCs sometimes turned to harmful methods of coping such as substance or alcohol use (Rupert et al., 2012).

This section of the literature review has fully discussed the construct of burnout, its associated symptoms, measurement, and those who are at risk of falling victim to it. However, research on the potential correlation between self-care and burnout is limited. Most researchers agree that the association exists and alluded to the fact that the relationship exists theoretically (Luthar, Crossman & Small, 2015; Malinowski, 2013; Shin et al., 2014). Researchers have recognized that words such as "implied relationship" are used to explain the bond between self-care and burnout. There appeared to be a consensus in the literature that more research was needed. A theoretical relationship

made sense, but the variables must be re-examined or subjected to further research (Bardhoshi et al., 2014).

The next section reviews ways in which SCs can use self-care to mitigate the stressors in their lives to avoid burnout. It reviewed the concept of self-care and the stabilizing role that self-care plays in the experiences of SCs who were victims of burnout.

Self-Care

Agreeing on a general definition of self-care may not simply be a matter of philosophy or semantics. In compiling what self-care means, a definition should reflect such themes that can be addressed in policy and spending to be able to change behavior at a population level. Definitions may also have value at an individual level to identify deficits, which could then be a focus of personal intervention. Ideally, definitions may serve to set the pace for research to explore the variables of self-care behaviors and new strategies to change it (Webber, Guo, & Mann, 2015). It may be that a single definition of self-care cannot apply to all purposes. It was understandable that a policy definition should be brief, but a definition that has structure and represents self-care behaviors of individuals should be comprehensive.

According to Webber et al. (2015), self-care represents what individuals do for themselves to maintain and establish health as well as the way they deal with and prevent illness. It was an elaborate concept that included hygiene (personal and general), lifestyles (leisure, sporting activities, etc.), nutrition (type and quality of food eaten), environmental factors (social habits, living conditions, etc.), socio-economic factors

(cultural beliefs, income level, etc.), and self-medication (Webber et al., 2015).

According to World Health Organization (2013), self-care is the ability of individuals, families, and communities to prevent disease by promoting and maintaining health to cope with disability and sickness by themselves or with the help of healthcare professionals.

The WHO was not the only body that defined a comprehensive statement of self-care. The UK Department of Health (2005) published a similar definition of self-care, stating that self-care is a part of daily living (Maslach, 2017; Webber et al., 2015). Self-care is caring that individuals embrace towards their health and well-being that includes the care given to their children, family, loved ones, and friends in their neighborhoods and local communities (Webber et al., 2015). Self-care can also be interpreted as the action taken by individuals for themselves, their children, and their families to keep fit and to maintain good mental and physical health that meets psychological and social needs, take care of minor ailments, prevent illness, accidents, and taking care of long-term conditions (Maslach, 2017; Webber et al., 2015).

The topic of self-care is frequently discussed among SCs and counselors in training. However, the term lacks adequate explanation. Self-care translates as an integration of the mental, emotional, physical, cognitive, and spiritual components of an individual's life, and self-awareness (Lee & Miller, 2013). In another definition of self-care, Burton (2012) advanced that self-care consisted of self-regulation, self-awareness, and balance. Self-regulation refers to the "less conscious and conscious management of our emotional and physical impulses, anxieties, and drives" (Burton, 2012). Self-

awareness referred to the ability of the individual to be able to self-observe his/her environment in the context of his/her physical and psychological experiences as being as capable as they can be. Although SCs can share what talent they have, it becomes important that those who are SCs strengthen their self-care practices not only for themselves but also for their students (Wicks & Buck, 2014). Their bodies, spirits, and minds are the tools that they bring into their sessions as SCs. The view of themselves, both as SCs and as individuals, affects how they provide services to their students, express their thoughts, and share their essence (Wicks & Buck, 2014). Thus, knowing themselves was a fundamental element of self-care. Being a SC as compared to being in treatment for life, because of the content and the process of what makes life good for people as part of their daily existence. If counseling practices come with good support, supervision, and with the right spirit, then that value may transform counseling into a “Noble and wisdom profession.” The counseling profession can bring fulfillment and joy equal to one of the richest vocations in the universe (Wicks & Buck, 2014).

Self-care practices can certainly reduce the risk of burnout, stress, or mental illness. However, it would not necessarily prevent adverse mental conditions when one faces trauma in life or encounters multiple life stressors. Conceivably, from a neurobiological stance, extreme stress can alter brain chemistry, which can predispose individuals to mental illness later in life (Pakenham & Stafford-Brown, 2012). As noted by the researcher, it was imperative that as a SC, individuals should first take care of themselves before venturing to engage in helping others. If they engaged in their practice

as SCs under debilitating conditions, it limits their effectiveness in providing services to their students (Pakenham & Stafford-Brown et al., 2012).

Researchers have explored the relationship between self-care and burnout across various disciplines. For instance, Steinlin, et al. (2016) and Dölitzsch et al., (2016) examined the effects that work-related self-care had on burnout among welfare workers of children and adolescents. They explained that the difficulty of working with children and adolescents who had experienced trauma could lead to burnout for the welfare workers. Such research was important because burnout could lead to children and adolescent welfare workers mistreating those to whom they provide services or make the other staff feel unsafe at work (Maslach, 2017).

Self-care practices can reduce the likelihood of work-related burnout. Specifically, Steinlin et al. (2016) indicated that self-care practices included taking a break, taking time to use the restroom, eat, and drink and task delegation. Not performing these minor tasks are factors that influenced burnout in the experience of a child and adolescent welfare workers. Steinlin et al. (2016) indicated that additional research was needed on the topic to obtain a more detailed understanding of the effects that self-care has on burnout.

Other prior research described the principle of self-care as a process that demands that SCs in educational settings help themselves first, which was a principle that applies to all professions (Shallcross, 2012). They continued to postulate that SCs who neglect their physical, mental, emotional, and spiritual lives, would eventually run out of energy and could not effectively assist their clients. All energy was focused on the student, with

none coming back to replenish the SC's energy. Shallcross interviewed Burns, Rankin, and Venart, who further pointed out that SCs are familiar with the "self-care ideology" to the extent of preaching the concept religiously to students, but they find it a herculean task to put the concepts into practice in their own lives.

As life gets busy, SCs may believe or assume that they can handle the stress and problems themselves. Hamric, Borchers, and Epstein (2012) cautioned that SCs who ignore their self-care would find their progress in the profession quickly going downhill, thus jeopardizing their job security. In the K-12 educational settings, many SCs have lost their position in the school districts due to burnout because of the negligence of self-care that rendered them ineffective in the performance of their duties (Hamric, Borchers & Epstein, 2012; Hanna, 2012).

In a study by Shallcross (2012), he expressed that self-care was one of the most important factors in being a healthy SC. As professionals, SCs are expected to provide an adequate amount of empathy for students and they often listen to various emotional and complex tragic stories. The SCs give empathy to their students and offer a venue for expressing these stories (Shallcross, 2012). However, the SC's job was not supposed to be a two-way road, as the students are not there to give empathy to the SCs. When SCs continue to provide their services daily, they should have an outlet to replenish their energy; otherwise, they end up depleting themselves. When they do not have any more to give, the result would be "burnout" (Shallcross, 2012).

Researchers also stated that giving empathy was paramount to the profession, but it can cause the SC to feel the student's pain. Being emotionally involved and available to

students only increases SC's vulnerability. In consequence, SCs cannot be effective at their job if they are not emotionally attuned and available. In this context, this can be referred to as the "balancing act," which means finding the way to stay connected to students and, at the same time, a way to maintain a deep and strong bond with your own experience (Fries, 2013; Shallcross, 2012).

Researchers believe it was also important to mention that self-care practices are not to eradicate uncomfortable feelings, self-doubt, or exhaustion, but rather its purpose is to promote resiliency. Most SCs embark on self-care plans that end up being the very source of the problem they tried to avoid. Somewhere in the "counsellorship culture," SCs expected a standard that describes an ideal SC as wise, calm, highly evolved and an expert in the subject at hand. When that goal becomes unreachable, SCs end up going to various continuing education training programs that they believe will solve their image problem. They then start chastising themselves for having an ineffective self-care regimen. At this stage of discontentment, SCs are more likely to be on the verge of burnout (Wicks & Buck, 2014).

Work Environment

In a study exploring burnout and work environments among Haemodialysis nurses, Hayes, Bronwyn, Douglas, and Bonner (2015) discovered that despite work environments being reported as positive, there were elevated levels of burnout among the nurses. The study examined the relationships between work behaviors, job satisfaction, stress, burnout, and work environments among 417 Haemodialysis nurses in Australia and New Zealand. The nurses worked at in-center homes, or in satellite or freestanding

environments. In the study, work environments referred to the “physical-social-psychological characteristics of the work setting” (Hayes et al., 2015, p. 3). Hayes et al. explained that Haemodialysis nurses’ work environments were intense and stressful.

Hayes et al. (2015) used a cross-sectional research design, recruiting participants ages 18-65, who worked at least 50% of the full-time equivalent with the Renal Society of Australia (RSA). The nurses were surveyed for their perception of their work environment with the B-PEM survey that assessed four factors: management support flexibility, getting things done, professional development, and feeling valued. *Management support flexibility* focused on scheduling and work-life balance. *Getting things done* was comprised of questions regarding the availability of resources and information to affording the hemodialysis nurses to complete their work tasks effectively. *Professional development* questions on the B-PEM explored the available opportunities for professional development. The sections questioned the nurses’ feelings of being valued within their practice environment. Burnout was explored via the Maslach burnout inventory (MBI). The MBI assessed emotional exhaustion: the feeling of being emotionally overextended and exhausted by one’s work; personal accomplishment: the feeling of proficiency and achievement in one’s work; and depersonalization: the unfeeling and impersonal response toward recipients of one’s services. Hayes et al., (2015) recommended that future researchers explore other subgroups’ experiences with their work environments and burnout.

Researchers Lawson and Myers (2011) and Puig et al., (2012) stated that counseling work itself can stand in the way of self-care. Many SCs struggle to get

through the day, so self-care was not on their agenda due to fatigue and limited time. Some work environments made self-care more difficult for SCs to engage in due to excessively large caseloads or long or unusual work hours with little or no management support. Also, most SCs tried to be comfortable in their “discomfort”, even though their work environments are filled with fatigue, stress, resentments, and anger. They still felt safe because they knew what to expect (Puig et al., 2012). The researchers stated that trying to change such an environment could be challenging because the SCs may not want to leave their comfort zones. A question to ask was, “If SCs and therapists are in the business of helping others, who are helping them?”

The business of helping the students is only a part of a SCs life. It means that SCs should observe their boundaries, which includes a commitment to self to enable balance and a distinction between their personal life and work-life (Puig et al., 2012; Smullen, 2015). Puig et al., (2012) as well as Smullen (2015), found that maintaining boundaries was an important component of self-care. They contended that lacking professional boundaries created feelings of bitterness, anger, and feelings of being overwhelmed.

According to Hamric et al., (2012), many SCs have not learned what boundaries are because many take calls or meet clients outside the office hours. When they do not set office hours or when they work overtime, when there was no real need, they are putting the students ahead of themselves and their family and friends. To be precise, setting boundaries would mean taking holidays or vacations. The researchers argue that it will be more stressful for those in private practice because when they are on vacation, they are not bringing in income. However, getting away from work is especially important and

therapeutic. Hanna (2012) contended that in such a circumstance, long and unusually long hours, no vacations, holidays, or off-days, large caseloads, and caseloads filled with many difficult students, contribute to SCs burnout and they became unhealthy in mind, body, and soul. These conditions, therefore, affect the quality of care given to students (Hanna, 2012).

Another factor responsible for SCs burnout was the “client factor.” Invariably, the type of environment in which the SCs worked had a powerful influence that contributes to burnout. According to the MBI measurement, the ratings demonstrated a discrepancy in scores between those who work in private practice and those who work with an agency (Malinowski, 2013; Puig et al., 2012). According to researchers, several main interests in private practice were those of autonomy and freedom from bureaucratic protocols. In addition, another attractive aspect of private practice was the potential for financial profit that may be absent in institutions, such as suburban K-12 school districts due to budget constraints (Malinowski, 2013).

Researchers also indicated that SCs who were employed in institutions, such as suburban K-12 educational settings, reported more symptoms of stress, higher levels of psychological distress, and work dissatisfaction than their counterparts who work in private practice (Benedetto, 2015; Green et al., 2014). It can also be possible that the urge for personal happiness and the desire to balance life could be another motivating factor in selecting private practice over working for an institution. SCs who work at an institution such as suburban K-12 educational settings reported constant emotional exhaustion and infrequent feelings of personal accomplishment when compared to their private practice

counterparts (Green et al., 2014; Mullen et al., 2017). In most cases, institutions have insufficient or limited resources, which can lead to less training and testing, heavy caseloads, and supervision deficiencies (Benedetto, 2015).

According to Lawson and Myers (2011), having a supportive environment was of great service to SCs' wellness. If SCs can talk with colleagues about their struggles and personal needs, it can help encourage them to solicit assistance and support for the changes they are trying to make. The researchers agreed that if SCs revealed their problems to someone, then they stand a chance of getting help. Lawson and Myers (2011) asserted that individuals' coping strategies for burnout were in line with preventive measures to burnout, and those SCs who engage in active coping strategies experienced lower levels of burnout. As a result, those coping strategies manifested as an advantage that could stamp out the symptoms associated with burnout. In another research study, the researchers concluded that peer support made a significant difference, could be effective in improving growth and wellness, and could be supportive of SC's self-awareness (Mullen & Gutierrez, 2016; Webber et al., 2015). In addition, the researchers contended that creating a personalized wellness goal with colleagues helped SCs realize their dreams by turning their plans into reality (Webber et al., 2015).

Webber et al. (2015), Venart, et al., (2013), and Lawson and Myers (2011) each reminded SCs in educational settings that self-care could look complicated at times, but that they needed to know that the process starts with just one step. The process could be seen with students, who did not need a complete life makeover, nor do they require a heroic performance to generate a positive outcome. In most cases, the smallest effort

made the greatest impact. These researchers also talked of lifting one's spirits by having lunch with a friend and taking Saturday or Sunday off to play and rest, which helped individuals regroup for the next week.

Throughout the literature, it was suggested that organizational interventions could assist to reduce the impact of burnout. Lee and Miller (2013) suggested that strategies include structural changes, such as changes to work patterns or increases to the workforce, and the awarding and recognition of excellence at work. In another research study, evidence suggested that the training of staff in psychological interventions could greatly reduce the level of burnout among SCs in the suburban K-12 educational settings (Hanna, 2012).

In their research, Leiter and Maslach (2016) failed to find a distinct evaluative study that explored effective strategies to reduce burnout both by alleviating the symptoms of burnout and offering preventive interventions. Despite the lack of evaluative studies in the wider literature, the researchers suggested that clinical supervision would be a good match for both alleviating and preventing symptoms of burnout (Leiter & Maslach, 2016).

Hanna (2014) postulated that a lack of clinical supervision in one's professional career as a SC in the suburban K-12 educational settings could be a source of burnout. The researchers described clinical supervision as a formal process of organizational professional learning and support that enabled individual SCs or practitioners to develop knowledge and competence in their profession. This enhanced consumer safety and protection and offers the opportunity for individual SCs' to reflect on their practice.

According to the Care Quality Commission, the benefits of clinical supervision are numerous, such as SCs' effectiveness, job satisfaction, and commitment to organizational values and goals, which also included improved quality of care to clients and the reduction of employee turnover (Care Quality Commission, 2013).

Years of Work Experience

Years of work experience can be a predictor of burnout in schools. The K-12 SCs who have stayed longer on the job are likely to engage more in the practice of self-care than those who are newer to the profession (Smullen, 2015). He argued that "years of work experience" as a demographic variable was an important identifying factor for understanding an individual's experience of depersonalization and emotional exhaustion and as a recognizable symptom of burnout. In the study, Smullen (2015) used linear regression analysis to determine which of the correlation variables best predicted emotional exhaustion; and years of work experience was at the top. In addition, the same prediction was extended to depersonalization with the same results (Smullen, 2015). In conclusion, years of work experience is a demographic variable related to feelings of depersonalization and personal accomplishment. In the study, it was clear that SCs or professionals worked for a long time in their different professions and reported emotions that were more negative and more exhaustive towards their job with fewer feelings of success. It was also clear that during the period of extended work, SCs failed to utilize proactive methods to overcome the barriers they faced every day. As a result, they became victims of burnout (Limberg et al., 2017).

