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Stress, Resiliency, and Burnout Among Leaders in the Counseling Profession

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Abstract

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by

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MS, Nova Southeastern University, 2013

BS, Nova Southeastern University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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Abstract

Leaders in the counseling profession face many demands. The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between the independent variables of stress and resiliency and dependent variables of burnout, emotional exhaustion, depersonalization, and personal accomplishment among leaders in the counseling profession. Transformational leadership theory and resilience theory were applied as the theoretical framework of this study. A cross-sectional data collection method was used, and data were collected through anonymous online surveys from a purposive sample of 75 counseling leaders. Data analyses methods included descriptive statistics and multiple linear regressions. Results indicated that all counseling leaders are struggling with burnout regardless of levels of stress and resiliency. There was a statistically significant relationship between stress, resiliency, and burnout; stress, resiliency, and emotional exhaustion; stress and depersonalization; and stress, resiliency, and personal accomplishment. Further research is recommended to investigate other variables that predict burnout among leaders in the counseling profession as well as ways in which leaders in the counseling profession may be supported in order to minimize their challenges. The goal of this study was to contribute to a greater understanding of burnout and resilience among leaders in the counseling profession, which could be a step in positively improving counselor development, client care, and organizational growth. Experts may use the results from this study to initiate social change related to enhancing the education and training on leadership and leadership behavior.

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Dedication

This study is wholeheartedly dedicated to my family. To my husband, Vincent Bovee, who supported me throughout my work and gave me the strength I needed to push through challenging moments. You put as much time and energy into this degree as I did. We both earned this degree! Thank you for your patience, sacrifices, and unconditional love. I am blessed to have you in my life.

To my parents, Felix Torres and Ana Torres, who have been my source of inspiration. You both have been incredible examples for me, and I will continue to do everything I can to make you proud. Thank you for continually providing me with moral, spiritual, emotional, and financial support. Everything I have and everything I am, I owe it all to you!

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And lastly, I want to dedicate this dissertation to God, thank you for the strength, power of mind, protection, and skills to complete this dissertation.

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To my amazing family, thank you for being patient with me and encouraging me during this long doctoral journey. Thank you for all your prayers, words of encouragement, and constant faith.

To my friends and classmates, thank you for your support and understanding during this journey.

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Chapter 1: Introduction to the Study

Introduction

According to Orkibi (2016), there is a high level of burnout among healthcare professionals who are devoted to their jobs. Due to the high levels of burnout, the counseling profession is experiencing a shortage which has raised concern. The American Counseling Association (ACA; n.d.), suggests that counselors should implement self-care strategies, but this topic has not been researched among leaders in the counseling profession. The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) requires all counseling programs to educate on leadership but there is a lack of formal leadership training in counseling programs. Sonnino (2016) has suggested the integration of leadership courses, workshops, and trainings but there continues to be limited research on counseling and leadership development.

Based on existing studies, researchers have suggested that leadership development is essential for counselors because leadership behavior can predict job satisfaction and burnout among other counselors (Broome et al., 2009). Resilience can reduce adverse effects of workplace stressors, it can increase job satisfaction, and it can significantly affect turnover intention (Alola & Alola, 2018; Ghandi et al., 2017; Hudgins, 2016). There are limited studies on stress levels, resiliency, and burnout among leaders in the counseling profession. Therefore, I conducted a quantitative regression analysis to determine if there was a predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. My goal for this study was to contribute to existing leadership literature which could be a step in positively improving counselor

development, client care, and organizational growth. In this chapter, I will discuss the problem and purpose of this study, the theoretical framework guiding this study, the significance of this study, and the limitations of this study.

Background

The scholarly literature focused on topics that included keywords such as: *leadership, resiliency, burnout, stress, counselor, and turnover* in the databases PsychINFO, ScienceDirect, MEDLINE, PubMed, Education Source, ProQuest, PsycARTICLES, and PsycBOOKS. The literature review is a collection of source summaries that assisted in the understanding of a topic (Walden University, 2014). I closely examined the following articles in my review of the literature.

Beaumont et al. (2016) sought to measure the relationship between self-compassion, compassion fatigue, well-being, and burnout among student cognitive behavioral psychotherapists (CBPs) and person-centered counselors in their last year of school. The researchers identified a negative relationship between self-compassion and burnout. Individuals who scored high in compassion for others reported less burnout and higher well-being. Counselors enter the profession to help others, but the stressors and trauma due to their work with clients can lead to burnout. Beaumont et al. (2016) recommended that researchers continue to explore this process for students and practitioners.

Demirtas and Akodagan (2015) examined ethical leadership behavior on ethical climate turnover intention, and affective commitment among managers by administering the ethical climate scale, the affective organizational commitment scale, and the turnover

intention scale. The researchers found that ethical leadership has an effect on commitment and turnover intention. Ethical behaviors can influence the organizational climate and can influence turnover intention. Further research can assess the impact of leadership on group level climate.

Förster and Duchek (2017) explored the distinctive resilience factors in leadership by administering the resilience questionnaire in order to gather more information about the leader's resilience. Förster and Duchek (2017) conducted semistructured interviews with all participants to identify relevant resilience individual, situational, and behavioral factors. The results indicated 17 factors that contribute to making leaders resilient that were divided into three categories: work environmental factors, job-related factors, and individual factors. The researchers identified that the research on leaders' resilience is rare, and they mentioned that there is a huge potential for promoting leaders' resilience. Leadership resilience training needs to be improved.

Hudgins (2016) sought to identify the relationship between resilience, job satisfaction, and anticipated job turnover among leaders in the nursing profession. A quantitative and descriptive study was used to identify the relationship between the variables. There is a significant relationship between resilience, job satisfaction, and anticipated job turnover. Nursing leaders who have higher resilience levels are more likely to maintain leadership roles. Resilience is crucial in increasing job satisfaction and mitigating turnover. Hudgins (2016) performed this study within the nursing discipline, therefore, conducting a study with similar variables would be beneficial to the counseling profession.

Meany-Walen et al. (2013) conducted a mixed-methods study to explore the progression of experiences and opportunities identified by leaders from the American Counseling Association (ACA), Chi Sigma Iota (CSI), its divisions, and its branches. One of the questions that participants were asked was to give advice for counseling programs for enhancing leadership skills. Three subthemes emerged: create a culture of leadership, create opportunities, and teach leadership. A limitation from this study was the focus on the respondents' leadership experiences and skills acquired during their graduate counseling programs.

Nelson and Daniels (2014) explored the relationship between tenure, perceptions of ethical behavior, job satisfaction, and turnover intentions for a sample consisting of individuals working for managers by conducting a quantitative correlational study. There was a significant relationship between job satisfaction and employee turnover intentions. In addition, the researchers found that there was a higher turnover intention with line-level employees when the first-level managers did not have a strong ethical climate. Leadership research is continuous due to the changes in sample population and work environment.

Sangganjanavanich and Balkin (2013) explored the relationship between burnout and job satisfaction among counselor educators by administering the Maslach Burnout Inventory-Educators Survey (MBI-ES) and the Job Satisfaction Survey (JSS). There was a significant relationship between job satisfaction and burnout. Emotional exhaustion was one of the main predictors of burnout. The researchers identified that future research

could focus on examining occupational factors that contribute to burnout among counselor educators.

Silveira and Boyer (2015) investigated how counselors who work with child and youth victims of interpersonal trauma are impacted personally and professionally by the resilience process during the treatment of their clients. The results of this study implied that clinical practice and professional development should include discussions about the benefits of vicarious resilience. The researchers suggested that future research focus on relationships between optimism, hope, or vicarious resilience processes.

Woo et al. (2016) explored how counselor educators who are in leadership roles perceive their professional identity development by using consensual qualitative research (CQR) and a research questionnaire that was composed of two sections. The researchers found that an individual's ability to thrive in leadership roles develops over time. Woo et al. (2016) identified mentorship as a crucial element in the counselor's professional identity. An implication for future research could include the exploration of the processes related to leadership development.

Although, there are some studies exploring the experiences of counselors and counselor educators, I did not find any studies that analyzed the relationship between stress, burnout, and resiliency among leaders in the counseling profession. In this quantitative study, I used a specific sample of counseling leaders and made the study available to potential participants from the United States, making the results more generalizable. This study contributes to the existing literature through my development of a greater understanding of the experiences of counseling leaders. In this study, I

demonstrated the relationship between stress, resiliency, and burnout among leaders in the counseling profession.

Problem Statement

Burnout is a phenomenon that occurs when an individual is feeling emotional and physical exhaustion due to workplace stress (Schwabrow, 2019). There is a high prevalence of burnout among healthcare professionals who are highly committed to their careers (Orkibi, 2016). Additionally, the rate of burnout among professional counselors is an ongoing concern (Wardle & Mayorga, 2016). There are self-care methods designed to minimize or prevent burnout among professional counselors but there is no research on the burnout that leaders experience. There is also scant information on the training needed to develop the awareness of stress levels among leaders in the counseling profession.

While leaders in the counseling profession contribute a tireless investment, they are increasingly experiencing factors contributing to burnout (Yang & Hayes, 2020). For example, leaders in the counseling profession report experiencing burnout due to the nature of their professional service and their responsibility of treating individuals with psychological concerns (Sangganjanavanich & Balkin, 2013; Yang & Hayes, 2020). Healthcare leaders are often expected to be passionate, inventive, and help advocate to lead the profession forward, but this can be difficult due to experiences of burnout and attrition (Kreitzer & Klatt, 2017; Wicks & Buck, 2013).

Poor job satisfaction among individuals in leadership positions in the counseling profession can lead to attrition, which affects other staff members and the organizations

they work for (Demirtas & Akdogan, 2015; Nelson & Daniels, 2014). There are limited studies on stress levels, resiliency, and burnout among leaders in the counseling profession. By conducting this research, I filled the gap in understanding if stress and resiliency are predictors of burnout among leaders in the counseling profession. I contributed to the current body of literature related to experiences of burnout among leaders in the counseling profession.

Purpose of the Study

The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. By conducting this study, I expanded the current literature on professional leadership in the field of counseling. I administered the Maslach Burnout Inventory- Human Services Survey (MBI-HSS), the Perceived Stress Scale (PSS), and the Brief Resilience Scale (BRS). The MBI-HSS measures burnout by addressing three scales: emotional exhaustion, depersonalization, and personal accomplishment (Porter et al., 2018). The PSS measures the perception of stress among the participants (Cohen, 1994). The BRS measures the participant's ability to handle stress and recover (Smith et al., 2008). Burnout affects most counselors at some point in their profession (Wardle & Mayorga, 2016). It was vital to understand how these components affect counseling leaders. Researchers may use the findings from this study to develop interventions and trainings to enhance education on leadership.

Research Questions and Hypotheses

Research Question 1 (RQ1): Do stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS?

Null Hypothesis ($H_0$1): Stress and resiliency, as measured by scores on the PSS and BRS, do not predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

Alternative Hypothesis (H_a1): Stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

- Independent Variables (IVs): Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- Dependent Variables (DVs): Burnout, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

Research Question 2 (RQ2): Do stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS?

Null Hypothesis ($H_0$2): Stress and resiliency, as measured by scores on the PSS and BRS, do not predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

Alternative Hypothesis (H_a2): Stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

- Independent Variables (IVs): Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- Dependent Variables (DVs): Emotional exhaustion, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

Research Question 3 (RQ3): Do stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS?

Null Hypothesis ($H_0 3$): Stress and resiliency, as measured by scores on the PSS and BRS, do not predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

Alternative Hypothesis ($H_a 3$): Stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

- Independent Variables (IVs): Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- Dependent Variables (DVs): Depersonalization, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

Research Question 4 (RQ4): Do stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS?

Null Hypothesis ($H_0$4): Stress and resiliency, as measured by scores on the PSS and BRS, do not predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,?

Alternative Hypothesis (H_a4): Stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,

- Independent Variables (IVs): Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- Dependent Variables (DVs): Personal accomplishment, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

Theoretical Framework

I used two theories as the foundation for this study. Transformational leadership highlights the importance of knowledge, people management, and a movement from traditional leadership to flatter organizational models (Bass, 1985). Building from the transformational leadership base, job satisfaction is considered an important element that decreases turnover rates (Sarker et al., 2003; Wheeler et al., 2007). The incorporation of

transformational leadership strategies is aligned with the concept of empowerment and supports the ethical decision-making process to increase job satisfaction and decrease turnover intentions (Hart, 2005).

Resiliency is considered a protective factor with multidimensional facets that can prevent burnout among practitioners (Grant & Kinman, 2012; Silveira & Boyer, 2016). Both the transformational leadership theory and resilience theory align with the notion of utilizing resources to ensure resilience and leadership style among leaders in the counseling profession.

Nature of the Study

In this quantitative study, I used a nonexperimental survey design to examine the predictive relationship between the independent variables (stress and resiliency) and the dependent variable (burnout, emotional exhaustion, depersonalization, and personal accomplishment). Quantitative research involves statistical methods that examine the relationship among variables (Rudestam & Newton, 2015). Wienclaw (2019) stated that a multiple linear regression analysis is used to evaluate and determine the effect that the independent variable has on the dependent variable. Therefore, I used a multiple linear regression analysis for this study. By doing this, I was able to understand whether stress and resiliency predict burnout. I administered the MBI-HSS, the PSS, and the BRS. In addition, I included a demographic questionnaire as a data source that included specific information such as age, gender, years of experience, years of licensure, length of time in a leadership role, and type of leadership role (Appendix A). An essential component for this study was to interpret the participants' demographic information. I was able to

compare the differences in stress, resiliency, or burnout among counseling leaders with level of education and leadership role being fulfilled with the demographic data analyses. These surveys were administered online via Survey Monkey which is an online platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). I exported the survey results to Statistical Package for the Social Sciences (SPSS). According to Groves et al. (2009), administering surveys is a method that is convenient, cost-effective, and rapidly deployed. Therefore, I administered surveys to collect the data for this study. I emailed the participation invitation to individuals who I identified by using the nonprobability convenience sampling method. The nonprobability convenience sampling method is used to recruit participants that meet a certain criteria and that are easily accessible (Etikan et al., 2016), so I used a nonprobability convenience sampling method for this study. I advertised for the survey on Counselor Education and Supervision Network (CESNET) listserv and sent invitations through counseling organizations such as the Florida Counseling Association (FCA), the Florida Mental Health Counseling Association (FMHCA), and the American Mental Health Counselors Association (AMHCA). In addition, I posted the research participation request in the American Counseling Association (ACA) discussion board.

Definitions

Burnout: Pines and Maslach (1978) defined burnout as physical and mental exhaustion. An individual can become emotionally drained which can then make them ineffective at work by creating negative self-concept and loss of concern for clients. Pines and Aronson (1988) defined burnout as physical, emotional, and mental exhaustion

which can be triggered by situations that are emotionally draining or by persistent amounts of stress. Burnout is limited to individuals in the human services professions due to the nature of their work in serving clients with psychological problems (Yang & Hayes, 2020).

Leadership skills: Atkinson- Smith (2011) defined leadership skills as behaviors that promote positive conversion by creating employee trust and respect. For the purpose of this study, leaders were considered to be supervisors, managers, directors, or program coordinators for organizations, agencies, or places that provide direct services.