In another study, Williams and Dikes (2015) stated their results reflected a significant correlation between the years of work experience, depersonalization, and emotional exhaustion, and that years of work experience predicted better depersonalization and emotional exhaustion than other variables. The researchers contended that SCs, teachers, or other experienced professionals in special educational settings reported more exhaustion and negative emotions toward their work, and so perceived slow advancement or less success. In the same vein, during the long working period, they failed to use proactive methods to overcome barriers and challenges they faced every day. As a result, they tended to feel exhausted, tired and depersonalized (Mullen & Gutierrez, 2016).

While burnout can be related to years of work experience, it must be noted that it relied on SC's interpersonal context as an individual's perseverance and coping strategies that were responsible for ameliorating burnout (Wise et al., 2012). In many research studies, several interventions suggested ways to alleviate the symptoms of burnout, but in reality, a single strategy may not individually lessen the impact of burnout. Leiter et al. (2014) postulated that interventions could act as an effective antidote that could help tone down the development of burnout.

In the suburban K-12 educational settings, experienced SCs were content with being able to buffer the effects of burnout (Leiter et al., 2014). Wise et al. (2014) contended that an individual's capability to cope with external stressors could be contingent upon the person's experience as a SC and of his/her effective, cognitive evaluation of the stressor involved. Both of these lead to an individual's ability to apply

the right coping strategy to eradicate the stressor. The researchers continued to state that the SCs familiarity and prior experience were intrinsic to the SC's ability to self-care to avoid burnout (Maslach, 2017)).

Summary and Conclusion

Chapter 2 presented an overview of peer-reviewed scholarly literature regarding self-care and burnout of SCs in suburban K-12 educational settings. The effects of self-care on reported feelings of burnout of SCs in suburban educational settings were emphasized. Background information on the relationships between self-care practices, job-related burnout, and contributing factors as they related to helping professions were explained, including educational settings. Also, included was detailed information on the theoretical framework explaining how burnout occurs. The importance of self-care and well-being are emphasized, and the four main components of self-care were listed as mental, emotional, spiritual, and physical well-being. Also, mindfulness and self-compassion related to self-care were explained.

In summarizing the known and the unknown in the discipline, Smullen (2015) stated that distress is a normal part of life which every SC experienced whether they are working with difficult clients, caring for sick loved ones, coping with insurance paperwork requirements, experiencing financial problems, or dealing with other chronic and acute stressors and challenges in their lives. The SCs regarded these daily routines as normal but did not understand that the routine work they do was stressful, and if not addressed, could result in a serious health condition. According to Smullen (2015), while stress was a normal part of life, it leads to burnout when left unchecked.

The methodology of this study will be reviewed in chapter 3, which will include the population and the sample participants, recruitment procedures, data collection methods, and a discussion of the instruments to be used to gather information. Also, chapter 3 will talk about ethical concerns, validity, and reliability, and then a summary.

This current study fills a gap in the literature by creating an awareness of mental health SCs to recognize symptoms of burnout and when to apply their self-care strategies. Carter & Barnett (2014) explained that while no specifically agreed-upon level of classification for burnout exists, it is important that SCs each monitor and be self-aware of the signs of burnout because prevention is better than cure.

This literature review has fully expressed the construct of burnout, its associated symptoms, measurements, and those who are at risk of falling victim to it. However, research on the potential correlation between self-care and burnout is limited. Many researchers agree with the association and alluded to the fact that the relationship theoretically makes sense (Luthar et al., 2015; Shin et al., 2014).

Chapter 3 presents the proposed methodology of the study. Specifically, it includes an overview of the proposed study's population and sample, participant recruitment procedures, data collection methods, and a discussion of the instruments to assist in gathering data. Additionally, it discussed ethical procedures, validity, and reliability, and concluded with a chapter summary. It also includes the protocols for data collection and analysis, the application of statistical measures, and a description of the participants.

Chapter 3: Research Method

The purpose of this quantitative study was to investigate the relationship between self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The methodology of this study is reviewed in this chapter, which includes the population and the sample participants, recruitment procedures, data collection methods, and discussion of the instruments used to gather data. Also, I discuss ethical concerns, validity and reliability, and the independent and dependent variables and the covariant, followed by a summary.

A survey instrument was used to collect data through Survey Monkey from selected participants to investigate the relationship between burnout and self-care. The study addressed whether a significant relationship existed between the independent variables (self-care practices, years of work experience, educational settings) and the dependent variable (burnout) and its three levels of emotional exhaustion, depersonalization, and personal accomplishment. This chapter includes a description of the research methodology, the target population, and the sample. A detailed account of the data collection procedures is provided. Also included in this chapter is information about data analysis, validity, and ethical procedures.

The study addressed a gap in the literature regarding how variables like self-care practices, years of work experience, and educational settings affect burnout in SCs in suburban educational settings. To accomplish this goal, I used a quantitative design to examine the variables and their relationships among a sample of SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The investigation

also considered how burnout was predicated on the dimensions of emotional exhaustion, depersonalization, and personal accomplishment.

The Brief COPE inventory and MBI-HSS were used to investigate self-care practices and levels of burnout. This chapter explains the study's research design and details of the study's population, sampling procedures, participants, data analysis, ethical concerns, and threats to validity. The chapter concludes with a summary.

Research Design and Rationale

The quantitative correlational design including multiple linear regression (MLR) analysis and analysis of variance (ANOVA) to identify potential relationships between the independent variables (self-care practices, years of work experience, educational settings) and the dependent variable (burnout) and its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment among SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The design was chosen because of its predictive ability regarding the connection between reported levels of burnout. Also, a correlational design has been widely used in social science research and has been commonly associated with survey-based research (Haberman & Yao, 2015; Temel, Erdogan, Selvi, & Kaya, 2016). The relationship patterns are often expressed through the direction and strength of the association between variables (Haberman & Yao, 2015; Temel et al., 2016).

Description of Research Design

The survey design involves assembling information, such as attitudes, opinions, characteristics, or previous experiences, about a certain group or groups of people by

asking participants questions and recording the results (Gravetter & Wallnau, 2016). The survey design was appropriate for analyzing the association between burnout and self-care strategies among SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The measurement of burnout variables was conducted through the MBI-HSS, including depersonalization, emotional exhaustion, and decreased personal accomplishment. Self-care variables were operationalized through the description of self-care activities, such as engaging in reflection, meditation, spending time with family and friends, and taking vacations. According to Gravetter and Wallnau (2016), the survey research design, being a quantitative approach, requires numerical data from the research participants. The participants addressed in survey studies may be organizations, communities, individuals, applications, systems, or variables (Gravetter & Wallnau, 2016).

The quantitative experimental design involves the examination of cause-and-effect relationships by exposing experimental groups to treatment conditions and comparing the results to control groups not receiving the treatments (Gravetter & Wallnau, 2016). This design was not appropriate for the current study because the use of independent variables could not be controlled. Researchers and practitioners (Creswell, 2009; Leedy & Ormrod, 2010; Neuman, 2006) have explained the errors of uncontrollable variables in a quantitative experimental design. The quantitative ex post facto research design is used to investigate possible cause-and-effect relationships through the observation of existing consequences and historically searching data for

plausible causal factors (Leedy & Ormrod, 2010). The ex post facto design was not appropriate for the current study because it was not focused on reviewing historical data.

Consistency with Design Choice

The survey design was the most suitable method for the study. Gravetter and Wallnau (2016) stated that experiments are employed mostly for the explanation, but survey research is used for explanatory and descriptive purposes. In the current study, the survey design made it possible to collect demographic data and prepare it for analysis. The survey methodology was useful in acquiring quantitative data on the target population's designated variables to explore potential relationships. The results can be generalized to the population under study (Gravetter & Wallnau, 2016).

I collected quantitative data through the ASCA website and paper survey mailings. I purchased a mailing list that represented a sample of about 2,000 registered members from ASCA. The list was used to mail paper surveys and consent forms to potential participants after IRB approval. Upon reviewing and signing the informed consent form, the participants followed the link provided to access the study survey through SurveyMonkey or to mail back the completed survey, whichever the participant chose to do.

The ASCA allows its members the exclusive right to post their survey on the website. The survey link was appended to the ASCA website for the participants to access. By having both the online and paper survey options, SCs had flexibility in how they chose to complete the questionnaires. The online survey was expected to provide faster responses than the paper survey. In addition, online surveys generally obtain much

longer answers to open-ended questions than paper versions (Haberman & Yao, 2015). In the current study, the paper survey is an alternative to the online survey.

Utley and Obiakor (2015) stated that the advantages of web-based surveys are the response rates are faster and it takes only a click to send reminders to participants. In addition, it is simpler to process web-based data because responses can be downloaded to a data analysis package, a spreadsheet, or a database. Online surveys also have the ability of dynamic error checking and the ability to develop more in-depth skip pattern questions, which are simpler to follow. Online surveys have the option of randomizing the question order in addition to accommodating the inclusion of pop-up instructions or drop-down boxes for specific questions. These features cannot be included in a paper survey (Cohen, 2016). Cohen (2016) contended that web-based surveys are more convenient for the participants to fill out and do not require mailing. Haberman and Yao (2015) argued that the reliability and validity of information obtained online are similar to those obtained by paper surveys and other orthodox methods.

Methodology

Population

The target population of this study included members of the ASCA in the Mid-Atlantic region of the United States, of which I am a member. The association has over 120,000 registered members throughout the nation. There were about 2,000 SCs in the Mid-Atlantic suburban educational settings. The minimum sample size of 85 was calculated using Field's (2013) formula.

The power analysis and G*power sample size for this study were determined from the sample size formula proposed by Field (2013). The power analysis software used was G* power 3.1.1 with an alpha level of .05, a power of .80, a medium effect size of .15, and three predictors. The G* power analysis calculation indicated I needed a minimum sample size of 85 participants. The standard alpha for social sciences is .05, and .80 is an acceptable power level (Field, 2013). A medium effect size of .15 was selected because of the limited research reported on the variables; therefore, it was better to err on the side of caution by using medium effect size (Field, 2013).

The study aimed to recruit as many participants as possible to gain an adequate sample size and to examine the relationships between burnout and self-care behaviors such as exercise, yoga, eating healthy food, and taking off from work to rest. The data analysis comprised demographic questionnaires, the Brief COPE, and the MBI-HSS through predictive and correlational analysis consistent with the research design. The Brief COPE and the MBI-HSS are widely used and accepted instruments and have reliability and validity.

The prospective participants received initial contact letters through mailings and posts on the ASCA website. The contact letters include a description of the study and included a survey link through SurveyMonkey. In addition, informed consent forms were also sent with the initial contact letter after institutional review board (IRB) approval. Participants were given the choice to participate through the ASCA website or to use a mail-in paper survey after signing the informed consent form.

Sampling Strategy

The sampling strategy for this study involved a convenience sample of male and female SCs of various ages, years in the field, and education levels. Selected participants were from the ASCA in the suburban K-12 educational settings in the Mid-Atlantic region of the United States. A convenience non-probability sampling strategy was used to recruit participants because they were already a formed group (Gravetter & Wallnau, 2016). The selected participants were required to meet the sampling criteria.

This specialized population was a choice for several reasons. First, the availability of SCs in educational settings as a national association of school counselors (NASC) who were registered and currently employed in the field saved a lot of cost and time and it was convenient to the participants. Second, the accessibility of participants to complete the surveys within a 2-3-weeks period was advantageous to the researcher. Third, the online and paper surveys were a good choice when the data to be collected is sensitive and could elicit a socially undesirable response. Fourth, the online and paper surveys were good when a convenience sample was all that was needed. Last, the online surveys and paper surveys would be the most effective method to collect data when the sample needed was large (Cohen, 2016).

Sampling Frame (Inclusion and Exclusion Criteria)

The selection of participants in the study was strictly based on being members of ASCA and working in the geographic areas and educational settings in the Mid-Atlantic Region of the United States. The inclusion criteria included only SCs who were currently working in the suburban K-12 educational settings. SCs who were not working in these

educational settings and also out of the geographic zone (the Mid-Atlantic zone) were excluded from participating in the survey.

Power Analysis Justification

The participants were members of a distinguished association of SCs with a variety of degrees in their field. The power analysis and the G-power sample size for this study was determined from the sample size formula proposed by Field (2013). To achieve a maximum effect size, the population proportion was expressed as a decimal, which assumed 0.5 (50 percent) since this provided the minimum sample size. After applying the formula, the minimum sample size for this study was $N = 85$. This convenience sample of SCs was selected because these individuals were accessible and were age appropriate to give informed consent. In addition, they have experience in working with an assortment of student populations and possessed reading comprehension skills to be able to complete the survey.

Data Collection Procedures

The American School Counselors' Association (ASCA) is one of the largest professional bodies worldwide with over 120,000 members. The goal of the ASCA is to promote and improve its members' professional growth and development, to maintain and create professional standards, and to provide sound social justice policies. Study participants were from ASCA members who are working in suburban K-12 school districts in the Mid-Atlantic Region of the United States. In addition, as a backup strategy, I purchased a mailing list of 2,000 members that represented a sample of registered members from ASCA. The director of research media administration, Angela

Hickman, gave a confirmation letter to that effect (see appendix G). The list comprised both male and female members with years of membership, which reflected years of experience. The list only contained addresses of members that were used for paper surveys.

Informed Consent

Participants received an initial contact letter through mailing and posting on the ASCA website that briefly outlined the research and included a survey link to the study's website through survey monkey. The participants reviewed the "informed consent" disclosure before participation and before responding to or mailing their responses for the study (Appendix B). Only those who mailed in their surveys or who reviewed and checked the box on the specified online link participated in the research.

I reaffirmed consent form content with the participants, that the study was confidential, and that no identifiers (names, residential addresses, email addresses, and phone numbers) would be disclosed. None of the above-named identifiers were subject to discussion in the final dissertation to maintain participants' privacy. Further, participants knew that the study's results would be in use solely for the stated research purposes and that their participation was not of any monetary interest to the researcher. In addition, participants knew that they could pull out from participating in the research at any stage of the process without consequence. The participants were given 14 days from the day they received their initial letter to complete the surveys using the special link from Survey Monkey or to mail in their responses to the survey.

Data Collection

Both the online data and the paper version were appropriate for the study because they were easily trackable. The participants were given the choice to use either method to submit their data. The online version had greater flexibility in designing the questionnaires and provided a faster response time than other traditional methods. The paper survey was also as valued as its counterpart. The collection of demographic data included male and female participants, age group, ethnicity, years of work experience, and level of education. The participants knew from the initial invitation letter that participation in the study was voluntary and that they could exit the study at any time they chose. In addition, participants were given the researcher's information so that they could email the researcher at any time if they had questions about the study. The participants also knew about the debriefing procedure that applied to the study and that they could contact the researcher on the contact information given if they wanted to debrief (Appendix A&B). The researcher did not send a reminder letter two weeks from the initial invitation letter as a follow-up because the participants completed the two instruments Brief COPE and MBI-HSS and the demographic questionnaires within the time frame.

Instrumentation and Operationalization of Constructs

The Maslach Burnout Inventory Human Services Survey (MBI-HSS) measured burnout while the Brief COPE inventory measured self-care. The MBI-HSS inventory helped garner the data to address the three research questions and the hypotheses for this study.

Maslach Burnout Inventory Human Services Survey

As suggested by Maslach, Jackson & Leiter (2001), the MBI-HSS was the main instrument used to calculate levels of burnout. The instrument had three subscales explaining emotional exhaustion, personal accomplishment, and depersonalization. The MBI-HSS is a 22-item questionnaire that determined personal accomplishment, emotional exhaustion, and depersonalization. The emotional exhaustion subscale measured feelings of exhaustion from an individual's work. The personal accomplishment subscale assessed feelings of achievement in an individual's work. And the depersonalization subscale assessed impersonal response towards a recipient of one's service (Maslach et al., 2001). It was further recommended that the actual geometric scores (raw scores) should be used for statistical analysis instead of using categories that included low, moderate, and high. Such an idea provided specific information to the study participants relating to their scores in the area of emotional exhaustion, personal accomplishment, and depersonalization. It would also enable comparison to be made between participants to the overall norm.

The MBI-HSS is a self-administered instrument that took approximately 5-10 minutes to complete. The participants received directions on how to take the MBI-HSS. The instructions explained that 22 statements reflected work-related feelings. Participants were instructed to read each statement carefully and to respond if they had ever felt this way about their work. If they had never had such emotion, they were instructed to write the number "0" (zero) in the space before the statement. If they had felt this emotion, then they indicated how often they felt it by writing a number ranging from one to six that best

described the frequency that they felt that way (Maslach et al., 2001). The 22-items in the MBI-HSS distributed statements about personal feelings as follows: emotional exhaustion subscale, 9 items; personal accomplishment subscale, 8 items; and depersonalization subscale, 5 items. An example of an emotional exhaustion item was “I feel psychologically drained from my work.” An example of a personal accomplishment item was “I can easily comprehend how my recipients feel about things.” An example of a depersonalization item is “I feel I treat some recipients as if they were distant objects.” The following represented the scoring scale: 1, “a few times a year or less”; 2, “once a month or less”; 3, “a few times a month”; 4, “once a week”; 5, “a few times a week”; and 6, “every day” (Maslach et al., 2016).

The MBI-HSS overall score was produced by adding up the numbers of the “how often” answers to the questions in each sub-scale of emotional exhaustion, personal accomplishment, and depersonalization. An emotional exhaustion score of 27 or more was “high,” “moderate” scores were 17-26, and “low” scores ranged from 0-16. The personal accomplishment scores of 0-31 were “high,” “moderate” scores were 32-38, and “low” scores were 39 or more. The depersonalization scores of 13 or more were “high,” “moderate” scores were 7-12, and “low” scores ranged from 0-6. A high score on the depersonalization and emotional exhaustion scales combined with a low score on the personal accomplishment scale indicated a higher level of burnout. A low score on depersonalization and emotional exhaustion in conjunction with a high score on personal accomplishment indicated a low level of burnout. An approximately equal average in all three areas illustrated moderate levels of burnout.

Reliability and Validity of the Maslach Burnout Inventory Human Services Survey

The Maslach Burnout Inventory-Health Services Survey (MBI-HSS) has been recognized and used by many researchers for more than a decade as the leading measure of burnout. The MBI-HSS surveys addressed three general scales: emotional exhaustion, which measures feelings of psychological exhaustion and feelings of being overextended; personal accomplishment, which measures feelings of competence and achievement in one's job; and depersonalization, which measures an impersonal and unfeeling response toward recipients of one's service, instruction, or care treatment (Samaranayake & Seneviratne, 2012). Maslach et al. (2001) found high validity and reliability of the MBI-HSS with reliability coefficients as follows: emotional exhaustion, .90; personal accomplishment, .71; and depersonalization, .79. The test-retest reliability coefficients for the subscales were emotional exhaustion, .82; personal accomplishment, .80; and depersonalization, .60. All the coefficients were statistically significant, $p < .001$. In addition, as a measure of the reliability of test scores for a sample population or internal consistency, Cronbach's alpha was applied in this study (Gall, Gall & Borg, 2007).

Ackerley, Burnet, Holder, and Kurdek (1988) indicated that the MBI-HSS had well-researched psychometric properties that illustrated the diverse burnout levels experienced by various SCs. The convergent validity of MBI-HSS was determined by correlating the participants' MBI-HSS scores with ratings of their behavior from an independent individual who was also familiar with the participants as well as specific work traits with a different outcome can connect to Levels of burnout (Bodenhorn & Skaggs, 2005). The MBI-HSS was identifiable to support the validity of previous studies.

In addition, the MBI's manual states that confirmatory factor analysis was conducted on all subscales, and the factor composition could be replicated with a large sample of counselors (Ackerley et al., 1988). The MBI-HSS was an appropriate instrument of measure for the study. Hallberg and Sverke (2004) confirmed that the MBI-HSS had adequate levels of validity and reliability. In a study of social workers in schools, the MBI-HSS demonstrated internal validity and reliability (Cronbach's alpha ranging from 0.71 to 0.90 and on test-retest reliability (one-to-two-week interval) for all scales ranging from 0.60 to 0.80 (Maslach & Jackson, 1986). The MBI-HSS is a published instrument in the public domain available to all researchers and did not require permission.

Self-Care Assessment Instrument: Brief COPE

The Brief COPE is an abbreviated version of the COPE inventory. Researchers have used the short version of the COPE successfully in many research projects. Carter (1997) created the shorter version because earlier participant samples became impatient with responding to the full items in the instrument. The shortened version was acceptable due to the redundancy and length of the full instrument and the time and burden of the protocol.

In choosing which questions to retain for the updated version (which has only two items per scale), the authors were steered by positive figures from previous factor analysis and by item meaningfulness and clarity to the subjects in the previous study. In creating the reduced version, the authors also re-considered some of the scales because some of the original scales had dual functions (Carter, 1997). The authors omitted scales

that appeared to be unimportant to certain groups of participants. As a result, the positive reinterpretation and growth scale was changed to positive reframing while venting of emotions and focus on was changed to venting. Focusing was connected to experiencing emotions, so the authors decided it was venting they were interested in studying. Mental disengagement was changed to self-distraction. The authors also added one scale that was not included in the original inventory, which was a two-item measure of self-blame since the response has been in prior research (Carter, 1997).

Coping strategies refer to the behavioral and psychological efforts that people utilize to tolerate, master, or minimize stressful events. In prior research, researchers established that people use different strategies to address their issues, such as emotion-focused strategies and problem-solving strategies. The design of the Brief COPE scale was to evaluate a wide range of coping responses among all adults of all illnesses. It contains 28 items, rated by a five-point Likert scale. The scales range from 1, "I haven't been doing this at all" to 5, "I have been doing this a lot." In the study, a higher score was to be indicative of a wider array of coping strategies used by the subjects. All 14 dimensions were covered by the scale. These were self-distraction, denial, active coping, substance use, and use of instrumental support, use of emotional support, behavioral disengagement, positive reframing, venting, planning, acceptance, humor, and self-blame. Each of the dimensions had two items (Carter, 1997).

The Brief COPE measurement further categorized the 14 sub-scales of the Brief COPE to include self-distraction (1 and 19), active coping (2 and 7), denial (3 and 8), and substance use (4 and 11), use of emotional support (5 and 15), use of instrumental

support (10 and 23), venting (9 and 21), behavioral disengagement (6 and 16), positive reframing (12 and 17), planning (14 and 25), acceptance (20 and 24), humor (18 and 28), religion (22 and 27), and self-blame (13 and 26) (Carter, 1997). The subscales received treatment separately, and the results were to be based on the average of participants' responses for each subscale. Each of the self-care sub-scales was a continuous variable.

Reliability and Validity of the Brief COPE

Validity was mostly concerned with the concept of the test measures (Gay, 1996). The face validity refers to the extent to which an assessment appeared to measure what it aimed to, and content validity referred to the extent to which an assessment measure for which it was intended (Gay, 1996). The author of Brief COPE established reliability and validity (Carter, 1997). The Cronbach's alpha coefficients for the subscales were acceptable overall in prior researches, ranging from 0.39 (restraint coping) to 0.92 (humor). The author embraced the use of the Brief COPE scale in the study of Malaysian women with cancer (Carter, 1997). The test-retest evaluation was applied at two to three weeks and again ten weeks following surgery. The internal consistencies ranged from 0.26 to 1.02. The interclass correlation coefficient ranged from 0.06 to 1.02. The scale's sensitivity was indicated by the mean differences as seen in most of the areas with an effect size index ranging from 0 to 0.54. The major differences between a lumpectomy and a mastectomy were observed for planning, acceptance, and active coping. The Brief COPE scale showed "fairly good" validity and reliability (Carter, 1997).

The Brief COPE instrument was also published and in the public domain and did not require permission to use; however, the Brief COPE had protection under the

Creative Commons attribution non-commercial 3.0 license. What that meant was that others could use, share, and adapt the instrument, but they must cite the original creator and cannot use it for commercial purposes. The reliability statistics for the subscales of the Brief COPE (Appendix E).

Operationalization of Variables

Burnout

Burnout was quantifiable for emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion measurement was by MBI-HSS and was scored by the sum of questions 1, 2, 3, 6, 8, 13, 14, 16, and 20. Emotional exhaustion was a continuous variable with higher scores suggesting higher levels of emotional exhaustion. Depersonalization measurement was by MBI-HSS and scored by the sum of questions 5, 10, 11, 15, and 22. Depersonalization is a continuous variable with higher scores suggesting higher levels of depersonalization. Measurement of personal accomplishment was by MBI-HSS and scored by the sum of questions 4, 7, 9, 12, 17, 18, 19, and 21. The personal accomplishment was a continuous variable with higher scores suggesting a high level of personal accomplishment shown by the participant (Byrne, 1991).

Self-Care

Self-care was measured by the Brief COPE. Two items were assessed through each of the 14 sub-scales, including all the variables previously mentioned. The subscales were treated separately, and the results were based on the average of the participants'

responses to each subscale. Each of the self-care sub-scales was a continuous variable (Carter, 1997).

Demographic Questionnaires

The researcher gathered descriptive data on the participants' samples with the use of demographic questionnaires. The questionnaires included questions relating to years of counseling experience, age, gender, race or ethnicity, number of hours worked a week, the highest degree earned, the counselor-to-student ratio, and the support system available. The questions included both open-ended and Likert-type scale questions. A 5-point Likert scale was applied to decide administration perception and support of the study. Each response had a point value so that a participant's score for each question could be calculated (Gay, 1996; Leedy, 1997). The respondents' choices and their associated point values are as follows: 0 "not applicable/don't know," 1 "strongly disagree," 2 "disagree," 3 "undecided/neutral," 4 "agree," and 5 "strongly agree." The open-ended questions provided opportunities for participants to input additional information. Skipping the questions might not affect survey results. The questionnaires were brief and applied to collect information on covariates. To ensure participant privacy, no collection of personal contact information was applied.

Survey Monkey software was appropriate to collect data for the survey, which was a public software program that is accessible online. Survey monkey not only stored and recorded participants' answers to specific survey items, but the software also collected data about frequency counted and percentages of survey items. In conducting

the analyses, the data could be downloaded into a statistical program (i.e., SPSS). The email sent to participants included a special link to access the surveys (Appendix A).

Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 23 was the software used for the analysis of the study. The multiple linear regression (MLR) analysis and analysis of variance (ANOVA) were the statistical measures used to test the hypotheses (Table 2 below):

Table 2

Summary of Data Analysis Procedure

RQ#	Statistical Test	Independent Variable	Dependent Variable	Covariate
RQ1	Multiple Linear Regression/ ANOVA	Self-care Practices	Levels of Burnout	Age, ethnicity, Educational level, Work Environment
RQ2	Multiple Linear Regression/ ANOVA	Years of work experience	Levels of Burnout	Age, ethnicity, Educational level, Work Environment
RQ3	Multiple Linear Regression/ ANOVA	Educational Settings	Levels of Burnout	Age, ethnicity, Educational level, work environment

To answer RQ1, RQ2, and RQ3, Table 2 (above), multiple linear regression analysis, and ANOVA was utilized to detect if any statistically significant relationship exists between the variables.

Data Cleaning and Screening Procedure

Data cleaning and screening were conducted after the collection of data and before the analysis. This was to ensure that the data processed was as accurate as possible. For example, if a survey questionnaire was posted online, the data was collected through the website. The obvious question asked would be that of agreeing to participate or not to participate. If a participant selected “do not agree” to participate, then his or her responses were not examined and were deleted from the data set (Odom, Leslie, Henson & Robin, 2002). Another example of a screening assessment strategy was through the examination of the inclusion criteria, in that if a participant did not meet the specified inclusion criteria, then his or her responses would not be examined and was removed from the data set.

Also, a specified inclusion criterion could depend on the goal of the researcher as applied to this study. Assuming a study only wanted to examine responses from female participants or a certain age group, then those responses that came from males or those participants that are not females or meet the specified age group were removed before data analysis (Maletic & Marcus, 2000; Odom et al., 2002). Missing data was also not considered. In some cases, participants were able to skip answering some questions in the survey questionnaires as a result of leaving blank missing data. For example, if a study had 30 survey questions and one participant chose to answer only 4 survey questions out

of the 30, then that participant's few responses did not contribute enough to be significant and was removed from the data before data analysis (Allison, 2001; Roderick, Little, & Rubin, 2019).

Research Questions and Hypotheses

RQ1: What is the relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H₀1: There is no statistically significant relationship between the self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and MBI-HSS, respectively.

H_a1: There is a statistically significant relationship between the self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

RQ2: What is the relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H₀2: There is no statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_a2: There is a statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

RQ3: What is the relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H_01 : There is no statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_{a3} : There is a statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

Data Analysis Plan

All data collected for this study were retrieved from the survey and subsequently entered into the Statistical Package for the Social Sciences version 23 (SPSS) for analysis. Demographic characteristics were present and used descriptive statistics for analysis. The variables consisted of scores from the MBI-HSS, Brief COPE, and the information from the demographic questionnaires. Using multiple linear regression, analysis a correlation matrix was created to conclude if any statistically significant relationship existed between self-care practices, years of work experience, educational settings, and levels of burnout (as measured through emotional exhaustion, depersonalization, and personal accomplishment). A series of multiple linear regression analyses were used to establish if any statistically significant relationship existed within the variables under study (Gall et al., 2007).

Multiple linear regression analysis can evaluate data from the co-relational study. Standard multiple linear regression analysis was ideal for the research because the variables can be entered into a regression equation simultaneously and the variables cannot be manipulated. The selection of stepwise or hierarchical multiple regressions was not appropriate for the study. The stepwise regression required putting in and taking away one variable individually from the regression (Howell, 2008). The hierarchical regression allowed the researcher to choose the arrangement of which variables to enter and also allowed for the control of the variables (Gall et al., 2007).

Procedures Used in Accounting for Multiple Statistical Tests

A Bonferroni statistical approach can be applied to account for multiple statistical tests. This is multiple comparisons in which the critical P-value is divided by the number of comparisons being made. You can also refer to this measure as the Bonferroni correction, which is one of the most commonly used approaches for multiple comparisons (Gravetter & Wallnau, 2016).

To reduce the chances of a type 1 error, a Bonferroni adjustment was made on the overall alpha score. The study had three independent variables: Self-care practices, years of work experience, educational settings, and 1 dependent variable burnout and its 3 dimensions of emotional exhaustion, depersonalization, and personal accomplishment (Gravetter & Wallnau, 2016).

Threats to Validity

External Validity

A threat to external validity can compromise if not remedied at the onset of the study. The philosophy behind external validity referred to the degree to which a study's results could be generalized to the general population (Cohen, 2016). The survey method can also be an inflexible research design. As in this study, the researcher planned for the procedures, parameters, and instruments to be in place at the onset of the study to minimize any impact of external validity. The current study utilized established and tested instruments to minimize this threat. Little or no changes can work on a survey project once the data collection had started (Haberman & Yao, 2015). Threats to external validity were avoided in this study since this study was quantitative and non-experimental, with specified datasets coming from a special and recognized group. The external validity threats that were bypassed included, time effects, analyzing and testing interactions, the specificity of variables, and inferences upon differences shown over time (Gravetter & Wallnau, 2016). The uniqueness of this study's sample was that the data collected came from a specific environment and on a defined group of participants. As a result, the benefit of this model was to reduce the risk of generalization. The current study had no unforeseen external threats.

Internal Validity

Internal validity referred to the methodological assessment of sample choice as it relates to the degree to which the results of the study can infer toward other research questions, while agreeing to a reasonable degree of error the results effectively contribute

to answering questions drawn from the emotional variables in the study. For instance, measurements from registered and recognized data sets hold the possibility of unseen confounding issues when precautions apply to reduce errors during the sample collection process. In this study, many of the expected threats, such as statistical regression, maturation, history, testing, instrumentation, and maturation interactions were all avoided by the use of random sampling to reduce selection bias (Gravetter & Wallnau, 2016).

During the initial planning stage of the study, the case study methodology was considered as an alternative to the survey methodology because case studies highlight detailed considerations of a limited number of conditions and their relationships. Case study research is a strong method of obtaining a comprehensive analysis of a complex issue or extensive knowledge. Since this study was not as complex, nor did it require very extensive knowledge, the case study methodology would be a threat to internal validity (Blau et al., 2013). To solve this problem, a survey methodology was to be more appropriate to investigate SCs as to their behavior, attitudes, and perceptions about burnout and self-care. A survey research design provided an opportunity for collecting a large number of responses that would enable a better understanding of the variables. Thus, the selection of the survey methodology solved the problem of internal validity (Blau et al., 2013).

Construct Validity

Construct validity (CV) is the suitability of inferences made based on measurements or observations, specifically whether a test measures what it intended to measure (Cohen, 2016). Constructs are obstacles that are knowingly created by

researchers to conceptualize their variables in a study. CV scrutinizes the question: Does the measurement act like the theory or as the measure of how the construct should act? CV is important to the professed total validity of the study (Cohen, 2016). Wieland et al. (2017) advanced that an integral evaluative tool to a degree of which empirical evidence and theoretical rationales support the acceptability and pertinence of inferences and actions based on test results. The current study used measurement instruments that have psychometric properties and are universally accepted and used instruments.