Resilience: Resilience is the ability to bounce back after a shock and respond to stress in a healthy, adaptive way (Mochisizki et al., 2018; Porter et al., 2018). Resilience is a protective psychological risk factor. It is a vital trait that can influence an individual's ability to face stressors without it significantly impacting their functioning (Perry, 2002). It can also be defined as an individual's ability to head in a positive direction despite challenges (Ahangar, 2010; Masten, 2001).

Stress: Costello (1991) defined stress as the reaction of the body when physical, emotional, or mental strain occur. Stress occurs when an individual perceives an imbalance between threat and coping resources (Moate et al., 2016). When an individual realizes that they do not have adequate coping strategies for the risk they are experiencing, stress can occur.

Assumptions

I made several assumptions for the purposes of this research study. The first assumption I made is based off a study conducted by Sherman et al. (2012) who stated

that individuals who fulfill leadership positions have a dramatic increase in demands. Another assumption I made was based off studies conducted by Broome et al. (2009) and Hart (2005) who stated that leadership skills and behavior can predict job satisfaction and burnout among other counselors. I also assumed that the participants met the eligibility criteria and did not complete the survey if they did not meet the criteria. My final assumption was that the participants who completed the study understood the survey questions, answered honestly, and refrained from socially desirable behaviors.

Scope and Delimitations

I limited this study to master's level, fully licensed counselors or doctoral level, fully licensed counselor educators within the United States. The participants of this study were current counseling leaders who were employed as supervisors, managers, directors, or program coordinators for organizations, agencies, or places that provide direct services. Participants were also program coordinators or department chairs for graduate counseling programs.

The participants resided in the United States. The scope of this research study encompassed participants who were recruited through listservs and on websites for national, regional, and state counseling associations. The findings of this study contributed to the generalizability of resiliency, stress, and burnout among leaders in the counseling profession. Another delimitation of this study was that the results may not be generalizable to counselors who are not licensed since they were not included in the sample.

Limitations

All of the surveys that I administered involved self-reported measures and counseling leaders may have answered in a socially desirable manner, therefore, it was crucial to ensure anonymity to reduce social bias. I needed to ensure that IP addresses were not recorded to guarantee anonymity. Online surveys have certain limitations such as response rate and item nonresponse (Loomis & Paterson, 2018). It was pertinent to ensure that the survey was not too long because item nonresponse could lead to data errors.

A challenge was the sample size because the inclusion criteria was limited to counselors who hold leadership roles such as manager, supervisor, or director. Establishing inclusion and exclusion criteria for a research study is a required practice (Patino & Ferreira, 2018). It was important that I clearly defined the criteria needed to participate in this study. According to Patino and Ferreira (2018), the researcher should ensure that the same variable is not used to define both inclusion and exclusion criteria. I calculated the sample size using a priori analysis to ensure that I had the sufficient sample size.

A potential barrier was the fees associated with each survey being administered. The MBI-HSS cost was $2.50 per survey to administer it through the researcher's preferred system. There was no fee required for the PSS or the BRS. Survey Monkey also requires a $70 monthly fee. These are fees that I had to prepare for once I was ready to collect data.

Significance

I used self-reported information about the counseling leaders' experiences with levels of stress management, resiliency, and burnout. The results from this study impacted social change by informing experts on enhancing the education and training on leadership and leadership behavior. It was vital to note the levels of stress and resiliency reported and how this relates to commitment and the prevention of burnout. When there is leadership burnout, there is a potential for impairment in maintaining ethically and legally safe practices (Salyers et al., 2017). Experiences of stress and burnout within leadership position can impact the leader's decision-making process, self-confidence, and the ability to perform effectively. Leadership behavior also predicts job satisfaction and burnout among other counselors (Broome et al., 2009). Identifying the effect between these variables was a step in positively improving counselor development, client care, and organizational growth. Academic institutions and professional associations may use the results from this study to foster leadership development. My findings from this research study contributed to limited articles about leadership. Positive social change may result due to an increase in sustainable leadership resilience and possibly reducing staff turnover.

Summary

In this chapter, I provided the purpose of the study and an overview of the existing literature indicating the gap in the literature in regard to stress, burnout, and resiliency among leaders in the counseling profession. The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between

stress, resiliency, and burnout among leaders in the counseling profession. I measured burnout using the MBI-HSS. I measured stress using the PSS. I measured resiliency using the BRS. Experts may use the results from this study to initiate social change related to enhancing the education and training on leadership and leadership behavior. In the next chapter, I will discuss the theoretical foundation that I will utilize for this study in depth. I will also provide an extensive review of the existing literature.

Chapter 2: Literature Review

Introduction

In this study, I used self-reported information about counseling leaders' experiences with levels of stress management, resiliency, and burnout. Experts may use the results from this study to initiate social change related to enhancing the education and training on leadership and leadership behavior. It was vital to note the levels of stress and resiliency reported and how this relates to commitment and the prevention of burnout. When there is leadership burnout, there is a potential for impairment in maintaining ethically and legally safe practices (Salyers et al., 2017). Experiences of stress and burnout within leadership positions can impact the leader's decision-making process, self-confidence, and the ability to perform effectively. Leadership behavior also predicts job satisfaction and burnout among other counselors (Broome et al., 2009). Identifying the effect between these variables was a step in positively improving counselor development, client care, and organizational growth. Academic institutions and professional associations may use the results from this study to foster leadership development. My findings from this research study contributed to limited articles about leadership. Positive social change may result due to an increase in sustainable leadership resilience and possibly reduce staff turnover.

Literature Search Strategy

I conducted a literature search using an in-depth review of Walden University's library of peer-reviewed journals on the topic of stress, burnout, and resiliency across different professions. In addition, I included leaders in the counseling profession in the

literature search. I focused on journal articles and books within the last 5 years, but I also included literature that is important and a critical contribution to the topic. I used scholarly literature and focused on topics that included keywords such as: *leadership, resiliency, burnout, stress, counselor,* and *turnover*. The databases that I referred to were: PsychINFO, ScienceDirect, MEDLINE, PubMed, Education Source, Science Citation Index, ProQuest, PsycARTICLES, and PsycBOOKS. The time span for background research was 1981 to 2014. The years that I searched for each term included 2015 to 2020. I included peer-reviewed journals and full-text articles. The literature review is a collection of source summaries that assist in the understanding of a topic (Walden University, 2014).

I searched *stress, leadership, well-being, burnout, counselors, job satisfaction, resiliency, turnover, supervision, health professions, leadership development, counselor educator,* and *job stress* in the PsychINFO database, which returned 33 peer reviewed articles. I searched *turnover intention burnout, job satisfaction, counselor leadership,* and *resilience* in the MEDLINE database that returned five peer reviewed articles. I searched for the following terms: *leaders, counseling profession, supervision, resilient, burnout, job satisfaction, counselors,* and *counselor educators* in the Education Source database that returned four peer reviewed articles. I searched *resilience, job stress,* and *leadership* in the Business Source Complete database that returned two peer reviewed articles. I also searched *resiliency, burnout,* and *burnout* in the CINAHL Plus database that returned three peer reviewed articles. I searched *burnout* and *counseling* in the ERIC database and

retrieved one peer reviewed articles. I searched *resilience* and *stress* in the Science Citation Index database and retrieved one peer reviewed article.

Theoretical Foundation

Transformational Leadership

I used transformational leadership and resilience theory as the frameworks for the study. Transformational leadership focuses on the importance of knowledge, people management, and a movement from traditional leadership to flatter organizational models (Bass, 1985). Transformational leadership theory is used to foster leadership abilities with the ultimate goal of bettering the organization (Chi et al., 2012; Dunn et al., 2012; Herold et al., 2008; Willink, 2009). Building from the transformational leadership base, job satisfaction is considered an important element that decreases turnover rates (Sarker et al., 2003; Wheeler et al., 2007). Employment responsibilities of the healthcare profession can be demanding and require leaders to create supportive environment to provide high-quality care. Demands in the healthcare profession contribute to turnover. The incorporation of transformational leadership strategies is aligned with the concept of empowerment and supports the ethical decision-making process to increase job satisfaction and decrease turnover intentions (Hart, 2005). Leaders must have knowledge of and address clinical and administrative matters. Organizational support is important for the well-being and growth of counseling leaders.

Many organizations promote skilled counselors to leadership positions, but they are often not prepared or trained to fulfill such roles. The development of emotionally competent transformational counseling leaders involves teaching with theory,

experiential learning, and self-awareness (Horton-Deutsch & Sherwood, 2008). The concepts of transformational leadership include, holding to values and beliefs, imparting trust, and encouraging individuals to function at their highest level. Mentoring, education, and professional development programs will better prepare counselors to fulfill leadership roles (Lockard III et al., 2014). Transformational leadership theory is based on transforming followers into leaders by encouraging growth and development which increases organizational commitment.

Resilience Theory

Resilience is the ability to develop positive adaptation to a challenging situation or negative circumstances. According to Förster and Duchek (2017), resilience includes themes of adversity and positive development. Resiliency is considered a protective factor with multidimensional facets that can prevent burnout among practitioners (Grant & Kinman, 2012; Silveira & Boyer, 2016). Resilience theory is used to explain why certain individuals overcome adversity while others fail (Goldstein & Brooks, 2012). Resilience theory specifies that a variety of factors, such as support, stress, and self-efficacy can either affect an individual positively or negatively (Stoddard et al., 2012). Risk factors, protective factors, and vulnerability factors are the three primary constructs of resilience theory. Risk factors include the events of adversity, protective factors refer to characteristics or environmental factors, and vulnerability factors include negative personality traits (Bolton et al., 2017). In this study, I used resilience theory to serve as a framework to evaluate variables of resiliency, support, and perceived stress. Both the transformational leadership theory and resilience theory align with the notion of utilizing

resources to ensure resilience and leadership style among leaders in the counseling profession.

Literature Review

Stress

Stress occurs when an individual perceives an imbalance between threat and coping resources (Moate et al., 2016). When an individual realizes that they do not have adequate coping strategies for the risk they are experiencing then stress can occur. Individuals often experience stress in the workplace, and it is a significant factor that can affect employee health, affect performance, and lead to low quality of care (Alola & Alola, 2018; Saadeh & Suifan, 2020). High workload and multiple responsibilities contribute to workplace stressors (Schwabrow, 2019). Stress can also negatively impact organizational commitment which in turn can be costly to organizations (Abdelmoteleb, 2018).

Larrabee (2010), conducted a study among nurses to address how stress impacts job satisfaction and intent to stay. Job turnover is a serious concern to healthcare leaders, but job satisfaction can mediate this. The purpose of this study was to evaluate the relationship between intent to stay, job satisfaction, job stress, psychological stress, and stress resiliency among nurses in West Virginia. The researchers used a predictive nonexperimental study and administered several surveys to 464 nurses employed in four urban and one rural acute care hospital in West Virginia. Researchers conducted an analysis using descriptive and inferential statistics including correlation, ANOVA, and casual modeling. The results indicated that low job stress and psychological

empowerment were predictors of job satisfaction. In addition, stress resiliency is a predictor of situational stress, psychological empowerment, and job satisfaction (Larrabee, 2010). This study included vital information that I used for the current study because the researchers analyzed similar variables that I explored. The researchers conducted this study among nursing which is another profession that is experiencing shortages due to burnout. This study had two limitations including the racial mix of the participants not being representative of the U.S. population and the data from one of the five hospitals was from a convenience sample. I overcame this limitation by using the purposive sampling method which allowed me to recruit participants that meet certain criteria. According to Ling (2014), all types of counseling work can have a negative impact on the counselor. Counseling work can generate stress which can affect a counselor and the quality of care they provide.

A counselor needs to engage in self-reflexivity and maintain interest and commitment to thrive in their career (Ling et al. 2014). There is a lack of education and training for counselors on stress management (Ling et al., 2014). A key task in the counseling profession is the personal development of counselor trainees which makes it essential for counselors to model well-being and adequate coping skills to manage stress and burnout. Counselors who are aware of their well-being are more likely to have stronger working alliances with their clients and supervisors. Stress can impede a counselor's ability to maintain wellness (Moate et al., 2016). Coping strategies can reduce stress and increase job satisfaction (Wallace et al., 2010). Individuals can better

cope with stressors when they possess certain characteristics such as resiliency (Alola & Alola, 2018).

Resiliency

Resilience is the ability to bounce back after a shock and respond to stress in a healthy, adaptive way (Mochisizki et al., 2018; Porter et al., 2018). Resilience is a protective psychological risk factor. It is a vital trait that can influence an individual's ability to face stressors without it significantly impacting their functioning (Perry, 2002). Adverse effects of workplace stressors can be reduced with resilience and resilience can significantly affect turnover intention (Alola & Alola, 2018; Ghandi et al., 2017). Experiences can assist in the development of resilience because it can be partially learned (Schwabrow, 2019).

Mental health professionals are vulnerable to emotional exhaustion and fatigue due to the nature of their work, which consists of encouraging clients to discuss emotions and experiences, examining different issues, and helping individuals identify goals and potential solutions to problems which cause emotional instability (Sangganjanavanich & Balkin, 2013; Yang & Hayes, 2020). Moosath (2014) identified vicarious resilience as being an extrinsic factor when exploring resilience and occupational stress among mental health professionals. Resilience can be an important factor in success and well-being which makes it vital for universities to assist in making individuals more resilient (Kolar et al., 2017). An individual's satisfaction with their leadership role can be influenced by resiliency (Hudgins, 2016).

There is a correlation between the stress of a leader's job and their ability to be resilient. Resiliency in a leader is crucial for their survival, adaptation, and success (Ledesma, 2014). Resiliency influences job stress, psychological empowerment, and job satisfaction (Larrabee et al., 2010). Ghandi et al. (2017) conducted a descriptive, correlational study to investigate the relationship between resilience, job satisfaction, job stress, and turnover intention among counselors. Researchers administered several surveys to 207 school-based counselors. Ghandi et al. (2017) examined the relationship between the variables through path analysis and results indicated that the relationship between resilience and turnover was mediated by job satisfaction and job stress (Ghandi et al., 2017). Ghandi et al., 2017 conducted this study among counselors, but they were limited to school-based counselors and the study was not conducted in the U.S. Ghandi et al. (2017) analyzed resilience and contributed to my current study by identifying that resilience has a negative, direct effect on job satisfaction which demonstrates that counselors who manage job problems with resiliency tend to show lower job stress. Ghandi et al. (2017) suggests for future research to compare the internal and external variables that thriving leader's manifest. In addition, Ghandi et al (2017) also suggested for future researchers to study the relationship between the resilient leader and the impact on the organization (Ledesma, 2014). There is a predicted shortage of healthcare workers due to stress and burnout but there has been minimal focus on resiliency techniques (Kreitzer & Klatt, 2017).