Ethical Procedures

Ethical Issues in the Research Problem

The participants received statements of discovery and the purpose of the study. The statements clearly explained the voluntary nature of the study and the minimal risk involved in participating. The participants were required to provide informed consent before participating in the study. The participants were reminded that if in the process of responding to the survey questions, they felt any kind of anxiety or if they found the questions emotionally distressing, then they had an opportunity to opt-out of the study or refuse to answer questions. They also could use a school hotline phone number and web address to find appropriate counseling centers in their state. The participants also had the researcher's contact information so that they could ask any questions or ask for clarification if needed. Walden University's research personnel and other research staff are identifiable in the informed consent form.

Ethical Issues About Confidentiality

Confidentiality issues were addressed by ensuring that all information collected was coded using a pseudonym that did not link to the survey materials provided. All participants of the study were in the final dissertation. The research data collected, including demographic questionnaires and consent forms, were securely locked up with a key and only the researcher had access to it. Also, all data stored in the researcher's computer and external flash drive are under lock and key, and only the researcher had access to the information. In addition to all these safety precautions, the information stored in the computer remained password protected and at the end of the study, the research data will be kept for at least 3 years. The result of this study will be available to the ASCA for publication so that study participants can have access to the results.

Approval from Walden University's Institutional Review Board (IRB) to conduct the study was requested and obtained in addition to a request for permission from the ASCA to survey SCs in educational Settings in suburban K-12 in the Mid-Atlantic Region of the United States. After receiving approval from Walden University and the school educational system, the collection of data commenced. The participants were recruited through an email invitation posted on the website of ASCA (Appendix A). In addition, a paper survey was mailed out through a mailing list of ASCA membership and the participants had a choice on how to respond to the survey questions.

Data was saved in a secured location and all participants and their associated school districts remained anonymous. The data collected from the survey was stored in a password and firewall-protected computer that was only accessible to the researcher. The

participants' school names and school districts did not appear in any data collection report of the study. All data and files collected throughout the research study will be preserved for three years in a fireproof locked file cabinet which was located in the researcher's office. After three years of completion of the study, the data from the research will be shredded and discarded to make certain the participants' anonymity is maintained.

Summary

Chapter 3 presented the research method used for this study. The quantitative correlational study investigated the relationship between school counselor's self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic Coast of the United States. The research design, setting, sample, and instrumentation were described in detail. The chapter included a detailed explanation of the sampling strategy: a non-probability convenience sample targeting SCs in educational settings. Instrumentation was discussed, including details about the MBI-HSS and the Brief COPE inventories. The research discussed the reliability and validity of the instruments. Ethical considerations were thoroughly evaluated to ensure the rights and protection of the participants. Chapter 4 provides a presentation and a discussion of the results of the data analysis.

Chapter 4: Results

The purpose of this quantitative study was to investigate the relationship between self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. To address the gap in prior research, a quantitative approach was used to understand why SCs are at high risk of developing burnout. The study was conducted to answer the following research questions:

RQ1: What is the relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

RQ2: What is the relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

RQ3: What is the relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS respectively?

The hypotheses were tested using multiple linear regression (MLR) analysis, and analysis of variance (ANOVA), and exploratory factor analysis (EFA). EFA was used to examine the stability of factor loadings of the three levels of burnout as the only construct variable in this study and to confirm the normality through Cronbach's alpha. The self-care practices were measured using the Brief COPE inventory, and the burnout variables were investigated using the MBI-HSS inventory to identify any statistically significant relationship.

This chapter includes the time frame and recruitment, response rate, and discrepancies in data collection. Also, the chapter contains a discussion of the statistical procedure of the baseline demographic and descriptive characteristics. The chapter includes figures and tables that illustrate the results. In addition, I presented the statistical assumptions, preliminary analysis, major findings, and results of the study.

Data Collection

Time Frame and Recruitment

Data collection occurred over 2 months between February and April 2020. During this period, survey questionnaires were sent to 500 participants randomly selected from a list of 2,000 ASCA members. The letters were sent out through the United States Postal Service and were also posted on the ASCA website instructing the participants to follow the link to complete the survey questionnaires.

On July 23rd, 2019, I sent a letter to Angela Hickman, Director of Research of ASCA, seeking permission to use the members for my study. On August 27th, 2019, she replied to my letter granting my request to solicit members to be participants in my research (see Appendices F & G). She further stated that, as a member of ASCA, I was entitled to post my research on the ASCA website and that I could also email her the name of the research survey, name of the researcher/affiliation, and the survey link. She also included it in the ASCA monthly newsletter at no cost. Ms. Hickman also recommended that I purchase a mailing list of ASCA members (minimum purchase 2,000) and send out the research invitations and survey via mail.

After receiving the IRB approval letter to research on February 6th, 2020, with approval number 02-06-20-0276330, I submitted my survey questionnaire with a live link to Survey Monkey to Director Hickman of ASCA. She then posted it on their website and encouraged the members to respond to the survey. I also purchased a membership mailing list of 2,000 members from the designated states at a minimal cost. The invitation letters and the consent forms were mailed to 500 members who were picked randomly from the mailing list in the designated zones with self-stamped return envelopes. Thirty-four responses were received from the ASCA website, and 52 responses were returned from the United States Postal Service. The total number of returned responses ($N = 86$) exceeded the minimum of 85 determined in the sample size calculation.

Response Rate

The response rate for this study was 17.2%. A total of 500 recruitment letters were mailed with return envelopes using the United States Postal Service. Also, the survey and consent form information was posted on the ASCA website. A total of 86 participants were recruited from the ASCA who were SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The composition of participants was as follows: 34 responses from the ASCA website and 52 responses from the mail survey, for a total of 86 participants and a 17.2% response rate. Other factors may have affected the response rate in this study. All schools were closed due to the COVID-19 pandemic. If schools had been open, there may have been a higher response rate. However, despite the low response rate, the minimum sample of 85 was met during the 8-week data collection period.

Discrepancies in Data Collection

I received the approval letter from Walden University IRB to start collecting data. The approval documentation assisted me in obtaining all required assistance from ASCA authorities for my study. My ability to purchase the member mailing list and to access the member website further strengthened my confidence in recruiting enough participants for my study. The data collection took about 8 weeks to complete. The process elicited a lot of anxiety and undefined expectations due to the health crisis caused by the COVID-19 pandemic. All responses returned were filled out and there were no uncompleted responses, so there was no need to remove any of the surveys from the data set. Also, there was no need to send a reminder email or a reminder letter because I was able to meet the minimum sample size of 85. There were no inconsistencies or discrepancies in the data collection plan presented in Chapter 3.

Baseline Descriptive and Demographic Characteristics

A total of 86 SCs who were members of ASCA from suburban K-12 educational settings in the Mid-Atlantic region of the United States participated in the study. Out of the 86 participants 33 were male, which represented 38.4%, and female 53, represented 61.6%. The age of the participants ranged from 18-59 years with most participants in the survey between the ages of 40-49 years (38.4%), and ages 30-39 years (34.9%). The least participants in the survey were between the ages of 18-29 years (12.8%), and ages 50-59 years (14.0%). Table 3 summarizes the demographic characteristics of the survey sample.

Table 3

Demographic Characteristics of Sample (N= 86)

Demographic variable	Frequency	Percentage
Age		
18-29 years	11	12.8
30-39 years	30	34.9
40-49 years	33	38.4
50-59 years	12	14.0
Gender		
Female	53	61.6
Male	33	38.4
Position		
School counselor	86	100
Educational setting		
K-9	38	44.2
9-12	48	55.8
Work experience		
Less than 1 year	4	4.7
At least 1 year but less than 3 years	12	14.0
At least 3 years but less than 5 years	27	31.4
At least 5 years but less than 10 years	33	38.4
10 years or more	10	11.6
Educational qualification		
Bachelor's degree	38	44.2
Master's degree	48	55.8

Note: No missing values

Table 3 summarizes the descriptive demographic characteristics of the survey sample and represents the frequencies and percentages of the demographical variables.

Descriptive Statistics Variables Using 5-Point Likert Scale

In this analysis, the descriptive statistics of the 5-point Likert scale variables (i.e. self-care practices, emotional exhaustion, depersonalization, and personal accomplishment) were examined. The mean was applied as a measure of central tendency, while the standard deviation was applied as a dispersion index to indicate the degree to which individuals within each variable differed from the variable mean. Table 4 presents the results of the descriptive statistics of the 5-point Likert scale variables.

Table 4

Results of Descriptive Statistics for 5-Point Likert Scale Variables

Variable	Mean	Standard deviation	Minimum	Maximum
Self-care practice	2.29	0.701	1	4
Levels of burnout	3.470	0.986	1	4.7
• Emotional exhaustion	3.64	0.684	2	5
• Depersonalization	3.42	1.132	1	5
• Personal accomplishment	3.38	1.238	1	5

Note. No missing values.

As shown in Table 4, the mean value of self-care practice was 2.29, which was below the mid-point level of 3 on the 5-point Likert scale (Highly Disagree, Disagree, Neutral, Agree, Highly Agree). This result demonstrated that the consensus perception of the respondents toward self-care practice was below the average, meaning the current level of self-care practices was relatively low and below the average.

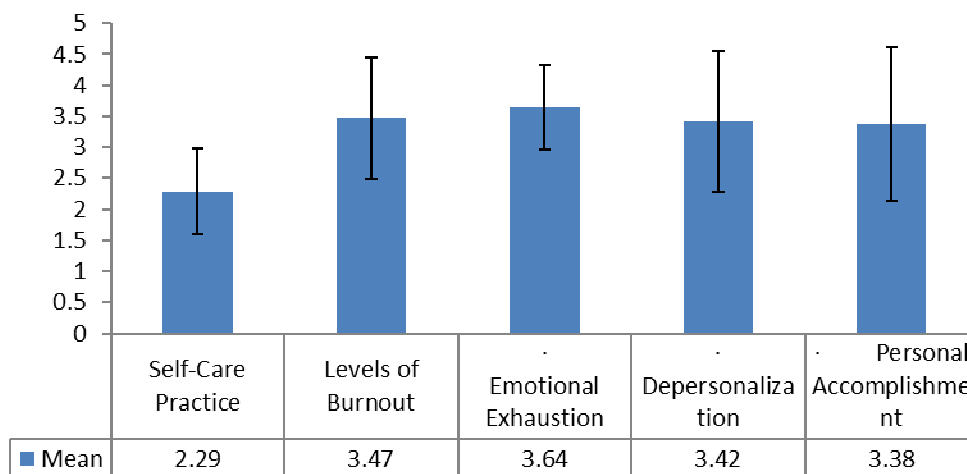
Meanwhile, the respondents' consensus perception toward the mean value of emotional exhaustion, depersonalization, and personal accomplishment was 3.64, 3.42,

and 3.38, respectively. The mean value of these three items was 3.470 which represents the mean value of burnout level, standing above the mid-point level of 3. On the other hand, the current level of burnout is relatively high and above the average.

The value of standard deviation for self-care practices and level of burnout was 0.71 and 0.986, respectively. It indicates that the individual value of self-care practices deviated to the amount of 0.71 from its mean. Figure 3 showed a good illustration of the mean of 5-point Likert scale variables together with their standard deviations.

Figure 1.

Means and standard deviations of scale variables



Means and standard deviations of scale variables.

Data Analysis

Preliminary Analysis

The study used IBM SPSS statistics version 23 data analysis software to complete a multiple linear regression (MLR) analysis and analysis of variance (ANOVA) to examine the relationship between the dependent variables and independent variables. In

this study, I included the independent variables of self-care practices, educational experience, and educational settings, and the dependent variable of burnout, and its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. The multiple linear regression (MLR) analysis and analysis of variance (ANOVA) were used as a measure to identify if there was any relationship between variables, descriptive statistics for all variables, and the correlation between variables (Field, 2013). Data cleaning and screening of missing variables occurred, and frequencies were tracked for all categorical variables. The study employed statistical assumption testing for analysis of variance (ANOVA) that included the independence of observation, normality, and homogeneity (Pallant, 2013). Also, all other assumptions were addressed to ensure the accuracy of the results. The assumptions were the data must be linear and that of multicollinearity (Green & Salkin, 2008). Exploratory factor analysis (EFA) was conducted that produced a recognizable Cronbach Alpha.

Overview of Research Design

A quantitative survey design was used to investigate the relationship between SC's self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. The data collection was accomplished through Survey Monkey. Participants answered the survey questions that enabled the researcher to establish results for the hypotheses. The variables (a) self-care practices (independent variable), (b) burnout (dependent variable), (c) educational settings (independent variable), and (d) number of years' experience (independent variable) were analyzed within the study. The self-care behaviors were measured using

the Brief COPE inventory (Appendix J) and the burnout variables were investigated using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) [Appendix K] to identify any statistically significant relationship. The research was conducted using self-reporting instruments. Before the data were collected, written consent approval was obtained from each participant (Appendix B), as required by the Walden University's Institutional Review Board (IRB) approval.

Description of Sample Representation in the Study

I used a non-probability sampling strategy in this study to make sure that my sample was representative of the population. The population was drawn from ASCA as my sampling frame in the Mid-Atlantic region of the United States. To recruit participants that would be representative of the population and to be able to generalize the result of the population, I adhered to strict recruitment procedures such as participants must be SCs

and work in K-12 suburban educational settings in the Mid-Atlantic region of the United States.

A representative sample should be unbiased and a reflection of the population. As a result, I included variables of age, gender, profession, education, and years of experience. To avoid any sampling bias or errors, I made my selections by randomly selecting 500 names out of 2000 for mail-in surveys. Also, to manifest this representativeness, I calculated the minimum sample size by applying a prior power analysis. The calculations were done by using G*Power 3.1.1. After calculations, the minimum sample size of 85 was required.

Data Screening

Data screening was necessary to ensure that data of the variables were entered correctly, free from large missing values, outliers and to confirm that the distribution of the data of the variables was normal. Missing data occurs when there is no information for one or more cases in relation to a variable. Missing data up to 5% may not cause any serious problem in the interpretation of the findings. The screening of the data indicated that the amount of missing data for all variables was zero, below the threshold of 5% as recommended by researchers. Thus, no missing replacement was needed for the variables (George & Mallory, 2016).

Removing Outliers

The treatment of outliers was an imperative step in the data screening method. Outliers refer to observations with a unique combination of characteristics identifiable as distinctly different from the other observations. Checking for outliers was important, as outliers could affect the normality of the data which could then distort the statistical results. For outlier detection, besides examining histograms and box-plots, each variable was examined for the standardized (z) score. For a small sample size, absolute (z) > 3 was evidence of an extreme observation. Therefore, any z -score greater than 3 or less than -3 was considered to be an outlier. The standardized (z) scores of the scale variables are summarized in Table 5

Table 5

Results of Univariate Outlier Based on Standardized Values

Variable	Initial standardized value (z-score) (n=86)	
Variable	Lower Bound	Lower Bound
Work Experience	-2.338	1.585
Educational Setting	-1.117	0.885
Self-care Practice	-1.842	2.439
Levels of Burnout	-2.505	1.249
• Emotional Exhaustion	-2.395	1.988
• Depersonalization	-2.136	1.397
• Personal Accomplishment	-1.925	1.305

As shown in Table 5, the results indicated that the standardized (z) scores of the cases for all the variables ranged from -2.505 thru 2.439, indicating that none of the variables exceeded the threshold of ± 3 . Thus, there was no outlier among the 86 cases.

Assessment of Data Normality

The normality test was conducted, using Kolmorove-Smirnov (K.S) test, to determine whether the data set of the scale variables were well-modelled by a normal distribution or not. Normality was the main assumption, as the sampling distribution of the mean was normal.

Multiple Linear Regression

The K.S p-value is above the standard significance level of 0.05 represented a normal distribution of the data because the condition of violation existed, the assumption of normality due to significant K.S p-value was sufficient to inspect the value of the skewness and kurtosis, and to virtually observe the shape of the distribution. For the

current study, skewness and kurtosis were employed to assess the normality of the data. Skewness values reflected the symmetry of the distribution score and a skewed variable means that the score was not at the centre of the distribution. On the other hand, kurtosis gave information about the “peaks” of the distribution, which can be either too peaked (with short and thick tail) or too flat (with long and thin tail). As a general rule of thumb, the data may be assumed to be normally distributed if skew and kurtosis were within the range of -1 to +1, or -2 to +2 or even 3 suggested using a cut-off point of less than 7 as an acceptable value for the kurtosis. The data which was skewed within the range of -2 to +2 could be considered as being normally distributed. Table 6 demonstrates the results of the normality test for the scale variables.

Table 6

Results of Normality Test

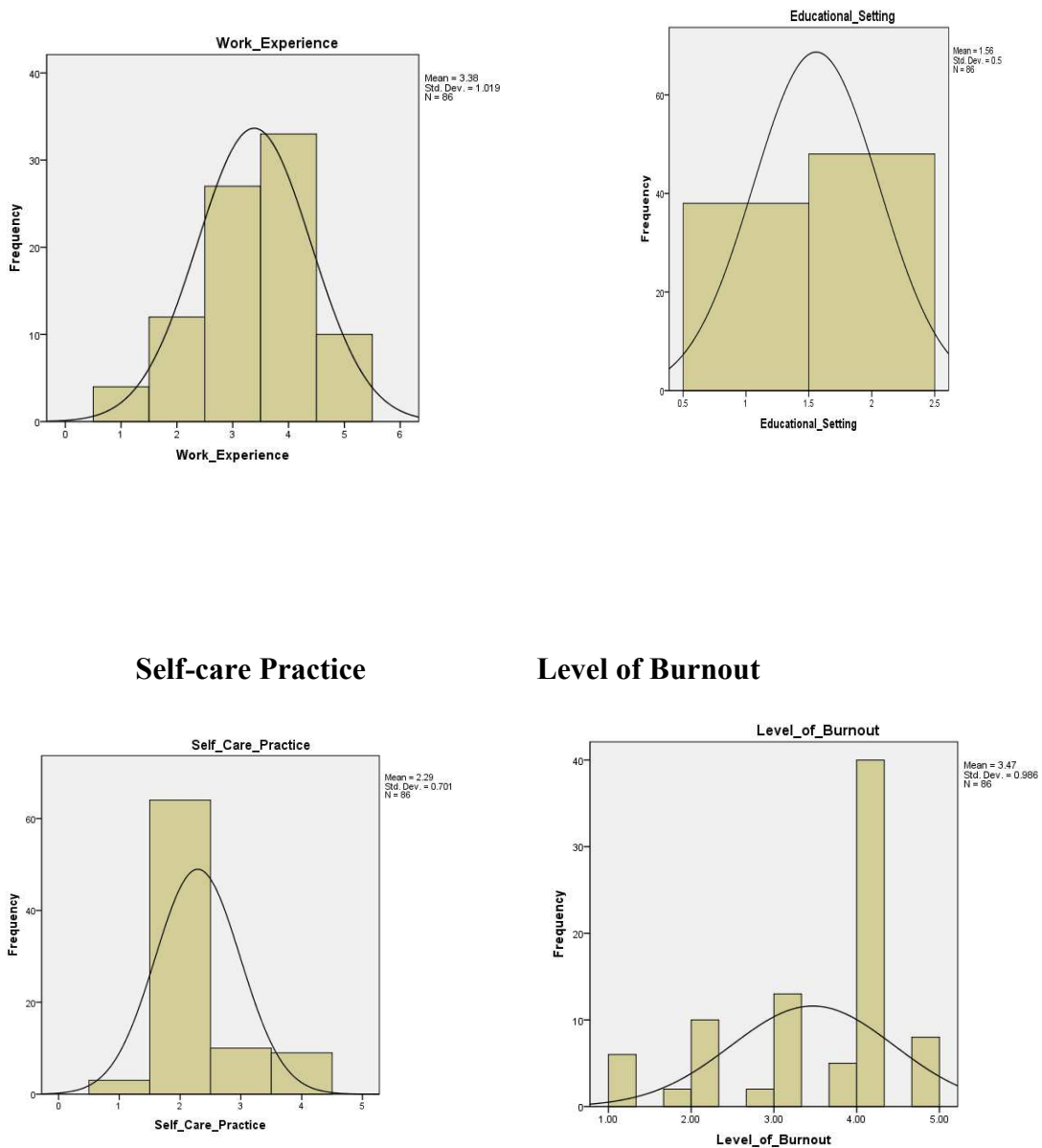
Variable	Kolmogorov-Smirnov		Skewness ($\leq \pm 2$)	Kurtosis ($\leq \pm 7$)
	Statistic	P-value		
Work Experience	0.227***	0.000	-0.427	-0.225
Educational Setting	0.37***	0.000	-0.238	-1.99
Self-care Practice	0.44***	0.000	1.418	1.508
Levels of Burnout	0.263***	0.000	-0.979	-0.091
• Emotional Exhaustion	0.433***	0.000	-1.424	1.023
• Depersonalization	0.289***	0.000	-0.69	-0.326
• Personal Accomplishment	0.272***	0.000	-0.621	-0.616

*p < 0.05, **p < 0.01, ***p < 0.001, n = 86

As shown in Table 6, the result of the Kolmogorov-Simonov test of normality indicated that the data sets of all variables were not normally distributed because of having a p-value of 0.000, less than the standard significance level of 0.05. Consequently, the results of assessing deviation from normality showed that the value of skewness for the variables ranged from -1.424 to 1.418, within the acceptable range of ± 2 . The results also indicated that the kurtosis value of the variables ranged from -1.990 to 1.508, within the acceptable range of ± 7 . Therefore, it can be concluded that the data set of all variables was well-modeled by a normal distribution. Figure 2 showed the histogram and normal curve of the hypothesized variables.

Figure 2.

Histogram and normal curve of hypothesized variables.



Histogram and normal curve of the hypothesized variables.

Exploratory Factor Analysis

Exploratory Factor Analysis (EFA) served the purpose of attaining data reduction or preserving their original state and character, as well as removing items that had lower factor loadings and cross-loadings. EFA was conducted in this study to examine the stability of the factor loadings of the three items of levels of burnout as the only construct variable in this study and to ensure the factorial validity of the instruments employed in the study.

The 86 responses were examined using principal-components as the extraction technique and Varimax as the orthogonal rotation method. To determine the suitability of the data for EFA, the value of Bartlett's test of sphericity (BTS) and Kaiser-Meyer-Elkin's (KMO) measure of sampling adequacy were checked as the assumptions of EFA. The KMO tested whether the partial correlations among items were small. The KMO values must be greater than 0.60. Bartlett's Test of Sphericity assessed whether the correlation matrix was an identity matrix, which indicated that the factor model was inappropriate. Bartlett's test was supposed to be significant at $p < 0.05$ to present the adequacy of the correlations among variables and thus provide a reasonable basis for factor analysis.

Moreover, scree plots and eigen values were examined to ensure that the factors number was mainly liable for the data variation. In the case of eigen values, the KMO criterion value 1.00 was the determining measure to decide on the number of factors. The variance, as illustrated by the factor result, was taken into account with an objective level of 60 percent and/or more of its entire variance. It has also been proven to be adequate for

a factor resolve in the field of social sciences to be considered as 50 percent of the described total variance at its entry/verge (Williams, et al., 2012).

Communality procedures were also applied to a component of the factor analysis. Communalities portray the quantity of the variance in the original variables considered by the factor solution. The factor solution was expected to describe half of each of the original variable's variance, at best; hence, the communality value for each of the variables should be at 0.50 or more. Therefore, for specification, variables with commonalities of less than 0.50 were omitted from any following analysis.

In assessing the convergent validity, items were retained according to the following criteria: a) factor loading greater than 0.5 and b) no cross-loading of items. In other words, items were dropped where they have a loading of less than 0.5 or where their loadings were greater than 0.5 on two or more factors. The reason for choosing a cut-off point of 0.5 or greater in this study was because this threshold value was considered crucial in ensuring practical significance for sample sizes of 86 and above and before the analyses proceeded to the confirmatory factor analysis.

Discriminant validity refers to the extent to which factors are distinct and uncorrelated. A primary method exists for determining discriminant validity during an EFA which examined the factor correlation matrix. Correlations between factors should not exceed 0.7. A correlation greater than 0.7 indicates a majority of shared variance; $0.7 * 0.7 = 49\%$ shared variance. The EFA results of the research variables were represented in Table 7.

Table 7

Results of Exploratory Factor Analysis

<i>Construct</i>	<i>Item</i>	Communalities	Factor 1	Factor 2	Bts	KMO	Eigen value	Variance (%)	Cronbach alpha
Levels of burnout	Emotional exhaustion	0.872	0.934	---	0.000	0.764	2.658	88.615	0.908
	Depersonalization	0.904	0.951	---					
	Personal accomplishment	0.882	0.939	---					

As shown in Table 7, all of the three items of burnout level (i.e., emotional exhaustion, depersonalization, and personal accomplishment) were assessed through the EFA. The results indicated that the communalities value for emotional exhaustion, depersonalization, and personal accomplishment was 0.872, 0.904, and 0.882, respectively. All of these values were above the cut-off of 0.50 as recommended by Hair, et al. (2006). Therefore, it was not necessary to remove any items from the communalities table. As shown in Table 7, a unit factor was identified for the three inserted items in the EFA which referred to burnout level. In assessing the convergent validity, the factor loading of emotional exhaustion, depersonalization, and personal accomplishment was 0.934, 0.951, and 0.939, respectively. These values were all above the minimum acceptable value of 0.50. Therefore, it was not necessary to remove any item from the constructs. Since only one factor was defined through EFA for burnout

level, the correlations between factors and discriminant validity were not applicable to be checked.

Based on the validity results, the eigenvalue of burnout level was 2.658, above the cut-off 1 as recommended by Williams, et al., (2012). The value of variance for burnout level was 88.615%, above the cut-off 50% as recommended by researchers. These results indicated that the study could assume to have yielded reliable factors.

Cronbach's Alpha values, which described the degree to which a measure is error-free, was 0.908 for allocating all three items into burnout level. This value was above the threshold of 0.7 as suggested by Williams et al. (2012). Therefore, the achieved Cronbach's alpha for burnout level was considered as sufficiently error-free.

Treatment and Intervention Fidelity

The treatment was administered as planned. I was able to analyze all statistical procedures required, such as screening for missing data, removing outliers, assessing for the statistical assumption of normality, conducting analysis on the distribution of sample sizes for skewness and kurtosis. I also applied the Kolmogorov-Smirnov test of normality, and factor analysis. There were few challenges during the COVID-19 crisis during my data collection, such as being quarantined from coming in contact with people who tested positive for COVID-19. However, the data collection continued unhindered and there was no adverse event with serious consequences.

Main Analysis of the Research Questions and Hypotheses Result

The detailed analysis plan for this study paved the way for answering the posed research questions after ensuring that all assumptions of multiple linear regression (MLR) analysis were adequately met. The research questions were:

RQ1: What is the relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

H_01 : There is no statistically significant relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and MBI-HSS, respectively.

H_a1 : There is a statistically significant relationship between the Self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

In the first analysis, multiple linear regression (MLR) analysis and analysis of variance (ANOVA) were applied to examine the relationship between independent variable self-care practices and dependent variable burnout and its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. The significance of the regression coefficient of the hypothesized predictor was examined to determine support for the hypothesis. The result established that self-care practices have a significant negative effect on levels of burnout.

As shown in Table 8, the t-value and p-value of self-care practices in predicting levels of burnout were -7.431 and 0.000, respectively. It means that the probability of

getting a t-value as large as -7.431 in absolute value is 0.000. In other words, the regression weight for self-care practices in the prediction of levels of burnout was significantly different from zero at the 0.001 level. Thus, H_1 was supported. Further, the standardized estimate of Beta was -0.583, indicating a negative relationship. It means, when self-care practices go up by one standard deviation, levels of burnout go down by 0.583 standard deviations. Further, the result indicated that the value of standard deviation for self-care practices and levels of burnout were 0.71 and 0.986, respectively. It indicates, for example, that the individual value of self-care practices deviated to the amount of 0.71 from its mean.

RQ2: What is the relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

The hypotheses posed were:

H_{02} : There is no statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_{a2} : There is a statistically significant relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

In the second analysis, multiple linear regression (MLR) analysis and analysis of variance (ANOVA) were used to examine the relationship between independent variable years of work experience and dependent variable burnout and its three dimensions of

emotional exhaustion, depersonalization, and personal accomplishment. The significance of the regression coefficient of the hypothesized predictor was examined to determine support for the hypothesis. The result established that years of work experience have a significant negative effect on levels of burnout.

Table 8 shows the t-value and p-value of *years of work experience* in predicting levels of burnout were -4.022 and 0.000, respectively. It means that the probability of getting a t-value as large as -4.022 in absolute value is 0.000. In other words, the regression weight for work experience in the prediction of levels of burnout was significantly different from zero at the 0.001 level. Thus, H_2 was supported. Further, the standardized estimate of the beta was -0.313, indicating a negative relationship. It means, when work experience goes up by one standard deviation, levels of burnout goes down by 0.313 standard deviations.

RQ3: What is the relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

The hypotheses posed were:

H_03 : There is no statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

H_{a3} : There is a statistically significant relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively.

In the third analysis, multiple linear regression (MLR) analysis and analysis of variance (ANOVA) were used to examine the relationship between independent variable educational settings and dependent variable burnout and its three dimensions of emotional exhaustion, depersonalization, and personal accomplishment. The significance of the regression coefficient of the hypothesized predictor was examined to determine support for the hypothesis. The result established that educational settings have a significant negative effect on levels of burnout.

Table 8 represents the p-value for educational settings in predicting levels of burnout was 0.279, above the standard significant value of 0.05. This indicated that educational settings do not have any significant effect on levels of burnout. Therefore, hypothesis H3 was rejected.

Table 8

Results of Multiple Linear Regression

Independent Variable (Predictor)	Unstandardized Coefficients		Standardized Coefficients	t	p- value	Hypothesis Result
	B	Std. Error	Beta			
(Constant)	6.110	0.434		14.069	0.000	
Self-care Practices	-0.820	0.110	-0.583***	-7.431	0.000	H1) Supported
Work Experience	-0.302	0.075	-0.313***	-4.022	0.000	H2) Supported
Educational Setting	0.167	0.153	0.085	1.090	0.279	H3) Rejected

*p < 0.05, **p < 0.01, ***p < 0.001

As shown in Table 8, two paths from self-care practices and work experience on levels of burnout were found as statistically significant because of having p-values of 0.000, less

than the standardized significance level of 0.05. Therefore, the hypotheses H1 and H2 were supported. Conversely, the significant effect from educational settings on levels of burnout was not found as statistically significant because of having a p-value of 0.279, above the standardized significance level of 0.05. Therefore, hypothesis H3 was rejected. The extracted regression formula is as follows: levels of burnout = 6.110 - (0.820 self-care practices) - (0.302 work experience) + (0.167 educational setting).

A linear regression method was used to determine the contribution of predictors or independent variables (i.e. self-care practices, work experience, and educational settings) on the dependent variable (i.e. levels of burnout). The analysis was carried out using SPSS software. Regarding the research framework, hypotheses H₁ through H₃ were examined using multiple, linear regression and analysis of variance (ANOVA).

Assumptions in Linear Regression

Several assumptions should be met before regression analysis can be run, otherwise, the validity of the findings could be threatened. These assumptions pertain to linearity between the dependent variable and independent variables, the constant variance of error terms (homoscedasticity vs. heteroscedasticity), independence of error term, and multicollinearity between the predictors. These assumptions apply to the independent variables, dependent variable, and the relationships as a whole. Linearity requires that the relationship between independent and dependent variables is linear. In other words, linearity refers to the consistent slope of change that represents the relationship between an IV and a DV. If the relationship between the IV and the DV is radically inconsistent, then it will threaten the regression analyses. I conducted a scatter plot and the

inconsistency of the relative line to test the linearity between independent and dependent variables. Figure 3 shows the scatterplots and relative line for the relationships between each of the independent variables (i.e., self-care practices, work experience, and educational settings) with the dependent variable (i.e. levels of burnout).

Figure 3.