Burnout

Burnout is described as experiencing depersonalization, emotional exhaustion, and reduced feelings of accomplishment (Maslach et al., 1981). Cases of burnout are higher in occupations in the field of human services (Sangganjanavanich & Balkin, 2013). Stress and burnout are prevalent in the healthcare profession and are major issues for employees within the workplace (Werneburg et al., 2018). There is an ongoing concern about job satisfaction, burnout, and organizational commitment for human service organizations (Brown et al., 2019). Burnout is a common phenomenon among therapists due to the nature of their work in serving clients with psychological problems (Yang & Hayes, 2020). There is a widespread prevalence of burnout among therapists with a total of 20% to 40% of psychotherapists reporting experiencing burnout (Yang & Hayes, 2020). Beaumont et al. (2016) indicated that counselors who have a deficiency in self-care strategies are at higher risk for burnout and compassion fatigue.

Burnout leads to poor care, turnover, and decline in overall quality of the healthcare system (De Hert, 2020; Willard-Grace et al., 2019). Working with patients is one of the main factors leading to burnout. To effectively work with clients, a counselor needs to have compassion and empathy (Beaumont et al. (2016). Burnout can also affect client engagement in therapy and treatment outcomes (Yang & Hayes, 2020). Professionals have not been educated on well-being and instead they are expected to forego personal needs, endure high stress environments, and emerge from highly competitive environments (Kreitzer & Klatt, 2017).

Ogresta et al. (2008) conducted a study to analyze the relationship between burnout and job satisfaction among mental health workers. Ogresta et al. (2008) aimed to identify predictors of burnout such as job satisfaction and stress. Ogresta et al. (2008) used snowball sampling and identified 174 mental health workers in Croatia. The researchers administered several surveys and then implemented a multiple regression analysis. Researchers also performed a multiple regression analysis using three dimensions of burnout, emotional exhaustion, depersonalization, and personal accomplishment. The results demonstrated that job satisfaction and occupational stress were predictors of burnout. One limitation was the size and survey design. The researchers used snowball sampling method to identify participants, meaning their sampling strategy was not random, so conclusions can't be made for individuals who didn't respond. This study contributed to my current study because the researchers analyzed stress as a predictor of burnout. In addition, the researchers also included the three dimensions of burnout which I analyzed in my study as well.

Wellness and Self-Care

Self-compassion is a strong predictor of burnout and counselors who have higher self-compassion experience greater well-being and compassion satisfaction (Beaumont et al., 2016). Effective interventions to reduce healthcare provider burnout are absent (Atkinson, 2017). Individuals who spend their time providing physical and emotional support are more prone to burnout (Schwabrow, 2019). Counselors enter the field to try and help others manage their difficulties in life but due to the stressors and pressures of

the profession, this can lead to compassion fatigue and burnout. It is vital to continue exploring strategies for counselors to develop self-compassion.

Burnout in the workplace is often a predictor of low organizational commitment for helping professionals. Job satisfaction is correlated with organizational commitment and intention to stay (Larrabee et al., 2010). Low job satisfaction is a predictor of burnout (Brown et al., 2019). There is a negative relationship between work-related burnout and organizational commitment which, means that the more an individual experiences work-related burnout the less committed they are to the organization (Brown et al., 2019). When individuals experience higher workloads and are not satisfied with the workplace environment, they are more likely to feel burnout (Brown et al., 2019). Burnout can lead to excessive turnover which can affect an organization's ability to effectively provide services. It can cause a decrease in performance and can negatively affect the organization (Gorgulu & Akili, 2017). Low job satisfaction can lead to frequent absenteeism and reduced productivity which can then lead to a reduced efficiency of healthcare services. Occupational stress and work climate are predictors of burnout (Ogresta, 2008).

Professional counselors are responsible for providing quality services and care for clients. It is vital for counselors to attend to their well-being to effectively help their clients (Posluns & Gall, 2020). The Council for Accreditation of Counseling and Related Programs (CACREP) (2009) suggested that counselor education programs integrate wellness into their curriculum. Counselor educators who experience burnout are at risk of becoming impaired, may potentially provide poor counselor training, or provide

inadequate quality of services to their clients. Thus, leading to a potential imbalance between career development and personal wellness.

Counselor educators who have a keen sense of wellness of and engage in self-care are more likely to produce counselors who pay more attention to their own wellness and can better attend to their clients (Myers et al., 2016). Counselor educators experience a moderate level of burnout in the areas of exhaustion, cynicism, and professional inefficiency (Coaston & Cook, 2018). Burnout can be minimized through support from clinical and administrative supervisors. Psychotherapists who reported receiving more support from their supervisors also reported less emotional exhaustion. Orkibi (2016) identified that supervisory support (administrative supervisor or clinical supervisor) affects the development of school counselor burnout. Experiencing low levels of support from coworkers and supervisors resulted in elevated levels of exhaustion and contributed to burnout (Orkibi, 2016).

Perceived organizational support (POS) can be defined as the organizational managers' motivation to value their employee's role and care for their well-being (Saadeh & Suifan, 2020). Relationships at work and organizational support can impact stress levels. Thus, it is important for organizations to implement strategies that will reduce job stress and increase levels of POS which will enhance employee's commitment to their job. One way to provide organizational support can be by educating counselors on ways to expect and manage stress such as engaging in activities that increase self-awareness or self-reflection which can assist in reducing job stress.

Leadership in Counseling

Leadership has been defined as a position held with in a hierarchical system (Black & Magnuson, 2005). Leaders' acquired skills include, community development skills, communication skills, analytic skills, technological skills, political skills, visioning skills, ethical-reasoning skills, risk-taking skills, and cultural competency skills (Fisher, 2009). Leadership is a universal phenomenon, meaning that there are leaders where there are people (Roysircar et al., 2018). Leader behavior revolves around practice, teaching, consulting, research, and administrative positions. Leadership within the counseling profession involve service roles and administrative positions (Woo et al., 2016). Administrative positions consist of directors of counseling centers, chairs of academic departments and school counseling supervisors, directors of professional organizations, and chairing professional association committees.

Effective leadership contributes to a positive work environment and staff and patient outcomes (Wong & Spence Laschinger, 2015). High quality leadership can potentially affect other's psychological well-being (Arnold et al., 2007). There is a statistically significant relationship between positive supervisory behavior and employee well-being (Arnold et al., 2007). Sijbom et al. (2019), conducted a study to investigate the relationship between leaders' motivation and goals and employee burnout. Researchers conducted a multilevel analysis with two different samples. The first sample consisted of 362 members and 72 leaders, and the second sample consisted of 177 employees and 46 leaders. The researchers used descriptive statistics and correlations to analyze the data. The results demonstrated that leaders' goals are correlated with

employee burnout. A limitation for this study was the sampling method because it was not random, therefore, it limits the generalizability of the results. Another limitation was that the measures were self-reported. For my study, the measures will also be self-reported, but I will be using reliable tools and in a future study I can implement objective reporting. This study supported the importance of leadership and researching leadership in the counseling profession.

Leadership has become a focal point to improve treatment and provide adoption of evidence-based practices (Broome et al., 2009). Counselors who have positive opinions about their program director and job satisfaction and have low levels of burnout (Broome et al., 2009). Leadership behaviors can predict satisfaction and burnout among employees (Broome et al., 2009). Managers' values are important because they can influence the working environment (Demirtas & Akdogan, 2015). The support from supervision and including support post licensure is beneficial (Dupre et al., 2014). Effective leaders recognize there is a better likelihood for an organization to succeed depending on the leadership strategies that they chose (Roysircar et al., 2018). Factors such as director leadership affect an organization's positive work climate (Joe et al., 2017). Leadership influences the organizational climate, and it is important to note that there is an increase in staff adaptability when directors involve staff in the decision-making process and delegate tasks (Joe et al., 2017). Receiving positive feedback contributed to success in leadership roles (Smith & Roysircar, 2010).

There is minimal understanding about the development of leaders in the counseling profession (Meany-Walen et al., 2013). Leaders often report a sense of self-

doubt in their capacity to lead (Black & Magnuson, 2005). CACREP (2009), updated their standards to include more attention to the development of leadership knowledge, skills, and practices for master's level counselors and it is one of the four obligations for doctoral programs. It is vital to note that leaders in the counseling profession identify a need to promote leadership development in students and professionals. There has been dialogue about understanding the skills, characteristics, and practices that are essential for leadership roles. There is a lack of formal leadership training in counseling programs. Researchers have suggested the integration of leadership courses, workshops, and trainings. There is limited research on counseling and leadership development.

The influence, support, and encouragement of mentors may aid individuals in achieving their desire to serve as a leader (Blake-Beard et al., 2021). Specific training and experiences related to leadership would aid in their desire to become leaders in the future (Meany-Walen et al., 2013). The encouragement of professors and supervisors is a motivating factor for individuals to seek leadership positions (Magnuson et al., 2002). Leadership is a topic that has been neglected in the counseling profession. There are many counselors who attain leadership roles but there has been little attention focused on the training for the leadership roles (Paradise, Ceballos, & Hall, 2010).

Little has been done for the training of leaders and leadership is rarely discussed within counseling. The CACREP standards do address advocacy and leadership but there is still a need to develop policy and practice in counseling organizations. A majority of the training for leadership roles occurs on the job which, is not the best method because productivity drops, and errors can occur. For counseling students, there has been minimal

leadership training and there is a possibility to integrate leadership courses into the counseling curriculum. Leadership is a process, and many counseling students will engage in a leadership role throughout their career but many individuals who become leaders are ill-prepared for their role. Counseling programs should place an emphasis on helping make counselors into great leaders. Future efforts should focus on assisting in the development of counseling leaders (Paradise, Ceballos, & Hall, 2010).

A leader is responsible for providing resources such as support, feedback, and growth opportunities (Sijbom et al., 2016). Lockard III et al. (2014) indicated leadership is an important topic for helping professionals. The CACREP identifies leadership as one of the five primary foci of counselor education doctoral programs. Not all doctoral graduates enter a faculty position, therefore, they should also be prepared to lead other counselors in community agencies and similar settings. Currently, there are certain leadership tasks that are not taught in counseling programs such as completing performance reviews, communicating compensation philosophies and practices, addressing colleagues, performance problems, and being held accountable for team camaraderie and productivity. Counseling students would benefit from training and education on the various aspects of the leadership role such as, organizational leadership, running an agency, or being a department head.

There are unique challenges that counselors might encounter when fulfilling the role as a leader of an agency or being a department head, such as responding to organizational dilemmas, working with budgets, addressing work climate, and managing employees (Lockard III et al., 2014). Research indicates that the skills required to be a

leader of an organization are not taught in counselor education programs (Lockard III et al., 2014). It is vital for leaders to implement strategies to develop a relationship with employees to reduce turnover (Nelson & Daniels, 2014). Leaders play a major role in employee health and well-being. Leaders have the unique position of influencing their employee's emotions and motivation. A leader's level of well-being will affect their leadership style (Tafvelin et al., 2019). Effective leadership is needed from the first-level managers to the CEO (Gordon & Yukl, 2004).

Summary and Conclusions

Burnout is a common phenomenon among different profession including the helping professions. Burnout is high and continues to increase in the counseling profession. Resiliency has been identified as a protective factor that helps fight adversities such as stress. Although previous studies have indicated the possibility of a relationship between resiliency, stress, and burnout, to date, there is no research examining the extent to which resiliency and stress predict burnout among leaders in the counseling profession. This study sought to bridge the gap in this literature and proposed several hypotheses. Chapter 3 of this paper will focus on the methodology of this study.

Chapter 3: Research Method

Introduction

The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. In Chapter 2, I provided a literature review of the relevant research related to this topic and the theoretical framework that will guide this study. In Chapter 3, I provide an in-depth overview about the methodology of this study. I describe the design and methodology for this research study. In the methods section, I provide a description of how I chose the population that I intended to study for this research study. I also explain the instruments I used to gather data, my procedures for analyzing the data, any potential threats to the validity of this study, and any potential ethical issues I addressed.

Research Design and Rationale

In this quantitative study, I used a nonexperimental, cross-sectional, survey design to examine the predictive relationship between the independent variables (stress and resiliency) and the dependent variable (burnout, emotional exhaustion, depersonalization, and personal accomplishment). Quantitative research involves statistical methods that examine the relationship among variables (Rudestam & Newton, 2015). This was an appropriate design for my study because my intent was to determine the degree to which two independent variables (stress and resiliency) would predict the dependent variable (burnout, emotional exhaustion, depersonalization, and personal accomplishment). A nonexperimental design was appropriate because I explored a statistical relationship

between variables, but I did not manipulate the independent variable. In addition, this method was appropriate because I collected participant data at a single point in time. Wienclaw (2019) stated that a multiple linear regression analysis is used to evaluate and determine the effect that the independent variable has on the dependent variable. Therefore, I used a multiple linear regression analysis for this study. This was instrumental in understanding whether stress and resiliency predict burnout.

I administered surveys including the MBI-HSS to measure burnout, the PSS to measure stress, and the BRS to measure resiliency. These surveys were reliable, valid, and have been used in other studies to measure these variables (Eaves & Payne, 2019; Ogresta et al., 2008; Porter et al., 2018; Smith et al., 2008). The MBI-HSS is one of the most frequently used instruments in other research studies to measure these burnout (Enzmann et al., 1998). In addition, I included a demographic questionnaire as a data source that will include information such as age, gender, years of experience, years of licensure, length of time in a leadership role, and type of leadership role (Appendix A). I administered the surveys through Survey Monkey which is an online platform that allowed me to collect the data. Collecting data through surveys is a convenient method for participants (Ponte, 2015). Therefore, I used surveys to collect data for this study. The collection of data through surveys was also an effective method because it permitted me to obtain a larger sample size in a rather short period of time. Surveys are inexpensive and the researcher has the ability to collect a broad range of data (Rudestam & Newton, 2015). I created and administered the surveys quickly in Survey Monkey.

I analyzed the data using a multiple linear regression analysis. I was able to assess the relationship between the independent and dependent variables. I was also able to test the hypotheses. There was a total of four research questions in this study.

I conducted additional analyses to compare differences in stress, resiliency, and burnout among level of education and type of leadership role being fulfilled. While these were not official research questions, I ran additional analyses to maximize the output of data collection and build on existing research.

Population

To be included in this study, participants needed to be master's level, fully licensed counselors or doctoral level, fully licensed counselor educators within the United States. The participants in this study were also current counseling leaders who were employed as supervisors, managers, directors, or program coordinators for organizations, agencies, or places that provide direct services. Participants could have also been program coordinators or department chairs for graduate counseling programs. The participants resided in the United States.

Methodology

The methodology for this study was a quantitative multiple regression. The participants recruited for this study were all voluntary. All voluntary participants were provided with a survey to gather their demographic data and measure the independent variables (stress and resiliency) and the dependent variables (burnout, emotional exhaustion, depersonalization, and personal accomplishment). I used a multiple

regression data analysis to make inferences about the potential relationship between the variables in this study to test the hypotheses.

Sampling and Sampling Criteria

Sampling Procedures

I used a nonprobability convenience sampling method in the study. In nonprobability sampling, the sample is selected based on convenience and specific criteria that the participants must meet (Etikan et al., 2016). I chose a nonprobability sample because I was able to select participants based on specific criteria. A nonprobability sampling method is used when the researcher does not have access to the entire population (Etikan et al., 2016). Therefore, this sampling method was appropriate because I did not have access to all managers, directors, supervisors, program coordinators, or department chairs. I was able to sample a subset of the population to represent the whole population. An advantage of nonprobability sampling is that it is convenient and cost-effective. The nonprobability convenience sampling method is used to recruit participants that meet a certain criteria and that are easily accessible (Etikan et al., 2016), so I used a nonprobability convenience sampling method for this study. A disadvantage of nonprobability sampling is that it is difficult to identify how well the population is represented (Etikan et al., 2016).

Sample Size

A priori power analysis can be used to assist the researcher in identifying an appropriate sample size (Tomczak et al., 2014). Therefore, I conducted a priori power analysis to identify an appropriate sample size. The use of a power analysis mitigates the

risk of Type I errors which occur when a researcher incorrectly rejects a true null (Banerjee et al., 2009). This means that the researcher reports a significant finding when in fact it occurred by chance. The use of power analysis also mitigates the risk of Type II errors which can occur when a researcher accepts a null hypothesis that is actually false (Banerjee et al., 2009). To determine an appropriate sample size for my study I used G* Power software. G* Power accounts for three difference aspects: the probability of finding a statistically significant result (power), the desired magnitude of the relationship (effect size), and an acceptable margin of error. For my study I used an alpha level of 0.05, power of 0.80, an estimated medium effect size of 0.15, with a 95% margin of error. I also indicated there would be two independent variables. An alpha level of 0.05 is considered an acceptable alpha level to find statistical significance. G* Power calculations resulted in a recommended sample size of 67. To account for participants who may have dropped out of the study, I oversampled by 10%. My sample size for the study was 74.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

I recruited master's level fully licensed counselors and fully licensed doctoral level counselor educators within the United States who were employed by an organization, agency, or place that provides direct services, or a graduate counseling program. The participants all held a leadership position such as manager, director, supervisor, program coordinator, or department chair. I recruited participants by

advertising on a professional counseling listserv (Appendix B) and on websites for national, regional, and state counseling associations (Appendix C). In addition, I posted the research participation request (Appendix D) in the American Counseling Association discussion board.

Participation

Participants who were interested in participating in the study after reading the advertisement were able to click on the link for the survey. Participants were also able to email me with any questions. If participants reached out via email and were interested in participating in the study, I would then send an email to participants and this gave them the opportunity to read an overview of the study, the informed consent, and click on the link for the survey if they chose to participate. The link in the email automatically opened the survey link page via Survey Monkey. The informed consent should include specific information including the potential risks from participating in the study, that deception was not used, that participation in the study is voluntary, anonymous, confidential, and withdrawal from the study could occur at any time (Remley & Herlihy, 2014). Therefore, I included that deception was not used, and the potential risks from participating in the study in the informed consent. I also included that participation in the study is voluntary, anonymous, confidential, and withdrawal from the study could occur at any time in the informed consent. In addition, it included details regarding the storage, usage, and destruction of the data. According to the American Counseling Association (2014), the researcher is responsible for maintaining the confidentiality of the participants and storing and disposing the research records.

Data Collection

The data collection process began once I received approval from the Institutional Review Board (IRB). I typed the demographic questionnaire and the surveys into Survey Monkey manually. These surveys were administered online via Survey Monkey. Survey Monkey is an online platform that is HIPAA compliant (Survey Monkey, Inc, 2018). Survey Monkey maintains that all information is confidential and secure by using a range of security measures. All of the data transmitted is encrypted. In addition, the staff at Survey Monkey are trained on privacy practices (Survey Monkey, Inc, 2018). I own the data I collected on Survey Monkey and only I was able to view it. The data collection was for research purposes only. The results from the surveys were stored on a drive that is protected by a password that only I have access to. I will store the data for 5 years as required by the university. After the 5-year mark I will destroy all of the data collected.

The survey took approximately 20 minutes to complete. This was an estimated time based on how long it takes to complete each instrument. The participants began the study by reviewing the informed consent and providing their consent for participation in the study by selecting yes or no. Once the participants selected yes, they were automatically taken to the data collection instrument. If they selected no, they were exited from SurveyMonkey. During the survey, participants had the option of exiting the survey and if they chose to do so their consent was automatically rescinded from the study. When participants finished the study, they reached the final page on Survey Monkey thanking them for their participation and included my contact information.

I left the survey open until I reached my sample size *(N*= 74*).* The survey results were exported to SPSS. According to Groves et al. (2009), administering surveys is a method that is convenient, cost-effective, and rapidly deployed. Therefore, I administered surveys to collect the data for this study.

Instrumentation and Operationalization of Constructs

I used a demographic questionnaire and three pre-existing measurement scales to gather data for this study. The instruments included in the study were the demographic questionnaire, the MBI-HSS (Maslach & Jackson, 1981), the PSS (Cohen et al., (1983), and the BRS (Smith et al., 2008). I chose these three measurement scales because they have been commonly used in many other similar research studies (see Eaves & Payne, 2019; Moate et al., 2016; Ogresta et al., 2008; Porter et al., 2018; Smith et al., 2008). In addition, they have shown validity and reliability in past studies.

Demographic questionnaire

I used the demographic questionnaire to obtain information from the participants that allowed me to describe the sample, identify the participants, and ensure that the participants met the criteria for the study. The demographic questionnaire included specific information such as age, gender, education level, highest degree, years of experience, years of licensure, length of time in a leadership role, and type of leadership role. I used education level and type of leadership role to ensure eligibility for inclusion in this study which was used for additional analyses (Appendix A).

Maslach Burnout Inventory- Human Services Survey (MBI-HSS)

The MBI-HSS was developed by Maslach and Jackson (1981) to measure burnout among individuals in the human services and educational fields. The MBI-HSS includes 22 items divided into three subscales: emotional exhaustion, depersonalization, and personal accomplishment. It takes approximately 10 minutes to complete. Participants report on a Likert scale that ranges from 0, *never* to 6, *every day*. An example question on the survey is "I feel burned out from my work." The initial MBI consisted of 47 items and was administered to 605 individuals. Maslach and Jackson (1981) conducted a factor analysis using principal factoring with the first sample and ten factors were accounted for with three fourths of the variance. Maslach and Jackson (1981) then, reduced the items from 47 to 25 after the set of selection criteria was applied to the items. The 25-item survey was administered to 420 individuals and the factor analysis was similar to the first. A score of 0-16 indicates low emotional exhaustion. A score of 0-6 indicates low depersonalization. A score of 0-31 means low personal accomplishment. Maslach and Jackson (1981) determined the internal consistency by using Cronbach's coefficient alpha (Cronbach's $\alpha = .83$). The reliability coefficients for the subscales were: .89 for emotional exhaustion, .74 for depersonalization, and .77 for personal accomplishment. No specific qualifications are required for the person administering the survey. Permission to use the survey was provided by Mind Garden (2019). I had to purchase the online survey license to receive permission from Mind Garden which gave me permission to administer the survey. (Appendix E).

Hardiman and Simmonds (2013) used the MBI-HSS in a study with 89 clinicians to examine the relationship between spiritual well-being and burnout. The researchers

also paid attention to the perception of trauma among the counselors. The counselors completed a demographic questionnaire, the MBI-HSS, and the Spiritual Well-Being Scale. The researchers found that counselors who reported higher levels of existential well-being were better able to avoid emotional exhaustion. Existential well-being also accounted for some of the variance in the MBI subscale scores (Hardiman & Simmonds, 2013).

Perceived Stress Scale (PSS-10)

The PSS-10 was developed by Cohen et al. (1983). It is a scale that measured the perception of stress. The scale includes 10 items to measure the degree to which an individual finds a situation in his or her life stressful which takes approximately 5 minutes to complete. Participants report on a Likert scale that ranges from 0 *never* to 4 *very often*. An example question on the scale is "In the last month, how often have you found that you could not cope with all the things you had to do?" The 10-item scale was administered to 2,387 American adults (Cohen & Williamson, 1988). The internal consistency was determined by Cronbach's coefficient alpha. The PSS-10 demonstrates adequate internal consistency reliability (Cronbach's $\alpha = .78$). No specific qualifications are required for the person administering the survey. Permission to use the survey was provided by Mind Garden (2019).

The PSS was used with 178 counselor educators to explore why certain groups of counselor educators might be exposed to greater levels of stress and burnout. The researchers examined types of perfectionism as a trait among counselor educators. The participants completed a demographic questionnaire, the Almost Perfect Scale-Revised

(APS-R), the PSS, and the Copenhagen Burnout Inventory. The researchers found that adaptive perfectionists experienced less stress and burnout than maladaptive perfectionists (Moate et al., 2014).

Brief Resilience Scale (BRS)

The BRS was developed by Smith et al. (2008). The scale includes six items to measure an individual's ability to recover from stress which should approximately take one minute to complete. The purpose of this scale is to determine whether it is possible to reliably assess resilience as bouncing back from stress. Participants report on a Likert scale that ranges from "strongly agree" to "strongly disagree". An example of a question on the scale is "I tend to bounce back quickly after hard times". The six -item scale was administered to four samples to determine reliability and validity. The internal consistency was determined by Cronbach's coefficient alpha ranging from .80-.91. No specific qualifications are required for the person administering the survey. No permission is needed to use the survey.

The BRS was used in a study among 86 counselors in training (CITs). The researchers wanted to examine the relationship between wellness, resilience, supervisory working alliance, empathy, and compassion fatigue. The participants completed a demographic questionnaire, the Professional Quality of Life Scale (ProQOL), the Interpersonal Reactivity Index (IRI), the Supervisory Working Alliance Inventory: Trainee Form (SWAI-T), the Brief Resilience Scale (BRS), and the Flourishing Scale (FS). The researchers conducted a three-step hierarchical linear regression analysis. The

results revealed that resilience and wellness are predictors of compassion fatigue among CITs (Can & Watson, 2019).

Data Analysis Plan

The data was downloaded from Survey Monkey into IBM SPSS statistical software, version 27, to complete the data analysis. My initial process was to screen the collected data from Survey Monkey. I then screened the data to identify any missing data or outliers. Any data that was significantly different from the other collected data would be considered an outlier and was removed from the data set (Aguinis et al., 2013). The statistical analyses I used for this study were descriptive statistics and multiple linear regression. I used descriptive statistics to report the mean, standard deviation, and frequencies for the demographic questionnaire data. I used multiple linear regression analysis to test the research hypotheses. Multiple regressions were appropriate to test my hypotheses because they allowed me to analyze the predictive relationship between the independent variables and each dependent variable (Green & Salkind, 2014).

There are several assumptions that must be met for the use of a correlational analysis and multiple regression analysis including: normality of residuals, homogeneity of variance, linearity of regression, independence of error terms (Williams, Grajales, & Kurkiewicz, 2013). I ensured that there was compliance with the required model assumptions prior to conducting data analysis. In addition, I did not include any incomplete surveys or any surveys that were completed that did not meet the inclusion criteria.

Research Questions and Hypotheses

RQ1: Do stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS?

$H_0$1: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

H_a1: Stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Burnout, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ2: Do stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS?

$H_0$2: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

H_a2: Stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Emotional exhaustion, as measured by Maslach Burnout Inventory-Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ3: Do stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS?

H_03: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

H_a3: Stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Depersonalization, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ4: Do stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS?

$H_0$4: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,?

H_a4: Stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Personal accomplishment, as measured by Maslach Burnout Inventory-Human Services Survey.
- Statistical Analysis: Multiple linear regression

Threats to Validity

Internal and External Validity

Internal validity refers to whether the outcome makes a difference or not and whether there is sufficient data to support the claim (Onwuegbuzie & McLean, 2003). Internal validity also refers to the manipulation of the independent variable being responsible for the change in the dependent variable. There are several threats in internal validity that could have affected my research study such as selection bias and maturation. Threats to internal validity of a study can occur when the selection is not random. This is

a threat to the internal validity of my study because I did not randomly select from the entire population of counseling leaders in the United States. I used a nonprobability convenience sampling method for this study. In nonprobability sampling, the sample is selected based on convenience and specific criteria that the participants must meet (Etikan et al., 2016). Therefore, I cannot assume that the sample represented everyone in the population.

External validity refers to the generalizability of the outcomes. Threats to external validity of a study can occur when a researcher makes incorrect assumptions (Onwuegbuzie & McLean, 2003). The population that I studied included counseling leaders in the United States who are currently directors, supervisors, managers, program coordinators, or department chairs employed by an organization or agency. I used a nonexperimental, cross-sectional, survey design which limited the generalizability of the results because the participants were not randomly selected, and the independent variables were not manipulated. This research design was also limited by sample population and population definition. This limited sample decreased the generalizability of the results of my study because I cannot assume that the results can apply to any other populations besides counseling leaders in the United States or that they apply to counseling professionals working in settings other than those employed by an organization, agency, place that provides direct services, or graduate counseling program. Also, I cannot assume that the results described other populations in the future or the past. It will be beneficial for future studies to research other populations and/ or settings to help increase generalizability.

Ethical Procedures

Ethics guide the researcher when conducting a study (Remley & Herlihy, 2014). Ultimately, following ethical guidelines is to ensure that participants are not harmed by the research process. Prior to beginning data collection, I requested approval for this study from the University Institutional Review Board (IRB). The study commenced once I received the approval. All potential study participants contributed to the study on a voluntary basis. Participants were provided with an informed consent form which was collected prior to beginning the study that included an explanation of the purpose of the study, that participation is voluntary, and that all responses will be kept confidential (Rudestam & Newton, 2013). My research involved surveys regarding stress, resiliency, and burnout. This could have potentially brought up experiences or thoughts that could be emotionally distressing. To mitigate this risk, I ensured that participants were aware of the potential risks and benefits of participating in the study. According to Labott et al. (2013), it is beneficial for participants to be made aware that they can refuse to participate. In this study, I informed participants about the research topic, and they had the ability to refuse to participate.

Participants were assured of privacy and confidentiality. Data was stored on a desktop computer that is password protected and is kept at a secure location. The data will be deleted from the desktop computer no later than five years after the study and will be securely stored in accordance with Walden University IRB requirements. Survey Monkey is also a HIPAA compliant platform and data was imported into SPSS.

Summary

In Chapter 3, I provided detailed information about the design and methodology of this study. Wienclaw (2019) stated that a multiple linear regression analysis is used to evaluate and determine the effect that the independent variable has on the dependent variable. Therefore, I used a multiple linear regression analysis for this study. The study was used to assess the independent variables (stress and resiliency) and the dependent variables (burnout, emotional exhaustion, depersonalization, and personal accomplishment). I recruited participants from organizations in the United States. The sample included licensed professional counselors who are fulfilling the role of a director, supervisor, manager, program coordinator, or department chair. The purposive sample method will limit the generalizability of the results. I measured the variables in this study with preexisting surveys that have good reliability and validity from previous research. I used multiple regression data analysis to determine if stress and resilience predict burnout and other dependent variables that are subscales (emotional exhaustion, depersonalization, and personal accomplishment). In this chapter, I also addressed internal and external threats to validity, and ethical considerations. In Chapter 4, I will be providing the results of the study. I will review the results and analysis of this quantitative study.

Chapter 4: Results

Introduction

The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. By conducting this study, I expanded the current literature on professional leadership in the field of counseling. I administered the MBI-HSS, the PSS, and the BRS. I designed this study in an effort to contribute to existing leadership literature to positively improve counselor development, client care, and organizational growth.