Scatterplot for Relationship Between Self-Care Practices and Levels of Burnout

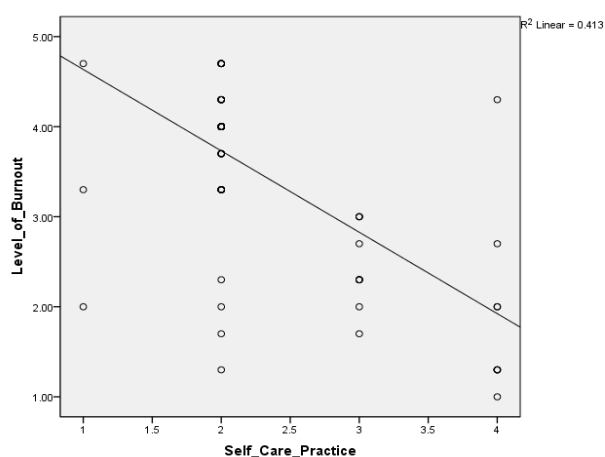
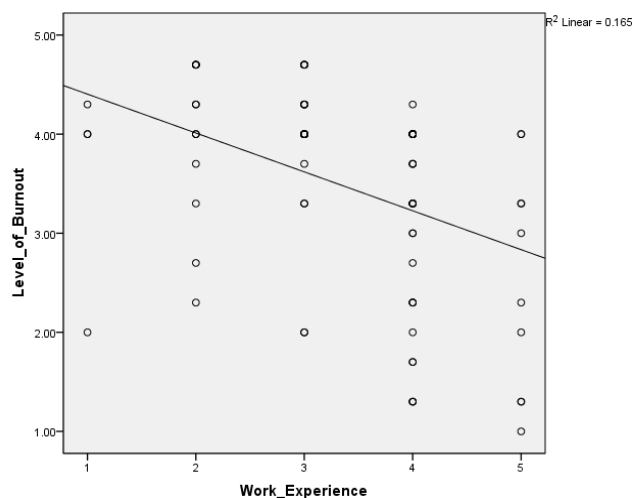


Figure 4.

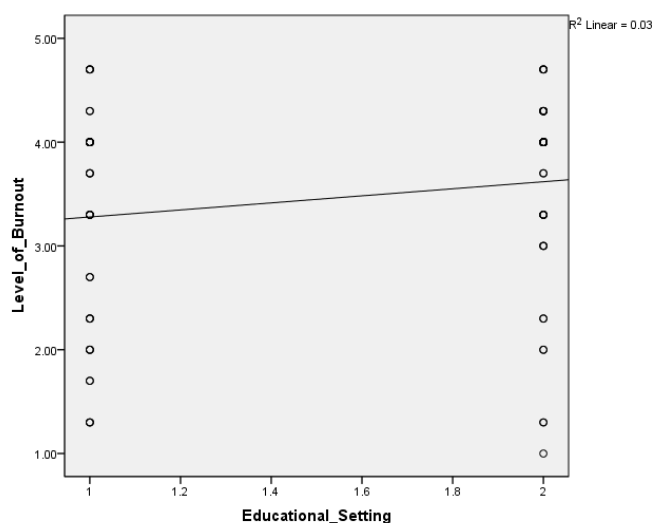
Scatterplot for the Relationship Between Work Experience and Levels of Burnout



Scatter Plot Cont'd.

Figure 5.

Scatterplot for Relationship Between Educational Setting and Levels of Burnout.



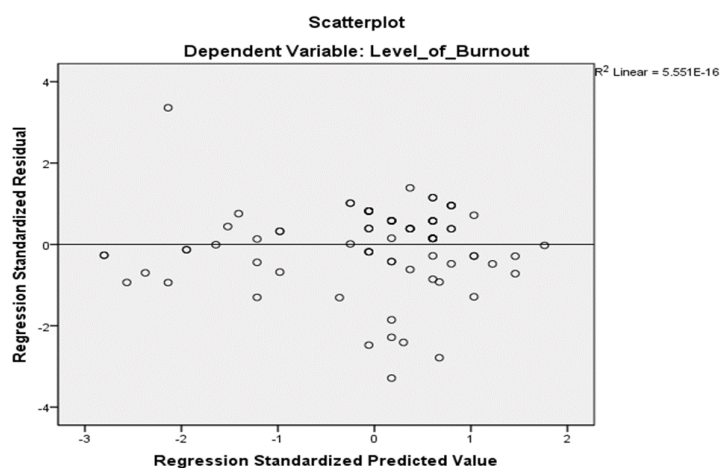
As shown in Figures 3 and 4, by following the darker dots in the scatterplots between self-care practices and work experience as independent variables on the x-axis and levels of burnout as dependent variable on the y-axis, there appears to be a dark line running from the upper left to the lower right, suggesting a negative relationship between self-care practices and work experience with levels of burnout. Conversely, Figure 5 scatterplot between educational setting and levels of burnout shows a dark line running from the left, slightly bottom, to right, slightly up. The scatter plot showed a weak positive relationship between educational settings and levels of burnout. Therefore, all the relationships appear to be linear, which are good for regression analysis.

Constant Variance of Error Term (Homoscedasticity)

The residual plot was used to examine homoscedasticity or homogeneity of variance. This was done by plotting the standardized residuals against the predicted dependent values and comparing them to the null plot. As recommended by Hair et al. (2006), if the examination of residual does not show any increasing or decreasing of residuals, the assumption of homoscedasticity is met. In other words, homoscedasticity occurs if there is a consistent relationship between the standardized residuals and the predicted dependent values, otherwise, heteroscedasticity occurs, which can violate the assumption of the linear regression. Figure 6 shows the scatterplot of standardized residuals against the predicted dependent values of the regression model.

Figure 6.

Scattered Plot of Standardized Residuals Against the Predicted Values of the Regression Model.



Results of scatterplot for testing constant variance of the error term (homoscedasticity).

As shown in Figure 6, a flat line appeared in the scatterplot diagram, indicating the value of the error term was almost constant and did not depend on the standardized

predicted value. Therefore, the variance of error term appeared to be constant for the linear regression model, meaning the assumption of homoscedasticity was met.

Multicollinearity Between Independent Variables

Multicollinearity indicates that the predictors are highly inter-correlated and that small changes in the data values may lead to large changes in the estimates of the coefficients. Thus, further statistical tests were run to check for multicollinearity. According to Tabachnick and Fidell (2007), this was done by measuring the degree to which each independent variable is explained by the set of other independent variables. Variance inflation factor (VIF) and tolerance statistics are the two common statistical methods that can be used to assess multicollinearity. It is generally believed that any variance inflation factor (VIF) value that exceeds 10 and tolerance value below 0.10 indicates a potential problem of multicollinearity. Hair et al. (2006) also proposed two other part process to diagnose the multi-collinearity: (a) identify all condition indices above the 30% threshold, and (b) for all condition indices exceeding the threshold, identify variables with variance proportion above 90%. The results of the test show no sign of multicollinearity between the independent variables. The summary of the multicollinearity diagnostics among the predictors of the regression model is shown in Table 9.

Table 9

Results of Multicollinearity Diagnostics

Predictors	Tolerance	VIF	Condition index	Variance Proportion		
				(1)	(2)	(3)
Self-care Practices (1)	0.960	1.042	6.036	0.22	0.07	0.55
Work Experience (2)	0.976	1.025	7.392	0.45	0.69	0.02
Educational Setting (3)	0.982	1.018	13.065	0.33	0.24	0.42

As shown in Table 9, the tolerance value of all variables was above the cut-off 0.10, range from 0.960 to 0.982. Moreover, the variance inflation factor (VIF) value for all variables was below the 10% threshold, ranged from 1.018 to 1.042. The result also indicated that the condition index value of all variables was below the 30% threshold, ranged from 6.036 to 13.065. These results demonstrated that there was no multicollinearity between the predictors of the level of burnout.

Validity of Multiple Linear Regression

Three measures of goodness to fit of the model were used to check the validity of using the regression model in this study to determine the level of burnout.

Table represents the results of validity for the regression model in this study.

Table 10.

Results of Validity of the Regression Model

Fit measure 1	Fit measure 2		Fit measure 3		model validity
R square	Std. Deviation of null model (dv)	Std. Error of the estimate	F	Sig	
0.498	0.986	0.698	29.139***	0.000	Valid

*p< 0.05, **p< 0.01, ***p< 0.001

The first measure of goodness to fit the model was to check the value of adjusted R-square. As shown in Table 10, the coefficient determinations (R square) of the multiple linear regression model to predict levels of burnout was 0.498. It means, 49.8% of variations in the levels of burnout were explained by its three predictors (i.e. self-care practice, work experience, and educational setting). As recommended by Quaddus and Hofmeyer (2007), the value of R-square should be greater than 0.30. As the R-square value of 0.498 to predict levels of burnout was above the cut-off of 0.30, it was concluded that the regression model showed satisfactory goodness to fit of the model.

The second measure of goodness to fit of the model was to compare the standard error of the regression model with the standard deviation of the dependent variable (i.e. levels of burnout) as the null model. The result indicated that without prior knowledge about the influence of the predictors on the dependent variable, the standard deviations of guessing the dependent variable in the null model was 0.986, which was higher than 0.698 as the standard error of estimation in the regression model. This result supported the validity of all multiple linear regression models in this study.

The last measure of goodness to fit of the model was to check the F statistic and the p-value of analysis of variance (ANOVA) test. As

Table 10 shows, the linear regression model to predict levels of burnout was statistically significant with the F statistic of 29.139 and the p-value of 0.000. This result indicated that the variation explained by the regression model was not due to chance, hence using the regression model to predict levels of burnout was better than using the null or intercept-only model, which merely guessed the mean of the levels of burnout as a dependent variable. The results of the three applied measures of goodness to fit the model demonstrated that the regression model to predict levels of burnout could adequately satisfy the three applied measures of goodness to fit the model. The phenomenon supported the validity of the applied regression model in this study. Thus, the extracted results from the regression model were reliable and valid.

Results of Linear Regressions

Upon ensuring that all of the assumptions of linear regression were adequately met, multiple linear regression (MLR) analysis was used to analyze the effects from self-care practices, work experience, and educational setting as independent variables on levels of burnout as dependent variable (i.e., Hypotheses H₁, H₂, and H₃, respectively).

Summary

Data collected from N = 86 SCs were used to analyze three research questions using multiple linear regression analysis and analysis of variance (ANOVA). A statistically significant relationship was found between self-care practices and years of work experience of SCs on levels of burnout because of having a p-value less than the standardized significance level of 0.05. The result supported H₁ and H₂. The descriptive statistics revealed that educational SCs are experiencing relatively high levels of burnout

at a rate of 3.73 out of 5. Using multiple linear regression analysis and analysis of variance (ANOVA), it was found that an increase in the level of self-care practices led to a significant decrease in the level of burnout. Extracted descriptive statistics showed that the current level of self-care practices among SCs was relatively low (rate of 2.2 out of 5). It can be demonstrated that the most important implication from this study was to promote the self-care practices strategies to reduce the high level of burnout and its related costs.

Conversely, the significant effects from educational settings of SCs on levels of burnout were not found as statistically significant, because the p-values were above the standardized significance level of 0.05. Therefore, hypotheses H₃ was rejected. The extracted regression formula is as follows: Levels of burnout = (-0.680 self-care practices) + (0.009 work experience) – (0.008 educational qualification) + 5.205.

In Chapter 5, I will reiterate the purpose and the nature of the study, and the rationale behind the study. A presentation of the summary of key findings will follow. I will also describe the limitations of the study, in addition to generalization, validity, and reliability. A discussion of recommendations for future research, and also the potential impact for SCs and educational settings will ensue in addition to a description of the methodological and theoretical implications and recommendations for practitioners. Chapter 5 will conclude with the implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

This study addressed a gap in the literature regarding SCs' burnout and lack of self-care in their practice. As a result, there was a need to investigate SCs' determination to increase self-care practices. The purpose of this study was to investigate the relationship between self-care and burnout in the lives of practicing SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. I used a correlational design to conduct this quantitative study, which was driven by three research questions.

RQ1: What is the relationship between self-care practices and the levels of burnout among SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

RQ2: What is the relationship between the years of work experience and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

RQ3: What is the relationship between the educational settings and the levels of burnout of SCs in Mid-Atlantic suburban K-12 educational settings as measured by the Brief COPE and the MBI-HSS, respectively?

After ensuring all assumptions of linear regression has been met, I conducted a multiple linear regression analysis and analysis of variance (ANOVA) to analyze the relationships between self-care practices, work experience, and educational settings as independent variables and levels of burnout as the dependent variable. The significance of the regression coefficients of the hypothesized predictor variables was examined to

determine support for the hypotheses. The results indicated that two paths from self-care practices and work experience on levels of burnout were found to be statistically significant because of having a p -value of 0.000, which was lower than the standardized significant level of 0.05. Therefore, H_{a1} and H_{a2} were supported. Conversely, the effect from educational settings on levels of burnout was not found to be statistically significant because of having a p -value of 0.279, which was above the standardized significant level of 0.05. Therefore, H_{a3} was rejected.

Interpretation of Findings

The first analysis resulted in evidence showing self-care practices on levels of burnout as statistically significant because of having a p -value of 0.000, which was lower than the standardized significant level of 0.05. The t value and p -value of self-care practices in predicting levels of burnout were -7.431 and 0.000, respectively, which meant that the probability of getting a t value as large as -7.431 in absolute value was .000. In other words, the regression weight for self-care practices in the prediction of levels of burnout was significantly different from zero at the 0.001 level. As a result, H_{a1} was supported. Furthermore, the standardized estimate of Beta was -0.583, indicating a negative relationship. This meant that when self-care practices went up by 1 standard deviation, levels of burnout went down by 0.583 standard deviations. The result is consistent with previous research that indicated that SCs should be serious with their self-care by having access to regular health screenings, taking time away from work, performing regular exercise, and eating healthy food to reduce their stress level and reduce burnout (Banfield, 2014; Findik, 2015). This finding also aligns with research

related to self-care practices and burnout levels. According to Bamonti et al. (2014), self-care practices maintain strong professional functioning and decrease the risk of exhaustion and burnout. Gunduz (2012) found a statistically significant relationship between self-care practices and levels of burnout mostly connected to emotional exhaustion, depersonalization, and personal accomplishment, as was indicated in the current study. Gunduz used the same analysis method, multiple linear regression, and analysis of variance (ANOVA), and the only difference was that I used EFA to arrive at an acceptable Cronbach's alpha. The Cronbach's alpha was then compared with the results of prior studies, and no significant differences were found. The result of my comparison indicated that the current result is consistent with previous research (Smith, 2017; Wise et al., 2012). Furthermore, Wise et al. (2012) and Smith (2017) noted that without self-care positive behaviors, SCs' burnout experiences are often intensified and prolonged. I found that the use of different instruments to determine SCs' level of burnout could have made a difference in prior research. According to Lopez, (2013), Gunduz (2012) used the SCSES instrument created by Yiyi (2010)). In the current study, I used the MBI-HSS (Maslach, 2010). However, we both found the same significant relationship between self-care practices and burnout. Furthermore, I recognized that this area of study has been limited and represents an important area of inquiry. Bressi and Vaden (2017) and Morse et al. (2012) also noted that self-care for SCs represents an important area of inquiry by contending that few studies have been conducted in the area of self-care practices that are used to prevent burnout and that SCs should embrace self-care practices to build tolerance, openness, and readiness to listen to their students.

Work Experiences Interpretations

On my second analysis, I also found work experience as having a significant negative experience on levels of burnout. The t value and p -value of work experience in predicting levels of burnout were -4.022 and 0.000, respectively. This meant that the probability of getting a t value as large as -4.022 in absolute value was 0.000. In other words, the regression weight for work experience in the prediction of levels of burnout was significantly different from zero at the 0.001 level. As a result, H_{a2} was also supported. Further, the standardized estimate of Beta was -0.313, indicating a negative relationship, which meant that when work experience went up by 1 standard deviation, levels of burnout went down by 0.313 standard deviations. This also meant that the more years of work experience of SCs, the more likelihood of practicing self-care that reduces stress and burnout. This result aligns with previous research that indicated that workplace experiences, such as high caseloads, personal history of trauma, lack of adequate supervision, and social isolation, can be contributors to burnout (Ray et al., 2013). The results of the current study indicated a significant negative relationship between the predictor variables and the SC's intent to practice self-care. I further examined the relationships between these variables on their merit by analyzing their correlation coefficients and found that only two of the variables showed a significant relationship with the dependent variable. These variables were self-care practices and work experience, whereas the nonsignificant variable was educational settings. Delving into a more comprehensive analysis of the data, I discovered that the strongest predictor of the dependent variable was self-care practices. This suggests that the more SCs practice self-

care, the less likely they will experience burnout. This result aligns with Bardhoshi et al. (2014) who stated that self-care practices can reduce the effect of burnout. Katch and Mead (2010) described self-care as an intrinsic activity that is continuous to maintain the equilibrium of the mental, emotional, and physical health of SCs and that it should be an important activity inherent to any profession. The current study's results align with this statement.