The four research questions I examined in this study were:

RQ1: Do stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS?

$H_0$1: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

H_a1: Stress and resiliency, as measured by scores on the PSS and BRS, predict burnout among leaders in the counseling profession as measured by scores on the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.

- DVs: Burnout, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ2: Do stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS?

$H_0$2: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

H_a2: Stress and resiliency, as measured by scores on the PSS and BRS, predict emotional exhaustion among leaders in the counseling profession as measured by scores on the emotional exhaustion scale of the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Emotional exhaustion, as measured by Maslach Burnout Inventory-Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ3: Do stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS?

$H_0$3: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

H_a3: Stress and resiliency, as measured by scores on the PSS and BRS, predict depersonalization among leaders in the counseling profession as measured by scores on the depersonalization scale of the MBI-HSS.

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.
- DVs: Depersonalization, as measured by Maslach Burnout Inventory- Human Services Survey.
- Statistical Analysis: Multiple linear regression

RQ4: Do stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS?

$H_0$4: Stress and resiliency, as measured by scores on the PSS and BRS, do not predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,?

H_a4: Stress and resiliency, as measured by scores on the PSS and BRS, predict personal accomplishment among leaders in the counseling profession as measured by scores on the personal accomplishment scale of the MBI-HSS,

- IVs: Stress, as measured by the Perceived Stress Scale; Resiliency, as measured by the Brief Resilience Scale.

- DVs: Personal accomplishment, as measured by Maslach Burnout Inventory-Human Services Survey.
- Statistical Analysis: Multiple linear regression

Data Collection

The intended population for this study included master's level mental health counselors or doctorate level counselor educators in leadership roles. To obtain participants for this study, I used a nonprobability convenience sampling strategy to recruit 74 participants. I contacted potential respondents via email through a counseling listserv, email through a national counseling organization, and posts on the state counseling organization's discussion board. Individuals who received the email or read the post had access to the link to participate in the survey. Participant recruitment was employed until the target number of survey responses (n = 74) was obtained.

Walden University Institutional Review Board provided me with the approval to begin the study on July 30, 2021 (approval # 07-30-21-0786455). After which time, I opened the survey that I created on Survey Monkey. Once participants opened the survey, they reviewed the informed consent, agreed to participate, and completed the survey. The survey included the demographic questionnaire, the MBI-HSS, the PSS, and the BRS. I collected data over a 3-month period. I sent out the first round of recruitment invitations on August 5, 2021 and continued until the desired number of responses was achieved on October 18, 2021. I sent six follow up emails, one in Week 4, 5, 6, 9, 10, and 12. By the end of Week 12, I met and exceeded my sample size. In Chapter 3, I discussed that a priori power analysis can be used to assist the researcher in identifying an

appropriate sample size (Tomczak et al., 2014). Therefore, I conducted a priori power analysis to identify an appropriate sample size. I used a priori analysis to ensure that I had the sufficient sample size. I needed a minimum of 67 participants, and I increased the minimum sample size by 10% to minimize the effects of participants discontinuing or withdrawing from the study, resulting in an intended 74 participants. Throughout the recruitment phase, a total of 75 participants completed the survey with 100% completion rate. All of the data were eligible for data analysis. The median amount of time participants spent completing the survey was 6 minutes. I closed the survey on Survey Monkey on November 3, 2021. Upon closure of the survey, I reviewed the data for any incomplete surveys or study participants who did not meet the criteria for the study. There were no notable discrepancies or incomplete surveys in the data collection from the initial plan discussed in Chapter 3. The PSS items 4,5,7, and 8 were reverse scores. The BRS items 2, 4, and 6 were reverse scores.

Due to recruiting through a listserv there was a range of individuals that received the email invitation. The range consisted of 5,776 to 5,954 individuals who received the request for participation via email through the counseling listserv. After sending out the email through the counseling listserv, I received a confirmation email with the total number of individuals who received the email. The post on the state counseling organization's website was delivered to 553 potential respondents. Due to recruiting through a discussion board on the national counseling organization's website, there was no way to know the exact number of individuals that received the announcement for the

study. The national counseling organization's discussion board has thousands of members.

Results

Demographics and Other Variables

Upon consent to participate in the study, the participants were asked to complete a demographic questionnaire that included personal oriented questions such as age, gender, race, and marital status. The demographic questionnaire also included professional oriented questions such as highest level of education, employment status, years of experience, years of licensure, type of leadership role being held, and length of time in leadership role. Table one shows a description of each category. The largest age group was between 30-39 years, which received 33 participants *(*44%*).* Most of the participants identified as female *(*80%, *n*= 60*)*, White (65.3%), married (69.3%), and employed working full-time (88%). The majority of participants' reported their highest level of education as Master's-level (57.3%). The participants' most reported type of leadership role being filled was Director (38.7%, *n*=29).

The mean for the MBI-HSS was 68.83 (*SD* = 14.058), a reasonably moderate score indicating moderate levels of burnout. Through further analysis, the mean for the PSS was 14.81 *(*SD = 6.555), indicating moderate stress. Additionally, the mean for the BRS was 3.98 *(SD* = .697), indicating normal levels of resiliency. The mean for the emotional exhaustion subscale of the MBI-HSS was 23.57 (*SD* = 11.235), a relatively moderate score indicating moderate levels of emotional exhaustion. The mean for the depersonalization subscale of the MBI-HSS was 5.79 (*SD* = 5.102), a relatively low score

indicating low levels of depersonalization. The mean for the personal accomplishment subscale of the MBI-HSS was 39.47 *(SD* = 5.757), a relatively high score indicating high levels of personal accomplishment.

Table 1

Participant Demographic Characteristics as a Percentage of the Sample

Characteristic	*n*	Percentage
Age		
20-29	1	1.3%
30-39	33	44.0%
40-49	19	25.3%
50-59	16	21.3%
60 or older	6	8.0%
Gender		
Male	13	17.3%
Female	60	80.0%
Non-binary/Third Gender	2	2.7%
Race		
White or Caucasian	49	65.3%
Black or African American	5	6.7%
Hispanic or Latino	15	20.0%
Asian or Asian American	2	2.7%
Mixed	4	5.3%
Marital Status		
Single	12	16.0%
Married	52	69.3%
Widowed	1	1.3%

Separated	1	1.3%
Divorced	4	5.3%
Partnered	5	6.7%
Employment Status		
Employed, working full-time	66	88.0%
Employed, working part-time	6	8.0%
Unemployed, looking for work	2	2.7%
Retired	1	1.3%
Highest Level of Education		
Master's Degree (such as M.A., M.S.)	43	57.3%
Doctorate (such as Ph.D., Ed.D., MD)	32	42.7%
Years of Experience		
1-3 years	1	1.3%
3-5 years	7	9.3%
5-7 years	12	16.0%
7-9 years	11	14.7%
10-20 years	28	37.3%
More than 20 years	16	21.3%
Years of Licensure		
0-1 year	8	10.7%
1-3 years	10	13.3%
3-5 years	8	10.7%
5-7 years	11	14.7%
7-9 years	9	12.0%
10-20 years	19	25.3%
More than 20 years	10	13.3%

Type of leadership role being held		
Director	29	38.7%
Supervisor	24	32.0%
Manager	9	12.0%
Program Coordinator	7	9.3%
Department Chair	6	8.0%
Length of time in leadership role		
0-1 year	14	18.7%
1-3 years	19	25.3%
3-5 years	13	17.3%
5-7 years	11	14.7%
7-9 years	3	4.0%
10-20 years	10	13.3%
More than 20 years	5	6.7%

Null Hypothesis 1

I conducted a multiple regression statistical analysis for this study to determine if there was a predictive relationship between stress, resiliency, and burnout. There are assumptions of a multiple linear regression, which must be satisfied including multivariate normality, homoscedasticity, and absences of multicollinearity. The assumption of normality indicates that any linear combination of variables is normally distributed (Zhou & Shao, 2014). I tested this assumption by using SPSS software (Version 27) to generate a P-Plot. After examining the P-Plot, it appeared that each variable was normally distributed, (see Figure 1). Homoscedasticity is an assumption that the different samples have the same variance (Frankfort-Nachmias & Leon-Guerrero, 2018). I tested this assumption by using SPSS software (Version 27) to generate a

scatterplot. I examined the scatterplot and it appeared that the data points had about the same distance from the line and were seemingly random (see Figure 2). The assumption of multicollinearity indicates that the predictor variables (stress and resiliency) are not correlated, and the variables are independent of one another (Frankfort-Nachmias & Leon-Guerrero, 2018). I tested this assumption by using tolerance values and variance inflation factors (VIFs). All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

Figure 1

Normal P-Plot for the Null Hypothesis 1

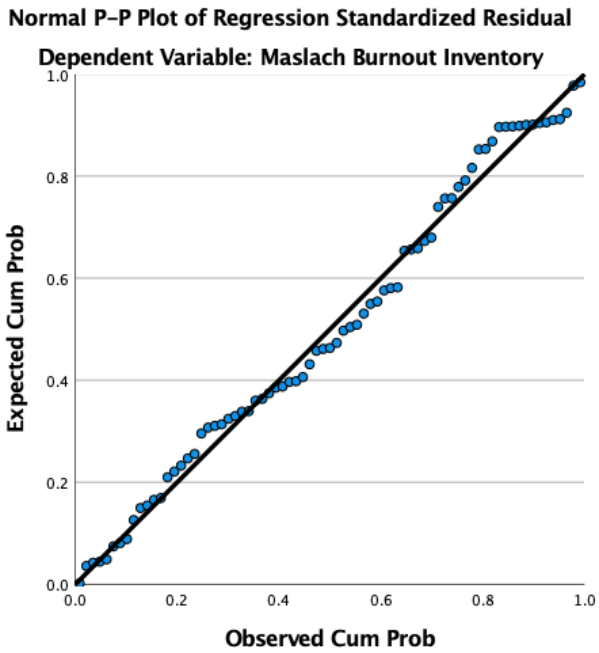
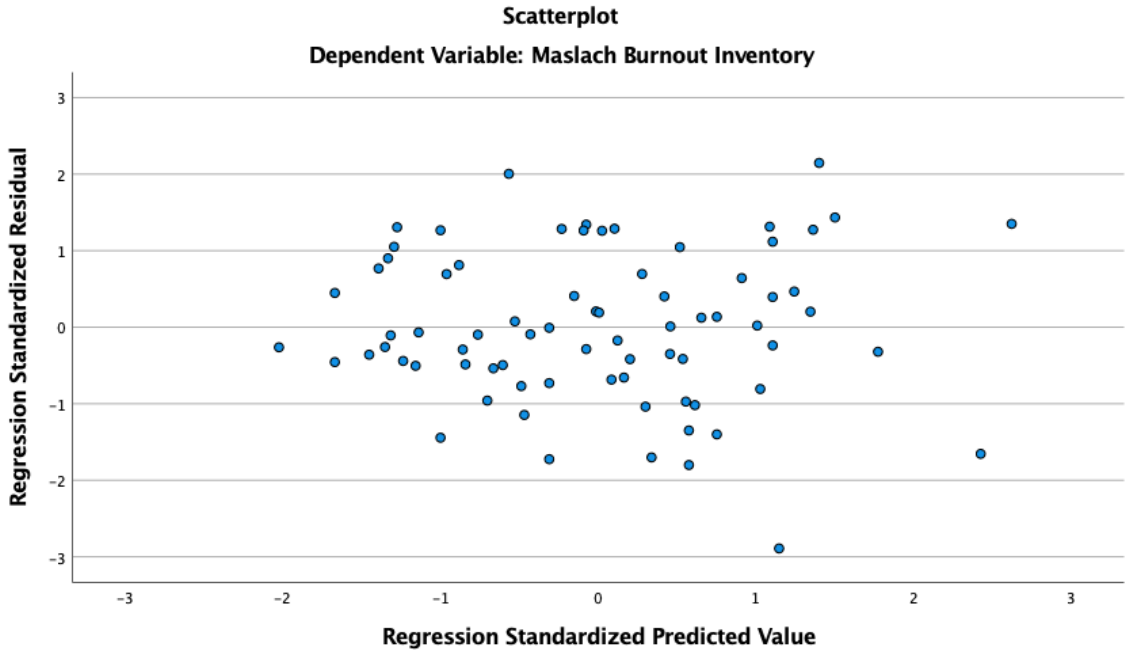


Figure 2

Scatterplot of Residuals vs. Predicted Values for Null Hypothesis 1



To test $H_0$1, I conducted a multiple linear regression analysis to examine if stress and resiliency predict burnout. The results of the multiple linear regression analysis revealed stress and resiliency to be statistically significant predictors of burnout ($F(2, 72) = 23.705$, $p < .001$; see Table 1). Therefore, the null hypothesis that stress and resiliency do not predict burnout among leaders in the counseling profession can be rejected. The R^2 value of 0.397 associated with this regression model suggests that stress and resiliency account for approximately 40% of the variation in burnout, which means that approximately 60% of the variation in burnout cannot be explained by stress and resiliency alone. Controlling for stress, the regression coefficient for resiliency was [ß = .869, t = 2.377, p = <.05] associated with resiliency suggests that

as resiliency (BRS) scores increase by one, the burnout (MBI-HSS) scores increase by approximately .869. Controlling for resiliency, the regression coefficient for stress was [ß = 1.569, t = 6.720, p < .001] associated with stress suggests that as stress (PSS) scores increase by one, the burnout (MBI-HSS) scores increase by approximately 1.569, (see Table 2).