Educational Settings and Levels of Burnout Interpretations

In my third analysis, I sought to examine the correlation between educational settings and levels of burnout. My analysis indicated that the effect from educational settings on levels of burnout was not statistically significant because of having a *p*-value of 0.279, which was above the standardized significant level of 0.05. This indicated that educational settings had no significant effect on levels of burnout. In other words, the educational settings K-12 have no statistically significant relationship with a burnout in the three levels of emotional exhaustion, depersonalization, and personal accomplishment. Ray et al. (2013) asserted that high levels of burnout in SCs are due to work-related stress and lack of a supportive work environment, and the current study also supported those findings. Also, McGeary et al. (2014) reported that over 50% of employees surveyed were in the category of high-level stress. Hanna and Mona (2014) explained that over time SCs who were involved in giving direct care to students with complex school issues and require high levels of therapeutic support would start experiencing nightmares, sleep disturbances, anxiety, and physical constraints, otherwise known as compassion fatigue or vicarious trauma. Findik (2015) asserted that burnout is

the main cause of the factors that affect the work environment in that students often come first while the needs of SCs are often neglected. Also, Limberg et al. (2017) and Smullen (2015) affirmed that the problem of burnout in SCs, if left untreated, could cause more harm in the educational settings K-12. The results of the current study may differ from Limberg et al.'s and Smullen's due to the data analysis and research design method used. Limberg et al. and Smullen used a mixed-methods approach and a descriptive and multivariate analysis, whereas I used a quantitative method with multiple regression, (MLR) analysis, ANOVA, and EFA.

Another interesting finding was the positive relationship between older SCs and personal accomplishment. A possible explanation may be that older SCs have more years and more counseling experience on their side. To increase the skills, knowledge, confidence, and feelings of personal accomplishment of younger SCs, school administrators can assign a veteran mentor to all new SCs coming in. This may increase their on-the-job experience, knowledge, and confidence level, which may reduce their chances of experiencing burnout. About what was learned from the literature review in Chapter 2, it appears that helping SCs recognize symptoms of burnout is a crucial element in the training of effective SCs. Hatefi et al. (2019) expressed that self-care is important because SCs' mental and emotional wellness can impact their work with students. When SCs feel distressed or burnout, they should apply self-care practices and take time to heal to prevent harm to themselves or their students. According to Green et al. (2014), this is the only way to know that they recognize the symptoms of burnout. However, the present study alludes to the fact that most SCs fail to recognize symptoms

of burnout, thus becoming victims, which trickles down to their students. One purpose of this investigation was to rule out misleading perceptions as a reason for the lack of responsiveness given to self-care during SCs' development. In the previous research, if the SCs' students in training were rating themselves correctly and honestly, then perhaps the correlation found between psychological well-being and perceived wellness suggests that SCs in-training are capable of evaluating their perceived level of well-being (Green et al., 2014). However, this conclusion can be reached if only SCs in training are rating themselves honestly and appropriately; then it would rule out the perception as a reason for the lack of responsiveness given to self-care (Morse et al., 2012).

Theoretical Framework and Research Findings

The theoretical framework of this study was developed through Self-Care Theory (Orem, 2001). Orem proposed that self-care activities involve events solely initiated and operated by the individual for the maintenance of their mental and emotional health. Self-care performance is encouraged to maintain good human functioning and adds to human development (Orem, 2001). In the nursing field, the theory assists nurses in deciding what traits of patient care they should focus on in a given circumstance and encourages patients to maintain their autonomy over their self-care practices. The present research concluded that Orem's Theory of Self-Care was very successful with the nursing profession and could be applied to the current study, in ways that enabled SCs to respond to specific aspects of the variables under study (Orem, 2001). Orem's theory was developed to enhance education and the nursing practice and emphasizes the individual's self-care to reduce stress and burnout, which can be accomplished through certain actions

that would promote health and well-being. The individual is regarded as a self-care agent with distinctive needs (Orem, 2001). In the current study, the concept can be applied to SC's self-care practices to also promote health and well-being (Orem, 2001). These findings confirmed the theoretical foundation that produces evidence-based initiatives that aid SCs in their quest for self-care (Weber, Guo & Mann, 2015). Also, the reasoning in the theory that when all persons are capable of taking care of themselves, if they choose to do so. When SCs are unable to take care of themselves, the school administration should assist. In the current study, the SCs should be able to obtain self-care for themselves when capable to do so, otherwise, they should seek professional help to be able to maintain their optimal health to provide standard services to their students (Weber et al., 2015).

The theoretical framework of the current study also buttressed the concept that the SCs' self-care practices to maintain wellness are very critical to the therapeutic process of helping others. This is in contrast with claims in previous research that asserts that SCs are often the last to seek help, which delays the initiation of self-care. The reason might be to protect their self-image or the fear of losing their job as SCs (Bears et al., 2013). Also, based on the framework, the differences in the results are obvious in that the previous research, Oser et al. (2014), utilized a different qualitative methodological approach that allows for an in-depth conceptualization of the construct of the variables, but the current study adopted the quantitative method using the descriptive and the correlational design that deals with numbers and statistics. The different methodological approaches resulted in contrasting conclusions. Furthermore, based on the framework

applicable to the current study, the measurement instruments could have made a difference in the outcome of the results compared to the previous research. The current study applied the Maslach Burnout Inventory Human Service Survey (MBI-HSS). According to Maslach et al. (2001), this is the main instrument used to calculate levels of burnout, which has three subscales explaining the levels of emotional exhaustion subscale, measuring feelings of exhaustion from an individual's work; depersonalization subscale, assessing impersonal response towards a recipient of one's service; and the personal accomplishment subscale, assessing feelings of achievement in an individual's work. Also, in the current study, the Brief COPE inventory was used to evaluate the self-care practices of SCs (Carter, 1997). In this current study self-care practices were found to be statistically significant with personal accomplishment but were not statistically significant with emotional exhaustion and depersonalization. Previous research was in agreement with some results but disagrees with others. According to Lawson and Myers (2011), the individual's coping strategies for burnout are in-line with burnout, and those SCs who engage in active coping strategies experience lower levels of burnout. Leiter and Maslach (2016) disagreed and asserted that effective coping strategies help to reduce and prevent symptoms of burnout. In another prior research, Smullen (2015) argued that years of work experience as a demographic variable was an important identifying factor for understanding an individual's experience of depersonalization and emotional exhaustion and as a recognizable symptom of burnout. In the study, Smullen (2015) used linear regression analysis to determine which of the correlation variables best predicts emotional exhaustion, and years of work experience was at the top. In the study, it was

also clear that SCs or professionals working for a long time in their different fields reported emotions that were more negative and more exhaustive towards their job, and fewer feelings of success.

The current study disagrees with prior research on their analysis of years of work experience. In the K-12 educational settings, SCs who have worked long on the job are likely to engage more in self-care practices than those who have worked fewer years. Williams and Dikes (2015) are in-line with the current study, as their results reflected a significant correlation between years of work experience, depersonalization, and emotional exhaustion. They contended that years of work experience predicted better depersonalization and emotional exhaustion than other variables. The current research continued to be supported by many other prior researchers. Leiter et al. (2014) contended that SCs who have stayed long on the job pride themselves on being able to buffer the effects of burnout. Limberg et al., (2017), agreed that an individual's ability to cope with an external stressor could be contingent upon the person's experience as SCs.

While the current study was focusing on finding strategies to prevent or reduce burnout, came upon previous researchers who come up with valuable suggestions for SCs. Bressi and Vaden (2017) and Morse et al. (2012) agreed that self-care for SCs represent an important area of inquiry by contending that few studies have been conducted in the area of self-care practices, so SCs should embrace self-care to help build tolerance, openness, and ability to apply coping mechanisms to combat burnout. Taking care of one's self emotionally, mentally, physically, having a balance between life and work, and creating and maintaining a professional and personal support system can also

help in preventing burnout (Lee & Miller, 2013). Change can be difficult, but it is important to remember that to be effective SCs and to be able to help students, one must be healthy. (Hatefi et al., 2014). I would conclude the analysis of my findings by stating that no inquiry exists at present on the relationship between self-care and burnout of SCs in K-12 educational settings. Therefore, this study contributes to the body of literature and fills a gap in the relationship between SCs burnout and self-care.

Limitations of the Study

Some limitations were discussed in Chapter 1 and considered during the interpretation of the results of this current study that had to deal with internal and external validity.

Internal Validity

The scope of this study was restricted to a population of SCs in suburban K-12 educational settings in the Mid-Atlantic region of the United States. No other professionals were studied to maintain focus on SCs in these suburban educational settings. Limitations include a choice of study design and theoretical framework.

Another limitation of the study was that of a potential problem related to the design or methodological weaknesses of a nonrandom assignment policy to a convenience group. As a result, data collected from the survey did not generalize to all SCs in educational settings. The generalization only occurred to SCs in suburban K-12 educational settings due to the design and theoretical framework of the study and also can be due to individuals working in different areas of the school, and in different geographic regions with different populations may experience varying work environments, and thus

have different results. Also, the limitation can occur because the Brief COPE and the MBI-HSS inventories both employ closed choices. The participants' responses to survey items were limited to the range of responses that were available for each instrument. Last, maintaining confidentiality to ensure anonymity as it relates to sensitive identifying information was a priority in this current study. In maintaining the confidentiality and exerting action clauses, such as data to be kept secured, through data encryption, password protection, and use of codes in place of names, increased boundaries of limitations, especially when it came to self-reporting. However, seeing that these unique features offer privacy to participant's rights to anonymity by letting them freely express their thoughts based on their experiences as they respond to questions (Creswell, 2009). Noting that in some cases, such as in qualitative design, researchers use observatory methods to describe participant's behavior (Green & Salkin, 2008). Limitations in this current study's results depended on being a trustworthy and honest representation of the respondents.

External Validity

Another limitation was limited to the time commitment that the participants need to complete the demographic questionnaires and two inventories. This could discourage busy professionals from participating or fully completing the inventories. The two instruments used in this study have been universally used in previous studies, thus have internal and external validity. Another possible limitation was that the data was limited to the survey responses provided by the participants in the study. Thus, generalizing the result requires caution as the data would be based on self-report surveys and can lead to

problems in construct validity. Other problems that can influence the result of this current study can be biased. One such bias can occur because attitudes, thoughts, beliefs, and perceptions of participants' analysis of data were limited to those measured by survey instruments. The assumption that the respondents would be truthful cannot be certain. The second bias could occur because the reliability of the data can be influenced by social desirability bias, as questions contained in the Brief COPE and MBI-HSS inventories may include items that ask for a response that may not be seen as professionally or socially acceptable. Also, the survey responses could have been impacted by the respondents' assumption that their work performance was being watched through a lens, despite completing the informed consent form. They may have been dishonest or biased, creating an impression that their work may be causing them to experience burnout. They may also present a favorable impression when responding to questions about their performance. Furthermore, the respondents' responses may have been impacted by other people's ideas or by unknown factors. The result could have varied depending on the period the survey was administered. The SCs were surveyed during the COVID-19 pandemic when schools were closed. Perhaps during this period, the SCs were feeling overwhelmed and stressed with the pandemic and not because of the schools' and student's behaviors. On the other hand, perhaps the results would have been different if the SCs were surveyed during the period when schools were in session.

Recommendations

The results of this study suggest that there is a need for further research in the area of SCs burnout and self-care. Several findings in the present study contradict previous

research on self-care practices, work experience, and educational settings on levels of burnout. As a result, this study can be replicated using a different research design, such as the experimental design (Gunduz, 2012). As the results indicate, the exploration of variables in the current study was encouraged.

The American School Counselor Association (ASCA) published the third edition of the ASCA magazine, which was a national model, outlining a framework for SC's program (ASCA, 2012). Martin and Carey (2015) outlined their examination of the national model and produced a logic model to be applied in evaluating its success. The authors suggested that future research could examine the outputs and the results outlined in the logic model before and after the establishment of the national model. Assessment of SCs' preparedness and change would provide insight into the effectiveness of the recent guidelines for SCs' training. However, the model has seldom been utilized and the issues have been left unresolved (Martin & Carey, 2015). The model may help provide insight into its effectiveness and streamlined guidelines for SCs nationally.

This current study was limited to SCs in educational settings K-12 in the suburban Mid-Atlantic region of the United States who volunteered to participate in the study. As a result, the generalization of the results was limited to SCs in similar roles, geographic locations, levels, and educational settings. Further research could be steered using a statewide or nationwide sample population to boost the generalization of the results.

In furthering future research, a qualitative research method could be employed to establish a more comprehensive explanation of how the variables of self-care practices, work experience, and educational settings interact with burnout, and its three dimensions

of emotional exhaustion, depersonalization, and personal accomplishment. The qualitative method approach would enable an in-depth inquiry and understanding of individual participant's histories, experiences, and perspectives (Bardhoshi et al., 2014). The findings' greatest value was its ability to input the researcher the knowledge to address questions of significance to public health concerns and practice, which are very difficult to obtain using a quantitative research approach (Bardhoshi et al.).

In encouraging future research, it was important to note that, the researcher included an exhaustive literature review by fully explaining the variable of burnout and its associated symptoms and measurements. However, research on the potential correlation between burnout and self-care remains limited. Most researchers agree that the association exists and alluded to the fact that the relationship exists theoretically (Luthar et al., 2015; Malinowski (2013). Researchers have recognized that words such as “implied relationship” are used to explain the bond between self-care and burnout, disclosing the acceptance that more research is needed. A theoretical relationship makes sense, but these variables must be re-examined or subjected to further research (Bardhoshi et al., 2014).

Last, it is suggested that any methodology that can contribute to the psychological, emotional, mental, and physical wellbeing of SCs in training should be further explored (Weber et al., 2013). It should be very important to examine this phase of SCs' development and include self-care before dealing with other aspects of SCs training (Maslach, 2017; Weber et al.). Future research may also focus on gender differences in the levels of burnout.

Implications

The implications for positive social change include the study's impact on how the dominance of mental health in schools and society demonstrates the need for effective and experienced SCs. The impact of these issues on society requires the continued support of healthy SC professionals who would have a spirited role in promoting social change through better mental health programs in schools (Barnett, 2015; Shallcross, 2012). The study provided implications for positive social change at the institutional, individual, and societal levels.

The implications for positive social change contribute to the body of research in the areas of burnout and self-care by filling a gap in the literature on how SCs in suburban K-12 educational settings cope with the effect of work-related burnout through the use of self-care practices and their SCs' experiences in different work environments. The prior studies investigating these constructs during SCs training appeared to be missing in the research literature. This current study was distinctive in that it discussed specific self-care practices that could contribute to the prevention of burnout. Also, the result of this current study provided empirical evidence as to which self-care practices work best and are utilized by SCs in the suburban Mid-Atlantic educational settings.

As a result of this current study, mental health organizations and school districts would be able to address the burnout and self-care problems of their staff. The study provided evidence that creating a burnout prevention program for the staff members can benefit both SCs and the institutions by establishing the endorsements of the self-care practices of employee assistance programs, counseling for counselors, vicarious trauma

assessment, and mandatory self-care policies to address burnout (Shallcross, 2012; Smullen, 2015). Providing preventative programs impacted the SCs' positively.

SCs' burnout and lack of self-care have been a widespread societal problem (Barnett, 2015). As a result, it became important for SCs to learn to take care of their well-being so that they may properly serve their students (Barnett, 2015). Furthermore, insight from the study may help SCs in the designated educational settings become more aware of the importance of self-care in the assistance of maintaining an effective and productive work (Fried & Fisher, 2016). The current study's results would further envision SCs to recognize burnout-related symptoms and advocate for establishing self-care programs in their designated educational settings. Also, a proactive stance can contribute to implementing and preventing burnout, thus benefiting SCs, educational settings, and students. I can use the data and knowledge from the study to lecture SCs in educational settings and mental health organizations in the suburban Mid-Atlantic region of the United States about the prevention of burnout. This can be achieved through the application of organizational training, SCs' conferences and training, and individual meetings. I would also like to engage in discussions about symptoms of burnout and self-care practices with organizations, managers, and directors of programs. Also, the results of this current study would be made available to all principals of schools in the Mid-Atlantic region of the United States.

Methodological, Theoretical, and Empirical Impact

This study impacts SCs and can extend to the students they counsel as well. SCs who are self-aware and use appropriate self-care practices can also assist students to

determine their level of well-being. Knowing the level of their well-being would encourage students to seek the necessary assistance to elevate any level they think need upgrading before the entrance to the counseling field. The results of this current study would also have significant implications for educational institutions in charge of SCs' progression. The research established a link between mental and emotional wellness and perceived wellbeing in SCs' training, ultimately providing convincing evidence that, at the very least, self-evaluation should be made accessible to students to help them raise the awareness of their own psychological needs.