Table 2

ANOVA: Independent Variables and Burnout

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5806.529	2	2903.264	23.705	.000[b]
	Residual	8818.218	72	122.475		
	Total	14624.747	74			

Note. a. Dependent Variable: Maslach Burnout Inventory; b. Predictors: (Constant), Perceived Stress Scale, Brief Resilience Scale

Table 3

Multiple Linear Regression Predicting Burnout

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	95.0% Confidence Interval for B
		B	Std. Error	Beta			Upper Bound	
1	(Constant)	24.820	11.076		2.241	.028	2.741	46.899
	Brief Resilience Scale	.869	.366	.259	2.377	.020	.140	1.598
	Perceived Stress Scale	1.569	.233	.731	6.720	.000	1.103	2.034

Note: a. Dependent Variable: Maslach Burnout Inventory

Null Hypothesis 2

RQ2 measured if stress as measured by the PSS and resiliency as measured by the BRS predict emotional exhaustion as measured by the subscale on the MBI-HSS. Prior to conducting the analysis, I tested the assumptions of multiple linear regression in the same way as the previous analysis. I tested multivariate normality by using SPSS software (Version 27) to generate a P-Plot. After examining the P-Plot, it appeared that each variable was normally distributed, (see Figure 3). I tested homoscedasticity by using SPSS software (Version 27) to generate a scatterplot. I examined the scatterplot and it appeared that the data points had about the same distance from the line and were seemingly random (see Figure 4). I tested multicollinearity by using tolerance values and variance inflation factors (VIFs). All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

Figure 3

Normal P-Plot for the Null Hypothesis 2

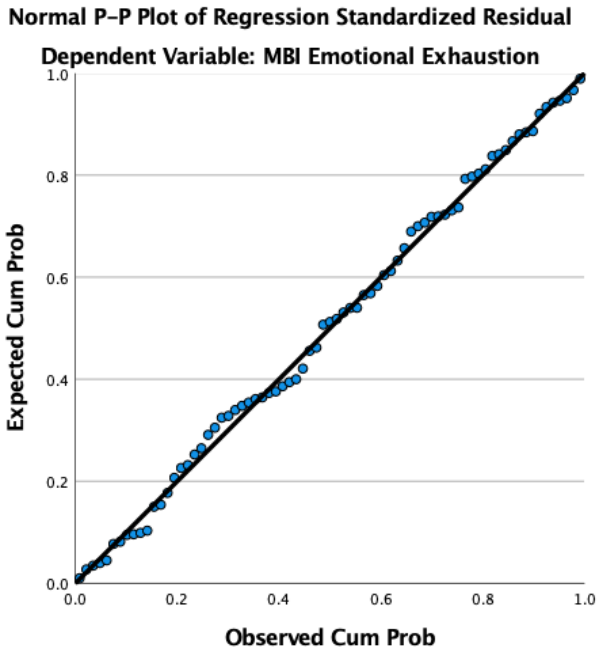
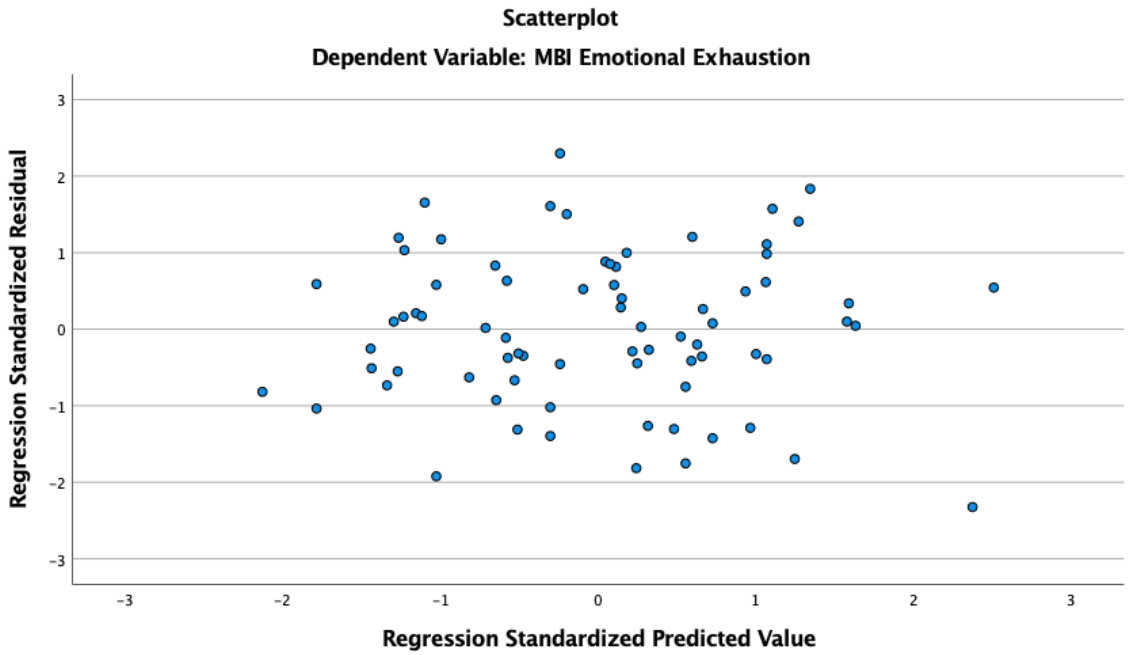


Figure 4

Scatterplot of Residuals vs. Predicted Values for Null Hypothesis 2



To test $H_0$2, I conducted a multiple linear regression analysis to examine if stress and resiliency predicted emotional exhaustion. The results of the multiple linear regression analysis revealed stress and resiliency to be statistically significant predictors of emotional exhaustion ($F(2, 72) = 37.117$, $p < .001$), (see Table 4). The R^2 value of 0.508 associated with this regression model suggests that the stress and resiliency account for approximately 51% of the variation in emotional exhaustion, which means that approximately 49% of the variation in emotional exhaustion cannot be explained by stress and resiliency alone. Controlling for stress, the regression coefficient for resiliency was [ß = 1.373, t = 8.143, p < .001] associated with stress suggests that as stress scores increase as measured by the PSS, emotional exhaustion as measured by the MBI-HSS

increases by approximately 1.373. Controlling for resiliency, the regression coefficient for stress was [ß = .539, t = 2.042, p < .05] associated with resiliency suggests that as resiliency scores increase as measured by the BRS, emotional exhaustion as measured by MBI-HSS increases by approximately .539, (see Table 5).

Table 4

ANOVA: Independent Variables and Emotional Exhaustion

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4741.490	2	2370.745	37.117	.000[b]
	Residual	4598.856	72	63.873		
	Total	9340.347	74			

Note: a. Dependent Variable: MBI Emotional Exhaustion; b. Predictors: (Constant), Perceived Stress Scale, Brief Resilience Scale

Table 5

Multiple Linear Regression Predicting Emotional Exhaustion

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	95.0% Confidence Interval for B
		B	Std. Error	Beta	t	Sig.	Upper Bound	
1	(Constant)	-9.649	7.998		-1.206	.232	-25.593	6.296
	Brief Resilience Scale	.539	.264	.201	2.042	.045	.013	1.066
	Perceived Stress Scale	1.373	.169	.801	8.143	.000	1.037	1.709

Note: a. Dependent Variable: MBI Emotional Exhaustion

Null Hypothesis 3

RQ3 examined if stress as measured by the PSS and resiliency as measured by the BRS predicted depersonalization as measured by the subscale on the MBI-HSS. Prior to conducting the analysis, I tested the assumptions of multiple linear regression in the same way as the previous analysis. I tested multivariate normality by using SPSS software (Version 27) to generate a P-Plot. After examining the P-Plot, it appeared that each variable was normally distributed, (see Figure 5). I tested homoscedasticity by using SPSS software (Version 27) to generate a scatterplot. I examined the scatterplot and it appeared that the data points had about the same distance from the line and were seemingly random (see Figure 6). I tested multicollinearity by using tolerance values and

variance inflation factors (VIFs). All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

Figure 5

Normal P-Plot for the Null Hypothesis 3

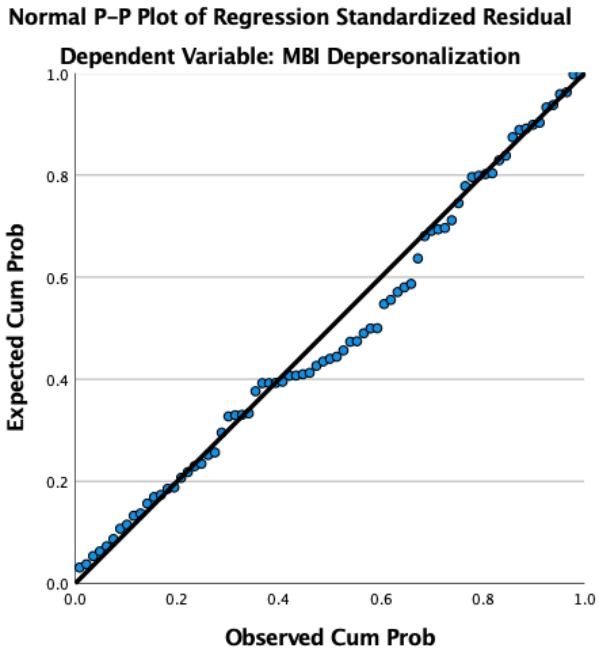
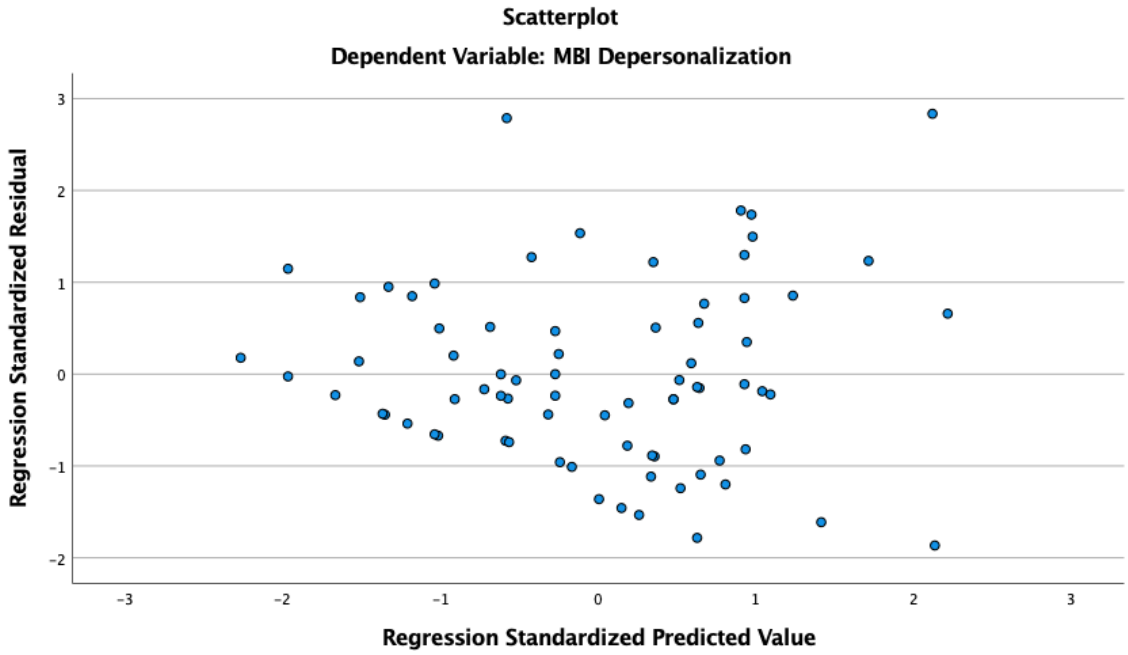


Figure 6

Scatterplot of Residuals vs. Predicted Values for Null Hypothesis 3



To test $H_0$3, I conducted a multiple linear regression analysis to examine if stress and resiliency predict depersonalization. The dependent variable was depersonalization. The predictor variables were stress and resiliency. The results of the multiple linear regression analysis revealed resiliency not to be statistically significant, however, stress was found to be statistically significant ($F(2, 72) = 16.993$, $p < .001$), (see Table 6). The R^2 value of 0.321 associated with this regression model suggests that the stress and resiliency account for approximately 32% of the variation in depersonalization, which means that approximately 68% of the variation in depersonalization cannot be explained by stress and resiliency alone. Controlling for stress, the regression coefficient for resiliency was [ß = .433, t = 4.818, p < .001] associated with stress suggests that as stress scores increase as measured by the PSS, depersonalization as measured by the MBI-HSS

increases by approximately .433. However, there is no statistically significant relationship between resiliency and depersonalization, (see Table 7).

Table 6

ANOVA: Independent Variables and Depersonalization

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	617.786	2	308.893	16.993	.000[b]
	Residual	1308.801	72	18.178		
	Total	1926.587	74			

Note: a. Dependent Variable: MBI Depersonalization; b. Predictors: (Constant), Perceived Stress Scale, Brief Resilience Scale

Table 7

Multiple Linear Regression Predicting Depersonalization

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	95.0% Confidence Interval for B
		B	Std. Error	Beta			Upper Bound	
1	(Constant)	-.118	4.267		-.028	.978	-8.624	8.388
	Brief Resilience Scale	-.021	.141	-.018	-.152	.879	-.302	.259
	Perceived Stress Scale	.433	.090	.557	4.818	.000	.254	.613

Note: a. Dependent Variable: MBI Depersonalization

Null Hypothesis 4

RQ4 measured if stress as measured by the PSS and resiliency as measured by the BRS predicted personal accomplishment as measured by the subscale on the MBI-HSS. Prior to conducting the analysis, I tested the assumptions of multiple linear regression in the same way as the previous analysis. I tested multivariate normality by using SPSS software (Version 27) to generate a P-Plot. After examining the P-Plot, it appeared that each variable was normally distributed, (see Figure 7). I tested homoscedasticity by using SPSS software (Version 27) to generate a scatterplot. I examined the scatterplot and it appeared that the data points had about the same distance from the line and were seemingly random (see Figure 8). I tested multicollinearity by using tolerance values and variance inflation factors (VIFs). All tolerance values were greater than 0.1 and all VIFs were less than 10. All assumptions were met.

Figure 7

Normal P-Plot for the Null Hypothesis 4

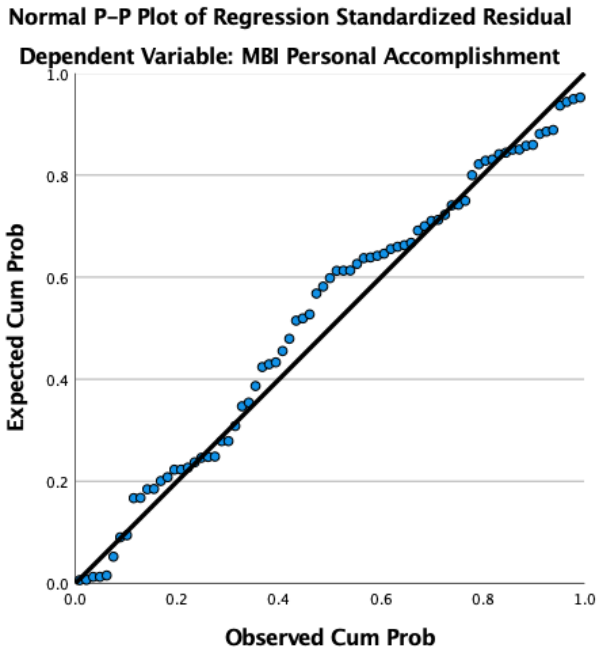
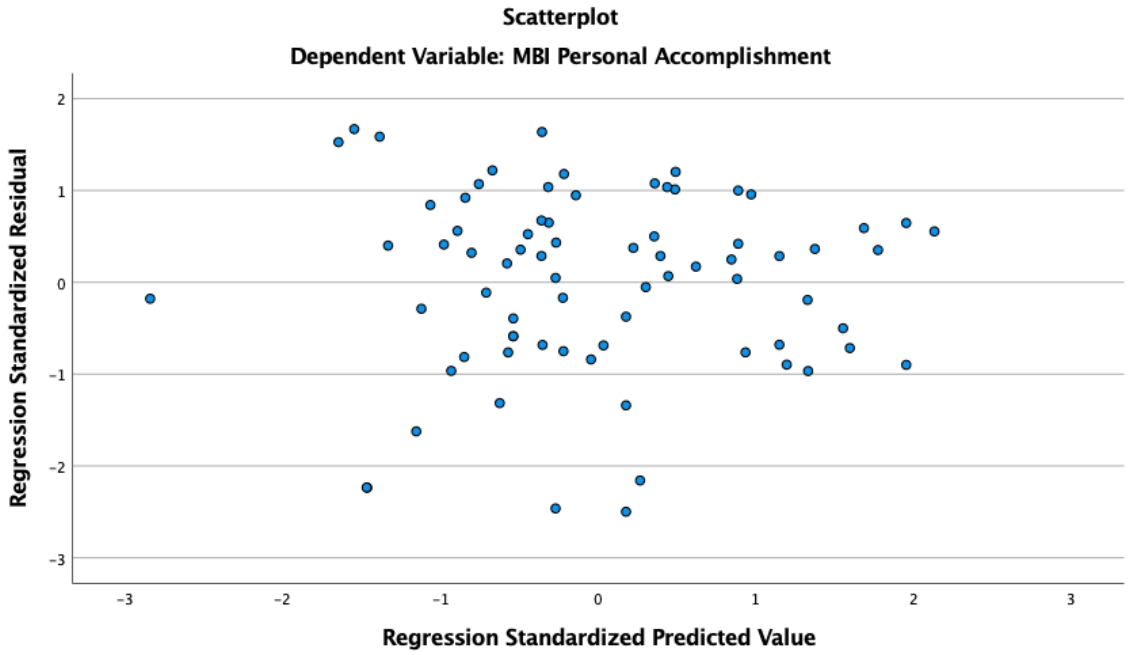


Figure 8

Scatterplot of Residuals vs. Predicted Values for Null Hypothesis 4



To test $H_0$4, I conducted a multiple linear regression analysis to examine if stress and resiliency predict personal accomplishment. The dependent variable was personal accomplishment. The predictor variables were stress and resiliency. The results of the multiple linear regression analysis revealed stress and resiliency to be statistically significant predictors to the model ($F(2, 72) = 9.736$, $p < .001$), (see Table 8). The R^2 value of 0.213 associated with this regression model suggests that the stress and resiliency account for approximately 21% of the variation in personal accomplishment, which means that approximately 79% of the variation in personal accomplishment cannot be explained by stress and resiliency alone. Controlling for stress, the regression coefficient for resiliency was [ß = -.237, t = -2.173, p < .001] associated with stress suggests that as stress levels increase as measured by the PSS, personal accomplishment

as measured by the MBI-HSS decrease by approximately .237. Controlling for resiliency, the regression coefficient for stress was [ß = .351, t = 2.053, p = <.05] associated with resiliency suggests that as resiliency levels increase as measured by the BRS, personal accomplishment as measured by MBI-HSS increases by approximately .351. Controlling for resiliency, personal accomplishment decreases by .237, however, controlling for stress, personal accomplishment increases by .351, (see Table 9).

Table 8

ANOVA: Independent Variables and Personal Accomplishment

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	522.120	2	261.060	9.736	.000[b]
	Residual	1930.547	72	26.813		
	Total	2452.667	74			

Note: a. Dependent Variable: MBI Personal Accomplishment; b. Predictors: (Constant), Perceived Stress Scale, Brief Resilience Scale

Table 9

Multiple Linear Regression Predicting Personal Accomplishment

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	95.0% Confidence Interval for B
		B	Std. Error	Beta	t	Sig.	Upper Bound	
1	(Constant)	34.587	5.182		6.674	.000	24.257	44.918
	Brief Resilience Scale	.351	.171	.255	2.053	.044	.010	.692
	Perceived Stress Scale	-.237	.109	-.270	-2.173	.033	-.455	-.020

Note: a. Dependent Variable: MBI Personal Accomplishment

Between Group Analyses

I conducted an independent samples *t*-tests to determine if there is a difference in the stress, resiliency, and burnout scores between leaders with different levels of education (Master's and Doctorate). Based on the analysis and the Levene's Test for Equality of Variances, there is a no statistically significant difference between groups on burnout, $t(73) = -.026$, $p = .92$, stress $t(73) = -1.250$, $p = .30$, and resiliency $t(73) = .700$, $p = .17$ as determined by Independent-Samples t-Tests. The results imply that having more or less graduate education does not determine differences in the stress, resiliency, and burnout scores. See Table 10 for group descriptive statistics.

Table 10

Descriptive Statistics of MBI-HSS, PSS, and BRS Scores Between Level of Education

	Highest Level of Education	N	Mean	Std. Deviation
Perceived Stress Scale	Master's Degree (such as M.A., M.S.)	43	14.00	6.633
	Doctorate (such as Ph.D., Ed.D., MD)	32	15.91	6.387
Brief Resilience Scale	Master's Degree (such as M.A., M.S.)	43	24.19	3.750
	Doctorate (such as Ph.D., Ed.D., MD)	32	23.50	4.738
Maslach Burnout Inventory	Master's Degree (such as M.A., M.S.)	43	68.79	14.153
	Doctorate (such as Ph.D., Ed.D., MD)	32	68.88	14.155

I also conducted an analysis to determine if there is a difference in the burnout, stress, and resiliency scores between leaders fulfilling different leadership roles (director, supervisor, manager, program coordinator, and department chair). The analysis indicated that there is a statistically difference between groups as determine by the One-way ANOVA in terms of stress ($F(4, 70) = 3.499$, $p = .012$) and resiliency ($F(4, 70) = 2.876$, $p = .029$), however no statistically significant relationship with burnout ($F(4, 70) = 1.554$, $p = .196$), See Table 10 for group descriptive statistics.

Table 11

Descriptive Statistics of MBI-HSS Between Leadership Roles

	N	Mean	Std. Deviation
Director	29	66.41	11.303
Supervisor	24	73.42	15.010
Manager	9	65.78	14.237
Program Coordinator	7	62.57	18.174
Department Chair	6	74.00	14.629
Total	75	68.83	14.058

Table 12

Descriptive Statistics of the PSS Scores Between Leadership Roles

	N	Mean	Std. Deviation
Director	29	12.14	6.534
Supervisor	24	16.96	6.210
Manager	9	12.56	4.333
Program Coordinator	7	18.29	4.152
Department Chair	6	18.50	7.918
Total	75	14.81	6.555

Table 13

Descriptive Statistics of the BRS Scores Between Leadership Roles

	N	Mean	Std. Deviation
Director	29	25.28	4.550
Supervisor	24	24.13	3.443
Manager	9	23.22	3.563
Program Coordinator	7	21.14	2.734
Department Chair	6	20.50	4.764
Total	75	23.89	4.184

Summary

In this chapter, I analyzed the data collected from participants who completed the survey in this research study. My goal for this study was to determine whether there was a statistically significant predictive relationship between stress, resiliency, and burnout; stress, resiliency, and emotional exhaustion; stress, resiliency, and depersonalization; stress, resiliency, and personal accomplishment. For the first, second, and fourth null hypotheses, all the assumptions were met, and data analysis results indicated significant predictive relationships allowing for the null hypotheses to be rejected. Results indicated that there is a statistically significant relationship burnout, stress, and resiliency; emotional exhaustion, stress, and resiliency; and personal accomplishment, stress, and resiliency. For the third null hypothesis, results indicated that there is a statistically significant relationship between depersonalization and stress, however, no statistically significant relationship between depersonalization and resiliency. In the next chapter, I will interpret these findings, explore possible explanations and rationale for the results,

discuss limitations, discuss implications for social change, and discuss recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative regression analysis study was to determine if there was a predictive relationship between stress, resiliency, and burnout as well as burnout and the subscales of the MBI-HSS among leaders in the counseling profession. I expanded the current literature on professional leadership in the field of counseling. I administered the MBI-HSS, the PSS, and the BRS. My goal for this study was to contribute to existing leadership literature, which could be a step in positively improving counselor development, client care, and organizational growth. My goal for this study was to contribute to a greater understanding of burnout among leaders in the counseling profession. According to Lavrakas (2008), using a cross-sectional data collection method does not require the researcher to directly observe the data collection. For this study, I used a cross-sectional data collection method because I was able to have participants complete surveys over a short period of time and I did not have to directly observe the data collection. Data analysis methods included descriptive statistics and multiple linear regressions. I conducted additional analyses to examine the differences in stress, resiliency, and burnout between groups based on education level and leadership position being fulfilled. Results revealed that there is a statistically significant predictive relationship between stress, resiliency, and burnout. All four null hypotheses were rejected. The goal of contributing to a greater understanding of stress, resiliency, and burnout among leaders in the counseling profession was met. In this chapter, I discuss

interpretations of the findings. Finally, I will explore limitations of the study, recommendations, and implications.

Interpretation of the Findings

Based on previous research findings, I made several assumptions in this study. The first assumption I made is based off a study conducted by Sherman et al. (2012) who stated that individuals who fulfill leadership positions have a dramatic increase in demands. Participants in this study reported moderate scores of stress as measured by the PSS. The mean for the PSS was 14.81 (scores range from 0 to 40), which indicates moderate levels of stress. Participants also scored moderate on the emotional exhaustion scale of the MBI-HSS (scores range from 0 to 132). The mean for the emotional exhaustion scale of the MBI-HSS was 23.57, which indicates moderate levels of emotional exhaustion. Another assumption I made was based off studies conducted by Broome et al. (2009) and Hart (2005) who stated that leadership skills and behavior can predict job satisfaction and burnout among other counselors. Participants in this study scored relatively moderate in the MBI-HSS. In this study, the mean for the MBI-HSS was 68.83 (scores range from 0 to 132), which indicates moderate levels of burnout. I explored resiliency as one of the protective factors that according to previous research contributes to a decrease in burnout. In this study, the mean for the BRS was 3.98 (scores range from 1.00 to 5.00) which indicates normal levels of resiliency. Below, I provide an in-depth conclusion of the survey results including the interpretations, which are divided into four sections by research question.

Research Question 1

Resiliency is considered a protective factor with multidimensional facets that can prevent burnout among practitioners (Grant & Kinman, 2012; Silveira & Boyer, 2016). Transformational leadership highlights the importance of knowledge, people management, and a movement from traditional leadership to flatter organizational models (Bass, 1985). Building from the transformational leadership base, job satisfaction is considered an important element that decreases turnover rates (Sarker et al., 2003; Wheeler et al., 2007). The incorporation of transformational leadership strategies is aligned with the concept of empowerment and supports the ethical decision-making process to increase job satisfaction and decrease turnover intentions (Hart, 2005).

Researchers have found that turnover rates can be decreased if individuals find job satisfaction and have traits of resiliency (Sarker et al., 2003; Wheeler et al., 2007). For the first null hypothesis, I proposed that there is no statistically significant relationship between stress, resiliency, and burnout among leaders in the counseling profession. After analyzing the data, I rejected the null hypothesis as the results indicated that stress and resiliency were statistically significant predictors of burnout. The statistically significant relationship between stress, resiliency, and burnout found in this study corroborates other findings. For example, Garcia and Gambarte (2019) found a positive correlation between stress, resiliency, and burnout among primary school teachers. Garcia and Gambarte (2019) found that personal characteristics and resilience act as a preventative measure against chronic stress and burnout. Garcia and Gambarte (2019) indicated that resilience is a factor that assists individuals when they are faced

with difficult situations. Kutluturkan et al. (2016) reported similar results among oncology nurses. Resilience is influenced by personal and professional factors because these factors can lead to stress, which can then lead to burnout. Kutluturkan et al. (2016) identified that the number of years working in the field and educational level influence levels of resiliency. These findings do not correlate with the findings from the current study. The results from this study imply that having more or less graduate education does not determine differences in the resiliency scores. According to the findings of this study, leaders in the counseling profession struggle with stress, which can lead to burnout. Previous research has identified resilience as a protective factor that can help mitigate stress and reduce burnout (Grant & Kinman, 2012; Silveira & Boyer, 2016). The results from this study indicated that resiliency is a predictor of burnout, but the results did not reveal a negative correlation, which denotes that even with normal levels of resiliency, leaders continue to experience burnout.

Research Question 2

Resilience theory is used to explain why certain individuals overcome adversity while others fail (Goldstein & Brooks, 2012). Resilience theory specifies that a variety of factors, such as support, stress, and self-efficacy can either affect an individual positively or negatively (Stoddard et al., 2012). Previous researchers indicated that psychological characteristics such as resilience and perceived stress, which are associated with burnout could explain emotional exhaustion (Choi et al., 2018). Resilience is a useful predictor of emotional exhaustion. Previous research indicated that higher levels of resilience were associated with lower levels of emotional exhaustion (Di Monte et al., 2020). For the

second null hypothesis, I proposed that there is no statistically significant relationship between stress, resiliency, and emotional exhaustion (subscale of the MBI-HSS) among leaders in the counseling profession. After analyzing the data, I rejected the null hypothesis, as the results indicated that stress and resiliency were predictors of emotional exhaustion. There are other factors that can contribute to emotional exhaustion, like years in the field (Kutluturkan et al., 2016). The statistically significant relationship between stress, resiliency, and emotional exhaustion found in this study corroborates other findings. For example, Zivin (2020) found a negative correlation between resilience and emotional exhaustion among medical school faculty. This denotes that medical school faculty who reported less resiliency also reported higher levels of emotional exhaustion. Emotional exhaustion is one of the main predictors of burnout and it represents the individual stress dimension of burnout (Kutluturkan et al., 2016; Sangganjanavanich & Balkin, 2013). According to the findings from this study, leaders reported a moderate level of emotional exhaustion. Leaders also reported a positive correlation between stress and emotional exhaustion as well as resiliency and emotional exhaustion. Bum-Sung et al. (2018) investigated the relationship between emotional exhaustion, perceived stress, and resilience among nurses and found that higher emotional exhaustion scores were correlated with perceived stress and resilience, which corroborates the findings from this study. Characteristics such as less resilience can cause emotional exhaustion. Although there was a statistically significant relationship between resilience and emotional exhaustion in this study, moderate levels of resilience did not reduce emotional exhaustion. Although leaders in the counseling profession reported having normal levels

of resiliency, they still reported moderate levels of emotional exhaustion. Since leaders in this study did not report higher levels of resilience, it is unknown whether greater resilience would have resulted in reduced emotional exhaustion like previous studies indicated. The results from this study indicated that resiliency is a predictor of emotional exhaustion, but the results did not reveal a negative correlation, which indicates that even with normal levels of resiliency, leaders continue to experience emotional exhaustion.

Research Question 3

Counselors and clinicians have a high susceptibility to burnout due to feeling responsible for the well-being of clients (Baldwin-White, 2014). Leaders in the counseling profession are often expected to meet many demands of the position and perform many nonprofessional duties (Stickel, 1991). According to Baldwin-White (2014), counselors exhibit increased levels of depersonalization after constant interpersonal interactions.

For the third null hypothesis, I proposed that there is no statistically significant relationship between stress, resiliency, and depersonalization (subscale of the MBI-HSS) among leaders in the counseling profession. After analyzing the data, I rejected the null hypothesis and the results indicated that stress was a predictor of depersonalization. The results of this study corroborate the results from previous studies and indicate that with prolonged chronic stressors and emotional exhaustion leads to depersonalization, which then lead to burnout (Kelly & Hearld, 2020). According to the results from this study, leaders reported a low level of depersonalization. The results of this study also indicated that as stress levels increase among leaders, depersonalization increases as well. Hricová

and Nezkusilova (2020) conducted a study to investigate preventative factors for perceived stress and burnout among individuals in the helping profession. They found that increased stress can lead to depersonalization (Hricová & Nezkusilova, 2020). Peiró et al. (2007) also identified that stress predicts depersonalization among healthcare professionals. Azeem et al. (2014) investigated the role of stress and burnout among nurses in private hospitals. Azeem et al. (2014) found a correlation between stress and all the dimensions of burnout including depersonalization among nurses.