This current study provides empirical evidence that self-care practices and work experience are associated with high personal accomplishment. The data suggests that the SCs sense of personal accomplishment can be enhanced by increasing self-care practices and upgrading oneself by taking continuing education courses, which are being offered by many educational establishments. According to Gunduz (2012), frequent self-care practices and work experiences are associated with job satisfaction that gives individuals a sense of well-being that increases self-esteem and self-efficacy leading to burnout reduction, because people with high self-esteem and self-efficacy can have higher levels of decision-making abilities and achievement. Increasing the level of self-esteem and self-efficacy can make some SCs feel, think, and act with precise confidence (Mullen et al., 2017). Gunduz (2012) also theorized that a relationship exists between career perception and self-efficacy. Thus, SCs who have a positive perception of their job have high self-efficacy and experience less burnout. This supports the current study that states

that SCs' self-care practices and educational experiences correlate with positive personal accomplishment.

Practice Implication

Several APA ethical standards and principles in the field of school psychology are safeguarding human relations, privacy, and confidentiality (American Psychological Association, 2017). The APA Code of Ethics is modeled as a guide to help inspire SCs as they do their work (APA, 2017). The practices of SCs are actualized in training by upholding a code of conduct where they minimize causing harm to students by keeping all student records private and confidential. Thus, to further awareness, SCs in the educational school psychology program are required to participate in evidence-based educational courses and mental health training that embrace effective approaches designed to assist students in succeeding mentally, emotionally, socially, and academically (National Association School Psychologist, 2018a).

In recognizing practice implications, one possible way to increase SCs' self-care practices is for the educational settings to create staff development programs that will cover curriculum topics aimed at maintaining SCs' wellness. Zeman and Harvison, (2017) described self-care activities as an activity that an individual engages in to maintain his or her optimum health, such as participating in daily exercise, eating a balanced diet, taking off to rest, making time for family, and practicing personal hygiene. All these should be included in the program curriculum (Singh et al., 2012).

The current study did not confirm that large caseloads can have a significant impact on burnout however, previous studies corroborated this perspective. Morse et al.

(2012) encouraged organizations to establish manageable caseloads for SCs. A previous study by Maslach and Leiter (2016) described the variables that lead to burnout, such as long working hours, high caseloads, chronic staff shortages, lack of support from management, poor relationships with fellow staff and supervisors, and an aggressive administration. So, in practicality, the administration should be able to reduce the caseloads for an optimal command of cases by SCs to lessen burnout.

Conclusion

For many years, researchers have investigated the causes of burnout among service professionals, such as those in nursing, teaching, and mental health (Gunduz, 2012). Interestingly, in the past five years, researchers have suddenly become interested in the factors that contribute to burnout among SCs (Fried & Fisher, 2016). According to Smullen (2015) and Steinlin et al. (2015), years of work experience is a predictor of burnout. Duli (2016) asserted that the impact of burnout in social workers is a result of a lack of self-care practices. The current study's findings embrace this assertion that self-care practices predict personal accomplishment and reduce burnout. Limberg et al. (2017) gave a different synopsis of burnout as having to do with mental, emotional, physical, and behavioral symptoms. Duli (2016) explained that self-care practices can reduce the risk of burnout, stress, and mental illness. The findings of this current study contribute to the body of literature and fill a gap in the relationship between SCs self-care practices, educational experience, educational settings, and levels of burnout.

Chapter Summary

This current study used a sample of (N = 86) of SCs who are members of the American School Counselor Association (ASCA) from suburban educational settings in the Mid-Atlantic region of the United States. The research design called for collecting survey data on self-care practices and burnout levels of SCs using the MBI-HSS and Brief COPE inventories as measuring tools. The result of multiple regression analysis revealed a statistically significant correlation between self-care practices, educational experience, and burnout and its dimensions of emotional exhaustion, depersonalization, and personal accomplishment. Conversely, educational settings K-12 and levels of burnout were found not statistically significant. The previous research disagrees in that Gunduz (2012) recognized that SCs suffer from burnout due to the expectations and increasing demand put on them by the educational settings. Hayes et al. (2015) depart from the current study by contending that SCs' burnout can be due to the work environment, especially if it was not properly maintained. Morse et al. (2012) advocate and encourages the reduction of caseloads to a manageable level for SCs. The significance of presenting awareness based on these factors, gathered through research and practice, displays scholarly practitioner commitment to the field of school psychology. The study's findings support that further research can be developed on the impact of worldviews of school services (Hayes et al.).

Last, my wishes and hopes are that these current results assist future researchers in exploring SCs' burnout prevention programs that would help to remove the vacuum in the research literature. With the rapidly changing culture of educational practices, the

needs of student's experiences require diverse approaches that show the competencies that SCs hold (Hayes et al.).

In reviewing these results, finding an assessment tool that can provide pertinent information about self-care strategies would be of great value to SCs' population. In the process becoming a more fully functioning SC professionals would help immensely in providing the best therapeutic care for the students. I anticipated that this study's strengths, limitations, and weaknesses would contribute to an opportunity of advocacy, scholarly advancement, and positive social change as it can serve as a stimulant in upcoming research needed to assist all SCs and students to improve their ultimate well-being.

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Appendix A: Initial Contact Letter

Dear School Counselor,

My name is Paul Sylvester-Nwosu, and I am a Doctoral student in the School of Behavioral Sciences and Psychology at Walden University. I am conducting a quantitative correlational research study that is seeking to examine the Relationship between Job Related Burnout and Self-care Strategies amongst School counselors in Educational Settings (K-9 and 9-12) School Districts in the Mid-Atlantic Coast of the United States. My dissertation chairperson is Dr. Magy Martin, whose contact information is as follows: email address: magy.martin@waldenu.edu.

As a school counselor, I would like to invite you to participate in this voluntary survey study. I will greatly appreciate your participation in this study. The study will entail completing three surveys: a demographics form the Maslach's Burnout Inventory-Health Services Survey MBI-HSS, and the Self-care Assessment Sheet Brief COPE. Completing all three surveys will take no more than 20 minutes. Your response will remain confidential, anonymous, and password protected.

Below, please find the link for the participant consent form and the surveys access for your use: <http://www.ASCA.com/survey/>

Your participation in the study is voluntary and you may decide to opt out at any time without repercussion or penalty.

If you agree to complete this survey, please read the consent form below and click the survey link, provided above. If you have any questions, concerns, or would like to know more about this survey research, please feel free to contact me at Paul.sylvester-nwosu@waldenu.edu.

Thank you for your time and help with this survey.

Sincerely,

Paul Sylvester-Nwosu BS, MS
PhD candidate—Walden University

Appendix B: Demographic Questionnaire

Study ID# 276330

Please complete this questionnaire by selecting responses that best addresses your status. Any information obtained in this survey will be confidential, and any data published will not contain any identifying information.

What is your age?

- 18 and over -----

What is your gender?

- Male
- Female
- What is your ethnicity/race?
- White, non-Hispanic
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- American Indian or Alaskan Native
- Others -----

What is your highest level of education?

- High School
- Some College
- Bachelor's Degree
- Graduate Degree (MA, MS, PhD)

How many years in school educational field/experience?

- 1-2 years
- 3 years
- 4 years
- 5 years or more.

Appendix C: Brief COPE Reliability Table

Scale	α
Acceptance	.57
Active coping	.68
Behavioral disengagement	.65
Denial	.54
Humor	.73
Planning	.73
Positive reframing	.64
Religion	.82
Self-distraction	.71
Self-blame	.69
Substance abuse	.90
Using emotional support	.71
Using instrumental support	.64
Venting	.50

Appendix D: Permission Letter

Date: 7/23/19

To: American School Counselor Association (ASCA)

C [REDACTED]: Membership Director.

From: Paul Sylvester-Nwosu- Ph.D. Candidate, Walden University, Minnesota USA.

Subject: Request to use ASCA members as participates in a research study

Dear Sir/Madam,

My name is Paul Sylvester-Nwosu, a recent member of the American School Counselor Association (ASCA) with membership [REDACTED] and a doctoral student at Walden University working on my dissertation for a doctor of philosophy (PhD.) in psychology. My research topic is “Relationship Between Job-Related Burnout and Self-care Strategies Amongst School Counselors in educational settings”. To capture the magnitude of school counselors in K-8 and 9-12 educational settings and report engagement of Self-care activities, I humbly request your permission to use members in our organization.

The measuring instruments to be used in this research study will be the Brief COPE, and the MBI-HSS worksheets which will only be used for the purpose it was obtained. A copyright statement will be included in all the copies of the instrument that will disseminate to the participants of the study.

An initial letter and informed consent form will be available to all participants detailing all information about confidentiality, procedures, privacy, and benefits of participating in the research.

Upon completion of the study, the result will be available to you for the benefit of our members. I do hope these terms and conditions are acceptable to you. An approval letter from you will need to be on file. Please, if you have any questions, feel free to contact me through the following email address: [REDACTED] or paul.sylvester-nwosu@waldenu.edu. I look forward to your response to this letter.

Sincerely Yours,

Paul Sylvester-Nwosu.

Appendix E: Approval Letter

Research of ASCA members
Yahoo/Inbox

• [REDACTED]

To: [REDACTED]

Jul 30 at 3:28 PM

We offer a few options for researchers:

--you may post your survey on ASCA Scene

--we can include the link to your survey in ASCA Aspects (need name of researcher and affiliation, study title, and survey link)

--you can purchase a mailing list (print mail only) of a sample of members (details:
<https://www.schoolcounselor.org/advertise-exhibit>)

Note that due to CAN-SPAM regulations, we do not sell or make available member email addresses.

Just let me know if you have additional questions.

Thanks,

[REDACTED]

Director of Research Media

American School Counselor Association

[REDACTED]

www.schoolcounselor.org

[REDACTED]

To access *Professional School Counseling* journal, log in with your member ID and password at www.schoolcounselor.org/psc

Appendix F: Membership Letter

asca@schoolcounselor.org <[REDACTED]>

To: [REDACTED]

Jul 24 at 4:33 PM

I would like to personally thank you for joining the American School Counselor Association, the only national association dedicated solely to school counseling. ASCA is more than just an association; it is a place where school counselors from all levels and settings can come together to share experiences, network, learn, and, most of all, promote the professional development of school counselors nationwide.

ASCA's website contains a wealth of information about the school counseling profession. The website resources are available for you, so please use them as much as you can. Additionally, all ASCA student and professional members (who are full-time W-2 employed educators) automatically receive \$1 million worth of professional liability coverage. To print out proof of coverage and learn how to make the most out of your membership visit www.schoolcounselor.org/students.

ASCA is only as strong as its members are, so being there for you is our top priority. Feel free to contact us at any time at [REDACTED]. Thank you for choosing to be a part of our dynamic association.

Sincerely,

[REDACTED]

Appendix G: Acceptance Letter

██████████ via ASCA SCENE <Mail@ConnectedCommunity.org>

To: ██████████

Jul 24 at 5:29 PM

Hi Paul,

Welcome to the ASCA Scene—we are so happy to have you on board! It is a great place to meet fellow school counselor professionals, share resources to support your work and get answers to your most pressing questions.

When you have a moment, look through the site and join one or more communities that fit your interests. If you are looking for specific resources or conversations, the “search” bar near the top right hand side of the homepage comes in handy.

Here are a few more instructions on how to navigate the SCENE:

How to login:

- Go to scene.schoolcounselor.org
- Login using your ASCA membership username and password.
- Once you’ve logged in, click the grey box on the top right corner of the page and select “Profile” to update your information and add a photo (if you haven’t already).

How to join a community?

- On the SCENE home page, click “Communities” and select “All Communities.”
- Scroll through the list, find the communities that interest you and click “Join.”

Starting a discussion:

- While in a community, click the Discussion tab (near the middle of the page).
- Click the green button “Post New Message.”

Joining an existing discussion:

- While in a community, click the Discussion tab (near the middle of the page).

Click the link to the discussion you would like to join.

Click the green button “Reply to Discussion.”

How to view resources in the library?

While in the selected community, click the Library tab (near the middle of the page).

- You should see a catalog of files/folders for the library.
- To see the contents of a folder, click on the folder title.
- To access the link or document in the folder, double click on the file/link title.

It’s pretty simple, but please let me know if you have any questions that pop up along the way. I’m always happy to help!



Appendix H: MBI-HSS - Self-Care, Burnout, Employment Satisfaction Questionnaire

2020 SCHOOL COUNSELOR RESEARCH
MBI-HSS Questionnaire

Self-care, Burnout, Employment Satisfaction Questionnaire

The purpose of this questionnaire is to allow you to tell how you feel about your present job, Self-care, and Burnout, and the things you are SATISFIED with, as well as the things you are NOT SATISFIED with (present job, Self-care & Burnout). Based on your answers and other survey participants, I hope to get a better understanding of the relationship between Self-care, years of work experiences, and Burnout.

Demographic Questions

Question Title

* 1. What is your age bracket (18-29; 30-39; 40-49; 50-59; 60 & over)?

 18-29 30-39 40-49 50-59 60-Over

Question Title

2. What is your gender?

 Female Male Other

Question Title

* 3. What is your position?

 School Counselor Teacher

Question Title

* 4. Do you work in an educational setting?

 Yes No

Question Title

5. About how many years have you been in your current position?

- Less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- At least 5 years but less than 10 years
- 10 years or more

Question Title

6). What is your educational Qualification?

Bachelor Degree

Master Degree

Doctorate degree

Post Doctorate degree

The following are statements about your present job, please read each statement carefully before answering the subsequent questions:

Decide how you feel about the relationship between Self-care, and Burnout on your job.

Keep the following statements in mind:

Highly Agree (HA), Agree (A), Neutral (N), Disagree (D), Highly Disagree (HD).

Please answer every question, be frank and honest about how you feel about all questions.

Question Title

7. There is no relationship between Self-care practices and levels of Burnout among SC

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

8. There is a relationship between Self-care practices and levels of Burnout

- Highly Agree
- Agree
- Neutral
- Disagree

Highly Disagree

Question Title

9. School Counselors Practice Self-care regularly

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

10. School Counselors do not practice Self-care regularly

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

11. I know at least one SC who is suffering Burnout

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

12. The one SC I know who suffers Burnout Practices Self-care

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

13. My employer encourages Self-care guide against Burnout

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title 14. My employer does not encourage Self-care guide against Burnout

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

15. There is a high level of Emotional Exhaustion among School Counselors

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

16. There is a high level of depersonalization among School Counselors

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

17. There is a high level of personal accomplishment among School Counselors

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Appendix I: Brief COPE Questionnaire: Organizational Culture Assessment

Instrument (OCAI)

Please rate the following questions using following Likert scale rating. 5. Highly Agreed (HA), 4. Agree (A), 3. Neutral (N), 2. Highly Disagreed (HD), 1. Disagreed (D), and 0. Not Applicable

Question Title

1. There is a relationship between Self-care practices and levels of Burnout among SC

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

2. There is no relationship between Self-care practices and levels of Burnout among SC

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

3. **School Counselors Practice Self-care regularly**

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

4. School Counselors do not Practice Self-care regularly

- Highly Agree
- Agree
- Neutral

Disagree

Highly Disagree

Question Title

5. School Counselors Practice Self-care regularly

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

6. There is a relationship between educational settings and levels of Burnout among school counselors

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

7. There is no relationship between educational settings and levels of Burnout among School Counselors

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

8. The few SCs who suffer Burnout Practices Self-care

Highly Agree

Agree

Neutral

Disagree

Highly Disagree

Question Title

9. My employer encourages Self-care guide against Burnout among SC

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

10. My employer does not encourage Self-care guide against Burnout among SC

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Question Title

11. There is a relationship between years of work experience and Burnout among School Counselors

- Highly Agree**
- Agree
- Neutral
- Disagree
- Highly Disagree

12. There is no relationship between years of work experience and Burnout among School Counselors

- Highly Agree**
- Agree
- Neutral
- Disagree
- Highly Disagree

13. There is a relationship between educational setting and Burnout among school Counselors

- Highly Agree
- Agree
- Neutral

- Disagree
- Highly Disagree

14. There is no relationship between educational setting and Burnout among School Counselors

- Highly Agree
- Agree
- Neutral
- Disagree
- Highly Disagree

Bottom of Form

Appendix J: IRB Approval Letter

Dear Mr. Sylvester-Nwosu,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, “**Relationship Between Job –Related Burnout and Self-care Strategies Among School Counselors in Mid-Atlantic Coast.**”

Your approval # is [REDACTED] You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on February 5th, 2021. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB’s approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the Documents & FAQs section of the Walden web site:

<http://academicguides.waldenu.edu/researchcenter/orec>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board. Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Congratulations!

██████████

Research Ethics Support Specialist

Office of Research Ethics and Compliance

Email: irb@mail.waldenu.edu

Phone: ██████████

Fax: ██████████

Walden University

100 Washington Ave. S, Suite 900

Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://academicguides.waldenu.edu/researchcenter/orec>