Research Question 4

According to Maslach and Leiter (2016), emotional exhaustion is believed to happen first, in response to high demands and overload. Then emotional exhaustion would precipitate depersonalization and lastly, if this continued it would lead to reduced personal accomplishment. Resilience is correlated with reduced personal accomplishment (Wahl-Alexander et al., 2017). Job stressors, such as work overload, interfere with accomplishment (Jamal 2010). For the fourth null hypothesis, I proposed that there is no statistically significant relationship between stress, resiliency, and personal accomplishment (subscale of the MBI-HSS) among leaders in the counseling profession. After analyzing the data, I rejected the null hypothesis, as the results indicated that stress and resiliency were predictors of personal accomplishment. According to the results from this study, leaders reported a high level of personal accomplishment. Rushton et al. (2015) conducted a study to investigate burnout and resilience among nurses practicing in high-intensity settings. The results indicated that greater resilience contributed to personal accomplishment. There were similar findings by Ianucci et al. (2020) who

conducted a study to investigate the relationship between personal accomplishment and resilience among teachers. The results from the study conducted by Ianucci (2020) indicated that personal accomplishment can be impacted by higher levels of resilience. Kutluturkan et al. (2016) found that resilience increases an individual's personal accomplishment. Leaders in this study reported an increase in stress levels and a decrease in personal accomplishment. The results from this study also indicated an increase in resiliency and an increase in personal accomplishment.

Overall Analyses

Based on the findings, I was able to reject all four null hypotheses. The findings from this study indicate that there is a statistically significant relationship between stress, burnout, and resiliency; stress, burnout, and emotional exhaustion; stress and depersonalization; and stress, resiliency, and personal accomplishment. Interestingly, based on the depersonalization subscale of the MBI-HSS, which measured depersonalization, it appeared that leaders in the counseling profession were experiencing low levels of depersonalization. However, participants may have responded with socially desirable answers.

I conducted an ANOVA to analyze the differences between groups, which did show that there is a statistically significant difference between the leadership role being fulfilled in terms of stress and resiliency. This suggests that leaders in the counseling profession may experience significant changes in stress and resilience in terms of the leadership role they are fulfilling. I used an independent-samples *t* test to make between group comparisons with level of education and found no significant difference between

these groups. Results showed that leaders in the counseling profession struggled with burnout regardless of the level of education. I conducted an analysis to determine if leaders in the counseling profession with either a master's degree or doctoral degree experienced any differences in stress, resiliency, and burnout. The results from this study revealed that leaders in the counseling profession did not experience any significant changes stress, resiliency, or burnout related to level of education. While there were no statistically significant differences between the variables and level of education, it's important to note that doctoral level leaders reported a higher score on the stress scale than master's level leaders. There was a slight difference in the scores on burnout and resiliency, but a larger gap in the stress scores even though it was not statistically significant. This indicates that doctoral level leaders in the study report higher levels of stress than master's level leaders in the study.

Limitations of the Study

While I identified several significant findings in this study, these must be interpreted with caution. There are several limitations to this study. One of the limitations is that all the surveys that I administered involved self-reported measures and counseling leaders may have answered in a socially desirable manner. Expressing negative feelings towards recipients (e.g., "I don't really care what happens to some recipients") may not be seen as socially or professionally acceptable. This may explain the low depersonalization scores. It was crucial to ensure anonymity to reduce social bias. I ensured that IP addresses were not recorded to guarantee anonymity.

Another limitation is that the participants were self-selected, therefore, there could have been selection bias also known as sampling bias. This bias occurred during participant selection, which could affect the external validity (Frey, 2018). Selection bias can occur when individuals voluntarily participate in a study. This presents as a limitation because the individuals who self-selected to participate may have differed in some way from nonparticipants. For example, it is possible that individuals who were experiencing burnout may have chosen to not participate. Additionally, I was working with a specific subset of the population instead of the whole population. It was important that I clearly defined the criteria needed to participate in this study so that the sample selected accurately reflected the target population. In addition, I had to ensure that I did not include the same variable to define both inclusion and exclusion criteria (Patino & Ferreira, 2018).

Online surveys have certain limitations such as response rate and item nonresponse (Loomis & Paterson, 2018). It was pertinent to ensure that the survey was not too long because item nonresponse could lead to data errors. The time commitment of approximately 20 minutes needed to complete the three surveys and the demographic questionnaire may have discouraged busy individuals from participating or fully completing the questionnaire. All individuals who participated in this survey completed the survey successfully and there were no item nonresponses recorded.

I used a nonprobability convenience sampling method to recruit participants who met specific criteria for the study (Etikan et al., 2016). A limitation for this study was the sampling method because it was not random, therefore, it limits the generalizability of the

results. This research design was also limited by sample population and population definition. This limited sample decreased the generalizability of the results of my study because I cannot assume that the results can apply to any other populations besides counseling leaders in the United States or that they apply to counseling professionals working in settings other than those employed by an organization, agency, place that provides direct services, or graduate counseling program. Also, I cannot assume that the results described other populations in the future or the past. It will be beneficial for future studies to research other populations and/ or settings to help increase generalizability.

Finally, I conducted this study during the presence of the novel Coronavirus (COVID-19), and I am aware of the possible limitations this could have had on the study. Initially, I did not anticipate any challenges due to using a quantitative method, but I was prepared to extend data collection if I were to experience challenges recruiting participants. Recruiting participants took longer than what was foreseen, therefore, I extended data collection. I achieved my required sample size within three months.

Recommendations

A fundamental result of this study was the identification that stress and resilience predicted burnout among leaders in the counseling profession. Additional research is suggested to investigate other factors that predict burnout among leaders in the counseling profession. Although I found significant predictive relationships between stress, resiliency, and burnout as well as burnout and the subscales of the MBI-HSS, the variables in this study alone do not fully predict burnout. Previous studies indicated that resiliency was a protective factor for burnout and although the results of this study

indicated that counseling leaders do not burnout as much with higher levels of resiliency, a greater understanding of counseling leaders' burnout is necessary in order to better support this population.

It is also recommended that this study be repeated with a larger sample size to include more participants in different leadership roles. Although I was able to exceed the suggested sample size, the majority of participants in this study were filling director or supervisor roles. There is no way to know if the results would have been different had the sample included more participants filling different leadership roles. An additional recommendation for future studies is to research other populations and/ or settings to help increase generalizability.

Future research might consider using a qualitative or mixed-method approach, including focus groups and ethnographic interviews, to identify other factors that contribute to burnout among leaders in the counseling profession. This was the first study within the counseling literature to investigate the predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. This study is also the first to report a predictive relationship between stress, resiliency, and emotional exhaustion; stress resiliency, and depersonalization; and stress, resiliency, and personal accomplishment among leaders in the counseling profession. Further research is needed to investigate the ways in which counseling leaders may be supported in order to reduce the rates of burnout.

Finally, it is recommended to use to use a different version of the MBI. A total of 13 participants in this study identified filling a leadership role as a program coordinator

or department chair. It is unknown whether the results would have been different if the Maslach Burnout Inventory-Educators Survey (MBI-ES) was utilized.

Implications

This study is significant to positive social change. With the existing gap in literature surrounding a counseling leaders' burnout, findings from this study can contribute to social change and help programs that focus on the development of counseling students. It would be beneficial to implement a more robust training protocol to help develop leaders for the counseling profession. During this study's structuring process, the intention was to determine if stress and resiliency were significant predictors of burnout among leaders in the counseling profession. Results indicated that burnout is prevalent among leaders in the counseling profession. Results also suggest that stress contributes to burnout and although resiliency has been identified as a protective factor in previous studies, it did not have a negative correlation with burnout. This denotes that even with normal levels of resilience, leaders in the counseling profession still report experiencing burnout.

Results exhibited that leaders in the counseling profession are struggling with burnout. The findings from the study also denote that there is a statistically significant relationship between stress, resiliency, and emotional exhaustion; stress resiliency, and depersonalization; and stress, resiliency, and personal accomplishment among leaders in the counseling profession. All independent variables contributed significantly to predict the dependent variable. These findings, while not surprising, highlight the need for further research and training to be developed and applied within master's and doctoral

level programs. An implication for future research could include the exploration of the processes related to leadership development.

Results from this study might also contribute to social change by helping to expand knowledge and understanding of how to prevent burnout among leaders in the counseling profession. This could be a step in positively improving counselor development, client care, and organizational growth.

Conclusion

Leaders in the counseling profession report experiencing burnout due to the nature of their professional service and their responsibility of treating individuals with psychological concerns (Sangganjanavanich & Balkin, 2013; Yang & Hayes, 2020). The American Counseling Association (ACA, n.d.), suggests that counselors should implement self-care strategies and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) requires all counseling programs to educate on leadership but there is a lack of formal leadership training in counseling programs. Researchers have found that there is a high incidence of burnout among leaders (Oliveira et al., 2011). Previous researchers also highlighted that there is a high prevalence of burnout among healthcare professionals who are highly committed to their careers (Orkibi, 2016) and the rate of burnout among professional counselors is an ongoing concern (Wardle & Mayorga, 2016). Based on the results of this study, stress and resiliency are predictive factors of burnout. In previous studies, resiliency was identified as a protective factor and although the results of this study indicated that counseling leaders do not burnout as much with higher levels of resilience, a greater

understanding of counseling leaders' burnout is necessary in order to better support this population. Leadership burnout can affect staff members and the organizations they work for (Demirtas & Akdogan, 2015; Nelson & Daniels, 2014). Further research that includes a larger sample size, and other variables aside from stress and resilience may provide additional findings on the effects of stress and resiliency on burnout.

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Appendix A: Demographic Questionnaire

Please respond to the following questions.

1. Age: ___

2. Gender:

   A. Male
   B. Female
   C. Non-binary/Third Gender

3. Race:

   A. White
   B. Hispanic or Latino or Spanish Origin of any race
   C. Black or African American
   D. Native Hawaiian or Other Pacific Islander
   E. Asian
   F. American Indian or Alaskan Native
   G. Mixed
   H. Other

4. Marital Status

   A. Single
   B. Married
   C. Widowed
   D. Separated
   E. Divorced
   F. Partnered

5. Employment Status

   A. Employed, working full-time
   B. Employed, working part-time
   C. Unemployed, looking for work
   D. Unemployed, not looking for work
   E. Retired

6. Highest Level of Education

A. Less than high school
B. High school or equivalent
C. Some college
D. Associate Degree (such as A.A., A.S.)
E. Bachelor's degree (such as B.A., B.S.)
F. Master's Degree (such as M.A., M.S.)
G. Doctorate (such as Ph.D., Ed.D., MD)
H. Unknown

7. Years of experience

A. 0-1 year
B. 1-3 years
C. 3-5 years
D. 5-7 years
E. 7-9 years
F. 10-20 years
G. More than 20 years

8. Years of licensure

A. 0-1 year
B. 1-3 years
C. 3-5 years
D. 5-7 years
E. 7-9 years
F. 10-20 years
G. More than 20 years

9. Type of leadership role being held

A. Director
B. Supervisor
C. Manager
D. Program coordinator
E. Department chair

10. Length of time in leadership role

A. 0-1 year
B. 1-3 years
C. 3-5 years
D. 5-7 years
E. 7-9 years

F. 10-20 years
G. More than 20 years

Appendix B: Request to Post Survey

Hello,

My name is Adriana Bovee and I am a doctoral student at Walden University. My discipline is Counselor Education and Supervision. My primary focus is burnout, stress, and resiliency among leaders in the counseling profession. In my research, I am examining if there is a predictive relationship between stress, resiliency, and burnout among leaders in the counseling profession. I am requesting permission to post my survey to a listserv to help me recruit participants and complete part of my degree requirements. There will be an anonymous questionnaire, which should take approximately 20 minutes to complete online. The questionnaire is completely voluntary, and all the information collected is stored in a confidential secure database. I used G* Power software and the calculations resulted in a recommended sample size of 67. Thank you for your time and consideration. If you have any questions, please do not hesitate to contact me.

Adriana Bovee

Appendix C: Request for Participation

Hello CESNET Community,

My name is Adriana Bovee and I am a doctoral candidate at Walden University. To fulfill the requirements for the doctoral dissertation I am conducting a study called *"Stress, Resiliency, and Burnout Among Leaders in the Counseling Profession"* that will help me better understand the relationship between stress, resiliency, and burnout among leaders in the counseling profession. The information obtained will be useful for counselors, counselor educators, and counseling students. For this study, you are invited to participate in an anonymous questionnaire on stress, resiliency, and burnout.

About the study:

- One 20-minute voluntary questionnaire
- To protect your privacy, the questionnaire will be anonymous
- You can withdraw at any time
- This study has been approved by the Walden University IRB

Participants must meet these requirements:

- A Master's level fully licensed counselor or doctoral level fully licensed counselor educator
- Currently a counseling leader who is employed as a supervisor, manager, director, department chair, or program coordinator for an organization, agency, or place that provides direct services
- Live in the United States

To confidentially participate, please click here:
https://www.surveymonkey.com/r/37KCB9Q

Thanks in advance,
Adriana Bovee, M.S., LMHC
Doctoral Candidate

Dissertation Chair: Dr. Geneva Gray

Appendix D: Post for Participation Request

Hello Colleagues,

My name is Adriana Bovee and I am a doctoral candidate at Walden University. To fulfill the requirements for the doctoral dissertation I am conducting a study called *"Stress, Resiliency, and Burnout Among Leaders in the Counseling Profession"* that will help me better understand the relationship between stress, resiliency, and burnout among leaders in the counseling profession. The information obtained will be useful for counselors, counselor educators, and counseling students. For this study, you are invited to participate in an anonymous questionnaire on stress, resiliency, and burnout.

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- Live in the United States

To confidentially participate, please click here:
https://www.surveymonkey.com/r/37KCB9Q

Thanks in advance,
Adriana Bovee, M.S., LMHC
Doctoral Candidate

Dissertation Chair: Dr. Geneva Gray

Appendix E: MBI-HSS Online Survey License

Maslach Burnout Inventor (MBI)

Remote Online Survey License

Purchase MBI Remote Online Survey License if you plan to administer the MBI as an online survey via a non-Mind Garden survey system. You will be required to agree to **Mind Garden's Online Use Policy** by completing the Remote Online Use Application Form that you will receive with your license purchase. Upon Mind Garden's review/approval of your Remote Online Use Application, you will be provided permission to administer the MBI. You re-type, re-format, administer, and score the MBI via the non-Mind Garden survey system.

Terms of Use for Remote Online Survey License

The Remote Online Survey License is a data license for **research purposes only**. This license grants you permission to collect and disclose (a) item scores and scale scores, (b) statistical analyses of those scores (such as group average, group standard deviation, T-scores, etc.) and (c) pre-authorized sample items only, as provided by Mind Garden, for results write-up and publication.